

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Appropriations

BILL: CS/SB 500

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Prohibited Acts by Health Care Practitioners

DATE: February 4, 2020 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Howard	Kynoch	AP	Pre-meeting
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 500 creates section 456.0465, Florida Statutes, to prohibit a health care practitioner from using certain professional titles that are typically used by allopathic, osteopathic, or podiatric physicians, or dentists, unless the practitioner is licensed or registered by the Department of Health (department) to practice as such. The bill creates exceptions for chiropractic physicians, diplomates, and fellows, and dentists who have achieved diplomate or board certification status. The bill authorizes the department to issue emergency cease and desist orders and take disciplinary action against offending practitioners and gives the department rule making authority.

The bill has an insignificant fiscal impact on the department that can be absorbed within existing resources.

The bill takes effect upon becoming a law.

II. Present Situation:

The Department of Health

The Legislature created the Department of Health (department) to protect and promote the health of all residents and visitors in the state.¹ The department is charged with the regulation of health practitioners for the preservation of the health, safety, and welfare of the public. The Division of Medical Quality Assurance (MQA) is responsible for the boards² and professions within the department.³ The health care practitioners licensed by the department include the following:

- Acupuncturist;⁴
- Allopathic physicians and physician assistants;⁵
- Osteopathic physicians and physician assistants;⁶
- Chiropractic physicians, physician assistants, and registered chiropractic assistants;⁷
- Podiatric physicians;⁸
- Naturopathic physicians;⁹
- Optometrists;¹⁰
- Advanced practice registered nurses, registered nurses, licensed practical nurses and certified nursing assistant;¹¹
- Pharmacists;¹²
- Dentists, dental hygienist and dental laboratories;¹³
- Midwives;¹⁴
- Speech and language pathologists;¹⁵
- Audiologists;¹⁶
- Occupational therapists;¹⁷
- Respiratory therapists;¹⁸
- Dietitians and nutritionists;¹⁹
- Athletic trainers;²⁰

¹ Section 20.43, F.S.

² Under s. 456.001(1), F.S., “board” is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the department or, in some cases, within the department MQA.

³ Section 20.43, F.S.

⁴ Chapter 457, F.S.

⁵ Chapter 458, F.S.

⁶ Chapter 459, F.S.

⁷ Chapter 460, F.S.

⁸ Chapter 461, F.S.

⁹ Chapter 462, F.S.

¹⁰ Chapter 463, F.S.

¹¹ Chapter 464, F.S.

¹² Chapter 465, F.S.

¹³ Chapter 466, F.S.

¹⁴ Chapter 467, F.S.

¹⁵ Part I, Chapter 468, F.S.

¹⁶ *Id.*

¹⁷ Part III, Chapter 468, F.S.

¹⁸ Part V, Chapter 468, F.S.

¹⁹ Part X, Chapter 468, F.S.

²⁰ Part XIII, Chapter 468, F.S.

- Orthotists, prosthetists, and pedorthists;²¹
- Electrologists;²²
- Massage therapists;²³
- Clinical laboratory personnel;²⁴
- Medical physicists;²⁵
- Opticians;²⁶
- Hearing aid specialists;²⁷
- Physical therapists;²⁸
- Psychologists and school psychologists;²⁹ and
- Clinical social workers, mental health counselors and marriage and family therapists.³⁰

For each profession under the jurisdiction of the department, the department appoints the board executive director, subject to board approval.³¹ The duties conferred on the boards do not include the enlargement, modification, or contravention of the scope of practice of a profession regulated by each board, unless expressly and specifically granted by statute, but the boards may take disciplinary action against a licensee or issue a declaratory statement.³² Each board member is appointed by the Governor and accountable to the Governor for the proper performance of his or her duties as a member of a board.³³

Board of Medicine (BOM)

The BOM was established to ensure that every physician practicing in this state meets minimum requirements for safe practice. The practice of medicine is a privilege granted by the state. The BOM, through efficient and dedicated organization, is directed to license, monitor, discipline, educate, and, when appropriate, rehabilitate physicians and other practitioners to assure their fitness and competence.³⁴

Board of Osteopathic Medicine (BOOM)

The BOOM was legislatively established to ensure that every osteopathic physician practicing in this state meets minimum requirements for safe practice. The BOOM is responsible for licensing, monitoring, disciplining, and educating osteopathic physicians to assure competency and safety to practice in Florida.³⁵

²¹ Part XIV, Chapter 468, F.S.

