

Tab 1	CS/SB 462 by JU, Grall (CO-INTRODUCERS) Book; (Similar to CS/H 00461) Excusal from Jury Service					
621498	A	S	RCS	HP, Grall	Delete L.15 - 16:	01/16 03:20 PM
Tab 2	SB 544 by Hutson (CO-INTRODUCERS) Berman, Book; (Identical to H 00581) Swimming Lesson Voucher Program					
919154	A	S	RCS	HP, Hutson	btw L.56 - 57:	01/16 03:12 PM
Tab 3	SB 302 by Boyd; (Similar to H 00855) Dental Services					
Tab 4	SB 938 by Yarborough; (Identical to H 00547) Dentistry					
Tab 5	SB 790 by Yarborough (CO-INTRODUCERS) Osgood; (Identical to H 00775) Surrendered Infants					
Tab 6	SB 410 by Garcia; (Identical to H 00063) Protection from Surgical Smoke					

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Burton, Chair
Senator Brodeur, Vice Chair

MEETING DATE: Tuesday, January 16, 2024**TIME:** 1:30—3:30 p.m.**PLACE:** Pat Thomas Committee Room, 412 Knott Building**MEMBERS:** Senator Burton, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Avila, Book, Calatayud, Davis, Garcia, Harrell, and Osgood

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	CS/SB 462 Judiciary / Grall (Similar CS/H 461)	Excusal from Jury Service; Requiring that a woman who has recently given birth be excused from certain jury service under specified conditions, etc. JU 12/13/2023 Fav/CS HP 01/16/2024 Fav/CS RC	Fav/CS Yeas 9 Nays 0
2	SB 544 Hutson (Identical H 581)	Swimming Lesson Voucher Program; Creating the program within the Department of Health for a specified purpose; requiring the department to contract with and establish a network of swimming lesson vendors to participate in the program; requiring the department to attempt to secure a vendor in each county; specifying eligibility criteria for the program, etc. HP 01/16/2024 Fav/CS AHS FP	Fav/CS Yeas 8 Nays 0
3	SB 302 Boyd (Similar H 855)	Dental Services; Requiring every dentist and certain individuals, partnerships, corporations, and other entities to provide specified information to certain patients; requiring a dentist of record to remain primarily responsible for all dental treatments for a patient treated through telehealth; requiring advertisements of dental services provided through telehealth to include a specified disclaimer for certain dental services, etc. HP 01/16/2024 Favorable AHS FP	Favorable Yeas 8 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Tuesday, January 16, 2024, 1:30—3:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 938 Yarborough (Identical H 547)	Dentistry; Deleting the role of the Board of Dentistry in the administration of the licensure examination for dentists; deleting the requirement for the board to establish an examination fee; revising requirements for licensure as a dentist; deleting a time limitation on the validity of certain licensure examination results; deleting a board-imposed reexamination fee, etc. HP 01/16/2024 Favorable FP RC	Favorable Yeas 8 Nays 0
5	SB 790 Yarborough (Identical H 775)	Surrendered Infants; Changing the term “newborn infant” to “infant”; increasing the age at which a child is considered an infant; authorizing a parent to leave an infant with medical staff or a licensed health care professional at a hospital after the delivery of the infant, upon the parent giving a certain notification; authorizing a parent to surrender an infant by calling 911 to request that an emergency medical services provider meet the surrendering parent at a specified location, etc. HP 01/16/2024 Favorable CF RC	Favorable Yeas 7 Nays 1
6	SB 410 Garcia (Identical H 63)	Protection from Surgical Smoke; Defining the terms “smoke evacuation system” and “surgical smoke”; requiring hospitals and ambulatory surgical centers to, by a specified date, adopt and implement policies requiring the use of smoke evacuation systems during certain surgical procedures, etc. HP 01/16/2024 Favorable FP RC	Favorable Yeas 8 Nays 0

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.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/CS/SB 462

INTRODUCER: Health Policy Committee; Judiciary Committee; and Senators Grall and Book

SUBJECT: Excusal from Jury Service

DATE: January 17, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davis	Cibula	JU	Fav/CS
2.	Brown	Brown	HP	Fav/CS
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 462 creates a new basis for someone to be excused from jury duty. The bill provides that a woman who has given birth within the 6-month period immediately prior to the date on which she is to report for jury service shall be excused upon request.

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

II. Present Situation:

The Right to Trial by Jury

The right to a trial by jury is deeply ingrained in American law. Both the U.S. Constitution and the State Constitution guarantee the right to a trial by jury. In a jury trial, jurors, not judges, serve as the fact-finders who determine what actually happened in the case and render a verdict.¹

¹ Alexis de Tocqueville observed the importance of the American jury system in his 1835 treatise *Democracy in America*. He wrote that “The institution of the jury ... places the real direction of society in the hands of the governed, or of a portion of the governed, instead of leaving it under the authority of the Government. ... Now the institution of the jury raises the people itself, or at least a class of citizens, to the bench of judicial authority.” Alexis de Tocqueville, *Democracy in America*, 312 (Henry Reeve, trans., 2002) (1835), <http://seas3.elte.hu/coursematerial/LojkoMiklos/Alexis-de-Tocqueville-Democracy-in-America.pdf>.

The U.S. Constitution ensures the right to a federal jury trial in the Sixth and Seventh Amendments. The Sixth Amendment states that “In all criminal prosecutions, the accused shall enjoy the right to a speedy and public trial by an impartial jury of the State and district wherein the crime shall have been committed”² The Seventh Amendment states that in matters at common law where the amount in controversy exceeds “twenty dollars, the right of trial by jury shall be preserved, and no fact tried by a jury, shall be otherwise re-examined in any Court of the United States, than according to the rules of the common law.”³

The State Constitution provides that “The right of trial by jury shall be secure to all and remain inviolate. The qualifications and the number of jurors, not fewer than six, shall be fixed by law.”⁴

Additionally, s. 918.0157, F.S., states, in part, that a defendant in a trial which is punishable by imprisonment, shall have, upon demand, the right to a trial by an impartial jury in the county where the offense was committed.

The right to a jury trial is effectuated by laws requiring citizens to appear for jury selection and serve as jurors.

State Jury Selection Process

The clerks of the court are responsible for summoning prospective jurors at least 14 days before they are to appear in court for jury selection.⁵

If a person is summoned to attend as a juror and fails to attend without providing a sufficient excuse, he or she may be fined up to \$100 by the court and held in contempt of court.⁶ The statute does not specify or limit the sanctions a court may impose for contempt of court.

Potential jurors are randomly selected from a list of names provided quarterly to the clerk of the circuit court by the Department of Highway Safety and Motor Vehicles.⁷ A juror must:

- Be at least 18 years old.
- Be a U.S. citizen.
- Be a legal resident of the state and his or her respective county.
- Possess a driver license or identification card issued by the Department of Highway Safety and Motor Vehicles or have executed an affidavit, as prescribed by statute, in which he or she indicates a desire to serve as a juror.⁸

² U.S. CONST. amend. VI.

³ U.S. CONST. amend. VII. The right to a jury trial for crimes in other types of cases, except impeachment cases, is also stated in Article III, Section 2.

⁴ FLA. CONST. art. 1, s. 22.

⁵ Section 40.23(1), F.S.

⁶ Section 40.23(3), F.S.

⁷ Section 40.011, F.S.

⁸ Section 40.01, F.S.

People who are Disqualified or Excused from Jury Service

Although most adult citizens of this state may be summoned for jury service, the statutes allow any person summoned to postpone his or her service for any reason for a period not to exceed 6 months.⁹ Additionally, the statutes specify grounds for many persons summoned to be excused from service upon request. Finally, statutes and court rules identify persons who are disqualified from serving on a jury. The grounds for excusal and disqualification are detailed below.

Excusal

The following persons *must be excused* from jury service *unless* they choose to serve:

- Any full-time federal, state, or local law enforcement officer.
- Federal, state, or local law enforcement investigative personnel.¹⁰

The following persons *must be excused* from jury service *upon their request*:

- Any expectant mother.
- Any parent who is not employed full time and has custody of a child under 6 years of age.
- A person who is 70 years of age or older. This person may be permanently excused upon written request.
- Anyone who is responsible for the care of a person who is incapable of caring for himself or herself because of mental illness, intellectual disability, senility, or other physical or mental incapacity.
- A full-time student between 18 and 21 years of age who is attending high school or any state university, private postsecondary educational institution, Florida College System institution, or career center.¹¹

The following persons *may be excused*:

- A person who demonstrates a showing of hardship, extreme inconvenience, or public necessity.¹²
- A person who, because of mental illness, intellectual disability, senility, or other physical or mental incapacity, is permanently incapable of caring for himself or herself.¹³

The following persons are *exempt* from jury service:

- People who, within the last year, were summoned and reported for jury duty in the county where they reside.¹⁴

A presiding judge has the discretion to excuse a practicing attorney, a practicing physician, or a person who is physically infirm from jury service.¹⁵

⁹ Section 40.23(2), F.S.

¹⁰ Section 40.013(2)(b), F.S.

¹¹ Section 40.013(4), (8), (10), (11), F.S.

¹² Section 40.013(6), F.S.

¹³ Section 40.013(9), F.S. Such person may be permanently excused if a written statement to this effect is provided by a physician.

¹⁴ Section 40.013(7), F.S.

¹⁵ Section 40.013(5), F.S.

Disqualification

Prospective jurors may be disqualified from jury service based upon grounds specified in statute. Others may be excused if the court believes that the prospective juror is not qualified to serve.¹⁶ If a potential juror in a civil trial does not have the reading, writing, and math skills to understand the evidence that will be offered, he or she may be excused.¹⁷

The following persons are *disqualified* from the jury selection process:

- A person under prosecution for a crime or who has been convicted of a felony, unless his or her civil rights have been restored.¹⁸
- The Governor, Lieutenant Governor, Cabinet officer, clerk of court, or judge.¹⁹
- A person having an interest in an issue that is being tried.²⁰

Statutes Permitting Excusal from Jury Service to Take Care of Young Children

While there is no specific provision in current law exempting a woman from jury service who has recently given birth, existing law may address many of these circumstances indirectly. As discussed above, one statute permits any person who has been summoned for jury duty to postpone his or her service for a period that does not exceed 6 months by making a written or oral request.²¹ Another statute, requires a person to be excused from jury service if she is an expectant mother or if he or she is a parent who is not employed full time and has custody of a child under 6 years of age.²² The potential juror needs only to request the excuse.

Legislation Passed by Other States

According to the National Conference of State Legislatures (NCSL), no state permits a woman to be excused from jury service solely on the basis that she has given birth within the last 6 months. However, NCSL research has found that at least 22 states and Puerto Rico allow mothers who are breastfeeding their infants to postpone or be exempt from jury service.²³

III. Effect of Proposed Changes:

CS/CS/SB 462 amends s. 40.013, F.S., to create a new basis for someone to be excused from jury duty. The bill provides that a woman who has given birth within the 6-month period immediately prior to the date on which she is to report for jury service shall be excused upon request.

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

¹⁶ Fla. R. Crim. P. 3.300.

¹⁷ Fla. R. Civ. P. 1.431(c)(3).

¹⁸ Section 40.013(1), F.S.

¹⁹ Section 40.013(2)(a), F.S.

²⁰ Section 40.013(3), F.S.

²¹ Section 40.23(2), F.S.

²² Section 40.013(4), F.S.

²³ National Conference of State Legislatures, *Breastfeeding State Laws* (Aug. 26, 2021), <https://www.ncsl.org/ncsl-search-results/searchtext/breastfeeding%20laws>.

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

None.

B. Public Records/Open Meetings Issues:

None.

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

None.

B. Private Sector Impact:

The bill may financially benefit businesses employing mothers of newborns and the mothers of newborns themselves to the extent that such women use the bill's excusal from jury service to attend a job instead of jury service.

C. Government Sector Impact:

The bill may increase costs to impanel jurors to the extent that courts could be required to issue additional summons for jury service. Such costs, if any, are likely to be minimal since the excusal authorized by the bill somewhat overlaps the right to be excused or to postpone jury service under current law.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 40.013 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on January 16, 2024:

The CS removes the underlying bill's requirement that a person who wishes to be excused from jury duty under the bill must request the excusal in writing and provide a photocopy of the newborn's birth certificate.

CS by Judiciary on December 13, 2023:

The CS clarifies that the “6 months” period in the bill is measured from the birth date of the child to the reporting date on the summons.

B. Amendments:

None.



621498

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/16/2024	.	
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	.	
	.	

The Committee on Health Policy (Grall) recommended the following:

Senate Amendment

Delete lines 15 - 16
and insert:
excused upon request. The excusal

By the Committee on Judiciary; and Senator Grall

590-01856-24

2024462c1

A bill to be entitled

An act relating to excusal from jury service; amending
s. 40.013, F.S.; requiring that a woman who has
recently given birth be excused from certain jury
service under specified conditions; providing an
effective date.

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

Section 1. Subsection (12) is added to section 40.013,
Florida Statutes, to read:

40.013 Persons disqualified or excused from jury service.—

(12) A woman who has given birth within the 6 months before
the reporting date on a summons for jury service shall be
excused upon a written request for excusal accompanied by a
photocopy of the newborn's birth certificate. The excusal
applies only to the specific summons for which the excusal is
requested.

Section 2. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 18, 2023

I respectfully request that **Senate Bill #462**, relating to Excusal From Jury Service, be placed on the:

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

A handwritten signature in blue ink that reads "Erin K. Grall".

Senator Erin Grall
Florida Senate, District 29

January 16, 2024

Meeting Date

Senate Health Policy

Committee

Name **Sara Sanders Bremer**

Address **3544 Maclay Boulevard**

Street

Tallahassee

City

FL

State

32312

Zip

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

CS/SB 462

Bill Number or Topic

621498

Amendment Barcode (if applicable)

Phone **850-577-5516**

Email **sbremer@flclerks.com**

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

FL Court Clerks & Comptrollers

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

January 16, 2024

Meeting Date

Senate Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

CS/SB 462

Bill Number or Topic

621498

Amendment Barcode (if applicable)

Name Stacy Butterfield (Polk County Clerk of Court and Comptroller) Phone 8635344000

Address 255 N. Broadway Ave Email stacybutterfield@polk-county.net

Street

Bartow

City

FL

State

33830

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
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(travel, meals, lodging, etc.),
sponsored by:

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

S-001 (08/10/2021)

January 16, 2024

Meeting Date

Senate Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

CS/SB 462

Bill Number or Topic

621498

Amendment Barcode (if applicable)

Name Jason Welty (Jefferson County Clerk of Court and Comptroller) Phone 8503420218

Address 1 Courthouse Circle Email jwelty@jeffersonclerk.com

Street

Monticello

City

FL

State

32344

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

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☐ I am not a lobbyist, but received
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S-001 (08/10/2021)

January 16, 2024

Meeting Date

Senate Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

CS/SB 462

Bill Number or Topic

621498

Amendment Barcode (if applicable)

Name Tara Green (Clay County Clerk of Court and Comptroller)

Phone 9042846302

Address 25 North Orange Avenue

Email greent@clayclerk.com

Street

Green Cove Springs FL

32043

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 544

INTRODUCER: Health Policy Committee and Senator Hutson and others

SUBJECT: Swimming Lesson Voucher Program

DATE: January 17, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Fav/CS
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 544 creates s. 514.073, F.S., to establish the Swimming Lesson Voucher Program (program) within the Department of Health (DOH) to increase water safety by offering vouchers for swimming lessons to families with an income of up to 200 percent of the federal poverty level (FPL) that have one or more children under four years of age or younger. The bill requires the DOH to establish eligibility criteria for the vouchers, contract with a network of swimming lesson vendors to ensure availability, and to establish methods for members of the public to apply for vouchers.

