# COMMITTEE MEETING EXPANDED AGENDA

**HEALTH POLICY**  
Senator Harrell, Chair  
Senator Berman, Vice Chair  

**MEETING DATE:** Tuesday, October 22, 2019  
**TIME:** 9:00—10:30 a.m.  
**PLACE:** Pat Thomas Committee Room, 412 Knott Building  

**MEMBERS:** Senator Harrell, Chair; Senator Berman, Vice Chair; Senators Baxley, Bean, Book, Cruz, Diaz, Hooper, Mayfield, and Rouson

<table>
<thead>
<tr>
<th>TAB</th>
<th>BILL NO. and INTRODUCER</th>
<th>BILL DESCRIPTION and SENATE COMMITTEE ACTIONS</th>
<th>COMMITTEE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Update on Hepatitis A Outbreak - Department of Health and Department of Business and Professional Regulation</td>
<td></td>
<td>Presented</td>
</tr>
<tr>
<td>2</td>
<td>Health Risks Related to Vaping - Department of Health</td>
<td></td>
<td>Presented</td>
</tr>
</tbody>
</table>
| 3   | **SB 218**  
Harrell  
(Similar H 221, Compare CS/S 230) | Licensure Requirements for Osteopathic Physicians; Revising licensure requirements for persons seeking licensure or certification as an osteopathic physician, etc. | Fav/CS  
Yeas 9 Nays 0 |
|     | HP 10/22/2019 Fav/CS  
AP RC |  |  |
| 4   | **SB 226**  
Harrell  
(Compare CS/S 230) | Athletic Trainers; Revising the definition of the term "athletic trainer"; revising athletic trainer licensure requirements; revising continuing education requirements for the renewal of an athletic trainer license; requiring that the supervision of an athletic training student meet certain requirements, etc. | Fav/CS  
Yeas 9 Nays 0 |
|     | HP 10/22/2019 Fav/CS  
AP RC |  |  |

Other Related Meeting Documents
Scott A. Rivkees, M.D.
Florida State Surgeon General
Department of Health

NATIONAL DATA
• 9/07/19 25,484 Cases, 15,330 Hospitalizations, 254 Deaths
• 10/11/19 27,064 Cases, 16,311 Hospitalizations, 275 Deaths

FLORIDA DATA
• 9/07/19 Cases: 3,009, Hospitalizations 2,357, Deaths 40
• 10/11/19 Cases 3,339, Hospitalizations 2,609, Deaths 45

A Vaccine-Preventable Disease

- Children routinely vaccinated before their 2<sup>nd</sup> birthday since 2005
- 2-dose series, 6 months apart
- 1 dose, 93% of individuals are protected for 10 years
- 2 doses, ~100% protection
- Killed/inactivated virus
- Side effects are very rare
Goal: Vaccinate High-Risk & Vulnerable Patients in Florida

High-Risk Individuals
- Intravenous or non-intravenous illicit drug users
- Individuals who are homeless
- Vaccinate 80%

Medically Vulnerable Individuals
- Individuals with underlying liver disease
- Individuals > 60 years of age with a chronic medical condition

https://www.cdc.gov/hepatitis/hav/index.htm
Department of Health

High-Risk and Vulnerable Population Estimates

<table>
<thead>
<tr>
<th>Vulnerable Population</th>
<th>Liver Disease</th>
<th>&gt;60 yrs Diabetes and/or Heart disease</th>
<th>Total Vulnerable Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Numbers</td>
<td>338,500</td>
<td>&gt;500,000</td>
<td>&gt;838,500</td>
</tr>
</tbody>
</table>

Homeless Management Information System Data (provided by the CDC)
Substance Abuse and Mental Health Services (provided by the CDC)

<table>
<thead>
<tr>
<th>High-Risk Population: CHD Primary Effort</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
<td>80% of Total</td>
</tr>
<tr>
<td>Illicit Drug Users</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>64,000</td>
<td>491,000</td>
</tr>
<tr>
<td>427,000</td>
<td>392,000</td>
</tr>
</tbody>
</table>

FLHEALTHCHARTS.COM
Food industry worker concerns: Despite thousands of hepatitis A cases in the current national outbreak, documented cases of transmission from food workers to patrons are rare.

If a food worker has Hepatitis A:
- Interview case
- Consider duties while on the job
- Request joint assessment with appropriate regulatory agency
- Conduct assessment
- Vaccinate co-workers
- Determine need for patron notification
Food industry workers:

12/31/2017-10/14/2019
147 food employees identified
4.4% of cases are food employees

85% of the environmental assessments concluded that there were sufficient barriers to prevent transmission to patrons and notifications not required

15.0% of HAV food employees have led to patron notifications
22 patron notifications of need for vaccination within 14 days

No evidence of transmission to patrons in Florida
Includes all counties in Florida

Counties with a case rate greater than 10 per 100,000 persons or high case count (>100):

- Brevard
- Citrus
- Glades
- Hernando
- Hillsborough
- Lake
- Liberty
- Manatee
- Marion
- Martin
- Okeechobee
- Orange
- Pasco
- Pinellas
- Sumter
- Taylor
- Volusia

RECOMMENDATIONS

- Health care providers vaccinate high-risk patients
- Health care providers vaccinate medically vulnerable individuals
- Vaccinate individuals working with high-risk persons in a non-health care setting
- Health care providers report all cases of hepatitis A to county health departments
- Follow good handwashing procedures
- Cleaning of public shower, bathing, restroom facilities with bleach or other effective disinfectant solutions to kill the virus
Where to get vaccinated

- Health care provider
- Pharmacies
- County health departments
- Locations posted on www.floridahealth.gov
- Cost covered by commercial insurance
- Cost may be covered by Medicare Part B, D and Medicare Advantage plans
- County health departments providing for free to high-risk, uninsured or underinsured individuals
- **Coverage now offered by Medicaid plans**
<table>
<thead>
<tr>
<th>Vaccination Entity</th>
<th>January-December 2018</th>
<th>Since January 2019</th>
<th>Total January 2018 to Present</th>
<th>Since PHE August 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD Administered Vaccine</td>
<td>17,940</td>
<td>100,321</td>
<td>118,261</td>
<td>19,297</td>
</tr>
<tr>
<td>Non-CHD Administered Vaccine</td>
<td>31,384</td>
<td>143,584</td>
<td>174,968</td>
<td>25,908</td>
</tr>
<tr>
<td>Total Administered Vaccine</td>
<td>49,324</td>
<td>243,905</td>
<td>293,229</td>
<td>45,205</td>
</tr>
</tbody>
</table>
Hepatitis A cases reported by week in Florida in 2018 and 2019 (Updated 10/12/19)
Overall decline in new cases since PHE as vaccination has increased
Department of Health

Highly Impacted areas

Cumulative rate per 100,000 population, 1/1/18–10/12/19
- 0.0
- 0.1 - 11.5
- 11.6 - 32.7
- 32.8 - 87.9
Department of Health

Progress in heavily impacted counties

Pinellas County
Cases and Cumulative Doses by Month
104% of the Target Population Has Been Vaccinated

