HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 941 Licensure of Health Care Professionals
SPONSOR(S): Health Quality Subcommittee; Gonzalez
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N, As CS	Siples	O'Callaghan
2) Health Care Appropriations Subcommittee	11 Y, 0 N	Garner	Pridgeon
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The bill provides alternative eligibility criteria for a military member seeking licensure as a health care practitioner in this state. The bill also extends the alternative eligibility criteria, and other current licensure eligibility criteria for military applicants, to the spouses of active duty military personnel who apply for a license as a health care practitioner. The bill removes law that allows military spouses to obtain temporary licensure to conform to the new full-licensure eligibility provisions in the bill for active duty military spouses. The bill allows military health care practitioners who are practicing under a military platform, which is a training agreement with a nonmilitary health care provider, to be issued a temporary certificate to practice in this state.

The bill removes the requirement that certain health care practitioners complete pre-licensure courses on HIV/AIDS and medical errors. The bill amends various statutes to reflect the Department of Health's (DOH's) integration of an electronic continuing education (CE) tracking system with its licensure renewal system. The bill eliminates methods, such as affidavits and audits, to prove compliance with CE requirements.

The bill provides a mechanism for the DOH to eliminate a deficit cash balance in the Medical Quality Assurance Trust Fund, associated with a licensed profession, by allowing the DOH to suspend charging the profession for operational and administrative costs, and permitting the DOH to transfer certain unused funds to help eliminate the deficit.

Upon the death, incapacitation, or abandonment of patient records by a health care practitioner, the DOH may be required to secure such records. The bill permits the DOH to contract with a third party to provide such services and requires boards to obtain the approval of the DOH when appointing a custodian of medical records.

The bill allows certificates for emergency medical technicians (EMTs) and paramedics to remain in an inactive status for up to two renewal periods rather than expiring after 180 days, and exempts out-of-state or military-trained EMTs or paramedics from a certification examination requirement if the EMT or paramedic is nationally certified or registered.

The bill deletes a provision that allows individuals with certain felonies, individuals terminated for cause from any state's Medicaid program, or individuals listed on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, to obtain a license in Florida. This will prevent individuals who are denied licensure renewal based on one of these offenses from re-applying and obtaining a new license.

The bill repeals the Council on Certified Nursing Assistants and the Advisory Council of Medical Physicists, as these entities are no longer actively meeting and their duties can be fulfilled by other entities within the DOH.

The bill eliminates the DOH's annual inspections of dispensing practitioners' facilities, but retains its ability to inspect the facilities on an as needed basis.

The bill requires state-funded biomedical research grant programs to report certain information to the Governor and Legislature. The bill also allows the balance of any appropriation from the General Revenue fund for the Ed and Ethel Moore Alzheimer's Disease Research Program to be carried forward for up to 5 years if such funds have been obligated.

The bill may have an insignificant, positive impact on the DOH.

The bill provides an effective date of July 1, 2016.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

James and Esther King Biomedical Research Program

In 1999, the Legislature created the Florida Biomedical Research Program in the Department of Health (DOH), to support research initiatives that address the health care problems affecting Floridians, such as cancer, cardiovascular disease, stroke, and pulmonary disease.[1] The law also created the Biomedical Research Advisory Council (BRAC) to advise the State Surgeon General on the direction and scope of the state's biomedical research program.[2] The responsibilities of the BRAC include:

- Advising on program priorities, emphases, and overall program budget;
- Participating in periodic program evaluation;
- Assisting in developing guidelines for fairness, neutrality, principles of merit, and quality in the conduct of the program;
- Assisting in developing linkages to nonacademic entities such as voluntary organizations, health care delivery institutions, industry, government agencies, and public officials;
- Developing guidelines, criteria, and standards for the solicitation, review, and award of research grants and fellowships; and
- Developing and providing oversight regarding mechanisms for disseminating research results.[3]

At its inception, the program was intended to be supported by funds from the Lawton Chiles Endowment Fund,[4] but an appropriation amount was not specified in statute.[5] Funds appropriated to the program must be used to award grants and fellowships, for research relating to the prevention, diagnosis, treatment, and cure of diseases related to tobacco use, and administrative expenses.[6]

In 2001, the Legislature amended the purpose of the program, stating that the intent for the program was to provide an annual and perpetual source of funding to support research initiatives that address the health care problems of Floridians in the areas of tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease.[7] In 2003, the Florida Biomedical Research Program was renamed the "James and Esther King Biomedical Research Program" (King Program).[8]

Each fiscal year, $25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7), F.S., is reserved for research of tobacco-related or cancer-related illnesses. Of the revenue deposited in the Health Care Trust Fund, $25 million is transferred to the Biomedical Research Trust Fund within the DOH. Subject to annual appropriations in the General Appropriations Act, $5 million must be appropriated to the King Program.[9]

In 2013, the Legislature created new reporting requirements within the King Program for entities that perform cancer research and receive an appropriation from the General Appropriations Act to perform biomedical research or to pay for research-related functions or operations. The report is required to be

---

[1] Chapter 99-167, Laws of Fla.
[2] Section 215.5602(3), F.S. The Biomedical Research Advisory Council consists of 11 members including, the chief executive officer of the Florida Division of the American Cancer Society, the chief executive officer of the Greater Southeast Affiliate of the American Heart Association, the chief executive officer of the American Lung Association of Florida, four members appointed by the Governor, two members appointed by the President of the Senate, and 2 members appointed by the Speaker of the House of Representatives.
[3] Section 215.5602(4), F.S.
[4] Section 215.5601(1)(d), F.S.
[5] *Supra* note 1.
[6] Section 215.5602(2), F.S.
[7] Chapter 2001-73, Laws of Fla.
[8] Chapter 2013-50, Laws of Fla.
[9] Section 215.5602(12), F.S.

submitted to the President of the Senate and the Speaker of the House of Representatives by December 15 of each year and must:[10]

- Describe the general use of the state funds;
- Specify the research, if any, funded by the appropriation;
- Describe any fixed capital outlay project funded by the appropriation, the need for the project, how the project will be utilized, and the timeline for the status of the project, if applicable; and
- Identify any federal or private grants or donations generated as a result of the appropriation or activities funded by the appropriation, if applicable and traceable.[11]