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

II. Present Situation:

The Danger of Drowning

Drowning is one of the leading causes of accidental death among children. For all ages, the current annual global estimate is 295,000 drowning deaths, although this figure is thought to underreport fatal drowning, in particular boating and disaster related drowning mortality.

Drowning disproportionately impacts children and young people, with over half of all drowning deaths occurring among people younger than 25 years old. In many countries, children under five years of age record the highest rate of fatal and non-fatal drowning, with incidents commonly

occurring in swimming pools and bathtubs in high income countries and in bodies of water in and around a home in low income contexts.¹

Drowning Deaths in Florida

Drowning deaths in Florida have consistently ranged between 350 and 500 deaths per year in the state from 2003 to present. Data from 2022 show that most counties suffered less than 10 deaths from drowning in that year, but many highly populated and coastal counties suffered from a much higher rate of drowning.² For example, Broward County had 46 drowning deaths in 2022, Miami-Dade had 30, Hillsborough had 33, and Palm Beach had 42.³

Formal Swimming Lessons and Drowning Prevention

Learning to swim has been found to be an effective drowning prevention strategy and has been proposed by the World Health Organization as one of ten key strategies for global drowning prevention. Participation in formal swimming lessons has been shown to reduce drowning risk among children aged 1-19 years, and a recent review of evidence suggests that teaching aquatic competencies to young children causes no increased risk, particularly when combined with the additional drowning prevention strategies of supervision, restricting access to water and caregiver training in cardiopulmonary resuscitation (CPR).⁴ Swimming lessons have been found to be particularly effective in protecting children age 0-4 from drowning with one study showing that formal swimming lessons were associated with an 88 percent reduction in the risk for drowning for that population.⁵

III. Effect of Proposed Changes:

CS/SB 544 creates the Swimming Lesson Voucher Program within the DOH. The purpose of the program is to increase water safety in Florida by offering vouchers for swimming lessons at no cost to families at or below 200 percent of the FPL and who have at least one child aged four or younger. The bill requires the DOH to:

- Contract with and establish a network of swimming lesson vendors that will accept the vouchers offered by the program. The bill specifies that the DOH must attempt to contract with at least one swimming lesson vendor in each county. Additionally, the bill requires that any vendor that offers swimming lessons at a public pool that is owned or maintained by a county or municipality must participate in the program.

¹ Peden AE, Franklin RC. Learning to Swim: An Exploration of Negative Prior Aquatic Experiences among Children. *Int J Environ Res Public Health*. 2020 May 19;17(10):3557. doi: 10.3390/ijerph17103557. PMID: 32438661; PMCID: PMC7277817. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7277817/>. (Last visited Jan. 11, 2024).

² Florida Health Charts, Deaths from Unintentional Drowning, available at <https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=Death.DataViewer&cid=0105>, (last visited Jan 10, 2024).

³ *Id.*

⁴ *Supra*, note. 2

⁵ Brenner RA, Taneja GS, Haynie DL, Trumble AC, Qian C, Klinger RM, Klebanoff MA. Association between swimming lessons and drowning in childhood: a case-control study. *Arch Pediatr Adolesc Med*. 2009 Mar;163(3):203-10. doi: 10.1001/archpediatrics.2008.563. PMID: 19255386; PMCID: PMC4151293.

- Establish a method for members of the public to apply for vouchers and for determining the applicant's eligibility. The bill requires the DOH to establish eligibility criteria including, but not limited to:
 - The age of each child for whom a voucher is being sought, which can be no more than four years of age;
 - The family's income level up to 200 percent of the FPL; and
 - The family's address of residency in Florida.
- Subject to a specific appropriation, issue vouchers to eligible applicants

The bill appropriates \$500,000 in nonrecurring general revenue to the DOH to fund the program. The bill also authorizes the DOH to seek grants or other public or private funding for the program and requires the DOH to adopt rules to implement the program.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CS/SB 544 may have a positive fiscal impact on families seeking swimming lessons for children who qualify for vouchers under the program.

C. Government Sector Impact:

CS/SB 544 appropriates \$500,000 in nonrecurring general revenue to the DOH to fund the program.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

514.073

This bill creates section 514.073 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on January 16, 2024:

The CS adds a \$500,000 nonrecurring appropriation from general revenue to the DOH to fund the program.

B. Amendments:

None.



919154

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/16/2024	.	
	.	
	.	
	.	

The Committee on Health Policy (Hutson) recommended the following:

Senate Amendment (with title amendment)

Between lines 56 and 57
insert:

Section 2. For the 2024-2025 fiscal year, the sum of \$500,000 in nonrecurring funds is appropriated from the General Revenue Fund to the Department of Health to fund the Swimming Lesson Voucher Program established by this act.

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



919154

11 And the title is amended as follows:
12 Between lines 16 and 17
13 insert:
14 providing an appropriation;

By Senator Hutson

7-00542A-24

2024544__

1 A bill to be entitled
 2 An act relating to the Swimming Lesson Voucher
 3 Program; creating s. 514.073, F.S.; creating the
 4 program within the Department of Health for a
 5 specified purpose; requiring the department to
 6 contract with and establish a network of swimming
 7 lesson vendors to participate in the program;
 8 requiring the department to attempt to secure a vendor
 9 in each county; requiring certain vendors to
 10 participate in the program if requested by the
 11 department; requiring the department to establish an
 12 application process; specifying eligibility criteria
 13 for the program; providing that the program is subject
 14 to specific appropriation; authorizing the department
 15 to seek grants or other public and private funding for
 16 the program; requiring the department to adopt rules;
 17 providing an effective date.
 18
 19 Be It Enacted by the Legislature of the State of Florida:
 20
 21 Section 1. Section 514.073, Florida Statutes, is created to
 22 read:
 23 514.073 Swimming Lesson Voucher Program.—
 24 (1) There is created within the department the Swimming
 25 Lesson Voucher Program. The purpose of the program is to
 26 increase water safety in this state by offering vouchers for
 27 swimming lessons at no cost to families with an income of no
 28 more than 200 percent of the federal poverty level who have one
 29 or more children 4 years of age or younger.

Page 1 of 2

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

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30 (2) The department shall do all of the following to
 31 implement the program:
 32 (a) Contract with and establish a network of swimming
 33 lesson vendors that will accept the vouchers offered by the
 34 program in exchange for providing swimming lessons. To ensure
 35 that the swimming lessons are available throughout this state,
 36 the department must attempt to secure at least one such vendor
 37 in each county. Any swimming lesson vendor that offers swimming
 38 lessons at a public pool that is owned or maintained by a county
 39 or municipality must, if requested by the department,
 40 participate in the program.
 41 (b) Establish a method for members of the public to apply
 42 for swimming lesson vouchers and for determining an applicant's
 43 eligibility. The department shall establish eligibility criteria
 44 necessary for a family to receive one or more vouchers from the
 45 program, including, but not limited to, the following:
 46 1. The age of each child for whom a voucher is being
 47 sought, who may be no more than 4 years of age.
 48 2. The family income level, which may be up to 200 percent
 49 of the federal poverty level.
 50 3. The family's address of residency in this state.
 51 (c) Subject to specific appropriation, issue vouchers to
 52 eligible applicants.
 53 (3) The department may seek grants or other public or
 54 private funding for the program.
 55 (4) The department shall adopt rules to implement the
 56 program.
 57 Section 2. This act shall take effect July 1, 2024.

Page 2 of 2

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



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 5th, 2023

I respectfully request that **Senate Bill #544**, relating to the Swimming Lesson Voucher Program, be placed on the:

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

A handwritten signature in black ink, reading "Travis J. Hutson". The signature is written in a cursive style with a large, sweeping "T" and "H".

Senator Travis Hutson
Florida Senate, District 7

The Florida Senate

APPEARANCE RECORD

SB 544

1.16.24

Meeting Date

Health Policy

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

~~919154~~

Amendment Barcode (if applicable)

Name **Bradley H. Cusnier** Phone **(954) 604-2742**

Address **799 W Gaines St. Apt 531** Email **bcusnier@floridataxwatch.org**

Street

Tallahassee

City

FL

State

32304

Zip

Speaking: ☐ For ☐ Against ☒ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida TaxWatch

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 544

Bill Number or Topic

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

Nemours Children's Health

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 302

INTRODUCER: Senator Boyd

SUBJECT: Dental Services

DATE: January 12, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto Van Winkle	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 302 requires dentists and any individual, partnership, corporation, or other entity that provides dental services through telehealth to make available the dentist's name, telephone number, after-hours contact information for emergencies, and upon request, licensure information.

The bill requires the dentist of record to remain primarily responsible for all dental treatment for any patient who is treated through telehealth, whether care is rendered by the dentist of record, another dentist, dental hygienist, or dental assistant.

The bill creates a definition for advertisement and requires that if dental services are provided through telehealth, an advertisement must include a specific disclaimer that an in-person examination with a dentist is recommended before any of the following services is performed, if such service is advertised:

- The taking of an impression or the digital scanning of the human tooth, teeth, or jaws, directly or indirectly and by any means or method;
- Placing an appliance or a structure in the human mouth or adjusting or attempting to adjust the appliance or structure; and
- Correcting or attempting to correct malformations of teeth or jaws.

The bill creates new disciplinary offenses that establish a standard that would require a dentist of record to perform an in-person examination of a patient or obtain records from an in-person examination within the last six months before the initial diagnosis and correction of a malposition of human teeth or initial use of an orthodontic appliance.

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

II. Present Situation:

The Practice of Dentistry

The Board of Dentistry (BOD) regulates the practice of dentistry in Florida, including dentists, dental hygienists, and dental assistants under the Dental Practice Act.¹ A dentist is licensed to examine, diagnose, treat, and care for conditions within the human oral cavity and its adjacent tissues and structures.² A dental hygienist provides education, preventive, and delegated therapeutic dental services.³

Dentists

The requirements for dental licensure in Florida are found in s. 466.006, F.S. An applicant must apply to the Department of Health (DOH) to take and pass the following examinations:

- The American Dental Licensing Examination (ADEX);⁴ and
- An exam on Florida laws and rules relating to dentistry.

To take the ADEX clinical examination, a dental applicant must be at least 18 years of age and must:

- Be a graduate from a dental school accredited by the American Dental Association's (ADA) Commission on Dental Accreditation (CODA) or any other dental accrediting entity recognized by the U.S. Department of Education (DOE); or
- Be a dental student in the final year of a program at an ADA-CODA-accredited dental school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations; and
- Have passed Parts I and II of the National Board Dental Examination (NBDE), administered by the Joint Commission on National Dental Examinations (JCNDE).⁵

If an applicant fails to pass the diagnostic skills examination in three attempts, the applicant is not eligible for reexamination unless she or he completes additional educational requirements established by the BOD.⁶

Dental Hygienist

The requirements for licensure as a dental hygienist are found in s. 466.007, F.S. An applicant must apply to the DOH to take the American Board of Dental Examiners' Dental Hygiene

¹ Section 466.004, F.S.

² Section 466.003(3), F.S.

³ Section 466.003(4) and (5), F.S.

⁴ Section 466.006, F.S.

⁵ Section 466.006(2), F.S. American Dental Association, Joint Commission on National Dental Examinations, *Upholding Quality Oral Care For All*, available at <https://jcn.de.ada.org/> (last visited Jan. 10, 2024).

⁶ Section 466.006(5)(a)7., F.S.

Examination (ADHEX) and is entitled to licensure if he or she is 18 years of age or older and has:⁷

- Graduated from a dental hygiene college or school that is:
 - BOD-approved;
 - Accredited by the ADA-CODA or by any other dental accrediting entity recognized by the U.S. DOE;
- Passed the Florida Laws and Rules examination; and
- Passed the ADHEX examination.

A dentist who is a graduate of an accredited dental college or school or a graduate of an unaccredited dental college or school, may also take the ADHEX and obtain licensure as a dental hygienist if he or she meets certain additional criteria.⁸

License Display Requirements

Every dentist or dental hygienist licensed in Florida must post and keep conspicuously displayed his or her license in the office wherein she or he practices, in plain sight of patients. Any dentist or dental hygienist who practices at more than one location shall be required to display a copy of his or her license in each location where she or he practices.⁹

Dental Patient Records

Every dentist must maintain written dental records and medical history records on every patient which must justify the dentist's course of treatment for the patient. The records must include, but not be limited to:

- Patient history;
- Examination results;
- Test results; and,
- X rays, if taken.¹⁰

In a multi-dentist practice, the owner dentist(s) must maintain either the original or duplicates of all patient records, including dental charts, patient histories, examination and test results, study models, and X rays, of any patient treated by a dentist at the owner dentist's practice facility for four years from the date of the last patient's visit.¹¹ The owner dentist(s) of a multi-dentist practice may be relieved of this responsibility if, upon request of the patient or the patient's legal representative, the dentist transfers custody of the records to another dentist, the patient, or the patient's legal representative and retains, in lieu of the records, a written statement, signed by the owner dentist, the person who received the records, and two witnesses, that lists the date, the records that were transferred and the persons to whom the records were transferred. The owner dentist(s) must provide reasonable access to duplicate records at cost.¹²

⁷ Section 466.007(2), F.S.

⁸ See s. 466.007 (2)(b)1. and (3), F.S.

⁹ Section 466.016, F.S.

¹⁰ Section 466.018 (3), F.S.

¹¹ Section 466.018(5), F.S.

¹² Section 466.018(4), F.S.

Dentist of Record

Section 466.018, F.S., requires that each dental patient shall have a dentist of record. The dentist of record must remain primarily responsible for all dental treatment on a patient regardless of whether the treatment is rendered by the dentist or by another dentist, dental hygienist, or dental assistant rendering such treatment in conjunction with, at the direction or request of, or under the supervision of such dentist of record. The dentist of record must be identified in the record of the patient. If treatment is rendered by a dentist other than the dentist of record or by a dental hygienist or assistant, the name or initials of such person must be placed in the record of the patient. In any disciplinary proceeding against a dentist, it is presumed as a matter of law that treatment was rendered by the dentist of record unless otherwise noted on the patient record.¹³

Delegation of Duties

A dentist may not delegate irremediable tasks to a dental hygienist or dental assistant, except as provided by law. A dentist may delegate remediable tasks to a dental hygienist or dental assistant when such tasks pose no risk to the patient. A dentist may only delegate remediable tasks so defined by law or BOD rule.¹⁴

The BOD designates by rule which tasks are remediable and delegable, except that the following are found by law to be remediable and delegable:

- Taking impressions for study casts but not for the purpose of fabricating any intraoral restorations or orthodontic appliance;
- Placing periodontal dressings;
- Removing periodontal or surgical dressings;
- Removing sutures;
- Placing or removing rubber dams;
- Placing or removing matrices;
- Placing or removing temporary restorations;
- Applying cavity liners, varnishes, or bases;
- Polishing amalgam restorations;
- Polishing clinical crowns of the teeth for the purpose of removing stains but not changing the existing contour of the tooth;
- Obtaining bacteriological cytological specimens not involving cutting of the tissue; and
- Administering local anesthesia.¹⁵

All other remediable tasks must be performed under the direct, indirect, or general supervision of a dentist, after such additional training as required by BOD rule.¹⁶

¹³ Section 466.018,(1), F.S.

