

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**HEALTH REGULATION**  
**Senator Garcia, Chair**  
**Senator Sobel, Vice Chair**

**MEETING DATE:** Wednesday, December 7, 2011  
**TIME:** 2:00 —4:00 p.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building

**MEMBERS:** Senator Garcia, Chair; Senator Sobel, Vice Chair; Senators Diaz de la Portilla, Fasano, Gaetz, Jones, and Norman

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	<b>SB 256</b> Flores (Similar H 291, S 948)	Youth and Student Athletes; Requiring independent sanctioning authorities to adopt policies to inform certain officials, coaches, and youth athletes and their parents of the nature and risk of certain head injuries; requiring that a signed consent form be obtained before the youth participates in athletic practices or competitions; requiring that a youth athlete be immediately removed from an athletic activity following a suspected head injury; requiring written clearance from a medical professional before the youth resumes athletic activities; authorizing a physician to delegate the performance of medical care to a licensed or certified health care practitioner and consult with or use testing and the evaluation of cognitive functions performed by a licensed neuropsychologist, etc.  ED 11/02/2011 Favorable HR 12/07/2011 Favorable BC	Favorable Yeas 6 Nays 0
2	<b>SB 332</b> Bullard	Sudden Unexpected Infant Death; Cites this act as the "Stillbirth and SUID Education and Awareness Act;" requiring the State Surgeon General to implement a public health awareness and education campaign in order to provide information that is focused on decreasing the risk factors for sudden unexpected infant death and sudden unexplained death in childhood; requiring the State Surgeon General to conduct a needs assessment of the availability of personnel, training, technical assistance, and resources for investigating and determining the causes of sudden unexpected infant death and sudden unexplained death in childhood; requiring the State Surgeon General to develop guidelines for increasing collaboration in the investigation of stillbirth, sudden unexpected infant death, and sudden unexplained death in childhood, etc.  HR 12/07/2011 Fav/CS CJ BC	Fav/CS Yeas 6 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Health Regulation

Wednesday, December 7, 2011, 2:00 —4:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	<b>SB 402</b> Negrón (Similar H 227)	Prescription Drug Abuse; Creating the Statewide Task Force on Prescription Drug Abuse and Newborns; providing a purpose; providing membership of the task force; providing for reimbursement of per diem and travel expenses for members of the task force; requiring that the Department of Legal Affairs provide the task force with necessary staff; specifying a date for the task force's organizational session; providing meeting times; providing the duties of the task force; requiring that the task force submit a report to the Legislature, etc.  HR 12/07/2011 Fav/CS BC	Fav/CS Yeas 6 Nays 0
4	<b>SB 414</b> Negrón (Similar H 171)	Osteopathic Physicians; Revising the requirements for licensure or certification as an osteopathic physician in this state; revising provisions relating to registration of physicians, interns, and fellows, etc.  HR 12/07/2011 Fav/CS BC	Fav/CS Yeas 6 Nays 0
5	<b>SB 450</b> Oelrich (Identical H 241)	Emergency Medical Services; Deleting the requirement for emergency medical technicians and paramedics to complete an educational course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome; redefining the term "basic life support" for purposes of the Raymond H. Alexander, M.D., Emergency Medical Transportation Services Act; revising the requirements for certification or recertification as an emergency medical technician or paramedic; revising the requirements for certification for an out-of-state trained emergency medical technician or paramedic; revising requirements for an institution that conducts an approved program for the education of emergency medical technicians and paramedics; revising the requirements that students must meet in order to receive a certificate of completion from an approved program, etc.  HR 12/07/2011 Fav/CS CA BC	Fav/CS Yeas 6 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Health Regulation

Wednesday, December 7, 2011, 2:00 —4:00 p.m.

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TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
6	<b>SB 470</b> Jones (Identical H 413)	Chiropractic Medicine; Revising the requirements for obtaining a chiropractic medicine faculty certificate; authorizing the Board of Chiropractic Medicine to approve continuing education courses sponsored by chiropractic colleges under certain circumstances; revising requirements for a person who desires to be licensed as a chiropractic physician; requiring that a chiropractic physician preserve the identity of funds or property of a patient in excess of a specified amount; providing that services rendered by a certified chiropractic physician's assistant under indirect supervision may occur only at the supervising chiropractic physician's address of record; authorizing a registered chiropractic assistant to operate therapeutic office equipment, etc.  HR 12/07/2011 Fav/CS BC	Fav/CS Yeas 6 Nays 0
7	<b>SB 544</b> Sobel (Identical H 477)	Health Care; Requiring that any physician or osteopathic physician who performs certain medical procedures in an office setting to register the office with the Department of Health unless that office is licensed as a facility under ch. 395, F.S., relating to hospital licensing and regulation, etc.  HR 12/07/2011 Fav/CS BC	Fav/CS Yeas 6 Nays 0
8	<b>SB 608</b> Flores (Identical H 519)	Florida Healthy Kids Corporation; Revising the membership of the board of directors of the Florida Healthy Kids Corporation to include a member nominated by the Florida Dental Association and appointed by the Governor, etc.  HR 12/07/2011 Favorable	Favorable Yeas 6 Nays 0

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Other Related Meeting Documents

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Health Regulation Committee

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BILL: SB 256

INTRODUCER: Senator Flores

SUBJECT: Youth and Student Athletes

DATE: November 29, 2011      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Matthews	ED	<b>Favorable</b>
2.	Wilson	Stovall	HR	<b>Favorable</b>
3.	_____	_____	BC	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**I. Summary:**

This bill requires independent sanctioning authorities of youth athletic teams, and the Florida High School Athletic Association, to adopt guidelines, bylaws or policies for:

- Educating officials, administrators, coaches, and youth or student athletes and their parents on sports-related concussions and head injuries;
- Requiring parents or guardians to sign a consent form that explains the nature and risk of concussion and head injury;
- Requiring a youth or student athlete suspected of sustaining a concussion or head injury in a practice or competition to be immediately removed from the activity; and
- Prohibiting a youth or student athlete who has been removed from a practice or competition from returning to practice or competition until the youth receives written clearance from a medical physician or osteopathic physician.

At the direction of the physician, specified health care practitioners are authorized to provide medical examinations and treatment for purposes of the clearances.

This bill substantially amends sections 943.0438 and 1006.20 of the Florida Statutes.

**II. Present Situation:**

**Independent Sanctioning Authorities**

An independent sanctioning authority is defined in statute as a private, nongovernmental entity that organizes, operates, or coordinates a youth athletic team in Florida if the team includes one

or more minors and is not affiliated with a private school.<sup>1</sup> An independent sanctioning authority is currently required to screen each current and prospective athletic coach against state and federal registries of sexual predators and sexual offenders. The independent sanctioning authority must disqualify any person from acting as an athletic coach if he or she is identified on one of these registries.

### **The Florida High School Athletic Association**

The Florida High School Athletic Association (FHSAA), established in s. 1006.20, F.S., is the governing body of Florida public school athletics. Currently, the FHSAA is required to adopt bylaws to

- Establish eligibility requirements for all students;
- Prohibit recruiting students for athletic purposes; and
- Require students participating in athletics to satisfactorily pass an annual medical evaluation.

Unless otherwise specifically provided by statute, the bylaws are the rules by which high school athletic programs in its member schools, and the students who participate in them, are governed. The bylaws are published in a handbook that is available online.<sup>2</sup> Currently, the FHSAA governs almost 800 public and private member schools.<sup>3</sup>

On June 14, 2011, the FHSAA Board of Directors adopted the *FHSAA Concussion Action Plan*, which is now Appendix B in the 2011-12 FHSAA Handbook; added language to the *Consent and Release from Liability Certificate* (FHSAA Form EL3) about the potential dangers of concussions and/or health and neck injuries in interscholastic athletics; and added a required course, *Concussion in Sports – What You Need to Know*, for all FHSAA-member school head coaches and paid/supplemental coaches.<sup>4</sup>

### **Sports-related Head Injury**

The Centers for Disease Control and Prevention (CDC) defines a concussion as a traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. The risk of catastrophic injuries or death can be significant especially in youth athletes when a concussion or head injury is not properly evaluated or managed. In an effort to raise awareness and provide education to coaches, athletes and parents of athletes, the CDC has created free tools that provide important information on preventing, recognizing, and responding to a concussion.<sup>5</sup>

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<sup>1</sup> See s. 943.0438, F.S.

<sup>2</sup> Florida High School Athletic Association Handbook, 2011-2012 Edition. Found at: [http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/complete\\_handbook\\_276pgs.pdf](http://www.fhsaa.org/sites/default/files/attachments/2010/09/16/node-235/complete_handbook_276pgs.pdf) (Last visited on November 29, 2011).

<sup>3</sup> About the FHSAA. Found at: <http://www.fhsaa.org/about> (Last visited on November 29, 2011).

<sup>4</sup> See 2012 Agency Legislative Bill Analysis for SB 256, Florida Department of Education, on file with the Florida Senate Health Regulation Committee.

<sup>5</sup> CDC, Injury Prevention and Control: Traumatic Brain Injury, *Concussion in Sports*. Found at: <http://www.cdc.gov/concussion/sports/index.html> (Last visited on November 29, 2011).

According to the CDC:

- Approximately 173,000 young people 19 years old or younger receive treatment in emergency department settings annually for nonfatal traumatic brain injuries resulting from sports and recreation activities;
- Researchers observed a considerable increase in the number of emergency department visits for traumatic brain injuries in the years studied (2001-2009), from 153,375 to 248,418 visits, most significantly among males aged 10-19 years; and
- From 2001-2009, the number of sports and recreation-related emergency department visits for traumatic brain injury among persons 19 years old or younger increased 62 percent and the rate of traumatic brain injury visits increased 57 percent.<sup>6</sup>

For persons suspected of incurring a traumatic brain injury during sports play, the CDC recommends immediate removal from play with a blanket prohibition on return the same day, and return to play only after evaluation and clearance by a health care provider with specific expertise in diagnosing and managing traumatic brain injury.<sup>7</sup> The CDC provides the following information to help coaches recognize a possible concussion in an athlete.<sup>8</sup> To help recognize a concussion, a coach should watch for two things:

- A forceful bump, blow, or jolt to the head or body that results in rapid movement of the head.
- Any change in the athlete’s behavior, thinking, or physical functioning.

The changes in the athlete’s behavior, thinking, or physical functioning include *any* of the following:

Signs Observed by Coaching Staff	Symptoms Reported by Athlete
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Does not “feel right” or is “feeling down”

<sup>6</sup> *Nonfatal Traumatic Brain Injuries Related to Sports and Recreation Activities Among Persons Aged Less Than or Equal to 19 Years --- United States, 2001-2009*, CDC, Morbidity and Mortality Weekly Report (MMWR), October 7, 2011/60(39);1337-1342. Found at: <[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6039a1.htm?s\\_cid=mm6039a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6039a1.htm?s_cid=mm6039a1_w)> (Last visited on November 29, 2011).

<sup>7</sup> *Id.*

<sup>8</sup> CDC, *Injury Prevention and Control: Traumatic Brain Injury, Concussion in Sports*. Found at: <<http://www.cdc.gov/concussion/sports/recognize.html>> (Last visited on November 29, 2011).

The CDC has also developed online training for health care professionals that addresses concussion in sports among young athletes.<sup>9</sup> The training includes a 5-step Return to Play progression for determining if an athlete should be cleared to return to athletic activities.

### **The “Zackery Lystedt Law”**

Named for a young football player who sustained serious injury in 2006 after he returned to play too soon following a concussion, the “Zackery Lystedt Law” was enacted by the Washington State Legislature in 2009. The law took effect on July 26, 2009. The law provided for education on the dangers of concussions, removal of head-injured athletes from competition, and delayed return to play until a medical professional provides a clearance.

On May 21, 2010, Roger Goodell, Commissioner of the National Football League sent a letter to state governors urging their support of legislation that would better protect young athletes by mandating a more formal and aggressive approach to treatment of concussions.<sup>10</sup> The letter cites the Zackery Lystedt Law. As of November 2011, thirty-four states have enacted legislation that targets youth sports-related head injuries.<sup>11</sup> Most of these laws are similar in content to the Zackery Lystedt Law.

### **Health Care Practitioners**

Health care practitioners are regulated under the general provisions of ch. 456, F.S., and specific licensing statutes for each type of practitioner.

- Medical practice is governed by ch. 458, F.S., under the Board of Medicine within the Department of Health.
- The practice of osteopathic medicine is governed by ch. 459, F.S., under the Board of Osteopathic Medicine within the Department of Health
- Nursing practice is governed by ch. 464, F.S., under the Board of Nursing within the Department of Health. Section 464.012, F.S., provides for the certification of registered nurses as advanced registered nurse practitioners. A nurse practitioner may perform certain acts within the framework of an established protocol with a physician.
- Physician assistants are governed by sections 458.347 and 459.022, F.S., under the Board of Medicine and the Board of Osteopathic Medicine within the Department of Health. Physician assistants perform certain medical services delegated by a supervising physician.
- Athletic trainers are governed by part XIII, ch. 468, F.S., under the Board of Athletic Trainers within the Department of Health. Athletic trainers practice within a written protocol established between the athletic trainer and a supervising physician licensed under ch. 458, ch. 459, or ch. 460 (chiropractic medicine), F.S.
- The practice of psychology is governed by ch. 490, F.S., under the Board of Psychology within the Department of Health.

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<sup>9</sup> CDC, *Heads Up to Clinicians: Addressing Concussion in Sports among Kids and Teens*. Found at: <<http://www.cdc.gov/concussion/headsup/clinicians.html>> (Last visited on November 29, 2011).

<sup>10</sup> NFL Commissioner Goodell’s Letter to New Jersey Governor Christie. Found at: <<http://nflhealthandsafety.files.wordpress.com/2011/01/njgovernorletterrg-508.pdf>> (Last visited on November 29, 2011).

<sup>11</sup> National Conference of State Legislatures, *State Laws on Traumatic Brain Injury: 2009-2011*. Found at: <<http://www.ncsl.org/default.aspx?tabid=18687>> (Last visited on November 29, 2011).

Each of these health care practitioners must be licensed in order to practice in this state. They must practice only within their specific scope of practice as established in the applicable licensing law and rules adopted by the applicable board. A health care practitioner may seek a declaratory statement from the applicable board if the practitioner is unclear about whether a specific act is within his or her scope of practice.

### **III. Effect of Proposed Changes:**

The bill requires independent sanctioning authorities for youth athletic teams and the FHSAA to adopt guidelines to educate officials, administrators, athletic coaches, and youth athletes and their parents or guardians of the nature and risk of concussion and head injury.

In addition, the bill requires independent sanctioning authorities and the FHSAA to adopt bylaws or policies requiring:

- The parent or guardian of a minor, before the minor participates in a competition, practice, or other activity, to sign and return a consent form which explains the nature and risk of concussion and head injury, including the risk of continuing to play after a concussion or head injury has occurred; and
- A youth or student athlete who is suspected of sustaining a concussion or head injury in a practice or competition to be immediately removed from the activity and prohibiting the youth or student athlete from returning to practice or competition until the youth receives written clearance to return from a medical physician or osteopathic physician.

The bill authorizes a medical physician or osteopathic physician to delegate the performance of medical care of a youth or student athlete who has sustained a concussion to a nurse practitioner, physician assistant or athletic trainer with whom the physician maintains a formal supervisory relationship or established written protocol that:

- Identifies the medical care or evaluations to be performed,
- Identifies the conditions for performing medical care or evaluations, and
- Attests to proficiency in the evaluation and management of concussions.

A physician may also consult with or use testing and the evaluation of cognitive functions performed by a neuropsychologist who is licensed in this state.

The effective date of the bill is July 1, 2012.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

#### **B. Public Records/Open Meetings Issues:**

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

**C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

**V. Fiscal Impact Statement:**

**A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

Independent sanctioning authorities and the FHSAA may have to expend resources developing guidelines and bylaws or policies, if they have not already adopted such guidelines, bylaws or policies.

Independent sanctioning authorities that fail to implement the law could be vulnerable to liability issues related to concussion and head injury. Conversely, the provisions relating to informed consent and a prohibition on athletes returning to play until they are medically cleared, if implemented, may reduce liability for sports-related injuries.

Adoption of this legislation would hopefully lessen the severity of sports-related head injuries to children, with a possible reduction of personal medical and other costs in the long term.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

Chapter 943, F.S., relates to the organization and duties of the Florida Department of Law Enforcement (FDLE). The logical nexus for the placement in ch. 943, F.S., of provisions relevant to an athletic coach of a youth athletic team is that those provisions involve a search of the coach's name and other identifying information against the Florida and federal registries of sexual predators and sexual offenders. The FDLE operates the Florida registry. In comparison, the provisions of this bill do not require the FDLE to do anything or require an independent sanctioning authority to do something which requires FDLE's assistance or access to a service the FDLE provides. Since the bill is concerned with the health of youth athletes, it may be appropriate to transfer s. 943.0438, F.S., to ch. 381, F.S., the general public health provisions.

The bill does not contain any provision for sanctions or penalties if the independent sanctioning authority fails to comply with the requirements of the bill. However, current provisions of the

statute do not include sanctions or penalties for failure of an independent sanctioning authority to comply with requirements of the statute.

The FHSAA requires member schools to maintain a record of the consent to participate forms for student athletes. It is not clear from the bill what the independent athletic sanctioning authorities will do with the informed consent forms for the athletes that participate in their programs.

The bill requires the FHSAA to adopt bylaws or policies that require a parent or guardian of a student athlete to sign the consent form *annually*. No timeframe is authorized for the bylaws or policies adopted by independent sanctioning authorities in section 1 of the bill. Therefore it is not clear whether a consent form must be signed before the minor participates in each competition, practice, or other activity or whether a consent form could cover a series of activities.

### **VIII. Additional Information:**

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

None.

**B. Amendments:**

None.



862930

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
12/07/2011	.	
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The Committee on Health Regulation (Jones) recommended the following:

**Senate Amendment**

Delete line 61  
and insert:  
chapter 458, chapter 459, or chapter 460. Before issuing a  
written clearance



571046

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
12/07/2011	.	
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The Committee on Health Regulation (Jones) recommended the following:

**Senate Amendment**

Delete line 97  
and insert:  
who is licensed under chapter 458, chapter 459, or chapter 460.  
Before issuing

By Senator Flores

38-00159-12

2012256\_\_

1 A bill to be entitled  
 2 An act relating to youth and student athletes;  
 3 amending s. 943.0438, F.S.; requiring independent  
 4 sanctioning authorities to adopt policies to inform  
 5 certain officials, coaches, and youth athletes and  
 6 their parents of the nature and risk of certain head  
 7 injuries; requiring that a signed consent form be  
 8 obtained before the youth participates in athletic  
 9 practices or competitions; requiring that a youth  
 10 athlete be immediately removed from an athletic  
 11 activity following a suspected head injury; requiring  
 12 written clearance from a medical professional before  
 13 the youth resumes athletic activities; authorizing a  
 14 physician to delegate the performance of medical care  
 15 to a licensed or certified health care practitioner  
 16 and consult with or use testing and the evaluation of  
 17 cognitive functions performed by a licensed  
 18 neuropsychologist; amending s. 1006.20, F.S.;  
 19 requiring the Florida High School Athletic Association  
 20 to adopt policies to inform certain officials,  
 21 coaches, and student athletes and their parents of the  
 22 nature and risk of certain head injuries; requiring  
 23 that a signed consent form be obtained before a  
 24 student athlete participates in athletic practices or  
 25 competitions; requiring that a student athlete be  
 26 immediately removed from an athletic activity  
 27 following a suspected head injury; requiring written  
 28 clearance from a medical professional before the  
 29 student resumes athletic activities; authorizing a

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

38-00159-12

2012256\_\_

30 physician to delegate the performance of medical care  
 31 to a licensed or certified health care practitioner  
 32 and consult with or use testing and the evaluation of  
 33 cognitive functions performed by a licensed  
 34 neuropsychologist; providing an effective date.  
 35  
 36 Be It Enacted by the Legislature of the State of Florida:  
 37  
 38 Section 1. Paragraph (e) is added to subsection (2) of  
 39 section 943.0438, Florida Statutes, to read:  
 40 943.0438 Athletic coaches for independent sanctioning  
 41 authorities.-  
 42 (2) An independent sanctioning authority shall:  
 43 (e)1. Adopt guidelines to educate officials,  
 44 administrators, athletic coaches, and youth athletes and their  
 45 parents or guardians of the nature and risk of concussion and  
 46 head injury.  
 47 2. Adopt bylaws or policies that require the parent or  
 48 guardian of a minor who participates in athletic practices or  
 49 competitions of the independent sanctioning authority, before  
 50 the minor participates in a competition, practice, or other  
 51 activity, to sign and return a consent form that explains the  
 52 nature and risk of concussion and head injury, including the  
 53 risk of continuing to play after a concussion or head injury has  
 54 occurred.  
 55 3. Adopt bylaws or policies that require a youth athlete  
 56 who is suspected of sustaining a concussion or head injury in a  
 57 practice or competition to be immediately removed from the  
 58 activity. A youth athlete who has been removed may not return to

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59 practice or competition until the youth receives written  
 60 clearance to return from a physician who is licensed under  
 61 chapter 458 or chapter 459. Before issuing a written clearance  
 62 to return to practice or competition, a physician may:

63 a. Delegate the performance of medical care to a health  
 64 care provider who is licensed or certified under s. 464.012, s.  
 65 458.347, s. 459.022, or s. 468.701, with whom the physician  
 66 maintains a formal supervisory relationship or established  
 67 written protocol that identifies the medical care or evaluations  
 68 to be performed, identifies conditions for performing medical  
 69 care or evaluations, and attests to proficiency in the  
 70 evaluation and management of concussions; and

71 b. Consult with or use testing and the evaluation of  
 72 cognitive functions performed by a neuropsychologist licensed  
 73 under chapter 490.

74 Section 2. Paragraphs (e), (f), and (g) are added to  
 75 subsection (2) of section 1006.20, Florida Statutes, to read:

76 1006.20 Athletics in public K-12 schools.—

77 (2) ADOPTION OF BYLAWS.—

78 (e) The organization shall adopt guidelines to educate  
 79 officials, administrators, coaches, and student athletes and  
 80 their parents or guardians of the nature and risk of concussion  
 81 and head injury.

82 (f) The organization shall adopt bylaws or policies that  
 83 require the parent or guardian of a student who participates in  
 84 interscholastic athletic competition or who is a candidate for  
 85 an interscholastic athletic team, before the student  
 86 participates in a competition, practice, or other activity, to  
 87 annually sign and return a consent form that explains the nature

38-00159-12 2012256\_\_

88 and risk of concussion and head injury, including the risk of  
 89 continuing to play after a concussion or head injury has  
 90 occurred.

91 (g) The organization shall adopt bylaws or policies that  
 92 require a student athlete who is suspected of sustaining a  
 93 concussion or head injury in a practice or competition to be  
 94 immediately removed from the activity. A student athlete who has  
 95 been removed may not return to practice or competition until the  
 96 student receives written clearance to return from a physician  
 97 who is licensed under chapter 458 or chapter 459. Before issuing  
 98 a written clearance to return to practice or competition, a  
 99 physician may:

100 1. Delegate the performance of medical care to a health  
 101 care practitioner who is licensed or certified under s. 464.012,  
 102 s. 458.347, s. 459.022, or s. 468.701, with whom the physician  
 103 maintains a formal supervisory relationship or established  
 104 written protocol that identifies the medical care or evaluations  
 105 to be performed, identifies the conditions for their  
 106 performance, and attests to proficiency in the evaluation and  
 107 management of concussions; and

108 2. Consult with or use testing and the evaluation of  
 109 cognitive functions performed by a neuropsychologist licensed  
 110 under chapter 490.

111 Section 3. This act shall take effect July 1, 2012.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Judiciary, *Chair*  
Budget  
Budget - Subcommittee on Education Pre-K - 12  
Appropriations  
Commerce and Tourism  
Communications, Energy, and Public Utilities  
Governmental Oversight and Accountability  
Reapportionment  
Rules

### SENATOR ANITERE FLORES

*Majority Whip*  
38th District

November 2, 2011

The Honorable Rene Garcia  
Chair of Committee on Health Regulation  
310 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chairman Garcia:

I respectfully request that you place SB 256, regarding youth and student athletes, on the next Health Regulation Committee agenda. In the previous committee of reference, Committee on Education Pre-K - 12, this legislation passed unanimously.

I look forward to presenting this bill before your committee.

Please do not hesitate to contact me should you have any questions. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Anitere Flores".

Anitere Flores

CC: Ms. Sandra Stovall, Staff Director, Committee on Health Regulation, 530 Knott Building

A stamp consisting of a stylized mouse cursor icon pointing to the word "ENTERED" in a bold, blocky font.

#### REPLY TO:

- 10691 North Kendall Drive, Suite 309, Miami, Florida 33176 (305) 270-6550
- 316 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5130

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**MIKE HARIDOPOLOS**  
President of the Senate

**MICHAEL S. "MIKE" BENNETT**  
President Pro Tempore

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)



12/7/11  
Meeting Date

Topic Youth Concussions

Bill Number 256  
(if applicable)

Name Stuart B. Himmelstein, MD

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title President, Florida Chapter American College of Physicians

Address 5258 Linton Blvd, Suite  
Street  
Delray Beach, FL 33484  
City State Zip

Phone 561-350-1231

E-mail himmelsse@bellsouth.net

Speaking:  For  Against  Information

Representing Florida Chapter, American College of Physicians

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/11

Meeting Date

Topic Youth Concussions

Bill Number 256  
*(if applicable)*

Name Chris Nuland

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title \_\_\_\_\_

Address 1000 Riverside Ave #115

Phone 904-355-1555

Street

Jacksonville FL 32204

E-mail \_\_\_\_\_

City

State

Zip

Speaking:  For  Against  Information

Representing Florida Neurosurgical Society

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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S-001 (10/20/11)

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/07  
Meeting Date



Topic FHSA/A/Concussion

Bill Number 256  
*(if applicable)*

Name Juhan Nixon

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Concussion

Address 119 E Park

Phone 222 2591

Tall FL 01  
City State Zip

E-mail \_\_\_\_\_

Speaking:  For  Against  Information

Representing FHSA/A

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

on bill & any amendments

# APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-7-11

Meeting Date

Topic Student athletes / head trauma

Bill Number 256  
(if applicable)

Name Miguel Machado, M.D.