²² Chapter 478, F.S.

²³ Chapter 480, F.S.

²⁴ Part II, Chapter 483, F.S.

²⁵ Part III, Chapter 483, F.S.

²⁶ Part I, Chapter 484, F.S.

²⁷ Part II, Chapter 484, F.S.

²⁸ Chapter 486, F.S.

²⁹ Chapter 490, F.S.

³⁰ Chapter 491, F.S.

³¹ Section 456.004, F.S.

³² Section 456.003(6), F.S.

³³ Section 456.008, F.S.

³⁴ The Department of Health, *Board of Medicine*, available at: <https://flboardofmedicine.gov/> (last visited Jan. 7, 2020).

³⁵ The Department of Health, *Board of Osteopathic Medicine*, available at: <https://floridasosteopathicmedicine.gov/> (last visited Jan. 7, 2020).

Board of Podiatric Medicine (BPM)

The BPM was established to ensure that every podiatric physician practicing in this state meets minimum requirements for safe practice. The BPM is directed to license, monitor, discipline, educate, and, when appropriate, rehabilitate practitioners to assure their competence.³⁶

Board of Dentistry (BOD)

The BOD was established to ensure that every dentist and dental hygienist practicing in this state meets minimum requirements for safe practice. The practice of the profession is a privilege granted by the state. The BOD is responsible for licensure, monitoring and ensuring the safe practice of dentists and dental hygienists.³⁷

Board of Chiropractic Medicine (BCM)

The BCM was established to ensure that every chiropractic physician practicing in this state meets minimum requirements for safe practice. The BCM is responsible for licensure, monitoring and ensuring the safe practice of chiropractic professionals to assure competency and safety to practice.³⁸

Board of Nursing (BON)

The BON licenses, monitors, disciplines, educates, and, when appropriate, rehabilitates its licensees to assure their fitness and competence in providing health care services for the people of Florida. The sole legislative purpose in enacting the Nurse Practice Act is to ensure that every nurse practicing in Florida meets minimum requirements for safe practice. It is the intent of the Legislature that nurses who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in Florida.³⁹

Section 464.015, F.S., clearly specifies the permissible nursing titles a person may use that holds a valid nursing license in this state, or a multistate license, as follows:

- Licensed Practical Nurse - L.P.N.;
- Registered Nurse - R.N.;
- Clinical Nurse Specialist - C.N.S.;
- Certified Registered Nurse Anesthetist - C.R.N.A. or nurse anesthetist;
- Certified Nurse Midwife - C.N.M. or nurse midwife; and
- Advanced Practice Registered Nurse - A.P.R.N.

A person may not practice or advertise as a registered nurse, licensed practical nurse, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, certified nurse practitioner, or advanced practice registered nurse, or use the abbreviation R.N., L.P.N., C.N.S., C.R.N.A., C.N.M., C.N.P., or A.P.R.N., or take any other action that would lead the public to

³⁶ The Department of Health, *Board of Podiatric Medicine*, available at: <https://floridaspodiatricmedicine.gov/> (last visited Jan. 7, 2020).

³⁷ The Department of Health, *Board of Dentistry*, available at: <https://floridasdentistry.gov/> (last visited Jan. 10, 2020).

³⁸ The Department of Health, *Board of Chiropractic Medicine*, available at: <https://floridaschiropracticmedicine.gov/> (last visited Jan. 10, 2020).