Bankhead-Coley Program

In 2006, the Legislature created the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program) within the DOH. The purpose of the Bankhead-Coley Program was to advance progress towards cures for cancer through grant awards. The funds are distributed as grants to researchers seeking cures for cancer, with emphasis given to the efforts that significantly expand cancer research capacity in the state.[12] The goals of the Bankhead-Coley Program are to significantly expand cancer research and treatment in the state by:

- Identifying ways to attract new research talent and attendant national grant-producing researchers to cancer research facilities in this state;
- Implementing a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research institutes in this state;
- Funding, through available resources, proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support;
- Encouraging the employment of bioinformatics in order to create a cancer informatics infrastructure that enhances information and resource exchange and integration through researchers working in diverse disciplines to facilitate the full spectrum of cancer investigations;
- Facilitating the technical coordination, business development, and support of intellectual property as it relates to the advancement of cancer research;
- Aiding other multidisciplinary, research-support activities;
- Improving research and treatment through greater participation in clinical trials networks; and
- Reducing the impact of cancer on disparate groups.[13]

Each fiscal year, $25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7), F.S., is reserved for research of tobacco-related or cancer-related illnesses. Of the revenue deposited in the Health Care Trust Fund, $25 million is transferred to the Biomedical Research Trust Fund within the DOH. Subject to annual appropriations in the General Appropriations Act, $5 million must be appropriated to the Bankhead-Coley Program.[14]

In 2013, the Legislature created new reporting requirements for any entity which performs or is associated with cancer research or care that receives a specific appropriation for biomedical research, research-related functions, operations or other supportive functions, or expansion of operations in the General Appropriations Act, including entities receiving funds pursuant to the Bankhead-Coley Program. The report is required to be submitted to the President of the Senate and the Speaker of the House of Representatives by December 15 of each year and must:

- Describe the general use of the state funds;
- Specify the research, if any, funded by the appropriation;

---

[10] *Id.*
[11] *Supra* note 8.
[12] Section 381.922(1), F.S.
[13] Section 381.922(2), F.S.
[14] Section 215.5602(12), F.S.

- Describe any fixed capital outlay project funded by the appropriation, the need for the project, how the project will be utilized, and the timeline for the status of the project, if applicable; and
- Identify any federal or private grants or donations generated as a result of the appropriation or activities funded by the appropriation, if applicable and traceable.[15]

Ed and Ethel Moore Alzheimer's Disease Research Program

The Florida Legislature created the Ed and Ethel Moore Alzheimer's Disease Research Program in 2014 (Moore Program).[16] The Moore Program is housed in the DOH and is administered by an 11 member board known as the Alzheimer's Disease Research Grant Advisory Board (Alzheimer's Disease Board). The program's purpose is to fund research leading to prevention of, or a cure for, Alzheimer's disease.[17]

The Alzheimer's Disease Board must submit recommendations for funding of research proposals to the State Surgeon General by December 15 of each year. Upon receiving consultation from the Alzheimer's Disease Board, the State Surgeon General is authorized to award grants on the basis of scientific merit. Applications for research funding may be submitted by any university or established research institute in the state, and all qualified investigators in the state must have equal access and opportunity to compete for research funding. The implementation of the program is subject to legislative appropriation. Statute specifies certain types of applications to be considered for funding, including:

- Investigatory-initiated research grants;
- Institutional research grants;
- Pre-doctoral and post-doctoral research fellowships; and
- Collaborative research grants, including those that advance the finding of cures through basic or applied research.[18]

In 2014, the Legislature appropriated $3,000,000 in general revenue funds to the Moore Program. By default, general revenue appropriations that remain unspent at the end of a fiscal year revert to the state.[19] However, the legislature may supersede this provision by passing a law that specifically authorizes the appropriation to be carried forward. The program awarded eleven grants ranging from $112,500 to $500,000, which fully expended the $3,000,000 appropriation for fiscal year 2014 - 2015.[20]

The Alzheimer's Disease Board is required to annually submit a fiscal-year progress report on the research program to the Governor, President of the Senate, Speaker of the House of Representatives, and the State Surgeon General by February 15. The report must include:

- A list of research projects supported by grants or fellowships awarded under the program;
- A list of recipients of program grants or fellowships;
- A list of publications in peer-reviewed journals involving research supported by grants or fellowships awarded under the program;
- The state ranking and total amount of Alzheimer's disease research funding currently flowing into the state from the National Institute of Health;
- New grants for Alzheimer's disease research which were funded based on research supported by grants or fellowships awarded under the program;
- Progress toward programmatic goals, particularly in the prevention, diagnosis, treatment, and cure of Alzheimer's disease; and
- Recommendations to further the mission of the program.[21]

Initial Licensure of Health Care Practitioners

---

[15] *Supra* note 8.
[16] Chapter 2014-163, Laws of Fla.
[17] Section 381.82, F.S.
[18] *Id.*
[19] Section 216.301, F.S.
[20] Alzheimer's Disease Research Grant Advisory Board, *Annual Report 2014-2015*, pg. 4.
[21] Section 381.82(4), F.S.

The Division of Medical Quality Assurance (MQA), within the Department of Health (DOH), has general regulatory authority over health care practitioners.[22] The MQA works in conjunction with 22 boards and 6 councils to license and regulate 7 types of health care facilities and more than 40 health care professions.[23] Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority for the MQA.

Military Health Care Practitioners

An individual who serves or has served as a health care practitioner in the U.S. Armed Forces, U.S. Reserve Forces, or the National Guard on active duty or has served on active duty with the U.S. Armed Forces as a health care practitioner in the U.S. Public Health Service, is eligible for licensure in Florida.[24] The DOH is required to waive the application fee, licensure fee, and unlicensed fee for such applicants. The applicant will be issued a license to practice in Florida if the applicant submits a completed application, and:

- Receives an honorable discharge within the 6 months before or after submission of the application;
- Holds an active, unencumbered license issued by another state, the District of Columbia, or a U.S. territory or possession, with no disciplinary action taken against it in the 5 years preceding the date of application;
- Attests that he or she is not, at the time of submission, 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 a reason related to the practice of the profession for which he or she is applying;
- Has actively practiced the profession for which he or she is applying for the 3 years preceding the date of application; and
- Submits to a background screening, if required for the profession for which he or she is applying, and does not have any disqualifying offenses.[25]

The DOH offers the Veterans Application for Licensure Online Response System (VALOR) to provide expedited licensing for honorably discharged veterans with an active license in another state.[26] To qualify for VALOR, a veteran must apply for a license six months before or after his or her honorable discharge from the U.S. Armed Forces.[27]

Federal law authorizes a health care professional employed by the United States Armed Forces to practice his or her health profession in the District of Columbia or any state or territory of the United States if the health care professional has a current license to practice his profession and is performing authorized duties for the Department of Defense.[28] Military health care practitioners practice in private health care settings through the authority of a memorandum of understanding, a training affiliation agreement, or external resourcing sharing agreement entered into between the United States Department of Defense and the private health care entity.[29] One state, Nevada, explicitly authorizes

---

[22] Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dieticians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

[23] Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2014-2015*, 3, *available at* http://mqawebteam.com/annualreports/1415/#6 (last visited Jan. 8, 2016).