¹⁴ Section 466.024, (1), F.S.

¹⁵ *Id.*

¹⁶ Section 466.024(7), F.S.

A dentist may not delegate to anyone other than another licensed dentist:

- Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician; or
- Any diagnosis for treatment or treatment planning.¹⁷

According to the DOH, a direct-to-consumer teeth aligner business model currently exists for consumers. Dental impressions are being taken by the consumer using a dental impression kit mailed by the aligner company, or the consumer visits a location for a digital scan by a technician. The impression or image is then reviewed by a dentist to create custom aligners, which are shipped back to the consumer for use. This business model does not include an in-person examination by a licensed dentist or direct supervision by a licensed dentist when digital scanning is performed.¹⁸

Dental Advertising

A licensed dentist's advertisements may not contain any false, fraudulent, misleading, or deceptive statement or claim or any statement or claim which:

- Contains misrepresentations of fact;
- Is likely to mislead or deceive because, in context, it makes only a partial disclosure of relevant facts;
- Contains laudatory statements about the dentist or group of dentists;
- Is intended or is likely to create false, unjustified expectations of favorable results;
- Relates to the quality of dental services provided as compared to other available dental services;
- Is intended or is likely to appeal primarily to a layperson's fears;
- Contains fee information without a disclaimer that such is a minimum fee only; or
- Contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or to be deceived.¹⁹

Telehealth

Section 456.47, F.S., defines the term "telehealth" as the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

In a general sense, "synchronous" telehealth happens in live, real-time settings where the patient interacts with a provider, usually via phone or video. Providers and patients communicate directly, often resulting in a diagnosis, treatment plan, or prescription. Synchronous telehealth can include additional at-home devices such as a blood pressure or heart rate monitors,

¹⁷ Section 466.024(8), F.S.

¹⁸ Florida Department of Health, *2023 Agency Legislative Bill Analysis, Senate Bill 356*, Jan. 25, 2023 (on file with the Senate Committee on Health Policy).

¹⁹ Section 466.019, F.S.

thermometers, oximeters, cameras, or scales to help the provider more accurately assess the patient's health status.²⁰

"Asynchronous" telehealth, also known as "store-and-forward," is often used for patient intake or follow-up care. For example, a patient sends a photo of a skin condition that is later reviewed by a dermatologist who recommends treatment.²¹

Section 456.47, F.S., also authorizes out-of-state health care providers to use telehealth to deliver health care services to Florida patients if they register with the DOH or the applicable board²² and meet certain eligibility requirements.²³ A registered out-of-state telehealth provider may use telehealth, within the relevant scope of practice established by Florida law and rule, to provide health care services to Florida patients but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida without first becoming licensed by the state of Florida.

A telehealth provider may not use telehealth to prescribe a controlled substance listed in Schedule II²⁴ or s. 893.03, F.S., unless the controlled substance is prescribed for the following:

- The treatment of a psychiatric disorder;
- Inpatient treatment at a hospital licensed under ch. 395, F.S.;
- The treatment of a patient receiving hospice services as defined in s. 400.601, F.S.; or
- The treatment of a resident of a nursing home facility as defined in s. 400.021, F.S.²⁵

A telehealth provider must document in the patient's medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4), and 456.057, F.S.²⁶

²⁰ TELEHEALTH.HHS.GOV, "*Synchronous direct-to-consumer telehealth*," available at <https://telehealth.hhs.gov/providers/direct-to-consumer/synchronous-direct-to-consumer-telehealth/> (last visited Jan. 10, 2024).

²¹ TELEHEALTH.HHS.GOV, "*Asynchronous direct-to-consumer telehealth*," available at <https://telehealth.hhs.gov/providers/direct-to-consumer/asynchronous-direct-to-consumer-telehealth/> (last visited Jan. 10, 2024).

²² Under s. 456.001(1), F.S., the term "board" is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within DOH or, in some cases, within DOH's Division of Medical Quality Assurance (MQA).

²³ Section 456.47(4), F.S.

²⁴ Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin. United States Drug Enforcement Administration, Drug Scheduling, *Schedule II*, available at <https://www.dea.gov/drug-information/drug-scheduling> (last visited Jan. 10, 2024).

²⁵ Section 456.47(2)(c), F.S.

²⁶ Section 456.47(3), F.S.

The website of an out-of-state telehealth provider registered under s. 456.47, F.S., must prominently display a hyperlink to the DOH's website, and the DOH's website must publish a list of all out-of-state registrants and include the following information for each:

- Name;
- Health care occupation;
- Health care training and education, including completion dates and any certificates or degrees obtained;
- Out-of-state health care licenses, including license numbers;
- Florida telehealth provider registration number;
- Specialty, if any;
- Board certification, if any;
- Five-years of disciplinary history, including sanctions imposed and board actions;
- Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in Florida; and
- The name and address of the registered agent designated for service of process in this state.²⁷

A health care professional may not register under s. 456.47, F.S., if his or her license to provide health care services is subject to a pending disciplinary investigation or action; or has been revoked in any state or jurisdiction. A health care professional registered under this subsection must notify the appropriate board, or the DOH if there is no board, of any restrictions placed on his or her license to practice, or any disciplinary action taken or pending against him or her, in any state or jurisdiction. The notification must be provided within five business days after the restriction is placed or disciplinary action is initiated or taken.²⁸

The applicable board, or the DOH if there is no board, may take disciplinary action against an out-of-state telehealth provider registered under s. 456.47, F.S., if the registrant:

- Fails to notify the applicable board, or the DOH if there is no board, of any adverse actions taken against his or her license;
- Has restrictions placed on, or disciplinary action taken against, his or her license in any state or jurisdiction;
- Violates any of the requirements of s. 456.47, F.S.; or
- Commits any act that constitutes grounds for disciplinary action under s. 456.072, F.S., or the applicable practice act for similarly licensed Florida providers.²⁹

Venue for civil or administrative actions initiated by the DOH, a board, or a patient who receives telehealth services from an out-of-state telehealth provider may be located in the patient's county of residence or in Leon County.³⁰ A health care professional who is not licensed to provide health care services in Florida, but who holds an active license to provide health care services in another state or jurisdiction, and who provides such services using telehealth to a patient located

²⁷ Section 456.47(4)(h), F.S.

²⁸ Section 456.47 (4)(d), F.S.

²⁹ Section 456.47(4)(i), F.S.

³⁰ Section 456.47(5), F.S.

in Florida, is not subject to the registration requirement under s. 456.47, F.S., if the services are provided:

- In response to an emergency medical condition; or
- In consultation with a health care professional licensed Florida who has ultimate authority over the diagnosis and care of the patient.³¹

III. Effect of Proposed Changes:

SB 302 defines “digital scanning” for dentistry as the use of digital technology to create a computer-generated replica of the hard and soft tissue of the oral cavity using enhanced digital photography, lasers, or other optical scanning devices.

The bill amends s. 466.016, F.S. to require that every dentist must provide each of his or her patients with the dentist’s name, contact telephone number, after-hours contact information for emergencies, and, upon the patient’s request, license information. Any individual, partnership, corporation, or other entity that provides dental services through telehealth must also provide its patients with the name, contact telephone number, after-hours contact information for emergencies, and, upon the patient’s request, the license information of each dentist who provides dental services to the patient.

For any dental patient treated through telehealth, the bill requires that there must be a dentist of record as described in s. 466.018, F.S., who remains primarily responsible for all dental treatment on the patient regardless of whether the treatment is rendered by the dentist of record, another dentist, a dental hygienist, or dental assistant, in conjunction, or at the direction of, or under the supervision of, the dentist of record. A dentist of record for a telehealth patient is subject to all of the requirements S. 466.018, F.S., applicable to dentists of record.

The bill requires that any individual, partnership, corporation, or other entity that provides dental services through telehealth must also make available to the patient, before services are rendered, the name, the telephone number, practice address, and state license number for the dentist of record and any other dentist who will be providing dental services to the patient, and at any time requested by a patient.

SB 302 clarifies that s. 466.018, F.S., is not to be construed to assign any responsibility to a dentist of record for treatment rendered pursuant to a proper referral to another dentist who is not in the same practice with the dentist of record or to prohibit a patient from voluntarily selecting a new dentist without permission of the dentist of record.

SB 302 defines advertisement for s. 466.019, F.S., as a representation disseminated in any manner or by any means to solicit patients and includes, but is not limited to, business cards, circulars, pamphlets, newspapers, websites, and social media.

The bill amends s. 466.019, F.S., to require that an advertisement for dental services provided through telehealth must include a disclaimer that reads, in a clearly legible font and size, “An in-person examination with a dentist licensed under chapter 466, Florida Statutes, is recommended

³¹ Section 456.47(6), F.S.

before beginning telehealth treatment in order to prevent injury or harm” for each of the following dental services, if advertised:

- The taking of an impression or the digital scanning of the human tooth, teeth, or jaws by any means or method, directly or indirectly;
- Furnishing, supplying, constructing, reproducing, or repairing any prosthetic denture, bridge, or appliance or any other structure designed to be worn in the human mouth;
- Placing an appliance or a structure in the human mouth or adjusting or attempting to adjust the appliance or structure; and
- Correcting or attempting to correct malformations of teeth or jaws.

SB 302 amends s. 466.028, F.S., to add the following additional grounds for the denial of a dental license or disciplinary action against a dentist:

- Failure by the dentist of record, before the initial diagnosis and correction of a malposition of human teeth or initial use of an orthodontic appliance, to perform an in-person examination of the patient or obtain records from an in-person examination within the last six months and to perform a review of the patient’s most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. However, this provision does not apply to:
 - Providing emergent care;
 - Providing care in connection with a public health program; or
 - In making an initial diagnosis of a malposition of teeth and a determination of the need for an orthodontic appliance. However, such an initial diagnosis and determination must be confirmed through an in-person examination and the review of the patient’s most recent diagnostic digital or conventional radiographs before the patient begins using the orthodontic appliance.
- For dental services provided in-person or through telehealth by an individual, a partnership, a corporation, or any other entity, failing to provide each patient with the name, contact telephone number, after-hours contact information for emergencies, and, upon the patient’s request, the license information of each dentist who is providing dental services to the patient; and
- For dental services provided through telehealth by an individual, a partnership, a corporation, or any other entity, failing to designate a dentist of record and make available, before the rendering of such services and upon the patient’s request, the name, telephone number, practice address, and state license number for the dentist of record and any other dentist who will be involved in the provision of dental services to the patient through telehealth.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:³²

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

According to the DOH, the provisions of the bill may result in an increase in revenues for individual dentistry practices due to the creation of new disciplinary offenses that establish a standard that would require a dentist of record to perform an in-person examination of a patient or obtain records from an in-person examination within the last six months before the initial diagnosis and correction of a malposition of human teeth or initial use of an orthodontic appliance.

C. Government Sector Impact:

According to the DOH, the department will experience an increase in workload associated with complaints and investigations under the bill. The impact is indeterminate; therefore, the fiscal impact cannot be calculated at this time.

The DOH has also indicated it will incur nonrecurring costs for rulemaking, which current budget authority is adequate to absorb.

The department will also experience a nonrecurring increase in workload and costs associated with updating the Licensing and Enforcement Information Database System, Online Service Portal, Artificial Intelligence Virtual Customer Contact Agent, Continuing Education Tracking System, License Verification Search Site, and BOD website. Resources and budget authority are adequate to absorb.³³

³² *Supra*, note 18.

³³ *Id.*

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 466.003, 466.016, 466.018, 466.019, and 466.028.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

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

By Senator Boyd

20-00342-24

2024302__

A bill to be entitled

An act relating to dental services; amending s. 466.003, F.S.; defining the term "digital scanning"; amending s. 466.016, F.S.; requiring every dentist and certain individuals, partnerships, corporations, and other entities to provide specified information to certain patients; amending s. 466.018, F.S.; requiring a dentist of record to remain primarily responsible for all dental treatments for a patient treated through telehealth; requiring any individual, partnership, corporation, or other entity that provides dental services through telehealth to make available specified information; providing construction; amending s. 466.019, F.S.; defining the term "advertisement"; requiring advertisements of dental services provided through telehealth to include a specified disclaimer for certain dental services; amending s. 466.028, F.S.; providing grounds for disciplinary action; providing applicability; providing an effective date.

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

Section 1. Present subsections (8) through (15) of section 466.003, Florida Statutes, are redesignated as subsections (9) through (16), respectively, a new subsection (8) is added to that section, and present subsection (15) of that section is amended, to read:

466.003 Definitions.—As used in this chapter:

Page 1 of 7

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

20-00342-24

2024302__

(8) "Digital scanning" means the use of digital technology that creates a computer-generated replica of the hard and soft tissue of the oral cavity using enhanced digital photography, lasers, or other optical scanning devices.

(16)(15) "School-based prevention program" means preventive oral health services offered at a school by one of the entities defined in subsection (15) (14) or by a nonprofit organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c)(3) of the Internal Revenue Code.

Section 2. Section 466.016, Florida Statutes, is amended to read:

466.016 License to be displayed.—

(1) Every practitioner of dentistry or dental hygiene within the meaning of this chapter shall post and keep conspicuously displayed her or his license in the office wherein she or he practices, in plain sight of the practitioner's patients. Any dentist or dental hygienist who practices at more than one location shall be required to display a copy of her or his license in each office where she or he practices.

(2) Every dentist shall provide each of her or his patients with her or his name, contact telephone number, after-hours contact information for emergencies, and, upon the patient's request, license information.

(3) Any individual, partnership, corporation, or other entity that provides dental services through telehealth as defined in s. 456.47(1) shall provide each patient with the name, contact telephone number, after-hours contact information for emergencies, and, upon the patient's request, license

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

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information of each dentist who provides dental services through telehealth to that patient.

Section 3. Subsection (6) is added to section 466.018, Florida Statutes, to read:

466.018 Dentist of record; patient records.—

(6) For any patient treated through telehealth as defined in s. 456.47(1), there must be a dentist of record who remains primarily responsible for all dental treatments on the patient, regardless of whether the treatment is rendered by the dentist of record or by another dentist, dental hygienist, or dental assistant rendering such treatment in conjunction with, at the direction or request of, or under the supervision of such dentist of record. A dentist of record for a patient treated through telehealth is subject to all of the requirements of this section applicable to dentists of record.

(a) Any individual, partnership, corporation, or other entity that provides dental services through telehealth shall make available the name, contact telephone number, practice address, and state license number for the dentist of record and any other dentist who provides dental services to a patient before the rendering of such services and at any time such information is requested by a patient.

(b) This subsection may not be construed to assign any responsibility to a dentist of record for treatment rendered pursuant to a proper referral to another dentist who is not in the same practice with the dentist of record or to prohibit a patient from voluntarily selecting a new dentist without permission of the dentist of record.

Section 4. Section 466.019, Florida Statutes, is amended to

Page 3 of 7

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read:

466.019 Advertising by dentists.—

(1) As used in this section, the term "advertisement" means a representation disseminated in any manner or by any means to solicit patients, including, but not limited to, business cards, circulars, pamphlets, newspapers, websites, and social media platforms.

(2) The purpose of this section is to ensure that the public has access to information that ~~which~~ provides a sufficient basis upon which to make an informed selection of dentists while also ensuring that the public is protected from false or misleading advertisements that ~~which~~ would detract from a fair and rational selection process. The board shall adopt rules to carry out the intent of this section, the purpose of which is ~~shall be~~ to regulate the manner of such advertising in keeping with the provisions hereof.

