Committee on Health Policy

CS/CS/SB 66 — Revive Awareness Day

by Rules Committee; Governmental Oversight and Accountability Committee; and Senators Brodeur and Hooper

The bill creates "Victoria's Law" and designates June 6 of each year as "Revive Awareness Day." The bill allows the Governor to issue an annual proclamation for the designation of June 6 as "Revive Awareness Day." The bill encourages the Department of Health to hold events to raise awareness of the dangers of opioid overdose and the availability and safe use of opioid antagonists.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect upon becoming law.
Vote: Senate 39-0; House 110-1

Committee on Health Policy

CS/CS/HB 159 — HIV Infection Prevention Drugs

by Health & Human Services Committee; Healthcare Regulation Subcommittee; and Reps. Franklin, Trabulsy, and others (CS/CS/SB 1320 by Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Calatayud)

The bill authorizes licensed pharmacists, after meeting specified requirements, to screen adults for HIV exposure and provide the results of the screening to the adult, with the advice that the patient should seek further medical consultation or treatment from a physician.

The bill defines related terms as follows:

- "HIV infection prevention drug" means preexposure prophylaxis, postexposure prophylaxis, and any other drug approved by the U.S. Food and Drug Administration for the prevention of HIV infection.
- "Preexposure prophylaxis" means a drug or drug combination that meets the clinical eligibility recommendations of the U.S. Centers for Disease Control and Prevention (CDC) guidelines for antiretroviral treatment for the prevention of HIV transmission.
- "Postexposure prophylaxis" means a drug or drug combination that meets the clinical eligibility recommendations of CDC guidelines for antiretroviral treatment following potential exposure to HIV.

The bill establishes a process whereby a pharmacist may become certified by the Board of Pharmacy (BOP) to order and dispense postexposure prophylaxis (PEP) drugs under a written collaborative practice agreement (CPA) with an allopathic or osteopathic physician. The bill does not authorize a pharmacist to order and dispense preexposure prophylaxis drugs under such a CPA.

The bill requires that for a pharmacist to be certified, he or she must:

- Hold an active and unencumbered license to practice pharmacy;
- Be engaged in the active practice of pharmacy;
- Have earned a doctorate of pharmacy degree or have completed at least three years of experience as a licensed pharmacist;
- Maintain at least $250,000 of liability coverage; and
- Have completed a course approved by the BOP, in consultation with the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM), which includes specified criteria required by statute, plus any other criteria established by the BOP with the approval of the BOM and the BOOM.

The bill requires the written CPA to include:

- Terms and conditions relating to the pharmacist's screening for HIV and the ordering and dispensing of HIV PEP drugs;
- Specific categories of patients the pharmacist is authorized to screen and may order and dispense HIV PEP drugs;

- A requirement that the pharmacist maintain records for any HIV PEP drugs ordered and dispensed under the CPA;
- The physician's instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the use of HIV PEP drugs;
- A process and schedule for the physician to review the pharmacist's records and actions under the CPA;
- Evidence of the pharmacist's current certification by the BOP; and
- Any other requirements established by the BOP with the approval of the BOM and the BOOM.

The bill requires a pharmacist participating in a CPA to submit a copy of the CPA to the BOP.

The bill requires a pharmacist who orders and dispenses HIV PEP drugs under a CPA to provide the patient with written information to advise the patient to seek follow-up care from the patient's primary care physician. If the patient indicates that he or she lacks regular access to primary care, the bill requires the pharmacist to comply with the procedures of the pharmacy's access-to-care plan (ACP).

The bill requires that a pharmacy wherein a pharmacist is providing services under a CPA to submit an ACP to the BOP and the Department of Health (DOH) annually. The ACP must assist patients in gaining access to appropriate care settings when they otherwise lack such access. The bill requires that the ACP must include, but need not be limited to:

- Procedures to educate such patients about care that would be best provided in a primary care setting and the importance of receiving regular primary care; and
- The pharmacy's plan for collaborative partnership with one or more nearby federally qualified health centers, county health departments, or other primary care settings. The goals of such partnership must include, but need not be limited to, protocols for identifying and appropriately referring a patient who has presented to the pharmacist for HIV screening or access to HIV infection prevention drugs and indicates that he or she lacks regular access to primary care.

The bill requires that if the BOP or the DOH determines that a pharmacy has failed to submit an ACP required under the bill or if a pharmacy's ACP does not comply with the bill or applicable BOP rules, the BOP must notify the pharmacy of its noncompliance and the pharmacy must submit an ACP that brings the pharmacy into compliance according to parameters provided in BOP rule. The BOP may fine a pharmacy that fails to comply with this requirement or may prohibit such pharmacy from allowing its pharmacists to screen adults for HIV exposure or order and dispense HIV PEP drugs under a CPA until the pharmacy complies.

The bill requires the BOP to adopt rules to implement the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 39-0; House 113-0

Committee on Health Policy

CS/CS/HB 165 — Sampling of Beach Waters and Public Bathing Spaces

by Health & Human Services Committee; Water Quality, Supply & Treatment Subcommittee; and Reps. Gossett-Seidman, Cross, and others (CS/SB 338 by Health Policy Committee and Senators Berman and Rodriguez)

The bill requires the Department of Health (DOH) to adopt and enforce rules to protect the health, safety, and welfare of persons using beach waters and public bathing places. The DOH is required by the bill, rather than allowed, to issue a health advisory, within 24 hours or the next business day, if water quality does not meet certain standards and must require the closure of beach waters and public bathing places if necessary to protect public health, safety, and welfare. The closure must remain in effect until the water quality is restored.

The bill also provides a number of notification requirements for instances when beach waters or public bathing places fail water quality testing including notices:

- From owners of public beach waters and bathing places to the DOH within 24 hours of the waters failing such testing;
- From the DOH to local affiliates of national television networks when the DOH issues a health advisory against swimming in such waters; and
- From municipalities and counties to the DOH when incidents occur that make the water quality unsafe. Additionally, the owners of public docks, marinas, and piers must notify their jurisdictional municipality or county if such an incident occurs in the waters where such structures are located.

Additionally, the DOH must adopt by rule a sign that must be used when it issues a health advisory due to elevated fecal coliform, Escherichia Coli (E. coli), or enterococci bacteria, in tested waters which must be a specific size and be maintained by municipalities and counties around waters they own and by the Department of Environmental Protection around state waters.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 40-0; House 113-0

Committee on Health Policy

CS/SB 168 — Congenital Cytomegalovirus Screenings

by Health Policy Committee and Senator Polsky

The bill amends newborn health screening requirements in s. 383.145, F.S., to require that all newborns who are born in a hospital that provides neonatal intensive care services and who are born before 35 weeks gestation, require cardiac care, or require medical or postsurgical treatment for at least three weeks, be tested for the cytomegalovirus (CMV).

Additionally, the bill requires that if the newborn is transferred to another hospital for higher-level care, the receiving hospital must administer the CMV test if the test was not already performed at the transferring hospital or birth facility. The bill clarifies that a CMV test is required if the newborn will be transferred or admitted for intensive and prolonged care, regardless of whether the newborn failed his or her hearing screening.