[24] Section 456.024, F.S.

[25] Section 456.024(3)(a), F.S.

[26] *See* Department of Health, *Veterans*, *available at* http://www.floridahealth.gov/licensing-and-regulation/armed-forces/veterans/index.html (last visited Jan. 8, 2016).

[27] *Id.*

[28] 10 U.S.C. § 1094.

[29] These military training agreements set forth the parameters under which the military practitioner may practice and may include strict supervision requirements. Such parameters and the degree of control the private health care entity has over the military health care practitioner may determine whether the federal government or the private health care entity is liable when a legal challenge is made. See, for example, *McBee v. United States*, 101 Fed.Appx. 5, 6 (5th Cir.2004), *Banks v. United States*, 623 F.Supp.2d 751 (S.D.Miss.2009), and *Starnes v. U.S.*, 139 F.3d 540, 542 (5th Cir.1998).

hospitals to enter into such agreements with the military and exempts the military practitioners from Nevada's licensure requirements, if certain criteria are met by the practitioner.[30] Currently, under Florida law, a military health care practitioner would have to be licensed in Florida to practice in a private health care setting under such an agreement.

Disqualification of Certain Applicants for Licensure

Each board, or the DOH if there is no board, must refuse to admit a candidate to any examination, and refuse to issue a license, certificate, or registration to any applicant, if the candidate, applicant, or principal, officer, agent, managing employee, or affiliated person of an applicant:

- Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, certain specified felonies;[31]
- Has been terminated for cause from any Medicaid program; or
- Is listed on the U.S. Department of Health and Human Services' List of Excluded Individuals and Entities.[32]

Any of the above-referenced disqualifications do not apply to applicants for initial licensure or certification who were enrolled in a recognized educational or training program on or before July 1, 2009, and who applied for licensure after July 1, 2012.[33]

Section 456.0635(3), F.S., requires the DOH to refuse to renew the license, certificate, or registration of an applicant that would be disqualified for an initial license based on the disqualification criteria indicated above. However, according to the DOH, when it denies a license renewal pursuant to this section, licensees who meet the exception under s. 456.0635(2), F.S., may reapply and be granted a new license.[34] By utilizing this exception, licensees that would have otherwise been disqualified have been able to regain a license to practice. When the renewal cycle ends, those licensees will once again be denied pursuant to s. 456.0635(3), F.S., but would be eligible to reapply and obtain a license under the exception.[35]

HIV and AIDS Course Requirement

As a requirement for initial licensure, midwives, radiological personnel, clinical laboratory personnel, speech-language pathologists, and audiologists, must complete an education course on HIV and AIDS. If the applicant has not taken the course at the time of licensure and upon an affidavit showing good cause, an applicant may be granted 6 months to complete this requirement.[36]

Medical Errors Course Requirement

Section 456.013(7), F.S., requires that every health care practitioner regulated by the DOH complete an approved 2-hour course relating to the prevention of medical errors as part of the licensure and renewal process.

Continuing Education Requirements

Compliance with continuing education (CE) requirements is a condition of renewal of license for health care practitioners. Boards, or the DOH when there is no board, require each licensee to demonstrate competency by completing CEs during each licensure cycle. The number of required CE hours varies by profession. The requirements for CEs may be found in ch. 456, F.S., professional practice acts,

---

[30] NRS 449.2455.
[31] Section 456.0635(2), F.S., provides a tiered timeframe for these individuals to apply for a license, certificate, or registration, depending on the severity of the crime and length of time elapsed between the crime and the date of application for licensure.
[32] Section 456.0635(2), F.S.
[33] *Id.*
[34] Department of Health, *2016 Agency Legislative Bill Analysis for House Bill 941* (Dec. 15, 2015), on file with the Health Quality Subcommittee.
[35] *Id.* This provision was adopted
[36] Section 381.0034, F.S.

administrative rules, or a combination of these references. Failure to comply with CE requirements may result in disciplinary action against the licensee, in accordance with the disciplinary guidelines established by the applicable board, or the DOH if there is no board.

The DOH or boards, when applicable, monitor heath care practitioner's compliance with the CE requirements in a manner required by statute. The statutes vary as to the as to the required method to use. For example, DOH or a board, when applicable, may have to randomly select a licensee to request the submission of CE documentation;[37] require a licensees to a submit sworn affidavit or statement attesting that he or she has completed the required CE hours,[38] or perform an audit. Licensees are responsible for maintaining documentation of the CE courses completed.

In 2001, the Legislature directed the DOH to implement an electronic CE tracking system that was to be integrated into the licensure and renewal systems.[39] In the initial phase of the system, the system allowed licensees to check compliance with CE requirements but did not prevent the renewal of the license if such requirements were not met. The DOH is currently in the second phase of integration, which requires a licensee to have entered and met all CE requirements before his or her license is renewed.[40] The DOH's electronic CE system eliminates the need for submission of affidavits, audits, and other methods of proof of completion of CE requirements.

