

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Subcommittee on Health and Human Services

BILL: PCS/CS/SB 188 (114864)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Health Policy Committee and Senator Harrell

SUBJECT: Department of Health

DATE: February 22, 2019 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Loe	Kidd	AHS	Recommend: Fav/CS
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/CS/SB 188 updates numerous provisions relating to health care practitioners and facilities regulated by the Department of Health (DOH), Division of Medical Quality Assurance (MQA). The bill:

- Grants rulemaking authority to the DOH for responsibilities relating to maximizing the use of existing programs and coordinating stakeholders and resources to develop a state strategic plan, including the process of selecting physicians under the Conrad 30 Waiver Program;
- Requires the applicant’s date of birth on health care professional licensure applications;
- Repeals the requirement that the Board of Medicine (BOM) conduct a review of organizations that board-certify physicians in dermatology;
- Defines a “contact classroom hour” for chiropractic continuing education (CE) and authorizes 10 hours of online general credit CE;
- Deregulates registered chiropractic assistants;
- Extends the requirement for the Florida Center for Nursing to provide an implementation study and annual report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025;
- Grants rulemaking authority to the Board of Nursing (BON) to establish standards of practice, including discipline and standards of practice for certified nursing assistants (CNA);

- Recognizes CNA certification in a United States territory or the District of Columbia for certification in Florida and eliminates the element of intent for violations of the practice act for CNAs;
- Repeals the requirement for Florida dentists and dental hygienists to grade dental and dental hygienist licensure examinations;
- Requires dentists and dental hygienists to report adverse incidents to the Board of Dentistry (BOD);
- Requires an athletic trainer to work within his or her scope of practice as defined by the Board of Athletic Trainers (BOAT) and revises the educational and internship requirements for licensure;
- Requires the DOH to issue a single prosthetist-orthotist license to qualified applicants and establishes the educational requirements for dual registration;
- Limits massage therapy apprenticeships to those in colonic irrigations and authorizes the Board of Massage Therapy (BMT) to take action against a massage therapy establishment and individuals providing services therein, under certain circumstances;
- Updates the name of the accreditation body for psychology programs and revises the requirements for psychology licensure;
- Limits the Board of Clinical Social Work, Marriage and Family Therapists, and Mental Health Counseling to the issuance of only one additional internship registration;
- Revises the licensure requirements for Marriage and Family Therapists and Licensed Mental Health Counselors; and
- Deletes obsolete language and makes technical and conforming changes.

The bill has no impact on state revenues or expenditures.

The bill is effective July 1, 2019.

II. Present Situation:

The Conrad 30 Program

The Conrad 30 Program, authorized by the U.S. Department of State and the U.S. Citizenship and Immigration Services, addresses the shortage of qualified doctors in medically underserved areas. The program allows a medical doctor holding a J-1 Visa to apply for a waiver of the two-year residence requirement upon completion of the J-1 Visa exchange visitor program under s. 214(1) of the Immigration and Nationality Act.

State public health agencies are authorized to sponsor up to 30 physicians annually to serve in a designated U.S. Department of Health and Human Services (HHS) Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP). The program requires a medical doctor holding a J-1 Visa who wishes to participate in a Conrad 30 Program to:

- Agree to be employed full-time in H-1B nonimmigrant status at a health care facility located in an area designated by the HHS as a HPSA, MUA, or MUP;
- Obtain a contract from the health care facility located in an area designated by HHS as an HPSA, MUA, or MUP;

- Obtain a “no objection” letter from his or her home country if the home government funded his or her exchange program; and
- Agree to begin employment at the health care facility within 90 days of receipt of the waiver, not the date his or her J-1 visa expires.

The DOH has administered Florida’s Conrad 30 Waiver Program since 1994. In recent years, the number of applicants has exceeded the maximum number of 30 slots allowed by the program. The DOH does not have explicit rulemaking authority to establish additional criteria for selecting Conrad 30 applicants for sponsorship, thereby limiting the DOH’s ability to place qualified foreign physicians in areas of highest need.¹

The Department of Health’s General Health Care Professional Licensing Authority

The DOH’s general licensing provisions, authorized under section 456.013, Florida Statutes, require every applicant for licensure to apply to the DOH before sitting for a licensure examination. This requirement was initially imposed when the DOH developed and administered its own examinations. A strict statutory interpretation of this section requires an applicant, even one who has already passed the licensure examination before applying for a license, to take the examination after applying to the DOH for licensure.

Section 456.017, F.S., was amended in 2005 to provide that neither a board nor the DOH could administer a state-developed written examination if a national examination was certified by the DOH. National examinations have been certified, and the requirement for applying to the DOH to take the state examination has become obsolete.²

Section 456.013, F.S., requires all applications for licensure to be submitted to DOH on a form that may be submitted electronically. The provision requires the applicant’s social security number (SSN). There is no statutory requirement that an applicant provide a date of birth, although a birth date is a requirement to fulfill other statutory licensure requirements under ss. 456.039 and 456.0135, F.S, for fingerprinting and fingerprint retention by the Agency for Health Care Administration (AHCA) and the Care Provider Background Screening Clearinghouse.

According to the DOH, the Joint Administrative Procedures Committee (JAPC) has objected to applications for licensure that contained a data field for the applicant’s date of birth. The JAPC indicates that the DOH has no statutory authority to ask for a date of birth. To ensure accurate matches through the Florida Department of Law Enforcement, the Federal Bureau of Investigation, and the Sex Offender Registry, the DOH must have available three identifiers: the name, social security number, and date of birth.³

¹ Florida Department of Health, *House Bill 1047 Analysis* (Dec. 19, 2017) (on file with the Senate Committee on Health Policy).

² *Id.*

³ *Id.*

Medical Specialists

A physician licensed under ch. 458, F.S., may not hold himself or herself out as a board-certified specialist unless the physician has received formal recognition as a specialist from a specialty board of the American Board of Medical Specialties or other recognizing agency that has been approved by the board. A physician may not hold himself or herself out as a board-certified specialist in dermatology unless the recognizing agency, whether authorized in statute or by rule, is triennially reviewed and reauthorized by the BOM.

Osteopathic Physicians

There are two types of physicians fully licensed to practice medicine in Florida. Those holding the M.D. degree – doctor of allopathic medicine – licensed under ch.458, F.S., and those holding the D.O. degree – doctor of osteopathic medicine – licensed under ch. 459, F.S. Both types of physicians are licensed in Florida to perform surgery and prescribe medicine in hospitals, clinics, and private practices, as well as throughout the U.S. Osteopathic physicians offer all the services as M.D.s.

Osteopathic physicians can specialize in every recognized area of medicine, from neonatology to neurosurgery, but more than half of all osteopathic physicians practice in primary care areas, such as pediatrics, general practice, obstetrics/gynecology, and internal medicine. Additionally, many osteopathic physicians fill a critical need for family doctors by practicing in small towns and rural areas.⁴

Osteopathic Residencies and Florida Licensure

After acquiring a four-year undergraduate college degree with requisite science classes, students are accepted into one of the nation's 21 osteopathic medical schools accredited by the Bureau of Professional Education of the American Osteopathic Association. Following graduation, Osteopathic physicians complete an approved 12-month internship. Interns rotate through hospital departments, including internal medicine, family practice, and surgery. They may then choose to complete a residency program in a specialty area, which requires two to six years of additional training.⁵

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

- Submit an application with a fee;
- Be at least 21 years of age;
- Be of good moral character;
- Have completed at least three years of pre-professional postsecondary education;
- Have not previously committed any act that would constitute a violation of ch. 459, F.S.;
- Not be under investigation anywhere for an act that would constitute a violation of ch. 459, F.S.;
- Have not been denied a license to practice osteopathic medicine, or had his or her osteopathic medicine license revoked, suspended, or otherwise acted against by any jurisdiction;

⁴ Florida Osteopathic Medical Association, *Osteopathic Medicine*, available at <http://www.foma.org/osteopathic-medicine.html> (last visited Feb. 1, 2019).

⁵ *Id.*

- Have met the criteria for:
 - A limited license under s. 459.0075, F.S.;
 - An osteopathic faculty certificate under s. 459.0077, F.S.; or,
 - A resident physician, intern, or fellow under s. 459.021, F.S.
- Demonstrate that he or she is a graduate of a medical college recognized and approved by the American Osteopathic Association;
- Demonstrate that he or she has successfully completed a resident internship of not less than 12 months in a hospital approved by the Board of Trustees of the American Osteopathic Association or any other internship program approved by the Board of Osteopathic Medicine (BOOM) upon a showing of good cause; and
- Demonstrate that he or she has achieved a passing score, established by rule of the board, on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the BOOM no more than five years before making application.⁶

The Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is a non-profit corporation whose mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. In the academic year 2017-2018, there were approximately 830 ACGME-accredited institutions sponsoring approximately 11,200 residency and fellowship programs in 180 specialties and subspecialties. Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards. ACGME accreditation provides assurance that a sponsoring institution or program meets the quality standards (institutional and program requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates. ACGME accreditation is overseen by a review committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of sponsoring institutions and specialty and subspecialty residency and fellowship programs.⁷

The ACGME was established by five medical organizations in 1981⁸ and, in 2014, was joined by the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine. A primary responsibility of each of the organizations is to nominate individuals to be considered for membership on the ACGME Board of Directors. The ACGME board currently includes 24 members nominated by member organizations, two resident members, three public directors, four at-large directors, the chair of the Council of Review Committee Chairs, and two non-voting federal representatives.

The ACGME is an independent entity which sets standards for graduate medical education (GME), and renders accreditation decisions based on compliance with those standards. The

⁶ Section 459.0055, F.S.

⁷ American Council of Graduate Medical Education, *What We Do*, available at <https://www.acgme.org/What-We-Do/Overview> (last visited Feb. 4, 2019).

⁸ American Council of Graduate Medical Education, *Member Organizations*, The five organization are: The American Board of Medical Specialists, The American Hospital Association, The American Medical Association, The Association of American Medical Colleges, and Council of Medical Specialty Societies, available at <https://www.acgme.org/About-Us/Member-Organizations> (last visited Feb. 4, 2019).

member organizations are corporately separate from the ACGME and do not participate in accreditation, pay dues, or make any other monetary contribution to the ACGME.⁹

The National Resident Matching Program

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

The first Main Residency Match® (“Match”) was conducted in 1952 when 10,400 internship positions were available for 6,000 graduating U.S. medical school seniors. By 1973, there were 19,000 positions for just over 10,000 graduating U.S. seniors. Following the demise of internships in 1975, the number of first-year post-graduate (PGY-1) positions declined to 15,700. The number of PGY-1 positions gradually increased through 1994 and then began to decline slowly until 1998. In 2018, an all-time high of 30,232 PGY-1 positions were offered.¹⁰

Beginning in 2014, osteopathic medical school graduates could participate in the Match, which opened up additional residency programs available to osteopathic medical graduates. In 2018, 4,617 PGY-1 osteopathic graduates applied to the Match and 3,771 matched – an 81 percent match rate. By June 2020, osteopathic residency programs will need to be accredited by ACGME to participate in the Main Residency Match.¹¹

Chiropractic Continuing Education

The practice of chiropractic medicine is “a non-combative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other mal-positioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body [...] are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health [...] using specific chiropractic adjustment or manipulation techniques taught in chiropractic colleges accredited by the Council on Chiropractic Education.”¹²

Florida chiropractic licenses are renewable every two years. The Board of Chiropractic Medicine requires 40 in-person CE hours every biennial license renewal, and those hours must include: 27 general hours, six hours of documentation and coding, two hours for medical errors, two hours of ethics, two hours of Florida laws and rules, and one hour of risk management.

⁹ Id.

¹⁰ The Match, National Resident Matching Program, Results and Data 2018 Main Residency Match *About the NRMP*, pg. 7, available at <https://mk0nrmpcikgb8jxyd19h.kinstacdn.com/wp-content/uploads/2018/04/Main-Match-Result-and-Data-2018.pdf> (last visited Feb. 4, 2019).

¹¹ The National Residency Match Program, *Residency Program Eligibility*, available at <http://www.nrmp.org/residency-program-eligibility/> (last visited Feb. 4, 2019).

¹² Section 460.403(9), F.S.

Registered Chiropractic Assistants

Registered Chiropractic Assistants (RCAs) perform duties not directly related to chiropractic patient care under the direct supervision of a chiropractic physician or chiropractic physician's assistant. There are no regulatory provisions associated with the work of an RCA. The registration is voluntary and not required for an individual to assist with patient care management activities, execute administrative and clinical procedures, or perform managerial and supervisory functions in an office.¹³ According to the DOH, in Fiscal Year 2016-2017, there were 3,800 active in-state RCAs.¹⁴

Florida Center for Nursing

In 2001, the Florida Legislature created s. 464.0195, F.S., establishing the Florida Center for Nursing (FCN) “[t]o address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources.”¹⁵ The primary statutory goals address collecting and analyzing nursing workforce data; developing and disseminating a strategic plan for nursing; developing and implementing reward and recognition activities for nurses; and promoting nursing excellence programs, image building, and recruiting into the profession. The FCN is further charged to convene various stakeholder groups to review and comment on nursing workforce data and to recommend systemic changes that will improve the recruitment and retention of nurses in Florida.

The FCN conducts an analysis of licensed practical nurses (LPN), registered nurses (RN), and advanced registered nurse practitioners (ARNP) annually to assess Florida's nurse supply, including the numbers of nurses, demographics, education, employment status, and specialization pursuant to s. 467.019, F.S. The FCN submits a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually through January 30, 2020.

The Fiscal Year 2016-2017 report presents summary findings from the completed licensure renewal cycle that indicate:

- The supply of RNs grew approximately 7.4 percent, ARNPs grew by 22 percent, and the number of LPNs decreased by 1.9 percent since Fiscal Year 2015-2016.
- Overall, the nurse workforce lost about 1,300 nurses to retirement.
- Approximately 46 percent of renewing RNs, 44 percent of renewing LPNs, and 39 percent of renewing ARNPs were over the age of 50.
- For each licensure type, racial and ethnic diversity was more common among younger incoming and renewing nurses.
- Approximately 44 percent of employed RN renewals had a bachelor's of science in nursing or higher degree. Education information was not available for newly licensed nurses.¹⁶

¹³ Section 460.4166, F.S.

¹⁴ *Supra* note 1.

¹⁵ The Florida Center for Nursing, *About Us*, available at: <https://www.flcenterfornursing.org/AboutUs/AbouttheFCN.aspx> (Last visited Feb. 21, 2019).

¹⁶ The Department of Health, *Florida Center for Nursing (FCN) Nursing Supply Findings Published*, available at: <https://www.flcenterfornursing.org/AboutUs/AbouttheFCN.aspx> (Last visited Feb. 21, 2019).

Board of Nursing Rulemaking Authority to Establish Standards of Practice

The Legislature has granted the Board of Nursing (BON) rulemaking authority to:

- Establish guidelines for remedial courses for those nurses who fail the nursing examination three times;¹⁷
- Administer the certification of clinical nurse specialists;¹⁸
- Administer the certification of advanced registered nurse practitioners, including the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners;¹⁹
- Establish a procedure for the biennial renewal of licenses and to prescribe continuing education requirements for renewal of licenses;²⁰
- Provide application procedures for inactive status, the biennial renewal of inactive licenses, and the reactivation of licenses, including applicable fees;²¹
- Establish the testing procedures for use in certifying nursing assistants, regulating the practice of certified nursing assistants, and specifying the scope of practice and the level of supervision required for the practice of certified nursing assistants;²² and,
- Establish disciplinary guidelines.²³

The Legislature did not expressly grant rulemaking authority to the BON to promulgate nursing standards of practice.²⁴ The authority to define the scope of practice for nurses is absent from ss. 464.018 and 456.003(6), F.S., which expressly limits the ability of the DOH boards to modify or contravene the lawful scope of practice of a regulated profession.

From 2003 through 2012, the BON proposed various rules on nursing standards of practice for conscious sedation and unprofessional conduct which were ultimately withdrawn after the JAPC asserted objections. In 2012, the BON proposed another rule establishing professional guidelines for the administration of conscious sedation and to update the instances of unprofessional conduct. The 2012 rule was met with rule challenges from various associations, and JAPC objected to the rule as lacking statutory rulemaking authority. The rule was ultimately challenged at DOAH in case number 121545RP. That decision found that the BON lacked the statutory authority to define nursing “scope of practice” in the Nurse Practice Act. The decision was affirmed by the First District Court of Appeal in case numbers 1D12-5656, 1D12-5671, and 1D12-5739 (all related to DOAH 12-1545RP).

¹⁷ Section 464.008, F.S.

¹⁸ Section 464.0115, F.S.

¹⁹ Section 464.012, F.S.

²⁰ Section 464.013, F.S.

²¹ Section 464.014, F.S.

²² Section 464.202, F.S.

²³ Section 464.018(5), F.S.

²⁴ See *Florida Medical Association, Inc., Florida Osteopathic Medical Association, and Florida Podiatric Medical Association vs. Department Of Health, Board Of Nursing*, DOAH Case No. 12-001545 RP, *Summary Final Order*, Nov. 2, 2012; *affirmed per curium, Department of Health, Board of Nursing, Florida Association of Nurse Anesthetists and Florida Nurses Association, v. Florida Medical Association, Inc., Florida Osteopathic Medical Association, Inc., and Florida Podiatric Medical Association*, Case Nos. 1D12-5656, 1D12-5671, 1D12-5739 (Fla. 1st DCA, Feb. 12, 2014).

The Legislature has granted statutory authority to set standards of practice for professions that are authorized to practice independently, including: allopathic and osteopathic physicians,²⁵ podiatric physicians,²⁶ pharmacists,²⁷ psychotherapists,²⁸ clinical social workers,²⁹ dentists,³⁰ optometrists,³¹ and opticians.³²

Certified Nursing Assistants

Section 464.201(5), F.S., defines the practice of a certified nursing assistant (CAN) as providing care and assisting persons with tasks relating to the activities of daily living. Activities of daily living include tasks associated with: personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, patients' rights, documentation of nursing-assistant services, and other tasks that a CNA may perform after training.³³

The BON issues certificates to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write, successfully passes the required background screening, and demonstrates:

- Successfully completing an approved training program and achieving a minimum score;
- Achieving a minimum score on the nursing assistant competency examination, and:
 - Having a high school diploma, or its equivalent; or,
 - Being at least 18 years of age;
- Being currently certified in another state and having not been found to have committed abuse, neglect, or exploitation in that state; and,
- Having completed the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieving a minimum score.³⁴

Section 464.204, F.S., relating to the denial, suspension, or revocation of a CNA certification, sets forth the grounds for the BON to discipline a CNA. Two actions constitute grounds for which the BON may impose disciplinary sanctions:

- Obtaining or attempting to obtain certification or an exemption, or possessing or attempting to possess certification or a letter of exemption, by bribery, misrepresentation, deceit, or through an error of the BON; and
- Intentionally violating any provision of ch. 464, F.S., ch. 456, F.S., or the rules adopted by the BON.

²⁵ Sections 458.331(1)(v) and 459.015(1)(z), F.S.

²⁶ Section 461.003, F.S.

²⁷ Sections 465.003(13) and 465.0155, F.S.

²⁸ Section 490.003(4), F.S.

²⁹ Section 491.003, F.S.

³⁰ Section 466.003(3), F.S.

³¹ Section 463.005(1)(a), F.S.

³² Section 463.002(7), F.S.

³³ Section 464.201, F.S.

³⁴ Section 464.203, F.S.

When pursuing discipline against a CNA, the DOH must be prepared to prove that the CNA “intentionally” violated the law or rule, which is a difficult standard to meet.

The BON can only approve applications for licensure by endorsement from currently licensed CNAs in other states. If a CNA from the District of Columbia or a U.S. territory wishes to be licensed in Florida, he or she must apply for licensure by examination instead of endorsement.³⁵

Dentistry and Dental Hygiene

Licensure Examinations for Dentists and Dental Hygienists

Section 466.004, F.S., establishes the Board of Dentistry (BOD) within the DOH to regulate the practice of dentistry and dental hygiene. The requirements for dental licensure by examination are found in s. 466.006, F.S. The Legislature authorized the BOD to use the American Dental Licensing Examination (ADLEX), developed by the American Board of Dental Examiners, Inc., in lieu of an independent state-developed practical or clinical examination. Section 466.007, F.S., requires a dental hygiene applicant to pass the American Dental Hygiene Licensing Examination (ADHEX) developed by the American Board of Dental Examiners, Inc.

Sections 466.006(4)(b) and 466.007(4)(b), F.S., require that the ADLEX examination for dentists, and the ADHEX examination for hygienists, be graded by Florida licensed dentists, and dentists and hygienists, respectively. Such practitioners must be employed by the DOH for this purpose. This provision refers to requirements that were necessary when the ADLEX and ADHEX examinations were purchased and administered by the DOH. This requirement is now obsolete since the BOD has certified national examinations for both dentists and hygienists.

According to the DOH, by limiting the grading to Florida-only licensed dentists and hygienists, it created a shortage of dentists and hygienists available to grade the examinations, thus jeopardizing the administration of the ADLEX and the ADHEX.³⁶

Adverse Incident Reporting in the Practice of Dentistry

There is no statutory requirement for dentists or dental hygienists to report adverse incidents or occurrences in office practice settings. In contrast, the BOM and BOOM have specific statutory authority to require licensees to report adverse incidents in office practice settings.³⁷

The BOD, by rule, defines an “adverse occurrence” and specifies reporting requirements. The rule specifies that an adverse occurrence in a dental office must be reported to the BOD within 48 hours followed by a more specific written report within 30 days. These reports are forwarded to the chairman of the Probable Cause Panel to determine if further investigation is necessary. If further investigation is warranted, the report and recommendation are forwarded to the MQA Consumer Services Unit (CSU) for further investigation. All reported mortalities occurring in a dental office are forwarded to the CSU for investigation.

³⁵ *Id.*

³⁶ *Supra* note 1.

³⁷ Sections 458.351 and 459.026, F.S.

The rule does not provide a penalty for failure to report an adverse occurrence.³⁸ According to the DOH, this lack of penalty for failure to report an adverse occurrence may result in the under-reporting of incidents in the dental office practice setting.³⁹

Dental Laboratories

Section 466.032, F.S., sets forth the registration and biennial registration renewal for a dental laboratory. It directs the DOH to issue a certificate upon payment of a fee, which entitles the registrant to operate a dental laboratory for a period of two years. Section 466.032, F.S., sets forth the requirements for a periodic inspection of dental laboratories for required equipment and supplies, mandates 18 hours biennially of continuing education for the dental laboratory owner or at least one employee who must be in programs of learning that contribute directly to the education of the dental technician, and establishes disciplinary guidelines for violations.

According to the DOH, there were 954 dental laboratories as of June 30, 2017.⁴⁰ Since 2012, there have been six administrative complaints filed in Florida against dental laboratories, four of which resulted in disciplinary cases. In one case, the laboratory refused an inspection. The other three were either unsanitary conditions, failure to take continuing education for certificate renewal, or record keeping violations. In that same time period, four citations were issued for minor violations.⁴¹

Athletic Trainers

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

- Submit to a background screening;
- Have a baccalaureate or higher degree from a college or university in professional athletic training accredited by the Commission on Accreditation of Athletic Training Education, and have passed the national examination to be certified by the Board of Certification (BOC)⁴² for athletic trainers;

³⁸ Rule 64B5-14.006, F.A.C.

³⁹ *Supra* note 1.

⁴⁰ The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. *See* Board of Certification for the Athletic Trainer, *Who is the BOC? available at* <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Jan. 25, 2019).

⁴² The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. *See* Board of Certification for the Athletic Trainer, *Who is the BOC? available at* <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Jan. 25, 2019).

⁴² The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also

- Have a current certification from the BOC, if they graduated before 2004;⁴³ and
- Have current certifications in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED).

An athletic trainer must practice under the direction of a physician licensed under chs. 458, 459, or 460, F.S., or otherwise authorized by Florida law to practice medicine. The physician must communicate his or her direction through oral or written prescriptions or protocols for the provision of services and care by the athletic trainer, and the athletic trainer must provide service or care as dictated by the physician.⁴⁴

The BOAT is authorized to adopt rules to implement the provisions of part XIII, ch. 468, F.S. Such rules must include, but are not limited to:

- The allowable scope of practice regarding the use of equipment, procedures, and medication;
- Mandatory requirements and guidelines for communication between the athletic trainer and a physician, including the reporting to the physician of new or recurring injuries or conditions;
- Licensure requirements;
- Licensure examination;
- Continuing education requirements;
- Fees;
- Records and reports to be filed by licensees;
- Protocols; and,
- Any other requirements necessary to regulate the practice of athletic training.⁴⁵

At renewal, licensed athletic trainers must demonstrate a current BOC certification; however, there is no requirement for that certification to be held without lapse and in good standing.⁴⁶

works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. *See* Board of Certification for the Athletic Trainer, *Who is the BOC? available at* <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Jan. 25, 2019).

⁴³ Prior to 2004, and the inception of athletic training programs, athletic trainers obtained training through a Board of Certification (BOC) internship program to obtain licensure in Florida. Current law does not allow athletic trainers who obtained training through the BOC internship program to become licensed in Florida.

⁴⁴ Section 468.713, F.S.

⁴⁵ Section 468.705, F.S.

⁴⁶ Section 468.711, F.S.

Orthotics, Prosthetics, and Pedorthics

Section 468.801, F.S., establishes the Board of Orthotists and Prosthetists within the DOH to license and regulate the practice of Prosthetist-Orthotist, Prosthetist,⁴⁷ Orthotist,⁴⁸ Pedorthist,⁴⁹ Orthotic Fitter, and Orthotic Fitter Assistant in Florida. Applicants for licensure under part XIV, ch. 468, F.S., must:

- Submit an application and fee, not to exceed \$500;
- Submit fingerprints for background screening;
- Submit the cost of the state and national criminal background checks;
- Be of good moral character;
- Be 18 years of age or older; and
- Have completed the appropriate educational preparation requirements.⁵⁰

Licenses must be granted independently in orthotics, prosthetics, or pedorthics, but a person may be licensed in more than one discipline. A prosthetist-orthotist license may be granted to persons meeting the requirements for both a prosthetist and an orthotist license. Persons seeking to obtain the required orthotics or prosthetics experience in the state must be approved by the board and registered as a resident by the DOH. A registration may be held in both practice fields, but the board may not approve a second registration until at least one year after the issuance of the first registration.⁵¹ Currently, a dual registration is not authorized.

Massage Therapy and Massage Establishments

Section 480.035, F.S., establishes the Board of Massage Therapy (BMT) within the DOH to license and regulate the practice of massage therapy in Florida. Individuals seeking an initial massage therapy license in Florida have two options for meeting the educational requirements:

- They may attend an approved program at a massage therapy school and complete 500 hours of classroom training; or
- They can become an apprentice under a licensed massage therapist for a period of one year. During that year, the sponsor of the massage apprentice is required to file quarterly reports and the apprentice must complete the following courses of study: 300 hours of physiology, 300 hours of anatomy, 20 hours of theory and history of massage, 50 hours of theory and practice of hydro-therapy, five hours of hygiene, 25 hours of statutes and rules of massage practice, 50 hours of introduction to allied modalities, 700 hours of practical massage, and three hours of board-approved HIV/AIDS instruction.⁵²

⁴⁷ Section 468.80(15), F.S., defines “prosthetics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of a prosthesis.

⁴⁸ Section 468.80(9), F.S., defines “orthotics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of an orthosis or pedorthic device.

⁴⁹ Section 468.80(12), F.S., defines “pedorthics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of a pedorthic device.

⁵⁰ Section 468.803, F.S.

⁵¹ *Id.*

⁵² Rule 64B7-29.003, F.A.C.

Any person may obtain a license to practice as a massage therapist if he or she:

- Submits an application and fee;
- Is at least 18 years of age;
- Has received a high school diploma or high school equivalency diploma;
- Submits to background screening;
- Has completed a course of study at a board-approved massage school or has completed an apprenticeship program that meets standards adopted by the board; and,
- Has received a passing grade on an examination testing general areas of competency specified by the board⁵³ and administered by the DOH.⁵⁴

Rule 64B7-25.001(2), F.A.C., lists five national exams that are approved by the board. The exam currently taken by applicants is the National Examination for State Licensure administered by the National Certification Board for Therapeutic Massage and Bodywork. The DOH does not offer or administer a specific state licensure exam.⁵⁵ According to the DOH, there are 172 licensed massage schools in Florida, which trained 2,076 new licensees by examination, who were licensed in the 2016-2017 fiscal year. Of those, only 15 came through the Florida apprenticeship program.

The term massage is defined as the manipulation of the soft tissues of the human body with the hand, foot, arm, or elbow, whether or not the manipulation is aided by hydrotherapy, including colonic irrigation, or thermal therapy; any electrical or mechanical device; or the application to the human body of a chemical or herbal preparation.⁵⁶

The BMT also licenses apprentices in colonic hydrotherapy.⁵⁷ These individuals are either attending a massage therapy school that does not offer colonic training or are licensed massage therapists who are seeking to add colonic hydrotherapy to their practice. Since there are few schools in the state that offer a colonic hydrotherapy program, apprenticeships are the primary method of training for this service.⁵⁸ According to the DOH, there are currently 87 licensed massage apprentices apprenticing for a colonic hydrotherapy upgrade to their license.⁵⁹

The BMT also licenses massage establishments under s. 480.046(3), F.S. The board has the power to revoke or suspend the license of an establishment upon proof that the license was obtained through fraud or misrepresentation, or upon proof of fraud, deceit, gross negligence, incompetency, or misconduct in the operation of the establishment. The board may deny the subsequent licensure of such an establishment if the license holder reapplies using the same business name. However, the board is not authorized to deny the same owner a license under a new name or as a different business entity type, even if it is opened at the same location with the same employees. Additionally, the board has no specific authority to act against a massage

⁵³ Section 480.042, F.S.

⁵⁴ Section 480.041, F.S.

⁵⁵ *Id.*

⁵⁶ Section 480.033, F.S.

⁵⁷ *Colonic hydrotherapy* is a method of colon irrigation used to cleanse the colon with the aid of a mechanical device and water. See s. 480.033(6), F.S.

⁵⁸ Rule 64B7-29.007, F.A.C.

⁵⁹ *Supra* note 1.

establishment's license even if the owner and employees, while onsite, have been convicted of prostitution and related offenses.

Psychology

Section 490.004, F.S., creates the Board of Psychology (BOP) within the DOH to license and regulate the practice of psychologists in Florida. The practice of psychology is defined as the observation, description, evaluation, interpretation, and modification of human behavior, by the use of scientific and applied psychological principles, methods, and procedures, for the purpose of describing, preventing, alleviating, or eliminating symptomatic, maladaptive, or undesired behavior and enhancing interpersonal behavioral health and mental or psychological health.⁶⁰

Licensure as a psychologist under ch. 490, F.S., requires a doctoral degree in psychology from an educational institution which, at the time the applicant was enrolled and graduated, held institutional accreditation from an approved agency and programmatic accreditation from the American Psychological Association (APA).

Section 490.003(3)(a), F.S., refers to educational requirements in effect prior to July 1, 1999, and are no longer applicable. The outdated language could create confusion among applicants as to the current educational requirements which are correctly defined in s. 490.003(3)(b), F.S. Section 490.003(3)(b), F.S., generically refers to programs approved and recognized by the U.S. Department of Education. The only accrediting agency recognized by the U.S. Department of Education to provide programmatic accreditation for doctoral psychology programs is the APA.

Section 490.005, F.S., refers to educational requirements in effect prior to July 1, 1999, which are no longer applicable to augment a deficient education or show comparability to the current educational requirements. This section includes an outdated reference to the APA accrediting programs in Canada. Currently, the APA no longer accredits Canadian doctoral programs.⁶¹

Section 490.005(2)(b)1., F.S., refers to school psychology applicants graduating from a college or university accredited and approved by the Commission on Recognition of Postsecondary Accreditation; however, the correct reference is to the Council for Higher Education Accreditation.

Section 490.006, F.S., relating to licensure of a psychologist or school psychologist by endorsement, requires:

- An application to the DOH and payment of a fee;
- Proof of a valid license or certificate in another jurisdiction provided that, when the applicant secured such license or certificate, the requirements were substantially equivalent to or more stringent than those set forth in ch. 490, F.S., but,
 - If no Florida law existed at that time the applicant received his or her license or certificate, then the requirements in the other state must have been substantially equivalent to or more stringent than those set forth in ch. 490, F.S., at the present time.
- Proof of good standing as a diplomat with the American Board of Psychology; or

⁶⁰ Section 490.003(4), F.S.

⁶¹ *Supra* note 1.

- Proof of a doctoral degree in psychology as described in s. 490.003, F.S., and at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within the 25 years preceding the date of application.

Obtaining licensure under the current endorsement standards may be difficult as it requires a law-to-law comparison and applicants who otherwise might qualify for licensure may be denied, or have licensure delayed until they select a different application method.

Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

Section 491.004, F.S., creates the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling within the DOH to ensure that every clinical social worker, marriage and family therapist, and mental health counselor practicing in this state meets minimum requirements for safe practice. The Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling is responsible for licensing, monitoring, disciplining, and educating clinical social workers, marriage and family therapists, and mental health counselors to assure competency and safety to practice in Florida.

Section 491.005, F.S., sets out the educational and examination requirements for a clinical social worker, marriage and family therapist, and mental health counselor to obtain a license by examination in Florida. An individual applying for licensure by examination who has satisfied the clinical experience requirements of s. 491.005, F.S., or an individual applying for licensure by endorsement pursuant to s. 491.006, F.S., intending to provide clinical social work, marriage and family therapy, or mental health counseling services in Florida, while satisfying coursework or examination requirements for licensure, must obtain a provisional license in the profession for which he or she is seeking licensure prior to beginning practice.⁶²

An individual who has not satisfied the postgraduate or post-master's level of experience requirements under s. 491.005, F.S., must register as an intern in the profession for which he or she is seeking licensure before commencing the post-master's experience requirement. An individual who intends to satisfy part of the required graduate-level practicum, internship, or field experience, outside the academic arena for any profession, must register as an intern in the profession for which he or she is seeking licensure before commencing the practicum, internship, or field experience.⁶³

Section 491.0045(6), F.S., specifies the length of time an intern registration for clinical social work, marriage and family therapy, and mental health counseling is valid. A footnote to this section points out that, through multiple amendatory acts to s. 491.0045(6), F.S., during the same legislative session, two irreconcilable versions of the section were created, and the editors were thus required to publish both versions of the amended provision.

Section 491.0045(6), F.S., states, “[a]n intern registration issued on or before March 31, 2017, expires March 31, 2022, and may not be renewed or reissued. A registration issued after March 31, 2017, expires 60 months after the date of issuance. No subsequent intern registration

⁶² Section 491.0046, F.S.

⁶³ Section 491.0045, F.S.

may be issued unless the candidate has passed the theory and practice examination described in s. 491.005(1)(d), (3)(d), and (4)(d).” The footnote refers to an April 1, 2017, date, rather than the March 31, 2017 in the statute.

Section 491.005(3)(b), F.S., relating to licensure by examination for marriage and family therapists requires:

- A master’s degree with major emphasis in marriage and family therapy or a closely related field;
- Specific coursework in 12 content areas; and
- A practicum, internship, or field experience of 180 hours providing direct client contact hours of marriage and family services under the supervision of a licensed marriage and family therapist with at least five years of experience.

According to the DOH, the specific course work requirement must be an exact match. Lack of an exact match may significantly delay an applicant’s licensure.⁶⁴

Section 491.005(3)(c), F.S., is inconsistent as it requires both two years, and three years, of clinical experience for a marriage and family therapy licensure applicant. According to the DOH, the three years of clinical experience was a technical error and is inconsistent with other statutory requirements. Only two years of clinical experience for a marriage and family therapy applicant is required.⁶⁵

Section 491.005(4), F.S., relating to licensure by examination for mental health counselors names the Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors as the required examination for a mental health counselor. The correct name of the examination required for licensure as a mental health counselor is the National Clinical Mental Health Counseling Examination. The examination was developed by, and is administered by, the National Board for Certified Counselors.

Section 491.005(4), F.S., contains a 300-hour difference between the hours of practicum, internship, or field experience required for graduates from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) and non-CACREP graduates. A mental health counselor applicant who graduated from a program not accredited by CACREP is required to complete 1,000 hours of practicum, internship, or field experience. An MHC applicant who graduated from a CACREP accredited program is required to meet the CACREP standards to complete 700 hours of practicum or internship.⁶⁶

Section 491.006, F.S., relating to licensure or certification by endorsement requires an applicant for licensure by endorsement in the practice of clinical social work, marriage and family therapy, or mental health counseling to demonstrate to the board that he or she:

- Has knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling;

⁶⁴ *Supra* note 1.

⁶⁵ *Id.*

⁶⁶ Council for Accreditation of Counseling & Related Educational Programs, *2016 CACREP Standards*, available at <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf> (last visited Feb. 1, 2019).

- Holds an active valid license to practice, and has actively practiced the profession in another state, for three of the last five years immediately preceding licensure;
- Meets the education requirements of ch. 491, F.S., in the profession for which the applicant seeks licensure;
- Has passed a substantially equivalent licensure examination in another state, or has passed the licensure examination in this state in the profession for which the applicant seeks licensure;
- Holds a license in good standing; and
- Is not under investigation for, or been found to have committed, an act that would constitute a violation of ch. 491, F.S.

To satisfy the education requirements of s. 491.005, F.S., specific particular course work, rather than a degree from an accredited school or college, or proof of licensure in another state, is required of an applicant for licensure by endorsement under ch. 491, F.S. The endorsement applicant must show proof that he or she completed certain statutorily-specified courses which may not have been available at the time he or she graduated. Current law places barriers on licensure by endorsement by requiring many applicants to complete additional courses often difficult to obtain when the applicant is not a full-time graduate student.

Section 491.007(3), F.S., provides for the renewal of a license, registration, or certificate for clinical social workers, marriage and family therapists, and mental health counselors, and gives the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling rulemaking authority to prescribe the requirements for renewal of an intern registration. Section 491.0045(6), F.S., now addresses renewal of an intern registration; therefore, rulemaking authority is no longer necessary.

Section 491.009, F.S., sets out what acts by a clinical social worker, marriage and family therapist, or mental health counselor constitute grounds for discipline, or denial of licensure. However, s. 491.009(2), F.S., incorrectly references psychologists, who are not licensed under ch. 491, F.S., and does not include the certified master social worker profession regulated by the DOH.

III. Effect of Proposed Changes:

Section 1: The Conrad 30 Waiver Program

The bill amends s. 381.4018, F.S., to authorize the DOH to adopt rules to implement that subsection, which includes the implementation of the federal Conrad 30 Waiver Program to encourage qualified physicians to relocate to Florida and practice in medically underserved and rural areas.

Section 2: The DOH General Health Care Professional Licensing Provisions

The bill amends s. 456.013, F.S., to eliminate obsolete language regarding applying to the DOH to take an examination. The bill adds the date of birth as a required element on the application which provides an increased likelihood of a confirmation of a criminal background check for the DOH.

Section 3: Medical Specialists

The bill amends section 458.3312, F.S., relating to holding oneself out as a medical specialist, to repeal the requirement that the BOM conduct a review of organizations that board-certify physicians in dermatology every three years in order for a physician to hold himself or herself out as board-certified in dermatology.

Section 4: Osteopathic Internships and Residencies

The bill recognizes the agreement between the American Osteopathic Association (AOA) and ACGME. Both organizations have committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to do so in clinical learning environments characterized by excellence in care, safety, and professionalism, thereby creating a single path for graduate medical education (GME). This single path for GME allows osteopathic and allopathic medical school graduates to seek residencies and fellowship programs accreditation by ACGME. This will enable osteopathic medical school graduates, residents, and fellows to apply to the National Resident Match Program and participate in the Main Residency Match for internships, residencies, and fellowships, thereby creating more residency opportunities for osteopathic residents.

However, if an osteopathic residency program does not achieve ACGME accreditation by June 2020, and a resident of the program still has training ahead, the resident will be able to complete the AOA-accredited training and advance to AOA board eligibility. This accommodation is due to an agreement between the AOA, the ACGME, and the American Association of Colleges of Osteopathic Medicine (AACOM) that gives the AOA restricted authority to extend the AOA accreditation date to allow any remaining residents to finish training in an accredited program. In some cases, residents whose programs do not achieve ACGME accreditation by June 2020 may be able to transfer to another accredited program.⁶⁷

All residents who have completed an AOA- or ACGME-accredited residency program are eligible for AOA board certification. AOA board certification is an important quality marker for patients that highlights the commitment to the uniquely osteopathic approach to patient care and allows engagement in continuous professional development throughout a career. Requirements are slightly different for osteopathic medical physicians pursuing certification through the American Board of Medical Specialties (ABMS). The ABMS requires candidates' residency programs to have been ACGME-accredited for a specified amount of time, such as three years. Requirements vary by specialty.⁶⁸

Section 5: Chiropractic Continuing Education

The bill amends section 460.408, F.S., to define a "contact classroom hour" as a presentation in which the persons presenting, and the persons attending, the course are present onsite. The bill authorizes chiropractic physicians to take up to 10 general hours of CE online, if the online

⁶⁷ American Osteopathic Association, *What does a single GME mean for DO residents?* available at <https://osteopathic.org/residents/resident-resources/residents-single-gme/> (last visited Feb. 4, 2019).

⁶⁸ Id.

courses are competency based, and use the Sharable Content Objective Reference Model standard, or more stringent standards, as determined by the board.

Section 6: Registered Chiropractic Assistants

Section 460.4166, F.S., is repealed, thus deregulating the profession of Registered Chiropractic Assistants, as the duties performed are not directly related to patient safety and the registration is voluntary.

Sections 7, 8, 9, and 10: The Florida Center for Nursing (FCN), Board of Nursing (BON) Rulemaking Authority, and Certified Nursing Assistants

The bill amends s. 464.019, F.S., to extend the requirement for the Florida Center for Nursing to provide an implementation study and annual report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025.

The bill amends ss. 464.202, 464.203, and 464.204, F.S., relating to rulemaking, duties, and powers of the BON, to authorize the BON to create rules detailing standards of practice for its licensees which include: ARNPs, clinical nurse specialists, RNs, LPNs, and CNAs.

The bill authorizes the BON to grant licenses by endorsement for CNA applicants with certifications in U.S. territories or Washington, D.C. This will expedite licensure as a CNA because the applicant would no longer have to apply for licensure by examination.

The bill amends s. 464.204, F.S., to eliminate the element of intent to violate the laws or rules relating to CNAs which will align CNA prosecution with the law for disciplining registered nurses and licensed practical nurses.

Sections 11, 12, 13, and 14: Dentistry, Dental Hygiene, and Dental Laboratories

The bill amends ss. 466.006 and 466.007, F.S., to eliminate obsolete requirements.

The bill amends s. 466.017, F.S., to require dentists and dental hygienists to report adverse incidents to the DOH which is currently only required by board rule. This new section requires the reporting of deaths, or any incident that results in the temporary or permanent physical or mental injury, that requires hospitalization or emergency room treatment of a dental patient that occurred during or as a result of the use of anesthesia or sedation, and creates grounds for discipline for the failure to report an adverse incident.

The bill amends s. 466.036, F.S., to require a dental laboratory be inspected at least biennially.

Sections 15, 16, 17, 18, and 19: Athletic Trainers

The bill amends s. 468.701, F.S., to include within the definition of athletic trainer that he or she must work within the scope of practice as established within rules adopted by the board. This requirement limits the potential that an athletic trainer will attend opportunities that are not

approved by the board for safe practice and will incorporate those practices into his or her practice.

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

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

The bill gives the BOAT rulemaking authority to further define the supervision between an athletic training student and a licensed athletic trainer, rather than relying on compliance with standards set by an external entity.

Section 20: Orthotics, Prosthetics, and Pedorthics

The bill amends s. 468.803, F.S., to authorize the DOH to issue a joint registration in orthotics and prosthetics as a dual registration rather than requiring separate registrations, and to recognize the dual residency program and educational requirements for dual registration.

Sections 21, 22, 23, and 24: Massage Therapy and Massage Establishments

The bill amends the definition of "apprentice" in s. 480.033(5), F.S., to eliminate the statutory authority for massage therapy apprenticeships, except for apprentices studying colonic hydrotherapy. The bill allows apprentices licensed before July 1, 2018, to maintain their apprentice license until its expiration date, but no later than July 1, 2021, and to qualify for licensure based on that apprenticeship.

The bill amends s. 480.041, F.S., to specify that the licensure examination is a national examination designated by the BMT, not an examination administered by the board. The bill repeals s. 480.042, F.S., relating to a massage therapy examination by the board, which is obsolete.

The bill amends s. 480.046(3), F.S., to strengthen the grounds for disciplinary action by the BMT against a licensed massage establishment to include actions by an owner or a repeat offender.

The bill adds:

- That an establishment license may also be suspended or revoked, or a subsequent license application denied, if the owner or therapists at the massage establishment have cumulatively committed three or more crimes in any jurisdiction related to prostitution, as defined in s. 796.07, F.S.;
- That an establishment disciplined under s. 480.046(3), F.S., cannot apply for re-licensure unless there is a change of ownership; and
- That the board may deny the license of an establishment if its owner has previously had a license revoked under s. 480.046(3), F.S.

The DOH may not issue a license to an establishment disciplined under this provision unless there is change of ownership.

Sections 25, 26, and 27: Psychology

The bill amends s. 490.003, F.S., to eliminate outdated language in s. 490.003(3)(a), F.S.

The bill amends, and renumbers, s. 490.003(3)(b), F.S., to delete the generic reference to programs accredited by an agency recognized and approved by the U.S. Department of Education, and inserts a specific reference to the American Psychological Association (APA), which is the only accrediting agency recognized by the U.S. Department of Education to provide programmatic accreditation for doctoral psychology programs. A specific reference to the APA clarifies current education requirements but does not impose any new requirements.

The bill amends s. 490.005, F.S., relating to licensure by examination for psychologists. The bill eliminates the specific reference to Canada, which will allow applicants who obtained their education outside the U.S. to demonstrate they have an education comparable to an APA program.

The bill removes outdated language referencing an augmented or comparable doctoral education pathway. The ability of applicants who obtained their degree in the United States, to augment an insufficient degree or show comparability to an APA accredited program, is no longer available.

The bill eliminates an outdated reference to the school psychology educational accrediting agency, the Commission on Recognition of Postsecondary Accreditation, and updates the reference with the successor agency, the Council for Higher Education Accreditation.

The bill amends s. 490.006, F.S., relating to a psychologist licensure by endorsement, to eliminate the requirement that the licensing provisions of the other state must have been substantially equivalent to, or more stringent than, those of either the law in Florida at the time the applicant obtained an out-of-state license, or the current Florida law. The bill reduces from 20 years of licensed psychology experience to 10 years of experience, within the 25 years preceding the date of application. Licensure of qualified applicants will be expedited by amending these provisions.

Sections 28, 29, 30, 31, 32, and 33: Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

The bill amends s. 491.0045, F.S., to clarify conflicting language passed in the same legislative session to permit the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling to make a one-time exception for an additional intern registration. For an intern seeking a second registration after March 31, 2022, that board may grant an additional intern registration in emergency or hardship cases, as defined by rule, if the candidate has passed the theory and practice examination described in ss. 491.055(1)(d), (3)(d), and (4)(d), F.S.

The bill amends s. 491.005(3), F.S., relating to licensure by examination for marriage and family therapists, to require:

- A master's degree with major emphasis in marriage and family therapy from a program accredited by the Commission of Accreditation for Marriage and Family Therapy Education; or,
- A master's degree with major emphasis in marriage and family therapy from a Florida university program accredited by the Counseling and Related Education Program.

The bill eliminates the requirement for marriage and family therapists to complete 12 specific content areas and 180 practicum hours. This change will simplify the education review process, eliminate the course requirement review, and expedite licensure.

The bill amends s. 491.005(3)(c), F.S., to correct a technical discrepancy in the number of years of clinical experience required for a marriage and family therapist applicant from three years to two years.

The bill amends s. 491.005(4), F.S., relating to mental health counseling applicants, to update the name of the examination to be taken by a mental health counselor applicant. The bill amends s. 491.005(4)(b)1.c., F.S., to reduce the number of practicum, internship, or field experience hours for those applicants who graduated from a non-CACREP accredited program, from 1,000 hours to 700 hours, bringing them in line with graduates from CACREP accredited programs. Amending this provision promotes regulatory efficiency and makes licensure requirements more balanced between the two programs.

The bill amends s. 491.006, F.S., relating to licensure, or certification by endorsement, for applicants for licensure in clinical social work, marriage and family therapy, or mental health counseling. The bill removes the requirement for endorsement applicants to meet the same educational requirements required of new applicants, provided the applicant for endorsement meets the requirement to have an active, valid license and has actively practiced the profession in another state for three of the last five years. Amending this provision will increase licensure portability for applicants applying by endorsement for licensure as marriage and family therapists in Florida.

The bill amends s. 491.007, F.S., relating to renewal of a license, registration, or certificate, to delete obsolete rulemaking authority regarding intern registration renewal.

The bill amends s. 491.009(2), F.S., to delete an inaccurate reference to psychologists who are licensed under ch. 490, F.S., and to add the profession of certified master social worker that is licensed under ch. 491, F.S. The bill corrects reference to whether it is the board or the DOH with authority to take disciplinary action for certain violations. By adding certified master social worker to this provision, it gives the DOH authority to enter an order denying licensure to a certified master social worker or imposing discipline against any certified master social worker who is found guilty of violating any provision in ch. 491, F.S.

The bill makes additional technical amendments to ss. 491.0046 and 945.42, F.S., to conform cross-references.

Section 34

The bill makes a technical change to s. 945.42, F.S., to conform the definition of psychological professional in cross-references.

Section 35 provides an effective date of July 1, 2019.

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

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill has no impact on state revenues or expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.4018, 456.013, 458.3312, 459.0055, 460.408, 464.202, 464.203, 464.204, 466.006, 466.007, 466.017, 466.031, 466.036, 468.701, 468.707, 468.711, 468.713, 468.723, 468.803, 480.033, 480.041, 480.046, 490.003, 490.005, 490.006, 491.0045, 491.005, 491.006, 491.007, 491.009, 491.0046, and 945.42.

This bill repeals the following sections of the Florida Statutes: 460.4166 and 480.042.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

Recommended CS/CS by Appropriations Subcommittee on Health and Human Services on February 20, 2019:

The committee substitute:

- Deletes the revision to the definition of dental laboratory under s. 466.031, F.S., found in the underlying bill; and
- Extends the requirement of the Florida Center for Nursing to provide a report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025.

CS by Health Policy on February 11, 2019:

The CS removes from the underlying bill the creation of a new type of PA supervising physician for allopathic and osteopathic PAs. The CS also provides that a federally-designated shortage area of the Conrad 30 Waiver Program includes, but is not limited to, medically underserved areas and rural areas.

- B. **Amendments:**

None.