The bill creates a new requirement that CMV screening, and medically necessary follow-up reevaluations leading to diagnosis, are covered benefits for Medicaid patients and that private health insurance policies and health maintenance organizations that provide comprehensive coverage must compensate providers for the covered benefit at the contracted rate. The bill provides that a child who is diagnosed with CMV must be referred to a primary care physician and the Children's Medical Services Early Intervention Program for the management of his or her condition.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 34-0; House 114-0

Committee on Health Policy

CS/SB 186 — Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Committee

by Health Policy Committee and Senators Brodeur, Pizzo, Wright, Boyd, Burgess, Rouson, Hutson, Davis, Ingoglia, Garcia, Book, and Stewart

The bill provides that the act may be cited as the "Justo R. Cortes Progressive Supranuclear Palsy Act" and creates a non-statutory section of the L.O.F, to require the State Surgeon General to establish a Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Committee (committee).

The bill requires the Department of Health (DOH) to provide staff and administrative support to the committee for the purposes of carrying out the duties and responsibilities established in the bill.

The bill requires that the committee be composed of 20 members, including the State Surgeon General, health care providers, family members or caretakers of patients who have been diagnosed with progressive supranuclear palsy (PSP) and other neurodegenerative diseases, advocates, and other interested parties and associations.

The bill requires the President of the Senate and the Speaker of the House of Representatives to each appoint two members and the State Surgeon General to appoint the chair and all other members of the Committee. Members of the Committee must be appointed by September 1, 2024, and will serve without compensation for the entirety of the committee's existence.

The bill authorizes the Chair to create subcommittees to help with research, scheduling speakers, and drafting committee reports and policy recommendations. Meetings of the committee must be held through teleconference or other electronic means. The committee must meet for its initial meeting by October 1, 2024. Thereafter, the committee must meet upon the call of the chair or at the request of a majority of the members. Notices for any scheduled meetings of the committee must be published in advance on the DOH website.

The bill requires the State Surgeon General to submit a progress report detailing committee activities, as well as findings and recommendations, to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 4, 2025. The bill also requires the State Surgeon General to submit a final report to the Governor and the Legislature by January 4, 2026. Both reports must be made available on the DOH website.

The bill provides that the committee will sunset July 1, 2026, and repeals this section of law on that date.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 39-0; House 112-0

Committee on Health Policy

CS/CS/HB 197 — Health Care Practitioners and Massage Therapy

by Health Care Appropriations Subcommittee; Healthcare Regulation Subcommittee; and Rep. Lopez, V. and others (CS/SB 896 by Fiscal Policy Committee and Senator Martin)

The bill expands the Department of Health's (DOH) authority to suspend the license of a massage therapist or massage establishment when an employee of the establishment is arrested for committing or attempting, soliciting, or conspiring to commit certain offenses, such as prostitution, kidnapping, or human trafficking. The bill authorizes the State Surgeon General to suspend the license of any licensee upon probable cause that the licensee has committed sexual misconduct.

The bill expressly prohibits sexual activity in a massage establishment and authorizes the DOH and law enforcement to investigate massage establishments for new required and prohibited acts to assist in identifying persons who may be engaging in human trafficking. The bill prohibits the use of a massage establishment, unless zoned residential under a local ordinance, as a principle or temporary domicile, a shelter or a harbor, or sleeping or napping quarters.

The bill requires DOH investigators to request valid government identifications from all employees, in addition to massage therapists, in a massage establishment at the time of inspection. If an employee is unable to provide a valid form of government identification, the bill requires the DOH to notify a federal immigration office.

The bill appropriates eight full-time equivalent positions and the sums of $925,080 in recurring and $108,952 in nonrecurring funds from the Medical Quality Assurance Trust Fund to the DOH for the purpose of implementing the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 38-0; House 118-0

Committee on Health Policy

CS/HB 201 — Emergency Refills of Insulin and Insulin-related Supplies or Equipment

by Healthcare Regulation Subcommittee and Rep. Bell and others (CS/SB 516 by Health Policy Committee and Senator Rodriguez)

The bill relates to emergency prescription refills and eliminates the current one-time, one-vial limit on emergency insulin refills and expands current law on emergency insulin refills to include related supplies and equipment.

The bill authorizes a pharmacist who is unable to readily obtain refill authorization from a prescriber, to dispense an emergency refill of insulin and insulin-related supplies or equipment to treat diabetes, not to exceed three nonconsecutive times per calendar year, as opposed to a "one-time emergency refill of one vial of insulin" as provided under current law.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 40-0; House 118-0

Committee on Health Policy

CS/HB 415 — Pregnancy and Parenting Resources Website

by Health Care Appropriations Subcommittee and Rep. Jacques and others (SB 436 by Senator Grall)

The bill requires the Department of Health (DOH), in consultation with the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA), to maintain a website, distinct from their own websites, to provide information and links for public and private resources for expectant families and new parents.

The DOH must contract for the creation of the website and it must be operational by January 1, 2025. The bill specifies the following categories of resources that must be available on the website but does not limit the website to these categories:

- Educational materials on pregnancy and parenting.
- Maternal health services.
- Prenatal and postnatal services.
- Educational and mentorship programs for fathers.
- Social services.
- Financial assistance.
- Adoption services.

Additionally, the bill requires the DOH, the DCF, and the AHCA to include clear and conspicuous links to the website on their websites.

The bill provides an appropriation of $466,200 in nonrecurring funds for the 2024-2025 fiscal year from the Administrative Trust Fund to the DOH to implement the provisions of the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 27-12; House 83-33

Committee on Health Policy

CS/SB 544 — Swimming Lesson Voucher Program

by Health Policy Committee and Senators Hutson, Berman, and Book

The bill establishes the Swimming Lesson Voucher 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 that have one or more children 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, either directly or through specified non-profit entities, to ensure availability; and to establish methods for members of the public to apply for vouchers.

The bill appropriates $500,000 in nonrecurring general revenue to the DOH to fund the program.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 39-0; House 114-0

Committee on Health Policy

CS/SB 644 — Rural Emergency Hospitals

by Appropriations Committee on Health and Human Services and Senator Simon

The bill creates a new hospital designation type, "rural emergency hospital" (REH), and defines requirements for a rural or critical access hospital to make application to the Agency for Health Care Administration for that designation.

The bill clarifies that an REH is subject to the requirements to provide emergency services and care for any emergency medical condition in accordance with current law and that an REH is not required to offer acute inpatient care or care beyond 24 hours or to make available other types of care that are required in a standard hospital.

Additionally, the bill extends the licensure expiration date for rural hospitals that were licensed in Fiscal Years 2010-2011 or 2011-2012, from June 30, 2025, to June 30, 2031.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 37-0; House 113-0

Committee on Health Policy

CS/HB 775 — Surrendered Infants

by Health & Human Services Committee and Reps. Canady, Beltran, and others (SB 790 by Senators Yarborough, Osgood, and Perry)

The bill modifies statutory provisions relating to surrendered newborn infants, changing the term "newborn infant" to "infant." The bill increases the age of an infant who may be lawfully surrendered 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. The bill requires that a surrendering parent who uses this new method must stay with the infant until the EMS provider arrives to take custody.

The bill provides that after the delivery of an infant in a hospital, a parent may relinquish the infant to medical staff or a licensed health care professional at the hospital upon notifying such individual that he or she is voluntarily surrendering the infant and does not intend to return.

The bill also 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.

Lastly, the bill makes a number of conforming changes in multiple sections of the statute to change instances of "newborn infant" to "infant" when referencing the surrendering of an infant as provided in the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2024.
Vote: Senate 35-0; House 117-0

Committee on Health Policy

CS/HB 855 — Dental Services

by Health & Human Services Committee and Reps. McClure and Berfield (SB 302 by Senator Boyd)

The bill requires dentists to provide each of his or her patients with the dentist's name, contact telephone number, after-hours contact information for emergencies, and the dentist's license information.