³⁹ The Department of Health, *Board of Nursing*, available at: <https://floridasnursing.gov/> (last visited Jan. 7, 2020).

believe that person was authorized by law to practice professional nursing, if the person is not licensed as such, and to do so is a first degree misdemeanor.⁴⁰

On August 8, 2019, at the general BON meeting, the BON considered requests for declaratory statements.⁴¹ The second request for a declaratory statement was made by John P. McDonough, A.P.R.N., license number A.P.R.N. 3344982.⁴²

McDonough's Petition for Declaratory Statement acknowledged that the type of Florida nursing license he holds is as a *A.P.R.N.*, and that he is a certified registered nurse anesthetist (C.R.N.A.), but requested that he be permitted to use the phrase "nurse anesthesiologist" as a descriptor for him or his practice, and that the BON not subject him to discipline under ss. 456.072 and 464.018, F.S.,⁴³ based on the following grounds:

- A New Hampshire Board of Nursing's Position Statement that the nomenclature, *Nurse Anesthesiologist* and *Certified Registered Nurse Anesthesiologist*, are not title changes or an expansion of scope of practice, but are optional, accurate descriptors;⁴⁴ and
- Florida law grants no title protection to the words *anesthesiologist* or *anesthetist*.⁴⁵

The Florida Association of Nurse Anesthetists (FANA) and the Florida Medical Association, Inc. (FMA), Florida Society of Anesthesiologists, Inc. (FSA), and Florida Osteopathic Medical Association, Inc. (FOMA), filed timely and legally sufficient⁴⁶ motions to intervene⁴⁷ pursuant to

⁴⁰ Section 464.015, F.S.

⁴¹ Section 120.565, F.S. Provides that, "[a]ny substantially affected person may seek a declaratory statement regarding an agency's opinion as to the applicability of a statutory provision as it applies to the petitioner's particular set of circumstances. The agency must give notice of the filing of a petition in the Florida Administrative Register, provide copies of the petition to the board, and issue a declaratory statement or deny the petition within 90 days after the filing. The declaratory statement or denial of the petition is then noticed in the next Florida Administrative Register, and disposition of a petition is a final agency action."

⁴² The Florida Board of Nursing, Meeting Minutes, Disciplinary Hearings & General Business, Section I. Other, E. *Declaratory Statements*, No. 2, Aug. 8, 2019, p. 9, available at:

<https://ww10.doh.state.fl.us/pub/bon/Board%20Meetings/August%207-9.%202019/Minutes/August%202019%20Full%20Board%20Minutes.pdf> pp. 32-33 (last visited Jan. 3, 2020).

⁴³ *Petition for Declaratory Statement Before the Board of Nursing, In re: John P. McDonough, A.P.R.N., C.R.N.A., Ed.D.*, filed at the Department of Health, July 10, 2019, (on file with the Senate Committee on Health Policy).

⁴⁴ New Hampshire Board of Nursing, *Petition Statement Regarding the use of Nurse Anesthesiologist as a communication tool and Optional [D]escriptor for Certified Registered Nurse Anesthetists (CRNAs)*, Nov. 20, 2018, available at: <https://www.oplc.nh.gov/nursing/documents/nh-bon-nurse-anesthesiologist.pdf> (last visited Nov. 6, 2019).

⁴⁵ *Id.*

⁴⁶ Fla. Adm. Code R. 28-105.0027(2) and 28.106.205(2) (2019), both of which state that to be legally sufficient, a motion to intervene in a proceeding on a petition for a declaratory statement must contain the following information: (a) The name, address, the e-mail address, and facsimile number, if any, of the intervenor; if the intervenor is not represented by an attorney or qualified representative;(b) The name, address, e-mail address, telephone number, and any facsimile number of the intervenor's attorney or qualified representative, if any; (c) Allegations sufficient to demonstrate that the intervenor is entitled to participate in the proceeding as a matter of constitutional or statutory right or pursuant to agency rule, or *that the substantial interests of the intervenor are subject to determination or will be affected by the declaratory statement*; (d) The signature of the intervenor or intervenor's attorney or qualified representative; and (e) The date.

⁴⁷ The Florida Medical Association, Inc., Florida Society of Anesthesiologists, Inc., and Florida Osteopathic Medical Association, Inc., *Motion to Intervene In Florida Board of Nursing's Consideration of the Petition for Declaratory Statement in Opposition of Petitioner John P. McDonough, A.P.R.N., C.R.N.A., Ed.D.*, filed at the Department of Health, Aug. 1, 2019, (available in the Office of Senate Health Policy Committee).

Florida Administrative Code Rule 28-106.205.⁴⁸ The FANA's petition⁴⁹ was in support of petitioner's Declaratory Statement while the motion filed jointly by the FMA, FSA, and FOMA was in opposition.