Pasco County
Cases and Cumulative Doses by Month
80% of the Target Population Has Been Vaccinated

Progress in heavily impacted counties
Progress in heavily impacted counties
Department of Health

Progress in heavily impacted counties

Brevard County
Cases and Cumulative Doses by Month
25% of the Target Population Has Been Vaccinated

Hernando County
Cases and Cumulative Doses by Month
142% of the Target Population Has Been Vaccinated
Department of Health

Progress in heavily impacted counties
<table>
<thead>
<tr>
<th>County</th>
<th>Total Population</th>
<th>*Estimated Target Population</th>
<th>Target Population Vaccinated 01 Jan 2018 to 01 Oct 2019</th>
<th>% Target Population Vaccinated</th>
<th>Estimated Unvaccinated Target Population</th>
<th>Cases 01 Jan to 05 Oct 2019</th>
<th>Cases per 100K Population 2019</th>
<th>Case Trend Lines Last Three Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard</td>
<td>590,927</td>
<td>10,901</td>
<td>2738</td>
<td>25%</td>
<td>8,163</td>
<td>116</td>
<td>19.6</td>
<td>▼</td>
</tr>
<tr>
<td>Citrus</td>
<td>146,518</td>
<td>2,703</td>
<td>1635</td>
<td>60%</td>
<td>1,068</td>
<td>71</td>
<td>48.5</td>
<td>▲</td>
</tr>
<tr>
<td>Glades</td>
<td>13,337</td>
<td>246</td>
<td>114</td>
<td>46%</td>
<td>132</td>
<td>3</td>
<td>22.5</td>
<td>▼</td>
</tr>
<tr>
<td>Hernando</td>
<td>188,208</td>
<td>3,472</td>
<td>4918</td>
<td>142%</td>
<td>-1,446</td>
<td>108</td>
<td>57.4</td>
<td>▼</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>1,447,997</td>
<td>26,711</td>
<td>6527</td>
<td>24%</td>
<td>20,184</td>
<td>148</td>
<td>10.2</td>
<td>▲</td>
</tr>
<tr>
<td>Lake</td>
<td>350,201</td>
<td>6,460</td>
<td>2449</td>
<td>38%</td>
<td>4,011</td>
<td>135</td>
<td>38.5</td>
<td>▲</td>
</tr>
<tr>
<td>Liberty</td>
<td>8,889</td>
<td>164</td>
<td>118</td>
<td>72%</td>
<td>46</td>
<td>1</td>
<td>11.2</td>
<td>▼</td>
</tr>
<tr>
<td>Manatee</td>
<td>388,813</td>
<td>7,172</td>
<td>2887</td>
<td>40%</td>
<td>4,285</td>
<td>124</td>
<td>31.9</td>
<td>▼</td>
</tr>
<tr>
<td>Marion</td>
<td>360,361</td>
<td>6,648</td>
<td>7055</td>
<td>106%</td>
<td>-407</td>
<td>138</td>
<td>38.3</td>
<td>▲</td>
</tr>
<tr>
<td>Martin</td>
<td>157,312</td>
<td>2,902</td>
<td>3648</td>
<td>126%</td>
<td>-746</td>
<td>40</td>
<td>25.4</td>
<td>▼</td>
</tr>
<tr>
<td>Okeechobee</td>
<td>41,787</td>
<td>771</td>
<td>695</td>
<td>90%</td>
<td>76</td>
<td>15</td>
<td>35.9</td>
<td>–</td>
</tr>
<tr>
<td>Orange</td>
<td>1,402,327</td>
<td>25,869</td>
<td>6898</td>
<td>27%</td>
<td>18,971</td>
<td>169</td>
<td>12.1</td>
<td>–</td>
</tr>
<tr>
<td>Pasco</td>
<td>527,990</td>
<td>9,740</td>
<td>7816</td>
<td>80%</td>
<td>1,924</td>
<td>397</td>
<td>75.2</td>
<td>▼</td>
</tr>
<tr>
<td>Pinellas</td>
<td>976,327</td>
<td>18,010</td>
<td>18801</td>
<td>104%</td>
<td>-791</td>
<td>369</td>
<td>37.8</td>
<td>▼</td>
</tr>
<tr>
<td>Sumter</td>
<td>131,096</td>
<td>2,418</td>
<td>569</td>
<td>24%</td>
<td>1,849</td>
<td>34</td>
<td>25.9</td>
<td>▼</td>
</tr>
<tr>
<td>Taylor</td>
<td>22,299</td>
<td>411</td>
<td>191</td>
<td>46%</td>
<td>220</td>
<td>5</td>
<td>22.4</td>
<td>▼</td>
</tr>
<tr>
<td>Volusia</td>
<td>539,007</td>
<td>9,943</td>
<td>2,847</td>
<td>29%</td>
<td>7,096</td>
<td>244</td>
<td>45.3</td>
<td>▼</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7,293,396</td>
<td>134,541</td>
<td>69,906</td>
<td>52%</td>
<td>64,635</td>
<td>2,117</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Counties highlighted in yellow have a hepatitis A occurrence of 10 cases per 100,000 population or greater.

* The “Estimated Target Population” reflects 80% of the total high-risk population.
Deaths from Hepatitis A: 45 persons

<60 years of age

• N=24
• 87% with underlying liver disease
• 23 of 24 not vaccinated

>60 years of age

• N=21
• 12% with underlying liver disease
• 88% with other medical condition, e.g.
  • diabetes mellitus,
  • hypertension,
  • obesity
• 21 of 21 not vaccinated
Opportunities

**Medical Community**
- Identify and vaccinate individuals with underlying liver disease at any age
- Identify and vaccinate individuals ≥ 60 years of age with a medical condition
- Vaccinate high-risk individuals in ER and outpatient setting

**Public**
- Handwashing
- Sanitation of rest rooms
- Get vaccinated
- *Get hep A vaccine when you get your flu vaccine*

**Community Partners**
- Vaccinate individuals in jails
- Vaccinate individuals in drug treatment programs
- Execute local agreements for vaccine administration
When can we expect control of the outbreak?

- Per CDC, need to vaccinate 80% of high-risk groups to begin to see major decline
- Gradual decline as target approached
- **Seeing progress in several counties**
- Outbreak will be declared over when it has been 100 days since the onset of illness of the last outbreak-associated case, which is two incubation cycles for hepatitis A.
Department of Health

Thank you
Division of Hotels and Restaurants
Steven von Bodungen, Division Director

Prepared for: Florida Senate
Health Policy Committee
Meeting: Tuesday October 22, 2019
INSPECTIONS OF FOOD SERVICE LOCATIONS:

- Joint inspection requests are received from the Fla. Dept. of Health over an implicated concern of Hepatitis A transmission in a restaurant.
  - FY 2018-19: 69 joint foodborne illness inspections
  - FY 2019-20: 28 joint foodborne illness inspections to date

- Other routine DBPR inspections focus on compliance issues, such as hand washing and employee health, that can be significant factors in the spread of Hepatitis A.