Emergency Medical Technicians and Paramedics

The DOH, Division of Emergency Operations regulates emergency medical technicians (EMTs) and paramedics. "Emergency Medical Technician" is defined under s. 401.23, F.S., to mean a person who is certified by the DOH to perform basic life support.[41] "Paramedic" means a person who is certified by the DOH to perform basic and advanced life support.[42]

The National Emergency Medical Service (EMS) Education Standards define the minimal entry-level educational competencies, clinical behaviors, and judgments that must be met by Emergency Medical Service personnel to meet national practice guidelines.[43] The National EMS Education Standards assume there is a progression in practice from the entry-level Emergency Medical Responder level to the Paramedic level. That is, licensed personnel at each level are responsible for all knowledge, judgments, and behaviors at their level and at all levels preceding their level. According to these standards, there are four licensure levels of EMS personnel: Emergency Medical Responder; Emergency Medical Technician; Advanced Emergency Medical Technician; and Paramedic. For example, a paramedic is responsible for knowing and doing everything identified in that specific area, as well as knowing and doing all tasks in the three preceding levels.[44]

Under Florida law, an applicant for certification or recertification as an EMT or paramedic must:

- Have completed an appropriate training program as follows:
  - For an EMT, an EMT training program approved by the DOH as equivalent to the most recent EMT-Basic National Standard Curriculum or the National EMS Education Standards of the United States Department of Transportation; or

[37] For example, see s. 457.107, F.S.
[38] For example see ss.458.347(4)(e), 466.0135(6), 466.014, and 466.032(5), F.S.
[39] Chapter 2001-277, Laws of Fla.
[40] *Supra* note 34.
[41] "Basic life support" means the assessment or treatment by a person qualified under this part through the use of techniques described in the EMT-Basic National Standard Curriculum or the National EMS Education Standards of the United States Department of Transportation and approved by the DOH. The term includes the administration of oxygen and other techniques that have been approved and are performed under conditions specified by rules of the DOH.
[42] "Advanced life support" means assessment or treatment by a person qualified under this part through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, cardiac defibrillation, and other techniques described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards, pursuant to rules of the DOH.
[43] National Highway Traffic Safety Administration, Emergency Medical Services, Educational Standards and NSC: National Emergency Medical Services Education Standards, available at: http://www.ems.gov/EducationStandards.htm (last visited Jan. 19, 2016).
[44] *Id.*

  - For a paramedic, a paramedic training program approved by the DOH as equivalent to the most recent EMT-Paramedic National Standard Curriculum or the National EMS Education Standards of the United States Department of Transportation;
- Certify under oath that he or she is not addicted to alcohol or any controlled substance;
- Certify under oath that he or she is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties;
- Within 2 years after program completion have passed an examination developed or required by the DOH;
- For an EMT, hold a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent as defined by DOH rule;
- For a paramedic, hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association or its equivalent as defined by DOH rule;
- Submit the certification fee and the nonrefundable examination fee prescribed in s. 401.34, F.S., which examination fee will be required for each examination administered to an applicant; and
- Submit a completed application to the DOH, which application documents compliance with the certification requirements.[45]

Certified Nursing Assistants

The Board of Nursing regulates certified nursing assistants (CNAs). To be certified as a CNA, an applicant must meet the education and training requirements as established in statute and by rule by the Board of Nursing, and successfully pass a background screening.[46] To maintain certification, a CNA must show proof of having completed in-service training hours, which are the equivalent of CE hours for other health care professions. Currently, a CNA must complete 12 hours of in-service training each calendar year.[47] CNA certificates are issued for a biennium with a May 31st expiration date.[48]

The Council on Certified Nursing Assistants (Council) was created under the Board of Nursing to assist in the oversight of CNAs.[49] The Council's duties include recommending policy and procedures for CNAs, proposing rules to implement training and certification requirements, making recommendations to the Board of Nursing regarding matters related to the certification of CNAs, and addressing concerns and problems of CNAs in order to improve safety in the practice of CNAs.[50] The Council is composed of five members:

- Two registered nurses appointed by the chair of the Board of Nursing;
- A licensed practical nurse appointed by the chair of the Board of Nursing; and
- Two CNAs appointed by the State Surgeon General.[51]

Historically, the Council met every 2 months in conjunction with the Board of Nursing at a cost of $40,000 per year.[52] However, the Council has not held a face-to-face meeting since 2013, and beginning in 2014, the Council meets only by telephone conference call on an as needed basis. The Board of Nursing and the Council support abolishment of the Council.[53]

Costs of Licensure Regulation

It is the intent of the Legislature that the costs associated with regulating health care professions and health care practitioners be borne by the licensees and the licensure applicants.[54] Further, it is the

---

[45] Section 401.27, F.S.
[46] *See* s. 464.203, F.S., and Rules 64B9-15.006 and 64B9-15.008, F.A.C.
[47] Section 464.203(7), F.S., and Rule 64B9-15.011, F.A.C.
[48] Rule 64B-11.001, F.A.C. *See also* Florida Board of Nursing, *Certified Nursing Assistant (CNA) Renewal Requirements*, *available at* http://floridasnursing.gov/renewals/certified-nursing-assistant/ (last visited Jan. 6, 2016).
[49] Section 464.2085, F.S.
[50] Section 464.2085(2), F.S.
[51] Section 464.2085(1), F.S.
[52] *Supra* note 34.
[53] *Id.*
[54] Section 456.025(1), F.S.

intent that no profession operate with a negative cash balance.[55] The boards, in consultation with the DOH, or the DOH if there is no board, is required to set licensure renewal fees by rule and which must:

- Be based on revenue projections;
- Be adequate to cover all expenses related to that board identified in the DOH's long-range plan;[56]
- Be reasonable, fair, and not serve as a barrier to licensure;
- Be based on potential earnings from working under the scope of the license;
- Be similar to fees imposed on similar licensure types; and
- Not be more than 10 percent greater than the actual cost to regulate that profession for the previous biennium.[57]

The chairpersons of the boards and councils must meet annually to review the long-range policy plan and the current and proposed fee schedules.[58] The chairpersons are required to make recommendations for any necessary statutory changes relating to fees and fee caps, which are to be included in the DOH's annual report to the Legislature.

All funds collected by the DOH from fees, fines, or costs awarded to the agency by a court are paid into the Medical Quality Assurance Trust Fund.[59] The DOH is prohibited from expending funds from one profession to pay expenses incurred on behalf of another profession, except that the Board of Nursing may pay for costs incurred in the regulation of CNAs.[60]

The DOH may adopt rules for advancing funds to a profession operating with a negative cash balance.[61] However, the advancement may not exceed two consecutive years and the regulated profession must pay interest at the current rate earned on trust funds used by the DOH to implement ch. 456, F.S. The interest earned is allocated to the various funds in accordance with the allocation of investment earnings. Each board, or the DOH if there is no board, may assess and collect a one-time fee from each active and inactive licensee, in an amount necessary to eliminate a cash deficit in the profession, or if there is no deficit, to maintain the financial integrity of the profession.[62] Only one such assessment may be made in any 4-year period.