The FMA, FSA, and FOMA argued they were entitled to participate in the proceedings, on behalf of their members, as the substantial interests of their members, some 32,300, would be adversely affected by the proceeding.^{50, 51} Specifically, the FMA, FSA and FOMA argued that the substantial interests of their respective members would be adversely affected by the issuance of a Declaratory Statement that petitioner could use the term "nurse anesthesiologist," without violating ss. 456.072 and 464.018, F.S., on the grounds that:

- A substantial number of their members use the term "anesthesiologist" with the intent and understanding that patients, and potential patients, would recognize the term to refer to them as physicians licensed under Chapters 458 or 459, F.S., not "nurse anesthetists;"
- Sections 458.3475(1)(a) and 459.023(1)(a), F.S., both define the term "anesthesiologist" as a licensed allopathic or osteopathic physician and do not include in those definitions a "nurse anesthetist;"
- The Merriam-Webster Dictionary defines an "anesthesiologist" as a "physician specializing in anesthesiology," not as a nurse specializing in anesthesia; and
- The Legislature clearly intended a distinction between the titles to be used by physicians practicing anesthesiology and nurses delivering anesthesia, to avoid confusion, as s. 464.015(6), F.S., specifically states that:
 - Only persons who hold valid certificates to practice as certified registered nurse anesthetists in this state may use the title "Certified Registered Nurse Anesthetist" and the abbreviations "C.R.N.A." or "nurse anesthetist;" and
 - Petitioner is licensed as a "registered nurse anesthetist" under s. 464.012(1)(a), F.S., and the term "nurse anesthesiologist" is not found in statute.

At the hearing, the attorney for the BON advised the BON that, "[t]he first thing the Board need[ed] to do [was] determine whether or not the organizations that [had] filed petitions to intervene have standing in order to participate in the discussion of the Declaratory Statement"⁵² and that:

"Basically in order to make a determination of whether an organization has standing, they have to show that the members of their organization would have an actual injury in fact, or suffer an immediate harm of some sort of immediacy were the Board to issue this particular Declaratory

⁴⁸ Fla. Adm. Code. R. 28-106.205 (2019), in pertinent part, provides, "Persons other than the original parties to a pending proceeding whose substantial interest will be affected by the proceeding and who desire to become parties may move the presiding officer for leave to intervene."

⁴⁹ *Florida Association of Nurse Anesthetists Motion to Intervene*, filed at the Department of Health, July 31, 2019, (on file with the Senate Committee on Health Policy).

⁵⁰ *Supra* note 47.

⁵¹ See also *Florida Home Builders Association, et al., Petitioners, v. Department of Labor And Employment Security, Respondent*, 412 S.2d 351 (Fla. 1982), holding that a trade association does have standing under section 120.56(1) to challenge the validity of an agency ruling on behalf of its members when that association fairly represents members who have been substantially affected by the ruling.

⁵² Record at p. 3, ll. 13-17. Declaratory Statement, Dr. John P. McDonough, Before the Board of Nurses, State of Florida, Department of Health, Sanibel Harbor Marriott. (on file with the Senate Committee on Health Policy).

Statement, and then the Board also has to make a determination of whether the nature of the injury would be within the zone of interest that the statute is addressing.”⁵³

However, the above special injury standard,⁵⁴ provided by board counsel to the BON to apply to determine the organizations’ standing to intervene, based on their members’ substantial interests being affected by the declaratory statement, was held inapplicable to trade associations in *Florida Home Builders Ass’n. v. Department of Labor and Employment Security*, 412 So.2d 351 (Fla. 1982). The Florida Supreme Court, in *Florida Home Builders, Ass’n.*, held that a trade or professional association is able to challenge an agency action on behalf of its members, even though each member could individually challenge the agency action, if the organization could demonstrate that:

- A substantial number of the association members, though not necessarily a majority, would be “substantially affected” by the challenged action;
- The subject matter of the challenged action is within the association’s scope of interest and activity; and
- The relief requested is appropriate for the association’s members.⁵⁵

Thus, the FANA’s motion to intervene was granted, based on the application of an incorrect standard, without the BON making the findings required by *Florida Home Builders, Ass’n.* The motion to intervene filed by the FMA, FSA, and FOMA was denied, also based on the application of an incorrect standard, on the grounds that:

- Their members are regulated by the Board of Medicine, not the Board of Nursing;
- Nursing disciplinary guidelines were being discussed;
- Their members licenses and discipline would not be affected by an interpretation of nursing discipline;⁵⁶and
- Their members are not regulated by the Nurse Practice Act.