PROACTIVE OUTREACH AND EDUCATION:

- Hepatitis A informational flyers prepared by FDOH are distributed during each inspection
  - over 60,000 informational flyers distributed by DBPR from March 2019 to present.

- Inspectors inform and educate restaurant operators on symptoms of Hepatitis A, how it can be recognized, and the responsibilities of employees and operators.
Scott A. Rivkees, MD
State Surgeon General
Florida Department of Health
The role of the Department of Health is to:

• Identify, diagnose, and conduct surveillance of diseases and health conditions in the state and accumulate the health statistics necessary to establish trends

• Implement interventions that prevent or limit the impact or spread of diseases and health conditions

• Collect, manage, and analyze vital statistics and other health data to inform the public and formulate public health policy and planning
**Department of Health**

**Vaping** is the act of inhaling and exhaling an aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device.

The term is used because e-cigarettes do not produce tobacco smoke, but rather an aerosol, often mistaken for water vapor, that actually consists of fine particles.

Many of these particles contain varying amounts of toxic chemicals, which have been linked to cancer, as well as respiratory and heart disease.
• Most e-cigarette devices have a battery, a heating element, and a receptacle to hold a liquid.

• The devices heat a liquid – typically containing nicotine, flavorings, and other chemicals – and produce an aerosol.

• E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “mods,” “vape pens,” “vapes,” and “tank systems.”

• They are also called by their brand names, such as JUUL.
Department of Health

Dates of symptom onset and hospital admission for patients with lung injury associated with e-cigarette use, or vaping - United States

The current outbreak of vaping-related lung disease and deaths is new.
The current outbreak of vaping-related lung disease and deaths is a national problem.

U.S.: 1,479 cases, 33 Deaths
Fla: 68 cases, 1 Death
Vaping-related lung disease resembles a chemical burn

October 2, 2019, NEJM
Lung Injury Associated with Vaping

- No specific cause has been identified
- CDC and FDA are investigating

- Most patients have been young and otherwise healthy
  - Report gradual onset of various symptoms over days to weeks
  - Respiratory (cough, chest pain, shortness of breath)
  - Gastrointestinal (GI) (abdominal pain, nausea, vomiting, diarrhea)
  - Systemic symptoms (fatigue, fever, weight loss)
## Lung Injury Associated with Vaping

<table>
<thead>
<tr>
<th>Florida</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>68 cases</td>
<td>1,479 cases</td>
</tr>
<tr>
<td>21 counties</td>
<td>49 states and 1 U.S. territory</td>
</tr>
<tr>
<td>1 confirmed death</td>
<td>33 deaths in 24 states</td>
</tr>
<tr>
<td>69% of cases are male</td>
<td>70% of cases are male</td>
</tr>
<tr>
<td>8% of cases are under 18 years old</td>
<td>16% of cases are under 18 years old</td>
</tr>
<tr>
<td>Age range of 15–72 years old</td>
<td>Age range of 13–75 years old</td>
</tr>
<tr>
<td>Median age of 24.5 years old</td>
<td>Median age of 23 years old</td>
</tr>
</tbody>
</table>
Product components associated with lung injury

Among 849 patients with information on substances used in e-cigarette, or vaping, products in the 3 months prior to symptom onset:

• 78% reported using THC-containing products; 31% reported exclusive use of THC-containing products

• 58% reported using nicotine-containing products; 10% reported exclusive use of nicotine-containing products

CDC 10/15/19
Florida, Current Adult E-cigarette use by Age, BRFSS 2018

- 18-44 yrs: 5.9%
- 45-64 yrs: 5.9%
- 65 and older: 5.9%

Overall: 5.9%
Outbreak follows a large rise in e-cigarette/vaping use in youth.
PERCENT OF FLORIDA HIGH SCHOOL USE
CURRENT E-CIGARETTE USE VS CIGARETTE SMOKING
2015-2019

Florida Youth Tobacco Survey
2015-2019
Factors Contributing to Youth Vaping

- Flavored products
- Product innovation
- Marketing
- Access
- Nicotine is an addictive drug
Department of Health

Flavored Products
Department of Health

Product Innovation
Department of Health

Marketing
Easy Access

• Convenience stores

• Vape shops

• Internet sales
Nicotine

• Nicotine is addictive
• Nicotine is not the primary cause of most smoking-related disease, but it is the reason people continue to smoke
• The large majority of e-cigarettes contain nicotine
• JUUL 5% nicotine vs. 1-2% for many others
Department of Health

Responding to the Vaping Lung Disease Outbreak

- Working closely with CDC and FDA
- Reporting cases
- Issued alert to medical providers 8/30/2019
- Media marketing
Responding to the Youth e-Epidemic

- Tobacco Free Florida is developing new youth vaping content
  - TV spots, radio spots, digital display ads, social media posts, long-format social media video
- Currently in formative testing
- Student-based activities
People should not use e-cigarette, or vaping, products that contain THC.
- People should not buy any type of e-cigarette, or vaping products, particularly those containing THC, off the street.
- People should not modify or add any substances to e-cigarette.
- E-cigarette, or vaping, products should never be used by youths, young adults, or women who are pregnant.
- Adults who do not currently use tobacco products should not start using e-cigarette, or vaping, products.
- People should refrain from using e-cigarette, or vaping, products that contain nicotine.
FDA Recommendations 10/4/2019

- Do not use vaping products that contain THC.
- Do not use vaping products—particularly those containing THC—obtained off the street or from other illicit or social sources.
- Do not modify or add any substances, such as THC or other oils, to vaping products, including those purchased through retail establishments.
- No youth or pregnant women should be using any vaping product, regardless of the substance.
- Adults who do not currently use tobacco products should not start using these products. If you are an adult who uses e-cigarettes instead of cigarette smoking, do not return to smoking cigarettes.
- The FDA recommends contacting your health care provider for more information about the use of THC to treat medical conditions.

No vaping product has been approved by the FDA for therapeutic use or is authorized for marketing by the FDA.
Thank you!

Questions
I. Summary:

CS/SB 218 updates the osteopathic internship and residency accrediting agencies to include the Accreditation Council for Graduate Medical Education (ACGME) and repeals the Board of Osteopathic Medicine’s (BOOM) authority to approve other internship programs upon a showing of good cause.

The bill takes effect upon becoming law.

