

By the Committee on Health Policy

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1 A bill to be entitled
2 An act relating to health care; amending s. 381.4019,
3 F.S.; revising the purpose of the Dental Student Loan
4 Repayment Program; defining the term "free clinic";
5 including dental hygienists in the program; revising
6 eligibility requirements for the program; specifying
7 limits on award amounts for and participation of
8 dental hygienists under the program; deleting the
9 maximum number of new practitioners who may
10 participate in the program each fiscal year;
11 specifying that dentists and dental hygienists are not
12 eligible to receive funds under the program unless
13 they provide specified documentation; requiring
14 practitioners who receive payments under the program
15 to furnish certain information requested by the
16 Department of Health; requiring the Agency for Health
17 Care Administration to seek federal authority to use
18 specified matching funds for the program; providing
19 for future repeal of the program; transferring,
20 renumbering, and amending s. 1009.65, F.S.; renaming
21 the Medical Education Reimbursement and Loan Repayment
22 Program as the Florida Reimbursement Assistance for
23 Medical Education Program; revising the types of
24 providers who are eligible to participate in the
25 program; revising requirements for the distribution of
26 funds under the program; making conforming and
27 technical changes; requiring practitioners who receive
28 payments under the program to furnish certain
29 information requested by the department; requiring the

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30 agency to seek federal authority to use specified
31 matching funds for the program; providing for future
32 repeal of the program; creating s. 381.4021, F.S.;
33 requiring the department to provide annual reports to
34 the Governor and the Legislature on specified student
35 loan repayment programs; providing requirements for
36 the report; requiring the department to contract with
37 an independent third party to develop and conduct a
38 design study for evaluating the effectiveness of
39 specified student loan repayment programs; specifying
40 requirements for the design study; requiring the
41 department to begin collecting data for the study and
42 submit the study results to the Governor and the
43 Legislature by specified dates; requiring the
44 department to participate in a certain multistate
45 collaborative for a specified purpose; providing for
46 future repeal of the requirement; creating s.
47 381.9855, F.S.; requiring the department to implement
48 a Health Care Screening and Services Grant Program for
49 a specified purpose; specifying duties of the
50 department; authorizing nonprofit entities to apply
51 for grant funds to implement new health care screening
52 or services programs or mobile clinics or units to
53 expand the program's delivery capabilities; specifying
54 requirements for grant recipients; authorizing the
55 department to adopt rules; requiring the department to
56 create and maintain an Internet-based portal to
57 provide specified information relating to available
58 health care screenings and services and volunteer

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59 opportunities; authorizing the department to contract
60 with a third-party vendor to create and maintain the
61 portal; specifying requirements for the portal;
62 requiring the department to coordinate with county
63 health departments for a specified purpose; requiring
64 the department to include a clear and conspicuous link
65 to the portal on the homepage of its website;
66 requiring the department to publicize and encourage
67 the use of the portal and enlist the aid of county
68 health departments for such outreach; amending s.
69 383.2163, F.S.; expanding the telehealth minority
70 maternity care program from a pilot program to a
71 statewide program; requiring the department to submit
72 annual reports to the Governor and the Legislature;
73 providing requirements for the reports; amending s.
74 383.302, F.S.; defining the terms "advanced birth
75 center" and "medical director"; revising the
76 definition of the term "consultant"; creating s.
77 383.3081, F.S.; providing requirements for birth
78 centers designated as advanced birth centers with
79 respect to operating procedures, staffing, and
80 equipment; requiring advanced birth centers to enter
81 into a written agreement with a blood bank for
82 emergency blood bank services; requiring that a
83 patient who receives an emergency blood transfusion at
84 an advanced birth center be immediately transferred to
85 a hospital for further care; requiring the agency to
86 establish by rule a process for birth centers to be
87 designated as advanced birth centers; amending s.

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88 383.309, F.S.; providing minimum standards for
89 advanced birth centers; amending s. 383.313, F.S.;
90 making technical and conforming changes; creating s.
91 383.3131, F.S.; providing requirements for laboratory
92 and surgical services at advanced birth centers;
93 providing conditions for administration of anesthesia;
94 authorizing the intrapartum use of chemical agents;
95 amending s. 383.315, F.S.; requiring advanced birth
96 centers to employ or maintain an agreement with an
97 obstetrician for specified purposes; amending s.
98 383.316, F.S.; requiring advanced birth centers to
99 provide for the transport of emergency patients to a
100 hospital; requiring each advanced birth center to
101 enter into a written transfer agreement with a local
102 hospital or an obstetrician for such transfers;
103 requiring birth centers and advanced birth centers to
104 assess and document transportation services and
105 transfer protocols annually; amending s. 383.318,
106 F.S.; providing protocols for postpartum care of
107 clients and infants at advanced birth centers;
108 amending s. 394.455, F.S.; revising definitions;
109 amending s. 394.457, F.S.; requiring the Department of
110 Children and Families to adopt certain minimum
111 standards for mobile crisis response services;
112 amending s. 394.4598, F.S.; authorizing certain
113 psychiatric nurses to provide opinions to the court
114 for the appointment of guardian advocates; authorizing
115 certain psychiatric nurses to consult with guardian
116 advocates for purposes of obtaining consent for

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117 treatment; amending s. 394.4615, F.S.; authorizing
118 psychiatric nurses to make certain determinations
119 related to the release of clinical records; amending
120 s. 394.4625, F.S.; requiring certain treating
121 psychiatric nurses to document specified information
122 in a patient's clinical record within a specified
123 timeframe of his or her voluntary admission for mental
124 health treatment; requiring clinical psychologists who
125 make determinations of involuntary placement at
126 certain mental health facilities to have specified
127 clinical experience; authorizing certain psychiatric
128 nurses to order emergency treatment for certain
129 patients; amending s. 394.463, F.S.; authorizing
130 certain psychiatric nurses to order emergency
131 treatment of certain patients; requiring a clinical
132 psychologist to have specified clinical experience to
133 approve the release of an involuntary patient at
134 certain mental health facilities; amending s.
135 394.4655, F.S.; requiring clinical psychologists to
136 have specified clinical experience in order to
137 recommend involuntary outpatient services for mental
138 health treatment; authorizing certain psychiatric
139 nurses to recommend involuntary outpatient services
140 for mental health treatment; providing an exception;
141 authorizing psychiatric nurses to make certain
142 clinical determinations that warrant bringing a
143 patient to a receiving facility for an involuntary
144 examination; making a conforming change; amending s.
145 394.467, F.S.; requiring clinical psychologists to

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146 have specified clinical experience in order to
147 recommend involuntary inpatient services for mental
148 health treatment; authorizing certain psychiatric
149 nurses to recommend involuntary inpatient services for
150 mental health treatment; providing an exception;
151 amending s. 394.4781, F.S.; revising the definition of
152 the term "psychotic or severely emotionally disturbed
153 child"; amending s. 394.4785, F.S.; authorizing
154 psychiatric nurses to admit individuals over a certain
155 age into certain mental health units of a hospital
156 under certain conditions; requiring the agency to seek
157 federal approval for Medicaid coverage and
158 reimbursement authority for mobile crisis response
159 services; requiring the Department of Children and
160 Families to coordinate with the agency to provide
161 specified education to contracted mobile response team
162 services providers; amending s. 394.875, F.S.;

163 authorizing certain psychiatric nurses to prescribe
164 medication to clients of crisis stabilization units;
165 amending s. 395.1055, F.S.; requiring the agency to
166 adopt rules ensuring that hospitals do not accept
167 certain payments and requiring certain hospitals to
168 submit an emergency department diversion plan to the
169 agency for approval before initial licensure or
170 licensure renewal; providing that, beginning on a
171 specified date, such plan must be approved before a
172 license may be issued or renewed; requiring such
173 hospitals to submit specified data to the agency on an
174 annual basis and update their plans as needed, or as

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175 directed by the agency, before each licensure renewal;
176 specifying requirements for the diversion plans;
177 requiring the agency to establish process for
178 hospitals to share certain information with certain
179 patients' managed care plans; amending s. 408.051,
180 F.S.; requiring certain hospitals to make available
181 certain data to the agency's Florida Health
182 Information Exchange program for a specified purpose;
183 authorizing the agency to adopt rules; amending s.
184 409.909, F.S.; authorizing the agency to allocate
185 specified funds under the Slots for Doctors Program
186 for existing resident positions at hospitals and
187 qualifying institutions if certain conditions are met;
188 requiring hospitals and qualifying institutions that
189 receive certain state funds to report specified data
190 to the agency annually; defining the term "sponsoring
191 institution"; requiring such hospitals and qualifying
192 institutions, beginning on a specified date, to
193 produce certain financial records or submit to certain
194 financial audits; providing applicability; providing
195 that hospitals and qualifying institutions that fail
196 to produce such financial records to the agency are no
197 longer eligible to participate in the Statewide
198 Medicaid Residency Program until a certain
199 determination is made by the agency; requiring
200 hospitals and qualifying institutions to request exit
201 surveys of residents upon completion of their
202 residency; providing requirements for the exit
203 surveys; creating the Graduate Medical Education

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204 Committee within the agency; providing for membership
205 and meetings of the committee; requiring the
206 committee, beginning on a specified date, to submit an
207 annual report to the Governor and the Legislature
208 detailing specified information; requiring the agency
209 to provide administrative support to assist the
210 committee in the performance of its duties and to
211 provide certain information to the committee; creating
212 s. 409.91256, F.S.; creating the Training, Education,
213 and Clinicals in Health (TEACH) Funding Program for a
214 specified purpose; providing legislative intent;
215 defining terms; requiring the agency to develop an
216 application process and enter into certain agreements
217 to implement the program; specifying requirements to
218 qualify to receive reimbursements under the program;
219 requiring the agency, in consultation with the
220 Department of Health, to develop, or contract for the
221 development of, specified training for, and to provide
222 assistance to, preceptors; providing for reimbursement
223 under the program; requiring the agency to submit an
224 annual report to the Governor and the Legislature;
225 providing requirements for the report; requiring the
226 agency to contract with an independent third party to
227 develop and conduct a design study for evaluating the
228 impact of the program; specifying requirements for the
229 design study; requiring the agency to begin collecting
230 data for the study and submit the study results to the
231 Governor and the Legislature by specified dates;
232 authorizing the agency to adopt rules; requiring the

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233 agency to seek federal approval to use specified
234 matching funds for the program; providing for future
235 repeal of the program; amending s. 409.967, F.S.;
236 requiring the agency to produce a specified annual
237 report on patient encounter data under the statewide
238 managed care program; providing requirements for the
239 report; requiring the agency to submit the report to
240 the Governor and the Legislature by a specified date;
241 authorizing the agency to contract with a third-party
242 vendor to produce the report; amending s. 409.973,
243 F.S.; requiring Medicaid managed care plans to
244 continue assisting certain enrollees in scheduling an
245 initial appointment with a primary care provider;
246 requiring such plans to coordinate with hospitals that
247 contact them for a specified purpose; requiring the
248 plans to coordinate with their members and members'
249 primary care providers for such purpose; requiring the
250 agency to seek federal approval necessary to implement
251 an acute hospital care at home program meeting
252 specified criteria; amending s. 458.311, F.S.;
253 revising an education and training requirement for
254 physician licensure; exempting foreign-trained
255 applicants for physician licensure from the residency
256 requirement if they meet specified criteria; providing
257 certain employment requirements for such applicants;
258 requiring such applicants to notify the Board of
259 Medicine of any changes in employment within a
260 specified timeframe; repealing s. 458.3124, F.S.,
261 relating to restricted licenses of certain experienced

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262 foreign-trained physicians; amending s. 458.314, F.S.;

263 authorizing the board to exclude certain foreign

264 medical schools from consideration as an institution

265 that provides medical education that is reasonably

266 comparable to similar accredited institutions in the

267 United States; providing construction; deleting

268 obsolete language; amending s. 458.3145, F.S.;

269 revising criteria for medical faculty certificates;

270 deleting a cap on the maximum number of extended

271 medical faculty certificates that may be issued at

272 specified institutions; amending ss. 458.315 and

273 459.0076, F.S.; authorizing temporary certificates for

274 practice in areas of critical need to be issued to

275 physician assistants, rather than only to physicians,

276 who meet specified criteria; making conforming and

277 technical changes; amending ss. 458.317 and 459.0075,

278 F.S.; specifying who may be considered a graduate

279 assistant physician; creating limited licenses for

280 graduate assistant physicians; specifying criteria a

281 person must meet to obtain such licensure; requiring

282 the Board of Medicine and the Board of Osteopathic

283 Medicine, respectively, to establish certain

284 requirements by rule; providing for a one-time renewal

285 of such licenses; authorizing limited licensed

286 graduate assistant physicians to provide health care

287 services only under the direct supervision of a

288 physician and pursuant to a written protocol;

289 providing requirements for, and limitations on, such

290 supervision and practice; providing requirements for

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291 the supervisory protocols; providing that supervising
292 physicians are liable for any acts or omissions of
293 such graduate assistant physicians acting under their
294 supervision and control; authorizing third-party
295 payors to provide reimbursement for covered services
296 rendered by graduate assistant physicians; authorizing
297 the Board of Medicine and the Board of Osteopathic
298 Medicine, respectively, to adopt rules; creating s.
299 464.0121, F.S.; providing that temporary certificates
300 for practice in areas of critical need may be issued
301 to advanced practice registered nurses who meet
302 specified criteria; providing restrictions on the
303 issuance of temporary certificates; waiving licensure
304 fees for such applicants under certain circumstances;
305 amending s. 464.0123, F.S.; requiring certain
306 certified nurse midwives, as a condition precedent to
307 providing out-of-hospital intrapartum care, to
308 maintain a written policy for the transfer of patients
309 needing a higher acuity of care or emergency services;
310 requiring that such policy prescribe and require the
311 use of an emergency plan-of-care form; providing
312 requirements for the form; requiring such certified
313 nurse midwives to document specified information on
314 the form if a transfer of care is determined to be
315 necessary; requiring certified nurse midwives to
316 verbally provide the receiving provider with specified
317 information and make himself or herself immediately
318 available for consultation; requiring certified nurse
319 midwives to provide the patient's emergency plan-of-

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320 care form, as well as certain patient records, to the
321 receiving provider upon the patient's transfer;
322 requiring the Board of Nursing to adopt certain rules;
323 amending s. 464.019, F.S.; deleting the sunset date of
324 a certain annual report required of the Florida Center
325 for Nursing; amending s. 766.1115, F.S.; revising the
326 definition of the term "low-income" for purposes of
327 certain government contracts for health care services;
328 amending s. 1002.32, F.S.; requiring developmental
329 research (laboratory) schools (lab schools) to develop
330 programs for a specified purpose; requiring lab
331 schools to offer technical assistance to any school
332 district seeking to replicate the lab school's
333 programs; requiring lab schools, beginning on a
334 specified date, to annually report to the Legislature
335 on the development of such programs and their results;
336 amending s. 1009.8962, F.S.; revising the definition
337 of the term "institution" for purposes of the Linking
338 Industry to Nursing Education (LINE) Fund; amending
339 ss. 381.4018, 395.602, 458.313, 458.316, and 458.3165,
340 F.S.; conforming provisions to changes made by the
341 act; creating s. 456.4501, F.S.; enacting the
342 Interstate Medical Licensure Compact in this state;
343 providing purposes of the compact; providing that
344 state medical boards of member states retain
345 jurisdiction to impose adverse action against licenses
346 issued under the compact; defining terms; specifying
347 eligibility requirements for physicians seeking an
348 expedited license under the compact; providing

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349 requirements for designation of a state of principal
350 license for purposes of the compact; authorizing the
351 Interstate Medical Licensure Compact Commission to
352 develop certain rules; providing an application and
353 verification process for expedited licensure under the
354 compact; providing for expiration and termination of
355 expedited licenses; authorizing the Interstate
356 Commission to develop certain rules; providing
357 requirements for renewal of expedited licenses;
358 authorizing the Interstate Commission to develop
359 certain rules; providing for the establishment of a
360 database for coordinating licensure data amongst
361 member states; requiring and authorizing member boards
362 to report specified information to the database;
363 providing for confidentiality of such information;
364 providing construction; authorizing the Interstate
365 Commission to develop certain rules; authorizing
366 member states to conduct joint investigations and
367 share certain materials; providing for disciplinary
368 action of physicians licensed under the compact;
369 creating the Interstate Medical Licensure Compact
370 Commission; providing purpose and authority of the
371 commission; providing for membership and meetings of
372 the commission; providing public meeting and notice
373 requirements; authorizing closed meetings under
374 certain circumstances; providing public record
375 requirements; requiring the commission to establish an
376 executive committee; providing for membership, powers,
377 and duties of the committee; authorizing the

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378 commission to establish other committees; specifying
379 powers and duties of the commission; providing for
380 financing of the commission; providing for
381 organization and operation of the commission;
382 providing limited immunity from liability for
383 commissioners and other agents or employees of the
384 commission; authorizing the commission to adopt rules;
385 providing for rulemaking procedures, including public
386 notice and meeting requirements; providing for
387 judicial review of adopted rules; providing for
388 oversight and enforcement of the compact in member
389 states; requiring courts in member states to take
390 judicial notice of the compact and the commission
391 rules for purposes of certain proceedings; providing
392 that the commission is entitled to receive service of
393 process and has standing in certain proceedings;
394 rendering judgments or orders void as to the
395 commission, the compact, or commission rules under
396 certain circumstances; providing for enforcement of
397 the compact; specifying venue and civil remedies in
398 such proceedings; providing for attorney fees;
399 providing construction; specifying default procedures
400 for member states; providing for dispute resolution
401 between member states; providing for eligibility and
402 procedures for enactment of the compact; providing for
403 amendment to the compact; specifying procedures for
404 withdrawal from and subsequent reinstatement of the
405 compact; authorizing the Interstate Commission to
406 develop certain rules; providing for dissolution of

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407 the compact; providing severability and construction;
408 creating s. 456.4502, F.S.; providing that a formal
409 hearing before the Division of Administrative Hearings
410 must be held if there are any disputed issues of
411 material fact when the licenses of certain physicians
412 and osteopathic physicians are suspended or revoked by
413 this state under the compact; requiring the Department
414 of Health to notify the Division of Administrative
415 Hearings of a petition for a formal hearing within a
416 specified timeframe; requiring the administrative law
417 judge to issue a recommended order; requiring the
418 Board of Medicine or the Board of Osteopathic
419 Medicine, as applicable, to determine and issue final
420 orders in certain cases; providing the department with
421 standing to seek judicial review of any final order of
422 the boards; creating s. 456.4504, F.S.; authorizing
423 the department to adopt rules to implement the
424 compact; creating ss. 458.3129 and 459.074, F.S.;
425 providing that an allopathic physician or an
426 osteopathic physician, respectively, licensed under
427 the compact is deemed to be licensed under ch. 458,
428 F.S., or ch. 459, F.S., as applicable; amending s.
429 768.28, F.S.; designating the state commissioners of
430 the Interstate Medical Licensure Compact Commission
431 and other members or employees of the commission as
432 state agents for the purpose of applying sovereign
433 immunity and waivers of sovereign immunity; requiring
434 the commission to pay certain claims or judgments;
435 authorizing the commission to maintain insurance

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436 coverage to pay such claims or judgments; creating s.
437 468.1335, F.S.; creating the Audiology and Speech-
438 Language Pathology Interstate Compact; providing
439 purposes and objectives; defining terms; specifying
440 requirements for state participation in the compact
441 and duties of member states; specifying that the
442 compact does not affect an individual's ability to
443 apply for, and a member state's ability to grant, a
444 single-state license pursuant to the laws of that
445 state; providing for recognition of compact privilege
446 in member states; specifying criteria a licensee must
447 meet for a compact privilege; providing for the
448 expiration and renewal of the compact privilege;
449 specifying that a licensee with a compact privilege in
450 a remote state must adhere to the laws and rules of
451 that state; authorizing member states to act on a
452 licensee's compact privilege under certain
453 circumstances; specifying the consequences and
454 parameters of practice for a licensee whose compact
455 privilege has been acted on or whose home state
456 license is encumbered; specifying that a licensee may
457 hold a home state license in only one member state at
458 a time; specifying requirements and procedures for
459 changing a home state license designation; providing
460 for the recognition of the practice of audiology and
461 speech-language pathology through telehealth in member
462 states; specifying that licensees must adhere to the
463 laws and rules of the remote state where they provide
464 audiology or speech-language pathology through

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465 telehealth; authorizing active duty military personnel
466 and their spouses to keep their home state designation
467 during active duty; specifying how such individuals
468 may subsequently change their home state license
469 designation; authorizing member states to take adverse
470 actions against licensees and issue subpoenas for
471 hearings and investigations under certain
472 circumstances; providing requirements and procedures
473 for such adverse action; authorizing member states to
474 engage in joint investigations under certain
475 circumstances; providing that a licensee's compact
476 privilege must be deactivated in all member states for
477 the duration of an encumbrance imposed by the
478 licensee's home state; providing for notice to the
479 data system and the licensee's home state of any
480 adverse action taken against a licensee; establishing
481 the Audiology and Speech-language Pathology Interstate
482 Compact Commission; providing for jurisdiction and
483 venue for court proceedings; providing for membership
484 and powers of the commission; specifying powers and
485 duties of the commission's executive committee;
486 providing for the financing of the commission;
487 providing specified individuals immunity from civil
488 liability under certain circumstances; providing
489 exceptions; requiring the commission to defend the
490 specified individuals in civil actions under certain
491 circumstances; requiring the commission to indemnify
492 and hold harmless specified individuals for any
493 settlement or judgment obtained in such actions under

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494 certain circumstances; providing for the development
495 of the data system, reporting procedures, and the
496 exchange of specified information between member
497 states; requiring the commission to notify member
498 states of any adverse action taken against a licensee
499 or applicant for licensure; authorizing member states
500 to designate as confidential information provided to
501 the data system; requiring the commission to remove
502 information from the data system under certain
503 circumstances; providing rulemaking procedures for the
504 commission; providing for member state enforcement of
505 the compact; authorizing the commission to receive
506 notice of process, and have standing to intervene, in
507 certain proceedings; rendering certain judgments and
508 orders void as to the commission, the compact, or
509 commission rules under certain circumstances;
510 providing for defaults and termination of compact
511 membership; providing procedures for the resolution of
512 certain disputes; providing for commission enforcement
513 of the compact; providing for remedies; providing for
514 implementation of, withdrawal from, and amendment to
515 the compact; providing construction and for
516 severability; specifying that the compact, commission
517 rules, and commission actions are binding on member
518 states; amending s. 456.073, F.S.; requiring the
519 Department of Health to report certain investigative
520 information to the commission's data system; amending
521 s. 456.076, F.S.; requiring that monitoring contracts
522 for certain impaired practitioners participating in

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523 treatment programs contain specified terms; amending
524 s. 468.1135, F.S.; requiring the Board of Speech-
525 Language Pathology and Audiology to appoint two of its
526 board members to serve as the state's delegates on the
527 compact commission; amending s. 468.1185, F.S.;
528 exempting audiologists and speech-language
529 pathologists from licensure requirements if they are
530 practicing in this state pursuant to a compact
531 privilege under the compact; amending s. 468.1295,
532 F.S.; authorizing the board to take adverse action
533 against the compact privilege of audiologists and
534 speech-language pathologists for specified prohibited
535 acts; amending s. 768.28, F.S.; designating the state
536 delegates and other members or employees of the
537 compact commission as state agents for the purpose of
538 applying sovereign immunity and waivers of sovereign
539 immunity; requiring the commission to pay certain
540 claims or judgments; authorizing the compact
541 commission to maintain insurance coverage to pay such
542 claims or judgments; creating s. 486.112, F.S.;
543 creating the Physical Therapy Licensure Compact;
544 providing a purpose and objectives of the compact;
545 defining terms; specifying requirements for state
546 participation in the compact; authorizing member
547 states to obtain biometric-based information from and
548 conduct criminal background checks on licensees
549 applying for a compact privilege; requiring member
550 states to grant the compact privilege to licensees if
551 they meet specified criteria; specifying criteria

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552 licensees must meet to exercise the compact privilege
553 under the compact; providing for the expiration of the
554 compact privilege; requiring licensees practicing in a
555 remote state under the compact privilege to comply
556 with the laws and rules of that state; subjecting
557 licensees to the regulatory authority of remote states
558 where they practice under the compact privilege;
559 providing for disciplinary action; specifying
560 circumstances under which licensees are ineligible for
561 a compact privilege; specifying conditions that a
562 licensee must meet to regain his or her compact
563 privilege after an adverse action; specifying
564 locations active duty military personnel and their
565 spouses may use to designate their home state for
566 purposes of the compact; providing that only a home
567 state may impose adverse action against a license
568 issued by that state; authorizing home states to take
569 adverse action based on investigative information of a
570 remote state, subject to certain requirements;
571 directing member states that use alternative programs
572 in lieu of discipline to require the licensee to agree
573 not to practice in other member states while
574 participating in the program, unless authorized by the
575 member state; authorizing member states to investigate
576 violations by licensees in other member states;
577 authorizing member states to take adverse action
578 against compact privileges issued in their respective
579 states; providing for joint investigations of
580 licensees under the compact; establishing the Physical

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581 Therapy Compact Commission; providing for the venue
582 and jurisdiction for court proceedings by or against
583 the commission; providing construction; providing for
584 commission membership, voting, and meetings;
585 authorizing the commission to convene closed,
586 nonpublic meetings under certain circumstances;
587 specifying duties and powers of the commission;
588 providing for membership and duties of the executive
589 board of the commission; providing for financing of
590 the commission; providing for qualified immunity,
591 defense, and indemnification of the commission;
592 requiring the commission to develop and maintain a
593 coordinated database and reporting system for certain
594 information about licensees under the compact;
595 requiring member states to submit specified
596 information to the system; requiring that information
597 contained in the system be available only to member
598 states; requiring the commission to promptly notify
599 all member states of reported adverse action taken
600 against licensees or applicants for licensure;
601 authorizing member states to designate reported
602 information as exempt from public disclosure;
603 providing for the removal of submitted information
604 from the system under certain circumstances; providing
605 for commission rulemaking; providing construction;
606 providing for state enforcement of the compact;
607 providing for the default and termination of compact
608 membership; providing for appeals and costs; providing
609 procedures for the resolution of certain disputes;

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610 providing for enforcement against a defaulting state;
611 providing construction; providing for implementation
612 and administration of the compact and associated
613 rules; providing that compact states that join after
614 initial adoption of the commission's rules are subject
615 to such rules; specifying procedures for compact
616 states to withdraw from the compact; providing
617 construction; providing for amendment of the compact;
618 providing construction and severability; amending s.
619 456.073, F.S.; requiring the Department of Health to
620 report certain investigative information to the data
621 system; amending s. 456.076, F.S.; requiring
622 monitoring contracts for certain impaired
623 practitioners participating in treatment programs to
624 contain specified terms; amending s. 486.023, F.S.;
625 requiring the Board of Physical Therapy Practice to
626 appoint an individual to serve as the state's delegate
627 on the Physical Therapy Compact Commission; amending
628 ss. 486.028, 486.031, 486.081, 486.102, and 486.107,
629 F.S.; exempting physical therapists and physical
630 therapist assistants from licensure requirements if
631 they are practicing in this state pursuant to a
632 compact privilege under the compact; amending s.
633 486.125, F.S.; authorizing the board to take adverse
634 action against the compact privilege of physical
635 therapists and physical therapist assistants for
636 specified prohibited acts; amending s. 768.28, F.S.;

637 designating the state delegate and other members or
638 employees of the commission as state agents for the

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639 purpose of applying sovereign immunity and waivers of
640 sovereign immunity; requiring the commission to pay
641 certain claims or judgments; authorizing the
642 commission to maintain insurance coverage to pay such
643 claims or judgments; amending ss. 486.025, 486.0715,
644 and 486.1065, F.S.; conforming cross-references;
645 providing appropriations; providing effective dates.
646

647 Be It Enacted by the Legislature of the State of Florida:
648

649 Section 1. Section 381.4019, Florida Statutes, is amended
650 to read:

651 381.4019 Dental Student Loan Repayment Program.—The Dental
652 Student Loan Repayment Program is established to support the
653 state Medicaid program and promote access to dental care by
654 supporting qualified dentists and dental hygienists who treat
655 medically underserved populations in dental health professional
656 shortage areas or medically underserved areas.

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

658 (a) "Dental health professional shortage area" means a
659 geographic area designated as such by the Health Resources and
660 Services Administration of the United States Department of
661 Health and Human Services.

662 (b) "Department" means the Department of Health.

663 (c) "Free clinic" means a provider that meets the
664 description of a clinic specified in s. 766.1115(3)(d)14.

665 (d) "Loan program" means the Dental Student Loan Repayment
666 Program.

667 (e) ~~(d)~~ "Medically underserved area" means a geographic

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668 area, an area having a special population, or a facility which
669 is designated by department rule as a health professional
670 shortage area as defined by federal regulation and which has a
671 shortage of dental health professionals who serve Medicaid
672 recipients and other low-income patients.

673 (f)~~(e)~~ "Public health program" means a county health
674 department, the Children's Medical Services program, a federally
675 funded community health center, a federally funded migrant
676 health center, or other publicly funded or nonprofit health care
677 program designated by the department.

678 (2) The department shall establish a dental student loan
679 repayment program to benefit Florida-licensed dentists and
680 dental hygienists who:

681 (a) Demonstrate, as required by department rule, active
682 employment in a public health program or private practice that
683 serves Medicaid recipients and other low-income patients and is
684 located in a dental health professional shortage area or a
685 medically underserved area; and

686 (b) Volunteer 25 hours per year providing dental services
687 in a free clinic that is located in a dental health professional
688 shortage area or a medically underserved area or through another
689 volunteer program operated by the state pursuant to part IV of
690 chapter 110. In order to meet the requirements of this
691 paragraph, the volunteer hours must be verifiable in a manner
692 determined by the department.

693 (3) The department shall award funds from the loan program
694 to repay the student loans of a dentist or dental hygienist who
695 meets the requirements of subsection (2).

696 (a) An award shall be 20 percent of a dentist's or dental

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697 hygienist's principal loan amount at the time he or she applied
698 for the program but may not exceed \$50,000 per year per eligible
699 dentist or \$7,500 per year per eligible dental hygienist.

700 (b) Only loans to pay the costs of tuition, books, dental
701 equipment and supplies, uniforms, and living expenses may be
702 covered.

703 (c) All repayments are contingent upon continued proof of
704 eligibility and must be made directly to the holder of the loan.
705 The state bears no responsibility for the collection of any
706 interest charges or other remaining balances.

707 (d) A dentist or dental hygienist may receive funds under
708 the loan program for at least 1 year, up to a maximum of 5
709 years.

710 ~~(e) The department shall limit the number of new dentists~~
711 ~~participating in the loan program to not more than 10 per fiscal~~
712 ~~year.~~

713 (4) A dentist or dental hygienist is not ~~no longer~~ eligible
714 to receive funds under the loan program if the dentist or dental
715 hygienist:

716 (a) Is no longer employed by a public health program or
717 private practice that meets the requirements of subsection (2)
718 or does not verify, in a manner determined by the department,
719 that he or she has volunteered his or her dental services for
720 the required number of hours.

721 (b) Ceases to participate in the Florida Medicaid program.

722 (c) Has disciplinary action taken against his or her
723 license by the Board of Dentistry for a violation of s. 466.028.

724 (5) A dentist or dental hygienist who receives payment
725 under the program shall furnish information requested by the

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726 department for the purpose of the department's duties under s.
 727 381.4021.

728 (6) The department shall adopt rules to administer the loan
 729 program.

730 (7) ~~(6)~~ Implementation of the loan program is subject to
 731 legislative appropriation.

732 (8) The Agency for Health Care Administration shall seek
 733 federal authority to use Title XIX matching funds for this
 734 program.

735 (9) This section is repealed on July 1, 2034.

736 Section 2. Section 1009.65, Florida Statutes, is
 737 transferred, renumbered as section 381.402, Florida Statutes,
 738 and amended to read:

739 381.402 ~~1009.65~~ Florida Reimbursement Assistance for
 740 Medical Education Reimbursement and Loan Repayment Program.-

741 (1) To support the state Medicaid program and to encourage
 742 qualified medical professionals to practice in underserved
 743 locations where there are shortages of such personnel, there is
 744 established the Florida Reimbursement Assistance for Medical
 745 Education Reimbursement and Loan Repayment Program. The function
 746 of the program is to make payments that offset loans and
 747 educational expenses incurred by students for studies leading to
 748 a medical or nursing degree, medical or nursing licensure, or
 749 advanced practice registered nurse licensure or physician
 750 assistant licensure.

751 (2) The following licensed or certified health care
 752 practitioners ~~professionals~~ are eligible to participate in the
 753 ~~this~~ program:

754 (a) Medical doctors with primary care specialties. r

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755 (b) Doctors of osteopathic medicine with primary care
756 specialties.

757 (c) Advanced practice registered nurses registered to
758 engage in autonomous practice under s. 464.0123 and practicing
759 in a primary care specialty., ~~physician assistants, licensed~~
760 ~~practical nurses and registered nurses, and~~

761 (d) Advanced practice registered nurses with primary care
762 specialties ~~such as certified nurse midwives.~~

763 (e) Physician assistants.

764 (f) Mental health professionals, including licensed
765 clinical social workers, licensed marriage and family
766 therapists, licensed mental health counselors, and licensed
767 psychologists.

768 (g) Licensed practical nurses and registered nurses.

769

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

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

776 (a) ~~1.~~ For a 4-year period of continued proof of practice in
777 an area specified in paragraph (b), up to \$150,000 for
778 physicians, up to \$90,000 for advanced practice registered
779 nurses registered to engage in autonomous practice under s.
780 464.0123, up to \$75,000 for advanced practice registered nurses
781 and physician assistants, up to \$75,000 for mental health
782 professionals, and up to \$45,000 ~~\$4,000 per year~~ for licensed
783 practical nurses and registered nurses. Each practitioner is

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784 eligible to receive an award for only one 4-year period of
785 continued proof of practice. At the end of each year that a
786 practitioner participates in the program, the department shall
787 award 25 percent of a practitioner's principal loan amount at
788 the time he or she applied for the program, up to \$10,000 per
789 year for advanced practice registered nurses and physician
790 assistants, and up to \$20,000 per year for physicians. Penalties
791 for noncompliance are shall be the same as those in the National
792 Health Services Corps Loan Repayment Program. Educational
793 expenses include costs for tuition, matriculation, registration,
794 books, laboratory and other fees, other educational costs, and
795 reasonable living expenses as determined by the Department of
796 Health.

797 (b)2. All payments are contingent on continued proof of:
798 1.a. Primary care practice in a rural hospital as an area
799 defined in s. 395.602(2)(b), or an underserved area designated
800 by the Department of Health, provided the practitioner accepts
801 Medicaid reimbursement if eligible for such reimbursement; or
802 b. For practitioners other than physicians and advanced
803 practice registered nurses, practice in other settings,
804 including, but not limited to, a nursing home facility as
805 defined in s. 400.021, a home health agency as defined in s.
806 400.462, or an intermediate care facility for the
807 developmentally disabled as defined in s. 400.960. Any such
808 setting must be located in, or serve residents or patients in,
809 an underserved area designated by the Department of Health and
810 must provide services to Medicaid patients.

811 2. Providing 25 hours annually of volunteer primary care
812 services in a free clinic as specified in s. 766.1115(3)(d)14.

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813 or through another volunteer program operated by the state
814 pursuant to part IV of chapter 110. In order to meet the
815 requirements of this subparagraph, the volunteer hours must be
816 verifiable in a manner determined by the department.

817 (c) Correctional facilities, state hospitals, and other
818 state institutions that employ medical personnel must ~~shall~~ be
819 designated by the Department of Health as underserved locations.
820 Locations with high incidences of infant mortality, high
821 morbidity, or low Medicaid participation by health care
822 professionals may be designated as underserved.

823 ~~(b) Advanced practice registered nurses registered to~~
824 ~~engage in autonomous practice under s. 464.0123 and practicing~~
825 ~~in the primary care specialties of family medicine, general~~
826 ~~pediatrics, general internal medicine, or midwifery. From the~~
827 ~~funds available, the Department of Health shall make payments of~~
828 ~~up to \$15,000 per year to advanced practice registered nurses~~
829 ~~registered under s. 464.0123 who demonstrate, as required by~~
830 ~~department rule, active employment providing primary care~~
831 ~~services in a public health program, an independent practice, or~~
832 ~~a group practice that serves Medicaid recipients and other low-~~
833 ~~income patients and that is located in a primary care health~~
834 ~~professional shortage area. Only loans to pay the costs of~~
835 ~~tuition, books, medical equipment and supplies, uniforms, and~~
836 ~~living expenses may be covered. For the purposes of this~~
837 ~~paragraph:~~

838 ~~1. "Primary care health professional shortage area" means a~~
839 ~~geographic area, an area having a special population, or a~~
840 ~~facility with a score of at least 18, as designated and~~
841 ~~calculated by the Federal Health Resources and Services~~

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842 ~~Administration or a rural area as defined by the Federal Office~~
843 ~~of Rural Health Policy.~~

844 ~~2. "Public health program" means a county health~~
845 ~~department, the Children's Medical Services program, a federally~~
846 ~~funded community health center, a federally funded migrant~~
847 ~~health center, or any other publicly funded or nonprofit health~~
848 ~~care program designated by the department.~~

849 ~~(4)(2)~~ The Department of Health may use funds appropriated
850 for the ~~Medical Education Reimbursement and Loan Repayment~~
851 program as matching funds for federal loan repayment programs
852 such as the National Health Service Corps State Loan Repayment
853 Program.

854 (5) A health care practitioner who receives payment under
855 the program shall furnish information requested by the
856 department for the purpose of the department's duties under s.
857 381.4021.

858 ~~(6)(3)~~ The Department of Health may adopt ~~any~~ rules
859 ~~necessary~~ for the administration of the ~~Medical Education~~
860 ~~Reimbursement and Loan Repayment~~ program. The department may
861 also solicit technical advice regarding conduct of the program
862 from the Department of Education and Florida universities and
863 Florida College System institutions. The Department of Health
864 shall submit a budget request for an amount sufficient to fund
865 medical education reimbursement, loan repayments, and program
866 administration.

867 (7) The Agency for Health Care Administration shall seek
868 federal authority to use Title XIX matching funds for this
869 program.

870 (8) This section is repealed on July 1, 2034.

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871 Section 3. Section 381.4021, Florida Statutes, is created
872 to read:

873 381.4021 Student loan repayment programs reporting.-

874 (1) For the student loan repayment programs established in
875 ss. 381.4019 and 381.402, the department shall annually provide
876 a report, beginning July 1, 2024, to the Governor, the President
877 of the Senate, and the Speaker of the House of Representatives
878 which, at a minimum, details all of the following:

879 (a) The number of applicants for loan repayment.

880 (b) The number of loan payments made under each program.

881 (c) The amounts for each loan payment made.

882 (d) The type of practitioner to whom each loan payment was
883 made.

884 (e) The number of loan payments each practitioner has
885 received under either program.

886 (f) The practice setting in which each practitioner who
887 received a loan payment practices.

888 (2) (a) The department shall contract with an independent
889 third party to develop and conduct a design study to evaluate
890 the impact of the student loan repayment programs established in
891 ss. 381.4019 and 381.402, including, but not limited to, the
892 effectiveness of the programs in recruiting and retaining health
893 care professionals in geographic and practice areas experiencing
894 shortages. The department shall begin collecting data for the
895 study by January 1, 2025, and shall submit the results of the
896 study to the Governor, the President of the Senate, and the
897 Speaker of the House of Representatives by January 1, 2030.

898 (b) The department shall participate in a provider
899 retention and information system management multistate

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900 collaborative that collects data to measure outcomes of
901 education debt support-for-service programs.

902 (3) This section is repealed on July 1, 2034.