A motion was made to approve McDonough’s Petition for Declaratory Statement, and it passed unanimously. Accordingly, McDonough may now use of the term “nurse anesthesiologist” as a descriptor, and such use is not grounds for discipline against his nursing license. However, while s. 120.565, F.S., provides that any person may seek a declaratory statement regarding the potential impact of a statute, rule or agency opinion on a petitioner’s particular situation, approval or denial of the petition only applies to the petitioner. It is not a method of obtaining a policy statement from a board of general applicability.⁵⁷

⁵³ *Id.* p. 3-4, ll. 22- 25, 1-6.

⁵⁴ *United States Steel Corp. v. Save Sand Key, Inc.*, 303 So.2d 9 (Fla. 1974).

⁵⁵ *Florida Home Builders Ass’n. v. Department of Labor and Employment Security*, 412 So.2d 351 (Fla. 1982), pp. 353-354.

⁵⁶ Record at p. 7, ll. 1-13. Declaratory Statement, Dr. John P. McDonough, Before the Board of Nurses, State of Florida, Department of Health, Sanibel Harbor Marriott. (on file with the Senate Committee on Health Policy).

⁵⁷ Florida Department of Health, Board of Nursing, *What is a Declaratory Statement?*, available at: <https://floridasnursing.gov/help-center/what-is-a-declaratory-statement/> (last visited Dec. 13, 2019).

News media have reported that the BON's Declaratory Statement in favor of McDonough has created significant concern for patient safety and the potential for confusion in the use of the moniker "anesthesiologist" among Florida's medical professionals.^{58, 59, 60}

III. Effect of Proposed Changes:

The bill creates s. 456.0465, F.S., to prohibit a licensed health care practitioner from using certain professional names or titles that are typically used by allopathic physicians, osteopathic physicians, podiatric physicians, or dentists licensed under chs. 458, 459, 461, and 466, F.S., unless the practitioner is licensed or registered by the Department of Health (department) to practice as such. The department must take disciplinary action against any licensed health care practitioner who uses any of the following names, titles, or initials to indicate or imply that he or she is authorized by those chapters to practice under those chapters when he or she is not so authorized:

Physician, surgeon, dentist, medical doctor, doctor of osteopathy, doctor of dental medicine, doctor of dental surgery, M.D., D.M.D., D.D.S., anesthesiologist, cardiologist, dermatologist, endocrinologist, endodontist, gastroenterologist, general practitioner, gynecologist, hematologist, hospitalist, internist, interventional pain medicine physician, laryngologist, nephrologist, neurologist, obstetrician, oncologist, ophthalmologist, oral and maxillofacial surgeon, orthodontist, orthopedic surgeon, orthopedist, osteopath, otologist, otolaryngologist, otorhinolaryngologist, pathologist, pediatrician, physiatrist, pedodontist, periodontist, podiatrist, primary care physician, proctologist, prosthodontist, psychiatrist, radiologist, rheumatologist, rhinologist, or urologist, or any other words, letters, abbreviations, or insignia indicating or implying that he or she is licensed or authorized by chapter 458, chapter 459, chapter 461, or chapter 466 to practice as such.

The bill provides that an allopathic, osteopathic, or podiatric physician, or dentist, who is not licensed by the department but is registered as an out-of-state telehealth provider under s. 456.47(4), F.S., is not subject to the prohibition.

The bill provides that, notwithstanding the bill's prohibition, a licensed dentist who has achieved diplomate status or board certification from the American Board of Dental Public Health, the American Board of Endodontics, the American Board of Oral and Maxillofacial Pathology, the American Board of Oral and Maxillofacial Radiology, the American Board of Oral and Maxillofacial Surgery, the American Board of Orthodontics, the American Board of Pediatric

⁵⁸ Christine Sexton, The News Service of Florida, "Nursing Board Signs Off On 'Anesthesiologist' Title," August 16, 2019, The Gainesville Sun, available at: <https://www.gainesville.com/news/20190816/nursing-board-signs-off-on-anesthesiologist-title> (last visited Dec. 13, 2019).