II. Present Situation:

Osteopathic Physicians

There are two types of medical physicians fully licensed to practice in Florida. Those holding the M.D. degree – doctor of allopathic medicine – licensed under ch. 458, F.S.; and those holding the D.O. degree – doctor of osteopathic medicine – licensed under ch. 459, F.S. Both types of physicians are licensed in Florida to perform surgery and prescribe medicine in hospitals, clinics, and private practices, as well as throughout the U.S. Osteopathic physicians offer all the same services as M.D.s.
Osteopathic physicians can specialize in every recognized area of medicine, from neonatology to neurosurgery, but more than half of all osteopathic physicians practice in primary care areas, such as pediatrics, general practice, obstetrics/gynecology, and internal medicine.¹

**Osteopathic Residencies and Florida Licensure**

After acquiring a four-year undergraduate college degree with requisite science classes, students are accepted into one of the nation’s 21 osteopathic medical schools accredited by the Bureau of Professional Education of the American Osteopathic Association (AOA). Following graduation, osteopathic physicians complete an approved 12-month internship. Interns rotate through hospital departments, including internal medicine, family practice, and surgery. They may then choose to complete a residency program in a specialty area, which requires two to six years of additional training.²

Any person desiring to be licensed, or certified, as an osteopathic physician in Florida must:

- Submit an application with a fee;
- Be at least 21 years of age;
- Be of good moral character;
- Have completed at least three years of pre-professional postsecondary education;
- Have not previously committed any act that would constitute a violation of ch. 459, F.S.;
- Not be under investigation anywhere for an act that would constitute a violation of ch. 459, F.S.;
- Have not been denied a license to practice osteopathic medicine, or had his or her osteopathic medicine license revoked, suspended, or otherwise acted against by any jurisdiction;
- Have met the criteria for:
  - A limited license under s. 459.0075, F.S.;
  - An osteopathic faculty certificate under s. 459.0077, F.S.; or,
  - A resident physician, intern, or fellow under s. 459.021, F.S.
- Demonstrate that he or she is a graduate of a medical college recognized and approved by the AOA; and
- Demonstrate that he or she has successfully completed a resident internship of not less than 12 months in a hospital approved by the Board of Trustees of the AOA or any other internship program approved by the Board of Osteopathic Medicine (BOOM) upon a showing of good cause; and
- Demonstrate that he or she has achieved a passing score, established by rule of the BOOM, on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the BOOM no more than five years before making application.³

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² Id.
³ Section 459.0055, F.S.
The Accreditation Council for Graduate Medical Education (ACGME)

The ACGME is a non-profit corporation whose mission is to improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation.

In the academic year 2018-19, there were approximately 830 ACGME-accredited institutions sponsoring approximately 11,200 residency and fellowship programs in 180 specialties and subspecialties. Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards. ACGME accreditation provides assurance that a sponsoring institution or program meets the quality standards (institutional and program requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates.

ACGME accreditation is overseen by a review committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of sponsoring institutions and specialty and subspecialty residency and fellowship programs.4

The ACGME was established by five medical organizations in 19815 and, in 2014, was joined by the AOA and the American Association of Colleges of Osteopathic Medicine. A primary responsibility of each of the organizations is to nominate individuals to be considered for membership on the ACGME Board of Directors. The ACGME board currently includes 24 members nominated by member organizations, two resident members, three public directors, four at-large directors, the chair of the Council of Review Committee Chairs, and two non-voting federal representatives.

The ACGME sets standards for graduate medical education (GME) and renders residency accreditation decisions based on compliance with those standards. The member organizations are corporately separate from the ACGME and do not participate in accreditation, pay dues, or make any other monetary contribution to the ACGME. In Academic Year 2018-2019, there were approximately 11,700 ACGME-accredited residency and fellowship programs in 181 specialties and subspecialties at approximately 850 Sponsoring Institutions. There were approximately 140,500 active full and part time residents and fellows. One out of seven active physicians in the United States is a resident or fellow.6

As of June 2020, all osteopathic residency programs for GME will need to be ACGME accredited. As the AOA guides residency programs through the process, resident physicians will be protected throughout the transition. If a residency program does not achieve ACGME accreditation by June 2020, a resident who has not completed the required training will be able to complete AOA-accredited training and advance to AOA board eligibility. This is the result of an agreement between the AOA, the ACGME, and the American Association of Colleges of

4 American Council of Graduate Medical Education, What We Do, available at: https://www.acgme.org/What-We-Do/Overview (last visited Sept. 9, 2019).
5 American Council of Graduate Medical Education, Member Organizations, available at: https://www.acgme.org/About-Us/Overview/Member-Organizations (last visited Sept. 9, 2019). The five organization are: The American Board of Medical Specialists, The American Hospital Association, The American Medical Association, The Association of American Medical Colleges, and Council of Medical Specialty Societies.
6 American Council of Graduate Medical Education, About Us, available at: https://www.acgme.org/About-Us/Overview (last visited Sept. 10, 2019)
Osteopathic Medicine (AACOM) that gives the AOA restricted authority to extend the AOA accreditation date to allow any remaining resident physicians to finish training in an accredited program. If a resident physician’s program does not achieve ACGME accreditation by June 2020, he or she may also be able to transfer to another ACGME accredited program.\(^7\)

**The National Resident Matching Program**

The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to optimize the rank-ordered choices of applicants and program directors for residencies and fellowships. The NRMP is not an application processing service. Instead, it provides an impartial venue for matching applicants’ and programs’ preferences for each other using an internationally recognized mathematical algorithm.

The first Main Residency Match® (“Match”) was conducted in 1952 when 10,400 internship positions were available for 6,000 graduating U.S. medical school seniors. By 1973, there were 19,000 positions for just over 10,000 graduating U.S. seniors. Following the demise of internships in 1975, the number of first-year post-graduate (PGY-1) positions declined to 15,700. The number of PGY-1 positions gradually increased through 1994 and then began to decline slowly until 1998. In 2019, there was an all-time high of 32,194 PGY-1 positions offered. The total number of positions offered, including, PGY-1 and second-year post-graduates (PGY-2), was also at an all-time high of 35,185.\(^8\)

Beginning in 2014, osteopathic medical school graduates could participate in the Match, which opened up additional residency programs available to osteopathic medical graduates.\(^9\) In 2019, 6001 osteopathic candidates applied to the Match and 5077 matched – an 84.6 percent match rate.\(^10\) By June 2020, an osteopathic residency program will need to be accredited by ACGME to participate in the Main Residency Match.\(^11\)

All residents who have completed an AOA- or ACGME-accredited residency program are eligible for AOA board certification. AOA board certification is a quality marker for patients that highlights the commitment to the uniquely osteopathic approach to patient care and allows engagement in continuous professional development throughout a career. Requirements are slightly different for osteopathic medical physicians pursuing certification through the American Board of Medical Specialties (ABMS). The ABMS requires candidates’ residency programs to have been ACGME-accredited for a specified amount of time. Requirements vary by specialty.\(^12\)

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\(^10\) *Supra* note 8.


\(^12\) *Id.*
III. Effect of Proposed Changes:

The bill amends s. 459.0055, F.S., to recognize the agreement between the AOA and the ACGME. Both organizations have committed to improving the patient care delivered by resident and fellow physicians, today and in their future independent practice, and to do so in clinical learning environments characterized by excellence in care, safety, and professionalism, thereby creating a single path for GME.

This single path for GME will allow osteopathic and allopathic medical school graduates to seek residencies and fellowship programs accreditation by the ACGME. This will enable osteopathic medical school graduates, residents, and fellows to apply to the National Resident Match Program and participate in the Main Residency Match for internships, residencies, and fellowships, thereby creating more residency opportunities for osteopathic residents. ACGME accreditation of osteopathic programs will also permit osteopathic medical physicians to pursue board certification through the ABMS.