The bill defines:

- "In-person examination" to mean an examination conducted by a dentist while the dentist is physically present in the same room as the patient.
- "Advertisement" to mean 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.
- "Digital scanning" to mean 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.

The bill requires a partnership, corporation, or other business entity that advertises dental services to designate a dentist of record with the Board of Dentistry. Such partnership, corporation, or business entity must provide each patient with the name, contact phone number, after-hours emergency contact information, and upon request, the license information of the dentist of record. The bill requires the designated dentist of record to have a full, active, and unencumbered license to practice dentistry or be an out-of-state telehealth dentist registered with the Department of Health.

The bill creates s. 466.0281, F.S., to require that a dentist, before the initial diagnosis and correction of a malposition of human teeth or initial use of an orthodontic appliance, must:

- Perform an in-person examination of the patient; or
- Obtain records from an in-person examination within the previous 12 months and perform a review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia.

The bill requires that an advertisement of 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 Statues, is recommended before beginning telehealth treatment in order to prevent injury or harm" for each of the following services, if 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.
- 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.
- Correcting or attempting to correct malformations of teeth or jaws.

The bill creates two new grounds for the Board of Dentistry to impose regulatory discipline against a dentist's license:

- 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 12 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; and
- Failing to provide each patient with the name, contact telephone number, after-hours contact information for emergencies, and the license information of each dentist who is providing dental services to the patient.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2024.
Vote: Senate 40-0; House 118-0

Committee on Health Policy

CS/HB 865 — Youth Athletic Activities

by Healthcare Regulation Subcommittee and Rep. Yeager and others (CS/CS/SB 830 by Fiscal Policy Committee; Health Policy Committee; and Senators Collins and Simon)

The bill requires that a Florida public school athletic coach must hold and maintain a certification in cardiopulmonary resuscitation, first aid, and the use of an automated external defibrillator. The certification must be consistent with national, evidence-based emergency cardiovascular care guidelines.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 39-0; House 112-0

Committee on Health Policy

CS/CS/HB 935 — Home Health Care Services

by Health & Human Services Committee; Select Committee on Health Innovation; and Rep. Franklin and others (CS/SB 1798 by Health Policy Committee and Senator Trumbull)

The bill authorizes an advanced practice registered nurse (APRN) or a physician assistant (PA), to order or write prescriptions for Medicaid home health services. An APRN or PA ordering the services may not be employed, under contract with, or otherwise affiliated with the home health agency (HHA) rendering the services.

In order for the Agency for Health Care Administration to reimburse when an APRN or a PA orders or writes prescriptions for Medicaid HHA services, the bill requires that:

- The examination of the recipient by the APRN or the PA must happen within the 30 days preceding the initial request for the services and biannually thereafter, which are the same current-law requirements for physicians.
- The national provider identifier, Medicaid identification number, or medical practitioner license number of the APRN or the PA must be listed on the written prescription, the claim for reimbursement, and the prior authorization request, which is also required of physicians under current law.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 40-0; House 117-0

Committee on Health Policy

SB 938 — Dentistry

by Senator Yarborough

The bill removes the Board of Dentistry and the Department of Health from the dental examination administration process and deletes obsolete language relating to the process.

The bill revises 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 dental examination as obsolete, replacing it with the examination administered by the Joint Commission on National Dental Examinations, 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 being valid for only 365 days after the date the official examination results are published; and
- Requiring that an out-of-state licensed dentist applying for licensure in Florida must disclose to the board during the application process, rather than submit proof to the Board of Dentistry, 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 allows any person who fails the examination for licensure as a dentist or dental hygienist to retake the examination.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 40-0; House 113-0

Committee on Health Policy

CS/CS/HB 975 — Background Screenings and Certifications

by Health & Human Services Committee; Health Care Appropriations Subcommittee; and Reps. Trabulsy, Bell, Campbell, and others (SB 558 by Senator Rouson)

Background Screening in General

Related to background screening, the bill:

- Effective July 1, 2024, adds eight offenses to the statutory list of 52 offenses that can disqualify a person from employment in certain regulated professions if he or she has been the subject of certain legal actions regarding such offenses;
- Effective July 1, 2024, revises the provisions under which an agency head may provide an exemption from a disqualification of employment in certain regulated professions;
- Delays the effective date for the requirement that current and prospective athletic coaches must undergo a Level 2 background screening, from July 1, 2024, to January 1, 2025; and
- Requires that, effective July 1, 2025, background checks conducted for 24 types of health care practitioners must include fingerprint screening by the Florida Department of Law Enforcement, for both prospective licensure applicants and practitioners licensed prior to July 1, 2025, when they renew their licenses after that date. Under prior law, these practitioner types were not required to undergo fingerprint screening prior to licensure.

Background Screening of Persons with Lived Experience

Effective July 1, 2024, the bill creates a process for former homeless individuals to become certified as a "person with lived experience" to provide support services to individuals who are currently experiencing homelessness. The bill requires an individual seeking certification to complete a background screening. The bill requires a Continuum of Care lead agency (CoC) serving the homeless to provide documentation of the homeless services an individual received from the CoC to the Department of Children and Families (DCF) when requesting a background check of the applicant. The bill further requires the DCF to ensure an adequate background screening of an applicant. The bill makes an applicant ineligible for certification under certain circumstances.

Appropriation

Effective July 1, 2024, the bill appropriates $250,000 in nonrecurring funds from the Medical Quality Assurance Trust Fund to the Department of Health to implement the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, and unless otherwise specified in the bill, these provisions take effect July 1, 2025.
Vote: Senate 40-0; House 109-0

Committee on Health Policy

CS/CS/HB 1063 — Practice of Chiropractic Medicine

by Health & Human Services Committee; Healthcare Regulation Subcommittee; and Rep. Hunschofsky and others (CS/CS/SB 1474 by Rules Committee; Health Policy Committee; and Senator Trumbull)

The bill expands the scope of practice for chiropractic medicine to include treating the human body through the use of monofilament intramuscular stimulation, also known as dry needling, for trigger points or myofascial pain.

The bill requires the Board of Chiropractic Medicine to establish minimum practice standards, specific education and training requirements, and restrictions on such practice. The bill authorizes the board to take specified actions at the request of a chiropractic physician, creating exceptions to the dry needling practice standards and education requirements by authorizing the board to waive some or all of the educational requirements if a chiropractor presents satisfactory proof of having completed coursework that constitutes adequate training for dry needling.

The bill also gives the board the authority to recognize chiropractic physician applicants for licensure if they provide a credential evaluation report from a board-approved organization that deems the applicant's education equivalent to a bachelor's degree from a college or university accredited by an institutional accrediting agency recognized and approved by the U.S. Department of Education. The effect of this change is to create a licensure pathway for chiropractic physicians to practice in Florida when they obtained their bachelor's degree at a non-U.S. educational institution of higher education.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect upon becoming law.
Vote: Senate 40-0; House 114-1

Committee on Health Policy

CS/HB 1259 — Providers of Cardiovascular Services

by Select Committee on Health Innovation and Rep. Andrade and others (CS/SB 1612 by Health Policy Committee and Senator Brodeur)

The bill amends requirements in s. 395.1055, F.S., related to the Agency for Health Care Administration's rules governing adult cardiovascular services (ACS) provided in hospitals to specify that Level I ACS include rotational or other atherectomy devices, electrophysiology, and treatment of chronic total occlusions.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 39-0; House 114-0

Committee on Health Policy

CS/HB 1561 — Office Surgeries

by Health & Human Services Committee and Rep. Busatta Cabrera and others (CS/CS/SB 1188 by Fiscal Policy Committee; Health Policy Committee; and Senator Garcia)

The bill requires a physician who performs liposuction procedures in which more than 1,000 cc of supernatant fat is removed, temporarily or permanently, to register his or her office with the Department of Health.