According to the DOH, four one-time assessments have been imposed in the past 10 years, for the following professions:

- Electrolysis in fiscal year 2005-2006, in the amount of $1,306;
- Nursing Home Administrators in fiscal year 2005-2006, in the amount of $200;
- Dentistry in fiscal year 2007-2008, in the amount of $250; and
- Midwifery in fiscal year 2008-2009, in the amount of $250.[63]

Three professions operate in a chronic deficit. Each of these professions is at its statutory fee cap, and according to the DOH, the licensure base is not large enough to generate enough revenue to cover expenditures.[64] The professions and the deficit amount under which they operate are:

Profession	Cash Balance	Renewal Fee	Statutory Fee Cap	Total Licenses

[55] Section 456.025(3), F.S.
[56] Pursuant to s. 456.005, F.S., the long-range policy plan is used to facilitate efficient and cost-effective regulation by evaluating whether the DOH is operating efficiently and effectively and if there is a need for a board or council to assist in cost-effective regulation; how and why the various professions are regulated; whether is a need to continue regulation and to what degree; whether or not consumer protection is adequate and how it can be approved; whether there is consistency between the various practice acts; and whether unlicensed activity is adequately enforced.
[57] *Supra* note 54.
[58] Section 456.025(2), F.S.
[59] Section 456.025(8), F.S.
[60] *Id.*
[61] *Supra* note 54.
[62] Section 456.025(5), F.S.
[63] *Supra* note 34 at 5.
[64] *Id.*

Dentistry	$ (2,144,333)	$ 300	$ 300	14,285
Electrologists	$ (638,545)	$ 100	$ 100	1,591
Midwifery	$ (900,155)	$ 500	$ 500	206

If the boards or the DOH were to impose a one-time assessment to eliminate the deficit and result in solvency through FY 19-20, the amount per licensee would be:

- Dentistry - $450 per active/inactive licensee;
- Electrolysis - $900 per active/inactive licensee; and
- Midwifery - $5,500 per active/inactive licensee.[65]

Patient Records

Upon the death or incapacitation of a practitioner or abandonment of medical records by a practitioner, the board, or the DOH if there is no board, may temporarily or permanently appoint a custodian of records.[66] The records custodian is required to comply with all recordkeeping requirements of s. 456.057, F.S., including maintaining the confidentiality of patient records except upon written authorization by the patient or by operation of law.

According to the DOH, 10 times per year or more, patient records are abandoned, mostly due to the death or incarceration of a practitioner, and patients are unable to access their medical records.[67] The DOH attempts to secure the records but does not have the resources available to assume control and release the records to the patients.[68]

Dispensing Practitioner Facility Inspections

The DOH is required to inspect any facility where a dispensing practitioner dispenses medicinal drugs, in the same manner and frequency as it inspects pharmacies, to determine whether the practitioner is in compliance with all applicable statutes and rules.[69] In its annual inspection of the facility, the DOH reviews compliance with requirements related to registration, labeling and storing drugs, recordkeeping, and other safety, quality, and security requirements.[70]

Dispensing practitioners may not dispense Schedule II or Schedule III controlled substances, except:

- In the health care system of the Department of Corrections;
- In connection with a surgical procedure and limited to a 14-day supply;
- In an approved clinical trial;
- In a facility, licensed under s. 397.427, F.S., providing medication-assisted treatment for opiate addiction;
- In a hospice facility, licensed under part IV of chapter 400, F.S.[71]

The DOH indicates that during the last two fiscal years, it has conducted 15,062 dispensing practitioner inspections with a passing rate of 99 percent.[72]

Advisory Council of Medical Physicists

[65] *Id.*
[66] Section 456.057(20), F.S.
[67] *Supra* note 34.
[68] *Id.*
[69] Section 465.0276(3), F.S.
[70] Florida Department of Health, *Inspection Forms*, *available at* http://www.floridahealth.gov/licensing-and-regulation/enforcement/inspection-program/inspection-forms.html (last visited Jan. 12, 2016). Click on “Dispensing Practitioners” to view the inspection checklist; the form lists the legal authority for each item.
[71] Section 465.0276(1)(b), F.S.
[72] *Supra* note 34 at 8.

The Advisory Council of Medical Physicists (council) is a nine-member board, created in 1997, to advise the DOH in the regulation of the practice of medical physics.[73] The responsibilities of the council include recommending rules to regulate the practice of medical physics, practice standards, and CE requirements.[74]

The council fulfilled its initial statutory requirements in making recommendations for the initial development of rules, practice standards, and CE requirements, and last met in December 1998.[75] The State Surgeon General appointed new members to the council in 2015 and the council met for the first time in 17 years. The DOH estimates that a face-to-face meeting of the council is $3,535 per meeting. The DOH advises that an Advisory Council on Radiation Protection, which includes medical physicists among its members, may be used in lieu of the council for guidance on matters of practice and public safety.[76]

Effect of Proposed Changes

The bill revises the regulation of various health care practitioners and programs under the jurisdiction of the DOH.

Florida Biomedical Research Programs

The bill creates additional reporting requirements for the Biomedical Research Advisory Council (BRAC), which relate to any biomedical research grant awarded under the James and Esther King Biomedical Research Program (King Program) or the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program, or to an appropriation made to an entity performing biomedical research from the General Appropriations Act. Specifically the BRAC must report to the Governor, the State Surgeon General, the President of the Senate, and the Speaker of the House of Representatives, by December 15 each year, the following additional information:

- The status of the research and whether it has concluded;
- The results or expected results of the research;
- The names of principal investigators performing the research;
- The title, citation, and summary of findings of a publication in a peer reviewed journal resulting from the research;
- The status of a patent, if any, generated from the research and an economic analysis of the impact of the resulting patent;
- A list of postsecondary educational institutions involved in the research, a description of each postsecondary educational institution's involvement in the research, and the number of students receiving training or performing research;
- A description of any fixed capital outlay project funded by the appropriation, the need for the project, how the project will be utilized, and the timeline for and status of the project, if applicable; and
- The identity of state or local government grants or donations generated as a result of the appropriation or activities funded by the appropriation, if applicable and traceable.