The bill deletes reference to the Board of Trustees of the AOA as an internship and residency accrediting organization during the transition to a single path for GME, while maintaining reference to the AOA, and repeals the BOOM’s authority to accredit other internship programs upon a showing of good cause.

The bill will take effect upon becoming law.

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: 459.0055.

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 October 22, 2019:
      The CS makes technical changes and repeals the BOOM’s authority to approve other internship programs upon a showing of good cause.

   B. Amendments:
      None.

This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
The Committee on Health Policy (Harrell) recommended the following:

**Senate Amendment**

Delete lines 65 - 70 and insert:

an internship or residency for a resident internship of not less than 12 months in a program accredited hospital approved for this purpose by the Board of Trustees of the American Osteopathic Association or the Accreditation Council for Graduate Medical Education any other internship program approved by the board upon a showing of good cause by the applicant. This
requirement may be waived for
A bill to be entitled
An act relating to licensure requirements for osteopathic physicians; amending s. 459.0055, F.S.; revising licensure requirements for persons seeking licensure or certification as an osteopathic physician; providing an effective date.

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

Section 1. Subsection (1) of section 459.0055, Florida Statutes, is amended to read:

459.0055 General licensure requirements.—
(1) Except as otherwise provided herein, any person desiring to be licensed or certified as an osteopathic physician pursuant to this chapter shall:
(a) Complete an application form and submit the appropriate fee to the department;
(b) Be at least 21 years of age;
(c) Be of good moral character;
(d) Have completed at least 3 years of preprofessional postsecondary education;
(e) Have not previously committed any act that would constitute a violation of this chapter, unless the board determines that such act does not adversely affect the applicant’s present ability and fitness to practice osteopathic medicine;
(f) Not be under investigation in any jurisdiction for an act that would constitute a violation of this chapter. If, upon completion of such investigation, it is determined that the applicant has committed an act that would constitute a violation of this chapter, the applicant is ineligible for licensure unless the board determines that such act does not adversely affect the applicant’s present ability and fitness to practice osteopathic medicine;
(g) Have not had an application for a license to practice osteopathic medicine denied or a license to practice osteopathic medicine revoked, suspended, or otherwise acted against by the licensing authority of any jurisdiction unless the board determines that the grounds on which such action was taken do not adversely affect the applicant’s present ability and fitness to practice osteopathic medicine. A licensing authority’s acceptance of a physician’s relinquishment of license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician, shall be considered action against the osteopathic physician’s license;
(h) Not have received less than a satisfactory evaluation from an internship, residency, or fellowship training program, unless the board determines that such act does not adversely affect the applicant’s present ability and fitness to practice osteopathic medicine. Such evaluation shall be provided by the director of medical education from the medical training facility;
(i) Have met the criteria set forth in s. 459.0075, s. 459.0077, or s. 459.021, whichever is applicable;
(j) Submit to the department a set of fingerprints on a form and under procedures specified by the department, along with a payment in an amount equal to the costs incurred by the department in obtaining and processing the fingerprints.
Department of Health for the criminal background check of the applicant;

(k) Demonstrate that he or she is a graduate of a medical college recognized and approved by the American Osteopathic Association;

(l) Demonstrate that she or he has successfully completed an internship or residency of not less than 12 months in a program accredited hospital approved for this purpose by the Board of Trustees of the American Osteopathic Association or the Accreditation Council for Graduate Medical Education and any other internship program approved by the board upon a showing of good cause by the applicant. This requirement may be waived for an applicant who matriculated in a college of osteopathic medicine during or before 1948; and

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

Section 2. This act shall take effect upon becoming a law.
The Florida Senate

APPEARANCE RECORD

10/22/19

Meeting Date

Bill Number (if applicable)

218

550710

Amendment Barcode (if applicable)

Topic Osteopathic Physician Licensure Requirements

Name Jason Winn, Esq.

Job Title General Counsel, Florida Osteopathic Med. Assoc.

Address 2544 Blairstone Pines Dr.

Phone

Email jwinn@jwinnlaw.com

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [ ] In Support [ ] Against

(The Chair will read this information into the record.)

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: [ ] Yes [ ] No

Lobbyist registered with Legislature: [ ] Yes [ ] No

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

This form is part of the public record for this meeting.
Meeting Date: 10/22/19

Bill Number (if applicable): 550710

Topic: Osteopathic Physician Licensure Requirements

Name: Jason D. Winn, Esq.

Job Title: General Counsel, Fla. Osteopathic Med. Assoc.

Address: 2544 Blairstone Pines Dr., Tallahassee, FL 32301

Phone: 850-519-5876

Email: jwinn@jwinnlaw.com

Speaking: □ For □ Against □ Information

Waive Speaking: ☑ In Support □ Against

(The Chair will read this information into the record.)

Representing: Florida Osteopathic Medical Association

Appearing at request of Chair: □ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes □ No

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

This form is part of the public record for this meeting.
<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>10/22/19</th>
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<tbody>
<tr>
<td>Bill Number (if applicable)</td>
<td>218</td>
</tr>
<tr>
<td>Topic</td>
<td>Osteopathic Physician Licensure Requirements</td>
</tr>
<tr>
<td>Name</td>
<td>Jason D. Winn, Esq.</td>
</tr>
<tr>
<td>Job Title</td>
<td>General Counsel, Fla. Osteopathic Med. Assoc.</td>
</tr>
<tr>
<td>Address</td>
<td>2544 Blairstone Pines Dr. Tallahassee, FL 32301</td>
</tr>
<tr>
<td>Phone</td>
<td>850/519-5876</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:jwinne@jwinnewlaw.com">jwinne@jwinnewlaw.com</a></td>
</tr>
<tr>
<td>Speaking:</td>
<td>For [ ] Against [ ] Information [ ]</td>
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<td>Waive Speaking:</td>
<td>In Support [ ] Against [ ]</td>
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<td>Representing</td>
<td>Florida Osteopathic Medical Association</td>
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<td>Appearing at request of Chair:</td>
<td>Yes [ ] No [X]</td>
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<tr>
<td>Lobbyist registered with Legislature:</td>
<td>Yes [ ] No [ ]</td>
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</tbody>
</table>

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

APPEARANCE RECORD

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

Meeting Date 10/22/19

Bill Number 218

Topic Licensing DO's

Name Mary Thomas

Job Title Assistant Gen Counsel

Address 1430 Piedmont Ave

Street

City Tallahassee

State FL

Zip 32308

Phone 850-224-6496

Email MThomas@flhouse.gov

Speaking: [ ] For [ ] Against [ ] Information

Waive Speaking: [ ] In Support [ ] Against

(The Chair will read this information into the record.)