The bill prohibits a physician from performing a liposuction procedure where more than 1,000 cc of supernatant fat is temporarily or permanently removed, a Level II office surgery, or Level III office surgery procedure in any setting other than a registered office surgery setting or a facility licensed under chs. 390 or 395, F.S. The bill revises the fine for violating this prohibition from $5,000 a day to $5,000 per incident.

The bill requires physician offices in which one or more physicians perform gluteal fat grafting procedures to establish financial responsibility through one of the following methods:

- Obtaining and maintaining professional liability coverage of at least $250,000 per claim, with a minimum annual aggregate of at least $750,000, from an authorized insurer, surplus lines insurer, risk retention group, joint underwriting association, or through a plan of self-insurance which may not be used for costs or attorney fees from the defense of any medical malpractice litigation; or
- Obtaining and maintaining an unexpired, irrevocable letter of credit of at least $250,000 per claim, with a maximum aggregate credit availability of at least $750,000, which may not be used for costs or attorney fees from the defense of any medical malpractice litigation.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect upon becoming law.
Vote: Senate 39-0; House 111-0

Committee on Health Policy

CS/CS/CS/SB 1582 — Department of Health

by Fiscal Policy Committee; Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Rodriguez

The bill amends numerous statutory provisions relating to the Department of Health (DOH) and creates a new profession and new program within the DOH. The bill:

- Creates a new profession, the environmental health technician, and allows the technician to perform septic tank inspections without having a four-year degree;
- Creates the Andrew John Anderson Pediatric Rare Disease Grant Program to advance research and cures for rare pediatric diseases by awarding grants through a competitive, peer-reviewed process;
- Clarifies the responsibility for conducting newborn screenings and submission of newborn screening specimen cards, and adds genetic counselors to the list of health care practitioners who may receive state lab results;
- Standardizes the requirements for newborn, infant, and toddler hearing screenings at hospitals, licensed birth facilities, and birth centers to ensure timely congenital cytomegalovirus screening;
- Allows parents or guardians of newborns who have been identified as having sickle cell disease or carrying the sickle cell trait to opt-out of having the child's test results submitted to the state's sickle cell registry;
- Standardizes requirements for, and clarifies the purpose of, prenatal high-risk pregnancy and postnatal infant mortality and morbidity screenings for environmental risk factors;
- Increases the number of members on the Florida Cancer Control and Research Advisory Council from 15 to 16 and requires the additional member to be a representative of the Mayo Clinic in Jacksonville;
- Allows certain applicants for licensure as a medical marijuana treatment center (MMTC) reserved for a class member of *Pigford v. Glickman* or *In re Black Farmers Litig,* who did not receive a license from the original application process or from the cure period established by s. 2, ch. 2023-292, L.O.F., to have a new 90-day period to cure deficiencies in their applications and requires the DOH to issue a license if those deficiencies are cured. Additionally, the bill:
    - Specifies that the DOH must consider an MMTC licensure application to be free from deficiencies if the sole remaining deficiency in the application is either that the applicant did not meet the five-year business requirement established in s. 381.986, F.S., or that the applicant died on or after March 25, 2022;
    - Specifies that if an applicant who was alive as of February 1, 2024, dies before the completion of the cure process or any resulting legal challenges, the DOH may not consider that as a reason to deny the application; and
    - For any case of such a deceased applicant, requires the DOH to award the license to the applicant's heirs or estate.

If approved by the Governor, or allowed to become law without the Governor's signature, and unless otherwise specified in the bill, these provisions take effect July 1, 2024.
Vote: Senate 40-0; House 114-0

Committee on Health Policy

CS/SB 1600 — Interstate Mobility

by Fiscal Policy Committee and Senator Collins

The bill seeks to streamline the Florida licensure process for persons licensed in similar professions by other U.S. states or territories, under specified criteria and processes provided in the bill.

Professions Regulated by the Department of Business and Professional Regulation

The bill requires that before a regulatory board within the Department of Business and Professional Regulation (DBPR), or the DBPR if there is no board, may deny an application for licensure by reciprocity or by endorsement, the board, or the DBPR if there is no board, must make a finding that the basis license in another jurisdiction is or is not substantially equivalent to or is otherwise insufficient for a license in this state. The bill defines "basis license" to mean the license or the licensure requirements of another jurisdiction which are used to meet the requirements for a license in this state.

The bill requires that if a board, or DBPR if there is no board, finds that the basis license of an applicant from another jurisdiction is not substantially equivalent to, or is otherwise insufficient for a license in Florida, and there are no other grounds for denial, the applicant may request the finding be reviewed by the DBPR secretary, whose review is final under the bill.

The bill requires the regulatory boards in the DBPR, or the DBPR itself if there is no board, when endorsement based upon years of licensure or endorsement based upon satisfaction or completion of multiple criteria is not otherwise provided by law in the practice act for a profession, the board, or the DBPR if there is no board, must allow licensure by endorsement for any applicant who meets specified criteria, except that these provisions do not apply to harbor pilots.

The bill provides that, if the practice act for a profession requires the submission of fingerprints, the applicant must submit a complete set of fingerprints to the Florida Department of Law Enforcement (FDLE) for a statewide criminal history check. The FDLE must forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check. The DBPR must, and the applicable board may, review the results of the criminal history checks according to Level 2 screening standards and determine whether the applicant meets the licensure requirements. The costs of fingerprint processing must be borne by the applicant. If the applicant's fingerprints are submitted through an authorized agency or vendor, the agency or vendor must collect the required processing fees and remit the fees to the FDLE.

Professions Regulated by the Department of Health

The bill also creates the "Mobile Opportunity by Interstate Licensure Endorsement Act," or "MOBILE Act," which requires the Department of Health (DOH) to issue a license by endorsement to a qualified applicant within seven days of receipt of all required documents for

specified health care professions regulated by the DOH when the applicant meets all of the following specific criteria:

- Submits a complete application;
- Holds an active, unencumbered license issued by another state, the District of Columbia, or a territory of the U.S. in a profession with a similar scope of practice, as determined by the board or the DOH, as applicable;
- Has obtained a passing score on a national licensure examination or holds a national certification recognized by the board, or the DOH if there is no board, as applicable to the profession for which the applicant is seeking licensure, except that this criterion is waived if the profession applied for does not require a national examination or national certification and the applicable board, or the DOH if there is no board, determines that the jurisdiction in which the applicant currently holds an active, unencumbered license meets established minimum education requirements and the work experience and clinical supervision requirements are substantially similar to the requirements for licensure in that profession in Florida;
- Has actively practiced the profession for at least three years during the four-year period immediately preceding the application submission;
- Attests that he or she is not, at the time of application, the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the U.S. Department of Defense for reasons related to the practice of the profession for which he or she is applying;
- Has not had disciplinary action taken against him or her in the five years preceding the application submission application;
- Meets applicable financial responsibility requirements; and
- Submits a set of fingerprints for a background screening if required for the profession for which he or she is applying.

The bill requires the DOH to verify the information above submitted by the applicant using the National Practitioner Data Bank.