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title President, FMA

Address PO BOX 10269

Phone 850-204-6494

Street

Tallahassee, FL 32302

E-mail \_\_\_\_\_

City

State

Zip

Speaking:  For  Against  Information

Representing FL Medical Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

Spoke

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/11

Meeting Date

Topic Bill 256 + AMENDMENTS

Bill Number 256  
(if applicable)

Name David Goldstein

Amendment Barcode 862430 & 571046  
(if applicable)

Job Title Student

Address 4321 Santa Maria Street  
Street

Phone 305 669 8784

Coral Gables  
City State Zip

E-mail dcgoldhome@aol.com

Speaking:  For  Against  Information

Representing self

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

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Spoke

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/11  
Meeting Date

Topic SB 256 # AMENDMENTS Bill Number SB256  
Name Cheryl Goldstein Amendment Barcode 862930/571046  
Job Title MOM (if applicable)

Address 4321 Santa Maria St Phone 305 798 8886  
Coral Gables FL 33146 E-mail ccgoldhome@aol.com  
Street City State Zip

Speaking:  For  Against  Information

Representing self

Appearing at request of Chair:  Yes  No Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE  
**APPEARANCE RECORD**

Spoke

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-7-11

Meeting Date

Topic SB 256 - Concussions

Bill Number 256

(if applicable)

Name Bob Harris

Amendment Barcode \_\_\_\_\_

(if applicable)

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Street

Tallahassee

E-mail \_\_\_\_\_

City

State

Zip

Speaking:  For  Against  Information

Representing PAEC (Panhandle Area Education Consortium)

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

**This form is part of the public record for this meeting.**

S-001 (10/20/11)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 332

INTRODUCER: Health Regulation Committee and Senator Bullard

SUBJECT: Infant Death

DATE: December 7, 2011      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	Fav/CS
2.			CJ	
3.			BC	
4.				
5.				
6.				

**Please see Section VIII. for Additional Information:**

A. COMMITTEE SUBSTITUTE.....  Statement of Substantial Changes

B. AMENDMENTS.....  Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

**I. Summary:**

Committee Substitute for Senate Bill 332 amends the law relating to Sudden Infant Death Syndrome (SIDS) to focus the activities of the Department of Health and the medical examiners on sudden unexpected infant deaths for which a cause can be determined with proper investigation. The bill brings the law into conformity with current standards of practice by defining and using a category of infant deaths broader than SIDS called Sudden Unexpected Infant Death (SUID).

This bill substantially amends section 383.3362, Florida Statutes.

**II. Present Situation:**

**Statutory Provisions Relating to Sudden Infant Death Syndrome**

Subsection 383.3362(2), F.S., defines “Sudden Infant Death Syndrome,” or “SIDS,” as “the sudden unexpected death of an infant under 1 year of age which remains unexplained after a complete autopsy, death-scene investigation, and review of the case history. The term includes only those deaths for which, currently, there is no known cause or cure.” The SIDS diagnosis

reflects the clear admission by a medical examiner that an infant's death remains completely unexplained.

Subsection 383.3362(3), F.S., requires basic training programs for first responders (emergency medical technicians, paramedics, firefighters, and certain law enforcement officers) to include instruction on SIDS. The Department of Health is responsible for developing and adopting, by rule, curriculum that, at a minimum, includes training in the nature of SIDS, standard procedures to be followed by law enforcement agencies in investigating cases involving sudden deaths of infants, and training in responding appropriately to the parents or caretakers who have requested assistance. The Department of Health has adopted guidelines for SIDS response basic training curricula.<sup>1</sup> The Criminal Justice Standards and Training Commission has approved curricula in place for basic and advanced training for first responders in infant death cases.<sup>2</sup>

Subsection 383.3362(4), F.S., requires the medical examiner to perform an autopsy upon any infant under the age of 1 year who is suspected to have died of SIDS. The law requires the medical examiner to perform the autopsy within 24 hours after the death, or as soon thereafter as is feasible. When the medical examiner's findings are consistent with the definition of SIDS, the medical examiner must state on the death certificate that SIDS was the cause of death.

Subsection 383.3362(4), F.S., also requires the Medical Examiners Commission to develop and implement certain protocols for SIDS.<sup>3</sup> All medical examiners, when conducting autopsies under s. 383.3362, F.S., must follow these protocols. A section of the protocols is devoted to investigation and autopsy for all infant deaths.

Under s. 383.3362(5), F.S., the Department of Health is responsible for the following functions relating to SIDS:

- Developing and presenting training programs for first responders;
- Maintaining a database of SIDS statistics and analyzing the data as funds allow;
- Serving as liaison with the Florida SIDS Alliance;
- Maintaining a library reference list and materials about SIDS for public dissemination;
- Providing professional support to field staff; and
- Coordinating the activities of the fetal and infant mortality review committees of the local healthy start coalitions, the local SIDS alliance, and other related support groups.

Data on SIDS and SUID is currently available through the Florida Community Health Resource Tool Set.<sup>4</sup> Data is not collected on sudden unexplained death in childhood.

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<sup>1</sup> See Department of Health Rule 64F-5.002, Florida Administrative Code. Found at: <https://www.flrules.org/gateway/ruleno.asp?id=64F-5.002> (Last visited on November 28, 2011).

<sup>2</sup> See Florida Department of Law Enforcement analysis of HB 433 (2011), on file with the Senate Health Regulation Committee.

<sup>3</sup> See Department of Law Enforcement Rule 11G-2.0031, Florida Administrative Code. Found at: <https://www.flrules.org/gateway/ruleno.asp?id=11G-2.0031> (Last visited on November 28, 2011).

<sup>4</sup> Florida CHARTS (Community Health Assessment Resource Tool Set). Found at: <http://www.floridacharts.com/charts/chart.aspx> (Last visited on November 28, 2011).

Section 402.305, F.S., establishes licensing standards for child care facilities. Among the minimum training requirements for child care personnel, is a requirement that the introductory course required for all child care personnel include prevention of SIDS.

### **Medical Examiners/Autopsies**

Part I of chapter 406, F.S., governs medical examiners, who are practicing physicians in pathology appointed by the Governor in each medical examiner district of the state. Section 406.02, F.S., creates the Medical Examiners Commission within the Department of Law Enforcement. The Medical Examiners Commission is required to adopt rules to implement chapter 406, F.S., and must ensure minimum and uniform standards of excellence, performance of duties, and maintenance of records so as to provide useful and adequate information to the state in regard to causative factors of the deaths investigated.

Section 406.11, F.S., requires a medical examiner to determine the cause of death of a human being under certain circumstances. The medical examiner is required to determine the cause of death when any person dies in the state:

- Of criminal violence.
- By accident.
- By suicide.
- *Suddenly, when in apparent good health.*
- Unattended by a practicing physician or other recognized practitioner.
- In any prison or penal institution.
- In police custody.
- In any suspicious or unusual circumstance.
- By criminal abortion.
- By poison.
- By disease constituting a threat to public health.
- By disease, injury, or toxic agent resulting from employment.

In determining the cause of death, the medical examiner must perform examinations, investigations, and autopsies as he or she deems necessary or as requested by the state attorney.

### **Infant Death Statistics**

In 2010 there were 929 resident neonatal (less than 28 days old) deaths in Florida. The rate of all resident neonatal deaths in 2010 was 4.3 per 1,000 live births. The resident neonatal death rate for whites in the same year was 3.2 per 1,000 live births, while the rate was 7.2 per 1,000 live births for blacks and other races.<sup>5</sup>

In 2010 there were 1,400 resident infant (less than 1 year old) deaths in Florida. Of that number, 929 were neonatal deaths and 471 were post neonatal deaths (age 28 days through 364 days). The rate of all resident infant deaths in 2010 was 6.5 per 1,000 live births. The resident infant

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<sup>5</sup> Florida Vital Statistics Annual Report 2010, Fetal and Infant Deaths. Found at: <http://www.flpublichealth.com/VBOOK/pdf/2010/Fetal.pdf> (Last visited on November 28, 2011).

death rate for whites in the same year was 4.9 per 1,000 live births, while the rate was 10.8 per 1,000 live births for blacks and other races.<sup>6</sup>

In 2010 there were 63 SIDS deaths in Florida.<sup>7</sup> Of these deaths, 6 occurred during the neonatal period (less than 28 days old) and 57 occurred during the post neonatal period (age 28 days through 364 days).

### **Centers for Disease Control and Prevention's Sudden Unexpected Infant Death Initiative**

According to the Centers for Disease Control and Prevention (CDC), since 1998, it appears that medical examiners and coroners are moving away from classifying deaths as SIDS and calling more deaths accidental suffocation or unknown cause, suggesting that diagnostic and reporting practices have changed.<sup>8</sup> Inconsistent practices in investigation and cause-of-death determination hamper the ability to monitor national trends, ascertain risk factors, and design and evaluate programs to prevent these deaths.

As a response, the CDC began the Sudden Unexpected Infant Death (sometimes called Sudden Unexplained Infant Death) Initiative. The CDC and its partners began activities aimed at improving the investigation and reporting practices for SIDS and other SUIDs. The CDC's research on SUID and SIDS focuses on efforts to standardize and improve data collected at infant death scenes and to promote consistent classification and reporting of cause and manner of death for SUID cases.

According to the CDC, SUID is the sudden and unexpected death of an infant due to natural or unnatural causes. SIDS is one of several causes of SUID, however, SIDS, unlike SUID causes, is a diagnosis of exclusion. Although most conditions or diseases usually are diagnosed by the presence of specific symptoms, SIDS is a diagnosis that should be given only after all other possible causes of sudden, unexplained death have been ruled out through a careful case investigation, which includes a thorough examination of the death scene, a complete autopsy, and a review of the infant's medical history. The most common causes of SUID are: SIDS, suffocation, metabolic errors, injury or trauma, and unclassified causes (if the death scene investigation and/or autopsy were incomplete or not done and the death certifier has insufficient evidence to record a more specific cause of death).<sup>9</sup>

### **Existing Programs in Florida**

#### *Healthy Start Program*

Florida's Healthy Start initiative was signed into law on June 4, 1991.<sup>10</sup> The Healthy Start law provides for universal risk screening of all Florida's pregnant women and newborn infants to

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<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

<sup>8</sup> Centers for Disease Control and Prevention, *CDC's Sudden Unexpected Infant Death Initiative*. Found at: <<http://www.cdc.gov/sids/SUIDAbout.htm>> (Last visited on November 17, 2011).

<sup>9</sup> Carrie Shapiro-Mendoza, Ph.D., M.P.H., CDC, *Sudden, Unexplained Infant Death Investigation, Chapter 1, Types of Sudden, Unexplained Infant Death*. Found at: <[http://www.cdc.gov/sids/PDF/SUIDManual/Chapter1\\_tag508.pdf](http://www.cdc.gov/sids/PDF/SUIDManual/Chapter1_tag508.pdf)> (Last visited on November 28, 2011).

<sup>10</sup> See ss. 383.011(1)(e) and 383.216, F.S.

identify those at risk of poor birth, health and developmental outcomes. The Department of Health administers the program and services are provided through local coalitions.

The Florida Healthy Start Program helps pregnant women and infants obtain the health care and social support they need, in order to reduce infant mortality, reduce the number of low birth weight babies, and improve health and developmental outcomes. The program identifies women and infants at an increased risk for poor outcomes, provides a professional assessment of their needs, and identifies resources to address those needs. The program provides timely and important linkages, referrals, or services.

Section 383.14, F.S., requires the Department of Health to promote the screening of all pregnant women and newborn infants for risk factors that increase the risk of preterm delivery, infant mortality and morbidity. The screening instrument includes a series of risk factors based on medical, environmental, nutritional, behavioral or developmental concerns. All pregnant women and infants who are identified to be at risk for adverse health outcomes or are referred by their health care provider are eligible to receive Healthy Start services.

The Department of Health works with the Florida Association of Healthy Start Coalitions to provide Healthy Start services statewide. There are 32 Healthy Start Coalitions that cover 66 of the 67 counties in Florida,<sup>11</sup> to ensure local leadership and planning for a system of care and promote optimum health outcomes for pregnant women and infants. Healthy Start services are available in all 67 counties, as Desoto County provides Healthy Start services through the county health department.

#### *Fetal and Infant Mortality Review*

The Florida Fetal and Infant Mortality Review is a process of community-based fetal and infant mortality reviews aimed at addressing factors and issues that affect infant mortality and morbidity. A Local Infant Mortality Committee of the Healthy Start Coalition provides an analysis of the basic statistical and epidemiological aspects of fetal and infant mortality, and then selects objectives, plans, and manages the review process. In 2010, the fetal and infant mortality review projects reviewed 308 cases.<sup>12</sup>

The review process includes the technical tasks of record audits and parental interviews, as well as presentation to and analysis by an expert review panel that makes specific recommendations to the local community for action. Interviews are conducted not only to obtain information, but also to ensure that families are receiving appropriate support and follow-up.

For FY 2011-2012, the Department of Health has contracted with 11 Healthy Start coalitions for fetal and infant mortality review projects covering 29 counties (Escambia, Jackson, Washington, Holmes, Calhoun, Liberty, Bay, Franklin, Gulf, Gadsden, Leon, Jefferson, Madison, Taylor, Wakulla, Baker, Clay, Duval, Nassau, St. Johns, Flagler, Volusia, Pinellas, Hardee, Highlands, Polk, Sarasota, Broward and Miami-Dade Counties).<sup>13</sup> In addition to the funded projects, there

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<sup>11</sup> Florida Association of Healthy Start Coalitions, Inc., *List of Healthy Start Coalitions*. Found at: <<http://www.healthystartflorida.com/directoryList.asp>> (Last visited on November 28, 2011).

<sup>12</sup> See Florida Department of Health analysis of SB 332 (2011), on file with the Senate Health Regulation Committee.

<sup>13</sup> Florida Department of Health, *Florida's Fetal and Infant Mortality Review Program*. Found at: <[http://www.doh.state.fl.us/family/mch/FIMR/fimr\\_facts.html](http://www.doh.state.fl.us/family/mch/FIMR/fimr_facts.html)> (Last visited on November 28, 2011).

are 7 unfunded projects covering 7 counties that are conducted by either Healthy Start coalitions or county health departments.

#### *Florida SIDS Alliance*

The Florida SIDS Alliance was formed in 1985 through the efforts of SIDS parent groups and concerned professionals. The mission of the Florida SIDS Alliance is to:

- Establish a reliable, continuous source of assistance to parents who lose a child suddenly and unexpectedly, and particularly in all cases due to SIDS;
- Provide a local center for information and referral networking to those who may inquire about SIDS, and specifically, to assist parents with a recent SIDS/sudden infant death by giving them information to be shared with those affected by the loss;
- Sponsor educational campaigns to and for medical, professional, and general communities, to inform them about SIDS; and
- Promote and support research into the cause and possible prevention of SIDS through fund-raising and public education.<sup>14</sup>

### **III. Effect of Proposed Changes:**

The bill expands the provisions of s. 383.3362, F.S., relating to SIDS, to cover SUID, not just SIDS. Legislative findings and intent are amended to reflect this expansion and to recognize the importance of multidisciplinary investigation and standardized investigative protocols in cases of SUID.

The definition of SIDS is amended to specify that the death appears to be a result of natural causes and to delete the current limitation on deaths that qualify as SIDS deaths as those for which there currently is no known cause or cure. The bill defines “Sudden Unexpected Infant Death” or “SUID” as the “sudden unexpected death of an infant under 1 year of age in apparent good health and whose death may have been a result of natural or unnatural causes. Both SIDS and SUID apply to the sudden unexpected death of an infant under 1 year of age, but SIDS includes only those deaths that appear to be a result of natural causes and which remain unexplained after a complete autopsy, death-scene investigation, and review of the case history.

The bill amends the training requirement for first responders (emergency medical technicians, paramedics, firefighters, and certain law enforcement officers) to require instruction on SUID, not just SIDS. The Department of Health is required to develop and adopt, by rule, curriculum that includes training in SUID, not just SIDS.

The bill specifies that the sudden unexpected death of any infant under 1 year of age who was in apparent good health falls under the jurisdiction of the medical examiner pursuant to s. 406.11, F.S. The bill removes the requirement that a medical examiner perform an autopsy in suspected SIDS cases within 24 hours after the death, as well as the requirement that the medical examiner state on the death certificate that SIDS was the cause of death if his or her findings are consistent with the definition of SIDS. The bill clarifies that the protocol developed by the Medical Examiners Commission is for medical and legal investigation of SUID, not SIDS.

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<sup>14</sup> Florida SIDS Alliance, *About Us*. Found at: <<http://flasids.com/blog/florida-sids-alliance/>> (Last visited on November 28, 2011).

The bill expands the scope of the duties of the Department of Health relating to SIDS to include SUID, not just SIDS.

The effective date of the bill is July 1, 2012.

**IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

Both the Florida Department of Law Enforcement and the Department of Health indicate that there is no fiscal impact on their departments.

Rules, curricula, and guidelines will need to be amended to reflect the shift from SIDS to SUID.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:**

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

**CS by Health Regulation on December 7, 2011:**

The CS for SB 332:

- Amends s. 383.3362, F.S., relating to SIDS, rather than creating a new section of law;
- Expands statutory provisions relating to SIDS to include only SUID, not stillbirth and sudden unexplained death in childhood;
- Does not assign new responsibilities to the State Surgeon General other than expanding the Department of Health's existing SIDS responsibilities to cover SUID, which is a broader category of infant death than SIDS.
- Does not require the State Surgeon General to establish a task force; and
- Does not require a report by the State Surgeon General.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/07/2011	.	
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The Committee on Health Regulation (Sobel) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause and insert:

Section 1. Section 383.3362, Florida Statutes, is amended to read:

383.3362 ~~Sudden Infant Death Syndrome.~~

(1) FINDINGS AND INTENT.—The Legislature recognizes that the sudden unexpected death of an infant who is in apparent good health ~~Sudden Infant Death Syndrome, or SIDS,~~ is a leading cause of death among infants ~~children~~ under the age of 1 year, both nationally and in this state. The Legislature further recognizes



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13 that first responders to emergency calls relating to such a  
14 death need access to special training to better enable them to  
15 recognize that such deaths may result from natural or accidental  
16 causes or may be ~~distinguish SIDS from death~~ caused by criminal  
17 acts and to appropriately interact with the deceased infant's  
18 parents or caretakers. At the same time, the Legislature,  
19 recognizing that the primary focus of first responders is to  
20 carry out their assigned duties, intends to increase the  
21 awareness of possible causes of a sudden unexpected infant death  
22 ~~SIDS~~ by first responders, but in no way expand or take away from  
23 their duties. Further, the Legislature recognizes the importance  
24 of a multidisciplinary investigation and standardized  
25 investigative protocols in cases of sudden unexpected infant  
26 death ~~standard protocol for review of SIDS deaths by medical~~  
27 ~~examiners and the importance of appropriate followup in cases of~~  
28 ~~certified or suspected SIDS deaths~~. Finally, the Legislature  
29 finds that it is desirable to analyze existing data, and to  
30 conduct further research on, the possible causes of infant death  
31 ~~SIDS~~ and how to reduce ~~lower~~ the number of sudden unexpected  
32 infant deaths.

33 (2) DEFINITION.—As used in this section, the term:

34 (a) "Sudden Infant Death Syndrome," or "SIDS," refers to  
35 ~~means~~ the sudden unexpected death of an infant under 1 year of  
36 age whose death appears to be a result of natural causes but  
37 which remains unexplained after a complete autopsy, death-scene  
38 investigation, and review of the case history. ~~The term includes~~  
39 ~~only those deaths for which, currently, there is no known cause~~  
40 ~~or cure.~~

41 (b) "Sudden Unexpected Infant Death" or "SUID" refers to



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42 the sudden unexpected death of an infant under 1 year of age in  
43 apparent good health and whose death may have been a result of  
44 natural or unnatural causes.

45 (3) TRAINING.—

46 (a) The Legislature finds that an emergency medical  
47 technician, a paramedic, a firefighter, or a law enforcement  
48 officer is likely to be the first responder to a request for  
49 assistance which is made immediately after the sudden unexpected  
50 death of an infant. The Legislature further finds that these  
51 first responders should be trained in appropriate responses to  
52 sudden infant death.

53 (b) ~~After January 1, 1995,~~ The basic training programs  
54 required for certification as an emergency medical technician, a  
55 paramedic, a firefighter, or a law enforcement officer as  
56 defined in s. 943.10, other than a correctional officer or a  
57 correctional probation officer, must include curriculum that  
58 contains instruction on SUID ~~Sudden Infant Death Syndrome~~.

59 (c) The Department of Health, in consultation with the  
60 Emergency Medical Services Advisory Council, the Firefighters  
61 Employment, Standards, and Training Council, and the Criminal  
62 Justice Standards and Training Commission, shall develop and  
63 adopt, by rule, curriculum that, at a minimum, includes training  
64 in SUID ~~the nature of SIDS~~, standard procedures to be followed  
65 by law enforcement agencies in investigating cases involving  
66 sudden deaths of infants, and training in responding  
67 appropriately to the parents or caretakers who have requested  
68 assistance.

69 (4) AUTOPSIES.—

70 (a) The sudden unexpected death of any infant under 1 year



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71 of age who was in apparent good health falls under the  
72 jurisdiction of the medical examiner pursuant to s. 406.11 ~~must~~  
73 ~~perform an autopsy upon any infant under the age of 1 year who~~  
74 ~~is suspected to have died of Sudden Infant Death Syndrome. The~~  
75 ~~autopsy must be performed within 24 hours after the death, or as~~  
76 ~~soon thereafter as is feasible. When the medical examiner's~~  
77 ~~findings are consistent with the definition of sudden infant~~  
78 ~~death syndrome in subsection (2), the medical examiner must~~  
79 ~~state on the death certificate that sudden infant death syndrome~~  
80 ~~was the cause of death.~~

81 (b) The Medical Examiners Commission shall provide for the  
82 development and implementation of ~~develop and implement~~ a  
83 protocol for medical and legal investigation of sudden  
84 unexpected infant death ~~dealing with suspected sudden infant~~  
85 ~~death syndrome. The protocol must be followed by all medical~~  
86 ~~examiners when conducting the autopsies required under this~~  
87 ~~subsection. The protocol may include requirements and standards~~  
88 ~~for scene investigations, requirements for specific data,~~  
89 ~~criteria for ascertaining cause of death based on the autopsy,~~  
90 ~~criteria for any specific tissue sampling, and any other~~  
91 ~~requirements that the commission considers necessary.~~

92 (c) A medical examiner is not liable for damages in a civil  
93 action for any act or omission done in compliance with this  
94 subsection.

95 ~~(d) An autopsy must be performed under the authority of a~~  
96 ~~medical examiner under s. 406.11.~~

97 (5) DEPARTMENT DUTIES RELATING TO SUDDEN UNEXPECTED INFANT  
98 DEATH (SUID) ~~DEATH SYNDROME (SIDS).~~—The Department of Health  
99 shall:



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100 (a) Collaborate with other agencies in the development and  
101 presentation of ~~the~~ Sudden Unexpected Infant Death (SUID) ~~Death~~  
102 ~~Syndrome (SIDS)~~ training programs for first responders,  
103 including those for emergency medical technicians and  
104 paramedics, firefighters, and law enforcement officers.

105 (b) Maintain a database of statistics on reported sudden  
106 unexpected infant deaths ~~SIDS deaths~~, and analyze the data as  
107 funds allow.

108 (c) Serve as liaison and closely coordinate activities with  
109 the Florida SIDS Alliance, ~~including the services related to the~~  
110 ~~SIDS hotline~~.

111 (d) Maintain a library reference list and materials about  
112 SUID ~~SIDS~~ for public dissemination.

113 (e) Provide professional support to field staff.

114 (f) Coordinate the activities of and promote a link between  
115 the fetal and infant mortality review committees of the local  
116 healthy start coalitions, ~~the local SIDS alliance~~, and other  
117 related support groups.

118 Section 2. This act shall take effect July 1, 2012.

119  
120 ===== T I T L E A M E N D M E N T =====

121 And the title is amended as follows:

122 Delete everything before the enacting clause  
123 and insert:

124 A bill to be entitled  
125 An act relating to infant death; amending s. 383.3362,  
126 F.S.; revising legislative findings and intent with  
127 respect to the sudden unexpected death of an infant  
128 under a specified age; defining the term "Sudden



849448

129 Unexpected Infant Death"; revising provisions relating  
130 to training requirements for first responders;  
131 revising requirements relating to autopsies performed  
132 by medical examiners; requiring the Medical Examiners  
133 Commission to provide for the development and  
134 implementation of a protocol for the medical and legal  
135 investigation of sudden unexpected infant deaths;  
136 deleting references to the SIDS hotline and local SIDS  
137 alliances; providing an effective date.