Representing Florida Medical Association

Appearing at request of Chair: [ ] Yes [x] No

Lobbyist registered with Legislature: [ ] Yes [ ] No

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

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

APPEARANCE RECORD

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

10/22/19

Meeting Date

SB 218

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Licensure Requirements for Osteopathic Physicians

Name JAN GORRIE

Job Title CONSULTANT

Address 201 EAST PARK AVENUE, 5TH FLOOR

Phone 850.577.0444

Email JAN@BALLARDPARTNERS.COM

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.
I. **Summary:**

CS/SB 226 requires an athletic trainer to work within his or her scope of practice as defined by the Board of Athletic Trainers (BOAT) and revises the educational and internship requirements for licensure.

The bill has an effective date of July 1, 2020.

II. **Present Situation:**

**Athletic Trainers**

Section 468.073, F.S., establishes the BOAT within the Department of Health (DOH) to license and regulate the practice of athletic trainers in Florida. Applicants for licensure as an athletic trainer are required to:

- Submit to a background screening;
- Have a baccalaureate or higher degree from a college or university in professional athletic training accredited by the Commission on Accreditation of Athletic Training Education, and have passed the national examination to be certified by the Board of Certification (BOC)\(^1\) for athletic trainers;

---

\(^1\) The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory...
• Have a current certification from the BOC, if they graduated before 2004; and
• Have current certifications in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED).

An athletic trainer must practice under the direction of an allopathic, osteopathic or chiropractic physician licensed under chs. 458, 459, or 460, F.S., or otherwise authorized by Florida law. The physician must communicate his or her direction through oral or written prescriptions or protocols for the provision of services and care by the athletic trainer, and the athletic trainer must provide service or care as dictated by the physician.

The services an athletic trainer is authorized to provide relate to the prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of a physically active person who sustained an injury, illness, or other condition involving exercise, sport, recreation, or related physical activity. In providing care and services, an athletic trainer may use physical modalities, including, but not limited to, heat, light, sound, cold, electricity, and mechanical devices.

The BOAT is authorized to adopt rules to implement the provisions of part XIII, ch. 468, F.S. Such rules must include, but are not limited to:
• The allowable scope of practice regarding the use of equipment, procedures, and medication;
• Mandatory requirements and guidelines for communication between the athletic trainer and a physician, including the reporting to the physician of new or recurring injuries or conditions;
• Licensure requirements;
• Licensure examination;
• Continuing education requirements;
• Fees;
• Records and reports to be filed by licensees;
• Protocols; and,
• Any other requirements necessary to regulate the practice of athletic training.

At renewal, licensed athletic trainers must demonstrate a current BOC certification; however, there is no requirement for that certification to be held without lapse and in good standing.

standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. See Board of Certification for the Athletic Trainer, What is the BOC? available at: http://www.bocatc.org/about-us#what-is-the-boc (last visited Oct. 4, 2019).

Supra note 1, at 4. Prior to 2004, and the inception of athletic training programs, athletic trainers obtained training through a BOC internship program to obtain licensure in Florida. Current law does not automatically allow athletic trainers who obtained training through the BOC internship program to become licensed in Florida.

Section 468.707, F.S.
Section 468.713, F.S.
Section 468.701, F.S.
Section 468.705, F.S.
Section 468.711, F.S.
III. **Effect of Proposed Changes:**

The bill amends s. 468.701, F.S., to remove a substantive statutory provision from the definition of “athletic trainer” and relocate that provision to s. 468.713, F.S. The provision in question restricts a licensed athletic trainer from providing, offering to provide, or representing that he or she is qualified to provide any care or services that he or she lacks the education, training, or experience to provide, or that he or she is otherwise prohibited by law from providing.

The bill also specifies within s. 468.713, F.S., that an athletic trainer must work within his or her allowable scope of practice as specified in BOAT rule under s. 468.705, F.S.

The bill amends the licensure requirements for an athletic trainer in s. 468.707, F.S., to create a new licensure pathway for applicants who hold a bachelor’s degree, have completed the BOC internship program, and hold a current certification from the BOC to become licensed in Florida.

The bill amends s. 468.711, F.S., relating to licensure renewal requirements to require an athletic trainer to maintain his or her BOC certification in good standing without lapse. A licensee will have to demonstrate the continuous good-standing of his or her BOC certification at the time of renewal.

The bill amends s. 468.723, F.S., to give the BOAT rulemaking authority to further define the supervision between an athletic training student and a licensed athletic trainer, rather than relying on compliance with standards set by the Commission on Accreditation of Athletic Training Education.

The bill has an effective date of July 1, 2020.

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:

CS/SB 226 has an insignificant negative impact on state revenues and expenditures. The DOH will experience an insignificant increase in workload associated with rulemaking activities required in the bill. These costs can be absorbed within existing resources of the DOH.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 468.701, 468.707, 468.711, 468.713, and 468.723.

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 October 22, 2019:

The CS:

- Amends s. 468.701, F.S., to remove a substantive statutory provision from the definition of “athletic trainer” and relocate that provision to s. 468.713, F.S.;
- Specifies within s. 468.713, F.S., that an athletic trainer must work within his or her allowable scope of practice as specified in BOAT rule under s. 468.705, F.S.; and
- Deletes provisions in the underlying bill relating to a person’s ability to administer emergency care to another person and the ability of third-party payers to reimburse athletic trainers for covered services.

B. Amendments:

None.
This Senate Bill Analysis does not reflect the intent or official position of the bill’s introducer or the Florida Senate.
The Committee on Health Policy (Harrell) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause and insert:

Section 1. Subsection (1) of section 468.701, Florida Statutes, is amended to read:

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

(1) “Athletic trainer” means a person licensed under this part who has met the requirements of under this part, including the education requirements established as set forth by the
Commission on Accreditation of Athletic Training Education or its successor organization and necessary credentials from the Board of Certification. An individual who is licensed as an athletic trainer may not provide, offer to provide, or represent that he or she is qualified to provide any care or services that he or she lacks the education, training, or experience to provide, or that he or she is otherwise prohibited by law from providing.

Section 2. Section 468.707, Florida Statutes, is amended to read:

468.707 Licensure requirements.—Any person desiring to be licensed as an athletic trainer shall apply to the department on a form approved by the department. An applicant shall also provide records or other evidence, as determined by the board, to prove he or she has met the requirements of this section. The department shall license each applicant who:

(1) Has completed the application form and remitted the required fees.

(2) For a person who applies on or after July 1, 2016, has submitted to background screening pursuant to s. 456.0135. The board may require a background screening for an applicant whose license has expired or who is undergoing disciplinary action.

(3) (a) Has obtained, at a minimum, a bachelor’s baccalaureate or higher degree from a college or university professional athletic training degree program accredited by the Commission on Accreditation of Athletic Training Education or its successor organization recognized and approved by the United States Department of Education or the Commission on Recognition of Postsecondary Accreditation, approved by the board, or
recognized by the Board of Certification, and has passed the
national examination to be certified by the Board of
Certification; or-

(b)(4) Has obtained, at a minimum, a bachelor’s degree, has
completed the Board of Certification internship requirements,
and holds If graduated before 2004, has a current certification
from the Board of Certification.

(4)(5) Has current certification in both cardiopulmonary
resuscitation and the use of an automated external defibrillator
set forth in the continuing education requirements as determined
by the board pursuant to s. 468.711.