[73] Section 483.901(4), F.S. Section 483.901(3)(h), F.S., defines medical physics is a branch of physics associated with the practice of medicine, and includes the fields of diagnostic radiological physics, medical nuclear radiological physics, and medical health physics.
[74] Section 483.901(5), F.S.
[75] *Supra* note 34 at 9.
[76] *Id.*

The bill also requires the Alzheimer's Disease Research Grant Advisory Board of the Ed and Ethel Moore Alzheimer's Disease Research Program to report the above information annually, by February 15, to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the State Surgeon General. The bill also allows the balance of any appropriation from the General Revenue fund for the Ed and Ethel Moore Alzheimer's Disease Research Program, which has not been disbursed, but which is obligated by contract or otherwise, to be carried forward for up to 5 years after the initial appropriation. This would prevent the disruption of the funding of biomedical research that has been contractually obligated for more than a fiscal year.

Initial Licensure of Health Care Practitioners

Military and Military Spouse Health Care Practitioners

The bill authorizes the DOH to waive fees and issue a health care practitioner license to an active duty member of the military, who applies 6 months before or after an honorable discharge, in a profession for which licensure is not required in another state.[77] However, the applicant must provide evidence of military training or experience substantially equal to the requirements for licensure in Florida, and proof of a passing score on the appropriate examination of a national or regional standards organization, if required for licensure in Florida.

The bill also authorizes the DOH to issue a health care practitioner license to the spouse of an active duty military member in a profession that may not require a license in another state and allows the applicant to apply in the same manner as those military members applying for a health care practitioner license within 6 months of an honorable discharge, meaning the military spouse applicant will not be subject to application fees and will have a truncated application process. As is required for military applicants, the military spouse applicant who is not licensed in another state must provide evidence of training or experience equivalent to the requirements for licensure in Florida and provide proof of a passing score on the appropriate exam of a national or regional standards organization, if required for licensure in Florida. The bill repeals the law pertaining to temporary licensure of military spouses to conform to the new full-licensure provisions of the bill for military spouses.

The bill allows military health care practitioners who are practicing under a military platform, which is a training agreement with a nonmilitary health care provider, to be issued a temporary certificate from DOH, which authorizes the practitioner to practice in this state for up to 6 months. This would allow military health care practitioners to develop and maintain technical proficiency in their profession.

The bill includes certain safeguards to ensure military health care practitioners applying for a temporary certificate will competently and safely practice in nonmilitary health care settings. An applicant who has been convicted of a felony or misdemeanor related to the practice of a health care profession, who has had a health care provider license revoked or suspended in another jurisdiction, who has failed the Florida licensure examination for his or her profession, or who is under investigation in another jurisdiction for an act that constitutes a violation under a Florida practice act, is ineligible to apply for a temporary certificate. Upon application, the bill requires the military health care practitioner seeking a temporary certificate to:

- Submit proof that he or she will practice pursuant to a military platform;
- Submit a complete application and a nonrefundable application fee not to exceed $50;
- Hold a valid and unencumbered license to practice as a health care professional in another state, the District of Columbia, or a possession or territory of the United States, or is a military health care practitioner in a profession for which licensure in a state or jurisdiction is not required for practice in the military and who provides evidence of training and experience substantially equivalent to the requirements for licensure in this state for that profession;

[77] According to the DOH, professions not licensed in all states and jurisdictions, but are licensed in Florida, include: respiratory therapists and assistants, clinical laboratory personnel, medical physicists, opticians, athletic trainers, electrologists, nursing home administrators, midwives, orthotists and assistants, prosthetists and assistants, pedorthotists and assistants, orthotic fitters and assistants, certified chiropractic physician assistants, and pharmacy technicians. *Supra* note 34 at 3.

- Attest that he or she is not, at the time of application, the subject of a disciplinary proceeding in another jurisdiction or by the United States Department of Defense for reasons related to the practice of the profession for which he or she is applying;
- Be determined to be competent in the profession for which they are applying for a temporary certificate; and
- Submit a set of fingerprints for a background screening, if required in this state for a profession for which he or she is applying for a temporary certificate.

Disqualification of Certain Applicants for Licensure

Current law requires the DOH to deny the initial licensure application or renewal application of any health care practitioner who has been convicted of certain felonies or excluded from participating in governmental health programs. The bill deletes a provision that allows certain felons, individuals terminated for cause from any state's Medicaid program, or individuals listed on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, to obtain a license in Florida. The deletion of this provision will prevent those denied licensure renewal based on one of these offenses from re-applying and obtaining a new license based on the exemption.

HIV and AIDS Course Requirement

The bill repeals the requirement that radiological personnel, speech-language pathologists, and audiologists complete a course on HIV and AIDS prior to licensure. According to the DOH, this will accelerate the initial licensure process and reduce costs to licensees.[78] Midwives and clinical laboratory personnel must still meet this requirement for licensure.

Medical Errors Course Requirement

The bill eliminates the requirement that health care practitioners complete a 2-hour course on medical errors before a license may be issued; but maintains the requirement for biennial renewal.

<u>Continuing Education Requirements</u>

The bill creates s. 456.0361, F.S., and relocates the requirement that DOH establish an electronic continuing education (CE) tracking system to the newly created section of law. The bill prohibits the DOH from issuing a license renewal if the licensee has not complied with applicable CE requirements. The boards and the DOH may impose additional penalties, as authorized by statute or rule, for noncompliance with CE requirements. The DOH is granted rulemaking authority for implementation of this provision.

The bill simplifies the CE reporting requirements for certain practitioners to conform with the electronic CE tracking system. For acupuncturists, physician assistants, optometrists, dentists, dental hygienists, dental laboratories, hearing aid specialists, and physical therapists, the bill eliminates procedures for proving compliance with CE requirements, such as the submission of an affidavit or written statement attesting to the completion of the required CEs. The bill also eliminates the DOH's authority to request that a licensee produce documentation of his or her CEs.

<u>Emergency Medical Technicians and Paramedics</u>

The bill permits the certificates for emergency medical technicians (EMTs) and paramedics to remain in an inactive status for up to two renewal periods (4 years) rather than expiring after 180 days. Additionally, the bill exempts out-of-state or military-trained EMTs or paramedics from the certification examination required by the DOH if the EMT or paramedic is nationally certified or registered.

<u>Certified Nursing Assistants</u>

---

[78] *Supra* note 34 at 9.