(3) (2) An ~~no~~ advertisement by a licensed dentist may not ~~shall~~ contain any false, fraudulent, misleading, or deceptive statement or claim or any statement or claim that ~~which~~:

(a) Contains misrepresentations of fact;

(b) Is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;

(c) Contains laudatory statements about the dentist or group of dentists;

(d) Is intended or is likely to create false, unjustified expectations of favorable results;

(e) Relates to the quality of dental services provided as compared to other available dental services;

(f) Is intended or is likely to appeal primarily to a

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layperson's fears;

(g) Contains fee information without a disclaimer that such is a minimum fee only; or

(h) Contains other representations or implications that in reasonable probability will cause an ordinary, prudent person to misunderstand or to be deceived.

(4) An advertisement for dental services provided through telehealth as defined in s. 456.47(1) must include a disclaimer that reads, in a clearly legible font and size, "An in-person examination with a dentist licensed under chapter 466, Florida Statutes, is recommended before beginning telehealth treatment in order to prevent injury or harm" for each of the following services, if advertised:

(a) The taking of an impression or the digital scanning of the human tooth, teeth, or jaws, directly or indirectly and by any means or method.

(b) Furnishing, supplying, constructing, reproducing, or repairing any prosthetic denture, bridge, or appliance or any other structure designed to be worn in the human mouth.

(c) Placing an appliance or a structure in the human mouth or adjusting or attempting to adjust the appliance or structure.

(d) Correcting or attempting to correct malformations of teeth or jaws.

(5)(3) For purposes of this section, D.D.S. or D.M.D. are synonymous and may be used interchangeably by licensed dentists who have graduated from an accredited American dental school with a D.D.S. or D.M.D. degree, when advertising dental services.

Section 5. Present paragraph (mm) of subsection (1) of

20-00342-24

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section 466.028, Florida Statutes, is redesignated as paragraph (pp), and a new paragraph (mm) and paragraphs (nn) and (oo) are added to that subsection, to read:

466.028 Grounds for disciplinary action; action by the board.—

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

(mm) Failure by the dentist of record, before the initial diagnosis and correction of a malposition of human teeth or initial use of an orthodontic appliance, to perform an in-person examination of the patient or obtain records from an in-person examination within the last 6 months and to perform a review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. This paragraph does not apply to providing emergent care, to providing care in connection with a public health program, or to making an initial diagnosis of a malposition of teeth and a determination of the need for an orthodontic appliance. Such an initial diagnosis and determination must be confirmed through an in-person examination and review of the patient's most recent diagnostic digital or conventional radiographs before the patient begins using the orthodontic appliance.

(nn) For dental services provided in person or through telehealth by an individual, a partnership, a corporation, or any other entity, failing to provide each patient with the name, contact telephone number, after-hours contact information for emergencies, and, upon the patient's request, the license information of each dentist who is providing dental services to

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175 the patient.

176 (oo) For dental services provided through telehealth by an
177 individual, a partnership, a corporation, or any other entity,
178 failing to designate a dentist of record and make available,
179 before the rendering of such services and upon the patient's
180 request, the name, contact telephone number, practice address,
181 and state license number for the dentist of record and any other
182 dentist who will provide dental services to the patient through
183 telehealth.

184 Section 6. This act shall take effect July 1, 2024.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Banking and Insurance, *Chair*
Agriculture, *Vice Chair*
Appropriations Committee on Agriculture, Environment,
and General Government
Finance and Tax
Fiscal Policy
Judiciary
Rules

SENATOR JIM BOYD

20th District

November 15, 2023

Senator Colleen Burton
Committee on Health Policy
530 Knott Building
404 South Monroe Street
Tallahassee, FL 32399

Dear Madame Chair Burton:

I respectfully request SB 302: Dental Services, be scheduled for a hearing in the Committee on Health Policy, at your earliest convenience.

If I may be of assistance to you on this or any other matter, please do not hesitate to contact me.

Thank you for your consideration of this matter.

Best regards,

A handwritten signature in blue ink, appearing to read "Jim Boyd".

Jim Boyd

cc: Allen Brown
Anhar Al-Asadi

REPLY TO:

- ☐ 717 Manatee Avenue West, Bradenton, Florida 34205 (941) 742-6445
- ☐ 415 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5020

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/16/2024

Meeting Date

Health Pol. cy

Committee

302

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Trey Lawrence

Phone

314-532-5491

Address

401 N. Lindbergh

Email

tlawrence@aaortho.org

Street

St Louis

MO

63141

City

State

Zip

Speaking:

☒

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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302

Bill Number or Topic

Amendment Barcode (if applicable)

01/16/24

Meeting Date

Health Policy

Committee

Name

Heather Burch

Phone

850 445-5432

Address

9229 White Blossom Way

Email

hkburchdmd@yahoo.com

Street

Tallahassee

State

Fl

32309

Zip

City

Speaking:

☒

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

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

S-001 (08/10/2021)

THE FLORIDA SENATE
APPEARANCE RECORD

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

Jan. 16, 2024
Meeting Date

SB 302
Bill Number (if applicable)

Topic Dental Care

Amendment Barcode (if applicable)

Name Joe Anne Hart

Job Title Chief Legislative Officer

Address 118 E. Jefferson St.
Street

Phone 850-224-1089

Tallahassee FL 32301
City State Zip

Email jahartefloridadental.org

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

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.

S-001 (10/14/14)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

1/16/24

Meeting Date

Health Policy

Committee

SB 302

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Angela McMullin

Phone

609 915 9087

Address

951 Brickell Ave #3310

Street

Email

angela.mcmullindmd@gmail.com

Miami

City

FL

State

33131

Zip

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

01/16/2024

The Florida Senate
APPEARANCE RECORD

SB 302

Meeting Date

Health Policy

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Edda I. Fernandez - AARP**

Phone **954-850-7262**

Address **215 S. Monroe Street**

Email **ifernandez@aarp.org**

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:

AARP



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 938

INTRODUCER: Senator Yarborough

SUBJECT: Dentistry

DATE: January 12, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Favorable
2.			FP	
3.			RC	

I. Summary:

SB 938 removes the Board of Dentistry (BOD) and the Department of Health (DOH) from the dental examination administration process and deletes obsolete language relating to the process.

The bill revises the dental licensure requirements by:

- Deleting language requiring dental students who have completed the coursework necessary to prepare to pass the American Dental License Examination (ADEX) to wait until their final year of dental school to apply for licensure;
- Deleting the National Board of Dental Examiners (NBDE) dental examination as obsolete, replacing it with the examination administered by the Joint Commission on National Dental Examinations (JCNDEx), or its successor organization;
- Deleting an alternate pathway to dental licensure by having an active Florida health access dental license and meeting specific additional practice requirements;
- Deleting language relating to ADEX scores for applicants only being valid for 365 days after the date the official examination results are published;
- Requiring that an out-of-state licensed dentist applying for licensure in Florida must disclose to the BOD during the application process, rather than submit proof to the BOD, whether he or she has been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse.

The bill deletes the requirement that out-of-state licensed dentists applying for Florida licensure who apply for and receive a Florida license, must engage in the full-time practice of dentistry inside the geographic boundaries of the state for one year after licensure, and deletes the provisions related to compliance and enforcement of this requirement.

The bill amends s. 466.009, F.S., to allow any person who fails the examination for licensure as a dentist or dental hygienist to retake the examination.

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

II. Present Situation:

The Practice of Dentistry

The Board of Dentistry (BOD) is the state's regulatory board for the practice of dentistry, dental hygienists, and dental assistants under the Dental Practice Act.¹ A dentist is licensed to examine, diagnose, treat, and care for conditions within the human oral cavity and its adjacent tissues and structures.²

Board of Dentistry

The BOD consists of 11 members that appointed by the Governor and confirmed by the Senate, who serve four year terms. Seven members must be licensed dentists actively practicing dentistry in Florida; two members must be licensed dental hygienists actively practicing in Florida; and the remaining two members must be laypersons who are not, and have never been, dentists, dental hygienists, or members of any closely related profession or occupation. At least one member of the BOD must be 60 years of age or older.³

Each member dentist must have been actively practicing dentistry, primarily as a clinical practitioner, for at least five years immediately preceding his or her appointment and must remain primarily in clinical practice during all periods of appointment. Each qualified member dentist who is connected with any dental college or community college may serve so long as that connection does not result in the college providing the person's principal source of income, with the exception of the dentist who is on the full-time staff of a Florida teaching hospital.⁴ No member may serve more than a total of ten years.⁵

Dental Examinations

As of October 1, 2011, Florida stopped administering its own practical or clinical dental examinations, and the Florida Diagnostic Skills Examination became the American Dental License Examination (ADEX), developed by the American Board of Dental Examiners, Inc., or its successor entity if the successor entity is determined by the BOD to comply with the provision of Section 466.006, F.S. The ADEX is inclusive of a comprehensive diagnostic skills examination covering the full scope of the practice of dentistry.^{6, 7}

¹ Section 466.004, F.S.

² Section 466.003(3), F.S.

³ Section 466.004, F.S.

⁴ Section 466.004(1), F.S., referencing s. 456.007, F.S.

⁵ See note 3.

⁶ The American Board of Dental Examiners, Inc., Frequently Asked Questions, *When And How Was ADEX Created?* available at <https://adexexams.org/faqs/> (last visited Jan. 8, 2024).

⁷ Fla. Admin. Code R. 64B2-2.013(1), (2023).

Dental Licensure

The requirements for dental licensure in Florida are found in s. 466.006, F.S. An applicant must apply to the DOH to take and pass the following examinations:

- The ADEX;⁸ and
- An examination on Florida laws and rules relating to dentistry.

To take the ADEX clinical examination, a dental applicant must be at least 18 years of age and must:

- Be a graduate from a dental school accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) or any other dental accrediting entity recognized by the U.S. Department of Education (DOE); or
- Be a dental student in the final year of a program at an ADA-CODA accredited dental school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations. A passing score on the examination is valid for 365 days;⁹ and
- Have completed Part I and II of the National Board Dental Examination (NBDE), administered by the Joint Commission on National Dental Examinations (JCNDE);¹⁰ or have an active health access dental license in this state; and
 - The applicant has 5,000 hours within four consecutive years of clinical practice experience providing direct patient care in a health access setting;¹¹; or
 - The applicant is a retired veteran dentist of any branch of the U.S. Armed Services who has practiced dentistry while on active duty and has at least 3,000 hours within three consecutive years of clinical practice experience providing direct patient care in a health access setting; or
 - The applicant has provided a portion of his or her salaried time teaching health profession students in any public education setting, including, but not limited to, a community college, college, or university, and has at least 3,000 hours within three consecutive years of clinical practice experience providing direct patient care in a health access setting;
 - The applicant has not been disciplined by the BOD, except for citation offenses or minor violations;
 - The applicant has not reported, or his or her professional liability insurer has not reported, to the Office of Insurance Regulation any claim or action for damages for personal injury alleged to have been caused by error, omission, or negligence in the performance of the licensee's professional services;¹² and
 - The applicant has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.

⁸ Section 466.006, F.S.

⁹ Section 466.006, (2)(b)2., F.S. A dental school student who takes the licensure examinations during the student's final year of an approved dental school must have graduated before he or she may be certified for licensure.

¹⁰ American Dental Association, Joint Commission on National Dental Examinations, *Upholding Quality Oral Care For All*, available at <https://jcn.de.ada.org/> (last visited Jan. 8, 2024).

¹¹ Section 466.003(14), F.S.

¹² See ss. 456.049 and 627.912, F.S.

A dental school graduate from a school not accredited by the ADA CODA, a U.S. DOE-recognized dental accrediting entity, or approved by the BOD, and desiring to take the ADEX, is not entitled to do so until the applicant:

- Demonstrates completion of a program defined by BOD rule at an accredited American dental school and receives either a D.D.S. or D.M.D. from the school; or
- Submits proof of successful completion of at least two consecutive years at a full-time supplemental general dentistry program accredited by the ADA CODA; and a supplemental general dentistry program does not include an advanced education program in a dental specialty.

Current law requires the ADEX clinical dental examination to include the following:

- Comprehensive diagnostic skills examination including an examination, clinical diagnosis and treatment planning;
- Two restorations on a manikin that has typodont teeth with simulated caries as approved by the Commission on Dental Competency Assessments. The board by rule shall determine the class of such restorations;¹³
- Demonstration of periodontal skills on a manikin that has typodont teeth with simulated calculus as approved by the Commission on Dental Competency Assessments;
- Demonstration of prosthetics and restorative skills in complete and partial dentures and crowns and bridges and the utilization of practical methods of evaluation, specifically including the evaluation by the candidate of completed laboratory products such as, but not limited to, crowns and inlays fitted to prepared model teeth;
- Demonstration of restorative skills on a manikin that has typodont teeth with simulated calculus as approved by the Commission on Dental Competency Assessments;
- Demonstration of restorative skills on a manikin which requires the candidate to complete procedures performed in preparation for a cast restoration;
- Demonstration of endodontic skills; and
- A diagnostic skills examination demonstrating ability to diagnose conditions within the human oral cavity and its adjacent tissues and structures from photographs, slides, radiographs, or models, pursuant to board rules.¹⁴

The DOH, in consultation with the BOD, is to plan the times, places, physical facilities, training of personnel, and other arrangements concerning the administration of the examination. The BOD or a duly designated committee, must approve the final plans for the administration of the examination. The BOD may by rule provide for additional procedures to be tested on the licensure examination, provided such procedures are common to the practice of general dentistry. The BOD must establish by rule the passing grade for each procedure and the acceptable variation for examiners. The DOH must require all examiners to attend a mandatory standardization exercise prior to each practical or clinical examination and must employ only those dentists who have substantially adhered to the standard of grading established at the exercise.¹⁵

¹³ See Fla. Admin. Code R. 64B5-2.013 (2023).

¹⁴ Section 466.006(5)(a), F.S.

¹⁵ Section 466.006(5)(d), F.S.

The cost of taking the full dental ADEX examination is \$2,795 plus ancillary fees.¹⁶

As an alternative to taking the ADEX in Florida, an applicant may submit scores from an ADEX administered in another state after October 1, 2011, and those results will be recognized as valid in Florida for the purpose of licensure. Those examination results are valid for 365 days after the publication of the official examination results. A passing ADEX score administered out of state is the same required score for passing the ADEX taken in this state.¹⁷

If an applicant's passing score on the ADEX administered in another state is older than 365 days, such scores are also valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional criteria have been met, that:¹⁸

- The NBDE, administered by the JCNDE. organization was taken and passed;
- The ADEX was passed after October 1, 2011;
- The dental school graduated from was:
 - Accredited by the ADA-CODA or its successor; or
 - Accredited by any other dental accrediting organization recognized by the U.S. DOE; or
 - A dental school not ADA-CODA accredited, but submits additional proof of:
 - Successful completion of a full-time supplemental general dentistry program accredited by the ADA-CODA of at least two consecutive academic years that provides didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the ADA-CODA; and the supplemental general dentistry program does not include an advanced education program in a dental specialty;
- The applicant possesses a current, valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;
- The applicant submits proof that he or she has never been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse; or has successfully appealed to have his or her name removed from the data banks of these agencies;
- The applicant submits proof of having been consecutively engaged in the full-time practice of dentistry¹⁹ in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico in the five years immediately preceding the date of application for licensure in this state; or if the applicant has been licensed for less than five

¹⁶ The Commission on Dental Competency Assessments (CDCA) - Western Regional Examining Board (WREB) Council of Interstate Testing Agencies (CITA), *ADEX Dental*, available at <https://adextesting.org/adex-dental/> (last visited Jan. 8, 2024).