(5)(6) Has completed any other requirements as determined
by the department and approved by the board.

Section 3. Subsection (3) of section 468.711, Florida
Statutes, is amended to read:
468.711 Renewal of license; continuing education.—
(3) If initially licensed after January 1, 1998, the
licensee must be currently certified by the Board of
Certification or its successor agency and maintain that
certification in good standing without lapse.

Section 4. Section 468.713, Florida Statutes, is amended to
read:
468.713 Responsibilities of athletic trainers.—
(1) An athletic trainer shall practice under the direction
of a physician licensed under chapter 458, chapter 459, chapter
460, or otherwise authorized by Florida law to practice
medicine. The physician shall communicate his or her direction
through oral or written prescriptions or protocols as deemed
appropriate by the physician for the provision of services and
care by the athletic trainer. An athletic trainer shall provide service or care in the manner dictated by the physician.

(2) An athletic trainer shall work within his or her allowable scope of practice as specified in board rule under s. 468.705. An athletic trainer may not provide, offer to provide, or represent that he or she is qualified to provide any care or services that he or she lacks the education, training, or experience to provide or that he or she is otherwise prohibited by law from providing.

Section 5. Subsection (2) of section 468.723, Florida Statutes, is amended to read:

468.723 Exemptions.—This part does not prohibit or restrict:

(2) An athletic training student acting under the direct supervision of a licensed athletic trainer. For purposes of this subsection, “direct supervision” means the physical presence of an athletic trainer so that the athletic trainer is immediately available to the athletic training student and able to intervene on behalf of the athletic training student. The supervision must comply with board rule in accordance with the standards set forth by the Commission on Accreditation of Athletic Training Education or its successor.

Section 6. This act shall take effect July 1, 2020.

And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled
An act relating to athletic trainers; amending s. 468.701, F.S.; revising the definition of the term "athletic trainer"; deleting a requirement that is relocated to another section; amending s. 468.707, F.S.; revising athletic trainer licensure requirements; amending s. 468.711, F.S.; requiring certain licensees to maintain certification in good standing without lapse as a condition of renewal of their athletic trainer licenses; amending s. 468.713, F.S.; requiring that an athletic trainer work within a specified scope of practice; relocating an existing requirement that was stricken from another section; amending s. 468.723, F.S.; requiring the direct supervision of an athletic training student to be in accordance with rules adopted by the Board of Athletic Training; providing an effective date.
A bill to be entitled
An act relating to athletic trainers; amending s.
468.701, F.S.; revising the definition of the term
"athletic trainer”; amending s. 468.707, F.S.;
revising athletic trainer licensure requirements;
amending s. 468.711, F.S.; revising continuing
education requirements for the renewal of an athletic
trainer license; amending s. 468.723, F.S.; requiring
that the supervision of an athletic training student
meet certain requirements; specifying that certain
provisions do not prohibit emergency care
administration or third-party payor reimbursement;
providing an effective date.

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

Section 1. Subsection (1) of section 468.701, Florida
Statutes, is amended to read:
"Athletic trainer” means a person licensed under this
part who has met the requirements of this part, including
education requirements as set forth by the Commission on
Accreditation of Athletic Training Education or its successor
organization and necessary credentials from the Board of
Certification. An athletic trainer shall practice within his or
her scope of practice as established in the rules adopted by the
board. An individual who is licensed as an athletic trainer may
not provide, offer to provide, or represent that he or she is
qualified to provide any care or services beyond his or her

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

Section 2. Section 468.707, Florida Statutes, is amended to
read:
468.707 Licensure requirements.—Any person desiring to be
licensed as an athletic trainer shall apply to the department on
a form approved by the department. An applicant shall also
provide records or other evidence, as determined by the board,
to prove he or she has met the requirements of this section. The
department shall license each applicant who:
(1) Has completed the application form and remitted the
required fees.
(2) For a person who applies on or after July 1, 2016, Has
submitted to background screening pursuant to s. 456.0135. The
board may require a background screening for an applicant whose
license has expired or who is undergoing disciplinary action.
(3)(a) Has obtained, at a minimum, a baccalaureate or
higher degree from a college or university professional athletic
training degree program accredited by the Commission on
Accreditation of Athletic Training Education or its successor
organization recognized and approved by the United States
Department of Education or the Commission on Recognition of
Postsecondary Accreditation, approved by the board, and
recognized by the Board of Certification, and has passed the
national examination to be certified by the Board of
Certification; or
(b) If graduated before 2004, Has obtained, at a
minimum, a bachelor’s degree, has completed the route of

Page 1 of 4
CODING: Words **stricken** are deletions; words **underlined** are additions.
codings: Words stricken are deletions; words underlined are additions.

Section 3. Subsection (3) of section 468.711, Florida Statutes, is amended to read:

468.711 Renewal of license; continuing education.—
(3) If initially licensed after January 1, 1998, the licensee must be currently certified by the Board of Certification or its successor agency and maintain that certification in good standing without lapse.

Section 4. Subsections (2), (3), and (6) of section 468.723, Florida Statutes, are amended to read:

468.723 Exemptions.—This part does not prevent or restrict:
(2) An athletic training student acting under the direct supervision of a licensed athletic trainer. For purposes of this subsection, “direct supervision” means the physical presence of an athletic trainer so that the athletic trainer is immediately available to the athletic training student and able to intervene on behalf of the athletic training student. The supervision must comply in accordance with board rule the standards set forth by the Commission on Accreditation of Athletic Training Education or its successor.
(3) A person from administering standard first aid treatment or emergency care to another person.
(6) Third-party payors from reimbursing employers of athletic trainers or individuals licensed to practice under this chapter for covered services rendered by a licensed athletic trainer.

Section 5. This act shall take effect July 1, 2020.
The Florida Senate

APPEARANCE RECORD

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

Meeting Date: 10/22/19

Topic: Athletic Trainers

Name: Jerry Stevens

Job Title: Athletic Trainer

Address: 4396 Allamanda Ct

Jacksonville, FL 32258

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Speaking: ☑ For [ ] Against [ ] Information

Waive Speaking: [ ] In Support [ ] Against

(The Chair will read this information into the record.)

Representing: Athletic Trainers' Association of FL

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)
October 22, 2019

The Honorable Gayle Harrell
Health Policy Committee
530 Knott Building
404 South Monroe Street
Tallahassee, Florida 32399-1100

Chair Harrell,

Due to an unexpected illness this morning, I will not be able to attend the Health Policy Committee Meeting occurring today, 10/22/19 at 9:00 AM. I respectfully request that you accept this as my excuse letter for this absence.