The bill defines a person as ineligible for a license under the MOBILE Act if he or she:

- Has a complaint, an allegation, or an investigation pending before a licensing entity in another state, the District of Columbia, or a territory of the U.S.;
- Has been convicted of or pled *nolo contendere* to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
- Has had a health care provider license revoked or suspended by another state, the District of Columbia, or a possession or territory of the U.S., or has voluntarily surrendered any license in lieu of having disciplinary action taken against the license; or
- Has been reported to the National Practitioner Data Bank, unless the applicant has successfully appealed to have his or her name removed.

The bill authorizes the board, or the DOH if there is no board, to revoke a license upon finding that the licensee provided false or misleading material information or intentionally omitted material information in an application. The bill authorizes the board, or the DOH if there is no

board, to require an applicant to successfully complete a state jurisprudential examination on Florida laws and rules that regulate the applicable profession, if the applicable practice act requires such examination.

The bill requires the DOH to submit an annual report by December 31 to the Governor, the President of the Senate, and the Speaker of the House of Representatives which provides all of the following information for the previous fiscal year, distinguished by profession:

- The number of applications for licensure received under the MOBILE Act;
- The number of licenses issued under the MOBILE Act;
- The number of applications submitted under the MOBILE Act which were denied and the reason for such denials; and
- The number of complaints, investigations, or other disciplinary actions taken against health care practitioners who are licensed under the MOBILE Act.

The bill requires each applicable board, or the DOH if there is no board, to adopt rules to implement the MOBILE Act within six months after its effective date, including rules relating to legislative intent provided under s. 456.025(1), F.S., and the requirements of s. 456.025(3), F.S., both of which contain provisions for the assessment of fees from applicants and licensees in health care professions.

The bill amends current law for licensure by endorsement in various practice acts to conform to provisions found in the MOBILE Act and to retain statutory guidance for the maximum amounts of related fees. The bill does not alter current law relating to licensure by endorsement for radiologist assistants, radiologic technologists, or respiratory therapists.

The bill provides that, notwithstanding the changes made to the Florida Statutes by the MOBILE Act, a board or the DOH, as applicable, may continue processing applications for licensure by endorsement as authorized under the Florida Statutes (2023) until the rules adopted by such board or the DOH to implement the changes made by the MOBILE Act take effect or until six months after the bill's effective date, whichever occurs first.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect July 1, 2024.
Vote: Senate 32-0; House 114-0

Committee on Health Policy

CS/SB 7016 — Health Care

by Fiscal Policy Committee and Health Policy Committee

The bill is the flagship of the 2024 "Live Healthy" initiative. The bill revises preexisting health care programs, creates new programs, revises licensure and regulatory requirements for health care practitioners and facilities, creates new provisions within programs relating to health care practitioner education, amends the state Medicaid program, and appropriates both general revenue and trust fund dollars for the purpose of growing Florida's health care workforce and increasing access to health care services.

The bill contains numerous provisions, which are summarized below under various generalized subject headings.

The Creation of New Health Care Programs and Revisions to Existing Programs

The DSLR and FRAME Programs

The bill expands the Dental Student Loan Repayment (DSLR) and the Florida Reimbursement Assistance for Medical Education (FRAME) programs, which offer student loan repayment dollars to practitioners who agree to provide services in underserved areas where there are shortages of such personnel, to include dental hygienists (at $7,500 per year for up to five years) and mental health practitioners (at $75,000 total over a four-year period), respectively, and to require all participants in each program to provide 25 volunteer hours annually through specified volunteer or pro bono programs in order to qualify for loan repayment.

Specific to the FRAME program, the bill also increases the four-year award amounts for all practitioners participating in the program as follows:

- $150,000 for allopathic and osteopathic physicians;
- $90,000 for advanced practice registered nurses (APRNs) engaged in autonomous practice;
- $75,000 for non-autonomous APRNs and mental health professionals; and
- $45,000 for licensed practical nurses (LPNs) and registered nurses (RNs).

The bill also specifies that certain practice settings qualify for the FRAME program and that the awards for both the DSLR and FRAME programs are not required to be awarded in consecutive years. The bill requires the Agency for Health Care Administration to seek federal authority to use Title XIX matching funds for the DSLR and FRAME programs and the bill establishes a sunset date for both programs of July 1, 2034.

For both the DSLR and the FRAME programs, the bill establishes new reporting requirements with details that the Department of Health (DOH) must provide to the Governor and the Legislature beginning July 1, 2024. The bill requires the DOH to contract with an independent third party to evaluate the impact of each program and to develop a report which must be

presented to the Governor and the Legislature by January 1, 2030. These provisions also sunset on July 1, 2034.

The Telehealth Minority Maternity Care Pilot Program

The bill revises the Telehealth Minority Maternity Care Pilot Program, which was created in 2021 to increase positive maternal health outcomes in racial and ethnic minority populations in several Florida counties through the use of telehealth, to remove the "pilot" status and expand the program statewide. The bill also clarifies that the program is not required to be run through county health departments, that program providers can provide both telehealth and in-home services, and that the Healthy Start program may refer prospective clients to the program as well as receive referrals from the program.

Mobile Response Teams

The bill revises definitions and standards for mobile response teams (MRTs), which are behavioral health crisis response mechanisms that can be beneficial to individuals, their families, and any involved first responder when an individual is experiencing a behavioral health crisis.

The bill clarifies that the terms "mobile crisis response service" and "mobile response teams" have the same meaning. The bill also requires that the minimum standards for mobile crisis response services include the standards of MRTs established under ch. 394, part III, F.S., for children, adolescents, and young adults and creates a structure for general MRTs with a focus on crisis diversion and the reduction of involuntary commitment that requires, but is not limited to:

- Triage and rapid crisis intervention within 60 minutes;
- Provision of and referral to evidence-based services that are responsive to the needs of the individual and family;
- Screening, assessment, early identification, care-coordination; and
- Confirmation that the individual who received mobile crisis response was connected to a service provider and prescribed medications, if needed.

The bill also requires the Agency for Health Care Administration (AHCA) to seek federal Medicaid coverage and reimbursement authority for crisis response services. Under the bill, the Department of Children and Families (DCF) must coordinate with the AHCA to educate contracted providers of child, adolescent, and young adult MRT services on the enrollment process as a Medicaid provider, encourage and incentivize enrollment as a Medicaid provider, and reduce barriers to maximize federal reimbursement for community-based mobile crisis response services.

Florida Center for Nursing

The bill removes the sunset date from the Florida Center for Nursing's duty to submit a report each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives containing its analysis of LPN, RN, and APRN education programs and to assess Florida's nurse supply, including the numbers of nurses, demographics, education,

employment status, and specialization. Under preexisting law, the requirement to submit the annual report would expire after the January 1, 2025 report.

Charitable Care at Free Clinics

The bill amends the "Access to Health Care Act" to increase the maximum income a patient can have in order to be considered low-income, from 200 percent to 300 percent of the federal poverty level. In order for a charitable free clinic to qualify as a health care provider and be eligible for sovereign immunity, the free clinic must serve exclusively low-income patients. This change will increase the number of people a free clinic can serve while still maintaining its eligibility for sovereign immunity under Florida law.

The Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program

The bill requires the Department of Health (DOH) to implement the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program (Cinotti Program). The purpose of the Cinotti Program is to fund the provision of no-cost health care screenings or services for the general public by nonprofit entities. The bill requires the DOH to:

- Publicize the availability of funds and enlist the aid of county health departments for outreach to potential applicants at the local level.
- Establish an application process for submitting a grant proposal and criteria an applicant must meet to be eligible.
- Develop guidelines a grant recipient must follow for expenditure of grant funds and uniform data reporting requirements for the purpose of evaluating the performance of grant recipients. The guidelines must require grant funds to be spent on screenings, including referrals for treatment, if appropriate, or related services for one or more of a specified list of health care conditions.