By Senator Bullard

39-00264-12

2012332\_\_

1 A bill to be entitled  
 2 An act relating to sudden unexpected infant death;  
 3 creating the "Stillbirth and SUID Education and  
 4 Awareness Act"; providing legislative findings;  
 5 defining terms; requiring the State Surgeon General to  
 6 implement a public health awareness and education  
 7 campaign in order to provide information that is  
 8 focused on decreasing the risk factors for sudden  
 9 unexpected infant death and sudden unexplained death  
 10 in childhood; requiring the State Surgeon General to  
 11 conduct a needs assessment of the availability of  
 12 personnel, training, technical assistance, and  
 13 resources for investigating and determining the causes  
 14 of sudden unexpected infant death and sudden  
 15 unexplained death in childhood; requiring the State  
 16 Surgeon General to develop guidelines for increasing  
 17 collaboration in the investigation of stillbirth,  
 18 sudden unexpected infant death, and sudden unexplained  
 19 death in childhood; specifying the duties of the State  
 20 Surgeon General related to maternal and child health  
 21 programs; requiring the State Surgeon General to  
 22 establish a task force to develop a research plan to  
 23 determine the causes of stillbirth, sudden unexpected  
 24 infant death, and sudden unexplained death in  
 25 childhood and how to prevent them; providing for the  
 26 membership of the task force; providing for  
 27 reimbursement of per diem and travel expenses;  
 28 requiring that the State Surgeon General submit a  
 29 report to the Governor, the President of the Senate,

Page 1 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

39-00264-12

2012332\_\_

30 and the Speaker of the House of Representatives by a  
 31 specified date; providing an effective date.

32  
 33 Be It Enacted by the Legislature of the State of Florida:

34  
 35 Section 1. (1) SHORT TITLE.—This section may be cited as  
 36 the "Stillbirth and SUID Education and Awareness Act."

37 (2) LEGISLATIVE FINDINGS.—

38 (a) The Legislature finds that every year there are more  
 39 than 25,000 stillbirths in the United States. The common  
 40 diagnosable causes of stillbirth include genetic abnormalities,  
 41 umbilical cord accidents, infections, and placental problems.  
 42 Risk factors for stillbirth include maternal age, obesity,  
 43 smoking, diabetes, and hypertension. Because of advances in  
 44 medical care during the last 30 years, much more is known about  
 45 the causes of stillbirth, yet the cause of death is never  
 46 identified in up to 50 percent of stillbirths.

47 (b) The rate of sudden infant death syndrome (SIDS) has  
 48 declined significantly since the early 1990s; however, research  
 49 has found that the decline in SIDS since 1999 has been offset by  
 50 an increase in sudden unexpected infant death (SUID). Many  
 51 sudden unexpected infant deaths are not investigated and, in  
 52 those that are investigated, cause-of-death data are not  
 53 consistently collected and reported. Inaccurate or inconsistent  
 54 classification of the cause and manner of death impedes  
 55 prevention efforts and complicates the ability to understand  
 56 related risk factors. The National Child Death Review Case  
 57 Reporting System collects comprehensive information on the risk  
 58 factors associated with SUID. As of July 2010, 41 of the 49

Page 2 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

39-00264-12 2012332

59 states and the District of Columbia were conducting child death  
 60 reviews and voluntarily submitting data to this reporting  
 61 system.

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

63 (a) "Stillbirth" means an unintended, intrauterine fetal  
 64 death after a gestational age of not less than 20 completed  
 65 weeks.

66 (b) "Sudden infant death syndrome" or "SIDS" means the  
 67 sudden unexpected death of an infant younger than 1 year of age  
 68 which remains unexplained after a complete autopsy, death-scene  
 69 investigation, and review of the case history. The term includes  
 70 only those deaths for which, currently, there is no known cause  
 71 or cure.

72 (c) "Sudden unexpected infant death" or "SUID" means the  
 73 sudden death of an infant younger than 1 year of age which, when  
 74 first discovered, does not have an obvious cause. The term  
 75 includes those deaths that are later determined to be from  
 76 explained as well as unexplained causes.

77 (d) "Sudden unexplained death in childhood or "SUDC" means  
 78 the sudden death of a child older than 1 year of age which  
 79 remains unexplained after a thorough investigation, including a  
 80 review of the clinical history and circumstances of death and  
 81 performance of a complete autopsy, along with appropriate  
 82 ancillary testing.

83 (4) PUBLIC AWARENESS AND EDUCATION CAMPAIGN.—

84 (a) The State Surgeon General shall establish and implement  
 85 a culturally appropriate public health awareness and education  
 86 campaign to provide information that is focused on decreasing  
 87 the risk factors for sudden unexpected infant death and sudden

39-00264-12 2012332

88 unexplained death in childhood, including educating individuals  
 89 on safe sleep environments, sleep positions, and reducing  
 90 exposure to tobacco smoke during pregnancy and after the child's  
 91 birth.

92 (b) The campaign shall be designed to reduce health  
 93 disparities among racial and ethnic groups through focusing on  
 94 populations that have high rates of sudden unexpected infant  
 95 death and sudden unexplained death in childhood.

96 (c) When establishing and implementing the campaign, the  
 97 State Surgeon General shall consult with state and national  
 98 organizations that represent health care providers, including  
 99 nurses and physicians; parents; child care providers; children's  
 100 advocacy and safety organizations; maternal and child health  
 101 programs; nutrition professionals who specialize in women,  
 102 infants, and children; and other individuals and groups  
 103 determined necessary by the State Surgeon General.

104 (5) EVALUATION OF STATE NEEDS.—

105 (a) The State Surgeon General shall conduct a needs  
 106 assessment of the availability in this state of personnel,  
 107 training, technical assistance, and resources for investigating  
 108 and determining the causes of sudden unexpected infant death and  
 109 sudden unexplained death in childhood and make recommendations  
 110 to increase collaboration in conducting investigations and  
 111 making determinations.

112 (b) The State Surgeon General, in consultation with  
 113 physicians, nurses, pathologists, geneticists, parents, and  
 114 others, shall develop guidelines for increasing the performance  
 115 of, and the collection of data from, postmortem stillbirth  
 116 evaluations, postmortem SUID evaluations, and postmortem SUDC

39-00264-12 2012332

117 evaluations, including conducting and providing reimbursement  
 118 for autopsies, placental histopathology, and cytogenetic testing.  
 119 The guidelines shall take into account culturally appropriate  
 120 issues related to postmortem stillbirth evaluations, postmortem  
 121 SUID evaluations, and postmortem SUDC evaluations.

122 (c) The State Surgeon General, acting in consultation with  
 123 health care providers, public health organizations, maternal and  
 124 child health programs, parents, and others, shall:

125 1.a. Develop behavioral surveys for women who experience  
 126 stillbirth, sudden unexpected infant death, or sudden  
 127 unexplained death in childhood using existing state-based  
 128 infrastructure for gathering pregnancy-related information; and

129 b. Increase the technical assistance provided to local  
 130 communities to enhance the capacity for improved investigation  
 131 of medical and social factors surrounding stillbirth, sudden  
 132 unexpected infant death, and sudden unexplained death in  
 133 childhood.

134 2. Directly or through cooperative agreements, develop and  
 135 conduct evidence-based public education and prevention programs  
 136 directed at reducing the overall occurrence of stillbirth,  
 137 sudden unexpected infant death, and sudden unexplained death in  
 138 childhood and addressing the disparities in such occurrences  
 139 among racial and ethnic groups. These efforts shall include:

140 a. Public education programs, services, and demonstrations  
 141 that are designed to increase general awareness of stillbirth,  
 142 sudden unexpected infant death, and sudden unexplained death in  
 143 childhood; and

144 b. The development of tools for educating health  
 145 professionals and women concerning the known risks factors for

39-00264-12 2012332

146 stillbirth, sudden unexpected infant death, and sudden  
 147 unexplained death in childhood; the promotion of fetal-movement  
 148 awareness and taking proactive steps to monitor a baby's  
 149 movement beginning at approximately 28 weeks into the pregnancy;  
 150 and the importance of early and regular prenatal care to monitor  
 151 the health and development of the fetus up to and during  
 152 delivery.

153 (d) By September 1, 2012, the State Surgeon General shall  
 154 establish a task force to develop a research plan to determine  
 155 the causes of stillbirth, sudden unexpected infant death, and  
 156 sudden unexplained death in childhood and how to prevent them.  
 157 The State Surgeon General shall appoint the task force, which  
 158 shall consist of 12 members, as follows:

159 1. Three persons who are pediatric health care providers.

160 2. Three persons who are scientists or clinicians and  
 161 selected from public universities or research organizations.

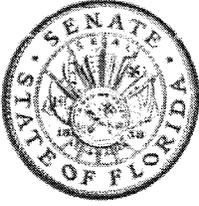
162 3. Three persons who are employed in maternal and child  
 163 health programs.

164 4. Three parents.

165  
 166 Members shall serve without compensation, but are entitled to  
 167 reimbursement pursuant to s. 112.061, Florida Statutes, for per  
 168 diem and travel expenses incurred in the performance of their  
 169 official duties.

170 (6) REPORT.—By October 1, 2014, the State Surgeon General  
 171 shall submit to the Governor, the President of the Senate, and  
 172 the Speaker of the House of Representatives a report describing  
 173 the progress made in implementing this section.

174 Section 2. This act shall take effect July 1, 2012.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Agriculture, *Vice Chair*  
Education Pre-K - 12, *Vice Chair*  
Budget - Subcommittee on General Government  
Appropriations  
Budget - Subcommittee on Transportation, Tourism,  
and Economic Development Appropriations  
Military Affairs, Space, and Domestic Security  
Reapportionment  
Rules  
Transportation

**SENATOR LARCENIA J. BULLARD**  
39th District

November 7, 2011

The Honorable Rene Garcia  
Chair  
Committee on Health Regulation  
530 Knott Building  
404 South Monroe Street  
Tallahassee, Florida 32399-1100

Dear Senator Garcia,

Senate Bill 332 regarding Sudden Infant Death has been referred to Health Regulation as the first committee of reference. I humbly request that this bill placed on the agenda so that it can get a hearing before the Committee on Health Regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "Larceña J. Bullard".

Larceña J. Bullard  
District 39

LJB/al

Cc: Sandra R. Stovall, Staff Director  
Celia Georgiades, Committee Administrative Assistant

 **ENTERED**

### REPLY TO:

- 8603 South Dixie Highway, Suite 304, Miami, Florida 33143 (305) 868-7344
- 218 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5127

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**MIKE HARIDOPOLOS**  
President of the Senate

**MICHAEL S. "MIKE" BENNETT**  
President Pro Tempore

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

Prepared By: The Professional Staff of the Health Regulation Committee

**BILL:** CS/SB 402

**INTRODUCER:** Health Regulation Committee and Senators Negron and Fasano

**SUBJECT:** Prescription Drug Abuse

**DATE:** December 7, 2011      **REVISED:** \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	<b>Fav/CS</b>
2.			BC	
3.				
4.				
5.				
6.				

**Please see Section VIII. for Additional Information:**

- A. COMMITTEE SUBSTITUTE.....  Statement of Substantial Changes
- B. AMENDMENTS.....  Technical amendments were recommended
- Amendments were recommended
- Significant amendments were recommended

**I. Summary:**

The bill creates the Statewide Task Force on Prescription Drug Abuse and Newborns within the Department of Legal Affairs. The purpose of the task force is to examine and analyze the emerging problem of neonatal withdrawal syndrome as it pertains to prescription drugs. The task force will research the impact of prescription drug use and neonatal withdrawal syndrome, evaluate effective strategies for treatment and prevention, and provide policy recommendations to the Legislature.

This bill creates one undesignated section of law.

**II. Present Situation:**

**Abuse of Prescription Drugs**

Prescription drug abuse is the intentional use of a medication without a prescription of one's own; in a way other than as prescribed; or for the experience or feeling it causes. According to several national surveys, prescription medications, such as those used to treat pain, attention deficit disorders, and anxiety, are being abused at a rate second only to marijuana among illicit

drug users.<sup>1</sup> The consequences of this abuse are reflected in increased treatment admissions, emergency room visits, and overdose deaths.

Although many types of prescription drugs are abused, there is currently a growing, deadly epidemic of prescription painkiller abuse. In 2008, drug overdoses in the United States caused 36,450 deaths. Opioid pain relievers were involved in 14,800 deaths (73.8 percent) of the 20,044 prescription drug overdose deaths. Opioid pain relievers now account for more overdose deaths than heroin and cocaine combined.<sup>2</sup> In 2009, 1.2 million hospital emergency department visits (an increase of 98.4 percent since 2004) were related to misuse or abuse of pharmaceuticals, compared with 1.0 million emergency department visits related to use of illicit drugs such as heroin and cocaine.<sup>3</sup>

Reports from the National Survey on Drug Use and Health combine four prescription-type drug groups into a category referred to as “psychotherapeutics.” The four categories of prescription-type drugs (pain relievers, tranquilizers, stimulants, and sedatives) cover numerous medications that currently are or have been available by prescription. They also include drugs within these groupings that originally were prescription medications but currently may be manufactured and distributed illegally, such as methamphetamine, which is included under stimulants. Use of over-the-counter drugs and legitimate use of prescription drugs are not included.

The national findings from the 2010 National Survey on Drug Use and Health indicate that 7.0 million persons aged 12 or older (2.7 percent of the population) were *nonmedical* users of psychotherapeutic drugs, including 5.1 million users of pain relievers, 2.2 million users of tranquilizers, 1.1 million users of stimulants, and 374,000 users of sedatives.<sup>4</sup> According to the findings from the survey, the number and percentage of persons aged 12 or older who were current *nonmedical* users of psychotherapeutic drugs have remained about the same since 2002.<sup>5</sup>

### Drug Use by Pregnant Women

According to the national findings from the 2010 National Survey on Drug Use and Health, 4.4 percent of pregnant women aged 15 to 44 were current illicit drug users based on data averaged across 2009 and 2010.<sup>6</sup> This was lower than the rate among women in this age group who were not pregnant (10.9 percent). The rate of current illicit drug use was 16.2 percent among pregnant women aged 15 to 17, 7.4 percent among pregnant women aged 18 to 25, and 1.9 percent among pregnant women aged 26 to 44. Illicit drugs include marijuana/hashish,

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<sup>1</sup> National Institute on Drug Abuse, *Prescription Drugs: Abuse and Addiction*. Found at:

<<http://drugabuse.gov/ResearchReports/Prescription/prescription2.html#whatis>> (Last visited on November 29, 2011).

<sup>2</sup> CDC, *Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999 – 2008*, Morbidity and Mortality Weekly Report (MMWR), November 4, 2011 / 60(43); 1487-1492. Found at:

<[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s\\_cid=mm6043a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s_cid=mm6043a4_w)> (Last visited on November 29, 2011).

<sup>3</sup> *Id.*

<sup>4</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*, page 12. Found at:

<<http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf>> (Last visited on November 29, 2011).

<sup>5</sup> *Id.*, p. 12 and 13.

<sup>6</sup> *Id.*, p. 20.

cocaine (including crack), heroin, hallucinogens, inhalants, and prescription-type psychotherapeutics used nonmedically.

### **Neonatal Withdrawal Syndrome**

Neonatal Withdrawal Syndrome (NWS), also commonly referred to as Neonatal Abstinence Syndrome is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. Drugs taken during pregnancy pass through the placenta – the organ that connects the baby to its mother in the womb – and reach the baby. The baby becomes addicted along with the mother. At birth, the baby is still dependent on the drug. Because the baby is no longer getting the drug after birth, symptoms of withdrawal occur.<sup>7</sup>

The symptoms of NWS depend on the type of drug the mother used, how much of the drug she was taking, for how long she used the drug, and whether the baby was born full-term or early. Symptoms can begin within 1-3 days after birth, or they may take 5-10 days to appear. The symptoms may include: blotchy skin coloring, diarrhea, excessive crying or high-pitched crying, excessive sucking, fever, hyperactive reflexes, increased muscle tone, irritability, poor feeding, rapid breathing, seizures, sleep problems, slow weight gain, stuffy nose, sneezing, sweating, trembling, and vomiting. NWS can last from 1 week to 6 months.<sup>8</sup>

According to the Florida Center for Health Information and Policy Analysis in the Agency for Health Care Administration, the number of cases of drug withdrawal syndrome in newborns jumped from 354 in 2006 to 1,374 in 2010.<sup>9</sup> These numbers include all drugs, not just prescription drugs. However, recent media reports indicate that hospitals are experiencing a rise in the number of infants born withdrawing from opiate-based pills such as oxycodone and hydrocodone.<sup>10</sup>

### **Task Forces**

Chapter 20, F.S., establishes provisions for the organizational structure of state government. Subsection 20.03(8), F.S., defines “committee” or “task force” to mean “an advisory body created without specific statutory enactment for a time not to exceed 1 year or created by specific statutory enactment for a time not to exceed 3 years and appointed to study a specific problem and recommend a solution or policy alternative with respect to that problem. Its existence terminates upon the completion of its assignment.”

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<sup>7</sup> U.S. National Library of Medicine, PubMed Health, A.D.A.M. Medical Encyclopedia, *Neonatal abstinence syndrome*. Found at: <<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004566/>> (Last visited on November 29, 2011).

<sup>8</sup> *Id.*

<sup>9</sup> The Florida Center for Health Information and Policy Analysis queried the Center's hospital inpatient discharge data for the years 2006 through 2010 for the principal and secondary diagnosis fields for Drug Withdrawal Syndrome in Newborns with a diagnosis code of 779.5.

<sup>10</sup> Ray Reyes, *Number of babies born addicted to pain pills rising in Tampa Bay*, The Tampa Tribune, July 25, 2011. Found at: <<http://www2.tbo.com/news/breaking-news/2011/jul/25/number-of-babies-born-addicted-to-pain-pills-risin-ar-246186/>> (Last visited on November 29, 2011).

Donna Leinwand Leger, *Doctors see surge in newborns hooked on mothers' pain pills*, USA Today. Found at: <<http://yourlife.usatoday.com/parenting-family/babies/story/2011-11-13/Doctors-see-surge-in-newborns-hooked-on-mothers-pain-pills/51186076/1>> (Last visited on November 29, 2011).

### **III. Effect of Proposed Changes:**

The bill creates the Statewide Task Force on Prescription Drug Abuse and Newborns within the Department of Legal Affairs. The purpose of the task force is to research the impact of prescription drug use and neonatal withdrawal syndrome, evaluate effective strategies for treatment and prevention, and provide policy recommendations to the Legislature. The task force is charged with:

- Collecting and organizing data concerning the nature and extent of neonatal withdrawal syndrome from prescription drugs in this state;
- Collecting and organizing data concerning the costs associated with treating expectant mothers and newborns suffering from withdrawal from prescription drugs;
- Identifying available federal, state, and local programs that provide services to mothers who abuse prescription drugs and newborns who have neonatal withdrawal syndrome; and
- Evaluating methods to increase public awareness of the dangers associated with prescription drug abuse, particularly to women, expectant mothers, and newborns.

The bill specifies the membership of the 14-member task force and provides for reimbursement for per diem and travel expenses of the members. The organizational meeting of the task force is to be held by May 1, 2012, and the task force must subsequently meet at least four times per year. The task force must submit an interim report of its recommendations to the President of the Senate and the Speaker of the House of Representatives by January 15, 2013, and a final report of its recommendations by January 15, 2015.

The Department of Legal Affairs is directed to provide staff support to the task force.

The effective date of the bill is upon the act becoming a law.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

#### **B. Public Records/Open Meetings Issues:**

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

#### **C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

None.

## C. Government Sector Impact:

The estimated fiscal impact to the Office of the Attorney General (OAG) will be minimal. The OAG has indicated that it will use existing employees to staff the task force, organize the meetings, and write the report. The four required task force meetings will cost the OAG approximately \$14,500, or \$3,600 per meeting. The OAG has identified a legal settlement that could cover all task force costs.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Health Regulation on December 7, 2011:**

The Committee Substitute specifies four additional members of the task force and requires an interim and a final report to the President of the Senate and the Speaker of the House of Representatives.

## B. Amendments:

None.



949738

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/07/2011	.	
	.	
	.	
	.	

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The Committee on Health Regulation (Fasano) recommended the following:

**Senate Amendment**

Between lines 45 and 46  
insert:

11. A representative from the Florida Osteopathic Medical Association.

12. A representative from the March of Dimes.

13. A representative of Healthy Start.

14. A resident of this state, appointed by the Attorney General.



971136

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/07/2011	.	
	.	
	.	
	.	

The Committee on Health Regulation (Fasano) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 71 - 73  
and insert:

(5) The task force shall submit an interim report of its recommendations to the President of the Senate and the Speaker of the House of Representatives by January 15, 2013, and a final report of its recommendations by January 15, 2015.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete line 12



13 and insert:  
14 requiring that the task force submit reports to the

By Senator Negrón

28-00337-12

2012402\_\_

A bill to be entitled

An act relating to prescription drug abuse; creating the Statewide Task Force on Prescription Drug Abuse and Newborns; providing a purpose; providing membership of the task force; providing for reimbursement of per diem and travel expenses for members of the task force; requiring that the Department of Legal Affairs provide the task force with necessary staff; specifying a date for the task force's organizational session; providing meeting times; providing the duties of the task force; requiring that the task force submit a report to the Legislature; providing an effective date.

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

Section 1. Statewide Task Force on Prescription Drug Abuse and Newborns.—

(1) The Legislature declares that the purpose of this act is to create a task force to examine and analyze the emerging problem of neonatal withdrawal syndrome as it pertains to prescription drugs.

(2) (a) There is created within the Department of Legal Affairs the Statewide Task Force on Prescription Drug Abuse and Newborns, a task force as defined in s. 20.03, Florida Statutes. The task force is created for the express purpose of researching the impact of prescription drug use and neonatal withdrawal syndrome, evaluating effective strategies for treatment and prevention, and providing policy recommendations to the

Page 1 of 3

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

28-00337-12

2012402\_\_

Legislature.

(b) The task force shall consist of the following members, or his or her designee:

1. The Attorney General who shall serve as chair.

2. The Surgeon General who shall serve as vice chair.

3. The Secretary of Children and Family Services.

4. The Secretary of Health Care Administration.

5. The executive director of the Department of Law Enforcement.

6. A legislator appointed by the President of the Senate.

7. A legislator appointed by the Speaker of the House of Representatives.

8. A representative from the Florida Medical Association.

9. A representative from the Florida Hospital Association.

10. A representative, appointed by the Attorney General, from an addiction and recovery association.

(c) Members of the task force are entitled to receive reimbursement for per diem and travel expenses pursuant to s. 112.061, Florida Statutes.

(d) The Department of Legal Affairs shall provide the task force with staff necessary to assist the task force in the performance of its duties.

(3) The task force shall hold its organizational session by May 1, 2012. Thereafter, the task force shall meet at least four times per year. Additional meetings may be held if the chair determines that extraordinary circumstances require an additional meeting. A majority of the members of the task force constitutes a quorum.

(4) The task force shall:

Page 2 of 3

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

28-00337-12

2012402\_\_

59 (a) Collect and organize data concerning the nature and  
60 extent of neonatal withdrawal syndrome from prescription drugs  
61 in this state;

62 (b) Collect and organize data concerning the costs  
63 associated with treating expectant mothers and newborns  
64 suffering from withdrawal from prescription drugs;

65 (c) Identify available federal, state, and local programs  
66 that provide services to mothers who abuse prescription drugs  
67 and newborns who have neonatal withdrawal syndrome; and

68 (d) Evaluate methods to increase public awareness of the  
69 dangers associated with prescription drug abuse, particularly to  
70 women, expectant mothers, and newborns.

71 (5) The task force shall submit a report of its  
72 recommendations to the President of the Senate and the Speaker  
73 of the House of Representatives by January 15, 2013.

74 Section 2. This act shall take effect upon becoming a law.



**SENATOR JOE NEGRON**  
28th District

## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

**COMMITTEES:**  
Budget - Subcommittee on Health and Human Services  
Appropriations, *Chair*  
Budget, *Vice Chair*  
Banking and Insurance  
Communications, Energy, and Public Utilities  
Higher Education  
Reapportionment  
Rules

**SELECT COMMITTEE:**  
Protecting Florida's Children, *Chair*

**JOINT COMMITTEE:**  
Legislative Budget Commission

November 3, 2011

The Honorable Rene Garcia, Chair  
Committee on Health Regulation  
530 Knott Building  
404 S Monroe Street  
Tallahassee, FL 32399-1100

Re: Senate Bill 402

Dear Chairman Garcia:

I would like to request Senate Bill 402 relating to prescription drug abuse be placed on the agenda for the next scheduled committee meeting.

Thank you, in advance, for your consideration of this request.

Sincerely yours,

Joe Negron  
State Senator  
District 28

JN/hd

c: Sandra Stovall, Staff Director ✓

 **ENTERED**

**REPLY TO:**

- 3500 SW Corporate Parkway, Suite 204, Palm City, Florida 34990 (772) 219-1665
- 306 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5088

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**MIKE HARIDOPOLOS**  
President of the Senate

**MICHAEL S. "MIKE" BENNETT**  
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/11

Meeting Date

spoke

Topic 402 / Statewide Task Force

Bill Number 402

(if applicable)

Name Pam Bondi

Amendment Barcode

(if applicable)

Job Title Attorney General

Address PL-01

Street

Phone (850) 245-0155

Tallahassee

FL

City

State

Zip

E-mail pam.bondi@myfloridalegal.com

Speaking:  For  Against  Information

Representing

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD



(Submit to Committee Chair or Administrative Assistant)

12-7-2011

Date

SUPPORT PASANO AMENDMENT # 949738

SB 402

Bill Number

Barcode

Name STEPHEN R. WINN

Phone 878-7364

Address 2007 APALACHEE PARKWAY

E-mail

Street

TALLAHASSEE

FL

32301

City

State

Zip

Job Title EX. DR.

Speaking: [X] For [ ] Against [ ] Information

Appearing at request of Chair [ ]

Subject PRESCRIPTION DRUG ABUSE

Representing FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Lobbyist registered with Legislature: [X] Yes [ ] No

Pursuant to s. 11.061, Florida Statutes, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.

If designated employee: Time: from \_\_\_\_\_ .m. to \_\_\_\_\_ .m.



THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

12-7-2011

Date

SB 402

Bill Number

Barcode

Name STEPHEN R. WINDO

Phone 878-7364

Address 2007 APALACHEE PARKWAY

E-mail

Street

TALLAHASSEE, FL 32301

City

State

Zip

Job Title EX. DIR.

Speaking:  For  Against  Information

Appearing at request of Chair

Subject PRESCRIPTION DRUG ABUSE

Representing FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Lobbyist registered with Legislature:  Yes  No

Pursuant to s. 11.061, Florida Statutes, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.

If designated employee: Time: from \_\_\_\_\_ .m. to \_\_\_\_\_ .m.

THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12.7.11

Meeting Date

Topic PRESCRIPTION DRUG ABUSE

Bill Number 402  
*(if applicable)*

Name CHRISTINE FRANZETTI

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title POLICY COORDINATOR

Address 2868 MAHAN DR. STE 1

Phone 850 878-2196

Street

TALLAHASSEE FL 32308

City

State

Zip

E-mail cfranzetti@fadaa.org

Speaking:  For  Against  Information

Representing FLORIDA ALCOHOL + DRUG ABUSE ASSOCIATION

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-7-11

Meeting Date

Topic Prescription Drug Abuse

Bill Number 402  
*(if applicable)*

Name Michelle Jacquis

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Director of Legislative Advocacy

Address PO BOX 102109

Phone 850-251-2288

Street

Tallahassee

FL

State

32302

Zip

E-mail mjacquis@flmedical.org

Speaking:  For  Against  Information "WAIVE"

Representing FLORIDA Medical Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 414

INTRODUCER: Health Regulation Committee and Senator Negron

SUBJECT: Osteopathic Physicians

DATE: December 7, 2011      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HR	<b>Fav/CS</b>
2.			BC	
3.				
4.				
5.				
6.				

**Please see Section VIII. for Additional Information:**

A. COMMITTEE SUBSTITUTE.....  Statement of Substantial Changes

B. AMENDMENTS.....  Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

**I. Summary:**

The bill revises requirements for licensure to practice osteopathic medicine in Florida for physicians who have not actively practiced osteopathic medicine for more than the previous two years and for new, unlicensed physicians who completed internship, residency, or fellowship more than two years ago. Any such physician whose present ability and fitness to practice osteopathic medicine has been adversely affected by the interruption of his or her active practice of osteopathic medicine, as determined by the Board of Osteopathic Medicine (the board), may, at the board's discretion, be denied licensure in Florida, granted a license with restrictions, or granted full licensure upon fulfillment of certain conditions.

The bill removes the requirement that a person desiring to be registered to practice as a resident physician, intern, or fellow must pass all parts of the examination conducted by the National Board of Osteopathic Medical Examiners and complete one year of residency, and deletes obsolete and redundant nomenclature.

This bill substantially amends ss. 459.0055 and 459.021, F.S.

## II. Present Situation:

### General Licensure Requirements

Osteopathic physicians are licensed to practice under ch. 459, F.S. Licensure requirements for osteopathic physicians are set forth in s. 459.0055, F.S. An applicant must:

- Submit the appropriate application form and fees;
- Be at least 21 years of age and of good moral character;
- Complete at least 3 years of pre-professional post-secondary education;
- Not have committed or be under investigation for any violation of ch. 459, F.S., unless the board determines the violation does not adversely affect the applicant's fitness and ability to practice osteopathic medicine;
- Not have had a medical license revoked, suspended, or otherwise acted against by the licensing authority of any jurisdiction unless the board determines the underlying action does not adversely affect the applicants current ability and fitness to practice osteopathic medicine;
- Have received satisfactory evaluations from his or her residency or fellowship training programs unless poorer evaluations are deemed to not adversely affect the applicant's current ability and fitness to practice osteopathic medicine;
- Undergo a background check with the Department of Health (the department);
- Have graduated from a medical college approved by the American Osteopathic Association;
- If graduated from an osteopathic medical school after 1948, have completed at least 1 year of residency training in an approved hospital; and
- Pass all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the board no more than five years before applying for licensure in Florida.

Reciprocity does exist for an osteopathic physician licensed in another state if the physician's license was initially issued within five years of passing an examination conducted by the National Board of Medical Examiners or its equivalent. This reciprocity does not extend to physicians who have been out of practice for more than two years, unless this period of inactivity is not considered to have adversely affected the physician's fitness and ability to practice osteopathic medicine.

If an applicant has committed a violation of any part of this chapter or has a license suspended, revoked, or otherwise acted against by a licensing authority in a different jurisdiction, the board may choose to provide that applicant a restricted osteopathic medical license.

### Special Licenses

Limited licenses may be issued to osteopathic physicians who do not hold an active license to practice osteopathic medicine in Florida but have been licensed in any jurisdiction or U.S. territory in good standing for at least 10 years. Limited licenses may only be used to practice for public agencies or institutions or 501(c)(3) nonprofit organizations in medically underserved areas of the state.<sup>1</sup>

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<sup>1</sup> Section 459.0075, F.S.

Temporary certificates may be issued to osteopathic physicians who are currently licensed in any jurisdiction or who have practiced as a military physician for at least 10 years and have been honorably discharged. Temporary certificates may be used to practice for county health departments, correctional facilities, Veterans' Affairs clinics, or other department-approved institution that serves a population of critical need or in underserved areas. Temporary certificates may also be used to practice for a limited time in an area of physician-specialty, demographic, or geographic need as determined by the State Surgeon General.<sup>2</sup>

Osteopathic faculty certificates may be issued without examination to osteopathic physicians who are licensed in other states and otherwise meet the standards for licensure described under s. 459.0055, F.S. A faculty certificate may be used to practice medicine only in conjunction with the holder's teaching duties at an accredited school of osteopathic medicine and its affiliated teaching hospitals and clinics.<sup>3</sup>

### **Renewal of Licenses and Certificates**

Osteopathic medical practice licenses and certificates are renewed biennially. Applicants for renewal must submit the appropriate paperwork and fee, complete a physician workforce survey provided by the department, submit to a background check, and complete a certain number of hours of continuing education.<sup>4</sup>

### **Educational Pipeline for Osteopathic Physicians**

The training of osteopathic physicians begins with a four-year bachelor's degree, followed by four years of medical school. A potential osteopathic physician must also pass a series of examinations developed and administered by the National Board of Osteopathic Medical Examiners. Level 1, and Level 2-CE, and Level 2-PE must be passed during medical school; Level 3 may only be taken after graduation from medical school.<sup>5</sup> Passage of all three levels of the National Board of Osteopathic Medical Examiners examination or a similar examination is required for licensure of osteopathic physicians in all states.

### **Terminology for Medical Residents**

After graduation from medical school, new physicians enter residency programs for further practical training in the various specialties of medicine. Physicians must complete at least one year of residency training before they may be licensed in Florida.<sup>6</sup> Residency programs range in length from three to seven years depending on the educational institution and medical specialty.

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<sup>2</sup> Section 459.0076, F.S.

<sup>3</sup> Section 459.0077, F.S.

<sup>4</sup> Section 459.008, F.S.

<sup>5</sup> National Board of Osteopathic Medical Examiners, *COMLEX-USA Bulletin of Information 2011-2012*, available at <http://www.nbome.org/docs/comlexBOI.pdf> (last visited on November 2, 2011).

<sup>6</sup> Section 459.0055(1)(l), F.S., concerning osteopathic physicians, and s. 458.311(1)(f), F.S., concerning allopathic physicians.

A resident in his or her first year of training is called an intern. A resident in a training year other than the first is simply called a resident. After completing residency, a physician can enter a fellowship program which provides further specialized training in a particular area. Such physicians are called fellows.

Another name for a resident is a house physician. Assistant resident physicians do not exist.

### III. Effect of Proposed Changes:

**Section 1** amends s. 459.0055, F.S., relating to general licensure requirements for osteopathic physicians. Licensure provisions related to reciprocity for osteopathic physicians licensed in other states is moved from subsection (2) to subsection (1).

The bill grants the board licensure options for:

- Osteopathic physicians licensed in other states who have not actively practiced medicine for more than the previous two years, or
- New, unlicensed physicians who completed internship, residency, or fellowship more than two years ago;
- And physicians whose present ability and fitness to practice osteopathic medicine has been adversely affected by the interruption of their active practice of osteopathic medicine, as determined by the board.

Such physicians may be denied licensure in Florida; be granted a license with restrictions such as the requirement to practice under the supervision of another physician; or be fully licensed upon completion of reasonable conditions, such as remedial training as prescribed by the board. Currently, an osteopathic physician licensed in another state may only be granted a full license, notwithstanding a break in practice for two or more years if the board determines the interruption has not adversely affected the osteopathic physician's ability and fitness to practice osteopathic medicine.

**Section 2** amends s. 459.021, F.S., to remove obsolete and redundant language concerning nomenclature for physicians in training. It also removes language requiring persons desiring to be registered to practice as resident physicians, interns, or fellows to have passed all parts of the examination conducted by the National Board of Osteopathic Medical Examiners and to have completed 1 year of residency.

**Section 3** provides the bill will take effect on July 1, 2012.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

**B. Public Records/Open Meetings Issues:**

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

**C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

The department indicates it may experience a slight increase in workload by evaluating the competencies of certain physicians. However, such evaluations will help improve healthcare in the state by ensuring that all licensed osteopathic physicians are fit to practice independently, and the fiscal impact will be negligible.<sup>7</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Health Regulation on December 7, 2011:**

The CS provides more general guidelines to the board concerning the evaluation for licensure of osteopathic physicians who have been out of active practice for more than two years. Any physician whose present ability and fitness to practice osteopathic medicine has been adversely affected by the interruption of his or her active practice of osteopathic medicine, as determined by the board, may, at the board's discretion, be denied licensure in Florida, granted a license with restrictions, or granted full licensure

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<sup>7</sup> Department of Health, *2012 Bill Analysis, Economic Statement, and Fiscal Note for SB 414*. A copy of this analysis is on file with the Senate Health Regulation Committee.

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upon fulfillment of certain conditions. This replaces language in SB 414 which stated that the board could only deny licensure or grant restricted licensure to those osteopathic physicians who the board determined may lack clinical competency, possess diminished or inadequate skills, lack necessary medical knowledge, or exhibit patterns of deficits in clinical decisionmaking.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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177908

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/07/2011	.	
	.	
	.	
	.	

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The Committee on Health Regulation (Jones) recommended the following:

**Senate Amendment**

Delete lines 34 - 37  
and insert:  
board determines that the interruption of the osteopathic  
physician's practice of osteopathic medicine has adversely  
affected the osteopathic physician's present ability and fitness  
to practice osteopathic medicine, the board may:

By Senator Negrón

28-00401A-12

2012414\_\_

A bill to be entitled

An act relating to osteopathic physicians; amending s. 459.0055, F.S.; revising the requirements for licensure or certification as an osteopathic physician in this state; amending s. 459.021, F.S.; revising provisions relating to registration of physicians, interns, and fellows; providing an effective date.

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

Section 1. Paragraph (m) of subsection (1) and subsection (2) of section 459.0055, Florida Statutes, are amended to read:  
459.0055 General licensure requirements.—

(1) Except as otherwise provided herein, any person desiring to be licensed or certified as an osteopathic physician pursuant to this chapter shall:

(m) Demonstrate that she or he has obtained a passing score, as established by rule of the board, on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the board no more than 5 years before making application in this state or, if holding a valid active license in another state, that the initial licensure in the other state occurred no more than 5 years after the applicant obtained a passing score on the examination conducted by the National Board of Osteopathic Medical Examiners or other substantially similar examination approved by the board.

(2) If the applicant holds a valid active license in another state and it has been more than 2 years since the active

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

28-00401A-12

2012414\_\_

practice of osteopathic medicine, or if an applicant does not hold a valid active license to practice osteopathic medicine in another state and it has been more than 2 years since completion of a resident internship, residency, or fellowship, and the board determines that the applicant may lack clinical competency, possess diminished or inadequate skills, lack necessary medical knowledge, or exhibit patterns of deficits in clinical decisionmaking, the board may:

(a) Deny the application;

(b) Issue a license having reasonable restrictions or conditions that may include, but are not limited to, a requirement for the applicant to practice under the supervision of a physician approved by the board; or

(c) Issue a license upon receipt of documentation confirming that the applicant has met any reasonable conditions of the board which may include, but are not limited to, completing continuing education or undergoing an assessment of skills and training. For an applicant holding a valid active license in another state, he or she shall submit evidence of the active licensed practice of medicine in another jurisdiction in which initial licensure must have occurred no more than 5 years after the applicant obtained a passing score on the examination conducted by the National Board of Medical Examiners or other substantially similar examination approved by the board; however, such practice of osteopathic medicine may have been interrupted for a period totaling no more than 2 years or for a longer period if the board determines that the interruption of the osteopathic physician's practice of osteopathic medicine for such longer period has not adversely affected the osteopathic

Page 2 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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59 ~~physician's present ability and fitness to practice osteopathic~~  
60 ~~medicine.~~

61 Section 2. Subsections (1), (3), (4), and (6) of section  
62 459.021, Florida Statutes, are amended to read:

63 459.021 Registration of resident physicians, interns, and  
64 fellows; list of hospital employees; penalty.—

65 (1) Any person who holds a degree of Doctor of Osteopathic  
66 Medicine from a college of osteopathic medicine recognized and  
67 approved by the American Osteopathic Association who desires to  
68 practice as a resident physician, ~~assistant resident physician,~~  
69 ~~house physician,~~ intern, or fellow in fellowship training which  
70 leads to subspecialty board certification in this state, or any  
71 person desiring to practice as a resident physician, ~~assistant~~  
72 ~~resident physician, house physician,~~ intern, or fellow in  
73 fellowship training in a teaching hospital in this state as  
74 defined in s. 408.07(45) or s. 395.805(2), who does not hold an  
75 active license issued under this chapter shall apply to the  
76 department to be registered, on an application provided by the  
77 department, before commencing such a training program and shall  
78 remit a fee not to exceed \$300 as set by the board.

79 (3) Every hospital or teaching hospital having employed or  
80 contracted with or utilized the services of a person who holds a  
81 degree of Doctor of Osteopathic Medicine from a college of  
82 osteopathic medicine recognized and approved by the American  
83 Osteopathic Association as a resident physician, ~~assistant~~  
84 ~~resident physician, house physician,~~ intern, or fellow in  
85 fellowship training registered under this section shall  
86 designate a person who shall furnish, on dates designated by the  
87 board, in consultation with the department, to the department a

Page 3 of 4

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88 list of all such persons who have served in such hospital during  
89 the preceding 6-month period. The chief executive officer of  
90 each such hospital shall provide the executive director of the  
91 board with the name, title, and address of the person  
92 responsible for filing such reports.

93 (4) The registration may be revoked or the department may  
94 refuse to issue any registration for any cause which would be a  
95 ground for its revocation or refusal to issue a license to  
96 practice osteopathic medicine, as well as on the following  
97 grounds:

98 (a) Omission of the name of an intern, resident physician,  
99 ~~assistant resident physician, house physician,~~ or fellow in  
100 fellowship training from the list of employees required by  
101 subsection (3) to be furnished to the department by the hospital  
102 or teaching hospital served by the employee.

103 (b) Practicing osteopathic medicine outside of a bona fide  
104 hospital training program.

105 (6) Any person desiring registration pursuant to this  
106 section shall meet all the requirements of s. 459.0055, except  
107 paragraphs (l) (l) and (m).

108 Section 3. This act shall take effect July 1, 2012.

Page 4 of 4

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.



**SENATOR JOE NEGRON**  
28th District

## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Budget - Subcommittee on Health and Human Services  
Appropriations, *Chair*  
Budget, *Vice Chair*  
Banking and Insurance  
Communications, Energy, and Public Utilities  
Higher Education  
Reapportionment  
Rules

### SELECT COMMITTEE:

Protecting Florida's Children, *Chair*

### JOINT COMMITTEE:

Legislative Budget Commission

November 3, 2011

The Honorable Rene Garcia, Chair  
Committee on Health Regulation  
530 Knott Building  
404 S Monroe Street  
Tallahassee, FL 32399-1100

Re: Senate Bill 414

Dear Chairman Garcia:

I would like to request Senate Bill 414 relating to osteopathic physicians be placed on the agenda for the next scheduled committee meeting.

Thank you, in advance, for your consideration of this request.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Joe Negron", enclosed in a circular scribble.

Joe Negron  
State Senator  
District 28

JN/hd

c: Sandra Stovall, Staff Director ✓



### REPLY TO:

- 3500 SW Corporate Parkway, Suite 204, Palm City, Florida 34990 (772) 219-1665
- 306 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5088

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**MIKE HARIDOPOLOS**  
President of the Senate

**MICHAEL S. "MIKE" BENNETT**  
President Pro Tempore

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

Prepared By: The Professional Staff of the Health Regulation Committee

**BILL:** CS/SB 450

**INTRODUCER:** Health Regulation Committee and Senator Oelrich

**SUBJECT:** Emergency Medical Services

**DATE:** December 7, 2011      **REVISED:** \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Steele	Stovall	HR	<b>Fav/CS</b>
2.			CA	
3.			BC	
4.				
5.				
6.				

**Please see Section VIII. for Additional Information:**

- |                              |                                     |   |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes        |
| B. AMENDMENTS.....           | <input type="checkbox"/>            | Technical amendments were recommended   |
|                              | <input type="checkbox"/>            | Amendments were recommended             |
|                              | <input type="checkbox"/>            | Significant amendments were recommended |

**I. Summary:**

This bill deletes the requirement for emergency medical technicians (EMTs), paramedics, and 911 public safety telecommunicators, certified under ch. 401, F.S., to complete a course approved by the Department of Health (DOH), regarding the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) as a condition of certification and recertification. The bill updates Florida’s EMT and paramedic training requirements to reflect the 2009 national training standards.

The bill redefines “basic life support” to include the name of the new National EMS Education Standards and changes the timetable for revision of the comprehensive state plan for emergency medical services and programs from biennially to every 5 years.

This bill substantially amends the following sections of the Florida Statutes: 381.0034, 401.23, 401.24, 401.27, and 401.2701.

## II. Present Situation:

Acquired Immune Deficiency Syndrome is a physical disorder that results in the loss of immunity in affected persons. It is caused by a retrovirus known as the Human Immunodeficiency Virus. The HIV infection and AIDS remain leading causes of illness and death in the United States. The Centers for Disease Control and Prevention (CDC) estimated that at the end of 2006 over 1 million persons in the United States were living with HIV/AIDS.<sup>1</sup> According to the CDC, the annual number of AIDS cases and deaths declined substantially after 1994, but stabilized during the period 1999-2004.<sup>2</sup> The number of HIV/AIDS cases among racial/ethnic minority populations and persons exposed to HIV through heterosexual contact has increased since 1994.<sup>3</sup> Florida ranks third<sup>4</sup> among the states in the cumulative number of reported AIDS cases, with 123,112 cases reported through August 2011.<sup>5</sup>

The HIV infection can be transmitted through certain body fluids (blood, semen, vaginal secretions, and breast milk) from an HIV-infected person. These specific fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the blood-stream (from a needle or syringe) for transmission to possibly occur. In the United States, HIV is most commonly transmitted through specific sexual behaviors (anal or vaginal sex) or sharing needles with an infected person.<sup>6</sup>

EMTs and paramedics can be exposed to blood because they treat trauma victims and perform advanced life support procedures using needles and other sharp instruments. They often work under unpredictable, adverse conditions where patients may be experiencing uncontrolled bleeding or disorientation. Exposure to blood can occur from a sharps injury, such as a needlestick after use on a patient or a cut from a contaminated sharp object. Exposure can also occur from a splash to the eyes, nose, or mouth; contact on non-intact (broken or cracked) skin; or a human bite.

According to the CDC, implementation of *Standard Precautions* constitutes the primary strategy for the prevention of health care-associated transmission of infectious agents among patients and health care personnel. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which health care is delivered. These include: hand hygiene; use of gloves, gown,

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<sup>1</sup> *HIV in the United States: An Overview*, Revised July 2010, CDC. Found at:

<[http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/us\\_overview.pdf](http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/us_overview.pdf)> (Last visited on December 5, 2011).

<sup>2</sup> CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings.

MMWR (Morbidity and Mortality Weekly Report), September 22, 2006; 55(RR 14):1-17. Found at:

<<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>> (Last visited on December 5, 2011).

<sup>3</sup> *Id.*

<sup>4</sup> Florida – 2010 Profile. Found at: <[http://www.cdc.gov/nchstp/stateprofiles/pdf/florida\\_profile.pdf](http://www.cdc.gov/nchstp/stateprofiles/pdf/florida_profile.pdf)> (Last visited on December 5, 2011).

<sup>5</sup> The Florida Department of Health, Division of Disease Control, *Monthly Surveillance Report* (Hepatitis, HIV/AIDS, STD and TB), September 2011, p. 16. Found at: <[http://www.doh.state.fl.us/disease\\_ctrl/aids/trends/msr/2011/MSR0911b.pdf](http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2011/MSR0911b.pdf)> (Last visited on December 5, 2011).

<sup>6</sup> CDC, HIV Transmission, *How is HIV passed from one person to another?* Found at:

<<http://www.cdc.gov/hiv/resources/qa/transmission.htm>> (Last visited on December 5, 2011).

mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g. wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).<sup>7</sup>

The CDC and state health departments have been investigating cases of HIV infection in health care personnel without identified risk factors since the early days of the AIDS epidemic. Of those health care personnel for whom case investigations were completed from 1981 to 2010, 57 had documented seroconversion to HIV following occupational exposures. In addition, 143 possible cases of HIV infection have been reported among health care personnel.<sup>8</sup> According to the CDC, there were no documented cases of emergency medical technicians or paramedics having acquired an HIV infection through occupational exposure. However, there were 12 EMTs/paramedics for whom occupational acquisition of an HIV infection might have been possible.<sup>9</sup>

### **Emergency Medical Technicians/Paramedics, Standards and Certification**

The Department of Health, Division of Emergency Operations regulates EMTs and paramedics. “Emergency Medical Technician” is defined under s. 401.23, F.S., to mean a person who is certified by the DOH to perform basic life support, which is the treatment of medical emergencies through the use of techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the U.S. Department of Transportation. “Paramedic” means a person who is certified by the DOH to perform basic *and* advanced life support.

The DOH must establish, by rule, educational and training criteria and examinations for the certification and recertification of EMTs and paramedics.<sup>10</sup> An applicant for certification or recertification as an EMT or paramedic must have completed an appropriate training course as follows:

- For an EMT, an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the U.S. Department of Transportation as approved by the DOH.
- For a paramedic, a paramedic training program equivalent to the most recent paramedic course of the U.S. Department of Transportation as approved by the DOH.

The DOH must also establish by rule, a procedure for biennial renewal of certification of EMTs and paramedics. Such rules for EMTs must require a U.S. Department of Transportation refresher training program of at least 30 hours as approved by the DOH every 2 years. Rules for

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<sup>7</sup> Jane D. Siegel, MD; Emily Rhinehart, RN MPH CIC; Marguerite Jackson, PhD; Linda Chiarello, RN MS; the Healthcare Infection Control Practices Advisory Committee, CDC, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, p. 66. Found at: <<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>> (Last visited on December 5, 2011).

<sup>8</sup> CDC, *Surveillance of Occupationally Acquired HIV/AIDS in Healthcare Personnel, as of December 2010*, updated May, 2011. Available at: <<http://www.cdc.gov/HAI/organisms/hiv/Surveillance-Occupationally-Acquired-HIV-AIDS.html>> (Last visited on December 5, 2011).

<sup>9</sup> *Id.*

<sup>10</sup> s. 401.27, F.S.

paramedics must require candidates for renewal to have taken at least 30 hours of continuing education units during the 2-year period.

### **911 Public Safety Telecommunicator<sup>11</sup>**

“911 public safety telecommunicator” means a public safety dispatch or 911 operator whose duties include, among other things, answering, receiving, transferring, and dispatching functions related to 911 calls and dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency. Certain 911 public safety telecommunicators are required to be certified pursuant to s. 401.465, F.S. The DOH is to establish, by rule, educational and training criteria for the certification and recertification of 911 public safety telecommunicators.

### **Requirement for Instruction on HIV/AIDS**

In 2006, the Legislature revised the requirements for the HIV/AIDS continuing education instruction in the general licensing provisions for health practitioners regulated by s. 456.033, F.S.<sup>12</sup> These practitioners are no longer required to take a course on HIV/AIDS as a condition of initial licensure. They are required to complete a continuing education course on HIV/AIDS for their first licensure renewal.

Under s. 381.0034(3), F.S., the DOH must require applicants for initial licensure or certification as EMTs, paramedics, 911 public safety telecommunicators, midwives, radiologic technologists, or clinical laboratory personnel to complete an educational course on HIV and AIDS. These professions must complete a department-approved course on HIV/AIDS at the time of initial licensure or certification, or do so within 6 months of licensure or certification upon an affidavit showing good cause.

The course must cover modes of transmission, infection control procedures, clinical management, and prevention of HIV/AIDS. The course must also include information on current Florida law on AIDS and its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to HIV counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification. Failure to comply with the educational requirement is grounds for disciplinary action.<sup>13</sup>

Section 381.0034(1), F.S., also provides that the DOH must require, as a condition of biennial relicensure, persons certified or licensed as EMTs, paramedics, 911 public safety telecommunicators, midwives, radiologic technologists, and clinical laboratory personnel to complete an educational course approved by the DOH on HIV/AIDS. Each licensee or certificate holder is to submit confirmation of having completed the course when submitting fees or an application for each biennial renewal.

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<sup>11</sup> s. 401.465, F.S.

<sup>12</sup> See Chapter 2006-251, L.O.F.

<sup>13</sup> s. 381.0034(2), F.S.

## Emergency Medical Services Training Programs<sup>14</sup>

Any private or public institution in Florida desiring to conduct an approved program for the education of EMTs and paramedics must submit a completed application, which must include documentation verifying that the curriculum:

- Meets the course guides and instructor's lesson plans in the most recent Emergency Medical Technician-Basic: National Standard Curricula for emergency medical technician programs and Emergency Medical Technician-Paramedic: National Standard Curricula for paramedic programs;
- Includes 2 hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients as specified by the DOH by rule; and
- Includes 4 hours of instruction on HIV/AIDS training consistent with the requirements of ch. 381, F.S.

## EMT and Paramedic National Standard Curricula

The National Highway Traffic Safety Administration (NHTSA) has assumed responsibility for the development of training courses that are responsive to the standards established by the Highway Safety Act of 1966 (amended). These courses are designed to provide national guidelines for training.

In 1994, the NHTSA completed an extensive revision of the national standard Emergency Medical Technician-Basic Curriculum.<sup>15</sup> The EMT-Basic: National Standard Curriculum is a core curriculum of minimum required information, to be presented within a 110-hour training program, intended to prepare a medically competent EMT-Basic to operate in the field. The 110-hour time constraint of the program, as recommended by the national emergency medical services community during the 1990 NHTSA *Consensus Workshop on Emergency Medical Services Training Programs*, necessitates the need for enrichment and continuing education in order to bring a student to full competency.<sup>16</sup>

The topic of HIV/AIDS is not specifically addressed in the EMT-Basic: National Standard Curriculum. The topic is most likely to be covered in the module of the curriculum that addresses the well-being of the EMT-Basic. This module covers body substance isolation, personal protection from airborne and blood borne pathogens, personal protection equipment, and safety precautions.

The 1994 EMT-Basic: National Standard Curriculum Instructor's Course Guide specifically mentions that: "It is important to understand that this curriculum does not provide students with extensive knowledge in hazardous materials, blood-borne pathogens, emergency vehicle operations or rescue practices in unusual environments. These areas are not core elements of education and practice as identified in the *National EMS Education and Practice Blueprint*. Identified areas of competency not specifically designed within the EMT-Basic: National

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<sup>14</sup> s. 401.2701, F.S.

<sup>15</sup> National Standard Curriculum. Found at: <<http://www.nhtsa.gov/people/injury/ems/pub/emtbnsnc.pdf>> (Last visited on December 5, 2011).

<sup>16</sup> *Id.*, p. 25

Standard Curriculum should be taught in conjunction with this program as a local or state option.”<sup>17</sup>

The EMT-Paramedic: National Standard Curriculum represents the minimum required information to be presented within a course leading to certification as a paramedic. It is recognized that there is additional specific education that will be required of paramedics who operate in the field, i.e. ambulance driving, heavy and light rescue, basic extrication, special needs, and so on. It is also recognized that this information might differ from locality to locality, and that each training program or system should identify and provide special instruction for these training requirements.<sup>18</sup>

The EMT-Basic certification is a prerequisite for the more advanced paramedic education, so the topic of HIV/AIDS would most likely have already been covered by the EMT-Basic: National Standard Curriculum.

The 1998 EMT-Paramedic: National Standard Curriculum Introduction also specifically mentions that: “It is important to recognize that this curriculum does not provide students with extensive knowledge in hazardous materials, blood-borne pathogens, emergency vehicle operations or rescue practices in unusual environments. These areas are not core elements of education and practice as identified in the *National EMS Education and Practice Blueprint*. Identified areas of competency not specifically designed within the EMT-Paramedic: National Standard Curriculum should be taught in conjunction with this program as a local or state option.”<sup>19</sup>

### **The National EMS Education Standards<sup>20</sup>**

The National EMS Education Standards (Standards), led by the National Association of EMS Educators, replace the NHTSA National Standard Curricula at all licensure levels. The Standards define the competencies, clinical behaviors, and judgments that must be met by entry-level EMS personnel to meet practice guidelines defined in the National EMS Scope of Practice Model. Content and concepts defined in the National EMS Core Content are also integrated within the Standards.

The Standards are comprised of four components:

- Competency - This statement represents the minimum competency required for entry-level personnel at each licensure level.
- Knowledge Required to Achieve Competency - This represents an elaboration of the knowledge within each competency (when appropriate) that entry-level personnel would need to master in order to achieve competency.
- Clinical Behaviors/Judgments - This section describes the clinical behaviors and judgments essential for entry-level EMS personnel at each licensure level.

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<sup>17</sup> *Id.*, p. 25

<sup>18</sup> EMT: Paramedic National Standard Curriculum, *Preface*. Found at: <[http://www.nhtsa.gov/people/injury/ems/EMT-P/disk\\_1%5B1%5D/Intro.pdf](http://www.nhtsa.gov/people/injury/ems/EMT-P/disk_1%5B1%5D/Intro.pdf)> (Last visited on December 5, 2011).

<sup>19</sup> *Id.*, p. 19-20

<sup>20</sup> National Emergency Medical Services Education Standards. Found at: <<http://www.ems.gov/pdf/811077a.pdf>> (Last visited on December 5, 2011).

- Educational Infrastructure - This section describes the support standards necessary for conducting EMS training programs at each licensure level.

Each statement in the Standards presumes that the expected knowledge and behaviors are within the scope of practice for that EMS licensure level, as defined by the National EMS Scope of Practice Model. Each competency applies to patients of all ages, unless a specific age group is identified.

The Standards also assume there is a progression in practice from the Emergency Medical Responder level to the Paramedic level. That is, licensed personnel at each level are responsible for all knowledge, judgments, and behaviors at their level and at all levels preceding their level. For example, a Paramedic is responsible for knowing and doing everything identified in that specific area, as well as knowing and doing all tasks in the three preceding levels.

The National EMS Education Standards do not specifically address the topic of HIV/AIDS. Like the National Standard Curricula mentioned above, the Standards cover adherence to Standard Precautions, blood borne pathogens, and disease transmission prevention.

### **Emergency Medical Services State Plan<sup>21</sup>**

The DOH is responsible for the improvement and regulation of basic and advanced life support programs and is required to biennially develop and revise a comprehensive state plan for basic and advanced life support services.

### **III. Effect of Proposed Changes:**

**Section 1** amends s. 381.0034, F.S., to remove the requirement for each person certified under ch. 401, F.S., Medical Telecommunications and Transportation, to complete an educational course about HIV and AIDS as a condition of initial certification and renewal of certification.

**Section 2** amends s. 401.23, F.S., to define “basic life support” as treatment of medical emergencies by a qualified person through the use of techniques described in the Emergency Medical Technician Basic Training Course Curriculum or the National EMS Education Standards of the United States Department of Transportation as approved by the DOH. The bill removes a list of techniques that are examples of the techniques of basic life support.

**Section 3** amends s. 401.24, F.S., relating to the emergency medical services state plan, to require the DOH to develop and revise the comprehensive state plan every 5 years rather than every 2 years.

**Section 4** amends s. 401.27, F.S., relating to ambulance personnel standards and certification, to require the completion of a training course equivalent to the most recent National EMS Education Standards, as approved by the DOH, in order for a person to apply for certification or recertification as an EMT or paramedic. The bill extends the timeframe to pass the examination

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<sup>21</sup> s. 401.24, F.S.

to become certified as an EMT or paramedic from 1 to 2 years following successful course completion.

**Section 5** amends s. 401.2701, F.S., relating to emergency medical services training programs, to include the National EMS Education Standards as a curriculum option for EMT and paramedic training programs.

**Section 6** provides an effective date of July 1, 2012.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

##### **B. Public Records/Open Meetings Issues:**

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

##### **C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

#### **V. Fiscal Impact Statement:**

##### **A. Tax/Fee Issues:**

None.

##### **B. Private Sector Impact:**

None.

##### **C. Government Sector Impact:**

The DOH indicated that the bill would require the department to promulgate rules to remove the HIV/AIDS requirement in 64J-1.008 and 64J-1.009, F.A.C. In addition, the DOH will need to revise a form, publish notice of the rule changes and hold a public hearing with associated overhead costs. The DOH indicated that the fiscal impact will be minimal and can be absorbed within the department's Emergency Medical Services Trust Fund.

#### **VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:**

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

**CS by Health Regulation Committee on December, 7 2011:**

The title was revised to include 911 public safety telecommunicators, which is included in Chapter 401. Grammatical changes were made to clarify that the training courses must be approved by the DOH and language that had been inadvertently struck concerning the training curricula for paramedics was reinstated.

- B. **Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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172906

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/07/2011	.	
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The Committee on Health Regulation (Gaetz) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause and insert:

Section 1. Subsection (1) of section 381.0034, Florida Statutes, is amended to read:

381.0034 Requirement for instruction on HIV and AIDS.—

(1) As of July 1, 1991, the Department of Health shall require each person licensed or certified under ~~chapter 401~~, chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection



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13 control procedures, clinical management, and prevention of human  
14 immunodeficiency virus and acquired immune deficiency syndrome.  
15 Such course shall include information on current state Florida  
16 law on acquired immune deficiency syndrome and its impact on  
17 testing, confidentiality of test results, and treatment of  
18 patients. Each such licensee or certificateholder shall submit  
19 confirmation of having completed the said course, on a form  
20 provided by the department, when submitting fees or application  
21 for each biennial renewal.

22 Section 2. Subsection (7) of section 401.23, Florida  
23 Statutes, is amended to read:

24 401.23 Definitions.—As used in this part, the term:

25 (7) "Basic life support" means treatment of medical  
26 emergencies by a qualified person through the use of techniques  
27 ~~such as patient assessment, cardiopulmonary resuscitation (CPR),~~  
28 ~~splinting, obstetrical assistance, bandaging, administration of~~  
29 ~~oxygen, application of medical antishock trousers,~~  
30 ~~administration of a subcutaneous injection using a premeasured~~  
31 ~~autoinjector of epinephrine to a person suffering an~~  
32 ~~anaphylactic reaction, and other techniques~~ described in the  
33 Emergency Medical Technician Basic Training Course Curriculum or  
34 the National EMS Education Standards of the United States  
35 Department of Transportation, and as approved by the department.  
36 The term ~~"basic life support"~~ also includes other techniques  
37 that ~~which~~ have been approved and are performed under conditions  
38 specified by rules of the department.

39 Section 3. Section 401.24, Florida Statutes, is amended to  
40 read:

41 401.24 Emergency medical services state plan.—The



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42 department is responsible, at a minimum, for the improvement and  
43 regulation of basic and advanced life support programs. The  
44 department shall develop, and ~~biennially~~ revise every 5 years, a  
45 comprehensive state plan for basic and advanced life support  
46 services, the emergency medical services grants program, trauma  
47 centers, the injury control program, and medical disaster  
48 preparedness. The state plan shall include, but need not be  
49 limited to:

50 (1) Emergency medical systems planning, including the  
51 prehospital and hospital phases of patient care, and injury  
52 control effort and unification of such services into a total  
53 delivery system to include air, water, and land services.

54 (2) Requirements for the operation, coordination, and  
55 ongoing development of emergency medical services, which  
56 includes: basic life support or advanced life support vehicles,  
57 equipment, and supplies; communications; personnel; training;  
58 public education; state trauma system; injury control; and other  
59 medical care components.

60 (3) The definition of areas of responsibility for  
61 regulating and planning the ongoing and developing delivery  
62 service requirements.

63 Section 4. Subsections (4) and (12) of section 401.27,  
64 Florida Statutes, are amended to read:

65 401.27 Personnel; standards and certification.—

66 (4) An applicant for certification or recertification as an  
67 emergency medical technician or paramedic must:

68 (a) Have completed an appropriate training course as  
69 follows:

70 1. For an emergency medical technician, an emergency



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71 medical technician training course equivalent to the most recent  
72 national standard curriculum or National EMS Education Standards  
73 ~~emergency medical technician basic training course~~ of the United  
74 States Department of Transportation, and as approved by the  
75 department;

76 2. For a paramedic, a paramedic training program equivalent  
77 to the most recent national standard curriculum or National EMS  
78 Education Standards ~~paramedic course~~ of the United States  
79 Department of Transportation, and as approved by the department;

80 (b) Certify under oath that he or she is not addicted to  
81 alcohol or any controlled substance;

82 (c) Certify under oath that he or she is free from any  
83 physical or mental defect or disease that might impair the  
84 applicant's ability to perform his or her duties;

85 (d) Within 2 years ~~1 year~~ after course completion have  
86 passed an examination developed or required by the department;

87 (e)1. For an emergency medical technician, hold ~~either~~ a  
88 current American Heart Association cardiopulmonary resuscitation  
89 course card or an American Red Cross cardiopulmonary  
90 resuscitation course card or its equivalent as defined by  
91 department rule;

92 2. For a paramedic, hold a certificate of successful course  
93 completion in advanced cardiac life support from the American  
94 Heart Association or its equivalent as defined by department  
95 rule;

96 (f) Submit the certification fee and the nonrefundable  
97 examination fee prescribed in s. 401.34, which examination fee  
98 will be required for each examination administered to an  
99 applicant; and



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100 (g) Submit a completed application to the department, which  
101 application documents compliance with paragraphs (a), (b), (c),  
102 (e), (f), (g), and, if applicable, (d). The application must be  
103 submitted so as to be received by the department at least 30  
104 calendar days before the next regularly scheduled examination  
105 for which the applicant desires to be scheduled.

106 (12) An applicant for certification who is an out-of-state  
107 trained emergency medical technician or paramedic must provide  
108 proof of current emergency medical technician or paramedic  
109 certification or registration based upon successful completion  
110 of the United States Department of Transportation emergency  
111 medical technician or paramedic training curriculum or the  
112 National EMS Education Standards, and as approved by the  
113 department, and hold a current certificate of successful course  
114 completion in cardiopulmonary resuscitation (CPR) or advanced  
115 cardiac life support for emergency medical technicians or  
116 paramedics, respectively, to be eligible for the certification  
117 examination. The applicant must successfully complete the  
118 certification examination within 1 year after the date of the  
119 receipt of his or her application by the department. After 1  
120 year, the applicant must submit a new application, meet all  
121 eligibility requirements, and submit all fees to reestablish  
122 eligibility to take the certification examination.

123 Section 5. Paragraph (a) of subsection (1) and subsection  
124 (5) of section 401.2701, Florida Statutes, are amended to read:

125 401.2701 Emergency medical services training programs.—

126 (1) Any private or public institution in Florida desiring  
127 to conduct an approved program for the education of emergency  
128 medical technicians and paramedics shall:



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129           (a) Submit a completed application on a form provided by  
130 the department, which must include:  
131           1. Evidence that the institution is in compliance with all  
132 applicable requirements of the Department of Education.  
133           2. Evidence of an affiliation agreement with a hospital  
134 that has an emergency department staffed by at least one  
135 physician and one registered nurse.  
136           3. Evidence of an affiliation agreement with a current  
137 ~~Florida-licensed~~ emergency medical services provider that is  
138 licensed in this state. Such agreement shall include, at a  
139 minimum, a commitment by the provider to conduct the field  
140 experience portion of the education program.  
141           4. Documentation verifying faculty, including:  
142           a. A medical director who is a licensed physician meeting  
143 the applicable requirements for emergency medical services  
144 medical directors as outlined in this chapter and rules of the  
145 department. The medical director shall have the duty and  
146 responsibility of certifying that graduates have successfully  
147 completed all phases of the education program and are proficient  
148 in basic or advanced life support techniques, as applicable.  
149           b. A program director responsible for the operation,  
150 organization, periodic review, administration, development, and  
151 approval of the program.  
152           5. Documentation verifying that the curriculum:  
153           a. Meets the ~~course guides and instructor's lesson plans in~~  
154 ~~the~~ most recent Emergency Medical Technician-Basic National  
155 Standard Curricula or the National EMS Education Standards for  
156 emergency medical technician programs and Emergency Medical  
157 Technician-Paramedic National Standard Curricula or the National



158 EMS Education Standards for paramedic programs, and as approved  
159 by the department.

160 b. Includes 2 hours of instruction on the trauma scorecard  
161 methodologies for assessment of adult trauma patients and  
162 pediatric trauma patients as specified by the department by  
163 rule.

164 ~~e. Includes 4 hours of instruction on HIV/AIDS training~~  
165 ~~consistent with the requirements of chapter 381.~~

166 6. Evidence of sufficient medical and educational equipment  
167 to meet emergency medical services training program needs.

168 (5) Each approved program must notify the department within 30  
169 days after ~~of~~ any change in the professional or employment  
170 status of faculty. Each approved program must require its  
171 students to pass a comprehensive final written and practical  
172 examination evaluating the skills described in the current  
173 United States Department of Transportation EMT-Basic or EMT-  
174 Paramedic, National Standard Curriculum or the National EMS  
175 Education Standards, and as approved by the department. Each  
176 approved program must issue a certificate of completion to  
177 program graduates within 14 days after ~~of~~ completion.

178 Section 6.

179

180 ===== T I T L E A M E N D M E N T =====

181 And the title is amended as follows:

182 Delete everything before the enacting clause  
183 and insert:

184 A bill to be entitled

185 An act relating to emergency medical services;

186 amending s. 381.0034, F.S.; deleting the requirement



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187 for emergency medical technicians, paramedics, and 911  
188 public safety telecommunicators to complete an  
189 educational course on the modes of transmission,  
190 infection control procedures, clinical management, and  
191 prevention of human immunodeficiency virus and  
192 acquired immune deficiency syndrome; amending s.  
193 401.23, F.S.; redefining the term "basic life support"  
194 for purposes of the Raymond H. Alexander, M.D.,  
195 Emergency Medical Transportation Services Act;  
196 amending s. 401.24, F.S.; revising the period for  
197 review of the comprehensive state plan for emergency  
198 medical services and programs; amending s. 401.27,  
199 F.S.; revising the requirements for certification or  
200 recertification as an emergency medical technician or  
201 paramedic; revising the requirements for certification  
202 for an out-of-state trained emergency medical  
203 technician or paramedic; amending s. 401.2701, F.S.;  
204 revising requirements for an institution that conducts  
205 an approved program for the education of emergency  
206 medical technicians and paramedics; revising the  
207 requirements that students must meet in order to  
208 receive a certificate of completion from an approved  
209 program; providing an effective date.; providing an  
210 effective date.

By Senator Oelrich

14-00528-12

2012450\_\_

A bill to be entitled

An act relating to emergency medical services; amending s. 381.0034, F.S.; deleting the requirement for emergency medical technicians and paramedics to complete an educational course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome; amending s. 401.23, F.S.; redefining the term "basic life support" for purposes of the Raymond H. Alexander, M.D., Emergency Medical Transportation Services Act; amending s. 401.24, F.S.; revising the period for review of the comprehensive state plan for emergency medical services and programs; amending s. 401.27, F.S.; revising the requirements for certification or recertification as an emergency medical technician or paramedic; revising the requirements for certification for an out-of-state trained emergency medical technician or paramedic; amending s. 401.2701, F.S.; revising requirements for an institution that conducts an approved program for the education of emergency medical technicians and paramedics; revising the requirements that students must meet in order to receive a certificate of completion from an approved program; providing an effective date.

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

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**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

14-00528-12

2012450\_\_

Section 1. Subsection (1) of section 381.0034, Florida Statutes, is amended to read:

381.0034 Requirement for instruction on HIV and AIDS.—

(1) As of July 1, 1991, the Department of Health shall require each person licensed or certified under ~~chapter 401,~~ chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current state Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed the said course, on a form provided by the department, when submitting fees or application for each biennial renewal.

Section 2. Subsection (7) of section 401.23, Florida Statutes, is amended to read:

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

(7) "Basic life support" means treatment of medical emergencies by a qualified person through the use of techniques ~~such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques~~ described in the Emergency Medical Technician Basic Training Course Curriculum or

Page 2 of 7

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

14-00528-12 2012450  
 59 the National EMS Education Standards of the United States  
 60 Department of Transportation as approved by the department. The  
 61 term "~~basic life support~~" also includes other techniques that  
 62 ~~which~~ have been approved and are performed under conditions  
 63 specified by rules of the department.

64 Section 3. Section 401.24, Florida Statutes, is amended to  
 65 read:

66 401.24 Emergency medical services state plan.—The  
 67 department is responsible, at a minimum, for the improvement and  
 68 regulation of basic and advanced life support programs. The  
 69 department shall develop, and ~~biennially~~ biennially revise every 5 years, a  
 70 comprehensive state plan for basic and advanced life support  
 71 services, the emergency medical services grants program, trauma  
 72 centers, the injury control program, and medical disaster  
 73 preparedness. The state plan shall include, but need not be  
 74 limited to:

75 (1) Emergency medical systems planning, including the  
 76 prehospital and hospital phases of patient care, and injury  
 77 control effort and unification of such services into a total  
 78 delivery system to include air, water, and land services.

79 (2) Requirements for the operation, coordination, and  
 80 ongoing development of emergency medical services, which  
 81 includes: basic life support or advanced life support vehicles,  
 82 equipment, and supplies; communications; personnel; training;  
 83 public education; state trauma system; injury control; and other  
 84 medical care components.

85 (3) The definition of areas of responsibility for  
 86 regulating and planning the ongoing and developing delivery  
 87 service requirements.

14-00528-12 2012450  
 88 Section 4. Subsections (4) and (12) of section 401.27,  
 89 Florida Statutes, are amended to read:

90 401.27 Personnel; standards and certification.—

91 (4) An applicant for certification or recertification as an  
 92 emergency medical technician or paramedic must:

93 (a) Have completed an appropriate training course as  
 94 follows:

95 1. For an emergency medical technician, an emergency  
 96 medical technician training course equivalent to the most recent  
 97 National EMS Education Standards ~~emergency medical technician~~  
 98 ~~basic training course~~ of the United States Department of  
 99 Transportation as approved by the department;

100 2. For a paramedic, a paramedic training program equivalent  
 101 to the most recent national standard curriculum or National EMS  
 102 Education Standards ~~paramedic course~~ of the United States  
 103 Department of Transportation as approved by the department;

104 (b) Certify under oath that he or she is not addicted to  
 105 alcohol or any controlled substance;

106 (c) Certify under oath that he or she is free from any  
 107 physical or mental defect or disease that might impair the  
 108 applicant's ability to perform his or her duties;

109 (d) Within 2 years ~~1 year~~ after course completion have  
 110 passed an examination developed or required by the department;

111 (e) 1. For an emergency medical technician, hold ~~either~~ a  
 112 current American Heart Association cardiopulmonary resuscitation  
 113 course card or an American Red Cross cardiopulmonary  
 114 resuscitation course card or its equivalent as defined by  
 115 department rule;

116 2. For a paramedic, hold a certificate of successful course

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117 completion in advanced cardiac life support from the American  
118 Heart Association or its equivalent as defined by department  
119 rule;

120 (f) Submit the certification fee and the nonrefundable  
121 examination fee prescribed in s. 401.34, which examination fee  
122 will be required for each examination administered to an  
123 applicant; and

124 (g) Submit a completed application to the department, which  
125 application documents compliance with paragraphs (a), (b), (c),  
126 (e), (f), (g), and, if applicable, (d). The application must be  
127 submitted so as to be received by the department at least 30  
128 calendar days before the next regularly scheduled examination  
129 for which the applicant desires to be scheduled.

130 (12) An applicant for certification who is an out-of-state  
131 trained emergency medical technician or paramedic must provide  
132 proof of current emergency medical technician or paramedic  
133 certification or registration based upon successful completion  
134 of the United States Department of Transportation emergency  
135 medical technician or paramedic training curriculum or the  
136 National EMS Education Standards as approved by the department  
137 and hold a current certificate of successful course completion  
138 in cardiopulmonary resuscitation (CPR) or advanced cardiac life  
139 support for emergency medical technicians or paramedics,  
140 respectively, to be eligible for the certification examination.  
141 The applicant must successfully complete the certification  
142 examination within 1 year after the date of the receipt of his  
143 or her application by the department. After 1 year, the  
144 applicant must submit a new application, meet all eligibility  
145 requirements, and submit all fees to reestablish eligibility to

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146 take the certification examination.

147 Section 5. Paragraph (a) of subsection (1) and subsection  
148 (5) of section 401.2701, Florida Statutes, are amended to read:  
149 401.2701 Emergency medical services training programs.—

150 (1) Any private or public institution in Florida desiring  
151 to conduct an approved program for the education of emergency  
152 medical technicians and paramedics shall:

153 (a) Submit a completed application on a form provided by  
154 the department, which must include:

155 1. Evidence that the institution is in compliance with all  
156 applicable requirements of the Department of Education.

157 2. Evidence of an affiliation agreement with a hospital  
158 that has an emergency department staffed by at least one  
159 physician and one registered nurse.

160 3. Evidence of an affiliation agreement with a current  
161 ~~Florida-licensed~~ emergency medical services provider that is  
162 licensed in this state. Such agreement shall include, at a  
163 minimum, a commitment by the provider to conduct the field  
164 experience portion of the education program.

165 4. Documentation verifying faculty, including:

166 a. A medical director who is a licensed physician meeting  
167 the applicable requirements for emergency medical services  
168 medical directors as outlined in this chapter and rules of the  
169 department. The medical director shall have the duty and  
170 responsibility of certifying that graduates have successfully  
171 completed all phases of the education program and are proficient  
172 in basic or advanced life support techniques, as applicable.

173 b. A program director responsible for the operation,  
174 organization, periodic review, administration, development, and

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175 approval of the program.

176 5. Documentation verifying that the curriculum:

177 a. Meets the ~~course guides and instructor's lesson plans in~~  
178 ~~the~~ most recent Emergency Medical Technician-Basic National  
179 Standard Curricula or the National EMS Education Standards for  
180 emergency medical technician programs and paramedic Emergency  
181 ~~Medical Technician-Paramedic National Standard Curricula for~~  
182 paramedic programs as approved by the department.

183 b. Includes 2 hours of instruction on the trauma scorecard  
184 methodologies for assessment of adult trauma patients and  
185 pediatric trauma patients as specified by the department by  
186 rule.

187 ~~e. Includes 4 hours of instruction on HIV/AIDS training~~  
188 ~~consistent with the requirements of chapter 381.~~

189 6. Evidence of sufficient medical and educational equipment  
190 to meet emergency medical services training program needs.

191 (5) Each approved program must notify the department within  
192 30 days after ~~of~~ any change in the professional or employment  
193 status of faculty. Each approved program must require its  
194 students to pass a comprehensive final written and practical  
195 examination evaluating the skills described in the current  
196 United States Department of Transportation EMT-Basic or EMT-  
197 Paramedic, National Standard Curriculum or the National EMS  
198 Education Standards as approved by the department. Each approved  
199 program must issue a certificate of completion to program  
200 graduates within 14 days after ~~of~~ completion.

201 Section 6. This act shall take effect July 1, 2012.



The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Committee on Health Regulation

**Subject:** Committee Agenda Request

**Date:** November 14, 2011

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I respectfully request that **Senate Bill # 450**, relating to Emergency Medical Services, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in cursive script that reads "Steve Oelrich".

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Senator Steve Oelrich  
Florida Senate, District 14

 ENTERED

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/2011  
Meeting Date

Topic C. CEMS EDUCATION

Bill Number 450  
*(if applicable)*

Name Daniel Griffin

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Past President

Address 4621 NW 46 CT  
*Street*

Phone 352-494-1158

Gainesville FL 32608  
*City State Zip*

E-mail dgriffin1@cox.net

Speaking:  For  Against  Information

Representing FLORIDA CEMS EDUCATORS

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

THE FLORIDA SENATE  
**APPEARANCE RECORD**

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)



Meeting Date \_\_\_\_\_

Topic EMS TRAINING

Bill Number 450  
(if applicable)

Name SHARON CROW

Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title VP

Address 1200 W. 15B BLVD.

Phone 386-295-6258

Street  
DAYTONA BEACH, FL 32114  
City State Zip

E-mail CROWSD@daytonastate.edu

Speaking:  For  Against  Information

Representing DAYTONA STATE COLLEGE

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

Prepared By: The Professional Staff of the Health Regulation Committee

**BILL:** CS/SB 470

**INTRODUCER:** Health Regulation Committee and Senator Jones

**SUBJECT:** Chiropractic Medicine

**DATE:** December 7, 2011      **REVISED:** \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HR	<b>Fav/CS</b>
2.			BC	
3.				
4.				
5.				
6.				

**Please see Section VIII. for Additional Information:**

A. COMMITTEE SUBSTITUTE.....  Statement of Substantial Changes

B. AMENDMENTS.....  Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

**I. Summary:**

The bill revises the regulation of chiropractic medicine in several ways. It:

- Expands eligibility for obtaining a chiropractic medicine faculty certificate;
- Authorizes the Board of Chiropractic Medicine (the Board) to review continuing education courses sponsored by chiropractic colleges before approving them;
- Prohibits approval of chiropractic continuing education courses that pertain to a specific company brand, product line, or service;
- Expands statutory licensure requirements for chiropractic physicians to include passage of Part IV of the National Board of Chiropractic Examiners' (NBCE) certification examination and the NBCE physiotherapy examination;
- Specifies that chiropractic physicians must preserve the identity of funds and property of a patient if the value of the funds and property is greater than \$501;
- Specifies that money or other property entrusted to a chiropractic physician by a patient may not exceed the value of \$1,500;
- Limits indirect supervision of a certified chiropractic physician's assistant (CCPA) to the supervising physician's address of record;
- Eliminates the 24-month requirement for the CCPA curriculum;

- Establishes processes and procedures for the mandatory registration of a person employed as a registered chiropractic assistant (RCA);
- Requires a fee of no more than \$25 for RCA registration and registration renewal; and
- Expands and revises the exceptions to ownership and control of a chiropractic practice by persons other than licensed chiropractic physicians.

This bill substantially amends the following sections of the Florida Statutes: 460.406, 460.4062, 460.408, 460.413, 460.4165, 460.4166, and 460.4167.

## II. Present Situation:

### *Chiropractic Medicine Faculty Certificates*

The Department of Health (DOH) is authorized to issue a chiropractic medicine faculty certificate to individuals who meet certain criteria specified in law. A chiropractic medicine faculty certificate authorizes the certificate holder to practice chiropractic medicine only in conjunction with his or her faculty position at a university or college and its affiliated clinics that are registered with the Board as sites at which holders of chiropractic medicine faculty certificates will be practicing. The DOH is authorized to issue a chiropractic medicine faculty certificate without examination to an individual who demonstrates to the Board that he or she, among other requirements, has accepted a full-time faculty appointment to teach chiropractic medicine at a publicly-funded state university or college or at a college of chiropractic medicine located in Florida and accredited by the Council on Chiropractic Education, and who provides a certification from the dean of the appointing college acknowledging the appointment.<sup>1</sup> There is no such provision for researchers or part-time faculty in the requirements for obtaining a chiropractic medicine faculty certificate, a medical faculty certificate, or an osteopathic faculty certificate.

### *Continuing Chiropractic Education*

The Board requires licensed chiropractors to periodically demonstrate their professional competence as a condition of license renewal by completing up to 40 hours of continuing education. Florida Statutes indicate that the Board shall approve continuing education courses that build upon the basic courses required for the practice of chiropractic medicine.<sup>2</sup> To receive Board approval, a continuing education course must meet a number of criteria specified in rule, including the requirement that the course be offered for the purpose of keeping the licensee apprised of advancements and new developments in areas such as general or spinal anatomy; physiology; general or neuro-muscular diagnosis; X-ray technique or interpretation; chemistry; pathology; microbiology; public health; principles or practice of chiropractic medicine; risk management; laboratory diagnosis; nutrition; physiotherapy; phlebotomy; acupuncture; proprietary drug administration; AIDS; and law relating to the practice of chiropractic medicine, the Board, and the regulatory agency under which the Board operates.<sup>3</sup>

### *National Examination Requirements for Licensure*

As part of the licensing process for chiropractic medicine, most states require passage of a national examination offered by the NBCE. The NBCE examination consists of four parts.

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<sup>1</sup> See s. 460.4062(1), F.S.

<sup>2</sup> See s. 460.408(1)(b), F.S.

<sup>3</sup> See s. 64B2-13.004, F.A.C.

Parts I-III are multiple choice and cover basic and clinical sciences, and Part IV is a practical portion which assesses chiropractic technique, X-ray interpretation and diagnosis, and case management.<sup>4,5</sup> The NBCE also offers a multiple-choice physiotherapy examination. Board rules currently require passage of all four parts of the NBCE examination as well as the physiotherapy examination for licensure of chiropractic physicians, although only Parts I-III of the examination are required in statute.<sup>6</sup>

#### ***Grounds for Denial of a Chiropractic Medicine License or Disciplinary Action***

Current law and rules of the Board allow chiropractic physicians to accept and hold in trust all unearned fees in the form of cash or property other than cash which are received by a chiropractor prior to the rendering of services or the selling of goods and appliances. Chiropractors who utilize such trust funds are required to maintain trust accounting records and observe certain trust accounting procedures. Failure to preserve the identity of funds and property of a patient constitutes grounds for denial of a license or disciplinary action.<sup>7</sup>

#### ***Supervision of Certified Chiropractic Physician's Assistants***

A CCPA may perform chiropractic services in the specialty area or areas for which he or she is trained or experienced when such services are rendered under the supervision of a licensed chiropractic physician or group of chiropractic physicians certified by the Board, under certain requirements and parameters.

“Direct supervision” is defined as responsible supervision and requires, except in case of an emergency, the physical presence of the licensed chiropractic physician on the premises for consultation and direction. “Indirect supervision” means responsible supervision and control by the supervising chiropractic physician and requires the “easy availability” or physical presence of the licensed chiropractic physician for consultation and direction of the actions of the CCPA. “Easy availability” means the supervising chiropractic physician must be in a location to enable him or her to be physically present with the CCPA within at least 30 minutes and must be available to the CCPA when needed for consultation and advice either in person or by communication devices such as telephone, two-way radio, medical beeper, or other electronic means.<sup>8</sup>

Under current law, indirect supervision of a CCPA is authorized if the indirect supervision occurs at the address of record or any place of practice of a chiropractic physician to whom he or she is assigned.<sup>9</sup> Indirect supervision is not authorized for CCPAs performing services at a health care clinic licensed under part X of ch. 400, F.S.<sup>10</sup>

#### ***Education and Training of Certified Chiropractic Physician's Assistants***

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<sup>4</sup> NBCE, *Written Examinations*, available at <http://www.nbce.org/written/overview.html> (last visited on November 29, 2011).

<sup>5</sup> NBCE, *Practical Examination*, available at <http://www.nbce.org/practical/overview.html> (last visited on November 29, 2011).

<sup>6</sup> Rule 64B2-11.001(2), F.A.C. and s. 460.406(1)(e), F.S.

<sup>7</sup> See s. 460.413(1)(y), F.S., and s. 64B2-14.001, F.A.C.

<sup>8</sup> See s. 64B2-18.001(8)-(9), F.A.C.

<sup>9</sup> See s. 460.4165(2)(b), F.S.

<sup>10</sup> See s. 460.4165(14), F.S.

The DOH is directed under current law to issue certificates of approval for education and training programs for CCPAs which meet Board standards. Any basic program curriculum certified by the Board must cover a period of 24 months and consist of at least 200 didactic classroom hours during the 24 months.<sup>11</sup>

***Registered Chiropractic Assistants***

An RCA assists in all aspects of chiropractic medical practice under the direct supervision and responsibility of a chiropractic physician or CCPA. An RCA assists with patient care management, executes administrative and clinical procedures, and often performs managerial and supervisory functions, all of which may include performing clinical procedures such as preparing patients for the chiropractic physician's care, taking vital signs, and observing and reporting patients' signs or symptoms; administering basic first aid; assisting with patient examinations or treatments other than manipulations or adjustments; operating office equipment; collecting routine laboratory specimens, administering nutritional supplements, and performing office procedures required by the chiropractic physician or the CCPA.

RCAs may be registered by the Board for a biennial fee not to exceed \$25, but Board registration is not mandatory.<sup>12</sup> In state fiscal year 2010-2011, the DOH received 956 applications for voluntary RCA registration.<sup>13</sup>

***Proprietorship and Control by Persons Other Than Licensed Chiropractic Physicians***

Generally only a sole proprietorship, group practice, partnership, or corporation that is wholly owned by one or more chiropractic physicians, or by a chiropractic physician and the spouse, parent, child, or sibling of that chiropractic physician, may employ a chiropractic physician or engage a chiropractic physician as an independent contractor to provide chiropractic services. However, s. 460.4167, F.S., provides for a number of exceptions, which include medical doctors, osteopaths, hospitals, and state-licensed insurers, among others. No exception exists for the surviving spouse, parent, child, or sibling of a deceased chiropractic physician or for a health maintenance organization or prepaid health clinic regulated under ch. 641, F.S., to employ or engage a chiropractic physician.<sup>14</sup>

Current law also prohibits persons who are not chiropractic physicians, entities not wholly owned by one or more chiropractic physicians, and entities not wholly owned by chiropractic physicians and the spouse, parent, child, or sibling of a chiropractic physician, from employing or entering into a contract with a chiropractic physician and thereby exercising control over patient records, decisions relating to office personnel and hours of practice, and policies relating to pricing, credit, refunds, warranties, and advertising. No exceptions to this prohibition are contained in current law.<sup>15</sup>

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<sup>11</sup> See s. 460.4165(5), F.S.

<sup>12</sup> See s. 460.4166, F.S.

<sup>13</sup> Email correspondence with Bruce Deterding, Executive Director of the Board of Chiropractic Medicine. A copy of this correspondence is on file with the Senate Health Regulation Committee.

<sup>14</sup> See s. 460.4167(1), F.S.

<sup>15</sup> See s. 460.4167(4), F.S.

### III. Effect of Proposed Changes:

**Section 1** amends s. 460.4062, F.S., relating to chiropractic medicine faculty certificates, to authorize the DOH to issue a faculty certificate to a person who performs research or has accepted a part-time faculty appointment to teach in a program of chiropractic medicine at a publicly funded state university, college, or a chiropractic college in Florida, assuming the person meets other statutory requirements for faculty certification.

**Section 2** amends s. 460.408, F.S., relating to continuing chiropractic education, to prohibit the Board from approving continuing education courses consisting of instruction in the use, application, prescription, recommendation, or administration of a specific company's brand of products or services as contact classroom hours of continuing education. The bill also *allows* the Board to approve courses sponsored by chiropractic colleges if all other requirements of Board criteria for course approval are met, as opposed to the *required* approval of such courses in current law.

**Section 3** amends s. 460.406, F.S., to expand licensure requirements for chiropractic physicians to include passage of Part IV of the NBCE certification examination and the NBCE physiotherapy examination.

**Section 4** amends s. 460.413, F.S., relating to grounds for disciplinary action against a chiropractic physician, to specify that failing to preserve the identity of funds and property of a patient is grounds for license denial or disciplinary action only when the value of the funds and property is greater than \$501. The bill limits the amount of money or other property that may be entrusted to a chiropractor for a specific purpose, including advances for costs and expenses of examination or treatment, to the value of \$1,500.

**Section 5** amends s. 460.4165, F.S., relating to certified chiropractic physician's assistants, to limit the venues at which CCPAs are allowed to perform chiropractic services under the indirect supervision of a chiropractic physician by removing the chiropractor's place of practice as an authorized venue. A CCPA may continue to perform chiropractic service under indirect supervision at the supervising chiropractor's address of record unless the address or record is a health clinic licensed under part X of ch. 400, F.S.

The bill also removes the requirement that education and training programs for CCPAs must cover a period of 24 months.

**Section 6** amends s. 460.4166, F.S., relating to registered chiropractic assistants, to specify that clinical procedures performed by an RCA include the operation of therapeutic office equipment.

The bill creates a mandatory RCA registration process, effective April 1, 2013, for any person who performs any duties of an RCA, unless the person is otherwise certified or licensed to perform those functions. The registration fee is not to exceed \$25. A person employed as an RCA must apply for an initial registration with the Board by March 31, 2013, or within 30 days after becoming employed as an RCA, whichever is later. The applicant must list his or her place of employment and all chiropractors under whose supervision the applicant performs the duties of an RCA. The application must be signed by a chiropractor who is an owner of the RCA's

place of employment. The initial registration becomes effective on April 1, 2013, or applies retroactively to the RCA's date of employment, whichever is later. The bill allows the RCA to be supervised by any chiropractor or CCPA who is employed by the RCA's employer or listed on the application.

The bill requires an RCA, within 30 days after a change of employment, to notify the Board of the new place of employment and the names of the new chiropractic physicians under whose supervision the RCA will practice. The notification must be signed by a chiropractor who is an owner of the RCA's new place of employment. The bill allows the RCA to be supervised by any chiropractor or CCPA employed by the RCA's new employer or listed on the notification.

The bill requires an RCA's employer as registered with the Board, within 30 days after an RCA leaves employment, to notify the Board that the RCA is no longer employed there.

The bill renders an employee who performs none of the duties of an RCA as described under s. 460.4166(2), F.S., as ineligible to register as an RCA.

The bill creates a biennial registration renewal process for RCAs and provides for a renewal fee of less than \$25. The renewal application must specify the RCA's place of employment and all supervising chiropractors. The renewal must be signed by a chiropractor, who is an owner of the RCA's place of employment, and the bill allows the RCA to be supervised by any chiropractor or CCPA employed by the RCA's employer or listed on the registration renewal.

The bill requires the Board to prescribe, by rule, application forms for the initial registration of an RCA, the RCA's notice of change of employment, the employer's notice of an RCA's termination of employment, and the registration renewal for an RCA. The bill also allows the Board to accept or require electronically submitted registration applications, notifications, renewals, attestations, or signatures in lieu of paper applications or actual signatures.

The bill specifies that if an RCA is employed by an entity not owned in whole or in part by a chiropractor, the RCA registration, notification, and renewal documents requiring signatures must be signed by a person having an ownership interest in the entity that employs the RCA and by the licensed chiropractor who supervises the RCA.

**Section 7** amends s. 460.4167, F.S., relating to proprietorship by persons other than licensed chiropractic physicians, to recognize other entities such as limited liability companies, limited partnerships, professional associations, and trusts as authorized proprietorships that may employ a chiropractic physician or engage a chiropractic physician as an independent contractor to provide chiropractic services.

More specifically, the bill creates or revises the following exceptions to the requirement that no person other than a sole proprietorship, group practice, partnership, or corporation that is wholly owned by one or more licensed chiropractic physicians, or by a licensed chiropractic physician and the spouse, parent, child, or sibling of that chiropractic physician, may employ a chiropractic physician or engage a chiropractic physician as an independent contractor to provide chiropractic services:

- A limited liability company, limited partnership, any person, professional association, or any other entity that is wholly owned by:
  - A licensed chiropractic physician and the spouse or surviving spouse, parent, child, or sibling of the chiropractic physician; or
  - A trust whose trustees are licensed chiropractic physicians and the spouse, parent, child, or sibling of a chiropractic physician;
- A limited liability company, limited partnership, professional association, or any other entity wholly owned by a licensed chiropractor or chiropractors, a licensed medical doctor or medical doctors, a licensed osteopath or osteopaths, or a licensed podiatrist or podiatrists;
- An entity that is wholly owned, directly or indirectly, by a licensed or registered hospital or other entity licensed or registered under ch. 395, F.S.;
- An entity that is wholly owned and operated by an organization that is exempt from federal taxation under s. 501(c)(3) or (4) of the Internal Revenue Code;
- A health care clinic licensed under part X of ch. 400, F.S. that provides chiropractic services by a licensed chiropractic physician; and
- A health maintenance organization or prepaid health clinic regulated under ch. 641, F.S.

Upon the death of a chiropractic physician who wholly owns a sole proprietorship, group practice, partnership, corporation, limited liability company, limited partnership, professional association, or any other entity, with his or her spouse, parent, child, or sibling, and that wholly-owned entity employs a licensed chiropractic physician or engages a chiropractor as an independent contractor to provide chiropractic services, the bill allows the deceased chiropractic physician's surviving spouse or adult children to hold, operate, pledge, sell, mortgage, assign, transfer, own, or control the deceased chiropractic physician's ownership interests for so long as the surviving spouse or adult children remain the sole proprietor of the chiropractic practice.

The bill also grants authority to an authorized employer of a chiropractic physician to exercise control over:

- The patient records of the employed chiropractor;
- Policies and decisions relating to pricing, credit, refunds, warranties, and advertising; and
- Decisions relating to office personnel and hours of practice.

The bill also corrects obsolete statute citations relating to penalties for certain third-degree felonies.

**Section 8** provides that the bill takes effect July 1, 2012.

**Other Potential Implications:**

The DOH advises that the mandatory regulation of RCAs may enable chiropractic physicians to seek third-party reimbursements for therapeutic services or the administration of therapeutic agents by RCAs.

**IV. Constitutional Issues:****A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

**B. Public Records/Open Meetings Issues:**

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

**C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

The bill requires the Board to assess a biennial fee for RCA registration and renewal not to exceed \$25.

**B. Private Sector Impact:**

Additional chiropractic faculty will be eligible for a chiropractic medicine faculty certificate under this bill.

The performance of chiropractic services by CCPAs will be limited to certain venues, possibly causing a negative fiscal impact on this group.

RCAs in Florida will have to register with the DOH, undergo a biennial renewal process, and submit notices to the DOH upon changing employers. This will cause a negative fiscal impact on RCAs. Former employers of RCAs will also have to notify the DOH when an RCA leaves employment, increasing the employers' administrative burden.

Additional entities will be able to employ and manage chiropractors.

**C. Government Sector Impact:**

There will be an increase in workload for the DOH relating to processing additional applications for chiropractic medicine faculty certificates, reviewing the continuing education courses, rulemaking, updating and modifying the Customer Oriented Medical Practitioner Administration System (COMPAS), and responding to complaints filed against CCPAs who continue to perform services at places other than their supervising chiropractor's address of record.

Currently, the DOH contracts services for processing of initial and renewal applications and fees at a per-application rate. With the addition of RCAs to this registration and renewal pool, processing costs will increase under the contract.

The DOH estimates that it will require additional resources and budget authority, including one full-time equivalent position (FTE), to implement the provisions of this bill. Total cost of the bill, including the hire of 1 FTE and the increase in application processing fees under the DOH's current contract, is estimated to be \$67,753 for the first year of the bill's implementation and \$46,903 for the second year. Total revenue generated from the bill, encompassing registration fees, unlicensed activity fees, and the general revenue surcharge, is estimated to be \$69,966 for the first year of implementation and \$8,225 for the second year.<sup>16</sup>

## VI. Technical Deficiencies:

Lines 351-357 state that if an RCA is not employed by an entity owned by a licensed chiropractic physician, his or her registration, notification, or renewal documents should instead be signed by someone who owns the entity which employs the RCA as well as *the* licensed chiropractic physician who supervises the RCA. However, other parts of the bill state that an RCA may be supervised by any licensed chiropractic physician or CCPA who is employed by the RCA's employer or who is listed on the registration, notification, or renewal paperwork. It is unclear which or how many supervising chiropractors are required to sign the RCA's registration, notification, or renewal documents in the case that the RCA's employing entity is not owned by a chiropractor.

Lines 357-360 concerning electronic signatures is confusing as written. "In which instance all other requirements in this section apply" implies that there is an instance in which all other requirements do not apply, although it is unclear what that instance might be or which requirements do not apply in that case.

## VII. Related Issues:

Section 6 of the bill requires an RCA to submit an initial application within 30 days after employment, and the registration applies retroactively to the date of employment. The DOH advises that the grace period of 30 days after employment to submit the registration application could conflict with s. 456.065, F.S., which provides for civil and criminal penalties for the unlicensed practice of a profession. Under the bill, unlicensed practice for 30 days of employment is acceptable if the registration is applied for no later than the end of the 30 days. If the Board does not receive an RCA application, then retroactivity will not apply and the unregistered RCA may be prosecuted for unlicensed practice.

Section 456.0635, F.S., requires a board or the DOH to refuse to issue or renew a license, certificate, or registration to any applicant if the applicant has been convicted of, or entered a plea of guilty or nolo contendere to a felony under ch. 409, F.S., relating to social and economic assistance; ch. 817, F.S., relating to fraudulent practices; ch. 893, F.S., relating to controlled

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<sup>16</sup> Department of Health, *2012 Bill Analysis, Economic Statement, and Fiscal Note for SB 470*. A copy is on file with the Senate Health Regulation Committee.

substances; or certain federal laws, unless the sentence and any subsequent period of probation ended more than 15 years prior to the date of the application. The bill's mandatory RCA registration might impact the ability of certain persons to remain or become employed in a chiropractor's office.

**VIII. Additional Information:**

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

**CS by Health Regulation on December 7, 2011:**

The CS requires that applicants for chiropractic licensure in Florida also pass the NBCE physiotherapy examination.

- B. **Amendments:**

None.



301946

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/07/2011	.	
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	.	

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The Committee on Health Regulation (Jones) recommended the following:

**Senate Amendment**

Delete lines 139 - 141  
and insert:

(e) Successfully completed the National Board of Chiropractic Examiners certification examination in parts I, II, ~~and~~ III, and IV, and the physiotherapy examination of the National Board of Chiropractic Examiners, with a score approved by the board.

By Senator Jones

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1 A bill to be entitled  
 2 An act relating to chiropractic medicine; amending s.  
 3 460.4062, F.S.; revising the requirements for  
 4 obtaining a chiropractic medicine faculty certificate;  
 5 amending s. 460.408, F.S.; authorizing the Board of  
 6 Chiropractic Medicine to approve continuing education  
 7 courses sponsored by chiropractic colleges under  
 8 certain circumstances; prohibiting the board from  
 9 approving certain courses in continuing chiropractic  
 10 education; amending s. 460.406, F.S.; revising  
 11 requirements for a person who desires to be licensed  
 12 as a chiropractic physician; amending s. 460.413,  
 13 F.S.; requiring that a chiropractic physician preserve  
 14 the identity of funds or property of a patient in  
 15 excess of a specified amount; limiting the amount that  
 16 may be advanced to a chiropractic physician for  
 17 certain costs and expenses; amending s. 460.4165,  
 18 F.S.; providing that services rendered by a certified  
 19 chiropractic physician's assistant under indirect  
 20 supervision may occur only at the supervising  
 21 chiropractic physician's address of record; deleting  
 22 the length of time specified for the basic program of  
 23 education and training for certified chiropractic  
 24 physician's assistants; amending s. 460.4166, F.S.;  
 25 authorizing a registered chiropractic assistant to  
 26 operate therapeutic office equipment; requiring that a  
 27 registered chiropractic assistant register with the  
 28 board effective by a specified date and pay a fee for  
 29 registration under certain circumstances; requiring

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30 that a registered chiropractic assistant submit an  
 31 initial application by a specified date, or within 30  
 32 days after becoming employed, whichever occurs later;  
 33 requiring that an applicant specify the place of  
 34 employment and the names of the supervising  
 35 chiropractic physicians; requiring that the  
 36 application be signed by a chiropractic physician who  
 37 is an owner of the applicant's place of employment;  
 38 providing an effective date of a registered  
 39 chiropractic assistant's registration; authorizing  
 40 certain chiropractic physicians or chiropractic  
 41 physician's assistants to supervise a registered  
 42 chiropractic assistant; requiring that a registered  
 43 chiropractic assistant notify the board of his or her  
 44 change of employment within a specified time;  
 45 requiring that a specified chiropractic physician sign  
 46 the registered chiropractic assistant's notification  
 47 of change of employment; requiring that the registered  
 48 chiropractic assistant's employer notify the board  
 49 when the assistant is no longer employed by that  
 50 employer; providing eligibility conditions for  
 51 registering as a registered chiropractic assistant;  
 52 requiring the biennial renewal of a registered  
 53 chiropractic assistant's registration and payment of a  
 54 renewal fee; requiring that the board adopt by rule  
 55 the forms for certain statutorily required  
 56 applications and notifications; authorizing the board  
 57 to accept or require electronically submitted  
 58 applications, notifications, signatures, or

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59 attestations in lieu of paper applications and actual  
 60 signatures; requiring the signature of certain forms  
 61 and notices by specified owners and supervisors under  
 62 certain conditions; authorizing the board to provide  
 63 for electronic alternatives to signatures if an  
 64 application is submitted electronically; amending s.  
 65 460.4167, F.S.; authorizing certain sole  
 66 proprietorships, group practices, partnerships,  
 67 corporations, limited liability companies, limited  
 68 partnerships, professional associations, other  
 69 entities, health care clinics licensed under part X of  
 70 ch. 400, F.S., health maintenance organizations, or  
 71 prepaid health clinics to employ a chiropractic  
 72 physician or engage a chiropractic physician as an  
 73 independent contractor to provide services authorized  
 74 by ch. 460, F.S.; authorizing the spouse or adult  
 75 children of a deceased chiropractic physician to hold,  
 76 operate, pledge, sell, mortgage, assign, transfer,  
 77 own, or control the deceased chiropractic physician's  
 78 ownership interests under certain conditions;  
 79 authorizing an employer that employs a chiropractic  
 80 physician to exercise control over the patient records  
 81 of the employed chiropractic physician, the policies  
 82 and decisions relating to pricing, credit, refunds,  
 83 warranties, and advertising, and the decisions  
 84 relating to office personnel and hours of practice;  
 85 deleting an obsolete provision; providing an effective  
 86 date.  
 87

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

89  
 90 Section 1. Paragraph (e) of subsection (1) of section  
 91 460.4062, Florida Statutes, is amended to read:

92 460.4062 Chiropractic medicine faculty certificate.—

93 (1) The department may issue a chiropractic medicine  
 94 faculty certificate without examination to an individual who  
 95 remits a nonrefundable application fee, not to exceed \$100 as  
 96 determined by rule of the board, and who demonstrates to the  
 97 board that he or she meets the following requirements:

98 (e)1. Performs research or has been offered and has  
 99 accepted a full-time or part-time faculty appointment to teach  
 100 in a program of chiropractic medicine at a publicly funded state  
 101 university or college or at a college of chiropractic located in  
 102 the state and accredited by the Council on Chiropractic  
 103 Education; and

104 2. Provides a certification from the dean of the appointing  
 105 college acknowledging the appointment.