903 Section 4. Section 381.9855, Florida Statutes, is created
904 to read:

905 381.9855 Health Care Screening and Services Grant Program;
906 portal.-

907 (1) (a) The Department of Health shall implement a Health
908 Care Screening and Services Grant Program. The purpose of the
909 program is to expand access to no-cost health care screenings or
910 services for the general public facilitated by nonprofit
911 entities. The department shall do all of the following:

912 1. Publicize the availability of funds and enlist the aid
913 of county health departments for outreach to potential
914 applicants at the local level.

915 2. Establish an application process for submitting a grant
916 proposal and criteria an applicant must meet to be eligible.

917 3. Develop guidelines a grant recipient must follow for the
918 expenditure of grant funds and uniform data reporting
919 requirements for the purpose of evaluating the performance of
920 grant recipients.

921 (b) A nonprofit entity may apply for grant funds in order
922 to implement new health care screening or services programs that
923 the entity has not previously implemented.

924 (c) A nonprofit entity that has previously implemented a
925 specific health care screening or services program at one or
926 more specific locations may apply for grant funds in order to
927 provide the same or similar screenings or services at new
928 locations or through a mobile health clinic or mobile unit in

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929 order to expand the program's delivery capabilities.

930 (d) An entity that receives a grant under this section
931 must:

932 1. Follow Department of Health guidelines for reporting on
933 expenditure of grant funds and measures to evaluate the
934 effectiveness of the entity's health care screening or services
935 program.

936 2. Publicize to the general public and encourage the use of
937 the health care screening portal created under subsection (2).

938 (e) The Department of Health may adopt rules for the
939 implementation of this subsection.

940 (2) (a) The Department of Health shall create and maintain
941 an Internet-based portal to direct the general public to events,
942 organizations, and venues in this state from which health
943 screenings or services may be obtained at no cost or at a
944 reduced cost and for the purpose of directing licensed health
945 care practitioners to opportunities for volunteering their
946 services to conduct, administer, or facilitate such health
947 screenings or services. The department may contract for the
948 creation or maintenance of the portal with a third-party vendor.

949 (b) The portal must be easily accessible by the public, not
950 require a sign-up or login, and include the ability for a member
951 of the public to enter his or her address and obtain localized
952 and current data on opportunities for screenings and services
953 and volunteer opportunities for health care practitioners. The
954 portal must include, but need not be limited to, all statutorily
955 created screening programs that are funded and operational under
956 the department's authority. The department shall coordinate with
957 county health departments so that the portal includes

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958 information on such health screenings and services provided by
959 county health departments or by nonprofit entities in
960 partnership with county health departments.

961 (c) The department shall include a clear and conspicuous
962 link to the portal on the homepage of its website. The
963 department shall publicize the portal to, and encourage the use
964 of the portal by, the general public and shall enlist the aid of
965 county health departments for such outreach.

966 Section 5. Section 383.2163, Florida Statutes, is amended
967 to read:

968 383.2163 Telehealth minority maternity care program ~~programs~~
969 ~~programs. By July 1, 2022,~~ The department shall establish a
970 statewide telehealth minority maternity care ~~program~~ that
971 ~~in Duval County and Orange County which~~ uses telehealth to
972 expand the capacity for positive maternal health outcomes in
973 racial and ethnic minority populations. The department shall
974 direct and assist ~~the~~ county health departments ~~in Duval County~~
975 ~~and Orange County~~ to implement the program ~~programs~~.

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

977 (a) "Department" means the Department of Health.

978 (b) "Eligible pregnant woman" means a pregnant woman who is
979 receiving, or is eligible to receive, maternal or infant care
980 services from the department under chapter 381 or this chapter.

981 (c) "Health care practitioner" has the same meaning as in
982 s. 456.001.

983 (d) "Health professional shortage area" means a geographic
984 area designated as such by the Health Resources and Services
985 Administration of the United States Department of Health and
986 Human Services.

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987 (e) "Indigenous population" means any Indian tribe, band,
988 or nation or other organized group or community of Indians
989 recognized as eligible for services provided to Indians by the
990 United States Secretary of the Interior because of their status
991 as Indians, including any Alaskan native village as defined in
992 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,
993 as that definition existed on the effective date of this act.

994 (f) "Maternal mortality" means a death occurring during
995 pregnancy or the postpartum period which is caused by pregnancy
996 or childbirth complications.

997 (g) "Medically underserved population" means the population
998 of an urban or rural area designated by the United States
999 Secretary of Health and Human Services as an area with a
1000 shortage of personal health care services or a population group
1001 designated by the United States Secretary of Health and Human
1002 Services as having a shortage of such services.

1003 (h) "Perinatal professionals" means doulas, personnel from
1004 Healthy Start and home visiting programs, childbirth educators,
1005 community health workers, peer supporters, certified lactation
1006 consultants, nutritionists and dietitians, social workers, and
1007 other licensed and nonlicensed professionals who assist women
1008 through their prenatal or postpartum periods.

1009 (i) "Postpartum" means the 1-year period beginning on the
1010 last day of a woman's pregnancy.

1011 (j) "Severe maternal morbidity" means an unexpected outcome
1012 caused by a woman's labor and delivery which results in
1013 significant short-term or long-term consequences to the woman's
1014 health.

1015 (k) "Technology-enabled collaborative learning and capacity

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1016 building model” means a distance health care education model
1017 that connects health care professionals, particularly
1018 specialists, with other health care professionals through
1019 simultaneous interactive videoconferencing for the purpose of
1020 facilitating case-based learning, disseminating best practices,
1021 and evaluating outcomes in the context of maternal health care.

1022 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is
1023 to:

1024 (a) Expand the use of technology-enabled collaborative
1025 learning and capacity building models to improve maternal health
1026 outcomes for the following populations and demographics:

- 1027 1. Ethnic and minority populations.
- 1028 2. Health professional shortage areas.
- 1029 3. Areas with significant racial and ethnic disparities in
1030 maternal health outcomes and high rates of adverse maternal
1031 health outcomes, including, but not limited to, maternal
1032 mortality and severe maternal morbidity.

1033 4. Medically underserved populations.

1034 5. Indigenous populations.

1035 (b) Provide for the adoption of and use of telehealth
1036 services that allow for screening and treatment of common
1037 pregnancy-related complications, including, but not limited to,
1038 anxiety, depression, substance use disorder, hemorrhage,
1039 infection, amniotic fluid embolism, thrombotic pulmonary or
1040 other embolism, hypertensive disorders relating to pregnancy,
1041 diabetes, cerebrovascular accidents, cardiomyopathy, and other
1042 cardiovascular conditions.

1043 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~pilot~~
1044 ~~programs~~ shall adopt the use of telehealth or coordinate with

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1045 prenatal home visiting programs to provide all of the following
1046 services and education to eligible pregnant women up to the last
1047 day of their postpartum periods, as applicable:

1048 (a) Referrals to Healthy Start's coordinated intake and
1049 referral program to offer families prenatal home visiting
1050 services.

1051 (b) Services and education addressing social determinants
1052 of health, including, but not limited to, all of the following:

- 1053 1. Housing placement options.
- 1054 2. Transportation services or information on how to access
1055 such services.
- 1056 3. Nutrition counseling.
- 1057 4. Access to healthy foods.
- 1058 5. Lactation support.
- 1059 6. Lead abatement and other efforts to improve air and
1060 water quality.
- 1061 7. Child care options.
- 1062 8. Car seat installation and training.
- 1063 9. Wellness and stress management programs.
- 1064 10. Coordination across safety net and social support
1065 services and programs.

1066 (c) Evidence-based health literacy and pregnancy,
1067 childbirth, and parenting education for women in the prenatal
1068 and postpartum periods.

1069 (d) For women during their pregnancies through the
1070 postpartum periods, connection to support from doulas and other
1071 perinatal health workers.

1072 (e) Tools for prenatal women to conduct key components of
1073 maternal wellness checks, including, but not limited to, all of

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1074 the following:

1075 1. A device to measure body weight, such as a scale.

1076 2. A device to measure blood pressure which has a verbal
1077 reader to assist the pregnant woman in reading the device and to
1078 ensure that the health care practitioner performing the wellness
1079 check through telehealth is able to hear the reading.

1080 3. A device to measure blood sugar levels with a verbal
1081 reader to assist the pregnant woman in reading the device and to
1082 ensure that the health care practitioner performing the wellness
1083 check through telehealth is able to hear the reading.

1084 4. Any other device that the health care practitioner
1085 performing wellness checks through telehealth deems necessary.

1086 (4) TRAINING.—The program ~~pilot programs~~ shall provide
1087 training to participating health care practitioners and other
1088 perinatal professionals on all of the following:

1089 (a) Implicit and explicit biases, racism, and
1090 discrimination in the provision of maternity care and how to
1091 eliminate these barriers to accessing adequate and competent
1092 maternity care.

1093 (b) The use of remote patient monitoring tools for
1094 pregnancy-related complications.

1095 (c) How to screen for social determinants of health risks
1096 in the prenatal and postpartum periods, such as inadequate
1097 housing, lack of access to nutritional foods, environmental
1098 risks, transportation barriers, and lack of continuity of care.

1099 (d) Best practices in screening for and, as needed,
1100 evaluating and treating maternal mental health conditions and
1101 substance use disorders.

1102 (e) Information collection, recording, and evaluation

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1103 activities to:

- 1104 1. Study the impact of the ~~pilot~~ program;
- 1105 2. Ensure access to and the quality of care;
- 1106 3. Evaluate patient outcomes as a result of the ~~pilot~~
- 1107 program;
- 1108 4. Measure patient experience; and
- 1109 5. Identify best practices for the future expansion of the
- 1110 ~~pilot~~ program.

1111 (5) REPORTS.—By October 31, 2025, and each October 31

1112 thereafter, the department shall submit a program report to the

1113 Governor, the President of the Senate, and the Speaker of the

1114 House of Representatives which includes, at a minimum, all of

1115 the following for the previous fiscal year:

1116 (a) The total number of clients served and the demographic

1117 information for the population served, including ethnicity and

1118 race, age, education levels, and geographic location.

1119 (b) The total number of screenings performed, by type.

1120 (c) The number of participants identified as having

1121 experienced pregnancy-related complications, the number of

1122 participants who received treatments for such complications, and

1123 the final outcome of the pregnancy for such participants.

1124 (d) The number of referrals made to the Healthy Start

1125 program or other prenatal home visiting programs and the number

1126 of participants who subsequently received services from such

1127 programs.

1128 (e) The number of referrals made to doulas and other

1129 perinatal professionals and the number of participants who

1130 subsequently received services from doulas and other perinatal

1131 professionals.

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1132 (f) The number and types of devices given to participants
1133 to conduct maternal wellness checks.

1134 (g) The average length of participation by program
1135 participants.

1136 (h) Composite results of a participant survey that measures
1137 the participants' experience with the program.

1138 (i) The total number of health care practitioners trained,
1139 by provider type and specialty.

1140 (j) The results of a survey of the health care
1141 practitioners trained under the program. The survey must address
1142 the quality and impact of the training provided, the health care
1143 practitioners' experiences using remote patient monitoring
1144 tools, the best practices provided in the training, and any
1145 suggestions for improvements.

1146 (k) Aggregate data on the maternal and infant health
1147 outcomes of program participants.

1148 (l) For the initial report, all available quantifiable data
1149 related to the telehealth minority maternity care pilot
1150 programs.

1151 (6) FUNDING.~~The pilot programs shall be funded using funds~~
1152 ~~appropriated by the Legislature for the Closing the Gap grant~~
1153 ~~program.~~ The department's Division of Community Health Promotion
1154 and Office of Minority Health and Health Equity shall ~~also~~ work
1155 in partnership to apply for federal funds that are available to
1156 assist the department in accomplishing the program's purpose and
1157 successfully implementing the program pilot programs.

1158 (7)~~(6)~~ RULES.~~The department may adopt rules to implement~~
1159 ~~this section.~~

1160 Section 6. Present subsections (1) through (8), (9), and

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1161 (10) of section 383.302, Florida Statutes, are redesignated as
1162 subsections (2) through (9), (11), and (12), respectively, new
1163 subsections (1) and (10) are added to that section, and present
1164 subsection (4) of that section is amended, to read:

1165 383.302 Definitions of terms used in ss. 383.30-383.332.—As
1166 used in ss. 383.30-383.332, the term:

1167 (1) "Advanced birth center" means a licensed birth center
1168 designated as an advanced birth center which may perform trial
1169 of labor after cesarean deliveries for screened patients who
1170 qualify, planned low-risk cesarean deliveries, and anticipated
1171 vaginal deliveries for laboring patients from the beginning of
1172 the 37th week of gestation through the end of the 41st week of
1173 gestation.

1174 (5)~~(4)~~ "Consultant" means a physician licensed pursuant to
1175 chapter 458 or chapter 459 who agrees to provide advice and
1176 services to a birth center and who either:

1177 (a) Is certified or eligible for certification by the
1178 American Board of Obstetrics and Gynecology or the American
1179 Osteopathic Board of Obstetrics and Gynecology;~~7~~ or

1180 (b) Has hospital obstetrical privileges.

1181 (10) "Medical director" means a person who holds an active
1182 unrestricted license as a physician under chapter 458 or chapter
1183 459.

1184 Section 7. Section 383.3081, Florida Statutes, is created
1185 to read:

1186 383.3081 Advanced birth center designation.—

1187 (1) To be designated as an advanced birth center, a birth
1188 center must, in addition to maintaining compliance with all of
1189 the requirements under ss. 383.30-383.332 applicable to birth

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1190 centers and advanced birth centers, meet all of the following
1191 criteria:

1192 (a) Be operated and staffed 24 hours per day, 7 days per
1193 week.

1194 (b) Employ two medical directors to oversee the activities
1195 of the center, one of whom must be a board-certified
1196 obstetrician and one of whom must be a board-certified
1197 anesthesiologist.

1198 (c) Have at least one properly equipped, dedicated surgical
1199 suite for the performance of cesarean deliveries.

1200 (d) Employ at least one registered nurse and ensure that at
1201 least one registered nurse is present in the center at all times
1202 and has the ability to stabilize and facilitate the transfer of
1203 patients and newborn infants when appropriate.

1204 (e) Enter into a written agreement with a blood bank for
1205 emergency blood bank services and have written protocols for the
1206 management of obstetrical hemorrhage which include provisions
1207 for emergency blood transfusions. If a patient admitted to an
1208 advanced birth center receives an emergency blood transfusion at
1209 the center, the patient must immediately thereafter be
1210 transferred to a hospital for further care.

1211 (f) Meet all standards adopted by rule for birth centers,
1212 unless specified otherwise, and advanced birth centers pursuant
1213 to s. 383.309.

1214 (g) Comply with the Florida Building Code and Florida Fire
1215 Prevention Code standards for ambulatory surgical centers.

1216 (h) Qualify for, enter into, and maintain a Medicaid
1217 provider agreement with the agency pursuant to s. 409.907 and
1218 provide services to Medicaid recipients according to the terms

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1219 of the provider agreement.

1220 (2) The agency shall establish by rule a process for
1221 designating a birth center that meets the requirements of this
1222 section as an advanced birth center.

1223 Section 8. Section 383.309, Florida Statutes, is amended to
1224 read:

1225 383.309 Minimum standards for birth centers and advanced
1226 birth centers; rules and enforcement.—

1227 (1) The agency shall adopt and enforce rules to administer
1228 ss. 383.30–383.332 and part II of chapter 408, which rules shall
1229 include, but are not limited to, reasonable and fair minimum
1230 standards for ensuring that:

1231 (a) Sufficient numbers and qualified types of personnel and
1232 occupational disciplines are available at all times to provide
1233 necessary and adequate patient care and safety.

1234 (b) Infection control, housekeeping, sanitary conditions,
1235 disaster plan, and medical record procedures that will
1236 adequately protect patient care and provide safety are
1237 established and implemented.

1238 (c) Licensed facilities are established, organized, and
1239 operated consistent with established programmatic standards.

1240 (2) The standards adopted by rule for designating a birth
1241 center as an advanced birth center must, at a minimum, be
1242 equivalent to the minimum standards adopted for ambulatory
1243 surgical centers pursuant to s. 395.1055 and must include
1244 standards for quality of care, blood transfusions, and sanitary
1245 conditions for food handling and food service.

1246 (3) The agency may not establish any rule governing the
1247 design, construction, erection, alteration, modification,

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1248 repair, or demolition of birth centers. It is the intent of the
1249 Legislature to preempt that function to the Florida Building
1250 Commission and the State Fire Marshal through adoption and
1251 maintenance of the Florida Building Code and the Florida Fire
1252 Prevention Code. However, the agency shall provide technical
1253 assistance to the commission and the State Fire Marshal in
1254 updating the construction standards of the Florida Building Code
1255 and the Florida Fire Prevention Code which govern birth centers.
1256 In addition, the agency may enforce the special-occupancy
1257 provisions of the Florida Building Code and the Florida Fire
1258 Prevention Code which apply to birth centers in conducting any
1259 inspection authorized under this chapter or part II of chapter
1260 408.

1261 Section 9. Section 383.313, Florida Statutes, is amended to
1262 read:

1263 383.313 Birth center performance of laboratory and surgical
1264 services; use of anesthetic and chemical agents.—

1265 (1) LABORATORY SERVICES.—A birth center may collect
1266 specimens for those tests that are requested under protocol. A
1267 birth center must obtain and continuously maintain certification
1268 by the Centers for Medicare and Medicaid Services under the
1269 federal Clinical Laboratory Improvement Amendments and the
1270 federal rules adopted thereunder in order to perform laboratory
1271 tests specified by rule of the agency, and which are appropriate
1272 to meet the needs of the patient.

1273 (2) SURGICAL SERVICES.—Except for advanced birth centers
1274 authorized to provide surgical services under s. 383.3131, only
1275 those surgical procedures that are ~~shall be limited to those~~
1276 normally performed during uncomplicated childbirths, such as

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1277 episiotomies and repairs, may be performed at a birth center.
1278 ~~and shall not include~~ Operative obstetrics or caesarean sections
1279 may not be performed at a birth center.

1280 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General and
1281 conduction anesthesia may not be administered at a birth center.
1282 Systemic analgesia may be administered, and local anesthesia for
1283 pudendal block and episiotomy repair may be performed if
1284 procedures are outlined by the clinical staff and performed by
1285 personnel who have the ~~with~~ statutory authority to do so.

1286 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may not be
1287 inhibited, stimulated, or augmented with chemical agents during
1288 the first or second stage of labor unless prescribed by
1289 personnel who have the ~~with~~ statutory authority to do so and
1290 unless in connection with and before ~~prior to~~ emergency
1291 transport.

1292 Section 10. Section 383.3131, Florida Statutes, is created
1293 to read:

1294 383.3131 Advanced birth center performance of laboratory
1295 and surgical services; use of anesthetic and chemical agents.—

1296 (1) LABORATORY SERVICES.—An advanced birth center shall
1297 have a clinical laboratory on site. The clinical laboratory
1298 must, at a minimum, be capable of providing laboratory testing
1299 for hematology, metabolic screening, liver function, and
1300 coagulation studies. An advanced birth center may collect
1301 specimens for those tests that are requested under protocol. An
1302 advanced birth center may perform laboratory tests as defined by
1303 rule of the agency. Laboratories located in advanced birth
1304 centers must be appropriately certified by the Centers for
1305 Medicare and Medicaid Services under the federal Clinical

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1306 Laboratory Improvement Amendments and the federal rules adopted
1307 thereunder.

1308 (2) SURGICAL SERVICES.—In addition to surgical procedures
1309 authorized under s. 383.313(2), surgical procedures for low-risk
1310 cesarean deliveries and surgical management of immediate
1311 complications may also be performed at an advanced birth center.
1312 Postpartum sterilization may be performed before discharge of
1313 the patient who has given birth during that admission.
1314 Circumcisions may be performed before discharge of the newborn
1315 infant.

1316 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General,
1317 conduction, and local anesthesia may be administered at an
1318 advanced birth center if administered by personnel who have the
1319 statutory authority to do so. All general anesthesia must be
1320 administered by an anesthesiologist or a certified registered
1321 nurse anesthetist in accordance with s. 464.012. When general
1322 anesthesia is administered, a physician or a certified
1323 registered nurse anesthetist must be present in the advanced
1324 birth center during the anesthesia and postanesthesia recovery
1325 period until the patient is fully alert. Each advanced birth
1326 center shall comply with s. 395.0191(2)(b).

1327 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may be
1328 inhibited, stimulated, or augmented with chemical agents during
1329 the first or second stage of labor at an advanced birth center
1330 if prescribed by personnel who have the statutory authority to
1331 do so. Labor may be electively induced beginning at the 39th
1332 week of gestation for a patient with a documented Bishop score
1333 of 8 or greater.

1334 Section 11. Subsection (3) is added to section 383.315,

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1335 Florida Statutes, to read:

1336 383.315 Agreements with consultants for advice or services;
1337 maintenance.-

1338 (3) An advanced birth center shall employ or maintain an
1339 agreement with an obstetrician who must be on call at all times
1340 during which a patient is in active labor in the center to
1341 attend deliveries, available to respond to emergencies, and,
1342 when necessary, available to perform cesarean deliveries.

1343 Section 12. Section 383.316, Florida Statutes, is amended
1344 to read:

1345 383.316 Transfer and transport of clients to hospitals.-

1346 (1) If unforeseen complications arise during labor,
1347 delivery, or postpartum recovery, the client must ~~shall~~ be
1348 transferred to a hospital.

1349 (2) Each birth center ~~licensed facility~~ shall make
1350 arrangements with a local ambulance service licensed under
1351 chapter 401 for the transport of emergency patients to a
1352 hospital. Such arrangements must ~~shall~~ be documented in the
1353 center's policy and procedures manual ~~of the facility~~ if the
1354 birth center does not own or operate a licensed ambulance. The
1355 policy and procedures manual ~~shall~~ also must contain specific
1356 protocols for the transfer of any patient to a licensed
1357 hospital.

1358 (3) Each advanced birth center shall enter into a written
1359 transfer agreement with a local hospital licensed under chapter
1360 395 for the transfer and admission of emergency patients to the
1361 hospital or a written agreement with an obstetrician who has
1362 hospital privileges to provide coverage at all times and who has
1363 agreed to accept the transfer of the advanced birth center's

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1364 patients.

1365 (4) A birth center licensed facility shall identify
1366 neonatal-specific transportation services, including ground and
1367 air ambulances; list their particular qualifications; and have
1368 the telephone numbers for access to these services clearly
1369 listed and immediately available.

1370 (5)~~(4)~~ The birth center shall assess and document Annual
1371 assessments of the transportation services and transfer
1372 protocols annually ~~shall be made and documented.~~

1373 Section 13. Present subsections (2) and (3) of section
1374 383.318, Florida Statutes, are redesignated as subsections (3)
1375 and (4), respectively, a new subsection (2) is added to that
1376 section, and subsection (1) of that section is amended, to read:

1377 383.318 Postpartum care for birth center clients and
1378 infants.-

1379 (1) Except at advanced birth centers that must adhere to
1380 the requirements of subsection (2), a mother and her infant must
1381 ~~shall~~ be dismissed from a the birth center within 24 hours after
1382 the birth of the infant, except in unusual circumstances as
1383 defined by rule of the agency. If a mother or an infant is
1384 retained at the birth center for more than 24 hours after the
1385 birth, a report must shall be filed with the agency within 48
1386 hours after of the birth and must describe ~~describing~~ the
1387 circumstances and the reasons for the decision.

1388 (2) (a) A mother and her infant must be dismissed from an
1389 advanced birth center within 48 hours after a vaginal delivery
1390 of the infant or within 72 hours after a delivery by cesarean
1391 section, except in unusual circumstances as defined by rule of
1392 the agency.

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1393 (b) If a mother or an infant is retained at the advanced
1394 birth center for more than the timeframes set forth in paragraph
1395 (a), a report must be filed with the agency within 48 hours
1396 after the scheduled discharge time and must describe the
1397 circumstances and the reasons for the decision.

1398 Section 14. Subsections (5), (31), and (36) of section
1399 394.455, Florida Statutes, are amended to read:

1400 394.455 Definitions.—As used in this part, the term:

1401 (5) "Clinical psychologist" means a person licensed to
1402 practice psychology under chapter 490 ~~a psychologist as defined~~
1403 ~~in s. 490.003(7) with 3 years of postdoctoral experience in the~~
1404 ~~practice of clinical psychology, inclusive of the experience~~
1405 ~~required for licensure,~~ or a psychologist employed by a facility
1406 operated by the United States Department of Veterans Affairs
1407 that qualifies as a receiving or treatment facility under this
1408 part.

1409 (31) "Mobile crisis response service" or "mobile response
1410 team" means a nonresidential behavioral health crisis service
1411 available 24 hours per day, 7 days per week which provides
1412 immediate intensive assessments and interventions, including
1413 screening for admission into a mental health receiving facility,
1414 an addictions receiving facility, or a detoxification facility,
1415 for the purpose of identifying appropriate treatment services.

1416 (36) "Psychiatric nurse" means an advanced practice
1417 registered nurse licensed under s. 464.012 who has a master's or
1418 doctoral degree in psychiatric nursing and~~7~~ holds a national
1419 advanced practice certification as a psychiatric mental health
1420 advanced practice nurse, and has 1 year ~~2 years~~ of post-master's
1421 clinical experience under the supervision of a physician.

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1422 Section 15. Paragraph (c) of subsection (5) of section
1423 394.457, Florida Statutes, is amended to read:

1424 394.457 Operation and administration.—

1425 (5) RULES.—

1426 (c) The department shall adopt rules establishing minimum
1427 standards for services provided by a mental health overlay
1428 program or a mobile crisis response service. Minimum standards
1429 for a mobile crisis response service must:

1430 1. Include the requirements of the child, adolescent, and
1431 young adult mobile response teams established under s.
1432 394.495(7) and ensure coverage of all counties by these
1433 specified teams; and

1434 2. Create a structure for general mobile response teams
1435 which focuses on emergency room diversion and the reduction of
1436 involuntary commitment under this chapter. The structure must
1437 require, but need not be limited to, the following:

1438 a. Triage and rapid crisis intervention within 60 minutes;

1439 b. Provision of and referral to evidence-based services
1440 that are responsive to the needs of the individual and the
1441 individual's family;

1442 c. Screening, assessment, early identification, and care
1443 coordination; and

1444 d. Follow-up at 90 and 180 days to gather outcome data on a
1445 mobile crisis response encounter to determine efficacy of the
1446 mobile crisis response service.

1447 Section 16. Subsections (1) and (3) of section 394.4598,
1448 Florida Statutes, are amended to read:

1449 394.4598 Guardian advocate.—

1450 (1) The administrator may petition the court for the

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1451 appointment of a guardian advocate based upon the opinion of a
1452 psychiatrist or psychiatric nurse practicing within the
1453 framework of an established protocol with a psychiatrist that
1454 the patient is incompetent to consent to treatment. If the court
1455 finds that a patient is incompetent to consent to treatment and
1456 has not been adjudicated incapacitated and had a guardian with
1457 the authority to consent to mental health treatment appointed,
1458 the court must ~~it shall~~ appoint a guardian advocate. The patient
1459 has the right to have an attorney represent him or her at the
1460 hearing. If the person is indigent, the court must ~~shall~~ appoint
1461 the office of the public defender to represent him or her at the
1462 hearing. The patient has the right to testify, cross-examine
1463 witnesses, and present witnesses. The proceeding must ~~shall~~ be
1464 recorded, either electronically or stenographically, and
1465 testimony must ~~shall~~ be provided under oath. One of the
1466 professionals authorized to give an opinion in support of a
1467 petition for involuntary placement, as described in s. 394.4655
1468 or s. 394.467, must testify. A guardian advocate must meet the
1469 qualifications of a guardian contained in part IV of chapter
1470 744, except that a professional referred to in this part, an
1471 employee of the facility providing direct services to the
1472 patient under this part, a departmental employee, a facility
1473 administrator, or member of the Florida local advocacy council
1474 shall not be appointed. A person ~~who is~~ appointed as a guardian
1475 advocate must agree to the appointment.

1476 (3) A facility requesting appointment of a guardian
1477 advocate must, before ~~prior to~~ the appointment, provide the
1478 prospective guardian advocate with information about the duties
1479 and responsibilities of guardian advocates, including the

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1480 information about the ethics of medical decisionmaking. Before
1481 asking a guardian advocate to give consent to treatment for a
1482 patient, the facility shall provide to the guardian advocate
1483 sufficient information so that the guardian advocate can decide
1484 whether to give express and informed consent to the treatment,
1485 including information that the treatment is essential to the
1486 care of the patient, and that the treatment does not present an
1487 unreasonable risk of serious, hazardous, or irreversible side
1488 effects. Before giving consent to treatment, the guardian
1489 advocate must meet and talk with the patient and the patient's
1490 physician or psychiatric nurse practicing within the framework
1491 of an established protocol with a psychiatrist in person, if at
1492 all possible, and by telephone, if not. The decision of the
1493 guardian advocate may be reviewed by the court, upon petition of
1494 the patient's attorney, the patient's family, or the facility
1495 administrator.

1496 Section 17. Subsection (11) of section 394.4615, Florida
1497 Statutes, is amended to read:

1498 394.4615 Clinical records; confidentiality.—

1499 (11) Patients must ~~shall~~ have reasonable access to their
1500 clinical records, unless such access is determined by the
1501 patient's physician or the patient's psychiatric nurse to be
1502 harmful to the patient. If the patient's right to inspect his or
1503 her clinical record is restricted by the facility, written
1504 notice of such restriction must ~~shall~~ be given to the patient
1505 and the patient's guardian, guardian advocate, attorney, and
1506 representative. In addition, the restriction must ~~shall~~ be
1507 recorded in the clinical record, together with the reasons for
1508 it. The restriction of a patient's right to inspect his or her

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1509 clinical record expires ~~shall expire~~ after 7 days but may be
1510 renewed, after review, for subsequent 7-day periods.

1511 Section 18. Paragraph (f) of subsection (1) and subsection
1512 (5) of section 394.4625, Florida Statutes, are amended to read:
1513 394.4625 Voluntary admissions.—

1514 (1) AUTHORITY TO RECEIVE PATIENTS.—

1515 (f) Within 24 hours after admission of a voluntary patient,
1516 the treating ~~admitting~~ physician or psychiatric nurse practicing
1517 within the framework of an established protocol with a
1518 psychiatrist shall document in the patient's clinical record
1519 that the patient is able to give express and informed consent
1520 for admission. If the patient is not able to give express and
1521 informed consent for admission, the facility must ~~shall~~ either
1522 discharge the patient or transfer the patient to involuntary
1523 status pursuant to subsection (5).

1524 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
1525 patient, or an authorized person on the patient's behalf, makes
1526 a request for discharge, the request for discharge, unless
1527 freely and voluntarily rescinded, must be communicated to a
1528 physician, a clinical psychologist with at least 3 years of
1529 clinical experience, or a psychiatrist as quickly as possible,
1530 but not later than 12 hours after the request is made. If the
1531 patient meets the criteria for involuntary placement, the
1532 administrator of the facility must file with the court a
1533 petition for involuntary placement, within 2 court working days
1534 after the request for discharge is made. If the petition is not
1535 filed within 2 court working days, the patient must ~~shall~~ be
1536 discharged. Pending the filing of the petition, the patient may
1537 be held and emergency treatment rendered in the least

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1538 restrictive manner, upon the written order of a physician or a
1539 psychiatric nurse practicing within the framework of an
1540 established protocol with a psychiatrist, if it is determined
1541 that such treatment is necessary for the safety of the patient
1542 or others.

1543 Section 19. Paragraph (f) of subsection (2) of section
1544 394.463, Florida Statutes, is amended to read:

1545 394.463 Involuntary examination.—

1546 (2) INVOLUNTARY EXAMINATION.—

1547 (f) A patient must ~~shall~~ be examined by a physician or a
1548 clinical psychologist, or by a psychiatric nurse performing
1549 within the framework of an established protocol with a
1550 psychiatrist at a facility without unnecessary delay to
1551 determine if the criteria for involuntary services are met.
1552 Emergency treatment may be provided upon the order of a
1553 physician or a psychiatric nurse practicing within the framework
1554 of an established protocol with a psychiatrist if the physician
1555 or psychiatric nurse determines that such treatment is necessary
1556 for the safety of the patient or others. The patient may not be
1557 released by the receiving facility or its contractor without the
1558 documented approval of a psychiatrist or a clinical psychologist
1559 with at least 3 years of clinical experience or, if the
1560 receiving facility is owned or operated by a hospital, health
1561 system, or nationally accredited community mental health center,
1562 the release may also be approved by a psychiatric nurse
1563 performing within the framework of an established protocol with
1564 a psychiatrist, or an attending emergency department physician
1565 with experience in the diagnosis and treatment of mental illness
1566 after completion of an involuntary examination pursuant to this

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1567 subsection. A psychiatric nurse may not approve the release of a
1568 patient if the involuntary examination was initiated by a
1569 psychiatrist unless the release is approved by the initiating
1570 psychiatrist. The release may be approved through telehealth.

1571 Section 20. Paragraphs (a) and (b) of subsection (3),
1572 paragraph (b) of subsection (7), and paragraph (a) of subsection
1573 (8) of section 394.4655, Florida Statutes, are amended to read:

1574 394.4655 Involuntary outpatient services.—

1575 (3) INVOLUNTARY OUTPATIENT SERVICES.—

1576 (a)1. A patient who is being recommended for involuntary
1577 outpatient services by the administrator of the facility where
1578 the patient has been examined may be retained by the facility
1579 after adherence to the notice procedures provided in s.
1580 394.4599. The recommendation must be supported by the opinion of
1581 a psychiatrist and the second opinion of a clinical psychologist
1582 with at least 3 years of clinical experience, or another
1583 psychiatrist, or a psychiatric nurse practicing within the
1584 framework of an established protocol with a psychiatrist, both
1585 of whom have personally examined the patient within the
1586 preceding 72 hours, that the criteria for involuntary outpatient
1587 services are met. However, if the administrator certifies that a
1588 psychiatrist or a clinical psychologist with at least 3 years of
1589 clinical experience is not available to provide the second
1590 opinion, the second opinion may be provided by a licensed
1591 physician who has postgraduate training and experience in
1592 diagnosis and treatment of mental illness, a physician assistant
1593 who has at least 3 years' experience and is supervised by such
1594 licensed physician or a psychiatrist, a clinical social worker,
1595 a clinical psychologist with less than 3 years of clinical

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1596 experience, or by a psychiatric nurse. Any second opinion
1597 authorized in this subparagraph may be conducted through a face-
1598 to-face examination, in person or by electronic means. Such
1599 recommendation must be entered on an involuntary outpatient
1600 services certificate that authorizes the facility to retain the
1601 patient pending completion of a hearing. The certificate must be
1602 made a part of the patient's clinical record.

1603 2. If the patient has been stabilized and no longer meets
1604 the criteria for involuntary examination pursuant to s.
1605 394.463(1), the patient must be released from the facility while
1606 awaiting the hearing for involuntary outpatient services. Before
1607 filing a petition for involuntary outpatient services, the
1608 administrator of the facility or a designated department
1609 representative must identify the service provider that will have
1610 primary responsibility for service provision under an order for
1611 involuntary outpatient services, unless the person is otherwise
1612 participating in outpatient psychiatric treatment and is not in
1613 need of public financing for that treatment, in which case the
1614 individual, if eligible, may be ordered to involuntary treatment
1615 pursuant to the existing psychiatric treatment relationship.

1616 3. The service provider shall prepare a written proposed
1617 treatment plan in consultation with the patient or the patient's
1618 guardian advocate, if appointed, for the court's consideration
1619 for inclusion in the involuntary outpatient services order that
1620 addresses the nature and extent of the mental illness and any
1621 co-occurring substance use disorder that necessitate involuntary
1622 outpatient services. The treatment plan must specify the likely
1623 level of care, including the use of medication, and anticipated
1624 discharge criteria for terminating involuntary outpatient

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1625 services. Service providers may select and supervise other
1626 individuals to implement specific aspects of the treatment plan.
1627 The services in the plan must be deemed clinically appropriate
1628 by a physician, clinical psychologist, psychiatric nurse, mental
1629 health counselor, marriage and family therapist, or clinical
1630 social worker who consults with, or is employed or contracted
1631 by, the service provider. The service provider must certify to
1632 the court in the proposed plan whether sufficient services for
1633 improvement and stabilization are currently available and
1634 whether the service provider agrees to provide those services.
1635 If the service provider certifies that the services in the
1636 proposed treatment plan are not available, the petitioner may
1637 not file the petition. The service provider must notify the
1638 managing entity if the requested services are not available. The
1639 managing entity must document such efforts to obtain the
1640 requested services.

1641 (b) If a patient in involuntary inpatient placement meets
1642 the criteria for involuntary outpatient services, the
1643 administrator of the facility may, before the expiration of the
1644 period during which the facility is authorized to retain the
1645 patient, recommend involuntary outpatient services. The
1646 recommendation must be supported by the opinion of a
1647 psychiatrist and the second opinion of a clinical psychologist
1648 with at least 3 years of clinical experience, or another
1649 psychiatrist, or a psychiatric nurse practicing within the
1650 framework of an established protocol with a psychiatrist, both
1651 of whom have personally examined the patient within the
1652 preceding 72 hours, that the criteria for involuntary outpatient
1653 services are met. However, if the administrator certifies that a

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1654 psychiatrist or a clinical psychologist with at least 3 years of
1655 clinical experience is not available to provide the second
1656 opinion, the second opinion may be provided by a licensed
1657 physician who has postgraduate training and experience in
1658 diagnosis and treatment of mental illness, a physician assistant
1659 who has at least 3 years' experience and is supervised by such
1660 licensed physician or a psychiatrist, a clinical social worker,
1661 a clinical psychologist with less than 3 years of clinical
1662 experience, or by a psychiatric nurse. Any second opinion
1663 authorized in this subparagraph may be conducted through a face-
1664 to-face examination, in person or by electronic means. Such
1665 recommendation must be entered on an involuntary outpatient
1666 services certificate, and the certificate must be made a part of
1667 the patient's clinical record.

1668 (7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—

1669 (b)1. If the court concludes that the patient meets the
1670 criteria for involuntary outpatient services pursuant to
1671 subsection (2), the court must ~~shall~~ issue an order for
1672 involuntary outpatient services. The court order must ~~shall~~ be
1673 for a period of up to 90 days. The order must specify the nature
1674 and extent of the patient's mental illness. The order of the
1675 court and the treatment plan must be made part of the patient's
1676 clinical record. The service provider shall discharge a patient
1677 from involuntary outpatient services when the order expires or
1678 any time the patient no longer meets the criteria for
1679 involuntary placement. Upon discharge, the service provider
1680 shall send a certificate of discharge to the court.

1681 2. The court may not order the department or the service
1682 provider to provide services if the program or service is not

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1683 available in the patient's local community, if there is no space
1684 available in the program or service for the patient, or if
1685 funding is not available for the program or service. The service
1686 provider must notify the managing entity if the requested
1687 services are not available. The managing entity must document
1688 such efforts to obtain the requested services. A copy of the
1689 order must be sent to the managing entity by the service
1690 provider within 1 working day after it is received from the
1691 court. The order may be submitted electronically through
1692 existing data systems. After the order for involuntary services
1693 is issued, the service provider and the patient may modify the
1694 treatment plan. For any material modification of the treatment
1695 plan to which the patient or, if one is appointed, the patient's
1696 guardian advocate agrees, the service provider shall send notice
1697 of the modification to the court. Any material modifications of
1698 the treatment plan which are contested by the patient or the
1699 patient's guardian advocate, if applicable, must be approved or
1700 disapproved by the court consistent with subsection (3).