¹⁷ Section 466. 006(4)(b)1, F.S.

¹⁸ Section 466. 006(4)(b)2, F.S.

¹⁹ See s. 466. 006(4)(b)2.,e.,II - IV, F.S. The "full-time practice" of dentistry means a minimum of 1,200 hours per year for each and every year in the consecutive five year period or, when applicable, the period since initial licensure, and must include any combination of the following: (1) active clinical practice of dentistry providing direct patient care; (2) full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the ADA-CODA; or (3) full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the ADA-CODA. The BOD must develop rules to determine what type of proof of full time practice is required including cost recoupment and other specific criteria; and an affidavit of the applicant is not sufficient unless attested to by a non-relative with personal knowledge of the applicants practice.

years, the applicant submits proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure;

- The applicant submits documentation that he or she has completed, or will complete before he or she is licensed in Florida, the continuing education requirements for the last full reporting biennium;
- The applicant proves that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction;
- The applicant has passed the Florida laws and rules examination and the computer-based diagnostic skills examination.²⁰

All applicants for dental licensure, relocating to Florida based on ADEX scores administered in another state, are required to engage in the full-time practice of dentistry inside the geographic boundaries of state within one year of receiving their licensure in order to maintain a valid active licensure. This requirements of the full-time practice of dentistry within the geographic boundaries of this state within one year was based on Legislative findings that the state had a substantial interest in improving access to dental care for the state's underserved citizens and furthering the state's economic development goals. Licenses issued to dentists on ADEX scores administered in another state expire after the initial issuance if the BOD finds that it did not receive acceptable proof of full-time practice within the geographic boundaries of this state within one year after issuance of the initial license.²¹

Reexamination

If an applicant fails to pass either the diagnostic or clinical examinations in three attempts, the applicant is not eligible for reexamination unless she or he completes additional educational requirements established by the board²² and pays a reexamination fee set by board.²³

Continuing Education

Each licensed dentist must complete at least 30 hours of continuing professional education (CE) in dental subjects biennially, in order to renew his or her license; unless he or she is a newly licensed dentist and renewing for the first time. A dentist renewing for the first time is only required to complete two CE hours on prescribing controlled substances and two hours on HIV/AIDS. Other than the first renew, dentists must have 30 CE hours including two hours of CE in the safe and effective prescribing of controlled substances, and two hours on medical errors every renewal period. Dentists must also complete two CE hours in domestic violence every third biennial renewal.

The CE programs must be programs of learning that contribute directly to the dental education of the dentist and may include, but are not limited to, attendance at lectures, study clubs, college postgraduate courses, or scientific sessions of conventions; and research, graduate study, teaching, or service as a clinician. The BOD may also authorize up to three hours of credit

²⁰ Section 466.006(4)(b)2, F.S.

²¹ Section 466.006(6), F.S.

²² Section 466.006(5)(a), F.S.

²³ Section 466.009(1), F.S.

biennially for a practice management course that includes principles of ethical practice management, provides substance abuse, effective communication with patients, time management, and burnout prevention instruction. Credits are earned at the rate of one-half credit hour per 25-30 contact minutes of instruction and one credit hour per 50-60 contact minutes of instruction.²⁴

III. Effect of Proposed Changes:

SB 938 amends s. 466.006, F.S., to remove the DOH and the BOD from the dental licensure examination administration process. The bill deletes obsolete language requiring the DOH and the BOD, as applicable, to:

- Consult with the BOD in planning the times, places, physical facilities, training of personnel, and other arrangements concerning the administration of the examination;²⁵
- Require a mandatory standardization exercise for all examiners prior to each practical or clinical examination and retain for employment only those dentists who have substantially adhered to the standard of grading established at such exercise;²⁶ and
- Charge a fee to retake the dental or dental hygiene examination, as set by BOD rule, not to exceed the amount of the original test fee.²⁷

The bill amends the dental licensure requirements to delete the obsolete requirement that a dental license applicant apply to the DOH to take the ADEX.^{28,29}

The bill requires the DOH to license an applicant if he or she is 18 years of age or older, applies to the DOH, pays a nonrefundable fee not exceeding \$100, and the BOD certifies that the applicant meets a specific list of criteria. The bill amends the criteria as follows:

- Deletes the language that dental students who have completed the coursework necessary to prepare for procedures required to pass the ADEX must wait until their final year of the program to apply for licensure;
- Deletes language providing that a dental student's ADEX scores are valid for only 365 days after the date the examinations are completed.
- Deletes the NBDE dental examination and replaces it with the examination administered by the JCNDE,³⁰ or its successor organization;
- Deletes the alternate pathway to dental licensure for an applicant with an active Florida health access dental license who:

²⁴ Section 466.0135, F.S.

²⁵ Section 466.006(5), F.S.

²⁶ *Id.*

²⁷ Section 466.009(1), F.S.

²⁸ The American Board of Dental Examiners, Inc., Frequently Asked Questions, *When Can I Take the ADEX examination?* available at <https://adexexams.org/faqs/> (last visited Jan. 8, 2024). The ADEX examinations are administered by the NERB (DBA) as CDCA-WREB and CITA regional testing agencies. By contacting these testing agencies, they will direct a candidate to the schedule of examinations being administered by that testing agency during the current exam season. The candidate will then have an opportunity to select the particular exam site that best fits his or her needs.

²⁹ See s. 466.006(4)(a), F.S., Florida accepts the ADEX provided that the BOD has, and continues to maintain, representation on the board of directors of the ABDE, the examination development committee of the ABDE, and such other committees of the ABDE as the BOD deems, by rule, appropriate to assure that the standards are maintained organizationally.

³⁰ Joint Commission on National Dental Examinations, Inc., Integrated National Board Dental Examination (INBDE), The INBDE at a Glance, *About the INBDE*, available at <https://jcnade.ada.org/inbde> (last visited Jan. 8, 2024).

- Has least 5,000 hours within four consecutive years of clinical practice experience providing direct patient care in a health access setting;³¹
- Is a retired veteran dentist from any branch of the United States Armed Services who has practiced dentistry while on active duty and has at least 3,000 hours within three consecutive years providing direct patient care in a health access setting; or
- Has provided a portion of his or her salaried time teaching health profession students in any public education setting, including, but not limited to, a community college, college, or university, and has at least 3,000 hours within three consecutive years of clinical practice experience providing direct patient care in a health access setting; and
- Has no BOD disciplinary action; no reports of claims for personal injuries or damages to the Office of Insurance Regulation; and no convictions or pleas of nolo contendere, regardless of adjudication, to any felony or misdemeanor related to the practice of a health care profession.
- Deletes language relating to all applicants for dental licensure who have taken the ADEX, either in-state or out-of-state, after October 1, 2011, that those scores are only valid for 365 days after the date the official examination results are published.
- Deletes the additional requirement for applicants who currently have a valid, active unrestricted dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, and are submitting ADEX scores taken out-of-state after October 1, 2011, which are older than 365 days, that the applicants must submit proof that he or she has never been reported to the National Practitioner Data Bank, or the Healthcare Integrity and Protection Data Bank.

SB 938 amends s. 466.006(4)(b)2.e.(III), F.S., to direct the BOD to develop rules to determine the type of proof required from applicants who currently have a valid, active, unrestricted dental license in good standing, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, to verify that the applicant has been engaged in the “full-time practice of dentistry”³² for five years or more; or if less than five years since the date of his or her initial licensure. The rules must include, at a minimum, the type of written proof required as admissible evidence in an administrative proceeding to establish a full-time practice and to recoup to the BOD the cost of verifying full-time practice; further documented by an applicant’s annual federal income tax returns filed with the Internal Revenue Service for each year in the preceding five year period or, if the applicant has been practicing for less than five years, the period since initial licensure. The bill deletes from s. 466.006(4)(b)2.e.(III)(D), F.S., the affidavit of an unrelated person who is familiar with the applicant’s practice who testifies with particularity that the applicant has been engaged in full-time practice as admissible proof of full-time practice.

The bill amends s. 466.006(4)(b)2.e.(IV), F.S., to authorize the BOD to excuse applicants who currently have a valid, active unrestricted dental license in good standing, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, from the 1,200 hour requirement of s 466.006,(4)(b)2.e.(II), F.S., which defines “full-time

³¹ See s. 466.003(14), F.S.

³² Section 466.006,(4)(e)II, F.S.

practice” as a minimum of 1,200 hours per year in the consecutive five year period, in the event of hardship as defined by the BOD.

The bill deletes language from s. 466.006(4)(b)2.e.(IV), F.S., which specifies that the applicant’s affidavit alone is not acceptable proof of full-time practice unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant’s practice. The bill further deletes the BOD ability to require the applicant or the applicant’s affidavit witnesses to appear before the BOD and give oral testimony under oath, if the BOD deems it necessary to assess their credibility or accuracy.

SB 938 amends s. 466.006(5), F.S., to clarify that the practical examination required under s. 466.006(4), F.S., is the ADEX developed by the American Board of Dental Examiners, Inc., or its successor entity, provided the BOD finds that the successor entity’s clinical examination complies with the provisions s.466.006, F.S., and must include, at a minimum, all the required clinical diagnostic and treatment planning set out in s. 466.006(5)(a), F.S.

The bill deletes s. 466.006,(6), F.S., which currently requires dentists licensed and practicing in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, and relocating to Florida, who are applying for licensure based on ADEX scores from a state other than Florida, to actually engage in the full-time practice of dentistry inside the geographic boundaries of Florida within one year of receiving Florida licensure. The subsection currently requires proof of full-time practice be provided to the BOD or the dentist’s license will expire and requires the dentist to immediately cease and desist from practicing dentistry and surrender his or her license. Any use of the expired license is a felony of the third degree pursuant to s. 466.006(1)(b), F.S., punishable as provided in ss. 775.082, 775.083, or 775.084, F.S.

The bill amends s. 466.009, F.S., to allow any person who fails the examination required under ss. 466.006 or 466.007, F.S., for licensure as a dentist or dental hygienist to retake the examination.

The bill amends s. 466.0135, F.S., to provide that the BOD may authorize up to three hours of credit biennially for a practice management course that may include instruction on principles of ethical practice management, provides substance abuse, effective communication with patients, time management, or burnout prevention instruction. This revision clarifies the content of the course and provides than one or more of the listed subjects may be included, as opposed to the current requirement for all of them to be included.

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

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

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 466.006, 466.009, and 466.0135.

IX. 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.

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

By Senator Yarborough

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A bill to be entitled

An act relating to dentistry; amending s. 466.006, F.S.; deleting the role of the Board of Dentistry in the administration of the licensure examination for dentists; deleting the requirement for the board to establish an examination fee; revising requirements for licensure as a dentist; deleting a time limitation on the validity of certain licensure examination results; conforming provisions to changes made by the act; deleting a requirement that certain applicants for licensure engage in the full-time practice of dentistry inside the geographic boundaries of this state for 1 year after licensure; deleting provisions related to compliance with and enforcement of such requirement; amending s. 466.009, F.S.; conforming a provision to changes made by the act; deleting a board-imposed reexamination fee; amending s. 466.0135, F.S.; revising continuing education requirements for dentists; providing an effective date.

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

Section 1. Paragraph (b) of subsection (1), subsection (2), paragraph (b) of subsection (4), and subsections (5) and (6) of section 466.006, Florida Statutes, are amended to read:

466.006 Examination of dentists.—

(1)

(b) Any person desiring to be licensed as a dentist must shall apply to the department to take the licensure examinations

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

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~~and shall verify the information required on the application by oath. The application shall include two recent photographs. There is shall be an application fee set by the board which may not to exceed \$100 and is which shall be nonrefundable. There shall also be an examination fee set by the board, which shall not exceed \$425 plus the actual per applicant cost to the department for purchase of some or all of the examination from the American Board of Dental Examiners or its successor entity, if any, provided the board finds the successor entity's clinical examination complies with the provisions of this section. The examination fee may be refundable if the applicant is found ineligible to take the examinations.~~

(2) The department shall license an applicant who the board certifies meets all of the following criteria shall be entitled to take the examinations required in this section to practice dentistry in this state if the applicant:

(a) Is 18 years of age or older.

(b)1. Is a graduate of a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting entity recognized by the United States Department of Education; or

2. Is a dental student ~~in the final year of a program at such an accredited dental school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the licensure examinations. With respect to a dental student in the final year of a program at a dental school, a passing score on the examinations is valid for 365 days after the date the~~

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examinations were completed. A dental school student who takes the licensure examinations during the student's final year of an approved dental school must graduate ~~have graduated~~ before being certified for licensure pursuant to s. 466.011.

(c) ~~1-~~ Has successfully completed the examination administered by the Joint Commission on National Dental Examinations or its successor organization National Board of Dental Examiners dental examination; or

~~2. Has an active health access dental license in this state; and~~

a. The applicant has at least 5,000 hours within 4 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; the applicant is a retired veteran dentist of any branch of the United States Armed Services who has practiced dentistry while on active duty and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; or the applicant has provided a portion of his or her salaried time teaching health profession students in any public education setting, including, but not limited to, a community college, college, or university, and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003;

b. The applicant has not been disciplined by the board, except for citation offenses or minor violations;

c. The applicant has not filed a report pursuant to s. 456.049; and

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d. ~~The applicant has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.~~

(4) Notwithstanding any other provision of law in chapter 456 pertaining to the clinical dental licensure examination or national examinations, to be licensed as a dentist in this state, an applicant must successfully complete both of the following:

(b) A practical or clinical examination, which must be the American Dental Licensing Examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if any, which ~~that~~ is administered in this state, provided that the board has attained, and continues to maintain thereafter, representation on the board of directors of the American Board of Dental Examiners, the examination development committee of the American Board of Dental Examiners, and such other committees of the American Board of Dental Examiners as the board deems appropriate by rule to assure that the standards established herein are maintained organizationally. ~~A passing score on the American Dental Licensing Examination administered in this state is valid for 365 days after the date the official examination results are published.~~

1. As an alternative to such practical or clinical examination, an applicant may submit scores from an American Dental Licensing Examination previously administered in a jurisdiction other than this state after October 1, 2011, and such examination results are ~~shall be~~ recognized as valid for the purpose of licensure in this state. A passing score on the American Dental Licensing Examination administered out of state

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is ~~shall be~~ the same as the passing score for the American Dental Licensing Examination administered in this state. ~~The examination results are valid for 365 days after the date the official examination results are published.~~ The applicant must have completed the examination after October 1, 2011. This subparagraph may not be given retroactive application.