106 Section 2. Subsection (1) of section 460.408, Florida  
 107 Statutes, is amended to read:

108 460.408 Continuing chiropractic education.—

109 (1) The board shall require licensees to periodically  
 110 demonstrate their professional competence as a condition of  
 111 renewal of a license by completing up to 40 contact classroom  
 112 hours of continuing education.

113 (a) Continuing education courses sponsored by chiropractic  
 114 colleges whose graduates are eligible for examination under any  
 115 provision of this chapter ~~may shall~~ be approved upon review by  
 116 the board if all other requirements of board rules setting forth

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117 criteria for course approval are met.

118 (b) The board shall approve those courses that build upon  
119 the basic courses required for the practice of chiropractic  
120 medicine, and the board may also approve courses in adjunctive  
121 modalities. Courses that consist of instruction in the use,  
122 application, prescription, recommendation, or administration of  
123 a specific company's brand of products or services are not  
124 eligible for approval.

125 Section 3. Paragraph (e) of subsection (1) of section  
126 460.406, Florida Statutes, is amended to read:

127 460.406 Licensure by examination.—

128 (1) Any person desiring to be licensed as a chiropractic  
129 physician must apply to the department to take the licensure  
130 examination. There shall be an application fee set by the board  
131 not to exceed \$100 which shall be nonrefundable. There shall  
132 also be an examination fee not to exceed \$500 plus the actual  
133 per applicant cost to the department for purchase of portions of  
134 the examination from the National Board of Chiropractic  
135 Examiners or a similar national organization, which may be  
136 refundable if the applicant is found ineligible to take the  
137 examination. The department shall examine each applicant who the  
138 board certifies has:

139 (e) Successfully completed the National Board of  
140 Chiropractic Examiners certification examination in parts I, II,  
141 ~~and III~~, and IV with a score approved by the board.

142  
143 The board may require an applicant who graduated from an  
144 institution accredited by the Council on Chiropractic Education  
145 more than 10 years before the date of application to the board

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146 to take the National Board of Chiropractic Examiners Special  
147 Purposes Examination for Chiropractic, or its equivalent, as  
148 determined by the board. The board shall establish by rule a  
149 passing score.

150 Section 4. Paragraph (y) of subsection (1) of section  
151 460.413, Florida Statutes, is amended to read:

152 460.413 Grounds for disciplinary action; action by board or  
153 department.—

154 (1) The following acts constitute grounds for denial of a  
155 license or disciplinary action, as specified in s. 456.072(2):

156 (y) Failing to preserve identity of funds and property of a  
157 patient, the value of which is greater than \$501. As provided by  
158 rule of the board, money or other property entrusted to a  
159 chiropractic physician for a specific purpose, including  
160 advances for costs and expenses of examination or treatment  
161 which may not exceed the value of \$1,500, is to be held in trust  
162 and must be applied only to that purpose. Money and other  
163 property of patients coming into the hands of a chiropractic  
164 physician are not subject to counterclaim or setoff for  
165 chiropractic physician's fees, and a refusal to account for and  
166 deliver over such money and property upon demand shall be deemed  
167 a conversion. This is not to preclude the retention of money or  
168 other property upon which the chiropractic physician has a valid  
169 lien for services or to preclude the payment of agreed fees from  
170 the proceeds of transactions for examinations or treatments.  
171 Controversies as to the amount of the fees are not grounds for  
172 disciplinary proceedings unless the amount demanded is clearly  
173 excessive or extortionate, or the demand is fraudulent. All  
174 funds of patients paid to a chiropractic physician, other than

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175 advances for costs and expenses, shall be deposited into ~~in~~ one  
 176 or more identifiable bank accounts maintained in the state in  
 177 which the chiropractic physician's office is situated, and ~~no~~  
 178 funds belonging to the chiropractic physician may not ~~shall~~ be  
 179 deposited therein except as follows:

180 1. Funds reasonably sufficient to pay bank charges may be  
 181 deposited therein.

182 2. Funds belonging in part to a patient and in part  
 183 presently or potentially to the physician must be deposited  
 184 therein, but the portion belonging to the physician may be  
 185 withdrawn when due unless the right of the physician to receive  
 186 it is disputed by the patient, in which event the disputed  
 187 portion may ~~shall~~ not be withdrawn until the dispute is finally  
 188 resolved.

189 Every chiropractic physician shall maintain complete records of  
 190 all funds, securities, and other properties of a patient coming  
 191 into the possession of the physician and render appropriate  
 192 accounts to the patient regarding them. In addition, every  
 193 chiropractic physician shall promptly pay or deliver to the  
 194 patient, as requested by the patient, the funds, securities, or  
 195 other properties in the possession of the physician which the  
 196 patient is entitled to receive.

197 Section 5. Subsections (2) and (5) of section 460.4165,  
 198 Florida Statutes, are amended to read:

200 460.4165 Certified chiropractic physician's assistants.—

201 (2) PERFORMANCE BY CERTIFIED CHIROPRACTIC PHYSICIAN'S  
 202 ASSISTANT.—Notwithstanding any other provision of law, a  
 203 certified chiropractic physician's assistant may perform

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204 chiropractic services in the specialty area or areas for which  
 205 the certified chiropractic physician's assistant is trained or  
 206 experienced when such services are rendered under the  
 207 supervision of a licensed chiropractic physician or group of  
 208 chiropractic physicians certified by the board. Any certified  
 209 chiropractic physician's assistant certified under this section  
 210 to perform services may perform those services only:

211 (a) In the office of the chiropractic physician to whom the  
 212 certified chiropractic physician's assistant has been assigned,  
 213 in which office such physician maintains her or his primary  
 214 practice;

215 (b) Under indirect supervision if the indirect supervision  
 216 occurs at the supervising chiropractic physician's address of  
 217 record ~~or place of practice~~ required by s. 456.035, other than  
 218 at a clinic licensed under part X of chapter 400, of the  
 219 chiropractic physician to whom she or he is assigned as defined  
 220 by rule of the board;

221 (c) In a hospital in which the chiropractic physician to  
 222 whom she or he is assigned is a member of the staff; or

223 (d) On calls outside ~~of~~ the office of the chiropractic  
 224 physician to whom she or he is assigned, on the direct order of  
 225 the chiropractic physician to whom she or he is assigned.

226 (5) PROGRAM APPROVAL.—The department shall issue  
 227 certificates of approval for programs for the education and  
 228 training of certified chiropractic physician's assistants which  
 229 meet board standards. Any basic program curriculum certified by  
 230 the board ~~shall cover a period of 24 months. The curriculum~~ must  
 231 consist of a curriculum of at least 200 didactic classroom hours  
 232 ~~during those 24 months.~~

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233 (a) In developing criteria for program approval, the board  
 234 shall give consideration to, and encourage, the use ~~utilization~~  
 235 of equivalency and proficiency testing and other mechanisms  
 236 whereby full credit is given to trainees for past education and  
 237 experience in health fields.

238 (b) The board shall create groups of specialty  
 239 classifications of training for certified chiropractic  
 240 physician's assistants. These classifications must ~~shall~~ reflect  
 241 the training and experience of the certified chiropractic  
 242 physician's assistant. The certified chiropractic physician's  
 243 assistant may receive training in one or more such  
 244 classifications, which shall be shown on the certificate issued.

245 (c) The board shall adopt and publish standards to ensure  
 246 that such programs operate in a manner that ~~which~~ does not  
 247 endanger the health and welfare of the patients who receive  
 248 services within the scope of the program. The board shall review  
 249 the quality of the curricula, faculties, and facilities of such  
 250 programs; issue certificates of approval; and take whatever  
 251 other action is necessary to determine that the purposes of this  
 252 section are being met.

253 Section 6. Subsections (2) and (3) of section 460.4166,  
 254 Florida Statutes, are amended, and subsections (4), (5), and (6)  
 255 are added to that section, to read:

256 460.4166 Registered chiropractic assistants.—

257 (2) DUTIES.—Under the direct supervision and responsibility  
 258 of a licensed chiropractic physician or certified chiropractic  
 259 physician's assistant, a registered chiropractic assistant may:

260 (a) Perform clinical procedures, which include:

261 1. Preparing patients for the chiropractic physician's

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262 care.

263 2. Taking vital signs.

264 3. Observing and reporting patients' signs or symptoms.

265 (b) Administer basic first aid.

266 (c) Assist with patient examinations or treatments other  
 267 than manipulations or adjustments.

268 (d) Operate therapeutic office equipment.

269 (e) Collect routine laboratory specimens as directed by the  
 270 chiropractic physician or certified chiropractic physician's  
 271 assistant.

272 (f) Administer nutritional supplements as directed by the  
 273 chiropractic physician or certified chiropractic physician's  
 274 assistant.

275 (g) Perform office procedures required by the chiropractic  
 276 physician or certified chiropractic physician's assistant under  
 277 direct supervision of the chiropractic physician or certified  
 278 chiropractic physician's assistant.

279 (3) REGISTRATION.—

280 (a) A registered chiropractic assistant shall register with  
 281 assistants may be registered by the board for a biennial fee not  
 282 to exceed \$25. Effective April 1, 2013, a person must register  
 283 with the board as a registered chiropractic assistant if the  
 284 person performs any duties described in subsection (2), unless  
 285 the person is otherwise certified or licensed to perform those  
 286 duties.

287 (b) A person employed as a registered chiropractic  
 288 assistant shall submit to the board an initial application for  
 289 registration by March 31, 2013, or within 30 days after becoming  
 290 employed as a registered chiropractic assistant, whichever

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 291 occurs later, specifying the applicant's place of employment and  
 292 the names of all chiropractic physicians under whose supervision  
 293 the applicant performs the duties described in subsection (2).  
 294 The application for registration must be signed by a  
 295 chiropractic physician who is an owner of the place of  
 296 employment specified in the application. Upon the board's  
 297 receipt of the application, the effective date of the  
 298 registration is April 1, 2013, or applies retroactively to the  
 299 applicant's date of employment as a registered chiropractic  
 300 assistant, whichever occurs later, and the registered  
 301 chiropractic assistant may be supervised by any licensed  
 302 chiropractic physician or certified chiropractic physician's  
 303 assistant who is employed by the registered chiropractic  
 304 assistant's employer or who is listed on the registration  
 305 application.

(c) A registered chiropractic assistant, within 30 days  
 306 after a change of employment, shall notify the board of the new  
 307 place of employment and the names of all chiropractic physicians  
 308 under whose supervision the registered chiropractic assistant  
 309 performs duties described in subsection (2) at the new place of  
 310 employment. The notification must be signed by a chiropractic  
 311 physician who is an owner of the new place of employment. Upon  
 312 the board's receipt of the notification, the registered  
 313 chiropractic assistant may be supervised by any licensed  
 314 chiropractic physician or certified chiropractic physician's  
 315 assistant who is employed by the registered chiropractic  
 316 assistant's new employer or who is listed on the notification.

(d) Within 30 days after a registered chiropractic  
 317 assistant is no longer employed at his or her place of  
 318

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 320 employment as registered with the board, the registered  
 321 chiropractic assistant's employer as registered with the board  
 322 shall notify the board that the registered chiropractic  
 323 assistant is no longer employed by that employer.

(e) An employee who performs none of the duties described  
 324 in subsection (2) is not eligible to register under this  
 325 subsection.

(4) REGISTERED CHIROPRACTIC ASSISTANT REGISTRATION  
 326 RENEWAL.-

(a) A registered chiropractic assistant's registration must  
 329 be renewed biennially. Each renewal must include:

1. A renewal fee as set by the board, not to exceed \$25.

2. The registered chiropractic assistant's current place of  
 332 employment and the names of all chiropractic physicians under  
 333 whose supervision the applicant performs duties described in  
 334 subsection (2). The application for registration renewal must be  
 335 signed by a chiropractic physician who is an owner of the place  
 336 of employment specified in the application.

(b) Upon registration renewal, the registered chiropractic  
 338 assistant may be supervised by any licensed chiropractic  
 339 physician or certified chiropractic physician's assistant who is  
 340 employed by the registered chiropractic assistant's employer or  
 341 who is listed on the registration renewal.

(5) APPLICATION AND NOTIFICATION FORMS.-The board shall  
 343 prescribe by rule the forms for the registration application,  
 344 notification, and registration renewal that are required under  
 345 subsections (3) and (4). The board may accept or may require  
 346 electronically submitted registration applications,  
 347 notifications, registration renewals, attestations, or  
 348

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 349 signatures in lieu of paper applications, notifications,  
 350 renewals, or attestations or actual signatures.  
 351 (6) SIGNATURE REQUIREMENTS.—If a registered chiropractic  
 352 assistant is employed by an entity that is not owned in whole or  
 353 in part by a licensed chiropractic physician under s. 460.4167,  
 354 the documents requiring signatures under this section must be  
 355 signed by a person having an ownership interest in the entity  
 356 that employs the assistant and by the licensed chiropractic  
 357 physician who supervises the assistant. In lieu of written  
 358 signatures, the board may provide for electronic alternatives to  
 359 signatures if an application is submitted electronically, in  
 360 which instance all other requirements in this section apply.

361 Section 7. Section 460.4167, Florida Statutes, is amended  
 362 to read:

363 460.4167 Proprietorship by persons other than licensed  
 364 chiropractic physicians.—

365 (1) A ~~No~~ person ~~other than a sole proprietorship, group~~  
 366 ~~practice, partnership, or corporation that is wholly owned by~~  
 367 ~~one or more chiropractic physicians licensed under this chapter~~  
 368 ~~or by a chiropractic physician licensed under this chapter and~~  
 369 ~~the spouse, parent, child, or sibling of that chiropractic~~  
 370 ~~physician may not~~ employ a chiropractic physician licensed under  
 371 this chapter or engage a chiropractic physician licensed under  
 372 this chapter as an independent contractor to provide services  
 373 that chiropractic physicians are authorized to offer by this  
 374 chapter to be offered by a chiropractic physician licensed under  
 375 this chapter, unless the person is any of the following, except  
 376 ~~for:~~

377 (a) A sole proprietorship, group practice, partnership,

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 378 corporation, limited liability company, limited partnership,  
 379 professional association, or any other entity that is wholly  
 380 owned by:  
 381 1. One or more chiropractic physicians licensed under this  
 382 chapter;  
 383 2. A chiropractic physician licensed under this chapter and  
 384 the spouse or surviving spouse, parent, child, or sibling of the  
 385 chiropractic physician; or  
 386 3. A trust whose trustees are chiropractic physicians  
 387 licensed under this chapter and the spouse, parent, child, or  
 388 sibling of a chiropractic physician.

389  
 390 If the chiropractic physician described in subparagraph (a)2.  
 391 dies, notwithstanding part X of chapter 400, the surviving  
 392 spouse or adult children may hold, operate, pledge, sell,  
 393 mortgage, assign, transfer, own, or control the chiropractic  
 394 physician's ownership interests for so long as the surviving  
 395 spouse or adult children remain the sole proprietors of the  
 396 chiropractic practice.

397 (b)(a) A sole proprietorship, group practice, partnership,  
 398 ~~or~~ corporation, limited liability company, limited partnership,  
 399 professional association, or any other entity that is wholly  
 400 owned by a physician or physicians licensed under this chapter,  
 401 chapter 458, chapter 459, or chapter 461.

402 (c)(b) An entity Entities that is wholly are owned,  
 403 directly or indirectly, by an entity licensed or registered by  
 404 the state under chapter 395.

405 (d)(e) A clinical facility that is facilities affiliated  
 406 with a college of chiropractic accredited by the Council on

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407 Chiropractic Education at which training is provided for  
408 chiropractic students.

409 ~~(e)(d)~~ A public or private university or college.

410 ~~(f)(e)~~ An entity wholly owned and operated by an  
411 organization that is exempt from federal taxation under s.  
412 501(c)(3) or (4) of the Internal Revenue Code, ~~a any~~ community  
413 college or university clinic, or an and any entity owned or  
414 operated by the Federal Government or by state government,  
415 including any agency, county, municipality, or other political  
416 subdivision thereof.

417 ~~(g)(f)~~ An entity owned by a corporation the stock of which  
418 is publicly traded.

419 ~~(h)(g)~~ A clinic licensed under part X of chapter 400 which  
420 that provides chiropractic services by a chiropractic physician  
421 licensed under this chapter and other health care services by  
422 physicians licensed under chapter 458 or chapter 459, or  
423 ~~chapter 460,~~ the medical director of which is licensed under  
424 chapter 458 or chapter 459.

425 ~~(i)(h)~~ A state-licensed insurer.

426 ~~(j)~~ A health maintenance organization or prepaid health  
427 clinic regulated under chapter 641.

428 (2) ~~A~~ No person other than a chiropractic physician  
429 licensed under this chapter may not shall direct, control, or  
430 interfere with a chiropractic physician's clinical judgment  
431 regarding the medical necessity of chiropractic treatment. For  
432 purposes of this subsection, a chiropractic physician's clinical  
433 judgment does not apply to chiropractic services that are  
434 contractually excluded, the application of alternative services  
435 that may be appropriate given the chiropractic physician's

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436 prescribed course of treatment, or determinations that compare  
437 ~~comparing~~ contractual provisions and scope of coverage with a  
438 chiropractic physician's prescribed treatment on behalf of a  
439 covered person by an insurer, health maintenance organization,  
440 or prepaid limited health service organization.

441 (3) Any lease agreement, rental agreement, or other  
442 arrangement between a person other than a licensed chiropractic  
443 physician and a chiropractic physician whereby the person other  
444 than a licensed chiropractic physician provides the chiropractic  
445 physician with chiropractic equipment or chiropractic materials  
446 must shall contain a provision whereby the chiropractic  
447 physician expressly maintains complete care, custody, and  
448 control of the equipment or practice.

449 (4) The purpose of this section is to prevent a person  
450 other than the a licensed chiropractic physician from  
451 influencing or otherwise interfering with the exercise of the a  
452 chiropractic physician's independent professional judgment. In  
453 addition to the acts specified in subsection (2) ~~(1)~~, a person  
454 or entity other than an employer or entity authorized in  
455 subsection (1) a licensed chiropractic physician and any entity  
456 other than a sole proprietorship, group practice, partnership,  
457 or corporation that is wholly owned by one or more chiropractic  
458 physicians licensed under this chapter or by a chiropractic  
459 physician licensed under this chapter and the spouse, parent,  
460 child, or sibling of that physician, may not employ or engage a  
461 chiropractic physician licensed under this chapter. A person or  
462 entity may not or enter into a contract or arrangement with a  
463 chiropractic physician pursuant to which such ~~unlicensed~~ person  
464 or ~~such~~ entity exercises control over the following:

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465 (a) The selection of a course of treatment for a patient,  
466 the procedures or materials to be used as part of ~~the such~~  
467 course of treatment, and the manner in which ~~the such~~ course of  
468 treatment is carried out by the chiropractic physician licensee;

469 (b) The patient records of the chiropractic physician a  
470 ~~chiropractor~~;

471 (c) ~~The~~ policies and decisions relating to pricing, credit,  
472 refunds, warranties, and advertising; or

473 (d) ~~The~~ decisions relating to office personnel and hours of  
474 practice.

475

476 However, a person or entity that is authorized to employ a  
477 chiropractic physician under subsection (1) may exercise control  
478 over the patient records of the employed chiropractic physician;  
479 the policies and decisions relating to pricing, credit, refunds,  
480 warranties, and advertising; and the decisions relating to  
481 office personnel and hours of practice.

482 (5) Any person who violates this section commits a felony  
483 of the third degree, punishable as provided in s. 775.082 ~~s.~~  
484 ~~775.081~~, s. 775.083, or s. 775.084 ~~s. 775.035~~.

485 (6) Any contract or arrangement entered into or undertaken  
486 in violation of this section ~~is shall be~~ void as contrary to  
487 public policy. ~~This section applies to contracts entered into or~~  
488 ~~renewed on or after July 1, 2008.~~

489 Section 8. This act shall take effect July 1, 2012.



The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Committee on Health Regulation

**Subject:** Committee Agenda Request

**Date:** November 4, 2011

---

I respectfully request that **Senate Bill #470**, relating to chiropractic medicine, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

---

Senator Dennis L. Jones, D.C.  
Florida Senate, District 13

 ENTERED

THE FLORIDA SENATE  
**APPEARANCE RECORD**



12/7/11

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic \_\_\_\_\_

Bill Number 470  
*(if applicable)*

Name PAUL LAMBERT

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title \_\_\_\_\_

Address 502 North Adams St  
*Street*  
Tallahassee FL 32301  
*City State Zip*

Phone 850 224 9393

~~plambertlaw@~~  
E-mail plambert@paul Lambert Law.com

Speaking:  For  Against  Information

Representing Florida Chiropractic Assn.

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**



living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, relieving suffering, or any elective procedure for aesthetic, reconstructive, or cosmetic purposes, to include, but not be limited to: incision or curettage of tissue or an organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure with use of local or general anesthetic. Only licensed physicians are allowed to perform surgery under these rules.

Office surgery is defined as surgery which is performed outside any facility licensed under ch. 390, F.S., relating to abortion clinics, or ch. 395, F.S., relating to hospitals, ambulatory surgical centers, and mobile surgical facilities. Office surgical procedures may not be of a type that generally result in blood loss of more than 10 percent of estimated blood volume in a patient with a normal hemoglobin; require major or prolonged intracranial, intrathoracic, abdominal, or major joint replacement procedures, except for laparoscopic procedures; directly involve major blood vessels; or are generally emergent or life threatening in nature.<sup>2</sup>

### *Levels of Office Surgery*

Surgical procedures are divided by rule into three different levels based on the invasiveness of the procedure and the level of anesthesia required.<sup>3</sup> Each level of surgery has its own equipment and personnel requirements. However, nothing in these designations relieves the surgeon of the responsibility for making the medical determination that the office is an appropriate forum for the particular procedures to be performed on the particular patient. Each patient's medical history and comorbid health problems must be considered individually to maximize patient safety and reduce operative complications.

Level I office surgery consists of minor procedures in which the chances of complications requiring hospitalization are remote. Such procedures include excisions or repairs of lacerations limited to the skin or subcutaneous tissue, liposuction involving removal of less than 4000 cc of fat, various endoscopic imaging procedures, closed reduction of simple fractures or dislocations, and needle drainage of certain body fluids. Only local or topical anesthesia and minimal pre-operative tranquilization of the patient is permitted. Surgeons performing Level I office surgeries are required to complete continuing medical education courses concerning regional anesthesia and are recommended to be certified in basic life support (BLS). No surgical assistants are necessary, and specific lifesaving equipment and medications are required to be on hand during the procedure.

Level II office surgery encompasses more invasive procedures which require peri-operative sedation and monitoring. Such procedures include hemorrhoid removal, hernia repair, breast biopsies, colonoscopies, and liposuction involving the removal of up to 4000 cc of fat.<sup>4</sup> The level of sedation allowed under Level II office surgery is such that the patient remains able to maintain adequate cardiorespiratory function and to respond purposefully to verbal commands or tactile stimulation. Surgeons performing Level II office surgeries must be able to document satisfactory

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<sup>2</sup> Rule 64B8-9.009(1), F.A.C. Identical provisions are found in Rule 64B15-14.007(1), F.A.C.

<sup>3</sup> Rule 64B8-9.009(3)-(6), F.A.C. Similar provisions are found in Rule 64B15-14.007(3)-(6), F.A.C.

<sup>4</sup> Liposuction involving the removal of up to 4000 cc of fat can be classified as a Level I or Level II office surgery procedure depending on the level of anesthesia used.

background, training, and experience to perform procedures under sedation and must also be trained in advanced cardiac life support (ACLS). The surgeon must be assisted by a qualified anesthesia provider<sup>5</sup> and at least one assistant<sup>6</sup> who is BLS-certified. An ACLS-certified physician, nurse, or physician assistant must be available to monitor the patient during his or her recovery from anesthesia. Specific lifesaving medications and equipment are also required to be on hand during the procedure and recovery.