1701 3. If, in the clinical judgment of a physician or a
1702 psychiatric nurse practicing within the framework of an
1703 established protocol with a psychiatrist, the patient has failed
1704 or has refused to comply with the treatment ordered by the
1705 court, and, in the clinical judgment of the physician or
1706 psychiatric nurse, efforts were made to solicit compliance and
1707 the patient may meet the criteria for involuntary examination, a
1708 person may be brought to a receiving facility pursuant to s.
1709 394.463. If, after examination, the patient does not meet the
1710 criteria for involuntary inpatient placement pursuant to s.
1711 394.467, the patient must be discharged from the facility. The

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1712 involuntary outpatient services order must ~~shall~~ remain in
1713 effect unless the service provider determines that the patient
1714 no longer meets the criteria for involuntary outpatient services
1715 or until the order expires. The service provider must determine
1716 whether modifications should be made to the existing treatment
1717 plan and must attempt to continue to engage the patient in
1718 treatment. For any material modification of the treatment plan
1719 to which the patient or the patient's guardian advocate, if
1720 applicable, agrees, the service provider shall send notice of
1721 the modification to the court. Any material modifications of the
1722 treatment plan which are contested by the patient or the
1723 patient's guardian advocate, if applicable, must be approved or
1724 disapproved by the court consistent with subsection (3).

1725 (8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
1726 SERVICES.—

1727 (a)1. If the person continues to meet the criteria for
1728 involuntary outpatient services, the service provider must
1729 ~~shall~~, at least 10 days before the expiration of the period
1730 during which the treatment is ordered for the person, file in
1731 the court that issued the order for involuntary outpatient
1732 services a petition for continued involuntary outpatient
1733 services. The court shall immediately schedule a hearing on the
1734 petition to be held within 15 days after the petition is filed.

1735 2. The existing involuntary outpatient services order
1736 remains in effect until disposition on the petition for
1737 continued involuntary outpatient services.

1738 3. A certificate must ~~shall~~ be attached to the petition
1739 which includes a statement from the person's physician or a
1740 clinical psychologist with at least 3 years of clinical

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1741 experience justifying the request, a brief description of the
1742 patient's treatment during the time he or she was receiving
1743 involuntary services, and an individualized plan of continued
1744 treatment.

1745 4. The service provider shall develop the individualized
1746 plan of continued treatment in consultation with the patient or
1747 the patient's guardian advocate, if applicable. When the
1748 petition has been filed, the clerk of the court shall provide
1749 copies of the certificate and the individualized plan of
1750 continued services to the department, the patient, the patient's
1751 guardian advocate, the state attorney, and the patient's private
1752 counsel or the public defender.

1753 Section 21. Subsection (2) of section 394.467, Florida
1754 Statutes, is amended to read:

1755 394.467 Involuntary inpatient placement.—

1756 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1757 retained by a facility or involuntarily placed in a treatment
1758 facility upon the recommendation of the administrator of the
1759 facility where the patient has been examined and after adherence
1760 to the notice and hearing procedures provided in s. 394.4599.
1761 The recommendation must be supported by the opinion of a
1762 psychiatrist and the second opinion of a clinical psychologist
1763 with at least 3 years of clinical experience, ~~or~~ another
1764 psychiatrist, or a psychiatric nurse practicing within the
1765 framework of an established protocol with a psychiatrist, both
1766 of whom have personally examined the patient within the
1767 preceding 72 hours, that the criteria for involuntary inpatient
1768 placement are met. However, if the administrator certifies that
1769 a psychiatrist or a clinical psychologist with at least 3 years

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1770 of clinical experience is not available to provide the second
1771 opinion, the second opinion may be provided by a licensed
1772 physician who has postgraduate training and experience in
1773 diagnosis and treatment of mental illness, a clinical
1774 psychologist with less than 3 years of clinical experience, or
1775 ~~by~~ a psychiatric nurse. Any opinion authorized in this
1776 subsection may be conducted through a face-to-face examination,
1777 in person, or by electronic means. Such recommendation must
1778 ~~shall~~ be entered on a petition for involuntary inpatient
1779 placement certificate that authorizes the facility to retain the
1780 patient pending transfer to a treatment facility or completion
1781 of a hearing.

1782 Section 22. Subsection (1) of section 394.4781, Florida
1783 Statutes, is amended to read:

1784 394.4781 Residential care for psychotic and emotionally
1785 disturbed children.—

1786 (1) DEFINITIONS.—As used in this section, the term:

1787 (b) ~~(a)~~ "Psychotic or severely emotionally disturbed child"
1788 means a child so diagnosed by a psychiatrist or a clinical
1789 psychologist with at least 3 years of clinical experience, each
1790 of whom must have ~~who has~~ specialty training and experience with
1791 children. Such a severely emotionally disturbed child or
1792 psychotic child shall be considered by this diagnosis to benefit
1793 by and require residential care as contemplated by this section.

1794 (a) ~~(b)~~ "Department" means the Department of Children and
1795 Families.

1796 Section 23. Subsection (2) of section 394.4785, Florida
1797 Statutes, is amended to read:

1798 394.4785 Children and adolescents; admission and placement

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1799 in mental facilities.-

1800 (2) A person under the age of 14 who is admitted to any
1801 hospital licensed pursuant to chapter 395 may not be admitted to
1802 a bed in a room or ward with an adult patient in a mental health
1803 unit or share common areas with an adult patient in a mental
1804 health unit. However, a person 14 years of age or older may be
1805 admitted to a bed in a room or ward in the mental health unit
1806 with an adult if the admitting physician or psychiatric nurse
1807 documents in the case record that such placement is medically
1808 indicated or for reasons of safety. Such placement must ~~shall~~ be
1809 reviewed by the attending physician or a designee or on-call
1810 physician each day and documented in the case record.

1811 Section 24. Effective upon this act becoming a law, the
1812 Agency for Health Care Administration shall seek federal
1813 approval for coverage and reimbursement authority for mobile
1814 crisis response services pursuant to 42 U.S.C. s. 1396w-6. The
1815 Department of Children and Families must coordinate with the
1816 Agency for Health Care Administration to educate contracted
1817 providers of child, adolescent, and young adult mobile response
1818 team services on the process to enroll as a Medicaid provider;
1819 encourage and incentivize enrollment as a Medicaid provider; and
1820 reduce barriers to maximizing federal reimbursement for
1821 community-based mobile crisis response services.

1822 Section 25. Paragraph (a) of subsection (1) of section
1823 394.875, Florida Statutes, is amended to read:

1824 394.875 Crisis stabilization units, residential treatment
1825 facilities, and residential treatment centers for children and
1826 adolescents; authorized services; license required.-

1827 (1) (a) The purpose of a crisis stabilization unit is to

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1828 stabilize and redirect a client to the most appropriate and
1829 least restrictive community setting available, consistent with
1830 the client's needs. Crisis stabilization units may screen,
1831 assess, and admit for stabilization persons who present
1832 themselves to the unit and persons who are brought to the unit
1833 under s. 394.463. Clients may be provided 24-hour observation,
1834 medication prescribed by a physician, ~~or~~ psychiatrist, or
1835 psychiatric nurse performing within the framework of an
1836 established protocol with a psychiatrist, and other appropriate
1837 services. Crisis stabilization units shall provide services
1838 regardless of the client's ability to pay and shall be limited
1839 in size to a maximum of 30 beds.

1840 Section 26. Paragraphs (i) and (j) are added to subsection
1841 (1) of section 395.1055, Florida Statutes, to read:

1842 395.1055 Rules and enforcement.—

1843 (1) The agency shall adopt rules pursuant to ss. 120.536(1)
1844 and 120.54 to implement the provisions of this part, which shall
1845 include reasonable and fair minimum standards for ensuring that:

1846 (i) A hospital does not accept any payment from a medical
1847 school in exchange for, or directly or indirectly related to,
1848 allowing students from the medical school to obtain clinical
1849 hours or instruction at that hospital.

1850 (j) All hospitals with an emergency department, including
1851 hospital-based off-campus emergency departments, submit to the
1852 agency for approval a plan for assisting patients to gain access
1853 to appropriate care settings when patients either present at the
1854 emergency department with nonemergent health care needs or
1855 indicate, when receiving triage or treatment at the hospital,
1856 that they lack regular access to primary care, in order to

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1857 divert such patients from presenting at the emergency department
1858 for future nonemergent care. Effective July 1, 2025, such
1859 emergency department diversion plan must be approved by the
1860 agency before the hospital may receive initial licensure or
1861 licensure renewal occurring after that date. A hospital with an
1862 approved emergency department diversion plan must submit data to
1863 the agency demonstrating the effectiveness of its plan on an
1864 annual basis and must update the plan as necessary, or as
1865 directed by the agency, before each licensure renewal. An
1866 emergency department diversion plan must include at least one of
1867 the following:

1868 1. A partnership agreement with one or more nearby
1869 federally qualified health centers or other primary care
1870 settings. The goals of such partnership agreement must include,
1871 but need not be limited to, identifying patients who present at
1872 the emergency department for nonemergent care, care that would
1873 best be provided in a primary care setting, or emergency care
1874 that could potentially have been avoided through the regular
1875 provision of primary care, and establishing a relationship
1876 between the patient and the federally qualified health center or
1877 other primary care setting so that the patient develops a
1878 medical home at such setting for nonemergent and preventative
1879 health care services.

1880 2. The establishment, construction, and operation of a
1881 hospital-owned urgent care center adjacent to the hospital
1882 emergency department location or an agreement with an urgent
1883 care center within 3 miles of the emergency department if
1884 located in an urban area as defined in s. 189.041(1)(b) and
1885 within 10 miles of the emergency department if located in a

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1886 rural community as defined in s. 288.0656(2). Under the
1887 hospital's emergency department diversion plan, and as
1888 appropriate for the patients' needs, the hospital shall seek to
1889 divert to the urgent care center those patients who present at
1890 the emergency department needing nonemergent health care
1891 services and subsequently assist the patient in obtaining
1892 primary care.

1893
1894 For such patients who are enrolled in the Medicaid program and
1895 are members of a Medicaid managed care plan, the hospital's
1896 emergency department diversion plan must include outreach to the
1897 patient's Medicaid managed care plan and coordination with the
1898 managed care plan for establishing a relationship between the
1899 patient and a primary care setting as appropriate for the
1900 patient, which may include a federally qualified health center
1901 or other primary care setting with which the hospital has a
1902 partnership agreement. For such a Medicaid enrollee, the agency
1903 shall establish a process for the hospital to share updated
1904 contact information for the patient, if in the hospital's
1905 possession, with the patient's managed care plan.

1906 Section 27. Present subsections (5) and (6) of section
1907 408.051, Florida Statutes, are redesignated as subsections (6)
1908 and (7), respectively, and a new subsection (5) is added to that
1909 section, to read:

1910 408.051 Florida Electronic Health Records Exchange Act.—
1911 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002(12)
1912 which maintains certified electronic health record technology
1913 must make available admit, transfer, and discharge data to the
1914 agency's Florida Health Information Exchange program for the

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1915 purpose of supporting public health data registries and patient
1916 care coordination. The agency may adopt rules to implement this
1917 subsection.

1918 Section 28. Present subsection (8) of section 409.909,
1919 Florida Statutes, is redesignated as subsection (10), a new
1920 subsection (8) and subsection (9) are added to that section, and
1921 paragraph (a) of subsection (6) of that section is amended, to
1922 read:

1923 409.909 Statewide Medicaid Residency Program.—

1924 (6) The Slots for Doctors Program is established to address
1925 the physician workforce shortage by increasing the supply of
1926 highly trained physicians through the creation of new resident
1927 positions, which will increase access to care and improve health
1928 outcomes for Medicaid recipients.

1929 (a)1. Notwithstanding subsection (4), the agency shall
1930 annually allocate \$100,000 to hospitals and qualifying
1931 institutions for each newly created resident position that is
1932 first filled on or after June 1, 2023, and filled thereafter,
1933 and that is accredited by the Accreditation Council for Graduate
1934 Medical Education or the Osteopathic Postdoctoral Training
1935 Institution in an initial or established accredited training
1936 program which is in a physician specialty or subspecialty in a
1937 statewide supply-and-demand deficit.

1938 2. Notwithstanding the requirement that a new resident
1939 position be created to receive funding under this subsection,
1940 the agency may allocate \$100,000 to hospitals and qualifying
1941 institutions, pursuant to subparagraph 1., for up to 200
1942 resident positions that existed before July 1, 2023, if such
1943 resident position:

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1944 a. Is in a physician specialty or subspecialty experiencing
1945 a statewide supply-and-demand deficit;

1946 b. Has been unfilled for a period of 3 or more years;

1947 c. Is subsequently filled on or after June 1, 2024, and
1948 remains filled thereafter; and

1949 d. Is accredited by the Accreditation Council for Graduate
1950 Medical Education or the Osteopathic Postdoctoral Training
1951 Institution in an initial or established accredited training
1952 program.

1953 3. If applications for resident positions under this
1954 paragraph exceed the number of authorized resident positions or
1955 the available funding allocated, the agency shall prioritize
1956 applications for resident positions that are in a primary care
1957 specialty as specified in paragraph (2) (a).

1958 (8) If a hospital or qualifying institution receives state
1959 funds, including, but not limited to, intergovernmental
1960 transfers, under any of the programs established under this
1961 chapter, that hospital or qualifying institution must annually
1962 report to the agency data on each resident position funded.

1963 (a) Specific to funds allocated under this section, other
1964 than funds allocated pursuant to subsection (5), the data
1965 required to be reported under this subsection must include, but
1966 is not limited to, all of the following:

1967 1. The sponsoring institution for the resident position. As
1968 used in this section, the term "sponsoring institution" means an
1969 organization that oversees, supports, and administers one or
1970 more resident positions.

1971 2. The year the position was created and the current
1972 program year of the resident who is filling the position.

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1973 3. Whether the position is currently filled and whether
1974 there has been any period of time when it was not filled.

1975 4. The specialty or subspecialty for which the position is
1976 accredited and whether the position is a fellowship position.

1977 5. Each state funding source that was used to create the
1978 position or is being used to maintain the position, and the
1979 general purpose for which the funds were used.

1980 (b) Specific to funds allocated pursuant to subsection (5)
1981 on or after July 1, 2021, the data must include, but is not
1982 limited to, all of the following:

1983 1. The date on which the hospital or qualifying institution
1984 applied for funds under the program.

1985 2. The date on which the position funded by the program
1986 became accredited.

1987 3. The date on which the position was first filled and
1988 whether it has remained filled.

1989 4. The specialty of the position created.

1990 (c) Beginning on July 1, 2025, each hospital or qualifying
1991 institution shall annually produce detailed financial records no
1992 later than 30 days after the end of its fiscal year, detailing
1993 the manner in which state funds allocated under this section
1994 were expended. This requirement does not apply to funds
1995 allocated before July 1, 2025. The agency may also require that
1996 any hospital or qualifying institution submit to an audit of its
1997 financial records related to funds allocated under this section
1998 after July 1, 2025.

1999 (d) If a hospital or qualifying institution fails to
2000 produce records as required by this section, such hospital or
2001 qualifying institution is no longer eligible to participate in

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any program established under this section until the hospital or qualifying institution has met the agency's requirements for producing the required records.

(e) Upon completion of a residency, each hospital or qualifying institution must request that the resident fill out an exit survey on a form developed by the agency. The completed exit surveys must be provided to the agency annually. The exit survey must include, but need not be limited to, questions on all of the following:

1. Whether the exiting resident has procured employment.
2. Whether the exiting resident plans to leave the state and, if so, for which reasons.
3. Where and in which specialty the exiting resident intends to practice.
4. Whether the exiting resident envisions himself or herself working in the medical field as a long-term career.

(9) The Graduate Medical Education Committee is created within the agency.

(a) The committee shall be composed of the following members:

1. Three deans, or their designees, from medical schools in this state, appointed by the chair of the Council of Florida Medical School Deans.
2. Four members appointed by the Governor, one of whom is a representative of the Florida Medical Association or the Florida Osteopathic Medical Association who has supervised or is currently supervising residents, one of whom is a member of the Florida Hospital Association, one of whom is a member of the Safety Net Hospital Alliance, and one of whom is a physician

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2031 licensed under chapter 458 or chapter 459 practicing at a
2032 qualifying institution.

2033 3. Two members appointed by the Secretary of Health Care
2034 Administration, one of whom represents a statutory teaching
2035 hospital as defined in s. 408.07(46) and one of whom is a
2036 physician who has supervised or is currently supervising
2037 residents.

2038 4. Two members appointed by the State Surgeon General, one
2039 of whom must represent a teaching hospital as defined in s.
2040 408.07 and one of whom is a physician who has supervised or is
2041 currently supervising residents or interns.

2042 5. Two members, one appointed by the President of the
2043 Senate and one appointed by the Speaker of the House of the
2044 Representatives.

2045 (b)1. The members of the committee appointed under
2046 subparagraph (a)1. shall serve 4-year terms. When such members'
2047 terms expire, the chair of the Council of Florida Medical School
2048 Deans shall appoint new members as detailed in paragraph (a)1.
2049 from different medical schools on a rotating basis and may not
2050 reappoint a dean from a medical school that has been represented
2051 on the committee until all medical schools in the state have had
2052 an opportunity to be represented on the committee.

2053 2. The members of the committee appointed under
2054 subparagraphs (a)2., 3., and 4. shall serve 4-year terms, with
2055 the initial term being 3 years for members appointed under
2056 subparagraph (a)4. and 2 years for members appointed under
2057 subparagraph (a)3. The committee shall elect a chair to serve
2058 for a 1-year term.

2059 (c) Members shall serve without compensation but are

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2060 entitled to reimbursement for per diem and travel expenses
2061 pursuant to s. 112.061.

2062 (d) The committee shall convene its first meeting by July
2063 1, 2024, and shall meet as often as necessary to conduct its
2064 business, but at least twice annually, at the call of the chair.
2065 The committee may conduct its meetings though teleconference or
2066 other electronic means. A majority of the members of the
2067 committee constitutes a quorum, and a meeting may not be held
2068 with less than a quorum present. The affirmative vote of a
2069 majority of the members of the committee present is necessary
2070 for any official action by the committee.

2071 (e) Beginning on July 1, 2025, the committee shall submit
2072 an annual report to the Governor, the President of the Senate,
2073 and the Speaker of the House of Representatives which must, at a
2074 minimum, detail all of the following:

2075 1. The role of residents and medical faculty in the
2076 provision of health care.

2077 2. The relationship of graduate medical education to the
2078 state's physician workforce.

2079 3. The typical workload for residents and the role such
2080 workload plays in retaining physicians in the long-term
2081 workforce.

2082 4. The costs of training medical residents for hospitals
2083 and qualifying institutions.

2084 5. The availability and adequacy of all sources of revenue
2085 available to support graduate medical education.

2086 6. The use of state funds, including, but not limited to,
2087 intergovernmental transfers, for graduate medical education for
2088 each hospital or qualifying institution receiving such funds.

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2089 (f) The agency shall provide reasonable and necessary
2090 support staff and materials to assist the committee in the
2091 performance of its duties. The agency shall also provide the
2092 information obtained pursuant to subsection (8) to the committee
2093 and assist the committee, as requested, in obtaining any other
2094 information deemed necessary by the committee to produce its
2095 report.

2096 Section 29. Section 409.91256, Florida Statutes, is created
2097 to read:

2098 409.91256 Training, Education, and Clinicals in Health
2099 (TEACH) Funding Program.—

2100 (1) PURPOSE AND INTENT.—The Training, Education, and
2101 Clinicals in Health (TEACH) Funding Program is created to
2102 provide a high-quality educational experience while supporting
2103 participating federally qualified health centers, community
2104 mental health centers, rural health clinics, and certified
2105 community behavioral health clinics by offsetting administrative
2106 costs and loss of revenue associated with training residents and
2107 students to become licensed health care practitioners. Further,
2108 it is the intent of the Legislature to use the program to
2109 support the state Medicaid program and underserved populations
2110 by expanding the available health care workforce.

2111 (2) DEFINITIONS.—As used in this section, the term:

2112 (a) "Agency" means the Agency for Health Care
2113 Administration.

2114 (b) "Preceptor" means a Florida-licensed health care
2115 practitioner who directs, teaches, supervises, and evaluates the
2116 learning experience of a resident or student during a clinical
2117 rotation.

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2118 (c) "Primary care specialty" means general internal
2119 medicine, family medicine, obstetrics and gynecology, general
2120 pediatrics, psychiatry, geriatric medicine, or any other
2121 specialty the agency identifies as primary care.

2122 (d) "Qualified facility" means a federally qualified health
2123 center, a community mental health center, rural health clinic,
2124 or a certified community behavioral health clinic.

2125 (3) APPLICATION FOR REIMBURSEMENT; AGREEMENTS;
2126 PARTICIPATION REQUIREMENTS.—The agency shall develop an
2127 application process for qualified facilities to apply for funds
2128 to offset the administrative costs and loss of revenue
2129 associated with establishing, maintaining, or expanding a
2130 clinical training program. Upon approving an application, the
2131 agency shall enter into an agreement with the qualified facility
2132 which, at minimum, must require the qualified facility to do all
2133 of the following:

2134 (a) Agree to provide appropriate supervision or precepting
2135 for one or more of the following categories of residents or
2136 students:

2137 1. Allopathic or osteopathic residents pursuing a primary
2138 care specialty.

2139 2. Advanced practice registered nursing students pursuing a
2140 primary care specialty.

2141 3. Nursing students.

2142 4. Allopathic or osteopathic medical students.

2143 5. Dental students.

2144 6. Physician assistant students.

2145 7. Behavioral health students, including students studying
2146 psychology, clinical social work, marriage and family therapy,

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2147 or mental health counseling.

2148 (b) Meet and maintain all requirements to operate an
2149 accredited residency program if the qualified facility operates
2150 a residency program.

2151 (c) Obtain and maintain accreditation from an accreditation
2152 body approved by the agency if the qualified facility provides
2153 clinical rotations.

2154 (d) Ensure that clinical preceptors meet agency standards
2155 for precepting students, including the completion of any
2156 training required by the agency.

2157 (e) Submit quarterly reports to the agency by the first day
2158 of the second month following the end of a quarter to obtain
2159 reimbursement. At a minimum, the report must include all of the
2160 following:

2161 1. The type of residency or clinical rotation offered by
2162 the qualified facility, the number of residents or students
2163 participating in each type of clinical rotation or residency,
2164 and the number of hours worked by each resident or student each
2165 month.

2166 2. Evaluations by the residents and student participants of
2167 the clinical experience on an evaluation form developed by the
2168 agency.

2169 3. An itemized list of administrative costs associated with
2170 the operation of the clinical training program, including
2171 accreditation costs and other costs relating to the creation,
2172 implementation, and maintenance of the program.

2173 4. A calculation of lost revenue associated with operating
2174 the clinical training program.

2175 (4) TRAINING.—The agency, in consultation with the

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2176 Department of Health, shall develop, or contract for the
2177 development of, training for preceptors and make such training
2178 available in either a live or electronic format. The agency
2179 shall also provide technical support for preceptors.

2180 (5) REIMBURSEMENT.—Qualified facilities may be reimbursed
2181 under this section only to offset the administrative costs or
2182 lost revenue associated with training students, allopathic
2183 residents, or osteopathic residents who are enrolled in an
2184 accredited educational or residency program based in this state.

2185 (a) Subject to an appropriation, the agency may reimburse a
2186 qualified facility based on the number of clinical training
2187 hours reported under subparagraph (3) (e)1. The allowed
2188 reimbursement per student is as follows:

- 2189 1. A medical resident at a rate of \$50 per hour.
- 2190 2. A first-year medical student at a rate of \$27 per hour.
- 2191 3. A second-year medical student at a rate of \$27 per hour.
- 2192 4. A third-year medical student at a rate of \$29 per hour.
- 2193 5. A fourth-year medical student at a rate of \$29 per hour.
- 2194 6. A dental student at a rate of \$22 per hour.
- 2195 7. An advanced practice registered nursing student at a
2196 rate of \$22 per hour.

- 2197 8. A physician assistant student at a rate of \$22 per hour.
- 2198 9. A behavioral health student at a rate of \$15 per hour.

2199 (b) A qualified facility may not be reimbursed more than
2200 \$75,000 per fiscal year; however, if it operates a residency
2201 program, it may be reimbursed up to \$100,000 each fiscal year.

2202 (6) DATA.—A qualified facility that receives payment under
2203 the program shall furnish information requested by the agency
2204 for the purpose of the agency's duties under subsections (7) and

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2205 (8).

2206 (7) REPORTS.—By December 1, 2025, and each December 1
2207 thereafter, the agency shall submit to the Governor, the
2208 President of the Senate, and the Speaker of the House of
2209 Representatives a report detailing the effects of the program
2210 for the prior fiscal year, including, but not limited to, all of
2211 the following:

2212 (a) The number of students trained in the program, by
2213 school, area of study, and clinical hours earned.

2214 (b) The number of students trained and the amount of
2215 program funds received by each participating qualified facility.

2216 (c) The number of program participants found to be employed
2217 by a participating qualified facility or in a federally
2218 designated health professional shortage area upon completion of
2219 their education and training.

2220 (d) Any other data the agency deems useful for determining
2221 the effectiveness of the program.

2222 (8) EVALUATION.—The agency shall contract with an
2223 independent third party to develop and conduct a design study to
2224 evaluate the impact of the TEACH funding program, including, but
2225 not limited to, the program's effectiveness in both of the
2226 following areas:

2227 (a) Enabling qualified facilities to provide clinical
2228 rotations and residency opportunities to students and medical
2229 school graduates, as applicable.

2230 (b) Enabling the recruitment and retention of health care
2231 professionals in geographic and practice areas experiencing
2232 shortages.

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2234 The agency shall begin collecting data for the study by January
2235 1, 2025, and shall submit the results of the study to the
2236 Governor, the President of the Senate, and the Speaker of the
2237 House of Representatives by January 1, 2030.

2238 (9) RULES.—The agency may adopt rules to implement this
2239 section.

2240 (10) FEDERAL FUNDING.—The agency shall seek federal
2241 approval to use Title XIX matching funds for the program.

2242 (11) SUNSET.—This section is repealed on July 1, 2034.

2243 Section 30. Paragraph (e) of subsection (2) of section
2244 409.967, Florida Statutes, is amended to read:

2245 409.967 Managed care plan accountability.—

2246 (2) The agency shall establish such contract requirements
2247 as are necessary for the operation of the statewide managed care
2248 program. In addition to any other provisions the agency may deem
2249 necessary, the contract must require:

2250 (e) *Encounter data*.—The agency shall maintain and operate a
2251 Medicaid Encounter Data System to collect, process, store, and
2252 report on covered services provided to all Medicaid recipients
2253 enrolled in prepaid plans.

2254 1. Each prepaid plan must comply with the agency's
2255 reporting requirements for the Medicaid Encounter Data System.
2256 Prepaid plans must submit encounter data electronically in a
2257 format that complies with the Health Insurance Portability and
2258 Accountability Act provisions for electronic claims and in
2259 accordance with deadlines established by the agency. Prepaid
2260 plans must certify that the data reported is accurate and
2261 complete.

2262 2. The agency is responsible for validating the data

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2263 submitted by the plans. The agency shall develop methods and
2264 protocols for ongoing analysis of the encounter data that
2265 adjusts for differences in characteristics of prepaid plan
2266 enrollees to allow comparison of service utilization among plans
2267 and against expected levels of use. The analysis shall be used
2268 to identify possible cases of systemic underutilization or
2269 denials of claims and inappropriate service utilization such as
2270 higher-than-expected emergency department encounters. The
2271 analysis shall provide periodic feedback to the plans and enable
2272 the agency to establish corrective action plans when necessary.
2273 One of the focus areas for the analysis shall be the use of
2274 prescription drugs.

2275 3. The agency shall make encounter data available to those
2276 plans accepting enrollees who are assigned to them from other
2277 plans leaving a region.

2278 4. The agency shall annually produce a report entitled
2279 "Analysis of Potentially Preventable Health Care Events of
2280 Florida Medicaid Enrollees." The report must include, but need
2281 not be limited to, an analysis of the potentially preventable
2282 hospital emergency department visits, hospital admissions, and
2283 hospital readmissions that occurred during the previous state
2284 fiscal year which may have been prevented with better access to
2285 primary care, improved medication management, or better
2286 coordination of care, reported by age, eligibility group,
2287 managed care plan, and region, including conditions contributing
2288 to each potentially preventable event or category of potentially
2289 preventable events. The agency may include any other data or
2290 analysis parameters to augment the report which it deems
2291 pertinent to the analysis. The report must demonstrate trends

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2292 using applicable historical data. The agency shall submit the
2293 report to the Governor, the President of the Senate, and the
2294 Speaker of the House of Representatives by October 1, 2024, and
2295 each October 1 thereafter. The agency may contract with a third-
2296 party vendor to produce the report required under this
2297 subparagraph.

2298 Section 31. Subsection (4) of section 409.973, Florida
2299 Statutes, is amended to read:

2300 409.973 Benefits.—

2301 (4) PRIMARY CARE INITIATIVE.—Each plan operating in the
2302 managed medical assistance program shall establish a program to
2303 encourage enrollees to establish a relationship with their
2304 primary care provider. Each plan shall:

2305 (a) Provide information to each enrollee on the importance
2306 of and procedure for selecting a primary care provider, and
2307 thereafter automatically assign to a primary care provider any
2308 enrollee who fails to choose a primary care provider.

2309 (b) If the enrollee was not a Medicaid recipient before
2310 enrollment in the plan, assist the enrollee in scheduling an
2311 appointment with the primary care provider. If possible, the
2312 appointment should be made within 30 days after enrollment in
2313 the plan. If an appointment is not made within such 30-day
2314 period, the plan must continue assisting the enrollee to
2315 schedule an initial appointment.

2316 (c) Report to the agency the number of enrollees assigned
2317 to each primary care provider within the plan's network.

2318 (d) Report to the agency the number of enrollees who have
2319 not had an appointment with their primary care provider within
2320 their first year of enrollment.

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2321 (e) Report to the agency the number of emergency room
2322 visits by enrollees who have not had at least one appointment
2323 with their primary care provider.

2324 (f) Coordinate with a hospital that contacts the plan under
2325 the requirements of s. 395.1055(1)(j) for the purpose of
2326 establishing the appropriate delivery of primary care services
2327 for the plan's members who present at the hospital's emergency
2328 department for nonemergent care or emergency care that could
2329 potentially have been avoided through the regular provision of
2330 primary care. The plan shall coordinate with such member and the
2331 member's primary care provider for such purpose.

2332 Section 32. The Agency for Health Care Administration shall
2333 seek federal approval necessary to implement an acute hospital
2334 care at home program in the state Medicaid program which is
2335 substantially consistent with the parameters specified in 42
2336 U.S.C. s. 1395cc-7(a)(2) and (3).

2337 Section 33. Present subsections (3) through (8) of section
2338 458.311, Florida Statutes, are redesignated as subsections (4)
2339 through (9), respectively, a new subsection (3) is added to that
2340 section, and paragraph (f) of subsection (1) and present
2341 subsections (3) and (5) of that section are amended, to read:

2342 458.311 Licensure by examination; requirements; fees.—

2343 (1) Any person desiring to be licensed as a physician, who
2344 does not hold a valid license in any state, shall apply to the
2345 department on forms furnished by the department. The department
2346 shall license each applicant who the board certifies:

2347 (f) Meets one of the following medical education and
2348 postgraduate training requirements:

2349 1.a. Is a graduate of an allopathic medical school or

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2350 allopathic college recognized and approved by an accrediting
2351 agency recognized by the United States Office of Education or is
2352 a graduate of an allopathic medical school or allopathic college
2353 within a territorial jurisdiction of the United States
2354 recognized by the accrediting agency of the governmental body of
2355 that jurisdiction;

2356 b. If the language of instruction of the medical school is
2357 other than English, has demonstrated competency in English
2358 through presentation of a satisfactory grade on the Test of
2359 Spoken English of the Educational Testing Service or a similar
2360 test approved by rule of the board; and

2361 c. Has completed an approved residency of at least 1 year.

2362 2.a. Is a graduate of an allopathic foreign medical school
2363 registered with the World Health Organization and certified
2364 pursuant to s. 458.314 as having met the standards required to
2365 accredit medical schools in the United States or reasonably
2366 comparable standards;

2367 b. If the language of instruction of the foreign medical
2368 school is other than English, has demonstrated competency in
2369 English through presentation of the Educational Commission for
2370 Foreign Medical Graduates English proficiency certificate or by
2371 a satisfactory grade on the Test of Spoken English of the
2372 Educational Testing Service or a similar test approved by rule
2373 of the board; and

2374 c. Has completed an approved residency of at least 1 year.

2375 3.a. Is a graduate of an allopathic foreign medical school
2376 which has not been certified pursuant to s. 458.314 and has not
2377 been excluded from consideration under s. 458.314(8);

2378 b. Has had his or her medical credentials evaluated by the

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2379 Educational Commission for Foreign Medical Graduates, holds an
2380 active, valid certificate issued by that commission, and has
2381 passed the examination utilized by that commission; and

2382 c. Has completed an approved residency of at least 1 year;
2383 however, after October 1, 1992, the applicant shall have
2384 completed an approved residency or fellowship of at least 2
2385 years in one specialty area. However, to be acceptable, the
2386 fellowship experience and training must be counted toward
2387 regular or subspecialty certification by a board recognized and
2388 certified by the American Board of Medical Specialties.

2389 (3) Notwithstanding sub-subparagraphs (1)(f)2.c. and 3.c.,
2390 a graduate of a foreign medical school that has not been
2391 excluded from consideration under s. 458.314(8) is not required
2392 to complete an approved residency if he or she meets all of the
2393 following criteria:

2394 (a) Has an active, unencumbered license to practice
2395 medicine in a foreign country.

2396 (b) Has actively practiced medicine in the 4-year period
2397 preceding the date of the submission of a licensure application.

2398 (c) Has completed a residency or substantially similar
2399 postgraduate medical training in a country recognized by his or
2400 her licensing jurisdiction.

2401 (d) Has an offer for full-time employment as a physician
2402 from a health care provider that operates in this state.

2403
2404 A physician licensed after meeting the requirements of this
2405 subsection must maintain his or her employment with the original
2406 employer under paragraph (d) or with another health care
2407 provider that operates in this state, at a location within this

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2408 state, for at least 2 consecutive years after licensure, in
2409 accordance with rules adopted by the board. Such physician must
2410 notify the board within 5 business days after any change of
2411 employer.

2412 (4)~~(3)~~ Notwithstanding the provisions of subparagraph
2413 (1)(f)3., a graduate of a foreign medical school that has not
2414 been excluded from consideration under s. 458.314(8) need not
2415 present the certificate issued by the Educational Commission for
2416 Foreign Medical Graduates or pass the examination utilized by
2417 that commission if the graduate:

2418 (a) Has received a bachelor's degree from an accredited
2419 United States college or university.

2420 (b) Has studied at a medical school which is recognized by
2421 the World Health Organization.

2422 (c) Has completed all of the formal requirements of the
2423 foreign medical school, except the internship or social service
2424 requirements, and has passed part I of the National Board of
2425 Medical Examiners examination or the Educational Commission for
2426 Foreign Medical Graduates examination equivalent.

2427 (d) Has completed an academic year of supervised clinical
2428 training in a hospital affiliated with a medical school approved
2429 by the Council on Medical Education of the American Medical
2430 Association and upon completion has passed part II of the
2431 National Board of Medical Examiners examination or the
2432 Educational Commission for Foreign Medical Graduates examination
2433 equivalent.

2434 (6)~~(5)~~ The board may not certify to the department for
2435 licensure any applicant who is under investigation in another
2436 jurisdiction for an offense which would constitute a violation

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2437 of this chapter until such investigation is completed. Upon
2438 completion of the investigation, ~~the provisions of s. 458.331~~
2439 shall apply. Furthermore, the department may not issue an
2440 unrestricted license to any individual who has committed any act
2441 or offense in any jurisdiction which would constitute the basis
2442 for disciplining a physician pursuant to s. 458.331. When the
2443 board finds that an individual has committed an act or offense
2444 in any jurisdiction which would constitute the basis for
2445 disciplining a physician pursuant to s. 458.331, ~~then~~ the board
2446 may enter an order imposing one or more of the terms set forth
2447 in subsection (9) ~~(8)~~.

2448 Section 34. Section 458.3124, Florida Statutes, is
2449 repealed.

2450 Section 35. Subsection (8) of section 458.314, Florida
2451 Statutes, is amended to read:

2452 458.314 Certification of foreign educational institutions.-
2453 (8) If a foreign medical school does not seek certification
2454 under this section, the board may, at its discretion, exclude
2455 the foreign medical school from consideration as an institution
2456 that provides medical education that is reasonably comparable to
2457 that of similar accredited institutions in the United States and
2458 that adequately prepares its students for the practice of
2459 medicine in this state. However, a license or medical faculty
2460 certificate issued to a physician under this chapter before July
2461 1, 2024, is not affected by this subsection ~~Each institution~~
2462 ~~which has been surveyed before October 1, 1986, by the~~
2463 ~~Commission to Evaluate Foreign Medical Schools or the Commission~~
2464 ~~on Foreign Medical Education of the Federation of State Medical~~
2465 ~~Boards, Inc., and whose survey and supporting documentation~~

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2466 ~~demonstrates that it provides an educational program, including~~
2467 ~~curriculum, reasonably comparable to that of similar accredited~~
2468 ~~institutions in the United States shall be considered fully~~
2469 ~~certified, for purposes of chapter 86-245, Laws of Florida.~~

2470 Section 36. Subsections (1) and (4) of section 458.3145,
2471 Florida Statutes, are amended to read:

2472 458.3145 Medical faculty certificate.-

2473 (1) A medical faculty certificate may be issued without
2474 examination to an individual who meets all of the following
2475 criteria:

2476 (a) Is a graduate of an accredited medical school or its
2477 equivalent, or is a graduate of a foreign medical school listed
2478 with the World Health Organization which has not been excluded
2479 from consideration under s. 458.314(8).†

2480 (b) Holds a valid, current license to practice medicine in
2481 another jurisdiction.†

2482 (c) Has completed the application form and remitted a
2483 nonrefundable application fee not to exceed \$500.†

2484 (d) Has completed an approved residency or fellowship of at
2485 least 1 year or has received training that ~~which~~ has been
2486 determined by the board to be equivalent to the 1-year residency
2487 requirement.†

2488 (e) Is at least 21 years of age.†

2489 (f) Is of good moral character.†

2490 (g) Has not committed any act in this or any other
2491 jurisdiction which would constitute the basis for disciplining a
2492 physician under s. 458.331.†

2493 (h) For any applicant who has graduated from medical school
2494 after October 1, 1992, has completed, before entering medical

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2495 school, the equivalent of 2 academic years of preprofessional,
 2496 postsecondary education, as determined by rule of the board,
 2497 which must include, at a minimum, courses in such fields as
 2498 anatomy, biology, and chemistry.~~†~~†

2499 (i) Has been offered and has accepted a full-time faculty
 2500 appointment to teach in a program of medicine at any of the
 2501 following institutions:

- 2502 1. The University of Florida.~~†~~†
- 2503 2. The University of Miami.~~†~~†
- 2504 3. The University of South Florida.~~†~~†
- 2505 4. The Florida State University.~~†~~†
- 2506 5. The Florida International University.~~†~~†
- 2507 6. The University of Central Florida.~~†~~†
- 2508 7. The Mayo Clinic College of Medicine and Science in
 2509 Jacksonville, Florida.~~†~~†
- 2510 8. The Florida Atlantic University.~~†~~†
- 2511 9. The Johns Hopkins All Children's Hospital in St.
 2512 Petersburg, Florida.~~†~~†
- 2513 10. Nova Southeastern University.~~†~~†~~or~~
- 2514 11. Lake Erie College of Osteopathic Medicine.

2515 ~~(4) In any year, the maximum number of extended medical~~
 2516 ~~faculty certificateholders as provided in subsection (2) may not~~
 2517 ~~exceed 30 persons at each institution named in subparagraphs~~
 2518 ~~(1)(i)1., 6., 8., and 9. and at the facility named in s. 1004.43~~
 2519 ~~and may not exceed 10 persons at the institution named in~~
 2520 ~~subparagraph (1)(i)7.~~

2521 Section 37. Section 458.315, Florida Statutes, is amended
 2522 to read:

2523 458.315 Temporary certificate for practice in areas of

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2524 critical need.—

2525 (1) A physician or physician assistant who is licensed to
2526 practice in any jurisdiction of the United States and, whose
2527 license is currently valid, ~~and who pays an application fee of~~
2528 ~~\$300~~ may be issued a temporary certificate for practice in areas
2529 of critical need. A physician seeking such certificate must pay
2530 an application fee of \$300.