A nonprofit entity may apply under the bill for Cinotti Program grant funding to implement new health care screening or services programs or to provide the same or similar screenings that it is currently providing in new locations or through a mobile health clinic or mobile unit in order to expand the program's delivery capabilities. Entities that receive funding under the Cinotti Program are required to:

- Follow DOH guidelines for reporting on expenditure of grant funds and measures to evaluate the effectiveness of the entity's health care screening or services program; and
- Publicize to the general public and encourage the use of the health care screening and services portal that is also created under the bill.

Statewide Health Care Screenings and Services Portal

The bill requires the DOH to create and maintain an Internet-based portal to direct the general public to events, organizations, and venues from which health screenings or services may be obtained at no cost or at a reduced cost and for the purpose of directing licensed health care

practitioners to opportunities for volunteering their services to conduct, administer, or facilitate such health screenings or services. The DOH may contract with a third-party vendor for the creation or maintenance of the portal.

Health Care Practitioner Licensure and Regulation

Physician Licensure

The bill amends physician licensure statutes relating to the licensure of foreign-trained allopathic physicians or applicants for licensure who have not met all of the requirements normally needed for licensure by examination.

The bill amends s. 458.311(8), F.S., to authorize the Board of Medicine (BOM) to:

- Certify for licensure a person desiring to be licensed as an allopathic physician who has held an active medical faculty certificate under s. 458.3145, F.S., for at least three years and has held a full-time faculty appointment for at least three consecutive years to teach in a program of medicine at a medical school located in Florida; and
- Certify an application for licensure submitted by a graduate of a foreign medical school that has not been excluded from the BOM's consideration as a medical school that offers education and training comparable to U.S. medical schools, if the graduate has not completed an approved residency, which is normally required for unrestricted licensure, but meets the following criteria:
    - Has an active, unencumbered license to practice medicine in a foreign country;
    - Has actively practiced medicine during the entire four-year period preceding the date of the licensure application submission;
    - Has completed a residency or substantially similar postgraduate medical training in a country recognized by his or her licensing jurisdiction which is substantially similar to a residency program accredited by the Accreditation Council for Graduate Medical Education, as determined by the BOM;
    - Has had his or her medical credentials evaluated by the Educational Commission for Foreign Medical Graduates, holds an active, valid certificate issued by that commission, and has passed the examination used by that commission; and
    - Has an offer for full-time employment as a physician from a health care provider that operates in this state.

The bill requires that a physician licensed under this latter pathway must maintain his or her employment with his or her original employer, or with another health care provider that also operates at a location within the state, for at least two consecutive years. In this context, the term "health care provider" means a health care professional, health care facility, or entity licensed or certified to provide health services in this state as recognized by the BOM. Such licensed physicians must notify the BOM within five business days after any change of employer.

Limited Licenses for Graduate Assistant Physicians

The bill creates limited licenses for both allopathic and osteopathic graduate assistant physicians (GAPs). The BOM and the Board of Osteopathic Medicine (BOOM), respectively, must issue a limited license for a duration of two years to an applicant seeking GAP licensure who meets certain requirements, among which are that the applicant:

- Is a graduate of an allopathic or osteopathic medical school or college, as applicable, approved by an accrediting agency recognized by the U.S. Department of Education;
- Has successfully passed all parts of the USMLE for allopathic physicians or the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the BOOM;
- Has not received a residency match from the National Resident Match Program (NRMP) within the first year following graduation from medical school;
- Has submitted documentation that the applicant has agreed to enter into a written protocol, with specific provisions required by applicable boards rules, drafted by a Florida physician with a full, active, and unencumbered license;
- Has submitted a copy of the protocol to the appropriate board; and
- Has submitted to the DOH a set of fingerprints as specified by the DOH.

The bill authorizes a GAP to apply for a one-time renewal for one additional year of his or her limited license. The bill specifies that a practitioner is only eligible for one GAP licensure period of up to two years, plus the optional one-year renewal.

The bill authorizes a GAP to only provide health care services under the direct supervision of a board-approved Florida physician who has a full, active, and unencumbered license. The supervising physician:

- May supervise no more than two GAPS;
- Must be physically present at the location where the GAP's services are rendered; and
- Must draft the protocol to specify the duties and GAP's responsibilities as specified by board rule, and must ensure that:
    - The delegation of any medical task or procedure is within the supervising physician's scope of practice and appropriate for the GAP's level of competency;
    - The limited licensed GAP's prescriptive authority is governed by the physician-drafted protocol and may not exceed that of his or her supervising physician; and
    - Any prescriptions and orders issued by the GAP must identify both the GAP and the supervising physician.

The bill requires the supervising physician to be liable for any acts or omissions of the GAP acting under the physician's supervision and control; and authorizes third-party payers to reimburse employers of GAPs for covered services rendered by GAPs.

The bill authorizes the BOM and the BOOM to adopt rules to implement the bill's GAP provisions.

Certification of Foreign Medical Education Institutions

The bill amends s. 458.314(8), F.S., to authorize the BOM, at its own discretion, to exclude any foreign medical school that fails to apply for certification under that section, from being considered as an institution that provides medical education that is reasonably comparable to similar accredited institutions in the U.S.

Medical Faculty Certificates for Allopathic Physicians

The bill amends s. 458.3145, F.S., to revise the criteria for issuing medical faculty certificates for medical doctors to delete the cap on the maximum number of certificates that may be issued at specified Florida medical schools.

APRN and Physician Assistant Licensure

The bill authorizes the BOM and the BOOM to issue temporary certificates to allopathic and osteopathic physician assistants (PAs), who have a current valid license in any U.S. jurisdiction, to practice in areas of critical need, under physician supervision, under the same general criteria as physicians are statutorily authorized to practice in those areas.

The bill also authorizes the Board of Nursing (BON) to issue temporary certificates to APRNs, who have a current valid license in any U.S. jurisdiction and who meet the educational and training requirements established by the BON, to practice in areas of critical need.

The bill provides that an APRN's temporary certificate to practice in areas of critical need is valid only so long as the State Surgeon General maintains the determination that the critical need that supported the issuance of the temporary certificate remains a critical need.

The bill requires the BON to review each temporary certificate-holder at least annually to ascertain that the certificate-holder is complying with the minimum requirements of the Nurse Practice Act and its adopted rules. If the BON determines that the certificate-holder is not meeting the minimum requirements, the BON must revoke the temporary certificate or impose restrictions or conditions, or both, as a condition of continued practice.

The bill waives all licensure fees for APRNs obtaining a temporary certificate to practice in areas of critical need for the purpose of providing volunteer, uncompensated care for low-income residents. The applicant must submit an affidavit from the employing agency or institution stating that the APRN will not receive any compensation for any health care services that he or she provides.

Out-of-Hospital Intrapartum Care Provided by Autonomous APRN Midwives

The bill amends s. 464.0123, F.S., to require an autonomous APRN certified nurse midwife, as a condition precedent to providing out-of-hospital intrapartum care, to have a written transfer policy for patients needing a higher acuity of care or emergency services, including an

emergency plan-of-care form signed by the patient before admission which contains the following:

- The name and address of the closest hospital that provides maternity and newborn services;
- Reasons for which transfer of care would be necessary, including the transfer-of-care conditions prescribed by BON rule; and
- Ambulances or other emergency medical services that would be used to transport the patient in the event of an emergency.