Level IIA office surgeries are those Level II office surgeries with a maximum planned duration of 5 minutes or less and in which the chances of complications requiring hospitalization are remote. The same standards apply as for Level II procedures except that the assistance of a qualified anesthesia provider is not required.

Level III office surgery involves procedures which require general anesthesia. Only patients designated as Class I or II under the American Society of Anesthesiologists' (ASA) risk criteria are appropriate candidates for office surgery.<sup>7</sup> Specific pre-operative diagnostic tests and medical clearance must be obtained on ASA Class II patients older than 40. Surgeons and their assistants must demonstrate the same training, experience, and certification requirements as for Level II office surgeries, and surgeons must also have knowledge of the principles of general anesthesia. A qualified anesthesia provider is required to administer anesthesia, and a registered nurse, licensed practical nurse, physician assistant, or operating room technician must assist with the surgery. The surgical team must be familiar with emergency protocols for serious anesthesia complications, and specific lifesaving medications and equipment must be immediately available for use on the patient at all times. The same personnel needed for Level II office surgeries must be present to monitor the patient during recovery from anesthesia.

#### ***Rules and Regulations Governing Office Surgery***

Subsection 458.309(3), F.S., relating to allopathic physicians, and s. 459.005(2), F.S., relating to osteopathic physicians, require that all physicians who perform Level II procedures lasting more than 5 minutes and all Level III surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility pursuant to ch. 395, F.S. The language, which is identical in both statutes, also provides for annual inspection of such offices.

In addition to submitting a registration application, each physician who performs specified Level II and Level III surgeries in an office setting must pay the department a one-time registration fee of \$150 and an annual inspection fee of \$1500 for each practice location.<sup>8</sup> The inspection and inspection fee may be waived for offices which undergo inspections as part of the accreditation process for the American Association for Accreditation of Ambulatory Surgery

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<sup>5</sup> Qualified anesthesia providers include anesthesiologists, certified registered nurse assistants, registered nurses, or physician assistants qualified under Rule 64B8-30.012(2)(b)6. or 64B15-6.010(2)(b)6., F.A.C. An anesthesia provider may not function in any other capacity during the procedure.

<sup>6</sup> Additional assistance may only be provided by a physician, osteopathic physician, registered nurse, licensed practical nurse, or operating room technician.

<sup>7</sup> ASA Class I includes normal, healthy patients without any significant medical conditions. ASA Class II includes patients with a well-controlled disease of one body system and pregnant patients. ASA Classes III-VI encompass patients in increasingly severe stages of debilitation by a medical disease. (Source: ASA Physical Status Classification System, <http://www.asahq.org/clinical/physicalstatus.htm>, last visited on November 8, 2011).

<sup>8</sup> Rule 64B-4.003, F.A.C.

Facilities, the Accreditation Association for Ambulatory Health Care, or the Joint Commission on Accreditation of Healthcare Organizations.<sup>9</sup>

Each surgeon must maintain a log of all Level II and Level III surgical procedures performed, which must include certain essential data about the patient and the procedure. A policy and procedures manual as well as a risk management program must be designed, implemented, and updated annually for each surgery office. Any adverse incidents that occur within the office surgical setting must be reported to the department within 15 days.<sup>10</sup> Failure to comply with office surgery requirements may result, at the department's discretion, in probation, suspension, or revocation of office surgery registration; 50-200 hours of community service; and administrative fines of up to \$10,000.<sup>11</sup>

### ***Special Rules Relating to Liposuction***

Liposuction is classified as a Level I or Level II office surgery procedure, depending on the type of anesthesia used. In any liposuction procedure, the surgeon is responsible for determining the appropriate amount of fat to be removed from the patient, up to a maximum of 4000 cc in the office surgical setting. Liposuction may be performed in combination with another surgical procedure during a single Level II or Level III operation if, when combined with abdominoplasty or when liposuction is associated with and directly related to another procedure, the total amount of fat removed does not exceed 1000 cc.<sup>12</sup>

Any elective or cosmetic plastic surgery procedure or combination of procedures performed in a physician's office may not last longer than 8 continuous hours, and the patient must be discharged within 24 hours of presenting to the office for surgery. If the patient has not sufficiently recovered after 24 hours has elapsed, he or she must be transferred to a hospital for continued post-operative care. For all procedures other than cosmetic surgery, the patient must be discharged from the office by midnight on the day of surgery.<sup>13</sup>

### ***Problems in South Florida***

News media has reported the deaths of several South Floridians after liposuction procedures performed by physicians without sufficient training or equipment for cosmetic surgery. Many more Floridians have been permanently disfigured or live with chronic pain as a result of botched procedures from such physicians.

Current Florida law allows any licensed physician to perform office surgery. Physicians trained in specialties as disparate as radiology and ophthalmology are performing liposuction and other cosmetic surgeries in Florida because the field is lucrative and there is little insurance or government regulation over these elective procedures. The medical industry makes a distinction between plastic surgeons (physicians who spend at least 5 years training in nationally-accredited

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<sup>9</sup> Rule 64B8-9.0091, F.A.C. Identical provisions are found in Rule 64B15-14.0076, F.A.C.

<sup>10</sup> Rule 64B8-9.009(2), F.A.C. Identical provisions are found in Rule 64B15-14.007(2), F.A.C.

<sup>11</sup> Rule 64B8-8.001(2)(rr)9., F.A.C.

<sup>12</sup> Rule 64B8-9.009(2)(e), F.A.C. Identical provisions are found in Rule 64B15-14.007(2)(e), F.A.C.

<sup>13</sup> Rule 64B8-9.009(2)(f), F.A.C. Identical provisions are found in Rule 64B15-14.007(2)(f), F.A.C.

residency programs<sup>14</sup>) and cosmetic surgeons (physicians whose training in elective surgical procedures may take place over a weekend); however, the public is not generally aware of the difference.

Furthermore, physicians performing office surgeries under local anesthesia, including many liposuction procedures, are not required to register with or have their facilities inspected by the department. Many such unregulated cosmetic surgery facilities lack the necessary equipment to deal with emergent complications of surgical procedures and anesthesia, which has led to more negative outcomes for patients.<sup>15</sup>

### III. Effect of Proposed Changes:

**Section 1** amends s. 458.309(3), F.S., to require any allopathic physician who performs liposuction procedures in which more than 1000 cc of fat is removed to register his or her office with the department unless the office is licensed as a facility under ch. 395, F.S. As a result, the office will be inspected annually by the department unless it already receives inspections through a nationally-recognized or department-approved accrediting organization.

**Section 2** amends s. 459.005(2), F.S., to require any osteopathic physician who performs liposuction procedures in which more than 1000 cc of fat is removed to register his or her office with the department unless the office is licensed as a facility under ch. 395, F.S. As a result, the office will be inspected annually by the department unless it already receives inspections through a nationally-recognized or department-approved accrediting organization.

**Section 3** provides that the bill will take effect on January 3, 2013.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

#### B. Public Records/Open Meetings Issues:

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

#### C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

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<sup>14</sup> Washington University School of Medicine Residency Web, *Length of Residencies*, available at <http://residency.wustl.edu.beckerproxy.wustl.edu/medadmin/resweb.nsf/0ee53e934810efcd86256a94005e5f7d/3edd4e91945f8a2b86256f850071ae49?OpenDocument> (last visited on November 8, 2011).

<sup>15</sup> USA Today, *Lack of training can be deadly in cosmetic surgery*, available at <http://www.usatoday.com/money/perfi/basics/story/2011-09-13/cosmetic-surgery-investigation/50395494/1> (last visited on November 8, 2011).

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

The bill requires physicians who perform office-based liposuction procedures in which more than 1000 cc of fat is removed to register their offices with the department. These physicians will be required to pay a \$150 registration fee and either a \$1500 annual fee for inspections or another fee to become accredited and receive inspections through any of the department-approved national accrediting organizations.

**B. Private Sector Impact:**

Physicians performing certain liposuction procedures will be subject to additional fees and regulations set by the department, including fees for registration and annual inspections.

**C. Government Sector Impact:**

The department will experience a recurring increase in workload relating to registration and inspection of additional office surgery facilities. The exact fiscal impact is indeterminate as the number of physicians who currently perform liposuction procedures removing greater than 1000 cc of fat is unknown. The department will also experience non-recurring costs for rulemaking, updating the licensure database, and processing additional non-compliance complaints, which current resources are adequate to absorb.<sup>16</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Health Regulation on December 7, 2011:**

The CS provides changes the effective date to January 3, 2013.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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<sup>16</sup> Department of Health, *2012 Bill Analysis, Economic Statement, and Fiscal Note for SB 544*. A copy is on file with the Senate Health Regulation Committee.



267690

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
12/07/2011	.	
	.	
	.	
	.	

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The Committee on Health Regulation (Sobel) recommended the following:

**Senate Amendment**

Delete line 45  
and insert:  
Section 3. This act shall take effect January 3, 2013.

By Senator Sobel

31-00328-12

2012544\_\_

A bill to be entitled

An act relating to health care; amending ss. 458.309 and 459.005, F.S.; requiring that any physician or osteopathic physician who performs certain medical procedures in an office setting to register the office with the Department of Health unless that office is licensed as a facility under ch. 395, F.S., relating to hospital licensing and regulation; providing an effective date.

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

Section 1. Subsection (3) of section 458.309, Florida Statutes, is amended to read:

458.309 Rulemaking authority.—

(3) Any physician ~~All physicians~~ who performs liposuction procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, ~~perform~~ level 2 procedures lasting more than 5 minutes, and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility under ~~pursuant to~~ chapter 395. The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency or an accrediting organization subsequently approved by the Board of Medicine. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed.

Section 2. Subsection (2) of section 459.005, Florida

Page 1 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.

31-00328-12

2012544\_\_

Statutes, is amended to read:

459.005 Rulemaking authority.—

(2) Any physician ~~All physicians~~ who performs liposuction procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, ~~perform~~ level 2 procedures lasting more than 5 minutes, and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility under ~~pursuant to~~ chapter 395. The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency or an accrediting organization subsequently approved by the Board of Osteopathic Medicine. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed.

Section 3. This act shall take effect upon becoming a law.

Page 2 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

## Committee Agenda Request

**To:** Senator Rene Garcia, Chair  
Committee on Health Regulation

**Subject:** Committee Agenda Request

**Date:** November 2, 2011

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I respectfully request that **Senate Bill #544**, relating to Health Care, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in cursive script that reads "Eleanor Sobel".

\_\_\_\_\_  
Senator Eleanor Sobel  
Florida Senate, District 31

A stamp consisting of a stylized icon of a computer mouse cursor pointing at a document, followed by the word "ENTERED" in a bold, blocky font.

THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/11

Meeting Date

Topic High Volume Liposuction

Bill Number SB 544  
*(if applicable)*

Name Stuart B Himmelstein, MD

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title President <sup>Florida chapter</sup> American College of Physicians

Address 5258 Linton Blvd, Suite 206

Phone 561-350-1231

Delray Beach, FL 33484  
*Street City State Zip*

E-mail himmelss@bellsouth.net

Speaking:  For  Against  Information

Representing Florida Chapter, American College of Physicians

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

S-001 (10/20/11)

THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/11

Meeting Date

Topic High Volume Liposuction

Bill Number 544  
*(if applicable)*

Name Chris Nuland

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title \_\_\_\_\_

Address 1000 Riverside Ave #115

Phone 904-355-1555

Street

Jacksonville, FL 32209

City

State

Zip

E-mail nulandlaw@aol.com

Speaking:  For  Against  Information

Representing Florida Society of Plastic Surgeons

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**

THE FLORIDA SENATE  
**APPEARANCE RECORD**

Wave in support

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12-7-11

Meeting Date

Topic Health Care / office medical procedures Bill Number 544  
(if applicable)

Name Michelle Jacobus Amendment Barcode \_\_\_\_\_  
(if applicable)

Job Title Director of legislative Advocacy

Address PO BOX 102609 Phone 251-2288  
Street

Tallahassee, FL 32302  
City State Zip

E-mail Mjacobus@fimedical.org

Speaking:  For  Against  Information

Representing FL Medical Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

---

Prepared By: The Professional Staff of the Health Regulation Committee

---

BILL: SB 608

INTRODUCER: Senator Flores

SUBJECT: Florida Healthy Kids Corporation Board of Directors

DATE: November 29, 2011      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Wilson	Stovall	HR	<b>Favorable</b>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

---

**I. Summary:**

The bill adds one member to the Board of Directors of the Florida Healthy Kids Corporation. The additional member will be appointed by the Governor from among three nominees submitted by the Florida Dental Association.

This bill substantially amends the following section of the Florida Statutes: 624.91

**II. Present Situation:**

The Florida Healthy Kids Corporation is created in s. 624.91, F.S., to offer health insurance for children ages 5 through 18. The Corporation is one of four Florida KidCare partners. The Healthy Kids program is designed to provide quality, affordable health insurance for families not eligible for Medicaid. The program provides comprehensive health care services through contracts with both managed care and dental pre-paid plans. Federal and state funding provides subsidies for children in families with incomes below 200 percent of the Federal Poverty Level. Most families pay just \$15 or \$20 per month. Full-pay options are also available, making every Florida child ages 5 through 18 eligible.

The Corporation operates under the supervision and approval of a 12-member Board of Directors chaired by the Chief Financial Officer or his or her designee. Subsection (6) of s. 624.91, F.S., specifies the membership of the Board of Directors and the appointing authorities.

The 2009 Legislature enacted two laws amending the membership of the Board of Directors for the Florida Healthy Kids Corporation, both by creating a subparagraph 11. Chapter 2009-41, Laws of Florida (L.O.F.) added one member, appointed by the Governor, from among three

members nominated by the Florida Dental Association. Chapter 2009-113, L.O.F., added the Secretary of Children and Family Services, or his or her designee. According to the rules of statutory construction found in the preface to the Florida Statutes, when amendatory acts are irreconcilable, the “last passed” version is placed in the text, absent legislative intent to the contrary. As a result, the dental representative was not included in the statutory list of members of the Board of Directors of the Florida Healthy Kids Corporation. The 2010 and 2011 Legislatures failed to pass legislation resolving this issue.

Despite the lack of a clear statutory requirement for a representative of the Florida Dental Association to be on its Board of Directors, the Florida Healthy Kids Corporation has recognized the importance of having the expertise and experience of a representative of the Florida Dental Association on the board. The Florida Dental Association has appointed a pediatric dentist representative who has been an active member at both board and committee meetings.

### **III. Effect of Proposed Changes:**

The bill amends s. 624.91(6), F.S., to add a member, appointed by the Governor from among three nominees submitted by the Florida Dental Association, to the Board of Directors of the Florida Healthy Kids Corporation. This corrects a technical problem in the statutes which resulted from the passage of two bills in the 2009 Session dealing with the membership of the Board of Directors of the Florida Healthy Kids Corporation.

The bill takes effect upon becoming a law.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

#### **B. Public Records/Open Meetings Issues:**

The provisions of the bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

#### **C. Trust Funds Restrictions:**

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

### **V. Fiscal Impact Statement:**

#### **A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

Since the Florida Healthy Kids Corporation has already recognized the representative of the Florida Dental Association, there will be no fiscal impact from the bill. The addition of the representative of the Florida Dental Association as an *official* board member will make that member eligible for travel reimbursement and per diem. These expenses can be absorbed utilizing existing resources.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

By Senator Flores

38-00405B-12

2012608\_\_

1 A bill to be entitled  
 2 An act relating to the Florida Healthy Kids  
 3 Corporation; amending s. 624.91, F.S.; revising the  
 4 membership of the board of directors of the Florida  
 5 Healthy Kids Corporation to include a member nominated  
 6 by the Florida Dental Association and appointed by the  
 7 Governor; providing an effective date.  
 8  
 9 Be It Enacted by the Legislature of the State of Florida:  
 10  
 11 Section 1. Paragraph (a) of subsection (6) of section  
 12 624.91, Florida Statutes, is amended to read:  
 13 624.91 The Florida Healthy Kids Corporation Act.—  
 14 (6) BOARD OF DIRECTORS.—  
 15 (a) The Florida Healthy Kids Corporation shall operate  
 16 subject to the supervision and approval of a board of directors  
 17 chaired by the Chief Financial Officer or her or his designee,  
 18 and composed of 12 ~~11~~ other members selected for 3-year terms of  
 19 office as follows:  
 20 1. The Secretary of Health Care Administration, or his or  
 21 her designee.  
 22 2. One member appointed by the Commissioner of Education  
 23 from the Office of School Health Programs of the Florida  
 24 Department of Education.  
 25 3. One member appointed by the Chief Financial Officer from  
 26 among three members nominated by the Florida Pediatric Society.  
 27 4. One member, appointed by the Governor, who represents  
 28 the Children's Medical Services Program.  
 29 5. One member appointed by the Chief Financial Officer from

Page 1 of 2

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38-00405B-12

2012608\_\_

30 among three members nominated by the Florida Hospital  
 31 Association.  
 32 6. One member, appointed by the Governor, who is an expert  
 33 on child health policy.  
 34 7. One member, appointed by the Chief Financial Officer,  
 35 from among three members nominated by the Florida Academy of  
 36 Family Physicians.  
 37 8. One member, appointed by the Governor, who represents  
 38 the state Medicaid program.  
 39 9. One member, appointed by the Chief Financial Officer,  
 40 from among three members nominated by the Florida Association of  
 41 Counties.  
 42 10. The State Health Officer or her or his designee.  
 43 11. The Secretary of Children and Family Services, or his  
 44 or her designee.  
 45 12. One member, appointed by the Governor, from among three  
 46 members nominated by the Florida Dental Association.  
 47 Section 2. This act shall take effect upon becoming a law.

Page 2 of 2

**CODING:** Words ~~stricken~~ are deletions; words underlined are additions.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Judiciary, *Chair*  
Budget  
Budget - Subcommittee on Education Pre-K - 12  
Appropriations  
Commerce and Tourism  
Communications, Energy, and Public Utilities  
Governmental Oversight and Accountability  
Reapportionment  
Rules

### SENATOR ANITERE FLORES

*Majority Whip*  
38th District

November 3, 2011

The Honorable Rene Garcia  
Chair of Committee on Health Regulation  
310 Senate Office Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chairman Garcia:

I respectfully request that you place SB 608, revising membership of the board of directors of the Florida Healthy Kids Corporation, on the next Health Regulation Committee agenda.

I look forward to presenting this bill before your committee.

Please do not hesitate to contact me should you have any questions. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Anitere Flores".

Anitere Flores

CC: Ms. Sandra R. Stovall, Staff Director, Committee on Health Regulation, 530 Knott Building

A black mouse cursor icon pointing towards the top-left of the "ENTERED" stamp.

**ENTERED**

#### REPLY TO:

- 10691 North Kendall Drive, Suite 309, Miami, Florida 33176 (305) 270-6550
- 316 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5130

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**MIKE HARIDOPOLOS**  
President of the Senate

**MICHAEL S. "MIKE" BENNETT**  
President Pro Tempore

THE FLORIDA SENATE  
**APPEARANCE RECORD**



(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

12/7/11  
Meeting Date

Topic Florida Healthy Kids Corp. Board Membership

Bill Number SB 608  
*(if applicable)*

Name Mary Edenfield

Amendment Barcode \_\_\_\_\_  
*(if applicable)*

Job Title Lobbyist

Address 118 E. Jefferson Street  
*Street*

Phone (850) 224-1089

Tallahassee FL 32301  
*City State Zip*

E-mail medenfield@floridadental.org

Speaking:  For  Against  Information

Representing Florida Dental Association

Appearing at request of Chair:  Yes  No

Lobbyist registered with Legislature:  Yes  No

*While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.*

**This form is part of the public record for this meeting.**



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Rules - Subcommittee on Ethics and Elections,  
*Chair*  
Budget - Subcommittee on General Government  
Appropriations  
Budget - Subcommittee on Transportation, Tourism,  
and Economic Development Appropriations  
Communications, Energy, and Public Utilities  
Health Regulation  
Reapportionment  
Regulated Industries

**SENATOR MIGUEL DIAZ de la PORTILLA**  
36th District

December 7, 2011

The Honorable Rene Garcia  
Chairman  
Health Regulation Committee

Dear Chairman Garcia:

I will be unable to attend the Health Regulation Committee today and respectfully request that I be excused.

Thank you for your consideration.

Sincerely,

Miguel Diaz de la Portilla  
State Senator, District 36

Cc: Sandra Stovall; Celia Georgiades

A handwritten signature in black ink, appearing to read "Miguel Diaz de la Portilla", written over a horizontal line.

REPLY TO:

- 2100 Coral Way, Suite 505, Miami, Florida 33145 (305) 643-7200
- 312 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5109

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**MIKE HARIDOPOLOS**  
President of the Senate

**MICHAEL S. "MIKE" BENNETT**  
President Pro Tempore

# CourtSmart Tag Report

Room: KN 412  
Caption: Senate Health Regulation

Case:  
Judge:

Type:

Started: 12/7/2011 2:08:31 PM  
Ends: 12/7/2011 3:19:33 PM Length: 01:11:03

2:08:32 PM Opening Remarks  
2:08:41 PM Roll Call  
2:09:01 PM Announced excused absence for Senator Diaz de la Portilla  
2:09:27 PM Prayer recognizing 70th year since Pearl Harbour  
2:09:58 PM Recognize AG Pam Bondi in audience  
2:10:08 PM Senator Negron, SB 402  
2:11:46 PM Amendment 949738, by Fasano  
2:12:01 PM Negron explains amendment  
2:12:31 PM Amendment adopted  
2:12:38 PM Amendment 971336, by Fasano  
2:12:50 PM Negron explains amendment  
2:13:19 PM Amendment adopted  
2:13:38 PM Pam Bondi, AG  
2:15:43 PM Senator Sobel w/questions re: outcome  
2:16:13 PM Pam Bondi to answer  
2:17:05 PM Senator Gaetz w/questions re: pill mill relations  
2:18:05 PM Pam Bondi to answer  
2:19:07 PM Senator Fasano w/comments  
2:20:23 PM Senator Garcia w/comments  
2:21:36 PM Christine Franzgtti, Florida Alcohol & Drug Abuse Association waives in support  
2:21:49 PM Michelle Jacquis, Florida Medical Association waives in support  
2:21:49 PM Stephen Winn, Florida Osteopathic Medical Association, waives in support  
2:21:54 PM Senator Negron to close on bill  
2:24:46 PM Roll call on bill passes  
2:25:18 PM Senator Negron, SB 414  
2:27:00 PM Amendment 177908, by Senator Jones  
2:27:51 PM Michelle Jacquis, FMA, waives in support  
2:28:10 PM Stephen Winn, waives in support of bill and amendment  
2:28:12 PM Senator Negron w/comments  
2:28:22 PM Roll call  
2:28:33 PM bill passes as amended  
2:28:50 PM Senator 450, by Senator Oelrich explains bill  
2:30:07 PM Amendment 172906, by Senator Gaetz  
2:30:27 PM Oelrich explain amenedments  
2:30:53 PM amendment adopted  
2:31:00 PM on bill as amended  
2:31:10 PM Senator Garcia w/questions  
2:31:20 PM Oelrich to answer  
2:31:30 PM Daniel Griffin, Florida EMS Educators, waives in support  
2:31:46 PM Sharon Crow, Daytona State College, waives in support  
2:31:52 PM  
2:31:56 PM Roll call, bill passes  
2:32:17 PM Senator Bullard, SB 332  
2:32:56 PM explains strike-all by Senator Sobel  
2:39:21 PM amendment adopted  
2:39:38 PM on bill as amended  
2:39:44 PM Roll call, bill passes  
2:40:14 PM Senator Jones SB 470 explains bill  
2:41:39 PM 301946 amendment  
2:41:57 PM admentment adopted  
2:42:15 PM Paul Lambert, Florida Chiropractic Association, waives in support  
2:42:24 PM Senator Jones closes and request CS

2:42:35 PM Roll call, bill passes  
2:42:59 PM SB 544, by Senator Sobel explains bill  
2:45:44 PM late filed 267690 amendment by Senator Sobel  
2:46:25 PM Senator Norman w/comments  
2:47:08 PM Stuart Himmelstein, MD, Florida Chapter, American College of Physicians, waives in support  
2:47:34 PM Michelle Jacquis, FMA, waives in support  
2:47:47 PM Chris Nuland, Florida Society of Plastic Surgeons, waives in support  
2:47:59 PM Senator Sobel to close on bill  
2:49:02 PM Roll call on CS for SB 544  
2:49:38 PM bill passes  
2:49:48 PM SB 608, by Senator Flores  
2:50:15 PM Mary Edenfield, Florida Dental Association, waives in support  
2:50:39 PM Roll call on bill  
2:51:16 PM SB 256, by Senator Flores  
2:54:25 PM Amendment 862930, by Senator Jones  
2:54:36 PM Amendment by Senator Jones and comments  
2:57:36 PM Withdraws amendments  
2:57:46 PM David Goldstein, student, Coral Gables  
3:02:14 PM Senator Jones w/comments  
3:02:58 PM Stuart Himmelstein, MD, waives in support  
3:03:22 PM Chris Nuland, Florida Neurosurgical Society, waives in support  
3:03:29 PM Juhan Mixon, FHSAA, waives in support  
3:03:34 PM Miguel Machado, MD, waives in support  
3:03:36 PM Bob Harris, Panhandle Area Education Consortium  
3:05:06 PM Cheryl Goldstein, mom  
3:06:50 PM Senator Gaetz w/comments  
3:09:38 PM Senator Sobel w/comments  
3:11:34 PM Senator Garcia w/comments  
3:12:24 PM Senator Norman w/comments  
3:14:09 PM Senator Flores to close  
3:18:39 PM Roll call on SB 256 passes  
3:19:24 PM Closing Remarks  
3:19:27 PM Meeting Adjourned