The bill repeals s. 464.2085, F.S., to abolish the Council on Certified Nursing Assistants, under the Board of Nursing. The Council currently meets by telephone conference call, on an as needed basis. Historically, the Board met every two months, in conjunction with Board of Nursing meetings, at an estimated cost of $40,000 per year. According to the DOH, the Board of Nursing, in conjunction with stakeholders, has the knowledge and experience to undertake the promulgation of rules for the CNAs. The Board of Nursing and the Council on Certified Nursing Assistants support this repeal.[79]

The bill also amends the reporting schedule for CE for CNAs from annual to biennial to align the renewal cycle for the profession.

Medical Physicists

The bill abolishes the Advisory Council of Medical Physicists (council), which was created to advise the DOH in the regulation of the practice of medical physics. The council fulfilled its initial statutory duties by making recommendations for the initial development of rules, practice standards, and CE requirements. The State Surgeon General appointed new members to the council in 2015 and council met for the first time in 17 years. The DOH estimates that a face-to-face meeting of the council is $3,535 per meeting. The DOH advises that an Advisory Council on Radiation Protection includes medical physicists among its members and that group may be used for guidance on matters of practice and public safety.[80]

Dispensing Practitioner

The bill eliminates the inspection by the DOH of the facilities of a dispensing practitioner. The dispensing practitioner must continue to comply with all applicable statutes and rules. However, a dispensing practitioner will not be subject to an inspection by the DOH within specified timeframes. The DOH retains the authority to inspect the facilities of a dispensing practitioner at such time as the DOH determines it is necessary.[81]

Costs of Regulation

The bill creates a mechanism to eliminate the cash deficit of professions that have operated in a deficit for two or more years and are at their statutory fee cap. The bill allows the DOH to waive allocated administrative and indirect operational costs until such profession has a positive cash balance. Administrative and operational costs include costs associated with:

- The director's office;
- System support;
- Communications;
- Central records; and
- Other administrative functions.

The waived costs are to be allocated to the other professions. The bill also authorizes the transfer of unused funds in the deficit profession's unlicensed activity account to help reduce the deficit.

The bill also removes from law:

- The requirement that the chairpersons of the boards and councils meet annually to review the DOH's long-range plan and the current and proposed fee schedules, and make recommendations for any necessary statutory changes relating to fees and fee caps to be included in DOH's annual report to the Legislature;

[79] *Supra* note 34 at 8.
[80] *Supra* note 34.
[81] *See* s. 456.069, F.S.

- The requirement that the DOH set license fees, on behalf of a board that fails to act timely, to cover anticipated deficits and maintain the required cash balance;
- The DOH's rulemaking authority for authorizing advances, with interest, to a profession operating with a negative case balance;
- The prohibition against using funds from the account of a profession to pay for the expenses of another profession; and
- A requirement that the DOH include in its annual report to the Legislature, a condensed report of the revenue and allocated expenses of each profession, along with the DOH's recommendations.

Patient Records

The bill permits the DOH to contract with a third party to become the custodian of medical records in the event of a practitioner's death, incapacitation, or abandonment of the medical records, under the same confidentiality and disclosure requirements imposed on a licensee. The bill requires board-appointed medical records custodians to be approved by the DOH.

The bill makes other technical and conforming changes.

The bill provides an effective date of July 1, 2016.

B. SECTION DIRECTORY:

Section 1. Amends s. 215.5602, F.S., relating to the James and Esther King Biomedical Research Program.
Section 2. Amends s. 381.0043, F.S., relating to the requirement for instruction on HIV and AIDS.
Section 3. Amends s. 381.82, F.S., relating to the Ed and Ethel Moore Alzheimer's Disease Research Program.
Section 4. Amends s. 381.922, F.S., relating to the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program.
Section 5. Amends s. 401.27, F.S., relating to personnel; standards and certification.
Section 6. Amends s. 456.013, F.S., relating to the Department of Health and general licensing provisions.
Section 7. Amends s. 456.024, F.S., relating to members of the Armed Forces in good standing with administrative boards or the department; spouses; licensure.
Section 8. Creates s. 456.0241, F.S., relating to temporary certificates for active duty military health care practitioners.
Section 9. Amends s. 456.025, F.S., relating to fees, receipts, and disposition.
Section 10. Creates s. 456.0361, F.S., relating to compliance with continuing education requirements.
Section 11. Amends s. 456.057, F.S., relating to ownership and control of patient records; report or copies of records to be furnished; disclosure of information.
Section 12. Amends s. 456.0635, F.S., relating to health care fraud; disqualification for license, certificate, or registration.
Section 13. Amends s. 457.107, F.S., relating to renewal of licenses; continuing education.
Section 14. Amends s. 458.347, F.S., relating to physician assistants.
Section 15. Amends s. 463.007, F.S., relating to renewal of license; continuing education.
Section 16. Amends s. 464.203, F.S., relating to certified nursing assistants; certification requirement.
Section 17. Repeals s. 464.2085, F.S., relating to the Council on Certified Nursing Assistants.
Section 18. Amends s. 456.0276, F.S., relating to the dispensing practitioner.
Section 19. Amends s. 466.0135, F.S., relating to continuing education; dentists.
Section 20. Amends s. 466.014, F.S., relating to continuing education; dental hygienists.
Section 21. Amends s. 466.032, F.S., relating to registration.
Section 22. Repeals s. 468.1201, F.S., relating to the requirement for instruction on human immunodeficiency virus and acquired immune deficiency syndrome.
Section 23. Amends s. 483.901, F.S., relating to medical physicists; definitions; licensure.
Section 24. Amends s. 484.047, F.S., relating to renewal of license.
Section 25. Amends s. 486.109, F.S., relating to continuing education.

Section 26. Amends s. 499.028, F.S., relating to drug samples or complimentary drugs; starter packs; permits to distribute.
Section 27. Amends s. 921.0022, F.S., relating to the Criminal Punishment Code; offense severity ranking chart.
Section 28. Provides an effective date of July 1, 2016.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

Military Health Care Practitioners

The revenues from health care practitioner licensure fees will be reduced due to the expansion of fee waivers for military spouses applying for licensure. The bill also allows the DOH to assess up to a $50 application fee and renewal fee for temporary certificates for active duty military health care professionals. The DOH has the authority to waive the fee, yet if assessed, the fee revenues generated would support the regulatory expenses of the licenses. Since the implementation of current legislation granting fee waivers for honorably discharged veterans, the department has issued 150 licenses for a total of $55,017 in unrealized revenue. Since implementation of legislation granting temporary licenses for military spouses, the department has issued 112 temporary licenses.[82]

Dispensing Practitioner Facility Inspections

The bill amends the requirement for inspecting a dispensing practitioner's location and instead allows the department to inspect at such times as the department determines it is necessary as a random, unannounced inspection or during the course of an investigation. Each registered dispensing practitioner is assessed a $100 fee at the time of registration and again upon the renewal of their license to cover the cost of inspections. The loss of revenue would be the result of 2,984 dispensing practitioners not being assessed the biannual fee for a calculated total annual loss in revenue of $149,200.[83]

2. Expenditures:

Military Health Care Practitioners

The DOH may experience a recurring increase in workload associated with the expanded eligibility criteria of the military fee waiver for health care professional licensure. The number of qualified applicants who will apply for licensure is indeterminate however, it is anticipated that current resources are adequate to absorb the impact.