2531 (2) A temporary certificate may be issued under this
2532 section to a physician or physician assistant who will:

2533 (a) ~~Will~~ Practice in an area of critical need;

2534 (b) ~~Will~~ Be employed by or practice in a county health
2535 department; correctional facility; Department of Veterans'
2536 Affairs clinic; community health center funded by s. 329, s.
2537 330, or s. 340 of the United States Public Health Services Act;
2538 or other agency or institution that is approved by the State
2539 Surgeon General and provides health care services to meet the
2540 needs of underserved populations in this state; or

2541 (c) ~~Will~~ Practice for a limited time to address critical
2542 physician-specialty, demographic, or geographic needs for this
2543 state's physician workforce as determined by the State Surgeon
2544 General.

2545 (3) The board ~~of Medicine~~ may issue a this temporary
2546 certificate under this section subject to ~~with~~ the following
2547 restrictions:

2548 (a) The State Surgeon General shall determine the areas of
2549 critical need. Such areas include, but are not limited to,
2550 health professional shortage areas designated by the United
2551 States Department of Health and Human Services.

2552 1. A recipient of a temporary certificate for practice in

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2553 areas of critical need may use the certificate to work for any
2554 approved entity in any area of critical need or as authorized by
2555 the State Surgeon General.

2556 2. The recipient of a temporary certificate for practice in
2557 areas of critical need shall, within 30 days after accepting
2558 employment, notify the board of all approved institutions in
2559 which the licensee practices and of all approved institutions
2560 where practice privileges have been denied, as applicable.

2561 (b) The board may administer an abbreviated oral
2562 examination to determine the physician's or physician
2563 assistant's competency, but a written regular examination is not
2564 required. Within 60 days after receipt of an application for a
2565 temporary certificate, the board shall review the application
2566 and issue the temporary certificate, notify the applicant of
2567 denial, or notify the applicant that the board recommends
2568 additional assessment, training, education, or other
2569 requirements as a condition of certification. If the applicant
2570 has not actively practiced during the 3-year period immediately
2571 preceding the application ~~prior 3 years~~ and the board determines
2572 that the applicant may lack clinical competency, possess
2573 diminished or inadequate skills, lack necessary medical
2574 knowledge, or exhibit patterns of deficits in clinical
2575 decisionmaking, the board may:

2576 1. Deny the application;

2577 2. Issue a temporary certificate having reasonable
2578 restrictions that may include, but are not limited to, a
2579 requirement for the applicant to practice under the supervision
2580 of a physician approved by the board; or

2581 3. Issue a temporary certificate upon receipt of

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2582 documentation confirming that the applicant has met any
2583 reasonable conditions of the board which may include, but are
2584 not limited to, completing continuing education or undergoing an
2585 assessment of skills and training.

2586 (c) Any certificate issued under this section is valid only
2587 so long as the State Surgeon General determines that the reason
2588 for which it was issued remains a critical need to the state.
2589 The board ~~of Medicine~~ shall review each temporary
2590 certificateholder at least ~~not less than~~ annually to ascertain
2591 that the certificateholder is complying with the minimum
2592 requirements of the Medical Practice Act and its adopted rules,
2593 as applicable to the certificateholder ~~are being complied with~~.
2594 If it is determined that the certificateholder is not meeting
2595 such minimum requirements ~~are not being met~~, the board must
2596 ~~shall~~ revoke such certificate or ~~shall~~ impose restrictions or
2597 conditions, or both, as a condition of continued practice under
2598 the certificate.

2599 (d) The board may not issue a temporary certificate for
2600 practice in an area of critical need to any physician or
2601 physician assistant who is under investigation in any
2602 jurisdiction in the United States for an act that would
2603 constitute a violation of this chapter until such time as the
2604 investigation is complete, at which time ~~the provisions of s.~~
2605 458.331 applies ~~apply~~.

2606 (4) The application fee and all licensure fees, including
2607 neurological injury compensation assessments, are ~~shall be~~
2608 waived for those persons obtaining a temporary certificate to
2609 practice in areas of critical need for the purpose of providing
2610 volunteer, uncompensated care for low-income residents. The

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2611 applicant must submit an affidavit from the employing agency or
2612 institution stating that the physician or physician assistant
2613 will not receive any compensation for any health care services
2614 provided by the applicant ~~service involving the practice of~~
2615 ~~medicine.~~

2616 Section 38. Section 458.317, Florida Statutes, is amended
2617 to read:

2618 458.317 Limited licenses.—

2619 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2620 (a) Any person desiring to obtain a limited license under
2621 this subsection shall submit to the board an application and fee
2622 not to exceed \$300 and demonstrate that he or she has been
2623 licensed to practice medicine in any jurisdiction in the United
2624 States for at least 10 years and intends to practice only
2625 pursuant to the restrictions of a limited license granted
2626 pursuant to this subsection ~~section~~. However, a physician who is
2627 not fully retired in all jurisdictions may use a limited license
2628 only for noncompensated practice. If the person applying for a
2629 limited license submits a statement from the employing agency or
2630 institution stating that he or she will not receive compensation
2631 for any service involving the practice of medicine, the
2632 application fee and all licensure fees shall be waived. However,
2633 any person who receives a waiver of fees for a limited license
2634 shall pay such fees if the person receives compensation for the
2635 practice of medicine.

2636 (b) If it has been more than 3 years since active practice
2637 was conducted by the applicant, the full-time director of the
2638 county health department or a licensed physician, approved by
2639 the board, must ~~shall~~ supervise the applicant for a period of 6

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2640 months after he or she is granted a limited license under this
2641 subsection ~~for practice~~, unless the board determines that a
2642 shorter period of supervision will be sufficient to ensure that
2643 the applicant is qualified for licensure. Procedures for such
2644 supervision must ~~shall~~ be established by the board.

2645 (c) The recipient of a limited license under this
2646 subsection may practice only in the employ of public agencies or
2647 institutions or nonprofit agencies or institutions meeting the
2648 requirements of s. 501(c)(3) of the Internal Revenue Code, which
2649 agencies or institutions are located in the areas of critical
2650 medical need as determined by the board. Determination of
2651 medically underserved areas shall be made by the board after
2652 consultation with the department ~~of Health~~ and statewide medical
2653 organizations; however, such determination shall include, but
2654 not be limited to, health professional shortage areas designated
2655 by the United States Department of Health and Human Services. A
2656 recipient of a limited license under this subsection may use the
2657 license to work for any approved employer in any area of
2658 critical need approved by the board.

2659 (d) The recipient of a limited license shall, within 30
2660 days after accepting employment, notify the board of all
2661 approved institutions in which the licensee practices and of all
2662 approved institutions where practice privileges have been
2663 denied.

2664 (e) This subsection does not limit ~~Nothing herein limits in~~
2665 ~~any way~~ any policy by the board, otherwise authorized by law, to
2666 grant licenses to physicians duly licensed in other states under
2667 conditions less restrictive than the requirements of this
2668 subsection ~~section~~. Notwithstanding the other provisions of this

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2669 subsection ~~section~~, the board may refuse to authorize a
2670 physician otherwise qualified to practice in the employ of any
2671 agency or institution otherwise qualified if the agency or
2672 institution has caused or permitted violations of the provisions
2673 of this chapter which it knew or should have known were
2674 occurring.

2675 (f) ~~(2)~~ The board shall notify the director of the full-time
2676 local county health department of any county in which a licensee
2677 intends to practice under ~~the provisions of this subsection~~ act.
2678 The director of the full-time county health department shall
2679 assist in the supervision of any licensee within the county and
2680 shall notify the board ~~which issued the licensee his or her~~
2681 ~~license~~ if he or she becomes aware of any actions by the
2682 licensee which would be grounds for revocation of the limited
2683 license. The board shall establish procedures for such
2684 supervision.

2685 (g) ~~(3)~~ The board shall review the practice of each licensee
2686 biennially to verify compliance with the restrictions prescribed
2687 in this subsection ~~section~~ and other applicable provisions of
2688 this chapter.

2689 (h) ~~(4)~~ Any person holding an active license to practice
2690 medicine in this ~~the~~ state may convert that license to a limited
2691 license under this subsection for the purpose of providing
2692 volunteer, uncompensated care for low-income Floridians. The
2693 applicant must submit a statement from the employing agency or
2694 institution stating that he or she will not receive compensation
2695 for any service involving the practice of medicine. The
2696 application fee and all licensure fees, including neurological
2697 injury compensation assessments, are ~~shall be~~ waived for such

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2698 applicant.

2699 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant
2700 physician is a medical school graduate who meets the
2701 requirements of this subsection and has obtained a limited
2702 license from the board for the purpose of practicing temporarily
2703 under the direct supervision of a physician who has a full,
2704 active, and unencumbered license issued under this chapter,
2705 pending the graduate's entrance into a residency under the
2706 National Resident Match Program.

2707 (a) Any person desiring to obtain a limited license as a
2708 graduate assistant physician must submit to the board an
2709 application and demonstrate that he or she meets all of the
2710 following criteria:

2711 1. Is a graduate of an allopathic medical school or
2712 allopathic college approved by an accrediting agency recognized
2713 by the United States Department of Education.

2714 2. Has successfully passed all parts of the United States
2715 Medical Licensing Examination.

2716 3. Has not received and accepted a residency match from the
2717 National Resident Match Program within the first year following
2718 graduation from medical school.

2719 (b) The board shall issue a graduate assistant physician
2720 limited license for a duration of 2 years to an applicant who
2721 meets the requirements of paragraph (a) and all of the following
2722 criteria:

2723 1. Is at least 21 years of age.

2724 2. Is of good moral character.

2725 3. Submits documentation that the applicant has agreed to
2726 enter into a written protocol drafted by a physician with a

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2727 full, active, and unencumbered license issued under this chapter
2728 upon the board's issuance of a limited license to the applicant
2729 and submits a copy of the protocol. The board shall establish by
2730 rule specific provisions that must be included in a physician-
2731 drafted protocol.

2732 4. Has not committed any act or offense in this or any
2733 other jurisdiction which would constitute the basis for
2734 disciplining a physician under s. 458.331.

2735 5. Has submitted to the department a set of fingerprints on
2736 a form and under procedures specified by the department.

2737 6. The board may not certify to the department for limited
2738 licensure under this subsection any applicant who is under
2739 investigation in another jurisdiction for an offense which would
2740 constitute a violation of this chapter or chapter 456 until such
2741 investigation is completed. Upon completion of the
2742 investigation, s. 458.331 applies. Furthermore, the department
2743 may not issue a limited license to any individual who has
2744 committed any act or offense in any jurisdiction which would
2745 constitute the basis for disciplining a physician under s.
2746 458.331. If the board finds that an individual has committed an
2747 act or offense in any jurisdiction which would constitute the
2748 basis for disciplining a physician under s. 458.331, the board
2749 may enter an order imposing one of the following terms:

2750 a. Refusal to certify to the department an application for
2751 a graduate assistant physician limited license; or

2752 b. Certification to the department of an application for a
2753 graduate assistant physician limited license with restrictions
2754 on the scope of practice of the licensee.

2755 (c) A graduate assistant physician limited licensee may

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2756 apply for a one-time renewal of his or her limited license by
2757 submitting a board-approved application, documentation of actual
2758 practice under the required protocol during the initial limited
2759 licensure period, and documentation of applications he or she
2760 has submitted for accredited graduate medical education training
2761 programs. The one-time renewal terminates after 1 year.

2762 (d) A limited licensed graduate assistant physician may
2763 provide health care services only under the direct supervision
2764 of a physician with a full, active, and unencumbered license
2765 issued under this chapter.

2766 (e) A physician must be approved by the board to supervise
2767 a limited licensed graduate assistant physician.

2768 (f) A physician may supervise no more than two graduate
2769 assistant physicians with limited licenses.

2770 (g) Supervision of limited licensed graduate assistant
2771 physicians requires the physical presence of the supervising
2772 physician at the location where the services are rendered.

2773 (h) A physician-drafted protocol must specify the duties
2774 and responsibilities of the limited licensed graduate assistant
2775 physician according to criteria adopted by board rule.

2776 (i) Each protocol that applies to a limited licensed
2777 graduate assistant physician and his or her supervising
2778 physician must ensure that:

2779 1. There is a process for the evaluation of the limited
2780 licensed graduate assistant physicians' performance; and

2781 2. The delegation of any medical task or procedure is
2782 within the supervising physician's scope of practice and
2783 appropriate for the graduate assistant physician's level of
2784 competency.

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2785 (j) A limited licensed graduate assistant physician's
2786 prescriptive authority is governed by the physician-drafted
2787 protocol and criteria adopted by the board and may not exceed
2788 that of his or her supervising physician. Any prescriptions and
2789 orders issued by the graduate assistant physician must identify
2790 both the graduate assistant physician and the supervising
2791 physician.

2792 (k) A physician who supervises a graduate assistant
2793 physician is liable for any acts or omissions of the graduate
2794 assistant physician acting under the physician's supervision and
2795 control. Third-party payors may reimburse employers of graduate
2796 assistant physicians for covered services rendered by graduate
2797 assistant physicians.

2798 (3) RULES.—The board may adopt rules to implement this
2799 section.

2800 Section 39. Section 459.0075, Florida Statutes, is amended
2801 to read:

2802 459.0075 Limited licenses.—

2803 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2804 (a) Any person desiring to obtain a limited license under
2805 this subsection must ~~shall~~:

2806 1. ~~(a)~~ Submit to the board a licensure application and fee
2807 required by this chapter. However, an osteopathic physician who
2808 is not fully retired in all jurisdictions may use a limited
2809 license only for noncompensated practice. If the person applying
2810 for a limited license submits a statement from the employing
2811 agency or institution stating that she or he will not receive
2812 monetary compensation for any service involving the practice of
2813 osteopathic medicine, the application fee and all licensure fees

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2814 shall be waived. However, any person who receives a waiver of
2815 fees for a limited license must ~~shall~~ pay such fees if the
2816 person receives compensation for the practice of osteopathic
2817 medicine.

2818 2. ~~(b)~~ Submit proof that such osteopathic physician has been
2819 licensed to practice osteopathic medicine in any jurisdiction in
2820 the United States in good standing and pursuant to law for at
2821 least 10 years.

2822 3. ~~(e)~~ Complete an amount of continuing education
2823 established by the board.

2824 (b) ~~(2)~~ If it has been more than 3 years since active
2825 practice was conducted by the applicant, the full-time director
2826 of the local county health department must ~~shall~~ supervise the
2827 applicant for a period of 6 months after the applicant is
2828 granted a limited license under this subsection ~~to practice~~,
2829 unless the board determines that a shorter period of supervision
2830 will be sufficient to ensure that the applicant is qualified for
2831 licensure under this subsection ~~pursuant to this section~~.
2832 Procedures for such supervision must ~~shall~~ be established by the
2833 board.

2834 (c) ~~(3)~~ The recipient of a limited license under this
2835 subsection may practice only in the employ of public agencies or
2836 institutions or nonprofit agencies or institutions meeting the
2837 requirements of s. 501(c) (3) of the Internal Revenue Code, which
2838 agencies or institutions are located in areas of critical
2839 medical need or in medically underserved areas as determined
2840 pursuant to 42 U.S.C. s. 300e-1(7).

2841 (d) ~~(4)~~ The board shall notify the director of the full-time
2842 local county health department of any county in which a licensee

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2843 intends to practice under the provisions of this subsection
2844 ~~section~~. The director of the full-time county health department
2845 shall assist in the supervision of any licensee within the her
2846 ~~er his~~ county and shall notify the board if she or he becomes
2847 aware of any action by the licensee which would be a ground for
2848 revocation of the limited license. The board shall establish
2849 procedures for such supervision.

2850 (e) ~~(5)~~ The ~~State~~ board of ~~Osteopathic Medicine~~ shall review
2851 the practice of each licensee under this subsection ~~section~~
2852 biennially to verify compliance with the restrictions prescribed
2853 in this subsection ~~section~~ and other provisions of this chapter.

2854 (f) ~~(6)~~ Any person holding an active license to practice
2855 osteopathic medicine in this ~~the~~ state may convert that license
2856 to a limited license under this subsection for the purpose of
2857 providing volunteer, uncompensated care for low-income
2858 Floridians. The applicant must submit a statement from the
2859 employing agency or institution stating that she or he ~~or she~~
2860 will not receive compensation for any service involving the
2861 practice of osteopathic medicine. The application fee and all
2862 licensure fees, including neurological injury compensation
2863 assessments, are shall be waived for such applicant.

2864 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant
2865 physician is a medical school graduate who meets the
2866 requirements of this subsection and has obtained a limited
2867 license from the board for the purpose of practicing temporarily
2868 under the direct supervision of a physician who has a full,
2869 active, and unencumbered license issued under this chapter,
2870 pending the graduate's entrance into a residency under the
2871 National Resident Match Program.

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2872 (a) Any person desiring to obtain a limited license as a
2873 graduate assistant physician must submit to the board an
2874 application and demonstrate that she or he meets all of the
2875 following criteria:

2876 1. Is a graduate of a school or college of osteopathic
2877 medicine approved by an accrediting agency recognized by the
2878 United States Department of Education.

2879 2. Has successfully passed all parts of the examination
2880 conducted by the National Board of Osteopathic Medical Examiners
2881 or other examination approved by the board.

2882 3. Has not received and accepted a residency match from the
2883 National Residency Match Program within the first year following
2884 graduation from medical school.

2885 (b) The board shall issue a graduate assistant physician
2886 limited license for a duration of 2 years to an applicant who
2887 meets the requirements of paragraph (a) and all of the following
2888 criteria:

2889 1. Is at least 21 years of age.

2890 2. Is of good moral character.

2891 3. Submits documentation that the applicant has agreed to
2892 enter into a written protocol drafted by a physician with a
2893 full, active, and unencumbered license issued under this chapter
2894 upon the board's issuance of a limited license to the applicant,
2895 and submits a copy of the protocol. The board shall establish by
2896 rule specific provisions that must be included in a physician-
2897 drafted protocol.

2898 4. Has not committed any act or offense in this or any
2899 other jurisdiction which would constitute the basis for
2900 disciplining a physician under s. 459.015.

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2901 5. Has submitted to the department a set of fingerprints on
2902 a form and under procedures specified by the department.

2903 6. The board may not certify to the department for limited
2904 licensure under this subsection any applicant who is under
2905 investigation in another jurisdiction for an offense which would
2906 constitute a violation of this chapter or chapter 456 until such
2907 investigation is completed. Upon completion of the
2908 investigation, s. 459.015 applies. Furthermore, the department
2909 may not issue a limited license to any individual who has
2910 committed any act or offense in any jurisdiction which would
2911 constitute the basis for disciplining a physician under s.
2912 459.015. If the board finds that an individual has committed an
2913 act or offense in any jurisdiction which would constitute the
2914 basis for disciplining a physician under s. 459.015, the board
2915 may enter an order imposing one of the following terms:

2916 a. Refusal to certify to the department an application for
2917 a graduate assistant physician limited license; or

2918 b. Certification to the department of an application for a
2919 graduate assistant physician limited license with restrictions
2920 on the scope of practice of the licensee.

2921 (c) A graduate assistant physician limited licensee may
2922 apply for a one-time renewal of his or her limited licensed by
2923 submitting a board-approved application, documentation of actual
2924 practice under the required protocol during the initial limited
2925 licensure period, and documentation of applications he or she
2926 has submitted for accredited graduate medical education training
2927 programs. The one-time renewal terminates after 1 year.

2928 (d) A limited licensed graduate assistant physician may
2929 provide health care services only under the direct supervision

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2930 of a physician with a full, active, and unencumbered license
2931 issued under this chapter.

2932 (e) A physician must be approved by the board to supervise
2933 a limited licensed graduate assistant physician.

2934 (f) A physician may supervise no more than two graduate
2935 assistant physicians with limited licenses.

2936 (g) Supervision of limited licensed graduate assistant
2937 physicians requires the physical presence of the supervising
2938 physician at the location where the services are rendered.

2939 (h) A physician-drafted protocol must specify the duties
2940 and responsibilities of the limited licensed graduate assistant
2941 physician according to criteria adopted by board rule.

2942 (i) Each protocol that applies to a limited licensed
2943 graduate assistant physician and his or her supervising
2944 physician must ensure that:

2945 1. There is a process for the evaluation of the limited
2946 licensed graduate assistant physicians' performance; and

2947 2. The delegation of any medical task or procedure is
2948 within the supervising physician's scope of practice and
2949 appropriate for the graduate assistant physician's level of
2950 competency.

2951 (j) A limited licensed graduate assistant physician's
2952 prescriptive authority is governed by the physician-drafted
2953 protocol and criteria adopted by the board and may not exceed
2954 that of his or her supervising physician. Any prescriptions and
2955 orders issued by the graduate assistant physician must identify
2956 both the graduate assistant physician and the supervising
2957 physician.

2958 (k) A physician who supervises a graduate assistant

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2959 physician is liable for any acts or omissions of the graduate
2960 assistant physician acting under the physician's supervision and
2961 control. Third-party payors may reimburse employers of graduate
2962 assistant physicians for covered services rendered by graduate
2963 assistant physicians.

2964 (3) RULES.—The board may adopt rules to implement this
2965 section.

2966 Section 40. Section 459.0076, Florida Statutes, is amended
2967 to read:

2968 459.0076 Temporary certificate for practice in areas of
2969 critical need.—

2970 (1) A physician or physician assistant who holds a valid
2971 license is licensed to practice in any jurisdiction of the
2972 United States, ~~whose license is currently valid, and who pays an~~
2973 ~~application fee of \$300~~ may be issued a temporary certificate
2974 for practice in areas of critical need. A physician seeking such
2975 certificate must pay an application fee of \$300.

2976 (2) A temporary certificate may be issued under this
2977 section to a physician or physician assistant who will:

2978 (a) ~~Will~~ Practice in an area of critical need;

2979 (b) ~~Will~~ Be employed by or practice in a county health
2980 department; correctional facility; Department of Veterans'
2981 Affairs clinic; community health center funded by s. 329, s.
2982 330, or s. 340 of the United States Public Health Services Act;
2983 or other agency or institution that is approved by the State
2984 Surgeon General and provides health care to meet the needs of
2985 underserved populations in this state; or

2986 (c) ~~Will~~ Practice for a limited time to address critical
2987 physician-specialty, demographic, or geographic needs for this

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2988 state's physician workforce as determined by the State Surgeon
2989 General.

2990 (3) The board ~~of Osteopathic Medicine~~ may issue this
2991 temporary certificate subject to ~~with~~ the following
2992 restrictions:

2993 (a) The State Surgeon General shall determine the areas of
2994 critical need. Such areas include, but are not limited to,
2995 health professional shortage areas designated by the United
2996 States Department of Health and Human Services.

2997 1. A recipient of a temporary certificate for practice in
2998 areas of critical need may use the certificate to work for any
2999 approved entity in any area of critical need or as authorized by
3000 the State Surgeon General.

3001 2. The recipient of a temporary certificate for practice in
3002 areas of critical need shall, within 30 days after accepting
3003 employment, notify the board of all approved institutions in
3004 which the licensee practices and of all approved institutions
3005 where practice privileges have been denied, as applicable.

3006 (b) The board may administer an abbreviated oral
3007 examination to determine the physician's or physician
3008 assistant's competency, but a written regular examination is not
3009 required. Within 60 days after receipt of an application for a
3010 temporary certificate, the board shall review the application
3011 and issue the temporary certificate, notify the applicant of
3012 denial, or notify the applicant that the board recommends
3013 additional assessment, training, education, or other
3014 requirements as a condition of certification. If the applicant
3015 has not actively practiced during the 3-year period immediately
3016 preceding the application ~~prior 3 years~~ and the board determines

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3017 that the applicant may lack clinical competency, possess
3018 diminished or inadequate skills, lack necessary medical
3019 knowledge, or exhibit patterns of deficits in clinical
3020 decisionmaking, the board may:

3021 1. Deny the application;

3022 2. Issue a temporary certificate having reasonable
3023 restrictions that may include, but are not limited to, a
3024 requirement for the applicant to practice under the supervision
3025 of a physician approved by the board; or

3026 3. Issue a temporary certificate upon receipt of
3027 documentation confirming that the applicant has met any
3028 reasonable conditions of the board which may include, but are
3029 not limited to, completing continuing education or undergoing an
3030 assessment of skills and training.

3031 (c) Any certificate issued under this section is valid only
3032 so long as the State Surgeon General determines that the reason
3033 for which it was issued remains a critical need to the state.
3034 The board ~~of Osteopathic Medicine~~ shall review each temporary
3035 certificateholder at least not less than annually to ascertain
3036 that the certificateholder is complying with the minimum
3037 requirements of the Osteopathic Medical Practice Act and its
3038 adopted rules, as applicable to the certificateholder ~~are being~~
3039 ~~complied with~~. If it is determined that the certificateholder is
3040 not meeting such minimum requirements ~~are not being met~~, the
3041 board must ~~shall~~ revoke such certificate or ~~shall~~ impose
3042 restrictions or conditions, or both, as a condition of continued
3043 practice under the certificate.

3044 (d) The board may not issue a temporary certificate for
3045 practice in an area of critical need to any physician or

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3046 physician assistant who is under investigation in any
3047 jurisdiction in the United States for an act that would
3048 constitute a violation of this chapter until such time as the
3049 investigation is complete, at which time ~~the provisions of s.~~
3050 459.015 applies ~~apply~~.

3051 (4) The application fee and all licensure fees, including
3052 neurological injury compensation assessments, are ~~shall be~~
3053 waived for those persons obtaining a temporary certificate to
3054 practice in areas of critical need for the purpose of providing
3055 volunteer, uncompensated care for low-income residents. The
3056 applicant must submit an affidavit from the employing agency or
3057 institution stating that the physician or physician assistant
3058 will not receive any compensation for any health care services
3059 that he or she provides ~~service involving the practice of~~
3060 ~~medicine~~.

3061 Section 41. Section 464.0121, Florida Statutes, is created
3062 to read:

3063 464.0121 Temporary certificate for practice in areas of
3064 critical need.—

3065 (1) An advanced practice registered nurse who is licensed
3066 to practice in any jurisdiction of the United States, whose
3067 license is currently valid, and who meets educational and
3068 training requirements established by the board may be issued a
3069 temporary certificate for practice in areas of critical need.

3070 (2) A temporary certificate may be issued under this
3071 section to an advanced practice registered nurse who will:

3072 (a) Practice in an area of critical need;

3073 (b) Be employed by or practice in a county health
3074 department; correctional facility; Department of Veterans'

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3075 Affairs clinic; community health center funded by s. 329, s.
3076 330, or s. 340 of the United States Public Health Services Act;
3077 or another agency or institution that is approved by the State
3078 Surgeon General and that provides health care services to meet
3079 the needs of underserved populations in this state; or

3080 (c) Practice for a limited time to address critical health
3081 care specialty, demographic, or geographic needs relating to
3082 this state's accessibility of health care services as determined
3083 by the State Surgeon General.

3084 (3) The board may issue a temporary certificate under this
3085 section subject to the following restrictions:

3086 (a) The State Surgeon General shall determine the areas of
3087 critical need. Such areas include, but are not limited to,
3088 health professional shortage areas designated by the United
3089 States Department of Health and Human Services.

3090 1. A recipient of a temporary certificate for practice in
3091 areas of critical need may use the certificate to work for any
3092 approved entity in any area of critical need or as authorized by
3093 the State Surgeon General.

3094 2. The recipient of a temporary certificate for practice in
3095 areas of critical need shall, within 30 days after accepting
3096 employment, notify the board of all approved institutions in
3097 which the licensee practices as part of his or her employment.

3098 (b) The board may administer an abbreviated oral
3099 examination to determine the advanced practice registered
3100 nurse's competency, but may not require a written regular
3101 examination. Within 60 days after receipt of an application for
3102 a temporary certificate, the board shall review the application
3103 and issue the temporary certificate, notify the applicant of

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3104 denial, or notify the applicant that the board recommends
3105 additional assessment, training, education, or other
3106 requirements as a condition of certification. If the applicant
3107 has not actively practiced during the 3-year period immediately
3108 preceding the application and the board determines that the
3109 applicant may lack clinical competency, possess diminished or
3110 inadequate skills, lack necessary medical knowledge, or exhibit
3111 patterns of deficits in clinical decisionmaking, the board may:

- 3112 1. Deny the application;
- 3113 2. Issue a temporary certificate imposing reasonable
3114 restrictions that may include, but are not limited to, a
3115 requirement that the applicant practice under the supervision of
3116 a physician approved by the board; or
- 3117 3. Issue a temporary certificate upon receipt of
3118 documentation confirming that the applicant has met any
3119 reasonable conditions of the board, which may include, but are
3120 not limited to, completing continuing education or undergoing an
3121 assessment of skills and training.

3122 (c) Any certificate issued under this section is valid only
3123 so long as the State Surgeon General maintains the determination
3124 that the critical need that supported the issuance of the
3125 temporary certificate remains a critical need to the state. The
3126 board shall review each temporary certificateholder at least
3127 annually to ascertain that the certificateholder is complying
3128 with the minimum requirements of the Nurse Practice Act and its
3129 adopted rules, as applicable to the certificateholder. If it is
3130 determined that the certificateholder is not meeting such
3131 minimum requirements, the board must revoke such certificate or
3132 impose restrictions or conditions, or both, as a condition of

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3133 continued practice under the certificate.

3134 (d) The board may not issue a temporary certificate for
3135 practice in an area of critical need to any advanced practice
3136 registered nurse who is under investigation in any jurisdiction
3137 in the United States for an act that would constitute a
3138 violation of this part until such time as the investigation is
3139 complete, at which time s. 464.018 applies.

3140 (4) All licensure fees, including neurological injury
3141 compensation assessments, are waived for those persons obtaining
3142 a temporary certificate to practice in areas of critical need
3143 for the purpose of providing volunteer, uncompensated care for
3144 low-income residents. The applicant must submit an affidavit
3145 from the employing agency or institution stating that the
3146 advanced practice registered nurse will not receive any
3147 compensation for any health care services that he or she
3148 provides.

3149 Section 42. Paragraph (b) of subsection (3) of section
3150 464.0123, Florida Statutes, is amended to read:

3151 464.0123 Autonomous practice by an advanced practice
3152 registered nurse.—

3153 (3) PRACTICE REQUIREMENTS.—

3154 (b)1. In order to provide out-of-hospital intrapartum care,
3155 a certified nurse midwife engaged in the autonomous practice of
3156 nurse midwifery must maintain a written policy for the transfer
3157 of patients needing a higher acuity of care or emergency
3158 services. The policy must prescribe and require the use of an
3159 emergency plan-of-care form, which must be signed by the patient
3160 before admission to intrapartum care. At a minimum, the form
3161 must include all of the following:

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- 3162 a. The name and address of the closest hospital that
3163 provides maternity and newborn services.
- 3164 b. Reasons for which transfer of care would be necessary,
3165 including the transfer-of-care conditions prescribed by board
3166 rule.
- 3167 c. Ambulances or other emergency medical services that
3168 would be used to transport the patient in the event of an
3169 emergency.
- 3170 2. If transfer of care is determined necessary by the
3171 certified nurse midwife or under the terms of the written
3172 policy, the certified nurse midwife must document all of the
3173 following information on the patient's emergency plan-of-care
3174 form:
- 3175 a. The name, date of birth, and condition of the patient.
3176 b. The gravidity and parity of the patient and the
3177 gestational age and condition of the fetus or newborn infant.
- 3178 c. The reasons that necessitated the transfer of care.
3179 d. A description of the situation, relevant clinical
3180 background, assessment, and recommendations.
- 3181 e. The planned mode of transporting the patient to the
3182 receiving facility.
- 3183 f. The expected time of arrival at the receiving facility.
- 3184 3. Before transferring the patient, or as soon as possible
3185 during or after an emergency transfer, the certified nurse
3186 midwife shall provide the receiving provider with a verbal
3187 summary of the information specified in subparagraph 2. and make
3188 himself or herself immediately available for consultation. Upon
3189 transfer of the patient to the receiving facility, the certified
3190 nurse midwife must provide the receiving provider with the

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3191 patient's emergency plan-of-care form as soon as practicable.

3192 4. The certified nurse midwife shall provide the receiving
3193 provider, as soon as practicable, with the patient's prenatal
3194 records, including patient history, prenatal laboratory results,
3195 sonograms, prenatal care flow sheets, maternal fetal medical
3196 reports, and labor flow charting and current notations.

3197 5. The board shall adopt rules to prescribe transfer-of-
3198 care conditions, monitor for excessive transfers, conduct
3199 reviews of adverse maternal and neonatal outcomes, and monitor
3200 the licensure of certified nurse midwives engaged in autonomous
3201 practice ~~must have a written patient transfer agreement with a~~
3202 ~~hospital and a written referral agreement with a physician~~
3203 ~~licensed under chapter 458 or chapter 459 to engage in nurse~~
3204 ~~midwifery.~~

3205 Section 43. Subsection (10) of section 464.019, Florida
3206 Statutes, is amended to read:

3207 464.019 Approval of nursing education programs.—

3208 (10) IMPLEMENTATION STUDY.—The Florida Center for Nursing
3209 shall study the administration of this section and submit
3210 reports to the Governor, the President of the Senate, and the
3211 Speaker of the House of Representatives annually by January 30~~7~~
3212 ~~through January 30, 2025.~~ The annual reports shall address the
3213 previous academic year; provide data on the measures specified
3214 in paragraphs (a) and (b), as such data becomes available; and
3215 include an evaluation of such data for purposes of determining
3216 whether this section is increasing the availability of nursing
3217 education programs and the production of quality nurses. The
3218 department and each approved program or accredited program shall
3219 comply with requests for data from the Florida Center for

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3220 Nursing.

3221 (a) The Florida Center for Nursing shall evaluate program-
3222 specific data for each approved program and accredited program
3223 conducted in the state, including, but not limited to:

3224 1. The number of programs and student slots available.

3225 2. The number of student applications submitted, the number
3226 of qualified applicants, and the number of students accepted.

3227 3. The number of program graduates.

3228 4. Program retention rates of students tracked from program
3229 entry to graduation.

3230 5. Graduate passage rates on the National Council of State
3231 Boards of Nursing Licensing Examination.

3232 6. The number of graduates who become employed as practical
3233 or professional nurses in the state.

3234 (b) The Florida Center for Nursing shall evaluate the
3235 board's implementation of the:

3236 1. Program application approval process, including, but not
3237 limited to, the number of program applications submitted under
3238 subsection (1), the number of program applications approved and
3239 denied by the board under subsection (2), the number of denials
3240 of program applications reviewed under chapter 120, and a
3241 description of the outcomes of those reviews.

3242 2. Accountability processes, including, but not limited to,
3243 the number of programs on probationary status, the number of
3244 approved programs for which the program director is required to
3245 appear before the board under subsection (5), the number of
3246 approved programs terminated by the board, the number of
3247 terminations reviewed under chapter 120, and a description of
3248 the outcomes of those reviews.

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3249 (c) The Florida Center for Nursing shall complete an annual
3250 assessment of compliance by programs with the accreditation
3251 requirements of subsection (11), include in the assessment a
3252 determination of the accreditation process status for each
3253 program, and submit the assessment as part of the reports
3254 required by this subsection.

3255 Section 44. Paragraph (e) of subsection (3) of section
3256 766.1115, Florida Statutes, is amended to read:

3257 766.1115 Health care providers; creation of agency
3258 relationship with governmental contractors.—

3259 (3) DEFINITIONS.—As used in this section, the term:

3260 (e) "Low-income" means:

3261 1. A person who is Medicaid-eligible under Florida law;

3262 2. A person who is without health insurance and whose
3263 family income does not exceed 300 ~~200~~ percent of the federal
3264 poverty level as defined annually by the federal Office of
3265 Management and Budget; or

3266 3. Any client of the department who voluntarily chooses to
3267 participate in a program offered or approved by the department
3268 and meets the program eligibility guidelines of the department.

3269 Section 45. Paragraph (f) is added to subsection (3) of
3270 section 1002.32, Florida Statutes, to read:

3271 1002.32 Developmental research (laboratory) schools.—

3272 (3) MISSION.—The mission of a lab school shall be the
3273 provision of a vehicle for the conduct of research,
3274 demonstration, and evaluation regarding management, teaching,
3275 and learning. Programs to achieve the mission of a lab school
3276 shall embody the goals and standards established pursuant to ss.
3277 1000.03(5) and 1001.23(1) and shall ensure an appropriate

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3278 education for its students.

3279 (f) Each lab school shall develop programs that accelerate
 3280 the entry of enrolled lab school students into articulated
 3281 health care programs at its affiliated university or at any
 3282 public or private postsecondary institution, with the approval
 3283 of the university president. Each lab school shall offer
 3284 technical assistance to any Florida school district seeking to
 3285 replicate the lab school's programs and must annually, beginning
 3286 December 1, 2025, report to the President of the Senate and the
 3287 Speaker of the House of Representatives on the development of
 3288 such programs and their results.

3289 Section 46. Paragraph (b) of subsection (3) of section
 3290 1009.8962, Florida Statutes, is amended to read:

3291 1009.8962 Linking Industry to Nursing Education (LINE)
 3292 Fund.—

3293 (3) As used in this section, the term:

3294 (b) "Institution" means a school district career center
 3295 under s. 1001.44;~~;~~ a charter technical career center under s.
 3296 1002.34;~~;~~ a Florida College System institution;~~;~~ a state
 3297 university;~~;~~~~or~~ an independent nonprofit college or university
 3298 located and chartered in this state and accredited by an agency
 3299 or association that is recognized by the database created and
 3300 maintained by the United States Department of Education to grant
 3301 baccalaureate degrees;~~;~~ or an independent school, college, or
 3302 university with an accredited program as defined in s. 464.003
 3303 which is located in and chartered by the state and is licensed
 3304 by the Commission for Independent Education pursuant to s.
 3305 1005.31, which has a nursing education program that meets or
 3306 exceeds the following:

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3307 1. For a certified nursing assistant program, a completion
3308 rate of at least 70 percent for the prior year.

3309 2. For a licensed practical nurse, associate of science in
3310 nursing, and bachelor of science in nursing program, a first-
3311 time passage rate on the National Council of State Boards of
3312 Nursing Licensing Examination of at least 75 ~~70~~ percent for the
3313 prior year based on a minimum of 10 testing participants.

3314 Section 47. Paragraph (f) of subsection (3) of section
3315 381.4018, Florida Statutes, is amended to read:

3316 381.4018 Physician workforce assessment and development.—

3317 (3) GENERAL FUNCTIONS.—The department shall maximize the
3318 use of existing programs under the jurisdiction of the
3319 department and other state agencies and coordinate governmental
3320 and nongovernmental stakeholders and resources in order to
3321 develop a state strategic plan and assess the implementation of
3322 such strategic plan. In developing the state strategic plan, the
3323 department shall:

3324 (f) Develop strategies to maximize federal and state
3325 programs that provide for the use of incentives to attract
3326 physicians to this state or retain physicians within the state.
3327 Such strategies should explore and maximize federal-state
3328 partnerships that provide incentives for physicians to practice
3329 in federally designated shortage areas, in otherwise medically
3330 underserved areas, or in rural areas. Strategies shall also
3331 consider the use of state programs, such as the Medical
3332 Education Reimbursement and Loan Repayment Program pursuant to
3333 s. 381.402 ~~s. 1009.65~~, which provide for education loan
3334 repayment or loan forgiveness and provide monetary incentives
3335 for physicians to relocate to underserved areas of the state.

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3337 The department may adopt rules to implement this subsection,
3338 including rules that establish guidelines to implement the
3339 federal Conrad 30 Waiver Program created under s. 214(1) of the
3340 Immigration and Nationality Act.

3341 Section 48. Subsection (3) of section 395.602, Florida
3342 Statutes, is amended to read:

3343 395.602 Rural hospitals.—

3344 (3) USE OF FUNDS.—It is the intent of the Legislature that
3345 funds as appropriated shall be utilized by the department for
3346 the purpose of increasing the number of primary care physicians,
3347 physician assistants, certified nurse midwives, nurse
3348 practitioners, and nurses in rural areas, either through the
3349 Medical Education Reimbursement and Loan Repayment Program as
3350 defined by s. 381.402 ~~s. 1009.65~~ or through a federal loan
3351 repayment program which requires state matching funds. The
3352 department may use funds appropriated for the Medical Education
3353 Reimbursement and Loan Repayment Program as matching funds for
3354 federal loan repayment programs for health care personnel, such
3355 as that authorized in Pub. L. No. 100-177, s. 203. If the
3356 department receives federal matching funds, the department shall
3357 only implement the federal program. Reimbursement through either
3358 program shall be limited to:

3359 (a) Primary care physicians, physician assistants,
3360 certified nurse midwives, nurse practitioners, and nurses
3361 employed by or affiliated with rural hospitals, as defined in
3362 this act; and

3363 (b) Primary care physicians, physician assistants,
3364 certified nurse midwives, nurse practitioners, and nurses

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3365 employed by or affiliated with rural area health education
3366 centers, as defined in this section. These personnel shall
3367 practice:

3368 1. In a county with a population density of no greater than
3369 100 persons per square mile; or

3370 2. Within the boundaries of a hospital tax district which
3371 encompasses a population of no greater than 100 persons per
3372 square mile.

3373

3374 If the department administers a federal loan repayment program,
3375 priority shall be given to obligating state and federal matching
3376 funds pursuant to paragraphs (a) and (b). The department may use
3377 federal matching funds in other health workforce shortage areas
3378 and medically underserved areas in the state for loan repayment
3379 programs for primary care physicians, physician assistants,
3380 certified nurse midwives, nurse practitioners, and nurses who
3381 are employed by publicly financed health care programs that
3382 serve medically indigent persons.

3383 Section 49. Subsection (1) of section 458.313, Florida
3384 Statutes, is amended to read:

3385 458.313 Licensure by endorsement; requirements; fees.-

3386 (1) The department shall issue a license by endorsement to
3387 any applicant who, upon applying to the department on forms
3388 furnished by the department and remitting a fee set by the board
3389 not to exceed \$500, the board certifies:

3390 (a) Has met the qualifications for licensure in s.
3391 458.311(1)(b)-(g) or in s. 458.311(1)(b)-(e) and (g) and (4)
3392 ~~(3)~~;

3393 (b) Before ~~Prior to~~ January 1, 2000, has obtained a passing

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3394 score, as established by rule of the board, on the licensure
3395 examination of the Federation of State Medical Boards of the
3396 United States, Inc. (FLEX), on the United States Medical
3397 Licensing Examination (USMLE), or on the examination of the
3398 National Board of Medical Examiners, or on a combination
3399 thereof, and on or after January 1, 2000, has obtained a passing
3400 score on the United States Medical Licensing Examination
3401 (USMLE); and

3402 (c) Has submitted evidence of the active licensed practice
3403 of medicine in another jurisdiction, for at least 2 of the
3404 immediately preceding 4 years, or evidence of successful
3405 completion of either a board-approved postgraduate training
3406 program within 2 years preceding filing of an application or a
3407 board-approved clinical competency examination within the year
3408 preceding the filing of an application for licensure. For
3409 purposes of this paragraph, the term "active licensed practice
3410 of medicine" means that practice of medicine by physicians,
3411 including those employed by any governmental entity in community
3412 or public health, as defined by this chapter, medical directors
3413 under s. 641.495(11) who are practicing medicine, and those on
3414 the active teaching faculty of an accredited medical school.

3415 Section 50. Subsection (1) of section 458.316, Florida
3416 Statutes, is amended to read:

3417 458.316 Public health certificate.—

3418 (1) Any person desiring to obtain a public health
3419 certificate shall submit an application fee not to exceed \$300
3420 and shall demonstrate to the board that he or she is a graduate
3421 of an accredited medical school and holds a master of public
3422 health degree or is board eligible or certified in public health

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3423 or preventive medicine, or is licensed to practice medicine
3424 without restriction in another jurisdiction in the United States
3425 and holds a master of public health degree or is board eligible
3426 or certified in public health or preventive medicine, and shall
3427 meet the requirements in s. 458.311(1)(a)-(g) and (6) ~~(5)~~.

3428 Section 51. Section 458.3165, Florida Statutes, is amended
3429 to read:

3430 458.3165 Public psychiatry certificate.—The board shall
3431 issue a public psychiatry certificate to an individual who
3432 remits an application fee not to exceed \$300, as set by the
3433 board, who is a board-certified psychiatrist, who is licensed to
3434 practice medicine without restriction in another state, and who
3435 meets the requirements in s. 458.311(1)(a)-(g) and (6) ~~(5)~~. A
3436 recipient of a public psychiatry certificate may use the
3437 certificate to work at any public mental health facility or
3438 program funded in part or entirely by state funds.

3439 (1) Such certificate shall:

3440 (a) Authorize the holder to practice only in a public
3441 mental health facility or program funded in part or entirely by
3442 state funds.

3443 (b) Be issued and renewable biennially if the State Surgeon
3444 General and the chair of the department of psychiatry at one of
3445 the public medical schools or the chair of the department of
3446 psychiatry at the accredited medical school at the University of
3447 Miami recommend in writing that the certificate be issued or
3448 renewed.

3449 (c) Automatically expire if the holder's relationship with
3450 a public mental health facility or program expires.

3451 (d) Not be issued to a person who has been adjudged

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3452 unqualified or guilty of any of the prohibited acts in this
3453 chapter.

3454 (2) The board may take disciplinary action against a
3455 certificateholder for noncompliance with any part of this
3456 section or for any reason for which a regular licensee may be
3457 subject to discipline.

3458 Section 52. Section 456.4501, Florida Statutes, is created
3459 to read:

3460 456.4501 Interstate Medical Licensure Compact.—The
3461 Interstate Medical Licensure Compact is hereby enacted into law
3462 and entered into by this state with all other jurisdictions
3463 legally joining therein in the form substantially as follows:

3464

3465 SECTION 1

3466 PURPOSE

3467

3468 In order to strengthen access to health care, and in
3469 recognition of the advances in the delivery of health care, the
3470 member states of the Interstate Medical Licensure Compact have
3471 allied in common purpose to develop a comprehensive process that
3472 complements the existing licensing and regulatory authority of
3473 state medical boards and provides a streamlined process that
3474 allows physicians to become licensed in multiple states, thereby
3475 enhancing the portability of a medical license and ensuring the
3476 safety of patients. The compact creates another pathway for
3477 licensure and does not otherwise change a state's existing
3478 medical practice act. The compact also adopts the prevailing
3479 standard for licensure and affirms that the practice of medicine
3480 occurs where the patient is located at the time of the

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3481 physician-patient encounter and, therefore, requires the
3482 physician to be under the jurisdiction of the state medical
3483 board where the patient is located. State medical boards that
3484 participate in the compact retain the jurisdiction to impose an
3485 adverse action against a license to practice medicine in that
3486 state issued to a physician through the procedures in the
3487 compact.

3488

3489 SECTION 23490 DEFINITIONS

3491

3492 As used in the compact, the term:

3493 (1) "Bylaws" means those bylaws established by the
3494 Interstate Commission pursuant to Section 11 for its governance
3495 or for directing and controlling its actions and conduct.

3496 (2) "Commissioner" means the voting representative
3497 appointed by each member board pursuant to Section 11.

3498 (3) "Conviction" means a finding by a court that an
3499 individual is guilty of a criminal offense, through adjudication
3500 or entry of a plea of guilt or no contest to the charge by the
3501 offender. Evidence of an entry of a conviction of a criminal
3502 offense by the court shall be considered final for purposes of
3503 disciplinary action by a member board.

3504 (4) "Expedited license" means a full and unrestricted
3505 medical license granted by a member state to an eligible
3506 physician through the process set forth in the compact.

3507 (5) "Interstate Commission" means the Interstate Medical
3508 Licensure Compact Commission created pursuant to Section 11.

3509 (6) "License" means authorization by a state for a

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3510 physician to engage in the practice of medicine, which would be
3511 unlawful without the authorization.

3512 (7) "Medical practice act" means laws and regulations
3513 governing the practice of allopathic and osteopathic medicine
3514 within a member state.

3515 (8) "Member board" means a state agency in a member state
3516 which acts in the sovereign interests of the state by protecting
3517 the public through licensure, regulation, and education of
3518 physicians as directed by the state government.

3519 (9) "Member state" means a state that has enacted the
3520 compact.

3521 (10) "Offense" means a felony, high court misdemeanor, or
3522 crime of moral turpitude.

3523 (11) "Physician" means any person who:

3524 (a) Is a graduate of a medical school accredited by the
3525 Liaison Committee on Medical Education, the Commission on
3526 Osteopathic College Accreditation, or a medical school listed in
3527 the International Medical Education Directory or its equivalent;

3528 (b) Passed each component of the United States Medical
3529 Licensing Examination (USMLE) or the Comprehensive Osteopathic
3530 Medical Licensing Examination (COMLEX-USA) within three
3531 attempts, or any of its predecessor examinations accepted by a
3532 state medical board as an equivalent examination for licensure
3533 purposes;

3534 (c) Successfully completed graduate medical education
3535 approved by the Accreditation Council for Graduate Medical
3536 Education or the American Osteopathic Association;

3537 (d) Holds specialty certification or a time-unlimited
3538 specialty certificate recognized by the American Board of

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3539 Medical Specialties or the American Osteopathic Association's
3540 Bureau of Osteopathic Specialists; however, the specialty
3541 certification or a time-unlimited specialty certificate does not
3542 have to be maintained once a physician is initially determined
3543 to be eligible for expedited licensure through the compact;

3544 (e) Possesses a full and unrestricted license to engage in
3545 the practice of medicine issued by a member board;

3546 (f) Has never been convicted or received adjudication,
3547 deferred adjudication, community supervision, or deferred
3548 disposition for any offense by a court of appropriate
3549 jurisdiction;

3550 (g) Has never held a license authorizing the practice of
3551 medicine subjected to discipline by a licensing agency in any
3552 state, federal, or foreign jurisdiction, excluding any action
3553 related to nonpayment of fees related to a license;

3554 (h) Has never had a controlled substance license or permit
3555 suspended or revoked by a state or the United States Drug
3556 Enforcement Administration; and

3557 (i) Is not under active investigation by a licensing agency
3558 or law enforcement authority in any state, federal, or foreign
3559 jurisdiction.

3560 (12) "Practice of medicine" means the diagnosis, treatment,
3561 prevention, cure, or relieving of a human disease, ailment,
3562 defect, complaint, or other physical or mental condition by
3563 attendance, advice, device, diagnostic test, or other means, or
3564 offering, undertaking, attempting to do, or holding oneself out
3565 as able to do any of these acts.

3566 (13) "Rule" means a written statement by the Interstate
3567 Commission adopted pursuant to Section 12 of the compact which

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3568 is of general applicability; implements, interprets, or
3569 prescribes a policy or provision of the compact or an
3570 organizational, procedural, or practice requirement of the
3571 Interstate Commission; and has the force and effect of statutory
3572 law in a member state, if the rule is not inconsistent with the
3573 laws of the member state. The term includes the amendment,
3574 repeal, or suspension of an existing rule.

3575 (14) "State" means any state, commonwealth, district, or
3576 territory of the United States.

3577 (15) "State of principal license" means a member state
3578 where a physician holds a license to practice medicine and which
3579 has been designated as such by the physician for purposes of
3580 registration and participation in the compact.

3581

3582 SECTION 3

3583 ELIGIBILITY

3584

3585 (1) A physician must meet the eligibility requirements as
3586 provided in subsection (11) of Section 2 to receive an expedited
3587 license under the terms of the compact.

3588 (2) A physician who does not meet the requirements
3589 specified in subsection (11) of Section 2 may obtain a license
3590 to practice medicine in a member state if the individual
3591 complies with all laws and requirements, other than the compact,
3592 relating to the issuance of a license to practice medicine in
3593 that state.

3594

3595 SECTION 4

3596 DESIGNATION OF STATE OF PRINCIPAL LICENSE

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3597

3598 (1) A physician shall designate a member state as the state
3599 of principal license for purposes of registration for expedited
3600 licensure through the compact if the physician possesses a full
3601 and unrestricted license to practice medicine in that state and
3602 the state is:

3603 (a) The state of primary residence for the physician;

3604 (b) The state where at least 25 percent of the physician's
3605 practice of medicine occurs;

3606 (c) The location of the physician's employer; or

3607 (d) If no state qualifies under paragraph (a), paragraph
3608 (b), or paragraph (c), the state designated as the physician's
3609 state of residence for purpose of federal income tax.

3610 (2) A physician may redesignate a member state as state of
3611 principal license at any time, as long as the state meets one of
3612 the descriptions under subsection (1).

3613 (3) The Interstate Commission may develop rules to
3614 facilitate redesignation of another member state as the state of
3615 principal license.

3616

3617 SECTION 5

3618 APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

3619

3620 (1) A physician seeking licensure through the compact must
3621 file an application for an expedited license with the member
3622 board of the state selected by the physician as the state of
3623 principal license.

3624 (2) Upon receipt of an application for an expedited
3625 license, the member board within the state selected as the state

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3626 of principal license shall evaluate whether the physician is
3627 eligible for expedited licensure and issue a letter of
3628 qualification, verifying or denying the physician's eligibility,
3629 to the Interstate Commission.

3630 (a) Static qualifications, which include verification of
3631 medical education, graduate medical education, results of any
3632 medical or licensing examination, and other qualifications as
3633 determined by the Interstate Commission through rule, are not
3634 subject to additional primary source verification if already
3635 primary source-verified by the state of principal license.

3636 (b) The member board within the state selected as the state
3637 of principal license shall, in the course of verifying
3638 eligibility, perform a criminal background check of an
3639 applicant, including the use of the results of fingerprint or
3640 other biometric data checks compliant with the requirements of
3641 the Federal Bureau of Investigation, with the exception of
3642 federal employees who have a suitability determination in
3643 accordance with 5 C.F.R. s. 731.202.

3644 (c) Appeal on the determination of eligibility must be made
3645 to the member state where the application was filed and is
3646 subject to the law of that state.

3647 (3) Upon verification in subsection (2), physicians
3648 eligible for an expedited license must complete the registration
3649 process established by the Interstate Commission to receive a
3650 license in a member state selected pursuant to subsection (1).

3651 (4) After receiving verification of eligibility under
3652 subsection (2) and upon an applicant's completion of any
3653 registration process required under subsection (3), a member
3654 board shall issue an expedited license to the physician. This

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3655 license authorizes the physician to practice medicine in the
3656 issuing state consistent with the medical practice act and all
3657 applicable laws and regulations of the issuing member board and
3658 member state.

3659 (5) An expedited license is valid for a period consistent
3660 with the licensure period in the member state and in the same
3661 manner as required for other physicians holding a full and
3662 unrestricted license within the member state.

3663 (6) An expedited license obtained through the compact must
3664 be terminated if a physician fails to maintain a license in the
3665 state of principal license for a nondisciplinary reason, without
3666 redesignation of a new state of principal license.

3667 (7) The Interstate Commission may develop rules regarding
3668 the application process and the issuance of an expedited
3669 license.

3670

3671 SECTION 6

3672 RENEWAL AND CONTINUED PARTICIPATION

3673

3674 (1) A physician seeking to renew an expedited license
3675 granted in a member state shall complete a renewal process with
3676 the Interstate Commission if the physician:

3677 (a) Maintains a full and unrestricted license in a state of
3678 principal license;

3679 (b) Has not been convicted or received adjudication,
3680 deferred adjudication, community supervision, or deferred
3681 disposition for any offense by a court of appropriate
3682 jurisdiction;

3683 (c) Has not had a license authorizing the practice of

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3684 medicine subject to discipline by a licensing agency in any
3685 state, federal, or foreign jurisdiction, excluding any action
3686 related to nonpayment of fees related to a license; and

3687 (d) Has not had a controlled substance license or permit
3688 suspended or revoked by a state or the United States Drug
3689 Enforcement Administration.

3690 (2) Physicians shall comply with all continuing
3691 professional development or continuing medical education
3692 requirements for renewal of a license issued by a member state.

3693 (3) Physician information collected by the Interstate
3694 Commission during the renewal process must be distributed to all
3695 member boards.

3696 (4) The Interstate Commission may develop rules to address
3697 renewal of licenses obtained through the compact.

3698

3699 SECTION 7

3700 COORDINATED INFORMATION SYSTEM

3701

3702 (1) The Interstate Commission shall establish a database of
3703 all physicians licensed, or who have applied for licensure,
3704 under Section 5.

3705 (2) Notwithstanding any other provision of law, member
3706 boards shall report to the Interstate Commission any public
3707 action or complaints against a licensed physician who has
3708 applied or received an expedited license through the compact.

3709 (3) Member boards shall report to the Interstate Commission
3710 disciplinary or investigatory information determined as
3711 necessary and proper by rule of the Interstate Commission.

3712 (4) Member boards may report to the Interstate Commission

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3713 any nonpublic complaint, disciplinary, or investigatory
3714 information not required by subsection (3).

3715 (5) Member boards shall share complaint or disciplinary
3716 information about a physician upon request of another member
3717 board.

3718 (6) All information provided to the Interstate Commission
3719 or distributed by member boards shall be confidential, filed
3720 under seal, and used only for investigatory or disciplinary
3721 matters.

3722 (7) The Interstate Commission may develop rules for
3723 mandated or discretionary sharing of information by member
3724 boards.

3725

3726 SECTION 8

3727 JOINT INVESTIGATIONS

3728

3729 (1) Licensure and disciplinary records of physicians are
3730 deemed investigative.

3731 (2) In addition to the authority granted to a member board
3732 by its respective medical practice act or other applicable state
3733 law, a member board may participate with other member boards in
3734 joint investigations of physicians licensed by the member
3735 boards.

3736 (3) A subpoena issued by a member state is enforceable in
3737 other member states.

3738 (4) Member boards may share any investigative, litigation,
3739 or compliance materials in furtherance of any joint or
3740 individual investigation initiated under the compact.

3741 (5) Any member state may investigate actual or alleged

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3742 violations of the statutes authorizing the practice of medicine
3743 in any other member state in which a physician holds a license
3744 to practice medicine.

3745
3746 SECTION 9

3747 DISCIPLINARY ACTIONS
3748

3749 (1) Any disciplinary action taken by any member board
3750 against a physician licensed through the compact is deemed
3751 unprofessional conduct which may be subject to discipline by
3752 other member boards, in addition to any violation of the medical
3753 practice act or regulations in that state.

3754 (2) If a license granted to a physician by the member board
3755 in the state of principal license is revoked, surrendered or
3756 relinquished in lieu of discipline, or suspended, then all
3757 licenses issued to the physician by member boards shall
3758 automatically be placed, without further action necessary by any
3759 member board, on the same status. If the member board in the
3760 state of principal license subsequently reinstates the
3761 physician's license, a license issued to the physician by any
3762 other member board must remain encumbered until that respective
3763 member board takes action to reinstate the license in a manner
3764 consistent with the medical practice act of that state.

3765 (3) If disciplinary action is taken against a physician by
3766 a member board not in the state of principal license, any other
3767 member board may deem the action conclusive as to matter of law
3768 and fact decided, and:

3769 (a) Impose the same or lesser sanctions against the
3770 physician so long as such sanctions are consistent with the

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3771 medical practice act of that state; or

3772 (b) Pursue separate disciplinary action against the
3773 physician under its respective medical practice act, regardless
3774 of the action taken in other member states.

3775 (4) If a license granted to a physician by a member board
3776 is revoked, surrendered or relinquished in lieu of discipline,
3777 or suspended, any license issued to the physician by any other
3778 member board must be suspended, automatically and immediately
3779 without further action necessary by the other member boards, for
3780 90 days after entry of the order by the disciplining board, to
3781 permit the member boards to investigate the basis for the action
3782 under the medical practice act of that state. A member board may
3783 terminate the automatic suspension of the license it issued
3784 before the completion of the 90-day suspension period in a
3785 manner consistent with the medical practice act of that state.

3786

3787 SECTION 10

3788 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

3789

3790 (1) The member states hereby create the Interstate Medical
3791 Licensure Compact Commission.

3792 (2) The purpose of the Interstate Commission is the
3793 administration of the compact, which is a discretionary state
3794 function.

3795 (3) The Interstate Commission is a body corporate and joint
3796 agency of the member states and has all the responsibilities,
3797 powers, and duties set forth in the compact, and such additional
3798 powers as may be conferred upon it by a subsequent concurrent
3799 action of the respective legislatures of the member states in

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3800 accordance with the terms of the compact.

3801 (4) The Interstate Commission shall consist of two voting
3802 representatives appointed by each member state, who shall serve
3803 as commissioners. In states where allopathic and osteopathic
3804 physicians are regulated by separate member boards, or if the
3805 licensing and disciplinary authority is split between multiple
3806 member boards within a member state, the member state shall
3807 appoint one representative from each member board. Each
3808 commissioner must be one of the following:

3809 (a) An allopathic or osteopathic physician appointed to a
3810 member board.

3811 (b) An executive director, an executive secretary, or a
3812 similar executive of a member board.

3813 (c) A member of the public appointed to a member board.

3814 (5) The Interstate Commission shall meet at least once each
3815 calendar year. A portion of this meeting must be a business
3816 meeting to address such matters as may properly come before the
3817 commission, including the election of officers. The chairperson
3818 may call additional meetings and shall call for a meeting upon
3819 the request of a majority of the member states.

3820 (6) The bylaws may provide for meetings of the Interstate
3821 Commission to be conducted by telecommunication or other
3822 electronic means.

3823 (7) Each commissioner participating at a meeting of the
3824 Interstate Commission is entitled to one vote. A majority of
3825 commissioners constitutes a quorum for the transaction of
3826 business, unless a larger quorum is required by the bylaws of
3827 the Interstate Commission. A commissioner may not delegate a
3828 vote to another commissioner. In the absence of its

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3829 commissioner, a member state may delegate voting authority for a
3830 specified meeting to another person from that state who must
3831 meet the qualification requirements specified in subsection (4).

3832 (8) The Interstate Commission shall provide public notice
3833 of all meetings, and all meetings must be open to the public.

3834 The Interstate Commission may close a meeting, in full or in
3835 portion, where it determines by a two-thirds vote of the
3836 commissioners present that an open meeting would be likely to:

3837 (a) Relate solely to the internal personnel practices and
3838 procedures of the Interstate Commission;

3839 (b) Discuss matters specifically exempted from disclosure
3840 by federal statute;

3841 (c) Discuss trade secrets or commercial or financial
3842 information that is privileged or confidential;

3843 (d) Involve accusing a person of a crime, or formally
3844 censuring a person;

3845 (e) Discuss information of a personal nature, the
3846 disclosure of which would constitute a clearly unwarranted
3847 invasion of personal privacy;

3848 (f) Discuss investigative records compiled for law
3849 enforcement purposes; or

3850 (g) Specifically relate to participation in a civil action
3851 or other legal proceeding.

3852 (9) The Interstate Commission shall keep minutes that fully
3853 describe all matters discussed in a meeting and provide a full
3854 and accurate summary of actions taken, including a record of any
3855 roll call votes.

3856 (10) The Interstate Commission shall make its information
3857 and official records, to the extent not otherwise designated in

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3858 the compact or by its rules, available to the public for
3859 inspection.

3860 (11) The Interstate Commission shall establish an executive
3861 committee, which shall include officers, members, and others as
3862 determined by the bylaws. The executive committee has the power
3863 to act on behalf of the Interstate Commission, with the
3864 exception of rulemaking, during periods when the Interstate
3865 Commission is not in session. When acting on behalf of the
3866 Interstate Commission, the executive committee shall oversee the
3867 administration of the compact, including enforcement and
3868 compliance with the compact and its bylaws and rules, and other
3869 duties as necessary.

3870 (12) The Interstate Commission may establish other
3871 committees for governance and administration of the compact.

3872
3873 SECTION 11

3874 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

3875
3876 The Interstate Commission has all of the following powers
3877 and duties:

3878 (1) Overseeing and maintaining the administration of the
3879 compact.

3880 (2) Adopting rules, which shall be binding to the extent
3881 and in the manner provided for in the compact.

3882 (3) Issuing, upon the request of a member state or member
3883 board, advisory opinions concerning the meaning or
3884 interpretation of the compact and its bylaws, rules, and
3885 actions.

3886 (4) Enforcing compliance with the compact, the rules

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3887 adopted by the Interstate Commission, and the bylaws, using all
3888 necessary and proper means, including, but not limited to, the
3889 use of judicial process.

3890 (5) Establishing and appointing committees, including, but
3891 not limited to, an executive committee as required by Section
3892 11, which shall have the power to act on behalf of the
3893 Interstate Commission in carrying out its powers and duties.

3894 (6) Paying for or providing for the payment of the expenses
3895 related to the establishment, organization, and ongoing
3896 activities of the Interstate Commission.

3897 (7) Establishing and maintaining one or more offices.

3898 (8) Borrowing, accepting, hiring, or contracting for
3899 services of personnel.

3900 (9) Purchasing and maintaining insurance and bonds.

3901 (10) Employing an executive director, who shall have the
3902 power to employ, select, or appoint employees, agents, or
3903 consultants and to determine their qualifications, define their
3904 duties, and fix their compensation.

3905 (11) Establishing personnel policies and programs relating
3906 to conflicts of interest, rates of compensation, and
3907 qualifications of personnel.

3908 (12) Accepting donations and grants of money, equipment,
3909 supplies, materials, and services and receiving, using, and
3910 disposing of them in a manner consistent with the conflict-of-
3911 interest policies established by the Interstate Commission.

3912 (13) Leasing, purchasing, accepting contributions or
3913 donations of, or otherwise owning, holding, improving, or using
3914 any property, real, personal, or mixed.

3915 (14) Selling conveying, mortgaging, pledging, leasing,

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3916 exchanging, abandoning, or otherwise disposing of any property,
3917 real, personal, or mixed.

3918 (15) Establishing a budget and making expenditures.

3919 (16) Adopting a seal and bylaws governing the management
3920 and operation of the Interstate Commission.

3921 (17) Reporting annually to the legislatures and governors
3922 of the member states concerning the activities of the Interstate
3923 Commission during the preceding year. Such reports must also
3924 include reports of financial audits and any recommendations that
3925 may have been adopted by the Interstate Commission.

3926 (18) Coordinating education, training, and public awareness
3927 regarding the compact and its implementation and operation.

3928 (19) Maintaining records in accordance with the bylaws.

3929 (20) Seeking and obtaining trademarks, copyrights, and
3930 patents.

3931 (21) Performing any other functions necessary or
3932 appropriate to achieve the purposes of the compact.

3934 SECTION 12

3935 FINANCE POWERS

3936
3937 (1) The Interstate Commission may levy on and collect an
3938 annual assessment from each member state to cover the cost of
3939 the operations and activities of the Interstate Commission and
3940 its staff. The total assessment, subject to appropriation, must
3941 be sufficient to cover the annual budget approved each year for
3942 which revenue is not provided by other sources. The aggregate
3943 annual assessment amount must be allocated upon a formula to be
3944 determined by the Interstate Commission, which shall adopt a

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3945 rule binding upon all member states.

3946 (2) The Interstate Commission may not incur obligations of
3947 any kind before securing the funds adequate to meet the same.

3948 (3) The Interstate Commission may not pledge the credit of
3949 any of the member states, except by, and with the authority of,
3950 the member state.

3951 (4) The Interstate Commission is subject to an annual
3952 financial audit conducted by a certified or licensed public
3953 accountant, and the report of the audit must be included in the
3954 annual report of the Interstate Commission.

3955

3956 SECTION 13

3957 ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

3958

3959 (1) The Interstate Commission shall, by a majority of
3960 commissioners present and voting, adopt bylaws to govern its
3961 conduct as may be necessary or appropriate to carry out the
3962 purposes of the compact within 12 months after the first
3963 Interstate Commission meeting.

3964 (2) The Interstate Commission shall elect or appoint
3965 annually from among its commissioners a chairperson, a vice
3966 chairperson, and a treasurer, each of whom shall have such
3967 authority and duties as may be specified in the bylaws. The
3968 chairperson, or in the chairperson's absence or disability, the
3969 vice chairperson, shall preside over all meetings of the
3970 Interstate Commission.

3971 (3) Officers selected pursuant to subsection (2) shall
3972 serve without remuneration from the Interstate Commission.

3973 (4) The officers and employees of the Interstate Commission

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3974 are immune from suit and liability, either personally or in
3975 their official capacity, for a claim for damage to or loss of
3976 property or personal injury or other civil liability caused or
3977 arising out of, or relating to, an actual or alleged act, error,
3978 or omission that occurred, or that such person had a reasonable
3979 basis for believing occurred, within the scope of Interstate
3980 Commission employment, duties, or responsibilities; provided
3981 that such person is not protected from suit or liability for
3982 damage, loss, injury, or liability caused by the intentional or
3983 willful and wanton misconduct of such person.

3984 (a) The liability of the executive director and employees
3985 of the Interstate Commission or representatives of the
3986 Interstate Commission, acting within the scope of such person's
3987 employment or duties for acts, errors, or omissions occurring
3988 within such person's state, may not exceed the limits of
3989 liability set forth under the constitution and laws of that
3990 state for state officials, employees, and agents. The Interstate
3991 Commission is considered to be an instrumentality of the states
3992 for the purposes of any such action. Nothing in this subsection
3993 may be construed to protect such person from suit or liability
3994 for damage, loss, injury, or liability caused by the intentional
3995 or willful and wanton misconduct of such person.

3996 (b) The Interstate Commission shall defend the executive
3997 director and its employees and, subject to the approval of the
3998 attorney general or other appropriate legal counsel of the
3999 member state represented by an Interstate Commission
4000 representative, shall defend such persons in any civil action
4001 seeking to impose liability arising out of an actual or alleged
4002 act, error, or omission that occurred within the scope of

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4003 Interstate Commission employment, duties, or responsibilities,
4004 or that the defendant had a reasonable basis for believing
4005 occurred within the scope of Interstate Commission employment,
4006 duties, or responsibilities, provided that the actual or alleged
4007 act, error, or omission did not result from intentional or
4008 willful and wanton misconduct on the part of such person.

4009 (c) To the extent not covered by the state involved, the
4010 member state, or the Interstate Commission, the representatives
4011 or employees of the Interstate Commission must be held harmless
4012 in the amount of a settlement or judgment, including attorney
4013 fees and costs, obtained against such persons arising out of an
4014 actual or alleged act, error, or omission that occurred within
4015 the scope of Interstate Commission employment, duties, or
4016 responsibilities, or that such persons had a reasonable basis
4017 for believing occurred within the scope of Interstate Commission
4018 employment, duties, or responsibilities, provided that the
4019 actual or alleged act, error, or omission did not result from
4020 intentional or willful and wanton misconduct on the part of such
4021 persons.

4022

4023 SECTION 14

4024 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

4025

4026 (1) The Interstate Commission shall adopt reasonable rules
4027 in order to effectively and efficiently achieve the purposes of
4028 the compact. However, in the event the Interstate Commission
4029 exercises its rulemaking authority in a manner that is beyond
4030 the scope of the purposes of the compact, or the powers granted
4031 hereunder, then such an action by the Interstate Commission is

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4032 invalid and has no force or effect.

4033 (2) Rules deemed appropriate for the operations of the
4034 Interstate Commission must be made pursuant to a rulemaking
4035 process that substantially conforms to the "Model State
4036 Administrative Procedure Act" of 2010, and subsequent amendments
4037 thereto.

4038 (3) Not later than 30 days after a rule is adopted, any
4039 person may file a petition for judicial review of the rule in
4040 the United States District Court for the District of Columbia or
4041 the federal district where the Interstate Commission has its
4042 principal offices, provided that the filing of such a petition
4043 does not stay or otherwise prevent the rule from becoming
4044 effective unless the court finds that the petitioner has a
4045 substantial likelihood of success. The court must give deference
4046 to the actions of the Interstate Commission consistent with
4047 applicable law and may not find the rule to be unlawful if the
4048 rule represents a reasonable exercise of the authority granted
4049 to the Interstate Commission.

4051 SECTION 15

4052 OVERSIGHT OF INTERSTATE COMPACT

4053
4054 (1) The executive, legislative, and judicial branches of
4055 state government in each member state shall enforce the compact
4056 and shall take all actions necessary and appropriate to
4057 effectuate the compact's purposes and intent. The compact and
4058 the rules adopted hereunder shall have standing as statutory law
4059 but do not override existing state authority to regulate the
4060 practice of medicine.

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4061 (2) All courts shall take judicial notice of the compact
4062 and the rules in any judicial or administrative proceeding in a
4063 member state pertaining to the subject matter of the compact
4064 which may affect the powers, responsibilities, or actions of the
4065 Interstate Commission.

4066 (3) The Interstate Commission is entitled to receive all
4067 service of process in any such proceeding and shall have
4068 standing to intervene in the proceeding for all purposes.
4069 Failure to provide service of process to the Interstate
4070 Commission shall render a judgment or order void as to the
4071 Interstate Commission, the compact, or adopted rules, as
4072 applicable.

4073
4074 SECTION 16

4075 ENFORCEMENT OF INTERSTATE COMPACT

4076
4077 (1) The Interstate Commission, in the reasonable exercise
4078 of its discretion, shall enforce the provisions and rules of the
4079 compact.

4080 (2) The Interstate Commission may, by majority vote of the
4081 commissioners, initiate legal action in the United States
4082 District Court for the District of Columbia, or, at the
4083 discretion of the Interstate Commission, in the federal district
4084 where the Interstate Commission has its principal offices, to
4085 enforce compliance with the compact and its adopted rules and
4086 bylaws against a member state in default. The relief sought may
4087 include both injunctive relief and damages. In the event
4088 judicial enforcement is necessary, the prevailing party must be
4089 awarded all costs of such litigation, including reasonable

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4090 attorney fees.

4091 (3) The remedies herein are not the exclusive remedies of
4092 the Interstate Commission. The Interstate Commission may avail
4093 itself of any other remedies available under state law or the
4094 regulation of a profession.

4095
4096 SECTION 17

4097 DEFAULT PROCEDURES

4098
4099 (1) The grounds for default include, but are not limited
4100 to, failure of a member state to perform such obligations or
4101 responsibilities imposed upon it by the compact, or the rules
4102 and bylaws of the Interstate Commission adopted under the
4103 compact.

4104 (2) If the Interstate Commission determines that a member
4105 state has defaulted in the performance of its obligations or
4106 responsibilities under the compact, or the bylaws or adopted
4107 rules, the Interstate Commission shall:

4108 (a) Provide written notice to the defaulting state and
4109 other member states of the nature of the default, the means of
4110 curing the default, and any action taken by the Interstate
4111 Commission. The Interstate Commission shall specify the
4112 conditions by which the defaulting state must cure its default;
4113 and

4114 (b) Provide remedial training and specific technical
4115 assistance regarding the default.

4116 (3) If the defaulting state fails to cure the default, the
4117 defaulting state may be terminated from the compact upon an
4118 affirmative vote of a majority of the commissioners and all

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4119 rights, privileges, and benefits conferred by the compact
4120 terminate on the effective date of the termination. A cure of
4121 the default does not relieve the offending state of obligations
4122 or liabilities incurred during the period of the default.

4123 (4) Termination of membership in the compact must be
4124 imposed only after all other means of securing compliance have
4125 been exhausted. Notice of intent to terminate must be given by
4126 the Interstate Commission to the governor, the majority and
4127 minority leaders of the defaulting state's legislature, and each
4128 of the member states.

4129 (5) The Interstate Commission shall establish rules and
4130 procedures to address licenses and physicians that are
4131 materially impacted by the termination of a member state, or the
4132 withdrawal of a member state.

4133 (6) The member state which has been terminated is
4134 responsible for all dues, obligations, and liabilities incurred
4135 through the effective date of termination, including
4136 obligations, the performance of which extends beyond the
4137 effective date of termination.

4138 (7) The Interstate Commission shall not bear any costs
4139 relating to any state that has been found to be in default or
4140 which has been terminated from the compact, unless otherwise
4141 mutually agreed upon in writing between the Interstate
4142 Commission and the defaulting state.

4143 (8) The defaulting state may appeal the action of the
4144 Interstate Commission by petitioning the United States District
4145 Court for the District of Columbia or the federal district where
4146 the Interstate Commission has its principal offices. The
4147 prevailing party must be awarded all costs of such litigation

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4148 including reasonable attorney fees.

4149
4150 SECTION 18

4151 DISPUTE RESOLUTION

4152
4153 (1) The Interstate Commission shall attempt, upon the
4154 request of a member state, to resolve disputes that are subject
4155 to the compact and that may arise among member states or member
4156 boards.

4157 (2) The Interstate Commission shall adopt rules providing
4158 for both mediation and binding dispute resolution as
4159 appropriate.

4160
4161 SECTION 19

4162 MEMBER STATES, EFFECTIVE DATE, AND AMENDMENT

4163
4164 (1) Any state is eligible to become a member state of the
4165 compact.

4166 (2) The compact becomes effective and binding upon
4167 legislative enactment of the compact into law by no less than
4168 seven states. Thereafter, it becomes effective and binding on a
4169 state upon enactment of the compact into law by that state.

4170 (3) The governors of nonmember states, or their designees,
4171 must be invited to participate in the activities of the
4172 Interstate Commission on a nonvoting basis before adoption of
4173 the compact by all states.

4174 (4) The Interstate Commission may propose amendments to the
4175 compact for enactment by the member states. No amendment becomes
4176 effective and binding upon the Interstate Commission and the

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4177 member states unless and until it is enacted into law by
4178 unanimous consent of the member states.

4179

4180 SECTION 204181 WITHDRAWAL

4182

4183 (1) Once effective, the compact shall continue in force and
4184 remain binding upon each member state. However, a member state
4185 may withdraw from the compact by specifically repealing the
4186 statute which enacted the compact into law.

4187 (2) Withdrawal from the compact must be made by the
4188 enactment of a statute repealing the same, but the withdrawal
4189 shall not take effect until 1 year after the effective date of
4190 such statute and until written notice of the withdrawal has been
4191 given by the withdrawing state to the governor of each other
4192 member state.

4193 (3) The withdrawing state shall immediately notify the
4194 chairperson of the Interstate Commission in writing upon the
4195 introduction of legislation repealing the compact in the
4196 withdrawing state.

4197 (4) The Interstate Commission shall notify the other member
4198 states of the withdrawing state's intent to withdraw within 60
4199 days after receipt of notice provided under subsection (3).

4200 (5) The withdrawing state is responsible for all dues,
4201 obligations, and liabilities incurred through the effective date
4202 of withdrawal, including obligations, the performance of which
4203 extend beyond the effective date of withdrawal.

4204 (6) Reinstatement following withdrawal of a member state
4205 shall occur upon the withdrawing state reenacting the compact or

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4206 upon such later date as determined by the Interstate Commission.

4207 (7) The Interstate Commission may develop rules to address
4208 the impact of the withdrawal of a member state on licenses
4209 granted in other member states to physicians who designated the
4210 withdrawing member state as the state of principal license.

4211
4212 SECTION 21

4213 DISSOLUTION

4214
4215 (1) The compact shall dissolve effective upon the date of
4216 the withdrawal or default of the member state which reduces the
4217 membership in the compact to one member state.

4218 (2) Upon the dissolution of the compact, the compact
4219 becomes null and void and shall be of no further force or
4220 effect, the business and affairs of the Interstate Commission
4221 must be concluded, and surplus funds of the Interstate
4222 Commission must be distributed in accordance with the bylaws.

4223
4224 SECTION 22

4225 SEVERABILITY AND CONSTRUCTION

4226
4227 (1) The provisions of the compact are severable, and if any
4228 phrase, clause, sentence, or provision is deemed unenforceable,
4229 the remaining provisions of the compact remain enforceable.

4230 (2) The provisions of the compact must be liberally
4231 construed to effectuate its purposes.

4232 (3) The compact may be construed to prohibit the
4233 applicability of other interstate compacts to which the states
4234 are members.