⁵⁹ Christine Sexton, The News Service of Florida, "Florida Lawmaker Takes Aim At Health Care Titles," October 10, 2019, Health News Florida, available at: <https://health.wusf.usf.edu/post/florida-lawmaker-takes-aim-health-care-titles> (last visited Dec. 13, 2019).

⁶⁰ Christine Section, The News Service of Florida, "What's In A Name? Health Panel Seeks Clarity on Health Care Providers," November 14, 2019, available at: <https://health.wusf.usf.edu/post/what-s-name-health-panel-seeks-clarity-health-care-providers> (last visited Dec. 13, 2019).

Dentistry, the American Board of Periodontology, the American Board of Prosthodontics, the American Board of Oral Implantology/Implant Dentistry, the American Board of Oral Medicine, the American Board of Orofacial Pain, the American Dental Board of Anesthesiology, or the American Board of General Dentistry, in a specific specialty or subspecialty, may use the following as appropriate for his or her diplomate or board certification status:

- Dental anesthesiologist;
- Doctor of oral medicine;
- Dental oral and maxillofacial radiologist;
- Dental orthodontic and dentofacial orthopedist;
- Dental oral and maxillofacial pathologist; or
- Any other names or titles associated with such diplomate or board certification status.

Additionally, a licensed doctor of chiropractic medicine, or a chiropractic physician registered with the Board of Chiropractic Medicine (BCM) as a telehealth provider, may use the name or title “doctor of chiropractic medicine” or “chiropractic physician” under the bill. A licensed chiropractic physician who has achieved diplomate or fellow status from the American Board of Chiropractic Specialties, American Chiropractic Board of Sports Physicians, American College of Chiropractic Orthopedists, American Chiropractic Neurology Board, International Chiropractors Association, or International Chiropractic Pediatric Association, or in a specific specialty or subspecialty, may use, as appropriate for his or her diplomate or fellow status, the following:

- Chiropractic radiologist;
- Chiropractic internist;
- Chiropractic neurologist;
- Chiropractic orthopedist;
- Chiropractic pediatrician; or
- Any other names or titles associated with such diplomate or fellow status.

If the department finds that any licensed health care practitioner is utilizing any of the listed names, titles, words, letters, abbreviations or insignia, without authorization, the bill requires the department to issue to the practitioner an emergency order to cease and desist and send the order to the practitioner by certified mail and email, or to any other mailing address or email address by which the department believes the person may be reached.

If the practitioner does not immediately cease and desist his or her actions upon receipt of the emergency cease and desist order, the department must enter an order imposing one or more of the following penalties until the practitioner complies:

- A citation and a daily fine.
- A reprimand or a letter of concern.
- Suspension of license.

The bill authorizes the department to make rules to implement the bill.

The bill takes effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Health may experience a workload increase associated with additional complaints and non-recurring costs associated with rule-making; however, these costs can be absorbed within existing resources.⁶¹

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

⁶¹ Department of Health fiscal analysis (December 18, 2020) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

VIII. Statutes Affected:

This bill creates section 456.0465 of the Florida Statutes.

IX. Additional Information:

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

CS by Health Policy on January 14, 2020:

The CS creates s. 456.0465, F.S., and:

- Changes the focus of the bill from “a person” to “a licensed health care practitioner”;
- Removes the requirement that the Department of Health (department) prove that the offending party “knowingly” misused one of the listed monikers;
- Eliminates the specific definitions for “anesthesiologist”;
- Creates exceptions for the use of the monikers “doctor of chiropractic” and “chiropractic physician” and for those chiropractic titles associated with achieving diplomate or fellow status;
- Creates exceptions for the titles used by dentists who has achieved diplomate or board certification status;
- Enumerates specific penalties for the violation of the bill’s provisions; and
- Grants the department rule making authority.

- B. **Amendments:**

None.