Dispensing Practitioner Facility Inspections

The bill is anticipated to have an insignificant, positive fiscal impact on the DOH with the elimination of annual inspections of the facilities of dispensing practitioners. In Fiscal Year 2014-2015, the DOH conducted 7,800 inspections of dispensing practitioner locations at an estimated cost of approximately $75 per inspection with an annual cost savings of $597,706.[84]

Advisory Councils

The DOH may realize costs savings resulting from the elimination of the Council on Certified Nursing Assistants and the Advisory Council of Medical Physicists. The annual cost of face-to-face

---

[82] *Supra* note 34.
[83] E-mail Correspondence with the Department of Health, (January 29, 2016), on file with the Health Care Appropriations Subcommittee.
[84] *Supra* note 34.

meetings of the Council on Certified Nursing Assistants is approximately $40,000. The per-meeting cost of the Advisory Council of Medical Physicists is $3,535.[85]

DOH Record Retention

The bill will have an insignificant, negative fiscal impact on the DOH, to pay for annual storage costs for medical records the DOH would have to retain in the event of a practitioner's death, incapacitation, or abandonment. The annual contractual cost is estimated to be $4,020 which current resources are adequate to absorb.[86]

The bill may have an insignificant, negative fiscal impact on the DOH, associated with the promulgation of rules to implement its electronic continuing education tracking system.

The DOH may incur a negative fiscal impact associated with providing administrative support to the BRAC to comply with the bill's new reporting requirements pertaining to biomedical research grants.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

HIV and AIDS Course Requirement

With the elimination of the requirement to complete an HIV/AIDS course and medical errors course prior to licensure, affected licensees may incur less expense when applying for licensure. The course for these professions costs approximately $135 and the total cost savings to applicants in Fiscal Year 2014-2015 was $145,800 for Clinical Laboratory Personnel, $3,375 for Midwives, and $295,065 for Radiologic Technologists and Radiologist Assistants.[87]

Military Health Care Practitioners

The bill expands fee waivers for military spouses and military health care practitioners who will incur less expense when applying for permanent medical professional licensure.

Active duty military health care professionals may incur an additional cost if the DOH implements a $50 application fee and renewal fee for temporary health care licensure.

Dispensing Practitioner

A medical practitioner will experience a cost savings due to the bill eliminating the $100 fee assessed at the time of registration and again upon the renewal of the dispensing practitioner license.

Medical Research Grants

The bill allows the Ed and Ethel Moore Alzheimer's Disease Research Program to carry forward unspent general revenue appropriations up to five years allowing research projects to span multiple years. This will enable the department to offer longer grant periods, thus enabling researchers to benefit from having access to allocated grant funds over the course of a five-year period.

---

[85] *Id.*
[86] *Id.*
[87] *Supra* note 34.

D. FISCAL COMMENTS:

Costs of Licensure Regulation

The bill allows the DOH to waive allocated administration and operational indirect costs for professions which operate in a chronic deficit and reallocate those costs to other solvent professions. The total amount of the deficit is $3,682,993 with deficit professions being dentistry, electrolysis, and midwifery. Current law allows each board or the department to assess and collect a one-time fee from each active status licensee and each inactive status licensee in an amount necessary to eliminate a cash deficit. The boards have imposed 4 one-time assessments in the past 10 years ranging from $1,306 to $200.[88]

The department's analysis of the fiscal impact of the reallocation of administrative costs included in the bill implements both a one-time assessment combined with a administrative reallocation as a strategy for achieving fiscal solvency. These two solutions implemented simultaneously would result in the following fees and waivers to be assessed:

- Dentistry would assess a fee of $450 and would waive administrative costs of approximately $600,000 for one fiscal year to reach solvency by June 30, 2016 and based on a six year projection remain solvent.

- Electrolysis would assess a fee of $450 and would waive administrative costs of approximately $40,000 for three fiscal years to reach solvency by June 30, 2016 and based on a six year projection, remain solvent.
- Midwifery would assess a fee of $4,700 to the program's total 206 licensees and would waive administrative costs of approximately $15,000 for all six years to show an increasing trend to solvency.[89]

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill grants the DOH authority to promulgate rules to implement the electronic tracking of continuing education requirements.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On January 19, 2016, the Health Quality Subcommittee adopted a strike all amendment and an amendment to the strike all amendment. Together, the amendments made the following changes:

- Requires the state-funded biomedical research grant programs to report to the Governor and Legislature about the research being performed, the use of state funds, and the return on the state's investment.

---

[88] *Id.*

[89] *Supra* note 34.

- Allows the balance of any appropriation from the General Revenue fund for the Ed and Ethel Moore Alzheimer's Disease Research Program which has not been disbursed, but which is obligated by contract or otherwise, to be carried forward for up to 5 years after the initial appropriation.
- Revises the eligibility criteria for military health care practitioners to receive a license in this state by allowing those who meet equivalent training and education requirements and who have taken a national or regional examination to be qualified.
- Authorizes spouses of active duty military members who are health care practitioners to become eligible for licensure in this state if they meet certain criteria and repeals temporary licensure provisions for military spouses.
- Allows military health care practitioners who are practicing under a military platform (training agreement with a nonmilitary health care provider) to be issued a temporary certificate to practice in this state.
- Removes the section pertaining to the impaired practitioner treatment program.
- Permits the certificates for emergency medical technicians (EMTs) and paramedics to remain in an inactive status for up to two renewal periods rather than expiring after 180 days.
- Exempts out of out-of-state or military-trained EMTs or paramedics from the certification examination required by the DOH, if the EMT or paramedic is nationally certified or registered.

The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute.