

**THE FLORIDA SENATE**  
**2017 SUMMARY OF LEGISLATION PASSED**  
**Committee on Health Policy**

**CS/CS/HB 229 — Health Care Practitioner Licensure**

by Health and Human Services Committee; Health Quality Subcommittee; Rep. Byrd and others (CS/CS/SB 876 by Appropriations Committee; Health Policy Committee; and Senators Young, Bean, Rouson, and Campbell)

The bill updates the operation of the impaired practitioner program (IPP). The IPP assists health care practitioners who are impaired or potentially impaired as a result of the misuse or abuse of alcohol or drugs, or of a mental or physical condition which could affect the ability to practice with skill and safety.

The bill authorizes the Department of Health (DOH) to retain one or more consultants to operate the IPP. The DOH must establish the terms and conditions of the program by contract with any IPP consultant retained by the department. The contracts must require the consultants to accept referrals, arrange for evaluations and treatment of practitioners, and monitor their progress to determine if they are able to safely return to practice. The consultants does not directly evaluate, treat, or provide any patient care or treatment.

The bill allows certain licensed practitioners to report practitioners having, or suspected of having, an impairment to a consultant rather than to the DOH. To encourage self-referral, the bill prohibits a consultant from providing information to the DOH about a self-referring participant if the consultant is not aware of a pending action against the practitioner and the participant is complying and making progress with the terms of the IPP contract, unless authorized by the participant.

A program referral or participant must enter into a participant contract with the consultant which provides the consultant's requirements for the participant to successfully complete the IPP and monitoring plan. If a participant fails to complete, or is terminated from, the IPP for any reason other than successful completion, a consultant must notify the DOH for disciplinary action. If a consultant concludes that a practitioner's impairment constitutes an immediate, serious danger to public health, the consultant must notify the DOH.

The bill authorizes the consultant to release information to a participant, referral, or legal representative of a participant or referral. If the consultant discloses information to the DOH, the participant, referral, or legal representative of the participant or referral may obtain a copy of the consultant's file from either the consultant or the DOH.

The consultant, and the consultant's directors, officers, employees and agents are deemed agents of the DOH while acting within the scope of the consultant's contract with the DOH for purposes of sovereign immunity.

The provisions of the IPP also apply to other state agencies, medical schools, or educational institutions preparing students for licensure as a health care practitioner that contract with a consultant for IPP services.

Under the bill, the DOH may not refer a licensed emergency medical technician or paramedic who is employed by a governmental entity to a consultant if the practitioner has already been referred by the employer to an employee assistance program, unless the practitioner fails to satisfactorily complete the employee assistance program.

The bill exempts from the denial of initial licensure or license renewal individuals who were arrested or charged with a disqualifying felony offense before July 1, 2009, when the licensure disqualification law was enacted. The bill authorizes the DOH to issue or renew the license of an individual who is convicted of or enters a plea of guilty or nolo contendere to a disqualifying felony if the applicant successfully completes a pretrial diversion program and the plea has been withdrawn or the charges have been dismissed.

If approved by the Governor, these provisions take effect upon becoming law, except where otherwise provided.

*Vote: Senate 37-0; House 119-0*