2. If the date of an applicant's passing American Dental Licensing Examination scores from an examination previously administered in a jurisdiction other than this state under subparagraph 1. is older than 365 days, such scores are nevertheless valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional standards have been met:

a. The applicant completed the American Dental Licensing Examination after October 1, 2011. This sub-subparagraph may not be given retroactive application.

b. The applicant graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting organization recognized by the United States Department of Education. Provided, however, if the applicant did not graduate from such a dental school, the applicant may submit proof of having successfully completed a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation of at least 2 consecutive academic years at such accredited sponsoring institution. Such program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental

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Accreditation. For purposes of this sub-subparagraph, a supplemental general dentistry program does not include an advanced education program in a dental specialty.

c. The applicant currently possesses a valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

d. The applicant must disclose to the board during the application process if ~~submits proof that~~ he or she has ~~never~~ been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse. This sub-subparagraph does not apply if the applicant successfully appealed to have his or her name removed from the data banks of these agencies.

e.(I)(A) The applicant submits proof of having been consecutively engaged in the full-time practice of dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico in the 5 years immediately preceding the date of application for licensure in this state; or

(B) If the applicant has been licensed in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico for less than 5 years, the applicant submits proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure.

(II) As used in this section, "full-time practice" is

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defined as a minimum of 1,200 hours per year for each ~~and every~~ year in the consecutive 5-year period or, when applicable, the period since initial licensure, and must include any combination of the following:

(A) Active clinical practice of dentistry providing direct patient care.

(B) Full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(C) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(III) The board shall develop rules to determine what type of proof of full-time practice is required and to recoup the cost to the board of verifying full-time practice under this section. Such proof must, at a minimum, be:

(A) Admissible as evidence in an administrative proceeding;

(B) Submitted in writing;

(C) ~~Submitted by the applicant under oath with penalties of perjury attached;~~

~~(D) Further documented by an~~ applicant's annual income tax return filed with the Internal Revenue Service for each year in the preceding 5-year period or, if the applicant has been practicing for less than 5 years, the period since initial licensure ~~affidavit of someone unrelated to the applicant who is familiar with the applicant's practice and testifies with particularity that the applicant has been engaged in full-time~~

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practice; and

~~(D) (E)~~ Specifically found by the board to be both credible and admissible.

(IV) The board may excuse applicants from the 1,200-hour requirement in the event of hardship, as defined by the board. ~~An affidavit of only the applicant is not acceptable proof of full-time practice unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant's practice. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant's witnesses to appear before the board and give oral testimony under oath;~~

f. The applicant submits documentation that he or she has completed, or will complete before he or she is licensed in this state, continuing education equivalent to this state's requirements for the last full reporting biennium.

g. The applicant proves that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction.

h. The applicant has successfully passed a written examination on the laws and rules of this state regulating the practice of dentistry and the computer-based diagnostic skills examination.

i. The applicant submits documentation that he or she has successfully completed the applicable examination administered by the Joint Commission on National Dental Examinations or its successor organization.

(5) (a) The practical examination required under subsection

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(4) is the American Dental Licensing Examination developed by the American Board of Dental Examiners, Inc., or its successor entity, if any, provided the board finds that the successor entity's clinical examination complies with the provisions of this section, and must include, at a minimum, all of the following:

1. A comprehensive diagnostic skills examination covering the full scope of dentistry and an examination on applied clinical diagnosis and treatment planning in dentistry for dental candidates.

2. Two restorations on a manikin that has typodont teeth with simulated caries as approved by the Commission on Dental Competency Assessments. The board by rule shall determine the class of such restorations.

3. A demonstration of periodontal skills on a manikin that has typodont teeth with simulated calculus as approved by the Commission on Dental Competency Assessments.

4. A demonstration of prosthetics and restorative skills in complete and partial dentures and crowns and bridges and the utilization of practical methods of evaluation, specifically including the evaluation by the candidate of completed laboratory products such as, but not limited to, crowns and inlays filled to prepared model teeth.

5. A demonstration of restorative skills on a manikin which requires the candidate to complete procedures performed in preparation for a cast restoration.

6. A demonstration of endodontic skills.

7. A diagnostic skills examination demonstrating ability to diagnose conditions within the human oral cavity and its

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adjacent tissues and structures from photographs, slides, radiographs, or models pursuant to rules of the board. If an applicant fails to pass the diagnostic skills examination in three attempts, the applicant is not eligible for reexamination unless she or he completes additional educational requirements established by the board.

~~(b) The department shall consult with the board in planning the times, places, physical facilities, training of personnel, and other arrangements concerning the administration of the examination. The board or a duly designated committee thereof shall approve the final plans for the administration of the examination.~~

~~(c)~~ If the applicant fails to pass the clinical examination in three attempts, the applicant is ~~shall~~ not be eligible for reexamination unless she or he completes additional educational requirements established by the board.

~~(c)(d)~~ The board may by rule provide for additional procedures that ~~which~~ are to be tested, provided such procedures are ~~shall be~~ common to the practice of general dentistry. The board by rule shall determine the passing grade for each procedure and the acceptable variation for examiners. ~~No~~ Such rules may not ~~rule shall~~ apply retroactively.

~~The department shall require a mandatory standardization exercise for all examiners prior to each practical or clinical examination and shall retain for employment only those dentists who have substantially adhered to the standard of grading established at such exercise.~~

~~(6)(a) It is the finding of the Legislature that absent a~~

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threat to the health, safety, and welfare of the public, the relocation of applicants to practice dentistry within the geographic boundaries of this state, who are lawfully and currently practicing dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, based on their scores from the American Dental Licensing Examination administered in a state other than this state, is substantially related to achieving the important state interest of improving access to dental care for underserved citizens of this state and furthering the economic development goals of the state. Therefore, in order to maintain valid active licensure in this state, all applicants for licensure who are relocating to this state based on scores from the American Dental Licensing Examination administered in a state other than this state must actually engage in the full-time practice of dentistry inside the geographic boundaries of this state within 1 year of receiving such licensure in this state. The Legislature finds that, if such applicants do not actually engage in the full-time practice of dentistry within the geographic boundaries of this state within 1 year of receiving such a license in this state, access to dental care for the public will not significantly increase, patients' continuity of care will not be attained, and the economic development goals of the state will not be significantly met.

(b)1. As used in this section, "full-time practice of dentistry within the geographic boundaries of this state within 1 year" is defined as a minimum of 1,200 hours in the initial year of licensure, which must include any combination of the following:

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a. Active clinical practice of dentistry providing direct patient care within the geographic boundaries of this state.
b. Full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

c. Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation and located within the geographic boundaries of this state.

2. The board shall develop rules to determine what type of proof of full-time practice of dentistry within the geographic boundaries of this state for 1 year is required in order to maintain active licensure and shall develop rules to recoup the cost to the board of verifying maintenance of such full-time practice under this section. Such proof must, at a minimum:

a. Be admissible as evidence in an administrative proceeding;

b. Be submitted in writing;

c. Be submitted by the applicant under oath with penalties of perjury attached;

d. Be further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant's practice and testifies with particularity that the applicant has been engaged in full-time practice of dentistry within the geographic boundaries of this state within the last 365 days; and

e. Include such additional proof as specifically found by

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the board to be both credible and admissible.

3. An affidavit of only the applicant is not acceptable proof of full-time practice of dentistry within the geographic boundaries of this state within 1 year, unless it is further attested to by someone unrelated to the applicant who has personal knowledge of the applicant's practice within the last 365 days. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant's witnesses to appear before the board and give oral testimony under oath.

(c) It is the further intent of the Legislature that a license issued pursuant to paragraph (a) shall expire in the event the board finds that it did not receive acceptable proof of full-time practice within the geographic boundaries of this state within 1 year after the initial issuance of the license. The board shall make reasonable attempts within 30 days prior to the expiration of such a license to notify the licensee in writing at his or her last known address of the need for proof of full-time practice in order to continue licensure. If the board has not received a satisfactory response from the licensee within the 30-day period, the licensee must be served with actual or constructive notice of the pending expiration of licensure and be given 20 days in which to submit proof required in order to continue licensure. If the 20-day period expires and the board finds it has not received acceptable proof of full-time practice within the geographic boundaries of this state within 1 year after the initial issuance of the license, then the board must issue an administrative order finding that the license has expired. Such an order may be appealed by the former

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licensee in accordance with the provisions of chapter 120. In the event of expiration, the licensee shall immediately cease and desist from practicing dentistry and shall immediately surrender to the board the wallet-size identification card and wall card. A person who uses or attempts to use a license issued pursuant to this section which has expired commits unlicensed practice of dentistry, a felony of the third degree pursuant to s. 466.026(1)(b), punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 2. Subsection (1) of section 466.009, Florida Statutes, is amended to read:

466.009 Reexamination.—

(1) ~~The department shall permit~~ Any person who fails an examination that ~~which~~ is required under s. 466.006 or s. 466.007 may ~~to~~ retake the examination. ~~If the examination to be retaken is a practical or clinical examination, the applicant shall pay a reexamination fee set by rule of the board in an amount not to exceed the original examination fee.~~

Section 3. Paragraph (c) of subsection (1) of section 466.0135, Florida Statutes, is amended to read:

466.0135 Continuing education; dentists.—

(1) In addition to the other requirements for renewal set out in this chapter, each licensed dentist shall be required to complete biennially not less than 30 hours of continuing professional education in dental subjects, with a minimum of 2 hours of continuing education on the safe and effective prescribing of controlled substances. Programs of continuing education shall be programs of learning that contribute directly to the dental education of the dentist and may include, but

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shall not be limited to, attendance at lectures, study clubs, college postgraduate courses, or scientific sessions of conventions; and research, graduate study, teaching, or service as a clinician. Programs of continuing education shall be acceptable when adhering to the following general guidelines:

(c) The board may also authorize up to 3 hours of credit biennially for a practice management course that includes instruction on principles of ethical practice management, ~~provides~~ substance abuse, effective communication with patients, time management, or ~~and~~ burnout prevention ~~instruction~~.

Section 4. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request


To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 5, 2024

I respectfully request that **Senate Bill #938**, relating to Dentistry, be placed on the:

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



Senator Clay Yarborough
Florida Senate, District 4

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 938

Bill Number or Topic

Amendment Barcode (if applicable)

1/16/23
Meeting Date

Health Policy
Committee

Name Alexandra Abboud

Phone 850-224-1089

Address 118 E Jefferson St
Street

Email aabboud@flor.dental.org

Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Dental Association

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 790

INTRODUCER: Senator Yarborough

SUBJECT: Surrendered Infants

DATE: Januray 12, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Morgan	Brown	HP	Favorable
2.			CF	
3.			RC	

I. Summary:

SB 790 modifies statutory provisions relating to surrendered newborn infants, changing the term “newborn infant” to “infant.” The age of an infant who may be lawfully surrendered is increased by the bill from up to approximately seven days old to approximately 30 days old.

The bill provides an additional method of lawful surrender by allowing the parent of an infant to dial 911 to request that an emergency medical service (EMS) provider meet at a specified location for surrender of the infant directly to the EMS provider. The bill also clarifies the manner in which a parent may relinquish an infant at a hospital following delivery.

The bill extends immunity from criminal investigation solely because an infant is left with eligible EMS station personnel or at an EMS station or a fire station. The bill also extends immunity from criminal or civil liability to medical staff of a hospital for acting in good faith when accepting a surrendered infant at a hospital in accordance with statutory provisions.

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

II. Present Situation:

Infant Safe Haven Laws

Every state legislature has enacted laws to address infant abandonment and endangerment in response to a reported increase in the abandonment of infants in unsafe locations, such as public restrooms or trash receptacles. Beginning with Texas in 1999, states have enacted these safe haven laws as an incentive for mothers in crisis to safely relinquish their babies at designated

locations where the babies are protected and provided with care until a permanent home is found.¹

While there is great variability in the laws across states, safe haven laws generally allow the parent, or an agent of the parent, to remain anonymous and to be shielded from criminal liability and prosecution for child endangerment, abandonment, or neglect in exchange for surrendering the baby to a safe haven.² Most states designate hospitals, EMS providers, health care facilities, and fire stations as a safe haven. In ten states, emergency medical personnel responding to 911 calls may accept an infant.³

The age in which a baby may be lawfully surrendered also varies significantly from state to state. Approximately 23 states accept infants up to 30 days old.⁴ Ages in other states range from up to 72 hours to one year.⁵

According to the nonprofit organization known as the National Safe Haven Alliance (NSHA), nearly 5,000 safe haven relinquishments occurred during 1999-2022 nationwide,⁶ and 4,706 nationally as of this writing.⁷ Illegal abandonments have also occurred during that time span, with some newborns found alive and others deceased. These statistics are unofficial estimates, as there is no federally mandated safe haven report requirement.

Surrender of Newborn Infants in Florida

The Florida Legislature enacted Florida's initial abandoned newborn infant law in 2000.⁸ The law created s. 383.50, F.S., and authorized the abandonment of a newborn infant, up to three days old or younger, at a hospital or a fire station and addressed presumption of relinquishment of parental rights, implied consent to treatment, anonymity, and physical custody of the infant.⁹

In 2001, s. 383.50, F.S., was amended to authorize EMS stations, in addition to hospitals and fire stations, as optional locations for the lawful relinquishment of a newborn infant.¹⁰

In 2008, multiple provisions of the section were modified to refer to "surrendered newborn infant" rather than "abandoned newborn infant."¹¹ The three-day age limit for surrender of a newborn infant was increased to a seven-day age limit. Additionally, a provision was added to

¹ U.S. Department of Health and Human Services Administration for Families, Children's Bureau, Child Welfare Information Gateway, *Infant Safe Haven Laws*, 2022 (Current through September 2021), available at <https://www.childwelfare.gov/resources/infant-safe-haven-laws/> (last visited Jan. 8, 2024).

² *Id.*

³ *Id.* Connecticut, Idaho, Illinois, Indiana, Iowa, Louisiana, Minnesota, New Hampshire, Vermont, and Wisconsin.

⁴ *Id.* Arizona, Arkansas, Connecticut, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Montana, Nebraska, Nevada, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, and West Virginia.

⁵ *Id.*

⁶ National Safe Haven Alliance, *2022 Impact Report*, available at https://www.nationalsafehavenalliance.org/files/ugd/da9676_2c6d678cd51e44528e73b6b0a64ebf49.pdf (last visited Jan. 8, 2024).

⁷ National Safe Haven Alliance, available at <https://www.nationalsafehavenalliance.org/our-cause> (last visited Jan. 8, 2024).

⁸ Chapter 2000-188, L.O.F.

⁹ Section 383.50, F.S.

¹⁰ Chapter 2001-53, s. 15, L.O.F.

¹¹ Chapter 2008-90, s. 4, L.O.F.

indicate that when an infant is born in a hospital and the mother expresses intent to leave the infant and not return, the hospital or registrar is directed, upon her request, to complete the infant's birth certificate without naming the mother.

Under current law, a firefighter, emergency medical technician, or paramedic at a fire station or EMS station that accepts a surrendered newborn infant must arrange for the immediate transportation of the newborn infant to the nearest hospital having emergency services.¹² Upon admitting a surrendered newborn infant, each hospital in this state with emergency services must provide all necessary emergency services and care for the surrendered newborn infant and immediately contact a local licensed child-placing agency (CPA) or the Department of Children and Families' (DCF) statewide abuse hotline for the name of a CPA and transfer custody of the surrendered newborn infant.¹³

A Safe Haven for Newborns¹⁴ reports that over the past 24 years, approximately 443 newborns have been surrendered or abandoned in Florida.¹⁵ Since 2000, 379 newborns have been surrendered in a safe haven hospital, EMS station, or a fire station, and approximately 64 newborns have been abandoned in unsafe places.¹⁶ In 2023, 18 newborns were surrendered to a safe haven and two were abandoned in an unsafe place.¹⁷

III. Effect of Proposed Changes:

SB 790 amends s. 383.50, F.S., to change the term "newborn infant" to "infant," as well as revise the definition to increase the allowable age of a surrendered infant from approximately seven days old or younger to approximately 30 days old or younger.