The bill requires autonomous APRN certified nurse midwives to document the following information on the patients emergency plan-of-care form if a transfer of care is determined to be necessary:

- The name, date of birth, and condition of the patient;
- The gravidity and parity of the patient and the gestational age and condition of the fetus or newborn infant;
- The reasons that necessitated the transfer of care;
- A description of the situation, relevant clinical background, assessment, and recommendations;
- The planned mode of transporting the patient to the receiving facility; and
- The expected time of arrival at the receiving facility.

The bill requires autonomous APRN certified nurse midwives to provide the receiving provider with the patient's emergency plan-of-care form, and the patient's prenatal records including patient history, prenatal laboratory results, sonograms, prenatal care flow sheets, maternal fetal medical reports, and labor flow charting and current notations. The bill requires autonomous APRN certified nurse midwives to provide the receiving provider with a verbal summary of the information on the patient's emergency plan-of-care form, and make himself or herself immediately available for consultation.

The bill eliminates the requirement that an autonomous APRN certified nurse midwife must have a written patient transfer agreement with a hospital and a written referral agreement with a physician to engage in autonomous nurse midwifery.

Clinical Psychologists

The bill revises the definition of "clinical psychologist" to remove the three years of experience required under preexisting law and authorizes a licensed clinical psychologist of any experience:

- To perform an involuntary examination under the Baker Act;
- If a psychiatrist or clinical psychologist with three years' experience is unavailable, to provide a second opinion to support a recommendation that a patient receive involuntary inpatient or outpatient services; and
- To determine if the treatment plan for a patient is clinically appropriate.

Psychiatric Nurses

The bill revises the definition of "psychiatric nurse" to reduce the experience requirement from two years to one year and authorizes a psychiatric nurse with one year of experience:

- To prohibit a patient from accessing clinical records if the psychiatric nurse determines such access would be harmful to the patient;
- Determine if the treatment plan for a patient is clinically appropriate;
- Authorize a person who is 14 years of age or older to be admitted to a bed in a room or ward in a mental health unit with an adult if the psychiatric nurse documents that such placement is medically indicated or for safety reasons; and
- Authorize the substitution of medications upon discharge of certain indigent patients if the psychiatric nurse determines such substitution is clinically indicated.

Multistate Practitioner Licensure Compacts

The bill provides that Florida will enter into the Interstate Medical Licensure Compact (for medical doctors and osteopathic physicians), the Audiology and Speech-Language Pathology Interstate Compact, and the Physical Therapy Licensure Compact.

Health Care Facility Licensure and Regulation

Advanced Birth Centers

The bill creates a new designation for an advanced birth center (ABC) and defines an ABC as a licensed birth center which may perform trial of labor after cesarean deliveries for screened patients who qualify; planned low-risk cesarean deliveries; and anticipated vaginal deliveries for laboring patients from the beginning of the 37th week of gestation through the end of the 41st week of gestation. The bill establishes minimum requirements for ABC designation, including, but not limited to:

- Employing two medical directors to oversee the activities of the center, one of whom must be a board-certified obstetrician and one of whom must be a board-certified anesthesiologist.
- Entering into a written agreement with a blood bank for emergency blood bank services and have written protocols for the management of obstetrical hemorrhage which include provisions for emergency blood transfusions.
- Requiring AHCA rules for ABCs be, at a minimum, equivalent to the rules for ambulatory surgical centers.

The bill directs the AHCA to develop any additional ABC standards it deems necessary for patient safety.

Hospital Licensure and Regulations

The bill establishes several new requirements for hospitals, including requiring a hospital to give priority to students from a medical school located in Florida if the hospital accepts payment from

any medical school which is directly, or indirectly, related to allowing students from the medical school to obtain clinical hours or instruction at the hospital.

The bill addresses the issue of persons who tend to utilize hospital emergency departments for nonemergent care or emergency care that could have been avoided with the regular provision of primary care. The bill requires all hospitals with emergency departments to develop and present to the AHCA for approval a nonemergent care access plan (NCAP) for assisting a patient gain access to appropriate care settings when the patient presents at a hospital emergency department with nonemergent health care needs or indicates when receiving a medical screening examination, triage, or treatment at the hospital that he or she lacks regular access to primary care.

Effective July 1, 2025, a hospital's NCAP must be approved by the AHCA before the hospital may receive initial licensure or licensure renewal occurring after that date. A hospital with an approved NCAP must submit data to the AHCA demonstrating the implementation and results of its NCAP as part of the licensure renewal process and must update the plan as necessary, or as directed by the AHCA, before each licensure renewal.

An NCAP must include one or both of the following:

- A collaborative partnership with one or more nearby federally qualified health centers (FQHCs) or other primary care settings. The goals of such partnership must include, but need not be limited to, identifying patients who have presented at the emergency department for nonemergent care, care that would best be provided in a primary care setting, or emergency care that could potentially have been avoided through the regular provision of primary care, and, if such a patient indicates that he or she lacks regular access to primary care, proactively seeking to establish a relationship between the patient and the FQHC or other primary care setting so that the patient develops a medical home at such setting for nonemergent and preventive health care services.
- The establishment, construction, and operation of a hospital-owned urgent care center co-located within or adjacent to the hospital emergency department location. After the hospital conducts a medical screening examination, and if appropriate for the patient's needs, the hospital may seek to divert to the urgent care center a patient who presents at the emergency department needing nonemergent health care services. An NCAP with procedures for diverting a patient from the emergency department in this manner must include procedures for assisting such patient in identifying appropriate primary care settings, providing a current list, with contact information, of such settings within 20 miles of the hospital location, and subsequently assisting the patient in arranging for a follow-up examination in a primary care setting, as appropriate for the patient.

For such patients who are enrolled in the Medicaid program and are members of a Medicaid managed care plan, the hospital's NCAP must include outreach to the patient's Medicaid managed care plan and coordination with the managed care plan for establishing a relationship between the patient and a primary care setting as appropriate for the patient, which may include an FQHC or other primary care setting with which the hospital has a collaborative partnership.

For such a Medicaid enrollee, the AHCA is directed to establish a process for the hospital to share with the plan updated contact information for the patient, if such information is in the hospital's possession.

The bill provides that its provisions relating to a hospital NCAP may not be construed to preclude a hospital from complying with state or federal law relating to treating and/or stabilizing all patients who present at the emergency department for care.

The bill also requires each hospital that maintains a certified electronic health record technology to make available its admit, transfer, and discharge data to the Florida Health Information Exchange program for the purpose of supporting public health data registries and patient care coordination.

The Medicaid Program

Potentially Preventable Health Care Events Report

The bill requires the AHCA to submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2024, and each October 1 thereafter. The report is to be entitled "Analysis of Potentially Preventable Health Care Events of Florida Medicaid Enrollees" and must include, at a minimum, an analysis of potentially preventable hospital emergency department visits, admissions, and readmissions from the previous state fiscal year, reported by age, eligibility group, managed care plan, and region, detailing conditions contributing to each PPE or category of PPEs. The report must demonstrate trends, and the AHCA may contract with a third-party vendor for its production.

Medicaid Primary Care Initiative for Managed Care Plans

The bill amends the Primary Care Initiative within Statewide Medicaid Managed Care (SMMC) to require that managed care plans contracted under the managed medical assistance (MMA) component of SMMC must assist new enrollees with initial primary care provider appointments until scheduled, report delays and the reasons for delays to the AHCA, and seek to ensure that such an enrollee has at least one primary care appointment annually.