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4262
4263SECTION 23BINDING EFFECT OF COMPACT AND OTHER LAWS

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

(2) All laws in a member state in conflict with the compact are superseded to the extent of the conflict.

(3) All lawful actions of the Interstate Commission, including all rules and bylaws adopted by the commission, are binding upon the member states.

(4) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(5) In the event any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, such provision is ineffective to the extent of the conflict with the constitutional provision in question in that member state.

Section 53. Section 456.4502, Florida Statutes, is created to read:

456.4502 Interstate Medical Licensure Compact; disciplinary proceedings.—A physician licensed pursuant to chapter 458, chapter 459, or s. 456.4501 whose license is suspended or revoked by this state pursuant to the Interstate Medical Licensure Compact as a result of disciplinary action taken against the physician's license in another state must be granted a formal hearing before an administrative law judge from the Division of Administrative Hearings held pursuant to chapter 120

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4264 if there are any disputed issues of material fact. In such
4265 proceedings:

4266 (1) Notwithstanding s. 120.569(2), the department shall
4267 notify the division within 45 days after receipt of a petition
4268 or request for a formal hearing.

4269 (2) The determination of whether the physician has violated
4270 the laws and rules regulating the practice of medicine or
4271 osteopathic medicine, as applicable, including a determination
4272 of the reasonable standard of care, is a conclusion of law that
4273 is to be determined by appropriate board and is not a finding of
4274 fact to be determined by an administrative law judge.

4275 (3) The administrative law judge shall issue a recommended
4276 order pursuant to chapter 120.

4277 (4) The Board of Medicine or the Board of Osteopathic
4278 Medicine, as applicable, shall determine and issue the final
4279 order in each disciplinary case. Such order shall constitute
4280 final agency action.

4281 (5) Any consent order or agreed-upon settlement is subject
4282 to the approval of the department.

4283 (6) The department shall have standing to seek judicial
4284 review of any final order of the board, pursuant to s. 120.68.

4285 Section 54. Section 456.4504, Florida Statutes, is created
4286 to read:

4287 456.4504 Interstate Medical Licensure Compact Rules.—The
4288 department may adopt rules to implement the Interstate Medical
4289 Licensure Compact.

4290 Section 55. Section 458.3129, Florida Statutes, is created
4291 to read:

4292 458.3129 Interstate Medical Licensure Compact.—A physician

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4293 licensed to practice allopathic medicine under s. 456.4501 is
4294 deemed to also be licensed under this chapter.

4295 Section 56. Section 459.074, Florida Statutes, is created
4296 to read:

4297 459.074 Interstate Medical Licensure Compact.—A physician
4298 licensed to practice osteopathic medicine under s. 456.4501 is
4299 deemed to also be licensed under this chapter.

4300 Section 57. Paragraph (j) is added to subsection (10) of
4301 section 768.28, Florida Statutes, to read:

4302 768.28 Waiver of sovereign immunity in tort actions;
4303 recovery limits; civil liability for damages caused during a
4304 riot; limitation on attorney fees; statute of limitations;
4305 exclusions; indemnification; risk management programs.—

4306 (10)

4307 (j) For purposes of this section, the representative
4308 appointed from the Board of Medicine and the representative
4309 appointed from the Board of Osteopathic Medicine, when serving
4310 as commissioners of the Interstate Medical Licensure Compact
4311 Commission pursuant to s. 456.4501, and any administrator,
4312 officer, executive director, employee, or representative of the
4313 Interstate Medical Licensure Compact Commission, when acting
4314 within the scope of their employment, duties, or
4315 responsibilities in this state, are considered agents of the
4316 state. The commission shall pay any claims or judgments pursuant
4317 to this section and may maintain insurance coverage to pay any
4318 such claims or judgments.

4319 Section 58. Section 468.1335, Florida Statutes, is created
4320 to read:

4321 468.1335 Audiology and Speech-Language Pathology Interstate

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4322 Compact.—The Audiology and Speech-Language Pathology Interstate
4323 Compact is hereby enacted into law and entered into by this
4324 state with all other states legally joining therein in the form
4325 substantially as follows:

4327 ARTICLE I

4328 PURPOSE

4329
4330 (1) The purpose of the compact is to facilitate the
4331 interstate practice of audiology and speech-language pathology
4332 with the goal of improving public access to audiology and
4333 speech-language pathology services.

4334 (2) The practice of audiology and speech-language pathology
4335 occurs in the state where the patient, client, or student is
4336 located at the time the services are provided.

4337 (3) The compact preserves the regulatory authority of
4338 states to protect the public health and safety through the
4339 current system of state licensure.

4340 (4) The compact is designed to achieve all of the following
4341 objectives:

4342 (a) Increase public access to audiology and speech-language
4343 pathology services by providing for the mutual recognition of
4344 other member state licenses.

4345 (b) Enhance the states' abilities to protect public health
4346 and safety.

4347 (c) Encourage the cooperation of member states in
4348 regulating multistate audiology and speech-language pathology
4349 practices.

4350 (d) Support spouses of relocating active duty military

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4351 personnel.4352 (e) Enhance the exchange of licensure, investigative, and
4353 disciplinary information between member states.4354 (f) Allow a remote state to hold a licensee with compact
4355 privilege in that state accountable to that state's practice
4356 standards.4357 (g) Allow for the use of telehealth technology to
4358 facilitate increased access to audiology and speech-language
4359 pathology services.

4360

4361 ARTICLE II4362 DEFINITIONS

4363

4364 (1) As used in this section, the term:4365 (2) "Active duty military" means full-time duty status in
4366 the active uniformed service of the United States, including
4367 members of the National Guard and Reserve on active duty orders
4368 pursuant to 10 U.S.C. chapters 1209 and 1211.4369 (3) "Adverse action" means any administrative, civil,
4370 equitable, or criminal action permitted by a state's laws which
4371 is imposed by a licensing board against a licensee, including
4372 actions against an individual's license or privilege to
4373 practice, such as revocation, suspension, probation, monitoring
4374 of the licensee, or restriction on the licensee's practice.4375 (4) "Alternative program" means a nondisciplinary
4376 monitoring process approved by an audiology licensing board or a
4377 speech-language pathology licensing board to address impaired
4378 licensees.4379 (5) "Audiologist" means an individual who is licensed by a

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4380 state to practice audiology.

4381 (6) "Audiology" means the care and services provided by a
4382 licensed audiologist as provided in the member state's rules and
4383 regulations.

4384 (7) "Audiology and Speech-Language Pathology Interstate
4385 Compact Commission" or "commission" means the national
4386 administrative body whose membership consists of all states that
4387 have enacted the compact.

4388 (8) "Audiology licensing board" means the agency of a state
4389 which is responsible for the licensing and regulation of
4390 audiologists.

4391 (9) "Compact privilege" means the authorization granted by
4392 a remote state to allow a licensee from another member state to
4393 practice as an audiologist or speech-language pathologist in the
4394 remote state under its rules and regulations. The practice of
4395 audiology or speech-language pathology occurs in the member
4396 state where the patient, client, or student is located at the
4397 time the services are provided.

4398 (10) "Current significant investigative information,"
4399 "investigative materials," "investigative records," or
4400 "investigative reports" means information that a licensing
4401 board, after an inquiry or investigation that includes
4402 notification and an opportunity for the audiologist or speech-
4403 language pathologist to respond, if required by state law, has
4404 reason to believe is not groundless and, if proved true, would
4405 indicate more than a minor infraction.

4406 (11) "Data system" means a repository of information
4407 relating to licensees, including, but not limited to, continuing
4408 education, examination, licensure, investigative, compact

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4409 privilege, and adverse action information.

4410 (12) "Encumbered license" means a license in which an
4411 adverse action restricts the practice of audiology or speech-
4412 language pathology by the licensee and the adverse action has
4413 been reported to the National Practitioner Data Bank.

4414 (13) "Executive committee" means a group of directors
4415 elected or appointed to act on behalf of, and within the powers
4416 granted to them by, the commission.

4417 (14) "Home state" means the member state that is the
4418 licensee's primary state of residence.

4419 (15) "Impaired licensee" means a licensee whose
4420 professional practice is adversely affected by substance abuse,
4421 addiction, or other health-related conditions.

4422 (16) "Licensee" means a person who is licensed by his or
4423 her home state to practice as an audiologist or speech-language
4424 pathologist.

4425 (17) "Licensing board" means the agency of a state which is
4426 responsible for the licensing and regulation of audiologists or
4427 speech-language pathologists.

4428 (18) "Member state" means a state that has enacted the
4429 compact.

4430 (19) "Privilege to practice" means the legal authorization
4431 to practice audiology or speech-language pathology in a remote
4432 state.

4433 (20) "Remote state" means a member state, other than the
4434 home state, where a licensee is exercising or seeking to
4435 exercise his or her compact privilege.

4436 (21) "Rule" means a regulation, principle, or directive
4437 adopted by the commission which has the force of law.

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4438 (22) "Single-state license" means an audiology or speech-
4439 language pathology license issued by a member state which
4440 authorizes practice only within the issuing state and does not
4441 include a privilege to practice in any other member state.

4442 (23) "Speech-language pathologist" means an individual who
4443 is licensed to practice speech-language pathology.

4444 (24) "Speech-language pathology" means the care and
4445 services provided by a licensed speech-language pathologist as
4446 provided in the member state's rules and regulations.

4447 (25) "Speech-language pathology licensing board" means the
4448 agency of a state which is responsible for the licensing and
4449 regulation of speech-language pathologists.

4450 (26) "State" means any state, commonwealth, district, or
4451 territory of the United States of America which regulates the
4452 practice of audiology and speech-language pathology.

4453 (27) "State practice laws" means a member state's laws,
4454 rules, and regulations that govern the practice of audiology or
4455 speech-language pathology, define the scope of audiology or
4456 speech-language pathology practice, and create the methods and
4457 grounds for imposing discipline.

4458 (28) "Telehealth" means the application of
4459 telecommunication technology to deliver audiology or speech-
4460 language pathology services at a distance for assessment,
4461 intervention, or consultation.

4462
4463 ARTICLE III

4464 STATE PARTICIPATION

4465
4466 (1) A license issued to an audiologist or speech-language

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4467 pathologist by a home state to a resident in that state must be
4468 recognized by each member state as authorizing an audiologist or
4469 speech-language pathologist to practice audiology or speech-
4470 language pathology, under a privilege to practice, in each
4471 member state.

4472 (2) A state must implement procedures for considering the
4473 criminal history records of applicants for initial privilege to
4474 practice. These procedures must include the submission of
4475 fingerprints or other biometric-based information by applicants
4476 for the purpose of obtaining an applicant's criminal history
4477 records from the Federal Bureau of Investigation and the agency
4478 responsible for retaining that state's criminal history records.

4479 (a) A member state must fully implement a criminal history
4480 records check procedure, within a timeframe established by rule,
4481 which requires the member state to receive an applicant's
4482 criminal history records from the Federal Bureau of
4483 Investigation and the agency responsible for retaining the
4484 member state's criminal history records and use such records in
4485 making licensure decisions.

4486 (b) Communication between a member state, the commission,
4487 and other member states regarding the verification of
4488 eligibility for licensure through the compact may not include
4489 any information received from the Federal Bureau of
4490 Investigation relating to a criminal history records check
4491 performed by a member state under Pub. L. No. 92-544.

4492 (3) Upon application for a privilege to practice, the
4493 licensing board in the issuing remote state must determine,
4494 through the data system, whether the applicant has ever held, or
4495 is the holder of, a license issued by any other state, whether

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4496 there are any encumbrances on any license or privilege to
4497 practice held by the applicant, and whether any adverse action
4498 has been taken against any license or privilege to practice held
4499 by the applicant.

4500 (4) Each member state must require an applicant to obtain
4501 or retain a license in his or her home state and meet the home
4502 state's qualifications for licensure or renewal of licensure and
4503 all other applicable state laws.

4504 (5) Each member state must require that an applicant meet
4505 all of the following criteria to receive the privilege to
4506 practice as an audiologist in the member state:

4507 (a) One of the following educational requirements:

4508 1. On or before December 31, 2007, has graduated with a
4509 master's degree or doctoral degree in audiology, or an
4510 equivalent degree, regardless of the name of such degree, from a
4511 program that is accredited by an accrediting agency recognized
4512 by the Council for Higher Education Accreditation, or its
4513 successor, or by the United States Department of Education and
4514 operated by a college or university accredited by a regional or
4515 national accrediting organization recognized by the board;

4516 2. On or after January 1, 2008, has graduated with a
4517 doctoral degree in audiology, or an equivalent degree,
4518 regardless of the name of such degree, from a program that is
4519 accredited by an accrediting agency recognized by the Council
4520 for Higher Education Accreditation, or its successor, or by the
4521 United States Department of Education and operated by a college
4522 or university accredited by a regional or national accrediting
4523 organization recognized by the board; or

4524 3. Has graduated from an audiology program that is housed

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4525 in an institution of higher education outside of the United
4526 States for which the degree program and institution have been
4527 approved by the authorized accrediting body in the applicable
4528 country and the degree program has been verified by an
4529 independent credentials review agency to be comparable to a
4530 state licensing board-approved program.

4531 (b) Has completed a supervised clinical practicum
4532 experience from an accredited educational institution or its
4533 cooperating programs as required by the commission.

4534 (c) Has successfully passed a national examination approved
4535 by the commission.

4536 (d) Holds an active, unencumbered license.

4537 (e) Has not been convicted or found guilty of, or entered a
4538 plea of guilty or nolo contendere to, regardless of
4539 adjudication, a felony in any jurisdiction which directly
4540 relates to the practice of his or her profession or the ability
4541 to practice his or her profession.

4542 (f) Has a valid United States social security number or a
4543 national provider identifier.

4544 (6) Each member state must require that an applicant meet
4545 all of the following criteria to receive the privilege to
4546 practice as a speech-language pathologist in the member state:

4547 (a) One of the following educational requirements:

4548 1. Has graduated with a master's degree from a speech-
4549 language pathology program that is accredited by an organization
4550 recognized by the United States Department of Education and
4551 operated by a college or university accredited by a regional or
4552 national accrediting organization recognized by the board; or

4553 2. Has graduated from a speech-language pathology program

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4554 that is housed in an institution of higher education outside of
4555 the United States for which the degree program and institution
4556 have been approved by the authorized accrediting body in the
4557 applicable country and the degree program has been verified by
4558 an independent credentials review agency to be comparable to a
4559 state licensing board-approved program.

4560 (b) Has completed a supervised clinical practicum
4561 experience from an educational institution or its cooperating
4562 programs as required by the commission.

4563 (c) Has completed a supervised postgraduate professional
4564 experience as required by the commission.

4565 (d) Has successfully passed a national examination approved
4566 by the commission.

4567 (e) Holds an active, unencumbered license.

4568 (f) Has not been convicted or found guilty of, or entered a
4569 plea of guilty or nolo contendere to, regardless of
4570 adjudication, a felony in any jurisdiction which directly
4571 relates to the practice of his or her profession or the ability
4572 to practice his or her profession.

4573 (g) Has a valid United States social security number or
4574 national provider identifier.

4575 (7) The privilege to practice is derived from the home
4576 state license.

4577 (8) An audiologist or speech-language pathologist
4578 practicing in a member state must comply with the state practice
4579 laws of the member state where the client is located at the time
4580 service is provided. The practice of audiology and speech-
4581 language pathology includes all audiology and speech-language
4582 pathology practices as defined by the state practice laws of the

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4583 member state where the client is located. The practice of
4584 audiology and speech-language pathology in a member state under
4585 a privilege to practice subjects an audiologist or speech-
4586 language pathologist to the jurisdiction of the licensing
4587 boards, courts, and laws of the member state where the client is
4588 located at the time service is provided.

4589 (9) Individuals not residing in a member state shall
4590 continue to be able to apply for a member state's single-state
4591 license as provided under the laws of each member state.
4592 However, the single-state license granted to these individuals
4593 may not be recognized as granting the privilege to practice
4594 audiology or speech-language pathology in any other member
4595 state. The compact does not affect the requirements established
4596 by a member state for the issuance of a single-state license.

4597 (10) Member states must comply with the bylaws and rules of
4598 the commission.

4599

4600 ARTICLE IV

4601 COMPACT PRIVILEGE

4602

4603 (1) To exercise compact privilege under the compact, the
4604 audiologist or speech-language pathologist must meet all of the
4605 following criteria:

4606 (a) Hold an active license in the home state.

4607 (b) Have no encumbrance on any state license.

4608 (c) Be eligible for compact privilege in any member state
4609 in accordance with Article III.

4610 (d) Not have any adverse action against any license or
4611 compact privilege within the 2 years preceding the date of

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4612 application.

4613 (e) Notify the commission that he or she is seeking compact
4614 privilege within a remote state or states.

4615 (f) Report to the commission any adverse action taken by
4616 any nonmember state within 30 days after the date the adverse
4617 action is taken.

4618 (2) For the purposes of compact privilege, an audiologist
4619 or speech-language pathologist may hold only one home state
4620 license at a time.

4621 (3) Except as provided in Article VI, if an audiologist or
4622 speech-language pathologist changes his or her primary state of
4623 residence by moving between two member states, the audiologist
4624 or speech-language pathologist must apply for licensure in the
4625 new home state, and the license issued by the prior home state
4626 shall be deactivated in accordance with applicable rules adopted
4627 by the commission.

4628 (4) The audiologist or speech-language pathologist may
4629 apply for licensure in advance of a change in his or her primary
4630 state of residence.

4631 (5) A license may not be issued by the new home state until
4632 the audiologist or speech-language pathologist provides
4633 satisfactory evidence of a change in his or her primary state of
4634 residence to the new home state and satisfies all applicable
4635 requirements to obtain a license from the new home state.

4636 (6) If an audiologist or speech-language pathologist
4637 changes his or her primary state of residence by moving from a
4638 member state to a nonmember state, the license issued by the
4639 prior home state shall convert to a single-state license, valid
4640 only in the former home state.

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4641 (7) Compact privilege is valid until the expiration date of
4642 the home state license. The licensee must comply with the
4643 requirements of subsection (1) to maintain compact privilege in
4644 the remote state.

4645 (8) A licensee providing audiology or speech-language
4646 pathology services in a remote state under compact privilege
4647 shall function within the laws and regulations of the remote
4648 state.

4649 (9) A remote state may, in accordance with due process and
4650 state law, remove a licensee's compact privilege in the remote
4651 state for a specific period of time, impose fines, or take any
4652 other necessary actions to protect the health and safety of its
4653 residents.

4654 (10) If a home state license is encumbered, the licensee
4655 shall lose compact privilege in all remote states until both of
4656 the following occur:

4657 (a) The home state license is no longer encumbered.

4658 (b) Two years have lapsed from the date of the adverse
4659 action.

4660 (11) Once an encumbered license in the home state is
4661 restored to good standing, the licensee must meet the
4662 requirements of subsection (1) to obtain compact privilege in
4663 any remote state.

4664 (12) Once the requirements of subsection (10) have been
4665 met, the licensee must meet the requirements in subsection (1)
4666 to obtain compact privilege in a remote state.

4667

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4669

ARTICLE V

COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

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4670
4671 Member states shall recognize the right of an audiologist
4672 or speech-language pathologist, licensed by a home state in
4673 accordance with Article III and under rules adopted by the
4674 commission, to practice audiology or speech-language pathology
4675 in any member state through the use of telehealth under
4676 privilege to practice as provided in the compact and rules
4677 adopted by the commission.

4678
4679 ARTICLE VI

4680 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

4681
4682 Active duty military personnel, or their spouses, as
4683 applicable, shall designate a home state where the individual
4684 has a current license in good standing. The individual may
4685 retain the home state designation during the period the
4686 servicemember is on active duty. Subsequent to designating a
4687 home state, the individual shall change his or her home state
4688 only through application for licensure in the new state.

4689
4690 ARTICLE VII

4691 ADVERSE ACTIONS

4692
4693 (1) In addition to the other powers conferred by state law,
4694 a remote state may:

4695 (a) Take adverse action against an audiologist's or speech-
4696 language pathologist's privilege to practice within that member
4697 state.

4698 1. Only the home state has the power to take adverse action

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4699 against an audiologist's or a speech-language pathologist's
4700 license issued by the home state.

4701 2. For purposes of taking adverse action, the home state
4702 shall give the same priority and effect to reported conduct
4703 received from a member state as it would if the conduct had
4704 occurred within the home state. In so doing, the home state
4705 shall apply its own state laws to determine appropriate action.

4706 (b) Issue subpoenas for both hearings and investigations
4707 that require the attendance and testimony of witnesses as well
4708 as the production of evidence. Subpoenas issued by a licensing
4709 board in a member state for the attendance and testimony of
4710 witnesses or the production of evidence from another member
4711 state must be enforced in the latter state by any court of
4712 competent jurisdiction according to the practice and procedure
4713 of that court applicable to subpoenas issued in proceedings
4714 pending before it. The issuing authority shall pay any witness
4715 fees, travel expenses, mileage, and other fees required by the
4716 service statutes of the state in which the witnesses or evidence
4717 are located.

4718 (c) Complete any pending investigations of an audiologist
4719 or speech-language pathologist who changes his or her primary
4720 state of residence during the course of the investigations. The
4721 home state also has the authority to take appropriate actions
4722 and shall promptly report the conclusions of the investigations
4723 to the administrator of the data system. The administrator of
4724 the data system shall promptly notify the new home state of any
4725 adverse actions.

4726 (d) If otherwise allowed by state law, recover from the
4727 affected audiologist or speech-language pathologist the costs of

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4728 investigations and disposition of cases resulting from any
4729 adverse action taken against that audiologist or speech-language
4730 pathologist.

4731 (e) Take adverse action based on the factual findings of
4732 the remote state, provided that the member state follows the
4733 member state's own procedures for taking the adverse action.

4734 (2) (a) In addition to the authority granted to a member
4735 state by its respective audiology or speech-language pathology
4736 practice act or other applicable state law, any member state may
4737 participate with other member states in joint investigations of
4738 licensees.

4739 (b) Member states shall share any investigative,
4740 litigation, or compliance materials in furtherance of any joint
4741 or individual investigation initiated under the compact.

4742 (3) If adverse action is taken by the home state against an
4743 audiologist's or a speech language pathologist's license, the
4744 audiologist's or speech-language pathologist's privilege to
4745 practice in all other member states shall be deactivated until
4746 all encumbrances have been removed from the home state license.
4747 All home state disciplinary orders that impose adverse action
4748 against an audiologist's or a speech language pathologist's
4749 license must include a statement that the audiologist's or
4750 speech-language pathologist's privilege to practice is
4751 deactivated in all member states during the pendency of the
4752 order.

4753 (4) If a member state takes adverse action, it must
4754 promptly notify the administrator of the data system. The
4755 administrator of the data system shall promptly notify the home
4756 state of any adverse actions by remote states.

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4757 (5) The compact does not override a member state's decision
4758 that participation in an alternative program may be used in lieu
4759 of adverse action.

4761 ARTICLE VIII

4762 ESTABLISHMENT OF THE AUDIOLOGY

4763 AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT COMMISSION

4764
4765 (1) The member states hereby create and establish a joint
4766 public agency known as the Audiology and Speech-language
4767 Pathology Interstate Compact Commission.

4768 (a) The commission is an instrumentality of the compact
4769 states.

4770 (b) Venue is proper, and judicial proceedings by or against
4771 the commission must be brought solely and exclusively in a court
4772 of competent jurisdiction where the principal office of the
4773 commission is located. The commission may waive venue and
4774 jurisdictional defenses to the extent it adopts or consents to
4775 participate in alternative dispute resolution proceedings.

4776 (c) The compact does not waive sovereign immunity except to
4777 the extent sovereign immunity is waived in the member states.

4778 (2) (a) Each member state must have two delegates selected
4779 by that member state's licensing boards. The delegates must be
4780 current members of the licensing boards. One delegate must be an
4781 audiologist and one delegate must be a speech-language
4782 pathologist.

4783 (b) An additional five delegates, who are either public
4784 members or board administrators from licensing boards, must be
4785 chosen by the executive committee from a pool of nominees

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4786 provided by the commission at large.

4787 (c) A delegate may be removed or suspended from office as
4788 provided by the state law from which the delegate is appointed.

4789 (d) The member state board shall fill any vacancy occurring
4790 on the commission within 90 days after the vacancy occurs.

4791 (e) Each delegate is entitled to one vote with regard to
4792 the adoption of rules and creation of bylaws and shall otherwise
4793 have an opportunity to participate in the business and affairs
4794 of the commission.

4795 (f) A delegate shall vote in person or by other means as
4796 provided in the bylaws. The bylaws may provide for delegates'
4797 participation in meetings by telephone or other means of
4798 communication.

4799 (g) The commission shall meet at least once during each
4800 calendar year. Additional meetings must be held as provided in
4801 the bylaws and rules.

4802 (3) The commission has the following powers and duties:

4803 (a) Establish the commission's fiscal year.

4804 (b) Establish bylaws.

4805 (c) Establish a code of ethics.

4806 (d) Maintain its financial records in accordance with the
4807 bylaws.

4808 (e) Meet and take actions as are consistent with the
4809 compact and the bylaws.

4810 (f) Adopt uniform rules to facilitate and coordinate
4811 implementation and administration of the compact. The rules have
4812 the force and effect of law and are binding on all member
4813 states.

4814 (g) Bring and prosecute legal proceedings or actions in the

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4815 name of the commission, provided that the standing of an
4816 audiology licensing board or a speech-language pathology
4817 licensing board to sue or be sued under applicable law is not
4818 affected.

4819 (h) Purchase and maintain insurance and bonds.

4820 (i) Borrow, accept, or contract for services of personnel,
4821 including, but not limited to, employees of a member state.

4822 (j) Hire employees, elect or appoint officers, fix
4823 compensation, define duties, grant individuals appropriate
4824 authority to carry out the purposes of the compact, and
4825 establish the commission's personnel policies and programs
4826 relating to conflicts of interest, qualifications of personnel,
4827 and other related personnel matters.

4828 (k) Accept any appropriate donations and grants of money,
4829 equipment, supplies, and materials and services, and receive,
4830 use, and dispose of the same, provided that at all times the
4831 commission must avoid any appearance of impropriety or conflict
4832 of interest.

4833 (l) Lease, purchase, accept appropriate gifts or donations
4834 of, or otherwise own, hold, improve, or use any property, real,
4835 personal, or mixed, provided that at all times the commission
4836 shall avoid any appearance of impropriety.

4837 (m) Sell, convey, mortgage, pledge, lease, exchange,
4838 abandon, or otherwise dispose of any property real, personal, or
4839 mixed.

4840 (n) Establish a budget and make expenditures.

4841 (o) Borrow money.

4842 (p) Appoint committees, including standing committees,
4843 composed of members and other interested persons as may be

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- 4844 designated in the compact and the bylaws.
- 4845 (q) Provide and receive information from, and cooperate
4846 with, law enforcement agencies.
- 4847 (r) Establish and elect an executive committee.
- 4848 (s) Perform other functions as may be necessary or
4849 appropriate to achieve the purposes of the compact consistent
4850 with the state regulation of audiology and speech-language
4851 pathology licensure and practice.
- 4852 (4) The executive committee shall have the power to act on
4853 behalf of the commission according to the terms of the compact.
- 4854 (a) The executive committee must be composed of 10 members
4855 as follows:
- 4856 1. Seven voting members who are elected by the commission
4857 from the current membership of the commission.
- 4858 2. Two ex officio members, consisting of one nonvoting
4859 member from a recognized national audiology professional
4860 association and one nonvoting member from a recognized national
4861 speech-language pathology association.
- 4862 3. One ex officio, nonvoting member from the recognized
4863 membership organization of the audiology and speech-language
4864 pathology licensing boards.
- 4865 (b) The ex officio members must be selected by their
4866 respective organizations.
- 4867 (c) The commission may remove any member of the executive
4868 committee as provided in the bylaws.
- 4869 (d) The executive committee shall meet at least annually.
- 4870 (e) The executive committee has the following duties and
4871 responsibilities:
- 4872 1. Recommend to the entire commission changes to the rules

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- 4873 or bylaws and changes to this compact legislation.
- 4874 2. Ensure compact administration services are appropriately
4875 provided, contractual or otherwise.
- 4876 3. Prepare and recommend the budget.
- 4877 4. Maintain financial records on behalf of the commission.
- 4878 5. Monitor compact compliance of member states and provide
4879 compliance reports to the commission.
- 4880 6. Establish additional committees as necessary.
- 4881 7. Other duties as provided by rule or bylaw.
- 4882 (f) All meetings must be open to the public, and public
4883 notice of meetings must be given in the same manner as required
4884 under the rulemaking provisions in Article X.
- 4885 (g) If a meeting or any portion of a meeting is closed
4886 under this subsection, the commission's legal counsel or
4887 designee must certify that the meeting may be closed and must
4888 reference each relevant exempting provision.
- 4889 (h) The commission shall keep minutes that fully and
4890 clearly describe all matters discussed in a meeting and shall
4891 provide a full and accurate summary of actions taken, and the
4892 reasons therefore, including a description of the views
4893 expressed. All documents considered in connection with an action
4894 must be identified in minutes. All minutes and documents of a
4895 closed meeting must remain under seal, subject to release by a
4896 majority vote of the commission or order of a court of competent
4897 jurisdiction.
- 4898 (5) Relating to the financing of the commission, the
4899 commission:
- 4900 (a) Shall pay, or provide for the payment of, the
4901 reasonable expenses of its establishment, organization, and

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4902 ongoing activities.

4903 (b) May accept any and all appropriate revenue sources,
4904 donations, and grants of money, equipment, supplies, materials,
4905 and services.

4906 (c) May not incur obligations of any kind before securing
4907 the funds adequate to meet the same and may not pledge the
4908 credit of any of the member states, except by and with the
4909 authority of the member state.

4910 (d) Shall keep accurate accounts of all receipts and
4911 disbursements of funds. The receipts and disbursements of funds
4912 of the commission are subject to the audit and accounting
4913 procedures established under its bylaws. However, all receipts
4914 and disbursements of funds handled by the commission must be
4915 audited yearly by a certified or licensed public accountant, and
4916 the report of the audit must be included in and become part of
4917 the annual report of the commission.

4918 (6) Relating to qualified immunity, defense, and
4919 indemnification:

4920 (a) The members, officers, executive director, employees,
4921 and representatives of the commission are immune from suit and
4922 liability, either personally or in their official capacity, for
4923 any claim for damage to or loss of property or personal injury
4924 or other civil liability caused by or arising out of any actual
4925 or alleged act, error, or omission that occurred, or that the
4926 person against whom the claim is made had a reasonable basis for
4927 believing occurred, within the scope of commission employment,
4928 duties, or responsibilities; provided that this paragraph may
4929 not be construed to protect any person from suit or liability
4930 for any damage, loss, injury, or liability caused by the

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4931 intentional or willful or wanton misconduct of that person.

4932 (b) The commission shall defend any member, officer,
4933 executive director, employee, or representative of the
4934 commission in any civil action seeking to impose liability
4935 arising out of any actual or alleged act, error, or omission
4936 that occurred within the scope of commission employment, duties,
4937 or responsibilities, or that the person against whom the claim
4938 is made had a reasonable basis for believing occurred within the
4939 scope of commission employment, duties, or responsibilities;
4940 provided that this paragraph may not be construed to prohibit
4941 that person from retaining his or her own counsel; and provided
4942 further that the actual or alleged act, error, or omission did
4943 not result from that person's intentional or willful or wanton
4944 misconduct.

4945 (c) The commission shall indemnify and hold harmless any
4946 member, officer, executive director, employee, or representative
4947 of the commission for the amount of any settlement or judgment
4948 obtained against that person arising out of any actual or
4949 alleged act, error, or omission that occurred within the scope
4950 of commission employment, duties, or responsibilities, or that
4951 the person had a reasonable basis for believing occurred within
4952 the scope of commission employment, duties, or responsibilities,
4953 provided that the actual or alleged act, error, or omission did
4954 not result from the intentional or willful or wanton misconduct
4955 of that person.

4957 ARTICLE IX

4958 DATA SYSTEM

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4960 (1) The commission shall provide for the development,
4961 maintenance, and use of a coordinated database and reporting
4962 system containing licensure, adverse action, and current
4963 significant investigative information on all licensed
4964 individuals in member states.

4965 (2) Notwithstanding any other law to the contrary, a member
4966 state shall submit a uniform data set to the data system on all
4967 individuals to whom the compact is applicable as required by the
4968 rules of the commission, including all of the following
4969 information:

4970 (a) Identifying information.

4971 (b) Licensure data.

4972 (c) Adverse actions against a license or compact privilege.

4973 (d) Nonconfidential information related to alternative
4974 program participation.

4975 (e) Any denial of application for licensure, and the reason
4976 for such denial.

4977 (f) Other information that may facilitate the
4978 administration of the compact, as determined by the rules of the
4979 commission.

4980 (3) Current significant investigative information
4981 pertaining to a licensee in a member state must be available
4982 only to other member states.

4983 (4) The commission shall promptly notify all member states
4984 of any adverse action taken against a licensee or an individual
4985 applying for a license. Adverse action information pertaining to
4986 a licensee or an individual applying for a license in any member
4987 state must be available to any other member state.

4988 (5) Member states contributing information to the data

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4989 system may designate information that may not be shared with the
4990 public without the express permission of the contributing state.

4991 (6) Any information submitted to the data system that is
4992 subsequently required to be expunged by the laws of the member
4993 state contributing the information must be removed from the data
4994 system.

4995
4996 ARTICLE X
4997 RULEMAKING

4998
4999 (1) The commission shall exercise its rulemaking powers
5000 pursuant to the criteria provided in this article and the rules
5001 adopted thereunder. Rules and amendments become binding as of
5002 the date specified in each rule or amendment.

5003 (2) If a majority of the legislatures of the member states
5004 rejects a rule by enactment of a statute or resolution in the
5005 same manner used to adopt the compact within 4 years after the
5006 date of adoption of the rule, the rule has no further force and
5007 effect in any member state.

5008 (3) Rules or amendments to the rules must be adopted at a
5009 regular or special meeting of the commission.

5010 (4) Before adoption of a final rule or rules by the
5011 commission, and at least 30 days before the meeting at which the
5012 rule shall be considered and voted upon, the commission shall
5013 file a notice of proposed rulemaking:

5014 (a) On the website of the commission or other publicly
5015 accessible platform; and

5016 (b) On the website of each member state audiology licensing
5017 board and speech-language pathology licensing board or other

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5018 publicly accessible platform or the publication where each state
5019 would otherwise publish proposed rules.

5020 (5) The notice of proposed rulemaking must include all of
5021 the following:

5022 (a) The proposed time, date, and location of the meeting in
5023 which the rule will be considered and voted upon.

5024 (b) The text of and reason for the proposed rule or
5025 amendment.

5026 (c) A request for comments on the proposed rule from any
5027 interested person.

5028 (d) The manner in which interested persons may submit
5029 notice to the commission of their intention to attend the public
5030 hearing and any written comments.

5031 (6) Before the adoption of a proposed rule, the commission
5032 shall allow persons to submit written data, facts, opinions, and
5033 arguments, which shall be made available to the public.

5034 (a) The commission shall grant an opportunity for a public
5035 hearing before it adopts a rule or amendment if a hearing is
5036 requested by:

5037 1. At least 25 persons;

5038 2. A state or federal governmental subdivision or agency;
5039 or

5040 3. An association having at least 25 members.

5041 (b) If a hearing is held on the proposed rule or amendment,
5042 the commission must publish the place, time, and date of the
5043 scheduled public hearing. If the hearing is held via electronic
5044 means, the commission must publish the mechanism for access to
5045 the electronic hearing.

5046 (c) All persons wishing to be heard at the hearing shall

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5047 notify the executive director of the commission or other
5048 designated member in writing of their desire to appear and
5049 testify at the hearing not less than 5 business days before the
5050 scheduled date of the hearing.

5051 (d) Hearings must be conducted in a manner providing each
5052 person who wishes to comment a fair and reasonable opportunity
5053 to comment orally or in writing.

5054 (e) All hearings must be recorded. A copy of the recording
5055 must be made available on request.

5056 (7) This article does not require a separate hearing on
5057 each rule. Rules may be grouped for the convenience of the
5058 commission at hearings required by this article.

5059 (8) Following the scheduled hearing date, or by the close
5060 of business on the scheduled hearing date if the hearing was not
5061 held, the commission shall consider all written and oral
5062 comments received.

5063 (9) If no written notice of intent to attend the public
5064 hearing by interested parties is received, the commission may
5065 proceed with adoption of the proposed rule without a public
5066 hearing.

5067 (10) The commission shall, by majority vote of all members,
5068 take final action on the proposed rule and shall determine the
5069 effective date of the rule, if any, based on the rulemaking
5070 record and the full text of the rule.

5071 (11) Upon determination that an emergency exists, the
5072 commission may consider and adopt an emergency rule without
5073 prior notice, opportunity for comment, or hearing, provided that
5074 the usual rulemaking procedures provided in the compact and in
5075 this article retroactively apply to the rule as soon as

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5076 reasonably possible, but in no event later than 90 days after
5077 the effective date of the rule. For purposes of this subsection,
5078 an emergency rule is one that must be adopted immediately in
5079 order to:

5080 (a) Meet an imminent threat to public health, safety, or
5081 welfare;

5082 (b) Prevent a loss of commission or member state funds; or

5083 (c) Meet a deadline for the promulgation of an
5084 administrative rule that is established by federal law or rule.

5085 (12) The commission or an authorized committee of the
5086 commission may direct revisions to a previously adopted rule or
5087 amendment for purposes of correcting typographical errors,
5088 errors in format, errors in consistency, or grammatical errors.
5089 Public notice of any revisions must be posted on the website of
5090 the commission. The revisions are subject to challenge by any
5091 person for a period of 30 days after posting. A revision may be
5092 challenged only on grounds that it results in a material change
5093 to a rule. A challenge must be made in writing and delivered to
5094 the chair of the commission before the end of the notice period.
5095 If no challenge is made, the revision takes effect without
5096 further action. If the revision is challenged, the revision may
5097 not take effect without the approval of the commission.

5098

5099 ARTICLE XI

5100 DISPUTE RESOLUTION

5101 AND ENFORCEMENT

5102

5103 (1) (a) Upon request by a member state, the commission shall
5104 attempt to resolve disputes related to the compact which arise

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5105 among member states and between member and nonmember states.

5106 (b) The commission shall adopt a rule providing for both
5107 mediation and binding dispute resolution for disputes as
5108 appropriate.

5109 (2) (a) The commission, in the reasonable exercise of its
5110 discretion, shall enforce the compact.

5111 (b) By majority vote, the commission may initiate legal
5112 action in the United States District Court for the District of
5113 Columbia or the federal district where the commission has its
5114 principal offices against a member state in default to enforce
5115 compliance with the compact and its adopted rules and bylaws.
5116 The relief sought may include both injunctive relief and
5117 damages. In the event judicial enforcement is necessary, the
5118 prevailing member must be awarded all costs of litigation,
5119 including reasonable attorney fees.

5120 (c) The remedies provided in this subsection are not the
5121 exclusive remedies of the commission. The commission may pursue
5122 any other remedies available under federal or state law.

5123

5124 ARTICLE XII

5125 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

5126

5127 (1) The compact becomes effective and binding on the date
5128 of legislative enactment of the compact by no fewer than 10
5129 member states. The provisions, which become effective at that
5130 time, shall be limited to the powers granted to the commission
5131 relating to assembly and the adoption of rules. Thereafter, the
5132 commission shall meet and exercise rulemaking powers as
5133 necessary to implement and administer the compact.

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5134 (2) Any state that joins the compact subsequent to the
5135 commission's initial adoption of the rules is subject to the
5136 rules as they exist on the date on which the compact becomes law
5137 in that state. Any rule that has been previously adopted by the
5138 commission has the full force and effect of law on the day the
5139 compact becomes law in that state.

5140 (3) A member state may withdraw from the compact by
5141 enacting a statute repealing the compact.