The bill clarifies the manner in which a parent may surrender an infant at a hospital. The infant may be left with medical staff or a licensed health care professional after the delivery of the infant in a hospital, if the parent notifies medical staff or a licensed health care professional that the parent is voluntarily surrendering the infant and does not intend to return.

The bill provides another avenue for lawfully surrendering an infant. If the parent is unable to surrender the infant to the appropriate persons at a hospital, EMS station, or fire station, the parent may dial 911 to request that an EMS provider meet the surrendering parent at a specified location. The surrendering parent must stay with the infant until the EMS provider arrives to take custody of the infant.

The bill further provides that a criminal investigation may not be initiated solely because an infant is left with eligible EMS station personnel, or at an EMS station or a fire station in accordance with this section of statute unless there is actual or suspected child abuse or neglect.

¹² Sections 383.50(3) and 395.1041, F.S.

¹³ Sections 395.50(4) and 395.50(7), F.S.

¹⁴ A Safe Haven for Newborns is a program of The Florida M. Silverio Foundation, a 501(c)(3) organization located in Miami, Florida.

¹⁵ A Safe Haven for Newborns, *Safe Haven Statistics*, (last updated Jan. 1, 2024), available at <https://asafehavenfornewborns.com/what-we-do/safe-haven-statistics/> (last visited Jan. 8, 2024).

¹⁶ *Id.*

¹⁷ *Id.*

This provision currently applies only to an infant left at a hospital. The bill also extends immunity from criminal or civil liability to medical staff of a hospital for acting in good faith when accepting a surrendered infant at a hospital in accordance with statutory provisions.

The bill makes conforming and technical changes related to the revised terminology, immunity extension, and termination of parental rights procedures with respect to surrendered infants.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 383.50, 39.01, 39.201, 63.0423, 63.167, 383.51, 827.035, and 827.10.

IX. 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.

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

By Senator Yarborough

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A bill to be entitled

An act relating to surrendered infants; amending s. 383.50, F.S.; changing the term "newborn infant" to "infant"; increasing the age at which a child is considered an infant; authorizing a parent to leave an infant with medical staff or a licensed health care professional at a hospital after the delivery of the infant, upon the parent giving a certain notification; authorizing a parent to surrender an infant by calling 911 to request that an emergency medical services provider meet the surrendering parent at a specified location; requiring the surrendering parent to stay with the infant until the emergency medical services provider arrives to take custody of the infant; amending ss. 39.01, 39.201, 63.0423, 63.167, 383.51, 827.035, and 827.10, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Section 383.50, Florida Statutes, is amended to read:

383.50 Treatment of surrendered ~~newborn~~ infant.—

(1) As used in this section, the term "~~newborn~~ infant" means a child who a licensed physician reasonably believes is approximately 30 7 days old or younger at the time the child is left at a hospital, an emergency medical services station, or a fire station.

(2) There is a presumption that the parent who leaves the

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~~newborn~~ infant in accordance with this section intended to leave the ~~newborn~~ infant and consented to termination of parental rights.

(3) Each emergency medical services station or fire station that is staffed with full-time firefighters, emergency medical technicians, or paramedics shall accept any ~~newborn~~ infant left with a firefighter, an emergency medical technician, or a paramedic. The firefighter, emergency medical technician, or paramedic shall consider these actions as implied consent to and shall:

(a) Provide emergency medical services to the ~~newborn~~ infant to the extent that he or she is trained to provide those services; ~~and~~

(b) Arrange for the immediate transportation of the ~~newborn~~ infant to the nearest hospital having emergency services.

A licensee as defined in s. 401.23, a fire department, or an employee or agent of a licensee or fire department may treat and transport an a ~~newborn~~ infant pursuant to this section. If an a ~~newborn~~ infant is placed in the physical custody of an employee or agent of a licensee or fire department, such placement is ~~shall be~~ considered implied consent for treatment and transport. A licensee, a fire department, or an employee or agent of a licensee or fire department is immune from criminal or civil liability for acting in good faith pursuant to this section. ~~Nothing in~~ This subsection does not limit ~~limits~~ liability for negligence.

(4) (a) After the delivery of an infant in a hospital, a parent of the infant may leave the infant with medical staff or

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a licensed health care professional at the hospital if the parent notifies such medical staff or licensed health care professional that the parent is voluntarily surrendering the infant and does not intend to return.

(b) Each hospital of this state subject to s. 395.1041 shall, and any other hospital may, admit and provide all necessary emergency services and care, as defined in s. 395.002(9), to any ~~newborn~~ infant left with the hospital in accordance with this section. The hospital or any of its medical staff or licensed health care professionals shall consider these actions as implied consent for treatment, and a hospital accepting physical custody of an a-newborn infant has implied consent to perform all necessary emergency services and care. The hospital or any of its medical staff or licensed health care professionals are ~~is~~ immune from criminal or civil liability for acting in good faith in accordance with this section. ~~Nothing in~~ This subsection does not limit ~~limits~~ liability for negligence.

(5) Except when there is actual or suspected child abuse or neglect, any parent who leaves an a-newborn infant with a firefighter, an emergency medical technician, or a paramedic at a fire station or an emergency medical services station, or brings an a-newborn infant to an emergency room of a hospital and expresses an intent to leave the ~~newborn~~ infant and not return, has the absolute right to remain anonymous and to leave at any time and may not be pursued or followed unless the parent seeks to reclaim the ~~newborn~~ infant. When an infant is born in a hospital and the mother expresses intent to leave the infant and not return, upon the mother's request, the hospital or registrar shall complete the infant's birth certificate without naming the

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mother thereon.

(6) A parent of an a-newborn infant left at a hospital, an emergency medical services station, or a fire station under this section may claim his or her ~~newborn~~ infant up until the court enters a judgment terminating his or her parental rights. A claim to the ~~newborn~~ infant must be made to the entity having physical or legal custody of the ~~newborn~~ infant or to the circuit court before whom proceedings involving the ~~newborn~~ infant are pending.

(7) Upon admitting an a-newborn infant under this section, the hospital shall immediately contact a local licensed child-placing agency or alternatively contact the statewide central abuse hotline for the name of a licensed child-placing agency for purposes of transferring physical custody of the ~~newborn~~ infant. The hospital shall notify the licensed child-placing agency that an a-newborn infant has been left with the hospital and approximately when the licensed child-placing agency can take physical custody of the infant child. In cases where there is actual or suspected child abuse or neglect, the hospital or any of its medical staff or licensed health care professionals shall report the actual or suspected child abuse or neglect in accordance with ss. 39.201 and 395.1023 in lieu of contacting a licensed child-placing agency.

(8) An ~~Any newborn~~ infant admitted to a hospital in accordance with this section is presumed eligible for coverage under Medicaid, subject to federal rules.

(9) An a-newborn infant left at a hospital, an emergency medical services station, or a fire station in accordance with this section may ~~shall~~ not be deemed abandoned and subject to

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reporting and investigation requirements under s. 39.201 unless there is actual or suspected child abuse or until the Department of Health takes physical custody of the infant child.

(10) If the parent of an infant is unable to surrender the infant in accordance with this section, the parent may call 911 to request that an emergency medical services provider meet the surrendering parent at a specified location. The surrendering parent must stay with the infant until the emergency medical services provider arrives to take custody of the infant.

(11) A criminal investigation may ~~shall~~ not be initiated solely because an a newborn ~~an a newborn~~ infant is surrendered in accordance with left at a hospital under this section unless there is actual or suspected child abuse or neglect.

Section 2. Subsection (1) and paragraph (e) of subsection (34) of section 39.01, Florida Statutes, are amended to read:

39.01 Definitions.—When used in this chapter, unless the context otherwise requires:

(1) “Abandoned” or “abandonment” means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. For purposes of this subsection, “establish or maintain a substantial and positive relationship” includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or

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communications are not sufficient to establish or maintain a substantial and positive relationship with a child. A man’s acknowledgment of paternity of the child does not limit the period of time considered in determining whether the child was abandoned. The term does not include a surrendered ~~newborn~~ infant as described in s. 383.50, a “child in need of services” as defined in chapter 984, or a “family in need of services” as defined in chapter 984. The absence of a parent, legal custodian, or caregiver responsible for a child’s welfare, who is a servicemember, by reason of deployment or anticipated deployment as defined in 50 U.S.C. s. 3938(e), may not be considered or used as a factor in determining abandonment. The incarceration, repeated incarceration, or extended incarceration of a parent, legal custodian, or caregiver responsible for a child’s welfare may support a finding of abandonment.

(34) “Harm” to a child’s health or welfare can occur when any person:

(e) Abandons the child. Within the context of the definition of “harm,” the term “abandoned the child” or “abandonment of the child” means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. For purposes of this paragraph, “establish or maintain a substantial and positive relationship” includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the

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child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child. The term "abandoned" does not include a surrendered ~~newborn~~ infant as described in s. 383.50, a child in need of services as defined in chapter 984, or a family in need of services as defined in chapter 984. The incarceration, repeated incarceration, or extended incarceration of a parent, legal custodian, or caregiver responsible for a child's welfare may support a finding of abandonment.

Section 3. Paragraph (e) of subsection (3) of section 39.201, Florida Statutes, is amended to read:

39.201 Required reports of child abuse, abandonment, or neglect, sexual abuse of a child, and juvenile sexual abuse; required reports of death; reports involving a child who has exhibited inappropriate sexual behavior.—

(3) ADDITIONAL CIRCUMSTANCES RELATED TO REPORTS.—

(e) *Surrendered newborn infants.*—

1. The central abuse hotline must receive reports involving surrendered ~~newborn~~ infants as described in s. 383.50.

2.a. A report may not be considered a report of child abuse, abandonment, or neglect solely because the infant has been surrendered in accordance with ~~left at a hospital, emergency medical services station, or fire station under~~ s. 383.50.

b. If the report involving a surrendered ~~newborn~~ infant does not include indications of child abuse, abandonment, or neglect other than that necessarily entailed in the infant

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having been ~~surrendered left at a hospital, emergency medical services station, or fire station~~, the central abuse hotline must provide to the person making the report the name of an eligible licensed child-placing agency that is required to accept physical custody of and to place surrendered ~~newborn~~ infants. The department shall provide names of eligible licensed child-placing agencies on a rotating basis.

3. If the report includes indications of child abuse, abandonment, or neglect beyond that necessarily entailed in the infant having been surrendered ~~left at a hospital, emergency medical services station, or fire station~~, the report must be considered as a report of child abuse, abandonment, or neglect and, notwithstanding chapter 383, is subject to s. 39.395 and all other relevant provisions of this chapter.

Section 4. Subsections (1) and (4), paragraph (c) of subsection (7), and subsection (10) of section 63.0423, Florida Statutes, are amended to read:

63.0423 Procedures with respect to surrendered infants.—

(1) Upon entry of final judgment terminating parental rights, a licensed child-placing agency that takes physical custody of an infant surrendered in accordance with ~~at a hospital, emergency medical services station, or fire station pursuant to~~ s. 383.50 assumes responsibility for the medical and other costs associated with the emergency services and care of the surrendered infant from the time the licensed child-placing agency takes physical custody of the surrendered infant.

(4) The parent who surrenders the infant in accordance with s. 383.50 is presumed to have consented to termination of parental rights, and express consent is not required. Except

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when there is actual or suspected child abuse or neglect, the licensed child-placing agency ~~may shall~~ not attempt to pursue, search for, or notify that parent as provided in s. 63.088 and chapter 49. For purposes of s. 383.50 and this section, a surrendered ~~an~~ infant who tests positive for illegal drugs, narcotic prescription drugs, alcohol, or other substances, but shows no other signs of child abuse or neglect, shall be placed in the custody of a licensed child-placing agency. Such a placement does not eliminate the reporting requirement under s. 383.50(7). When the department is contacted regarding an infant properly surrendered under this section and s. 383.50, the department shall provide instruction to contact a licensed child-placing agency and may not take custody of the infant unless reasonable efforts to contact a licensed child-placing agency to accept the infant have not been successful.

(7) If a claim of parental rights of a surrendered infant is made before the judgment to terminate parental rights is entered, the circuit court may hold the action for termination of parental rights in abeyance for a period of time not to exceed 60 days.

(c) The court may not terminate parental rights solely on the basis that the parent surrendered ~~left~~ the infant ~~at a hospital, emergency medical services station, or fire station~~ in accordance with s. 383.50.

(10) Except to the extent expressly provided in this section, proceedings initiated by a licensed child-placing agency for the termination of parental rights and subsequent adoption of an infant surrendered ~~a newborn left at a hospital, emergency medical services station, or fire station~~ in

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accordance with s. 383.50 shall be conducted pursuant to this chapter.

Section 5. Paragraph (f) of subsection (2) of section 63.167, Florida Statutes, is amended to read:

63.167 State adoption information center.—

(2) The functions of the state adoption information center shall include:

(f) Maintaining a list of licensed child-placing agencies eligible and willing to take custody of and place ~~newborn~~ infants surrendered in accordance with ~~left at a hospital, pursuant to~~ s. 383.50. The names and contact information for the licensed child-placing agencies on the list shall be provided on a rotating basis to the statewide central abuse hotline.

Section 6. Section 383.51, Florida Statutes, is amended to read:

383.51 Confidentiality; identification of parent surrendering ~~leaving newborn~~ infant ~~at hospital, emergency medical services station, or fire station.~~—The identity of a parent who surrenders an ~~leaves a newborn~~ infant ~~at a hospital, emergency medical services station, or fire station~~ in accordance with s. 383.50 is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. The identity of a parent surrendering an infant ~~leaving a child~~ shall be disclosed to a person claiming to be a parent of the ~~newborn~~ infant.

Section 7. Section 827.035, Florida Statutes, is amended to read:

827.035 ~~Newborn~~ Infants.—It does ~~shall~~ not constitute neglect of a child pursuant to s. 827.03 or contributing to the

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291 dependency of a child pursuant to s. 827.04, if a parent
292 surrenders an ~~leaves a newborn~~ infant in accordance ~~at a~~
293 ~~hospital, emergency medical services station, or fire station or~~
294 ~~brings a newborn infant to an emergency room and expresses an~~
295 ~~intent to leave the infant and not return, in compliance~~ with s.
296 383.50.

297 Section 8. Subsection (3) of section 827.10, Florida
298 Statutes, is amended to read:

299 827.10 Unlawful desertion of a child.—

300 (3) This section does not apply to a person who surrenders
301 an ~~a newborn~~ infant in accordance ~~compliance~~ with s. 383.50.

302 Section 9. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 5, 2024

I respectfully request that **Senate Bill #790**, relating to Surrendered Infants, be placed on the:

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

A handwritten signature in cursive script that reads "Clay Yarborough".

Senator Clay Yarborough
Florida Senate, District 4

The Florida Senate

APPEARANCE RECORD

50B 790

1/16/24

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Aaron DiPietro

Phone 904-608-4471

Address P.O. Box 530103

Street

Email aaron.d@fifamily.org

Orlando

City

FL

State

32853

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Family Policy
Council

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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SB 790

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

Committee

Name

Phone

Address

Street

City

State

Zip

Email

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

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compensation or sponsorship.