Sincerely,

Janet Cruz
State Senator, District 18

CC: Celia Georgiades, Health Policy Committee – Administrative Assistant
9:00:24 AM  Chair Harrell call Health Policy Committee to order with open remarks
9:00:48 AM  Chair Harrell ask Celia to call roll
9:01:45 AM  A quorum is present
9:02:10 AM  TAB 1 Update on Hepatitis a Outbreak - Dept. of Health and Dept. of Business and Professional Regulation
9:03:10 AM  Dr. Scott Rivkees, Surgeon General speaking
9:18:02 AM  Chair Harrell thank Dr. Rivkees for coming and ask several questions.
9:18:31 AM  Dr. Rivkees answers
9:19:03 AM  Chair Harrell speaking
9:19:37 AM  Chair Harrell speaking
9:19:54 AM  Senator Berman ask question
9:20:14 AM  Dr. Rivkees speaking
9:21:21 AM  Senator Berman speaking
9:21:36 AM  Dr. Rivkees speaking
9:22:12 AM  Senator Berman has a follow-up question
9:22:25 AM  Dr. Rivkees speaking
9:23:03 AM  Senator Berman ask question
9:23:11 AM  Dr. Rivkees speaking
9:23:35 AM  Senator Bean ask several questions
9:23:52 AM  Dr. Rivkees speaking
9:24:31 AM  Senator Bean has a follow-up question
9:24:44 AM  Dr. Rivkees speaking
9:25:30 AM  Senator Book ask questions
9:25:51 AM  Dr. Rivkees speaking
9:27:27 AM  Senator Book ask question
9:27:36 AM  Dr. Rivkees speaking
9:28:07 AM  Senator Rouson ask question
9:28:31 AM  Dr. Rivkees speaking
9:29:29 AM  Senator Hooper ask question
9:29:43 AM  Dr. Rivkees
9:30:48 AM  Senator Hooper ask follow-up question
9:31:02 AM  Dr. Rivkees speaking
9:31:48 AM  Chair Harrell ask was there further question and ask Dr. Rivkees to stay a little longer
9:32:12 AM  Chair Harrell ask Mr. Steven Von Bodugen, Director of the Hotels & Restaurants Division for DBPR to come forward
9:32:33 AM  Mr. Steven Von Bodugen speaking
9:36:06 AM  Chair Harrell ask several questions regarding Hepatitis.
9:36:49 AM  Mr. Von Bodungen speaking
9:38:12 AM  Chair Harrell speaking
9:38:24 AM  Mr. Von Bodungen speaking
9:38:34 AM  Chair Harrell speaking
9:38:37 AM  Mr. Von Bodungen speaking
9:38:54 AM  Senator Berman ask question
9:39:07 AM  Mr. Von Bodungen speaking
9:39:43 AM  Senator Book ask a question
9:39:51 AM  Mr. Von Bodungen speaking
9:41:06 AM  Senator Book ask another question
9:41:17 AM  Mr. Von Bodungen answer question
9:41:53 AM  Chair Harrell ask another question
9:42:03 AM  Mr. Von Bodungen speaking
9:44:50 AM  Chair Harrell speaking
9:44:58 AM Senator Mayfield ask question  
9:45:21 AM Mr. Von Bodungen speaking  
9:46:08 AM Senator Mayfield speaking  
9:46:18 AM Mr. Von Bodungen speaking  
9:46:44 AM Chair Harrell speaking  
9:46:50 AM Mr. Von Bodungen speaking  
9:46:56 AM Chair Harrell speaking  
9:47:12 AM Dr. Rivkees speaking  
9:48:09 AM Chair Harrell speaking  
9:48:17 AM Senator Book speaking  
9:48:39 AM Dr. Rivkees speaking  
9:49:24 AM Chair Harrell speaking  
9:50:00 AM TAB 2 Health Risks Related to Vaping Dept. of Health.  
9:50:18 AM Dr. Rivkees speaking  
10:02:50 AM Chair Harrell speaking  
10:02:58 AM Senator Rouson ask question  
10:03:19 AM Dr. Rivkees speaking  
10:04:09 AM Senator Rouson speaking  
10:04:24 AM Dr. Rivkees speaking  
10:04:55 AM Senator Rouson speaking  
10:05:22 AM Dr. Rivkees speaking  
10:06:08 AM Chair Harrell speaking  
10:06:25 AM Senator Rouson speaking  
10:06:54 AM Chair Harrell speaking  
10:07:02 AM Senator Mayfield ask question  
10:07:20 AM Dr. Rivkees speaking  
10:07:53 AM Senator Mayfield speaking  
10:08:50 AM Dr. Rivkees speaking  
10:10:33 AM Chair Harrell speaking  
10:10:46 AM Chair Harrell passes the chair to Vice-Chair Berman  
10:11:06 AM Vice-Chair Berman stated we will now state up TAB 3 SB 218  
10:11:14 AM TAB 3 SB 218 - on Licensure Requirement for Osteopathic Physicians by Senator Harrell  
10:11:19 AM Senator Harrell explain SB 218  
10:11:59 AM Chair Berman ask was there any questions on the Bill  
10:12:00 AM Chair Berman stated there is one Amendment on the bill by Senator Harrell  
10:12:07 AM Amendment Bar Code  550710  
10:12:08 AM Senator Harrell Explains the Amendment  
10:12:23 AM Chair Berman ask was there any questions on the Amendment  
10:12:26 AM Chair Berman stated we have appearance cards on the Amendment  
10:12:27 AM Vice-Chair Berman stated we Jason Winn  
10:12:38 AM Jason Winn, General Counsel Fla. Osteopathic Med. Assoc. waive in support  
10:12:44 AM Chair Berman call Mary Thomas  
10:12:47 AM Mary Thomas, FL Med. Assoc., waive in support  
10:12:51 AM Chair Berman called Jan Gorrie  
10:13:01 AM Chair Berman ask for debate on the Amendment  
10:13:05 AM The Amendment was adopted  
10:13:10 AM Chair Berman stated back on the bill as Amended  
10:13:36 AM Chair Berman stated are there any questions on the bill as amended  
10:13:54 AM Chair ask for questions or debate none  
10:14:17 AM Senator Harrell waive close on SB 218  
10:14:33 AM Celia call the role on CS for SB 218 bill passes  
10:14:53 AM TAB 4 SB 226 on Athletic Trainers by Senator Harrell  
10:15:16 AM Senator Harrell explain the bill  
10:15:20 AM Chair Berman ask was there any questions on the bill  
10:15:28 AM Chair Berman stated we have one amendment by Senator Harrell  922888  
10:15:30 AM Senator Harrell to explain the Amendment  
10:15:37 AM Amendment 922888 passes  
10:15:43 AM Chair Berman ask was there any debate on the Amendment  
10:15:50 AM Chair Berman stated we do have an appearance card  
10:16:04 AM Jerry Stevens, Athletic Trainer, Athletic Trainers' Association of FL, waive in support  
10:16:05 AM Chair Berman asked was there any debate on the bill as amended
10:16:28 AM No debate
10:16:35 AM Chair Berman ask Senator Harrell to close on the CS for SB 226
10:16:42 AM Senator waive closing
10:16:47 AM Chair Berman ask Celia call roll on CS for SB 226
10:16:57 AM Bill passes
10:17:04 AM Senator Harrell stated Senator Cruz was excused.
10:17:22 AM No further business Senator Beman move to adjourned