5142 (a) A member state's withdrawal does not take effect until
5143 6 months after enactment of the repealing statute.

5144 (b) Withdrawal does not affect the continuing requirement
5145 of the withdrawing state's audiology licensing board or speech-
5146 language pathology licensing board to comply with the
5147 investigative and adverse action reporting requirements of the
5148 compact before the effective date of withdrawal.

5149 (4) The compact does not invalidate or prevent any
5150 audiology or speech-language pathology licensure agreement or
5151 other cooperative arrangement between a member state and a
5152 nonmember state which does not conflict with the compact.

5153 (5) The compact may be amended by the member states. An
5154 amendment to the compact does not become effective and binding
5155 upon any member state until it is enacted into the laws of all
5156 member states.

5157
5158 ARTICLE XIII

5159 CONSTRUCTION AND SEVERABILITY

5160
5161 The compact must be liberally construed so as to effectuate
5162 its purposes. The provisions of the compact are severable and if

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5163 any phrase, clause, sentence, or provision of the compact is
5164 declared to be contrary to the constitution of any member state
5165 or of the United States or the applicability thereof to any
5166 government, agency, person, or circumstance is held invalid, the
5167 validity of the remainder of the compact and the applicability
5168 thereof to any government, agency, person, or circumstance is
5169 not be affected. If the compact is held contrary to the
5170 constitution of any member state, it shall remain in full force
5171 and effect as to the remaining member states and in full force
5172 and effect as to the member state affected as to all severable
5173 matters.

5174
5175 ARTICLE XIV

5176 BINDING EFFECT OF COMPACT AND OTHER LAWS
5177

5178 (1) This compact does not prevent the enforcement of any
5179 other law of a member state which is not inconsistent with the
5180 compact.

5181 (2) All laws of a member state in conflict with the compact
5182 are superseded to the extent of the conflict.

5183 (3) All lawful actions of the commission, including all
5184 rules and bylaws adopted by the commission, are binding upon the
5185 member states.

5186 (4) All agreements between the commission and the member
5187 states are binding in accordance with their terms.

5188 (5) In the event any provision of the compact exceeds the
5189 constitutional limits imposed on the legislature of any member
5190 state, the provision is ineffective to the extent of the
5191 conflict with the constitutional provision in question in that

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5192 member state.5193 Section 59. Subsection (10) of section 456.073, Florida
5194 Statutes, is amended to read:5195 456.073 Disciplinary proceedings.—Disciplinary proceedings
5196 for each board shall be within the jurisdiction of the
5197 department.5198 (10) (a) The complaint and all information obtained pursuant
5199 to the investigation by the department are confidential and
5200 exempt from s. 119.07(1) until 10 days after probable cause has
5201 been found to exist by the probable cause panel or by the
5202 department, or until the regulated professional or subject of
5203 the investigation waives his or her privilege of
5204 confidentiality, whichever occurs first.5205 (b) The department shall report any significant
5206 investigation information relating to a nurse holding a
5207 multistate license to the coordinated licensure information
5208 system pursuant to s. 464.0095; any investigative information
5209 relating to an audiologist or a speech-language pathologist
5210 holding a compact privilege under the Audiology and Speech-
5211 Language Pathology Interstate Compact to the data system
5212 pursuant to s. 468.1335; any significant investigatory
5213 information relating to a psychologist practicing under the
5214 Psychology Interjurisdictional Compact to the coordinated
5215 licensure information system pursuant to s. 490.0075; and any
5216 significant investigatory information relating to a health care
5217 practitioner practicing under the Professional Counselors
5218 Licensure Compact to the data system pursuant to s. 491.017, ~~and~~
5219 ~~any significant investigatory information relating to a~~
5220 ~~psychologist practicing under the Psychology Interjurisdictional~~

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5221 ~~Compact to the coordinated licensure information system pursuant~~
5222 ~~to s. 490.0075.~~

5223 (c) Upon completion of the investigation and a
5224 recommendation by the department to find probable cause, and
5225 pursuant to a written request by the subject or the subject's
5226 attorney, the department shall provide the subject an
5227 opportunity to inspect the investigative file or, at the
5228 subject's expense, forward to the subject a copy of the
5229 investigative file. Notwithstanding s. 456.057, the subject may
5230 inspect or receive a copy of any expert witness report or
5231 patient record connected with the investigation if the subject
5232 agrees in writing to maintain the confidentiality of any
5233 information received under this subsection until 10 days after
5234 probable cause is found and to maintain the confidentiality of
5235 patient records pursuant to s. 456.057. The subject may file a
5236 written response to the information contained in the
5237 investigative file. Such response must be filed within 20 days
5238 of mailing by the department, unless an extension of time has
5239 been granted by the department.

5240 (d) This subsection does not prohibit the department from
5241 providing the complaint and any information obtained pursuant to
5242 the department's investigation ~~such information~~ to any law
5243 enforcement agency or to any other regulatory agency.

5244 Section 60. Subsection (5) of section 456.076, Florida
5245 Statutes, is amended to read:

5246 456.076 Impaired practitioner programs.—

5247 (5) A consultant shall enter into a participant contract
5248 with an impaired practitioner and shall establish the terms of
5249 monitoring and shall include the terms in a participant

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5250 contract. In establishing the terms of monitoring, the
5251 consultant may consider the recommendations of one or more
5252 approved evaluators, treatment programs, or treatment providers.
5253 A consultant may modify the terms of monitoring if the
5254 consultant concludes, through the course of monitoring, that
5255 extended, additional, or amended terms of monitoring are
5256 required for the protection of the health, safety, and welfare
5257 of the public. If the impaired practitioner is an audiologist or
5258 a speech-language pathologist practicing under the Audiology and
5259 Speech-Language Pathology Interstate Compact pursuant to s.
5260 468.1335, a psychologist practicing under the Psychology
5261 Interjurisdictional Compact pursuant to s. 490.0075, or a health
5262 care practitioner practicing under the Professional Counselors
5263 Licensure Compact pursuant to s. 491.017, the terms of the
5264 monitoring contract must include the impaired practitioner's
5265 withdrawal from all practice under the compact unless authorized
5266 by a member state. If the impaired practitioner is a
5267 psychologist practicing under the Psychology Interjurisdictional
5268 Compact pursuant to s. 490.0075, the terms of the monitoring
5269 contract must include the impaired practitioner's withdrawal
5270 from all practice under the compact.

5271 Section 61. Present subsections (4), (5), and (6) of
5272 section 468.1135, Florida Statutes, are redesignated as
5273 subsections (5), (6), and (7), respectively, and a new
5274 subsection (4) is added to that section, to read:

5275 468.1135 Board of Speech-Language Pathology and Audiology.—
5276 (4) The board shall appoint two of its members to serve as
5277 the state's delegates on the Speech-Language Pathology
5278 Interstate Compact Commission, as required under s. 468.1335,

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5279 one of whom must be an audiologist and one of whom must be a
5280 speech-language pathologist.

5281 Section 62. Subsection (6) is added to section 468.1185,
5282 Florida Statutes, to read:

5283 468.1185 Licensure.—

5284 (6) A person licensed as an audiologist or a speech-
5285 language pathologist in another state who is practicing under
5286 the Audiology and Speech-Language Pathology Interstate Compact
5287 pursuant to s. 468.1335, and only within the scope provided
5288 therein, is exempt from the licensure requirements of this
5289 section.

5290 Section 63. Subsections (1) and (2) of section 468.1295,
5291 Florida Statutes, are amended to read:

5292 468.1295 Disciplinary proceedings.—

5293 (1) The following acts constitute grounds for denial of a
5294 license or disciplinary action, as specified in s. 456.072(2) or
5295 s. 468.1335:

5296 (a) Procuring, or attempting to procure, a license by
5297 bribery, by fraudulent misrepresentation, or through an error of
5298 the department or the board.

5299 (b) Having a license revoked, suspended, or otherwise acted
5300 against, including denial of licensure, by the licensing
5301 authority of another state, territory, or country.

5302 (c) Being convicted or found guilty of, or entering a plea
5303 of nolo contendere to, regardless of adjudication, a crime in
5304 any jurisdiction which directly relates to the practice of
5305 speech-language pathology or audiology.

5306 (d) Making or filing a report or record which the licensee
5307 knows to be false, intentionally or negligently failing to file

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5308 a report or records required by state or federal law, willfully
5309 impeding or obstructing such filing, or inducing another person
5310 to impede or obstruct such filing. Such report or record shall
5311 include only those reports or records which are signed in one's
5312 capacity as a licensed speech-language pathologist or
5313 audiologist.

5314 (e) Advertising goods or services in a manner which is
5315 fraudulent, false, deceptive, or misleading in form or content.

5316 (f) Being proven guilty of fraud or deceit or of
5317 negligence, incompetency, or misconduct in the practice of
5318 speech-language pathology or audiology.

5319 (g) Violating a lawful order of the board or department
5320 previously entered in a disciplinary hearing, or failing to
5321 comply with a lawfully issued subpoena of the board or
5322 department.

5323 (h) Practicing with a revoked, suspended, inactive, or
5324 delinquent license.

5325 (i) Using, or causing or promoting the use of, any
5326 advertising matter, promotional literature, testimonial,
5327 guarantee, warranty, label, brand, insignia, or other
5328 representation, however disseminated or published, which is
5329 misleading, deceiving, or untruthful.

5330 (j) Showing or demonstrating or, in the event of sale,
5331 delivery of a product unusable or impractical for the purpose
5332 represented or implied by such action.

5333 (k) Failing to submit to the board on an annual basis, or
5334 such other basis as may be provided by rule, certification of
5335 testing and calibration of such equipment as designated by the
5336 board and on the form approved by the board.

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5337 (l) Aiding, assisting, procuring, employing, or advising
5338 any licensee or business entity to practice speech-language
5339 pathology or audiology contrary to this part, chapter 456, or
5340 any rule adopted pursuant thereto.

5341 (m) Misrepresenting the professional services available in
5342 the fitting, sale, adjustment, service, or repair of a hearing
5343 aid, or using any other term or title which might connote the
5344 availability of professional services when such use is not
5345 accurate.

5346 (n) Representing, advertising, or implying that a hearing
5347 aid or its repair is guaranteed without providing full
5348 disclosure of the identity of the guarantor; the nature, extent,
5349 and duration of the guarantee; and the existence of conditions
5350 or limitations imposed upon the guarantee.

5351 (o) Representing, directly or by implication, that a
5352 hearing aid utilizing bone conduction has certain specified
5353 features, such as the absence of anything in the ear or leading
5354 to the ear, or the like, without disclosing clearly and
5355 conspicuously that the instrument operates on the bone
5356 conduction principle and that in many cases of hearing loss this
5357 type of instrument may not be suitable.

5358 (p) Stating or implying that the use of any hearing aid
5359 will improve or preserve hearing or prevent or retard the
5360 progression of a hearing impairment or that it will have any
5361 similar or opposite effect.

5362 (q) Making any statement regarding the cure of the cause of
5363 a hearing impairment by the use of a hearing aid.

5364 (r) Representing or implying that a hearing aid is or will
5365 be "custom-made," "made to order," or "prescription-made," or in

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5366 any other sense specially fabricated for an individual, when
5367 such is not the case.

5368 (s) Canvassing from house to house or by telephone, either
5369 in person or by an agent, for the purpose of selling a hearing
5370 aid, except that contacting persons who have evidenced an
5371 interest in hearing aids, or have been referred as in need of
5372 hearing aids, shall not be considered canvassing.

5373 (t) Failing to notify the department in writing of a change
5374 in current mailing and place-of-practice address within 30 days
5375 after such change.

5376 (u) Failing to provide all information as described in ss.
5377 468.1225(5) (b), 468.1245(1), and 468.1246.

5378 (v) Exercising influence on a client in such a manner as to
5379 exploit the client for financial gain of the licensee or of a
5380 third party.

5381 (w) Practicing or offering to practice beyond the scope
5382 permitted by law or accepting and performing professional
5383 responsibilities the licensee or certificateholder knows, or has
5384 reason to know, the licensee or certificateholder is not
5385 competent to perform.

5386 (x) Aiding, assisting, procuring, or employing any
5387 unlicensed person to practice speech-language pathology or
5388 audiology.

5389 (y) Delegating or contracting for the performance of
5390 professional responsibilities by a person when the licensee
5391 delegating or contracting for performance of such
5392 responsibilities knows, or has reason to know, such person is
5393 not qualified by training, experience, and authorization to
5394 perform them.

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5395 (z) Committing any act upon a patient or client which would
5396 constitute sexual battery or which would constitute sexual
5397 misconduct as defined pursuant to s. 468.1296.

5398 (aa) Being unable to practice the profession for which he
5399 or she is licensed or certified under this chapter with
5400 reasonable skill or competence as a result of any mental or
5401 physical condition or by reason of illness, drunkenness, or use
5402 of drugs, narcotics, chemicals, or any other substance. In
5403 enforcing this paragraph, upon a finding by the State Surgeon
5404 General, his or her designee, or the board that probable cause
5405 exists to believe that the licensee or certificateholder is
5406 unable to practice the profession because of the reasons stated
5407 in this paragraph, the department shall have the authority to
5408 compel a licensee or certificateholder to submit to a mental or
5409 physical examination by a physician, psychologist, clinical
5410 social worker, marriage and family therapist, or mental health
5411 counselor designated by the department or board. If the licensee
5412 or certificateholder refuses to comply with the department's
5413 order directing the examination, such order may be enforced by
5414 filing a petition for enforcement in the circuit court in the
5415 circuit in which the licensee or certificateholder resides or
5416 does business. The department shall be entitled to the summary
5417 procedure provided in s. 51.011. A licensee or certificateholder
5418 affected under this paragraph shall at reasonable intervals be
5419 afforded an opportunity to demonstrate that he or she can resume
5420 the competent practice for which he or she is licensed or
5421 certified with reasonable skill and safety to patients.

5422 (bb) Violating any provision of this chapter or chapter
5423 456, or any rules adopted pursuant thereto.

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5424 (2) (a) The board may enter an order denying licensure or
5425 imposing any of the penalties in s. 456.072(2) against any
5426 applicant for licensure or licensee who is found guilty of
5427 violating any provision of subsection (1) of this section or who
5428 is found guilty of violating any provision of s. 456.072(1).

5429 (b) The board may take adverse action against an
5430 audiologist's or a speech-language pathologist's compact
5431 privilege under the Audiology and Speech-Language Pathology
5432 Interstate Compact pursuant to s. 468.1335 and may impose any of
5433 the penalties in s. 456.072(2), if an audiologist or a speech-
5434 language pathologist commits an act specified in subsection (1)
5435 or s. 456.072(1).

5436 Section 64. Paragraph (j) is added to subsection (10) of
5437 section 768.28, Florida Statutes, to read:

5438 768.28 Waiver of sovereign immunity in tort actions;
5439 recovery limits; civil liability for damages caused during a
5440 riot; limitation on attorney fees; statute of limitations;
5441 exclusions; indemnification; risk management programs.—

5442 (10)

5443 (j) For purposes of this section, the individuals appointed
5444 under s. 468.1135(4) as the state's delegates on the Audiology
5445 and Speech-Language Pathology Interstate Compact Commission,
5446 when serving in that capacity pursuant to s. 468.1335, and any
5447 administrator, officer, executive director, employee, or
5448 representative of the commission, when acting within the scope
5449 of his or her employment, duties, or responsibilities in this
5450 state, is considered an agent of the state. The commission shall
5451 pay any claims or judgments pursuant to this section and may
5452 maintain insurance coverage to pay any such claims or judgments.

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5453 Section 65. Section 486.112, Florida Statutes, is created
5454 to read:

5455 486.112 Physical Therapy Licensure Compact.—The Physical
5456 Therapy Licensure Compact is hereby enacted into law and entered
5457 into by this state with all other jurisdictions legally joining
5458 therein in the form substantially as follows:

5459

5460 ARTICLE I

5461 PURPOSE AND OBJECTIVES

5462 (1) The purpose of the compact is to facilitate interstate
5463 practice of physical therapy with the goal of improving public
5464 access to physical therapy services. The compact preserves the
5465 regulatory authority of member states to protect public health
5466 and safety through their current systems of state licensure. For
5467 purposes of state regulation under the compact, the practice of
5468 physical therapy is deemed to have occurred in the state where
5469 the patient is located at the time physical therapy is provided
5470 to the patient.

5471 (2) The compact is designed to achieve all of the following
5472 objectives:

5473 (a) Increase public access to physical therapy services by
5474 providing for the mutual recognition of other member state
5475 licenses.

5476 (b) Enhance the states' ability to protect the public's
5477 health and safety.

5478 (c) Encourage the cooperation of member states in
5479 regulating multistate physical therapy practice.

5480 (d) Support spouses of relocating military members.

5481 (e) Enhance the exchange of licensure, investigative, and

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5482 disciplinary information between member states.

5483 (f) Allow a remote state to hold a provider of services
5484 with a compact privilege in that state accountable to that
5485 state's practice standards.

5487 ARTICLE II

5488 DEFINITIONS

5489 As used in the compact, and except as otherwise provided,
5490 the term:

5491 (1) "Active duty military" means full-time duty status in
5492 the active uniformed service of the United States, including
5493 members of the National Guard and Reserve on active duty orders
5494 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

5495 (2) "Adverse action" means disciplinary action taken by a
5496 physical therapy licensing board based upon misconduct,
5497 unacceptable performance, or a combination of both.

5498 (3) "Alternative program" means a nondisciplinary
5499 monitoring or practice remediation process approved by a state's
5500 physical therapy licensing board. The term includes, but is not
5501 limited to, programs that address substance abuse issues.

5502 (4) "Compact privilege" means the authorization granted by
5503 a remote state to allow a licensee from another member state to
5504 practice as a physical therapist or physical therapist assistant
5505 in the remote state under its laws and rules.

5506 (5) "Continuing competence" means a requirement, as a
5507 condition of license renewal, to provide evidence of
5508 participation in, and completion of, educational and
5509 professional activities relevant to the practice of physical
5510 therapy.

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5511 (6) "Data system" means the coordinated database and
5512 reporting system created by the Physical Therapy Compact
5513 Commission for the exchange of information between member states
5514 relating to licensees or applicants under the compact, including
5515 identifying information, licensure data, investigative
5516 information, adverse actions, nonconfidential information
5517 related to alternative program participation, any denials of
5518 applications for licensure, and other information as specified
5519 by commission rule.

5520 (7) "Encumbered license" means a license that a physical
5521 therapy licensing board has limited in any way.

5522 (8) "Executive board" means a group of directors elected or
5523 appointed to act on behalf of, and within the powers granted to
5524 them by, the commission.

5525 (9) "Home state" means the member state that is the
5526 licensee's primary state of residence.

5527 (10) "Investigative information" means information,
5528 records, and documents received or generated by a physical
5529 therapy licensing board pursuant to an investigation.

5530 (11) "Jurisprudence requirement" means the assessment of an
5531 individual's knowledge of the laws and rules governing the
5532 practice of physical therapy in a specific state.

5533 (12) "Licensee" means an individual who currently holds an
5534 authorization from a state to practice as a physical therapist
5535 or physical therapist assistant.

5536 (13) "Member state" means a state that has enacted the
5537 compact.

5538 (14) "Physical therapist" means an individual licensed by a
5539 state to practice physical therapy.

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5540 (15) "Physical therapist assistant" means an individual
5541 licensed by a state to assist a physical therapist in specified
5542 areas of physical therapy.

5543 (16) "Physical therapy" or "the practice of physical
5544 therapy" means the care and services provided by or under the
5545 direction and supervision of a licensed physical therapist.

5546 (17) "Physical Therapy Compact Commission" or "commission"
5547 means the national administrative body whose membership consists
5548 of all states that have enacted the compact.

5549 (18) "Physical therapy licensing board" means the agency of
5550 a state which is responsible for the licensing and regulation of
5551 physical therapists and physical therapist assistants.

5552 (19) "Remote state" means a member state other than the
5553 home state where a licensee is exercising or seeking to exercise
5554 the compact privilege.

5555 (20) "Rule" means a regulation, principle, or directive
5556 adopted by the commission which has the force of law.

5557 (21) "State" means any state, commonwealth, district, or
5558 territory of the United States of America which regulates the
5559 practice of physical therapy.

5560
5561 ARTICLE III

5562 STATE PARTICIPATION IN THE COMPACT

5563 (1) To participate in the compact, a state must do all of
5564 the following:

5565 (a) Participate fully in the commission's data system,
5566 including using the commission's unique identifier, as defined
5567 by commission rule.

5568 (b) Have a mechanism in place for receiving and

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5569 investigating complaints about licensees.

5570 (c) Notify the commission, in accordance with the terms of
5571 the compact and rules, of any adverse action or the availability
5572 of investigative information regarding a licensee.

5573 (d) Fully implement a criminal background check
5574 requirement, within a timeframe established by commission rule,
5575 which uses results from the Federal Bureau of Investigation
5576 record search on criminal background checks to make licensure
5577 decisions in accordance with subsection (2).

5578 (e) Comply with the commission's rules.

5579 (f) Use a recognized national examination as a requirement
5580 for licensure pursuant to the commission's rules.

5581 (g) Have continuing competence requirements as a condition
5582 for license renewal.

5583 (2) Upon adoption of the compact, a member state has the
5584 authority to obtain biometric-based information from each
5585 licensee applying for a compact privilege and submit this
5586 information to the Federal Bureau of Investigation for a
5587 criminal background check in accordance with 28 U.S.C. s. 534
5588 and 34 U.S.C. s. 40316.

5589 (3) A member state must grant the compact privilege to a
5590 licensee holding a valid unencumbered license in another member
5591 state in accordance with the terms of the compact and rules.

5592

5593 ARTICLE IV

5594 COMPACT PRIVILEGE

5595 (1) To exercise the compact privilege under the compact, a
5596 licensee must satisfy all of the following conditions:

5597 (a) Hold a license in the home state.

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- 5598 (b) Not have an encumbrance on any state license.
- 5599 (c) Be eligible for a compact privilege in all member
5600 states in accordance with subsections (4), (7), and (8).
- 5601 (d) Not have had an adverse action against any license or
5602 compact privilege within the preceding 2 years.
- 5603 (e) Notify the commission that the licensee is seeking the
5604 compact privilege within a remote state.
- 5605 (f) Meet any jurisprudence requirements established by the
5606 remote state in which the licensee is seeking a compact
5607 privilege.
- 5608 (g) Report to the commission adverse action taken by any
5609 nonmember state within 30 days after the date the adverse action
5610 is taken.
- 5611 (2) The compact privilege is valid until the expiration
5612 date of the home license. The licensee must continue to meet the
5613 requirements of subsection (1) to maintain the compact privilege
5614 in a remote state.
- 5615 (3) A licensee providing physical therapy in a remote state
5616 under the compact privilege must comply with the laws and rules
5617 of the remote state.
- 5618 (4) A licensee providing physical therapy in a remote state
5619 is subject to that state's regulatory authority. A remote state
5620 may, in accordance with due process and that state's laws,
5621 remove a licensee's compact privilege in the remote state for a
5622 specific period of time, impose fines, and take any other
5623 necessary actions to protect the health and safety of its
5624 citizens. The licensee is not eligible for a compact privilege
5625 in any member state until the specific period of time for
5626 removal has ended and all fines are paid.

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5627 (5) If a home state license is encumbered, the licensee
 5628 loses the compact privilege in any remote state until the
 5629 following conditions are met:

5630 (a) The home state license is no longer encumbered.

5631 (b) Two years have elapsed from the date of the adverse
 5632 action.

5633 (6) Once an encumbered license in the home state is
 5634 restored to good standing, the licensee must meet the
 5635 requirements of subsection (1) to obtain a compact privilege in
 5636 any remote state.

5637 (7) If a licensee's compact privilege in any remote state
 5638 is removed, the licensee loses the compact privilege in all
 5639 remote states until all of the following conditions are met:

5640 (a) The specific period of time for which the compact
 5641 privilege was removed has ended.

5642 (b) All fines have been paid.

5643 (c) Two years have elapsed from the date of the adverse
 5644 action.

5645 (8) Once the requirements of subsection (7) have been met,
 5646 the licensee must meet the requirements of subsection (1) to
 5647 obtain a compact privilege in a remote state.

5649 ARTICLE V

5650 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

5651 A licensee who is active duty military or is the spouse of
 5652 an individual who is active duty military may choose any of the
 5653 following locations to designate his or her home state:

5654 (1) Home of record.

5655 (2) Permanent change of station location.

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5656 (3) State of current residence, if it is different from the
5657 home of record or permanent change of station location.

5659 ARTICLE VI

5660 ADVERSE ACTIONS

5661 (1) A home state has exclusive power to impose adverse
5662 action against a license issued by the home state.

5663 (2) A home state may take adverse action based on the
5664 investigative information of a remote state, so long as the home
5665 state follows its own procedures for imposing adverse action.

5666 (3) The compact does not override a member state's decision
5667 that participation in an alternative program may be used in lieu
5668 of adverse action and that such participation remain nonpublic
5669 if required by the member state's laws. Member states must
5670 require licensees who enter any alternative programs in lieu of
5671 discipline to agree not to practice in any other member state
5672 during the term of the alternative program without prior
5673 authorization from such other member state.

5674 (4) A member state may investigate actual or alleged
5675 violations of the laws and rules for the practice of physical
5676 therapy committed in any other member state by a physical
5677 therapist or physical therapist assistant practicing under the
5678 compact who holds a license or compact privilege in such other
5679 member state.

5680 (5) A remote state may do any of the following:

5681 (a) Take adverse actions as set forth in subsection (4) of
5682 article IV against a licensee's compact privilege in the state.

5683 (b) Issue subpoenas for both hearings and investigations
5684 which require the attendance and testimony of witnesses and the

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5685 production of evidence. Subpoenas issued by a physical therapy
5686 licensing board in a member state for the attendance and
5687 testimony of witnesses or for the production of evidence from
5688 another member state must be enforced in the latter state by any
5689 court of competent jurisdiction, according to the practice and
5690 procedure of that court applicable to subpoenas issued in
5691 proceedings pending before it. The issuing authority shall pay
5692 any witness fees, travel expenses, mileage, and other fees
5693 required by the service laws of the state where the witnesses or
5694 evidence is located.

5695 (c) If otherwise permitted by state law, recover from the
5696 licensee the costs of investigations and disposition of cases
5697 resulting from any adverse action taken against that licensee.

5698 (6) (a) In addition to the authority granted to a member
5699 state by its respective physical therapy practice act or other
5700 applicable state law, a member state may participate with other
5701 member states in joint investigations of licensees.

5702 (b) Member states shall share any investigative,
5703 litigation, or compliance materials in furtherance of any joint
5704 or individual investigation initiated under the compact.

5705

5706 ARTICLE VII

5707 ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

5708 (1) COMMISSION CREATED.—The member states hereby create and
5709 establish a joint public agency known as the Physical Therapy
5710 Compact Commission:

5711 (a) The commission is an instrumentality of the member
5712 states.

5713 (b) Venue is proper, and judicial proceedings by or against

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5714 the commission may be brought solely and exclusively in a court
5715 of competent jurisdiction where the principal office of the
5716 commission is located. The commission may waive venue and
5717 jurisdictional defenses to the extent it adopts or consents to
5718 participate in alternative dispute resolution proceedings.

5719 (c) The compact may not be construed to be a waiver of
5720 sovereign immunity.

5721 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

5722 (a) Each member state has and is limited to one delegate
5723 selected by that member state's physical therapy licensing board
5724 to serve on the commission. The delegate must be a current
5725 member of the physical therapy licensing board who is a physical
5726 therapist, a physical therapist assistant, a public member, or
5727 the board administrator.

5728 (b) A delegate may be removed or suspended from office as
5729 provided by the law of the state from which the delegate is
5730 appointed. Any vacancy occurring on the commission must be
5731 filled by the physical therapy licensing board of the member
5732 state for which the vacancy exists.

5733 (c) Each delegate is entitled to one vote with regard to
5734 the adoption of rules and bylaws and shall otherwise have an
5735 opportunity to participate in the business and affairs of the
5736 commission.

5737 (d) A delegate shall vote in person or by such other means
5738 as provided in the bylaws. The bylaws may provide for delegates'
5739 participation in meetings by telephone or other means of
5740 communication.

5741 (e) The commission shall meet at least once during each
5742 calendar year. Additional meetings may be held as set forth in

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5743 the bylaws.

5744 (f) All meetings must be open to the public, and public
5745 notice of meetings must be given in the same manner as required
5746 under the rulemaking provisions in article IX.

5747 (g) The commission or the executive board or other
5748 committees of the commission may convene in a closed, nonpublic
5749 meeting if the commission or executive board or other committees
5750 of the commission must discuss any of the following:

5751 1. Noncompliance of a member state with its obligations
5752 under the compact.

5753 2. The employment, compensation, or discipline of, or other
5754 matters, practices, or procedures related to, specific employees
5755 or other matters related to the commission's internal personnel
5756 practices and procedures.

5757 3. Current, threatened, or reasonably anticipated
5758 litigation against the commission, executive board, or other
5759 committees of the commission.

5760 4. Negotiation of contracts for the purchase, lease, or
5761 sale of goods, services, or real estate.

5762 5. An accusation of any person of a crime or a formal
5763 censure of any person.

5764 6. Information disclosing trade secrets or commercial or
5765 financial information that is privileged or confidential.

5766 7. Information of a personal nature where disclosure would
5767 constitute a clearly unwarranted invasion of personal privacy.

5768 8. Investigatory records compiled for law enforcement
5769 purposes.

5770 9. Information related to any investigative reports
5771 prepared by or on behalf of or for use of the commission or

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5772 other committee charged with responsibility for investigation or
5773 determination of compliance issues pursuant to the compact.

5774 10. Matters specifically exempted from disclosure by
5775 federal or member state statute.

5776 (h) If a meeting, or portion of a meeting, is closed
5777 pursuant to this subsection, the commission's legal counsel or
5778 designee must certify that the meeting may be closed and must
5779 reference each relevant exempting provision.

5780 (i) The commission shall keep minutes that fully and
5781 clearly describe all matters discussed in a meeting and shall
5782 provide a full and accurate summary of actions taken and the
5783 reasons therefor, including a description of the views
5784 expressed. All documents considered in connection with an action
5785 must be identified in the minutes. All minutes and documents of
5786 a closed meeting must remain under seal, subject to release only
5787 by a majority vote of the commission or order of a court of
5788 competent jurisdiction.

5789 (3) DUTIES.—The commission shall do all of the following:

5790 (a) Establish the fiscal year of the commission.

5791 (b) Establish bylaws.

5792 (c) Maintain its financial records in accordance with the
5793 bylaws.

5794 (d) Meet and take such actions as are consistent with the
5795 provisions of the compact and the bylaws.

5796 (4) POWERS.—The commission may do any of the following:

5797 (a) Adopt uniform rules to facilitate and coordinate
5798 implementation and administration of the compact. The rules have
5799 the force and effect of law and are binding in all member
5800 states.

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5801 (b) Bring and prosecute legal proceedings or actions in the
5802 name of the commission, provided that the standing of any state
5803 physical therapy licensing board to sue or be sued under
5804 applicable law is not affected.

5805 (c) Purchase and maintain insurance and bonds.

5806 (d) Borrow, accept, or contract for services of personnel,
5807 including, but not limited to, employees of a member state.

5808 (e) Hire employees and elect or appoint officers; fix the
5809 compensation of, define the duties of, and grant appropriate
5810 authority to such individuals to carry out the purposes of the
5811 compact; and establish the commission's personnel policies and
5812 programs relating to conflicts of interest, qualifications of
5813 personnel, and other related personnel matters.

5814 (f) Accept any appropriate donations and grants of money,
5815 equipment, supplies, materials, and services and receive, use,
5816 and dispose of the same, provided that at all times the
5817 commission avoids any appearance of impropriety or conflict of
5818 interest.

5819 (g) Lease, purchase, accept appropriate gifts or donations
5820 of, or otherwise own, hold, improve, or use any property, real,
5821 personal, or mixed, provided that at all times the commission
5822 avoids any appearance of impropriety or conflict of interest.

5823 (h) Sell, convey, mortgage, pledge, lease, exchange,
5824 abandon, or otherwise dispose of any property, real, personal,
5825 or mixed.

5826 (i) Establish a budget and make expenditures.

5827 (j) Borrow money.

5828 (k) Appoint committees, including standing committees
5829 composed of members, state regulators, state legislators or

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5830 their representatives, and consumer representatives, and such
5831 other interested persons as may be designated in the compact and
5832 the bylaws.

5833 (l) Provide information to, receive information from, and
5834 cooperate with law enforcement agencies.

5835 (m) Establish and elect an executive board.

5836 (n) Perform such other functions as may be necessary or
5837 appropriate to achieve the purposes of the compact consistent
5838 with the state regulation of physical therapy licensure and
5839 practice.

5840 (5) THE EXECUTIVE BOARD.—

5841 (a) The executive board may act on behalf of the commission
5842 according to the terms of the compact.

5843 (b) The executive board shall be composed of the following
5844 nine members:

5845 1. Seven voting members who are elected by the commission
5846 from the current membership of the commission.

5847 2. One ex-officio, nonvoting member from the recognized
5848 national physical therapy professional association.

5849 3. One ex-officio, nonvoting member from the recognized
5850 membership organization of the physical therapy licensing
5851 boards.

5852 (c) The ex-officio members shall be selected by their
5853 respective organizations.

5854 (d) The commission may remove any member of the executive
5855 board as provided in its bylaws.

5856 (e) The executive board shall meet at least annually.

5857 (f) The executive board shall do all of the following:

5858 1. Recommend to the entire commission changes to the rules

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5859 or bylaws, compact legislation, fees paid by compact member
5860 states, such as annual dues, and any commission compact fee
5861 charged to licensees for the compact privilege.

5862 2. Ensure compact administration services are appropriately
5863 provided, contractually or otherwise.

5864 3. Prepare and recommend the budget.

5865 4. Maintain financial records on behalf of the commission.

5866 5. Monitor compact compliance of member states and provide
5867 compliance reports to the commission.

5868 6. Establish additional committees as necessary.

5869 7. Perform other duties as provided in the rules or bylaws.

5870 (6) FINANCING OF THE COMMISSION.—

5871 (a) The commission shall pay, or provide for the payment
5872 of, the reasonable expenses of its establishment, organization,
5873 and ongoing activities.

5874 (b) The commission may accept any appropriate revenue
5875 sources, donations, and grants of money, equipment, supplies,
5876 materials, and services.

5877 (c) The commission may levy and collect an annual
5878 assessment from each member state or impose fees on other
5879 parties to cover the cost of the operations and activities of
5880 the commission and its staff. Such assessments and fees must
5881 total to an amount sufficient to cover the commission's annual
5882 budget as approved each year for which revenue is not provided
5883 by other sources. The aggregate annual assessment amount must be
5884 allocated based upon a formula to be determined by the
5885 commission, which shall adopt a rule binding upon all member
5886 states.

5887 (d) The commission may not incur obligations of any kind

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5888 before securing the funds adequate to meet such obligations; nor
5889 may the commission pledge the credit of any of the member
5890 states, except by and with the authority of the member state.

5891 (e) The commission shall keep accurate accounts of all
5892 receipts and disbursements. The receipts and disbursements of
5893 the commission are subject to the audit and accounting
5894 procedures established under its bylaws. However, all receipts
5895 and disbursements of funds handled by the commission must be
5896 audited yearly by a certified or licensed public accountant, and
5897 the report of the audit must be included in and become part of
5898 the annual report of the commission.

5899 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

5900 (a) The members, officers, executive director, employees,
5901 and representatives of the commission are immune from suit and
5902 liability, whether personally or in their official capacity, for
5903 any claim for damage to or loss of property or personal injury
5904 or other civil liability caused by or arising out of any actual
5905 or alleged act, error, or omission that occurred, or that the
5906 person against whom the claim is made had a reasonable basis for
5907 believing occurred, within the scope of commission employment,
5908 duties, or responsibilities. However, this paragraph may not be
5909 construed to protect any such person from suit or liability for
5910 any damage, loss, injury, or liability caused by the
5911 intentional, willful, or wanton misconduct of that person.

5912 (b) The commission shall defend any member, officer,
5913 executive director, employee, or representative of the
5914 commission in any civil action seeking to impose liability
5915 arising out of any actual or alleged act, error, or omission
5916 that occurred within the scope of commission employment, duties,

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5917 or responsibilities, or that the person against whom the claim
5918 is made had a reasonable basis for believing occurred within the
5919 scope of commission employment, duties, or responsibilities.
5920 However, this subsection may not be construed to prohibit any
5921 member, officer, executive director, employee, or representative
5922 of the commission from retaining his or her own counsel or to
5923 require the commission to defend such person if the actual or
5924 alleged act, error, or omission resulted from that person's
5925 intentional, willful, or wanton misconduct.

5926 (c) The commission shall indemnify and hold harmless any
5927 member, officer, executive director, employee, or representative
5928 of the commission for the amount of any settlement or judgment
5929 obtained against that person arising out of any actual or
5930 alleged act, error, or omission that occurred within the scope
5931 of commission employment, duties, or responsibilities, or that
5932 such person had a reasonable basis for believing occurred within
5933 the scope of commission employment, duties, or responsibilities,
5934 provided that the actual or alleged act, error, or omission did
5935 not result from the intentional, willful, or wanton misconduct
5936 of that person.

5937

5938 ARTICLE VIII5939 DATA SYSTEM

5940 (1) The commission shall provide for the development,
5941 maintenance, and use of a coordinated database and reporting
5942 system containing licensure, adverse action, and investigative
5943 information on all licensees in member states.

5944 (2) Notwithstanding any other provision of state law to the
5945 contrary, a member state shall submit a uniform data set to the

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5946 data system on all individuals to whom the compact is applicable
5947 as required by the rules of the commission, which data set must
5948 include all of the following:

5949 (a) Identifying information.

5950 (b) Licensure data.

5951 (c) Investigative information.

5952 (d) Adverse actions against a license or compact privilege.

5953 (e) Nonconfidential information related to alternative
5954 program participation.

5955 (f) Any denial of application for licensure and the reason
5956 for such denial.

5957 (g) Other information that may facilitate the
5958 administration of the compact, as determined by the rules of the
5959 commission.

5960 (3) Investigative information in the system pertaining to a
5961 licensee in any member state must be available only to other
5962 member states.

5963 (4) The commission shall promptly notify all member states
5964 of any adverse action taken against a licensee or an individual
5965 applying for a license in a member state. Adverse action
5966 information pertaining to a licensee in any member state must be
5967 available to all other member states.

5968 (5) Member states contributing information to the data
5969 system may designate information that may not be shared with the
5970 public without the express permission of the contributing state.

5971 (6) Any information submitted to the data system which is
5972 subsequently required to be expunged by the laws of the member
5973 state contributing the information must be removed from the data
5974 system.

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ARTICLE IX

RULEMAKING

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

(2) If a majority of the legislatures of the member states rejects a rule by enactment of a statute or resolution in the same manner used to adopt the compact within 4 years after the date of adoption of the rule, such rule does not have further force and effect in any member state.

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

(4) Before adoption of a final rule by the commission, and at least 30 days before the meeting at which the rule will be considered and voted upon, the commission must file a notice of proposed rulemaking on all of the following:

(a) The website of the commission or another publicly accessible platform.

(b) The website of each member state physical therapy licensing board or another publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(5) The notice of proposed rulemaking must include all of the following:

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

(b) The text of the proposed rule or amendment and the

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6004 reason for the proposed rule.

6005 (c) A request for comments on the proposed rule or
6006 amendment from any interested person.

6007 (d) The manner in which interested persons may submit
6008 notice to the commission of their intention to attend the public
6009 hearing and any written comments.

6010 (6) Before adoption of a proposed rule or amendment, the
6011 commission must allow persons to submit written data, facts,
6012 opinions, and arguments, which must be made available to the
6013 public.

6014 (7) The commission must grant an opportunity for a public
6015 hearing before it adopts a rule or an amendment if a hearing is
6016 requested by any of the following:

6017 (a) At least 25 persons.

6018 (b) A state or federal governmental subdivision or agency.

6019 (c) An association having at least 25 members.