☐

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representing:

☐

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S-001 (08/10/2021)

The Florida Senate

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SB 790

Bill Number or Topic

Amendment Barcode (if applicable)

1-16-24

Meeting Date

Health Policy

Committee

Name

Kaylee Jones

Phone

239-209-0609

Address

15342 Briar Ridge Circle

Street

Fort Myers

City

Florida

State

33912

Zip

Email

kpgjones@comcast.net

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

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compensation or sponsorship.

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

S-001 (08/10/2021)

The Florida Senate

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Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 790

Bill Number or Topic

Meeting Date

1-16-24

Committee

Health Policy

Amendment Barcode (if applicable)

Name

PAMELA STENZEL

Phone

612-812-1284

Address

6705 Camden Bay Dr.

Email

pstenzel@community4
Lifeson

Street

Tampa

FL

State

33635

Zip

Speaking:

☐

For



Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:



☒

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compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

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(travel, meals, lodging, etc.),
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This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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Senate professional staff conducting the meeting

Meeting Date

1/16/24
Health Policy

Committee

Bill Number or Topic

SB 790

Amendment Barcode (if applicable)

Name

Kent Guinn

Phone

352-572-0312

Address

320 N.W. 3rd Ave

Email

Kent.guinn@icloud.com

Street

Ocala

FL

34475

City

State

Zip

Speaking:

☐

For

☒

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 410

INTRODUCER: Senator Garcia

SUBJECT: Protection from Surgical Smoke

DATE: January 12, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			FP	
3.			RC	

I. Summary:

SB 410 requires hospitals and ambulatory surgical centers (ASC) to, by January 1, 2025, adopt and implement policies that require the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke.

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

II. Present Situation:

Surgical smoke is produced by the thermal destruction of tissue by the use of lasers or electrosurgical devices.¹ Surgical smoke has been shown to contain toxic gases, vapors and particulates, dead and live cellular material, and viruses.²

At high concentrations the smoke causes ocular and upper respiratory tract irritation in health care personnel, and can create view obstruction for the surgeon. The smoke has unpleasant odors and has been shown to have mutagenic potential.³ Studies have shown that surgical smoke is causing many complications such as carcinogenicity, toxicity, mutagenicity, irritants, respiratory diseases, spread of pathogenic microorganisms, Human Papillomavirus DNA transfer, Hepatitis B transfer, tumor cell transmission, headache, dizziness, drowsiness, bad hair odor and runny

¹ The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures*, last updated June 30, 2017, available at <https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html> (last visited Jan. 8, 2024).

² *Id.*

³ The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures: Engineering Controls Database*, last updated Nov. 16, 2018, available at <https://www.cdc.gov/niosh/engcontrols/ecd/detail193.html>, (last visited Jan. 8, 2024).

eyes.⁴ Some researchers have suggested that surgical smoke may act as a vector for cancerous cells that may be inhaled.⁵

According to the federal Occupational Safety and Health Administration, recognized controls and work practices for surgical smoke include:

- Using portable local smoke evacuators and room suction systems with in-line filters.
- Keeping the smoke evacuator or room suction hose nozzle inlet within two inches of the surgical site to effectively capture airborne contaminants.
- Having a smoke evacuator available for every operating room where plume is generated.
- Evacuating all smoke, no matter how much is generated.
- Keeping the smoke evacuator "ON" (activated) at all times when airborne particles are produced during all surgical or other procedures.
- Considering all tubing, filters, and absorbers as infectious waste and dispose of them appropriately.
- Using new tubing before each procedure and replace the smoke evacuator filter as recommended by the manufacturer.
- Inspecting smoke evacuator systems regularly to ensure proper functioning.⁶

Additionally, the Joint Commission, a major accrediting organization for hospitals and ambulatory surgical centers, addressed the issue of surgical smoke in its newsletter entitled "Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke." In the newsletter the Joint Commission recommends that "health care organizations that conduct surgery and other procedures using lasers and other devices that produce surgical smoke should take the following actions to help protect patients and especially staff from the dangers of surgical smoke.

- Implement standard procedures for the removal of surgical smoke and plume through the use of engineering controls, such as smoke evacuators and high filtration masks.
- Use specific insufflators for patients undergoing laparoscopic procedures that lessen the accumulation of methemoglobin buildup in the intra-abdominal cavity. (Surgical smoke is cytotoxic if absorbed into the blood and can cause elevated methemoglobin.) For example, a lapro-shield smoke evacuation device — a filter that attaches to a trocar — helps clear the field inside the abdomen.
- During laser procedures, use standard precautions, such as those promulgated by the Blood-Borne Pathogen Standard (29 CFR 1910.1030) and the Center for Disease Control and Prevention's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, to prevent exposure to the aerosolized blood, blood by-products and pathogens contained in surgical smoke plumes.
- Establish and periodically review policies and procedures for surgical smoke safety and control. Make these policies and procedures available to staff in all areas where surgical smoke is generated.

⁴ Merajikhah A, Imani B, Khazaei S, Bouraghi H. Impact of Surgical Smoke on the Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. *Iran J Public Health*. 2022 Jan;51(1):27-36. doi: 10.18502/ijph.v51i1.8289. PMID: 35223623; PMCID: PMC8837875. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837875/>, (last visited Jan. 8, 2024).

⁵ United States Department of Labor, Occupational Safety and Health Administration, *Surgical Suite >> Smoke Plume*, available at <https://www.osha.gov/etools/hospitals/surgical-suite/smoke-plume>, (last visited Jan. 8, 2024).

⁶ *Supra* n. 5.

- Provide surgical team members with initial and ongoing education and competency verification on surgical smoke safety, including the organization’s policies and procedures.
- Conduct periodic training exercises to assess surgical smoke precautions and consistent evacuation for the surgical suite or procedural area.”⁷

III. Effect of Proposed Changes:

SB 410 creates s. 395.1013, F.S., to require that hospitals and ASCs adopt and implement policies that require the use of a smoke evacuation system during any surgical procedures that is likely to generate surgical smoke. The bill defines:

- “Smoke evacuation system” to mean equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tract of occupants in the room; and
- “Surgical smoke” to mean the gaseous byproduct produced by energy-generating devices such as lasers and electrosurgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, and lung-damaging dust.

The bill requires hospitals and ASCs to adopt and implement the required policies by January 1, 2025.

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

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

⁷ Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke, the Joint Commission, available at <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-56/quick-safety-issue-56/> (last visited Jan. 8, 2024).

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

None.

B. Private Sector Impact:

SB 410 may have a negative fiscal impact on a hospital and ASC if the hospital or ASC is required to purchase and maintain equipment in order to meet the requirements of the bill.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 395.1013 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Garcia

36-00813-24

2024410__

A bill to be entitled

An act relating to protection from surgical smoke;
creating s. 395.1013, F.S.; defining the terms "smoke
evacuation system" and "surgical smoke"; requiring
hospitals and ambulatory surgical centers to, by a
specified date, adopt and implement policies requiring
the use of smoke evacuation systems during certain
surgical procedures; providing an effective date.

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

Section 1. Section 395.1013, Florida Statutes, is created
to read:

395.1013 Smoke evacuation systems required.-

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

(a) "Smoke evacuation system" means equipment that
effectively captures, filters, and eliminates surgical smoke at
the site of origin before the smoke makes contact with the eyes
or respiratory tract of occupants in the room.

(b) "Surgical smoke" means the gaseous byproduct produced
by energy-generating devices, such as lasers and electrosurgical
devices. The term includes, but is not limited to, surgical
plume, smoke plume, bio-aerosols, laser-generated airborne
contaminants, and lung-damaging dust.

(2) By January 1, 2025, each licensed facility shall adopt
and implement policies that require the use of a smoke
evacuation system during any surgical procedure that is likely
to generate surgical smoke.

Section 2. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 4, 2023

I respectfully request that **Senate Bill #410**, relating to Protection from Surgical Smoke, be placed on the:

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

Senator Ileana Garcia
Florida Senate, District 36

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 410

Bill Number or Topic

1/16/24

Meeting Date

HEALTH Policy

Committee

Amendment Barcode (if applicable)

Name

SAUNDRA FAUK

Phone

239-822-5251

Address

Street

18501 Sebring RD

Email

onswf@aol.com

City

FT. MYERS FL

State

Zip

33967

Speaking:



For



Against



Information

OR

Waive Speaking:



In Support



Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

FLORIDA NURSE ASSOCIATION

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1/16/24

Meeting Date

Health Policy

Committee

SB 410

Bill Number or Topic

2

Amendment Barcode (if applicable)

Name Meghan Moroney

Phone 305-431-2345

Address 5204 Bayshore Blvd #15

Street

Email swimwater22@hotmail.com

Tampa

City

FL

State

33611

Zip

Speaking: ☒ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida Nurses Association

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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SB410

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date

1/16/24

Committee

Health Policy

Name

Tanice Adams

Phone

813-777-4572

Address

6306 Anhinga Place

Email

jadams7264@gmail.com

Street

Tampa

FL

33615

City

State

Zip

Speaking:



For



Against



Information

OR

Waive Speaking:



In Support



Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida Nurses Association

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date
Committee

Name

Phone

Address
Street

Email

City State Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☒ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Nurses Association

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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11/16/24

Meeting Date

Health Policy

Committee

410

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Chris Noland

Phone

904-355-1555

Address

4427 Herschel St

Email

nolandlaw@aol.com

Street

Jax

City

FL

State

32210

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida Society of Plastic Surgeons

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S-001 (08/10/2021)

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1/16/24

Meeting Date

Health Policy

Committee

SB 410

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Megan Fay

Phone

(850) 222-9075

Address

124 West. Jefferson

Email

Megan@ccc.fl.a.com

Street

Tallahassee FL 32301

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:



In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

The Florida Association
of Nurse Anesthetists

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Governmental Oversight and Accountability, *Chair*
Appropriations
Appropriations Committee on Education
Appropriations Committee on Health and
Human Services
Education Pre-K -12
Ethics and Elections
Health Policy

SELECT COMMITTEE:
Select Committee on Resiliency

JOINT COMMITTEE:
Joint Select Committee on Collective Bargaining,
Alternating Chair

SENATOR BRYAN AVILA
39th District

January 15, 2024

The Honorable Colleen Burton
Chair
Committee on Health Policy

REF: COMMITTEE MEETING EXCUSAL

Honorable Chair Burton,

Please excuse my absence from Committee on Health Policy on Tuesday, January 16, 2024. I have an unexpected emergency medical procedure.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Bryan Avila". The signature is written in a cursive, flowing style.

Bryan Avila
Senator
District 39

CC: Allen Brown, Staff Director
Anhar Al-Asadi, Administrative Assistant
Jeremy Hudak, Legislative Analyst, Senate Majority Office
Megan Ramba, Administrative Assistant – Senate Presidents Office

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Health Policy Committee

Judge:

Started: 1/16/2024 1:30:42 PM

Ends: 1/16/2024 2:46:10 PM

Length: 01:15:29

1:30:41 PM Chair Burton calls the meeting to order
1:31:13 PM Roll call - quorum is present
1:31:17 PM Sen. Avila excused from today's meeting
1:31:45 PM Tab 1 - CS/SB 462 by Sen. Grall
1:32:05 PM Sen. Grall explains amendment 621498
1:33:17 PM Public Appearance on the amendment by Sara Sanders Bremer w/ Fla. Clerks & Comptrollers
1:33:30 PM Public Appearance on the amendment by Stacy Butterfield w/ Polk Co. Clerk of Court & Comptroller
1:33:44 PM Public Appearance by Jason Welty w/ Jefferson Co. Clerk of Court & Comptroller
1:33:50 PM Public Appearance by Tara Green w/ Clay Co. Clerk of Courts & Comptroller
1:34:10 PM Roll call on bill - CS/SB 462 passes
1:34:55 PM Tab 2 - SB 544 by Hutson
1:35:13 PM bill explained
1:36:04 PM amendment 919154 explained
1:36:24 PM amendment adopted
1:36:50 PM Public Testimony by Bradley Cusnier w/ Fla. Tax Watch
1:39:41 PM Public Appearance by Cora Merrit w/ Nemours Children's Health
1:39:55 PM Sen. Hutson waives close
1:40:00 PM Roll call - SB 544 passes as amended
1:40:29 PM Tab 3 - SB 302 explained by Sen. Boyd
1:42:46 PM Sen. Harrell recognized for question
1:43:18 PM follow-up question from Harrell
1:44:12 PM Public Testimony by Trey Lawrence w/ Amer. Assn. of Orthodontists
1:49:41 PM Public Testimony by Heather Burch
1:54:38 PM Public Testimony by Joe Anne Hart of the Fla. Dental Assn.
1:57:32 PM Comment by Sen. Harrell
1:57:37 PM Public Testimony by Dr. Angela McMullin of 3-D Dental
2:01:06 PM Sen. Osgood recognized for questioning
2:01:59 PM back & forth
2:02:49 PM Sen. Book recognized
2:03:04 PM back & forth
2:03:42 PM Sen. Harrell recognized for questions
2:03:53 PM back & forth
2:04:42 PM Sen. Boyd explains part of bill
2:06:27 PM Public Appearance by Edda Fernandez w/ AARP
2:07:07 PM Sen. Harrell recognized for comments
2:07:43 PM Sen. Boyd closes
2:08:29 PM Roll call - SB 302 passes
2:09:12 PM Tab 4 - SB 938 explained by Sen. Yarborough
2:10:32 PM Public Appearance by Alexandra Abboud w/ the Fla. Dental Assn.
2:10:46 PM Roll call - SB 938 passes
2:11:09 PM Tab 5 - SB 790 explained by Sen. Yarborough
2:13:11 PM Public Appearance by Aaron DiPietro representing Fla. Family Policy Council
2:13:22 PM Public Testimony by Tim Marden, Newberry City Cmsr.
2:15:55 PM Public Testimony by Kaylee Jones
2:19:24 PM Sen. Davis recognized for questioning
2:19:40 PM Answer by Ms. Jones
2:20:03 PM Public Testimony by Pamela Stenzler
2:23:37 PM Public Testimony by Kent Guinn, former Ocala Mayor
2:26:01 PM Sen. Harrell recognized in debate
2:27:08 PM Sen. Book recognized
2:29:05 PM Sen. Osgood recognized
2:30:58 PM Sen. Osgood recognized

2:31:01 PM Sen. Davis recognized
2:32:18 PM Sen. Yarborough closes
2:34:22 PM Roll call - SB 790 passes
2:34:54 PM Tab 6 - SB 410
2:35:01 PM Sen. Garcia explains the bill
2:36:05 PM Public Testimony by Janice Adams w/ Fla. Nurses Assn.
2:39:04 PM Public Testimony by Meghan Moroney w/ Fla. Nurses Assn.
2:40:47 PM Public Testimony by Saundra Faulk w/ Fla. Nurses Assn.
2:43:33 PM Public Appearance by Jack Cory representing the Fla. Nurses Assn.
2:43:45 PM Public Appearance by Chris Roland representing the Fla. Society of Plastic Surgeons
2:43:56 PM Public Appearance by Megan Fay representing the Fla. Assn. of Nurse Anesthetists
2:44:03 PM Sen Garcia closes
2:44:45 PM Roll call - SB 410 passes
2:45:12 PM Sen. Calatayud votes in the affirmative for tab 1
2:45:28 PM Sen. Davis shown to vote in the affirmative for tabs 3 & 4
2:45:39 PM Motions adopted
2:45:45 PM Sen. Osgood moves to adjourn
2:45:46 PM