The bill also requires a Medicaid managed care plan to coordinate with a hospital that contacts the plan under the requirements of the hospital's NCAP for the purpose of establishing the appropriate delivery of primary care services for the plan's members who present at the hospital's emergency department for nonemergent care or emergency care that could potentially have been avoided through the regular provision of primary care. The bill requires a managed care plan to also coordinate with the enrollee and his or her primary care provider for that purpose.

Acute Hospital Care at Home Program

The bill requires the AHCA to seek federal approval to implement a Florida Medicaid acute hospital care at home program, consistent with the parameters of federal law that allow such programs for Medicare patients.

Health Care Education Programs and Initiatives

Graduate Medical Education

The bill makes multiple changes to the Statewide Medicaid Residency Program, which funds physician residency slots for hospitals and other health care institutions that qualify for such funding. The bill:

- Allows funding for up to 200 residency slots within the "Slots for Doctors" program to be directed to slots that were already in existence (rather than newly-created slots), under certain conditions;
- Adds a number of reporting requirements for hospitals and qualifying institutions that receive state funds from the SMRP, including financial reporting requirements that take effect July 1, 2025;
- Requires each hospital and qualifying institution to request that a resident who is exiting a residency program complete a residency exit survey and specifies minimum questions that must be asked; and
- Creates the Graduate Medical Education Committee within the AHCA to review SMRP data and create a report, beginning July 1, 2025, to the Governor and the Legislature providing specific details about the SMRP.

Training, Education, and Clinicals in Health (TEACH) Funding Program

The bill:

- Creates the TEACH program to reimburse qualified facilities (FQHCs, community mental health centers, rural health clinics, and certified community behavioral health clinics) for the expenses and loss of revenue they incur for providing clinical training to specified health care students and residents;
- Establishes standards for receiving the funds and an hourly rate of reimbursement based on the type of health care student or resident being trained;
- Sets a maximum award for each facility of $75,000, or $100,000 if the facility operates a residency program;
- Provides reporting requirements for facilities receiving funding from the program and requires the AHCA to contract with an independent third party to study and evaluate the impact of the TEACH program and provide a report to the Governor and the Legislature by January 1, 2030; and
- Provides a sunset for the program of July 1, 2034.

Lab Schools

The bill requires each lab school, which is a public developmental research laboratory school affiliated with a college of education at the state university of closet geographic proximity, to develop programs to accelerate the entry of enrolled students into articulated health care programs at its affiliated university or at any public or private postsecondary institution, with the approval of the university president. The bill also requires a lab school to offer technical assistance to any Florida school district seeking to replicate the lab school's programs and must annually report, starting December 1, 2025, to the Legislature on the development of such programs and their results.

Linking Industry to Nursing Education (LINE)

The bill amends the LINE Fund in s. 1009.8962, F.S., in order to include independent schools, colleges, or universities with an accredited nursing program that is located in Florida and is licensed by the Commission for Independent Education. Additionally, the bill increases the passage rate for the Nursing License Examination, from 70 percent to 75 percent, that is required for LPN, associate of science in nursing, and bachelor of science in nursing programs to participate in the LINE Fund.

Appropriations

For Fiscal Year 2024-2025, the bill appropriates $327.4 million in recurring general revenue, $3 million in nonrecurring general revenue, and $386.7 million from trust funds to provide funding for the various programs and initiatives contained in the bill, including:

- $245.8 million for Medicaid provider rate increases, prioritizing services for individuals with disabilities, maternal care, and dental care;
- $10 million for the Dr. and Mrs. Alfonse and Kathleen Cinotti Health Care Screening and Services Grant Program;
- $11.5 million for mobile response teams;
- $23.4 million for the Telehealth Minority Maternity Care Program;
- $30 million for the FRAME program;
- $8 million for the DSLR program;
- $25 million for the TEACH program;
- $2 million for lab schools;
- $5 million for LINE Fund expansion;
- $50 million for the "Slots for Doctors" within the SMRP, thereby funding 500 new physician residency slots;
- $5.5 million to the AHCA and $4.9 million to the DOH for workload needed to implement their respective portions of the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, the bill takes effect upon becoming law, except as otherwise provided.
Vote: Senate 39-0; House 117-1

Committee on Health Policy

SB 7018 — Health Care Innovation

by Health Policy Committee and Senator Harrell

The bill (Chapter 2024-16, L.O.F.) sets forth legislative intent related to health care innovation in this state and creates a framework to implement that intent. The intent is to harness the innovation and creativity of entrepreneurs and businesses, in collaboration with the state's health care system and stakeholders, to lead the discussion on innovations that will address challenges in the health care system and to transform the delivery and strengthen the quality of health care in Florida.

The bill creates the Health Care Innovation Council, a 15-member council within the Department of Health (DOH), to facilitate public meetings across the state to lead discussions with innovators, developers, and implementers of technologies, workforce pathways, service delivery models, or other solutions. Based on the public input and information gathered at public meetings, the bill requires the council to create best practice recommendations and focus areas for the advancement of the delivery of health care in Florida, with an emphasis on:

- Increasing efficiency in the delivery of health care;
- Reducing strain on the health care workforce;
- Increasing public access to health care;
- Improving patient outcomes;
- Reducing unnecessary hospital emergency department visits; and
- Reducing costs for patients and the state without reducing the quality of patient care.

The bill creates a revolving loan program within the DOH to provide low-interest loans to applicants to implement one or more innovative technologies, workforce pathways, or service delivery models in order to:

- Fill a demonstrated need;
- Obtain or upgrade necessary equipment, hardware, and materials;
- Adopt new technologies or systems; or
- A combination thereof to improve the quality and delivery of health care in measureable and sustainable ways that will lower costs and allow that value to be passed-on to health care consumer.

The bill directs the council to review loan applications and submit to the DOH a prioritized list of proposals recommended for funding. Under the bill, loan recipients will enter into agreements with the DOH for loans of up to 10-year terms for up to 50 percent of the proposal costs, or up to 80 percent of the costs for an applicant that is located in a rural or medically underserved area and is either a rural hospital or a nonprofit entity that accepts Medicaid patients.

The bill requires both the council and the DOH to publicly report certain information related to the activities required under the bill and requires the Office of Economic and Demographic Research (beginning October 1, 2029) and the Office of Program Policy Analysis and Government Accountability (beginning October 1, 2030) to evaluate specified aspects of the

revolving loan program every five years. The bill requires both offices to include recommendations for consideration by the Legislature and that both offices must be given access to all data necessary to complete their evaluations, including any confidential data. The offices may collaborate on data collection and analysis under the bill.

The bill makes the following appropriations:

- For Fiscal Year 2023-2024, appropriates $250,000 in nonrecurring General Revenue funds for the DOH to support the council.
- For Fiscal Year 2024-2025, appropriates $1 million in recurring General Revenue funds for the DOH to support the council.
- For Fiscal Years 2024-2025 through 2034-2035:
  - Requires the Chief Financial Officer by August 1 each year to transfer $50 million from the General Revenue Fund to the Grants and Donations Trust Fund in the DOH.
  - Appropriates $50 million in nonrecurring funds from the Grants and Donations Trust Fund each year for the DOH to make loans under the revolving loan program. The DOH may use up to three percent of the funds for administrative costs to implement the revolving loan program.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect March 21, 2024.
Vote: Senate 39-0; House 117-1