6020 (8) If a scheduled public hearing is held on the proposed
6021 rule or amendment, the commission must publish the date, time,
6022 and location of the hearing. If the hearing is held through
6023 electronic means, the commission must publish the mechanism for
6024 access to the electronic hearing.

6025 (a) All persons wishing to be heard at the hearing must
6026 notify the executive director of the commission or another
6027 designated member in writing of their desire to appear and
6028 testify at the hearing at least 5 business days before the
6029 scheduled date of the hearing.

6030 (b) Hearings must be conducted in a manner providing each
6031 person who wishes to comment a fair and reasonable opportunity
6032 to comment orally or in writing.

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6033 (c) All hearings must be recorded. A copy of the recording
6034 must be made available on request.

6035 (d) This article may not be construed to require a separate
6036 hearing on each rule. Rules may be grouped for the convenience
6037 of the commission at hearings required by this section.

6038 (9) Following the scheduled hearing date, or by the close
6039 of business on the scheduled hearing date if the hearing was not
6040 held, the commission shall consider all written and oral
6041 comments received.

6042 (10) If no written notice of intent to attend the public
6043 hearing by interested parties is received, the commission may
6044 proceed with adoption of the proposed rule without a public
6045 hearing.

6046 (11) The commission shall, by majority vote of all members,
6047 take final action on the proposed rule and shall determine the
6048 effective date of the rule, if any, based on the rulemaking
6049 record and the full text of the rule.

6050 (12) Upon determination that an emergency exists, the
6051 commission may consider and adopt an emergency rule without
6052 prior notice, opportunity for comment, or hearing, provided that
6053 the usual rulemaking procedures provided in the compact and in
6054 this article are retroactively applied to the rule as soon as
6055 reasonably possible, in no event later than 90 days after the
6056 effective date of the rule. For the purposes of this subsection,
6057 an emergency rule is one that must be adopted immediately in
6058 order to do any of the following:

6059 (a) Meet an imminent threat to public health, safety, or
6060 welfare.

6061 (b) Prevent a loss of commission or member state funds.

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6062 (c) Meet a deadline for the adoption of an administrative
6063 rule established by federal law or rule.

6064 (d) Protect public health and safety.

6065 (13) The commission or an authorized committee of the
6066 commission may direct revisions to a previously adopted rule or
6067 amendment for purposes of correcting typographical errors,
6068 errors in format, errors in consistency, or grammatical errors.
6069 Public notice of any revisions must be posted on the website of
6070 the commission. The revision is subject to challenge by any
6071 person for a period of 30 days after posting. The revision may
6072 be challenged only on grounds that the revision results in a
6073 material change to a rule. A challenge must be made in writing
6074 and delivered to the chair of the commission before the end of
6075 the notice period. If a challenge is not made, the revision
6076 takes effect without further action. If the revision is
6077 challenged, the revision may not take effect without the
6078 approval of the commission.

6079
6080 ARTICLE X

6081 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

6082 (1) OVERSIGHT.—

6083 (a) The executive, legislative, and judicial branches of
6084 state government in each member state shall enforce the compact
6085 and take all actions necessary and appropriate to carry out the
6086 compact's purposes and intent. The provisions of the compact and
6087 the rules adopted pursuant thereto shall have standing as
6088 statutory law.

6089 (b) All courts shall take judicial notice of the compact
6090 and the rules in any judicial or administrative proceeding in a

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6091 member state pertaining to the subject matter of the compact
6092 which may affect the powers, responsibilities, or actions of the
6093 commission.

6094 (c) The commission is entitled to receive service of
6095 process in any such proceeding and has standing to intervene in
6096 such a proceeding for all purposes. Failure to provide service
6097 of process to the commission renders a judgment or an order void
6098 as to the commission, the compact, or the adopted rules.

6099 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

6100 (a) If the commission determines that a member state has
6101 defaulted in the performance of its obligations or
6102 responsibilities under the compact or the adopted rules, the
6103 commission must do all of the following:

6104 1. Provide written notice to the defaulting state and other
6105 member states of the nature of the default, the proposed means
6106 of curing the default, and any other action to be taken by the
6107 commission.

6108 2. Provide remedial training and specific technical
6109 assistance regarding the default.

6110 (b) If a state in default fails to cure the default, the
6111 defaulting state may be terminated from the compact upon an
6112 affirmative vote of a majority of the member states, and all
6113 rights, privileges, and benefits conferred by the compact may be
6114 terminated on the effective date of termination. A cure of the
6115 default does not relieve the offending state of obligations or
6116 liabilities incurred during the period of default.

6117 (c) Termination of membership in the compact may be imposed
6118 only after all other means of securing compliance have been
6119 exhausted. The commission shall give notice of intent to suspend

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6120 or terminate a defaulting member state to the governor and
6121 majority and minority leaders of the defaulting state's
6122 legislature and to each of the member states.

6123 (d) A state that has been terminated from the compact is
6124 responsible for all assessments, obligations, and liabilities
6125 incurred through the effective date of termination, including
6126 obligations that extend beyond the effective date of
6127 termination.

6128 (e) The commission does not bear any costs related to a
6129 state that is found to be in default or that has been terminated
6130 from the compact, unless agreed upon in writing between the
6131 commission and the defaulting state.

6132 (f) The defaulting state may appeal the action of the
6133 commission by petitioning the U.S. District Court for the
6134 District of Columbia or the federal district where the
6135 commission has its principal offices. The prevailing member
6136 shall be awarded all costs of such litigation, including
6137 reasonable attorney fees.

6138 (3) DISPUTE RESOLUTION.—

6139 (a) Upon request by a member state, the commission must
6140 attempt to resolve disputes related to the compact which arise
6141 among member states and between member and nonmember states.

6142 (b) The commission shall adopt a rule providing for both
6143 mediation and binding dispute resolution for disputes as
6144 appropriate.

6145 (4) ENFORCEMENT.—

6146 (a) The commission, in the reasonable exercise of its
6147 discretion, shall enforce the compact and the commission's
6148 rules.

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6149 (b) By majority vote, the commission may initiate legal
6150 action in the United States District Court for the District of
6151 Columbia or the federal district where the commission has its
6152 principal offices against a member state in default to enforce
6153 compliance with the provisions of the compact and its adopted
6154 rules and bylaws. The relief sought may include both injunctive
6155 relief and damages. In the event judicial enforcement is
6156 necessary, the prevailing member shall be awarded all costs of
6157 such litigation, including reasonable attorney fees.

6158 (c) The remedies under this article are not the exclusive
6159 remedies of the commission. The commission may pursue any other
6160 remedies available under federal or state law.

6161

6162 ARTICLE XI

6163 DATE OF IMPLEMENTATION OF THE PHYSICAL THERAPY COMPACT AND 6164 ASSOCIATED RULES; WITHDRAWAL; AND AMENDMENTS

6165 (1) The compact becomes effective on the date that the
6166 compact statute is enacted into law in the tenth member state.
6167 The provisions that become effective at that time are limited to
6168 the powers granted to the commission relating to assembly and
6169 the adoption of rules. Thereafter, the commission shall meet and
6170 exercise rulemaking powers necessary for the implementation and
6171 administration of the compact.

6172 (2) Any state that joins the compact subsequent to the
6173 commission's initial adoption of the rules is subject to the
6174 rules as they exist on the date that the compact becomes law in
6175 that state. Any rule that has been previously adopted by the
6176 commission has the full force and effect of law on the day the
6177 compact becomes law in that state.

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6178 (3) Any member state may withdraw from the compact by
6179 enacting a statute repealing the same.

6180 (a) A member state's withdrawal does not take effect until
6181 6 months after enactment of the repealing statute.

6182 (b) Withdrawal does not affect the continuing requirement
6183 of the withdrawing state's physical therapy licensing board to
6184 comply with the investigative and adverse action reporting
6185 requirements of this act before the effective date of
6186 withdrawal.

6187 (4) The compact may not be construed to invalidate or
6188 prevent any physical therapy licensure agreement or other
6189 cooperative arrangement between a member state and a nonmember
6190 state which does not conflict with the provisions of the
6191 compact.

6192 (5) The compact may be amended by the member states. An
6193 amendment to the compact does not become effective and binding
6194 upon any member state until it is enacted into the laws of all
6195 member states.

6197 ARTICLE XII

6198 CONSTRUCTION AND SEVERABILITY

6199 The compact must be liberally construed so as to carry out
6200 the purposes thereof. The provisions of the compact are
6201 severable, and if any phrase, clause, sentence, or provision of
6202 the compact is declared to be contrary to the constitution of
6203 any member state or of the United States or the applicability
6204 thereof to any government, agency, person, or circumstance is
6205 held invalid, the validity of the remainder of the compact and
6206 the applicability thereof to any government, agency, person, or

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6207 circumstance is not affected thereby. If the compact is held
6208 contrary to the constitution of any member state, the compact
6209 remains in full force and effect as to the remaining member
6210 states and in full force and effect as to the member state
6211 affected as to all severable matters.

6212 Section 66. Subsection (10) of section 456.073, Florida
6213 Statutes, is amended to read:

6214 456.073 Disciplinary proceedings.—Disciplinary proceedings
6215 for each board shall be within the jurisdiction of the
6216 department.

6217 (10) (a) The complaint and all information obtained pursuant
6218 to the investigation by the department are confidential and
6219 exempt from s. 119.07(1) until 10 days after probable cause has
6220 been found to exist by the probable cause panel or by the
6221 department, or until the regulated professional or subject of
6222 the investigation waives his or her privilege of
6223 confidentiality, whichever occurs first.

6224 (b) The department shall report any significant
6225 investigation information relating to a nurse holding a
6226 multistate license to the coordinated licensure information
6227 system pursuant to s. 464.0095; any investigative information
6228 relating to a physical therapist or physical therapist assistant
6229 holding a compact privilege under the Physical Therapy Licensure
6230 Compact to the data system pursuant to s. 486.112; any
6231 significant investigatory information relating to a psychologist
6232 practicing under the Psychology Interjurisdictional Compact to
6233 the coordinated licensure information system pursuant to s.
6234 490.0075;~~7~~ and any significant investigatory information
6235 relating to a health care practitioner practicing under the

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6236 Professional Counselors Licensure Compact to the data system
6237 pursuant to s. 491.017, ~~and any significant investigatory~~
6238 ~~information relating to a psychologist practicing under the~~
6239 ~~Psychology Interjurisdictional Compact to the coordinated~~
6240 ~~licensure information system pursuant to s. 490.0075.~~

6241 (c) Upon completion of the investigation and a
6242 recommendation by the department to find probable cause, and
6243 pursuant to a written request by the subject or the subject's
6244 attorney, the department shall provide the subject an
6245 opportunity to inspect the investigative file or, at the
6246 subject's expense, forward to the subject a copy of the
6247 investigative file. Notwithstanding s. 456.057, the subject may
6248 inspect or receive a copy of any expert witness report or
6249 patient record connected with the investigation if the subject
6250 agrees in writing to maintain the confidentiality of any
6251 information received under this subsection until 10 days after
6252 probable cause is found and to maintain the confidentiality of
6253 patient records pursuant to s. 456.057. The subject may file a
6254 written response to the information contained in the
6255 investigative file. Such response must be filed within 20 days
6256 of mailing by the department, unless an extension of time has
6257 been granted by the department.

6258 (d) This subsection does not prohibit the department from
6259 providing the complaint and any information obtained pursuant to
6260 the department's investigation ~~such information~~ to any law
6261 enforcement agency or to any other regulatory agency.

6262 Section 67. Subsection (5) of section 456.076, Florida
6263 Statutes, is amended to read:

6264 456.076 Impaired practitioner programs.—

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6265 (5) A consultant shall enter into a participant contract
6266 with an impaired practitioner and shall establish the terms of
6267 monitoring and shall include the terms in a participant
6268 contract. In establishing the terms of monitoring, the
6269 consultant may consider the recommendations of one or more
6270 approved evaluators, treatment programs, or treatment providers.
6271 A consultant may modify the terms of monitoring if the
6272 consultant concludes, through the course of monitoring, that
6273 extended, additional, or amended terms of monitoring are
6274 required for the protection of the health, safety, and welfare
6275 of the public. If the impaired practitioner is a physical
6276 therapist or physical therapist assistant practicing under the
6277 Physical Therapy Licensure Compact pursuant to s. 486.112, a
6278 psychologist practicing under the Psychology Interjurisdictional
6279 Compact pursuant to s. 490.0075, or a health care practitioner
6280 practicing under the Professional Counselors Licensure Compact
6281 pursuant to s. 491.017, the terms of the monitoring contract
6282 must include the impaired practitioner's withdrawal from all
6283 practice under the compact unless authorized by a member state.
6284 ~~If the impaired practitioner is a psychologist practicing under~~
6285 ~~the Psychology Interjurisdictional Compact pursuant to s.~~
6286 ~~490.0075, the terms of the monitoring contract must include the~~
6287 ~~impaired practitioner's withdrawal from all practice under the~~
6288 ~~compact.~~

6289 Section 68. Subsection (5) is added to section 486.023,
6290 Florida Statutes, to read:

6291 486.023 Board of Physical Therapy Practice.—

6292 (5) The board shall appoint an individual to serve as the
6293 state's delegate on the Physical Therapy Compact Commission, as

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6294 required under s. 486.112.

6295 Section 69. Section 486.028, Florida Statutes, is amended
6296 to read:

6297 486.028 License to practice physical therapy required.—A ~~No~~
6298 person may not ~~shall~~ practice, or hold herself or himself out as
6299 being able to practice, physical therapy in this state unless
6300 she or he is licensed under in accordance with the provisions of
6301 this chapter or holds a compact privilege in this state under
6302 the Physical Therapy Licensure Compact as specified in s.
6303 486.112.; ~~however, Nothing in~~ This chapter does not ~~shall~~
6304 prohibit any person licensed in this state under any other law
6305 from engaging in the practice for which she or he is licensed.

6306 Section 70. Section 486.031, Florida Statutes, is amended
6307 to read:

6308 486.031 Physical therapist; licensing requirements;
6309 exemption.—

6310 (1) To be eligible for licensing as a physical therapist,
6311 an applicant must:

6312 (a) ~~(1)~~ Be at least 18 years old;

6313 (b) ~~(2)~~ Be of good moral character; and

6314 (c) 1. ~~(3)~~ ~~(a)~~ Have ~~been~~ graduated from a school of physical
6315 therapy which has been approved for the educational preparation
6316 of physical therapists by the appropriate accrediting agency
6317 recognized by the Council for Higher Education Accreditation or
6318 its successor ~~Commission on Recognition of Postsecondary~~
6319 ~~Accreditation~~ or the United States Department of Education at
6320 the time of her or his graduation and have passed, to the
6321 satisfaction of the board, the American Registry Examination
6322 before ~~prior to~~ 1971 or a national examination approved by the

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6323 board to determine her or his fitness for practice as a physical
6324 therapist under this chapter ~~as hereinafter provided;~~

6325 2.~~(b)~~ Have received a diploma from a program in physical
6326 therapy in a foreign country and have educational credentials
6327 deemed equivalent to those required for the educational
6328 preparation of physical therapists in this country, as
6329 recognized by the appropriate agency as identified by the board,
6330 and have passed to the satisfaction of the board an examination
6331 to determine her or his fitness for practice as a physical
6332 therapist under this chapter ~~as hereinafter provided;~~ or

6333 3.~~(c)~~ Be entitled to licensure without examination as
6334 provided in s. 486.081.

6335 (2) A person licensed as a physical therapist in another
6336 state who is practicing under the Physical Therapy Licensure
6337 Compact pursuant to s. 486.112, and only within the scope
6338 provided therein, is exempt from the licensure requirements of
6339 this section.

6340 Section 71. Section 486.081, Florida Statutes, is amended
6341 to read:

6342 486.081 Physical therapist; issuance of license without
6343 examination to person passing examination of another authorized
6344 examining board; fee; exemption.-

6345 (1) The board may grant ~~issue~~ a license without
6346 examination, to be issued by ~~through~~ the department, ~~without~~
6347 ~~examination~~ to any applicant who presents evidence satisfactory
6348 to the board of having passed the American Registry Examination
6349 before ~~prior to~~ 1971 or an examination in physical therapy
6350 before a similar lawfully authorized examining board of another
6351 state, the District of Columbia, a territory, or a foreign

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6352 country, if the standards for licensure in physical therapy in
6353 such other state, district, territory, or foreign country are
6354 determined by the board to be as high as those of this state, as
6355 established by rules adopted under ~~pursuant to~~ this chapter. Any
6356 person who holds a license pursuant to this section may use the
6357 words "physical therapist" or "physiotherapist" or the letters
6358 "P.T." in connection with her or his name or place of business
6359 to denote her or his licensure hereunder. A person who holds a
6360 license pursuant to this section and obtains a doctoral degree
6361 in physical therapy may use the letters "D.P.T." and "P.T." A
6362 physical therapist who holds a degree of Doctor of Physical
6363 Therapy may not use the title "doctor" without also clearly
6364 informing the public of his or her profession as a physical
6365 therapist.

6366 (2) At the time of filing an ~~making~~ application for
6367 licensure without examination under ~~pursuant to the terms of~~
6368 this section, the applicant shall pay to the department a
6369 nonrefundable fee not to exceed \$175, as determined ~~fixed~~ by the
6370 board, ~~no part of which will be returned.~~

6371 (3) A person licensed as a physical therapist in another
6372 state who is practicing under the Physical Therapy Licensure
6373 Compact pursuant to s. 486.112, and only within the scope
6374 provided therein, is exempt from the licensure requirements of
6375 this section.

6376 Section 72. Section 486.102, Florida Statutes, is amended
6377 to read:

6378 486.102 Physical therapist assistant; licensing
6379 requirements; exemption.—

6380 (1) To be eligible for licensing by the board as a physical

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6381 therapist assistant, an applicant must:

6382 (a)~~(1)~~ Be at least 18 years old;

6383 (b)~~(2)~~ Be of good moral character; and

6384 (c) 1.~~(3)~~~~(a)~~ Have ~~been~~ graduated from a school providing
6385 ~~giving~~ a course of at least ~~not less than~~ 2 years for physical
6386 therapist assistants, which has been approved for the
6387 educational preparation of physical therapist assistants by the
6388 appropriate accrediting agency recognized by the Council for
6389 Higher Education Accreditation or its successor ~~Commission on~~
6390 ~~Recognition of Postsecondary Accreditation~~ or the United States
6391 Department of Education, at the time of her or his graduation
6392 and have passed to the satisfaction of the board an examination
6393 to determine her or his fitness for practice as a physical
6394 therapist assistant under this chapter ~~as hereinafter provided;~~

6395 2.~~(b)~~ Have ~~been~~ graduated from a school providing ~~giving~~ a
6396 course for physical therapist assistants in a foreign country
6397 and have educational credentials deemed equivalent to those
6398 required for the educational preparation of physical therapist
6399 assistants in this country, as recognized by the appropriate
6400 agency as identified by the board, and passed to the
6401 satisfaction of the board an examination to determine her or his
6402 fitness for practice as a physical therapist assistant under
6403 this chapter ~~as hereinafter provided;~~

6404 3.~~(c)~~ Be entitled to licensure without examination as
6405 provided in s. 486.107; or

6406 4.~~(d)~~ Have been enrolled between July 1, 2014, and July 1,
6407 2016, in a physical therapist assistant school in this state
6408 which was accredited at the time of enrollment; and

6409 a. 1. Have ~~been~~ graduated or be eligible to graduate from

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6410 such school no later than July 1, 2018; and

6411 ~~b.2.~~ Have passed to the satisfaction of the board an
6412 examination to determine his or her fitness for practice as a
6413 physical therapist assistant as provided in s. 486.104.

6414 (2) A person licensed as a physical therapist assistant in
6415 another state who is practicing under the Physical Therapy
6416 Licensure Compact pursuant to s. 486.112, and only within the
6417 scope provided therein, is exempt from the licensure
6418 requirements of this section.

6419 Section 73. Section 486.107, Florida Statutes, is amended
6420 to read:

6421 486.107 Physical therapist assistant; issuance of license
6422 without examination to person licensed in another jurisdiction;
6423 fee; exemption.—

6424 (1) The board may grant ~~cause~~ a license without
6425 examination, to be issued by ~~through~~ the department, ~~without~~
6426 ~~examination~~ to any applicant who presents evidence to the board,
6427 under oath, of licensure in another state, the District of
6428 Columbia, or a territory, if the standards for registering as a
6429 physical therapist assistant or licensing of a physical
6430 therapist assistant, as applicable ~~the case may be,~~ in such
6431 other state are determined by the board to be as high as those
6432 of this state, as established by rules adopted under ~~pursuant to~~
6433 this chapter. Any person who holds a license pursuant to this
6434 section may use the words "physical therapist assistant," or the
6435 letters "P.T.A.," in connection with her or his name to denote
6436 licensure hereunder.

6437 (2) At the time of filing an ~~making~~ application for
6438 licensing without examination under ~~pursuant to the terms of~~

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6439 this section, the applicant shall pay to the department a
6440 nonrefundable fee not to exceed \$175, as determined ~~fixed~~ by the
6441 board, ~~no part of which will be returned.~~

6442 (3) A person licensed as a physical therapist assistant in
6443 another state who is practicing under the Physical Therapy
6444 Licensure Compact pursuant to s. 486.112, and only within the
6445 scope provided therein, is exempt from the licensure
6446 requirements of this section.

6447 Section 74. Section 486.125, Florida Statutes, is amended
6448 to read:

6449 486.125 Refusal, revocation, or suspension of license;
6450 administrative fines and other disciplinary measures.—

6451 (1) The following acts constitute grounds for denial of a
6452 license or disciplinary action, as specified in s. 456.072(2) or
6453 s. 486.112:

6454 (a) Being unable to practice physical therapy with
6455 reasonable skill and safety to patients by reason of illness or
6456 use of alcohol, drugs, narcotics, chemicals, or any other type
6457 of material or as a result of any mental or physical condition.

6458 1. In enforcing this paragraph, upon a finding of the State
6459 Surgeon General or the State Surgeon General's designee that
6460 probable cause exists to believe that the licensee is unable to
6461 practice physical therapy due to the reasons stated in this
6462 paragraph, the department shall have the authority to compel a
6463 physical therapist or physical therapist assistant to submit to
6464 a mental or physical examination by a physician designated by
6465 the department. If the licensee refuses to comply with such
6466 order, the department's order directing such examination may be
6467 enforced by filing a petition for enforcement in the circuit

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6468 court where the licensee resides or serves as a physical therapy
6469 practitioner. The licensee against whom the petition is filed
6470 may ~~shall~~ not be named or identified by initials in any public
6471 court records or documents, and the proceedings must ~~shall~~ be
6472 closed to the public. The department shall be entitled to the
6473 summary procedure provided in s. 51.011.

6474 2. A physical therapist or physical therapist assistant
6475 whose license is suspended or revoked pursuant to this
6476 subsection shall, at reasonable intervals, be given an
6477 opportunity to demonstrate that she or he can resume the
6478 competent practice of physical therapy with reasonable skill and
6479 safety to patients.

6480 3. Neither the record of proceeding nor the orders entered
6481 by the board in any proceeding under this subsection may be used
6482 against a physical therapist or physical therapist assistant in
6483 any other proceeding.

6484 (b) Having committed fraud in the practice of physical
6485 therapy or deceit in obtaining a license as a physical therapist
6486 or as a physical therapist assistant.

6487 (c) Being convicted or found guilty regardless of
6488 adjudication, of a crime in any jurisdiction which directly
6489 relates to the practice of physical therapy or to the ability to
6490 practice physical therapy. The entry of any plea of nolo
6491 contendere is ~~shall be~~ considered a conviction for purpose of
6492 this chapter.

6493 (d) Having treated or undertaken to treat human ailments by
6494 means other than by physical therapy, as defined in this
6495 chapter.

6496 (e) Failing to maintain acceptable standards of physical

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6497 therapy practice as set forth by the board in rules adopted
6498 pursuant to this chapter.

6499 (f) Engaging directly or indirectly in the dividing,
6500 transferring, assigning, rebating, or refunding of fees received
6501 for professional services, or having been found to profit by
6502 means of a credit or other valuable consideration, such as an
6503 unearned commission, discount, or gratuity, with any person
6504 referring a patient or with any relative or business associate
6505 of the referring person. ~~Nothing in This chapter may not shall~~
6506 be construed to prohibit the members of any regularly and
6507 properly organized business entity which is comprised of
6508 physical therapists and which is recognized under the laws of
6509 this state from making any division of their total fees among
6510 themselves as they determine necessary.

6511 (g) Having a license revoked or suspended; having had other
6512 disciplinary action taken against her or him; or having had her
6513 or his application for a license refused, revoked, or suspended
6514 by the licensing authority of another state, territory, or
6515 country.

6516 (h) Violating a lawful order of the board or department
6517 previously entered in a disciplinary hearing.

6518 (i) Making or filing a report or record which the licensee
6519 knows to be false. Such reports or records shall include only
6520 those which are signed in the capacity of a physical therapist.

6521 (j) Practicing or offering to practice beyond the scope
6522 permitted by law or accepting and performing professional
6523 responsibilities which the licensee knows or has reason to know
6524 that she or he is not competent to perform, including, but not
6525 limited to, specific spinal manipulation.

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6526 (k) Violating any provision of this chapter or chapter 456,
6527 or any rules adopted pursuant thereto.

6528 (2) (a) The board may enter an order denying licensure or
6529 imposing any of the penalties in s. 456.072(2) against any
6530 applicant for licensure or licensee who is found guilty of
6531 violating any provision of subsection (1) ~~of this section~~ or who
6532 is found guilty of violating any provision of s. 456.072(1).

6533 (b) The board may take adverse action against a physical
6534 therapist's or a physical therapist assistant's compact
6535 privilege under the Physical Therapy Licensure Compact pursuant
6536 to s. 486.112 and may impose any of the penalties in s.
6537 456.072(2), if a physical therapist or physical therapist
6538 assistant commits an act specified in subsection (1) or s.
6539 456.072(1).

6540 (3) The board may ~~shall~~ not reinstate the license of a
6541 physical therapist or physical therapist assistant or approve
6542 ~~cause~~ a license to be issued to a person it has deemed
6543 unqualified until such time as it is satisfied that she or he
6544 has complied with all the terms and conditions set forth in the
6545 final order and that such person is capable of safely engaging
6546 in the practice of physical therapy.

6547 Section 75. Paragraph (j) is added to subsection (10) of
6548 section 768.28, Florida Statutes, to read:

6549 768.28 Waiver of sovereign immunity in tort actions;
6550 recovery limits; civil liability for damages caused during a
6551 riot; limitation on attorney fees; statute of limitations;
6552 exclusions; indemnification; risk management programs.—

6553 (10)

6554 (j) For purposes of this section, the individual appointed

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6555 under s. 486.023(5) as the state's delegate on the Physical
6556 Therapy Compact Commission, when serving in that capacity
6557 pursuant to s. 486.112, and any administrator, officer,
6558 executive director, employee, or representative of the Physical
6559 Therapy Compact Commission, when acting within the scope of his
6560 or her employment, duties, or responsibilities in this state, is
6561 considered an agent of the state. The commission shall pay any
6562 claims or judgments pursuant to this section and may maintain
6563 insurance coverage to pay any such claims or judgments.

6564 Section 76. Section 486.025, Florida Statutes, is amended
6565 to read:

6566 486.025 Powers and duties of the Board of Physical Therapy
6567 Practice.—The board may administer oaths, summon witnesses, take
6568 testimony in all matters relating to its duties under this
6569 chapter, establish or modify minimum standards of practice of
6570 physical therapy as defined in s. 486.021, including, but not
6571 limited to, standards of practice for the performance of dry
6572 needling by physical therapists, and adopt rules pursuant to ss.
6573 120.536(1) and 120.54 to implement this chapter. The board may
6574 also review the standing and reputability of any school or
6575 college offering courses in physical therapy and whether the
6576 courses of such school or college in physical therapy meet the
6577 standards established by the appropriate accrediting agency
6578 referred to in s. 486.031(1)(c) ~~s. 486.031(3)(a)~~. In determining
6579 the standing and reputability of any such school and whether the
6580 school and courses meet such standards, the board may
6581 investigate and personally inspect the school and courses.

6582 Section 77. Paragraph (b) of subsection (1) of section
6583 486.0715, Florida Statutes, is amended to read:

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6584 486.0715 Physical therapist; issuance of temporary permit.-

6585 (1) The board shall issue a temporary physical therapist
6586 permit to an applicant who meets the following requirements:

6587 (b) Is a graduate of an approved United States physical
6588 therapy educational program and meets all the eligibility
6589 requirements for licensure under ch. 456, s. 486.031(1)(a), (b),
6590 and (c)1. s. ~~486.031(1)-(3)(a)~~, and related rules, except
6591 passage of a national examination approved by the board is not
6592 required.

6593 Section 78. Paragraph (b) of subsection (1) of section
6594 486.1065, Florida Statutes, is amended to read:

6595 486.1065 Physical therapist assistant; issuance of
6596 temporary permit.-

6597 (1) The board shall issue a temporary physical therapist
6598 assistant permit to an applicant who meets the following
6599 requirements:

6600 (b) Is a graduate of an approved United States physical
6601 therapy assistant educational program and meets all the
6602 eligibility requirements for licensure under ch. 456, s.
6603 486.102(1)(a), (b), and (c)1. s. ~~486.102(1)-(3)(a)~~, and related
6604 rules, except passage of a national examination approved by the
6605 board is not required.

6606 Section 79. Effective July 1, 2024, for the 2024-2025
6607 fiscal year, the sum of \$50 million in recurring funds from the
6608 General Revenue Fund is appropriated in the Grants and Aids -
6609 Health Care Education Reimbursement and Loan Repayment Program
6610 category to the Department of Health for the Florida
6611 Reimbursement Assistance for Medical Education Program
6612 established in s. 381.402, Florida Statutes.

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6613 Section 80. Effective July 1, 2024, for the 2024-2025
6614 fiscal year, the sum of \$13.2 million in recurring funds from
6615 the General Revenue Fund is appropriated in the Dental Student
6616 Loan Repayment Program category to the Department of Health for
6617 the Dental Student Loan Repayment Program established in s.
6618 381.4019, Florida Statutes.

6619 Section 81. Effective July 1, 2024, for the 2024-2025
6620 fiscal year, the sum of \$23,357,876 in recurring funds from the
6621 General Revenue Fund is appropriated in the Grants and Aids -
6622 Minority Health Initiatives category to the Department of Health
6623 to expand statewide the telehealth minority maternity care
6624 program, established in s. 383.2163, Florida Statutes. The
6625 department shall establish 15 regions in which to implement the
6626 program statewide based on the location of hospitals providing
6627 obstetrics and maternity care and pertinent data from nearby
6628 counties for severe maternal morbidity and maternal mortality.
6629 The department shall identify the criteria for selecting
6630 providers for regional implementation and, at a minimum,
6631 consider the maternal level of care designations for hospitals
6632 within the region, the neonatal intensive care unit levels of
6633 hospitals within the region, and the experience of community-
6634 based organizations to screen for and treat common pregnancy-
6635 related complications.

6636 Section 82. Effective July 1, 2024, for the 2024-2025
6637 fiscal year, the sum of \$40 million in recurring funds from the
6638 General Revenue Fund is appropriated to the Agency for Health
6639 Care Administration to implement the Training, Education, and
6640 Clinicals in Health (TEACH) Funding Program established in s.
6641 409.91256, Florida Statutes, as created by this act.

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6642 Section 83. Effective July 1, 2024, for the 2024-2025
6643 fiscal year, the sum of \$2 million in recurring funds from the
6644 General Revenue Fund is appropriated to the University of
6645 Florida, Florida State University, Florida Atlantic University,
6646 and Florida Agricultural and Mechanical University for the
6647 purpose of implementing lab school articulated health care
6648 programs required by s. 1002.32, Florida Statutes. Each state
6649 university shall receive \$500,000 from this appropriation.

6650 Section 84. Effective July 1, 2024, for the 2024-2025
6651 fiscal year, the sum of \$5 million in recurring funds from the
6652 General Revenue Fund is appropriated in the Aid to Local
6653 Governments Grants and Aids - Nursing Education category to the
6654 Department of Education for the purpose of implementing the
6655 Linking Industry to Nursing Education (LINE) Fund established in
6656 s. 1009.8962, Florida Statutes.

6657 Section 85. Effective July 1, 2024, for the 2024-2025
6658 fiscal year, the sums of \$29,428,000 in recurring funds from the
6659 General Revenue Fund and \$40,572,000 in recurring funds from the
6660 Medical Care Trust Fund are appropriated in the Graduate Medical
6661 Education category to the Agency for Health Care Administration
6662 for the Slots for Doctors Program established in s. 409.909,
6663 Florida Statutes.

6664 Section 86. Effective July 1, 2024, for the 2024-2025
6665 fiscal year, the sums of \$42,040,000 in recurring funds from the
6666 Grants and Donations Trust Fund and \$57,960,000 in recurring
6667 funds from the Medical Care Trust Fund are appropriated in the
6668 Graduate Medical Education category to the Agency for Health
6669 Care Administration to provide to statutory teaching hospitals
6670 as defined in s. 408.07(46), Florida Statutes, which provide

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6671 highly specialized tertiary care, including comprehensive stroke
6672 and Level 2 adult cardiovascular services; NICU II and III; and
6673 adult open heart; and which have more than 30 full-time
6674 equivalent (FTE) residents over the Medicare cap in accordance
6675 with the CMS-2552 provider 2021 fiscal year-end federal Centers
6676 for Medicare and Medicaid Services Healthcare Cost Report, HCRIS
6677 data extract on December 1, 2022, worksheet E-4, line 6 minus
6678 worksheet E-4, line 5, shall be designated as a High Tertiary
6679 Statutory Teaching Hospital and be eligible for funding
6680 calculated on a per Graduate Medical Education resident-FTE
6681 proportional allocation that shall be in addition to any other
6682 Graduate Medical Education funding. Of these funds, \$44,562,400
6683 shall be first distributed to hospitals with greater than 500
6684 unweighted fiscal year 2022-2023 FTEs. The remaining funds shall
6685 be distributed proportionally based on the total unweighted
6686 fiscal year 2022-2023 FTEs. Payments to providers under this
6687 section are contingent upon the nonfederal share being provided
6688 through intergovernmental transfers in the Grants and Donations
6689 Trust Fund. In the event the funds are not available in the
6690 Grants and Donations Trust Fund, the State of Florida is not
6691 obligated to make payments under this section.

6692 Section 87. Effective July 1, 2024, for the 2024-2025
6693 fiscal year, the sums of \$64,030,325 in recurring funds from the
6694 General Revenue Fund and \$88,277,774 in recurring funds from the
6695 Medical Care Trust Fund are appropriated to the Agency for
6696 Health Care Administration to establish a Pediatric Normal
6697 Newborn, Pediatric Obstetrics, and Adult Obstetrics Diagnosis
6698 Related Grouping (DRG) reimbursement methodology and increase
6699 the existing marginal cost percentages for transplant

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6700 pediatrics, pediatrics, and neonates.

6701 Section 88. Effective October 1, 2024, for the 2024-2025
6702 fiscal year, the sums of \$14,682,841 in recurring funds from the
6703 General Revenue Fund and \$20,243,041 in recurring funds from the
6704 Medical Care Trust Fund are appropriated to the Agency for
6705 Health Care Administration to provide a Medicaid reimbursement
6706 rate increase for dental care services. Health plans that
6707 participate in the Statewide Medicaid Managed Care program shall
6708 pass through the fee increase to providers in this
6709 appropriation.

6710 Section 89. Effective July 1, 2024, for the 2024-2025
6711 fiscal year, the sums of \$82,301,239 in recurring funds from the
6712 General Revenue Fund and \$113,467,645 in recurring funds from
6713 the Operations and Maintenance Trust Fund are appropriated in
6714 the Home and Community Based Services Waiver category to the
6715 Agency for Persons with Disabilities to provide a uniform
6716 iBudget Waiver provider rate increase. The sum of \$195,768,884
6717 in recurring funds from the Medical Care Trust Fund is
6718 appropriated in the Home and Community Based Services Waiver
6719 category to the Agency for Health Care Administration to
6720 establish budget authority for Medicaid services.

6721 Section 90. Effective July 1, 2024, for the 2024-2025
6722 fiscal year, the sum of \$11,525,152 in recurring funds from the
6723 General Revenue Fund is appropriated in the Grants and Aids -
6724 Community Mental Health Services category to the Department of
6725 Children and Families to enhance crisis diversion through mobile
6726 response teams established under s. 394.495, Florida Statutes,
6727 by adding an additional 16 mobile response teams to ensure
6728 coverage in every county.

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6729 Section 91. Effective July 1, 2024, for the 2024-2025
6730 fiscal year, the sum of \$10 million in recurring funds from the
6731 General Revenue Fund is appropriated to the Department of Health
6732 to implement the Health Care Screening and Services Grant
6733 Program established in s. 381.9855, Florida Statutes, as created
6734 by this act.

6735 Section 92. Effective July 1, 2024, for the 2024-2025
6736 fiscal year, the sum of \$150,000 in nonrecurring funds from the
6737 General Revenue Fund and \$150,000 in nonrecurring funds from the
6738 Medical Care Trust Fund are appropriated to the Agency for
6739 Health Care Administration to contract with a vendor to develop
6740 a reimbursement methodology for covered services at advanced
6741 birth centers. The agency shall submit the reimbursement
6742 methodology and estimated fiscal impact to the Executive Office
6743 of the Governor's Office of Policy and Budget, the chair of the
6744 Senate Appropriations Committee, and the chair of the House
6745 Appropriations Committee no later than December 31, 2024.

6746 Section 93. Effective July 1, 2024, for the 2024-2025
6747 fiscal year, the sum of \$2.4 million in recurring funds from the
6748 General Revenue Fund is appropriated to the Agency for Health
6749 Care Administration for the purpose of providing behavioral
6750 health family navigators in state-licensed specialty hospitals
6751 providing comprehensive acute care services to children pursuant
6752 to s. 395.002(28), Florida Statutes, to help facilitate early
6753 access to mental health treatment. Each licensed specialty
6754 hospital shall receive \$600,000 from this appropriation.

6755 Section 94. Effective October 1, 2024, for the 2024-2025
6756 fiscal year, the sums of \$12,067,327 in recurring funds from the
6757 General Revenue Fund, \$127,300 in recurring funds from the

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6758 Refugee Assistance Trust Fund, and \$16,812,576 in recurring
6759 funds from the Medical Care Trust Fund are appropriated to the
6760 Agency for Health Care Administration to provide a Medicaid
6761 reimbursement rate increase for private duty nursing services
6762 provided by licensed practical nurses and registered nurses.
6763 Health plans that participate in the Statewide Medicaid Managed
6764 Care program shall pass through the fee increase to providers in
6765 this appropriation.

6766 Section 95. Effective October 1, 2024, for the 2024-2025
6767 fiscal year, the sums of \$14,378,863 in recurring funds from the
6768 General Revenue Fund and \$19,823,951 in recurring funds from the
6769 Medical Care Trust Fund are appropriated to the Agency for
6770 Health Care Administration to provide a Medicaid reimbursement
6771 rate increase for occupational therapy, physical therapy, and
6772 speech therapy providers. Health plans that participate in the
6773 Statewide Medicaid Managed Care program shall pass through the
6774 fee increase to providers in this appropriation.

6775 Section 96. Effective October 1, 2024, for the 2024-2025
6776 fiscal year, the sums of \$9,532,569 in recurring funds from the
6777 General Revenue Fund and \$13,142,429 in recurring funds from the
6778 Medical Care Trust Fund are appropriated to the Agency for
6779 Health Care Administration to provide a Medicaid reimbursement
6780 rate increase for Current Procedural Terminology codes 97153 and
6781 97155 related to behavioral analysis services. Health plans that
6782 participate in the Statewide Medicaid Managed Care program shall
6783 pass through the fee increase to providers in this
6784 appropriation.

6785 Section 97. Except as otherwise expressly provided in this
6786 act, this act shall take effect upon becoming a law.