

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/CS/SB 1568

INTRODUCER: Appropriations Committee; Health Policy Committee; and Senator Rodriguez

SUBJECT: Department of Health

DATE: April 18, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke/Rossitto Van-Winkle	Brown	HP	Fav/CS
2.	Howard	Sadberry	AP	Fav/CS

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1568 addresses numerous health care-related issues regulated by the Department of Health (DOH).

The bill:

- Updates the Targeted Outreach for Pregnant Women Act of 1998.
- Creates section 395.3042, Florida Statutes, to establish requirements for the triage and transportation of heart attack victims to adult cardiovascular services (ACS) providers; requires the DOH to perform certain tasks and develop a heart attack assessment tool and licensed EMS medical directors to develop and implement assessment, treatment, and transport-destination protocols for heart attack patients.
- Amends section 401.465, Florida Statutes, to define “telecommunicator cardiopulmonary resuscitation training” to require each 911 public safety telecommunicator to receive training every two years; and the DOH monitor with ability to adjust state grant or shared revenue funding to a public safety agency based on the agency’s adherence to the training requirements.
- Amends section 408.033, Florida Statutes, authorizing local health councils to collect utilization data from licensed hospitals within their respective local health council districts for a specified purpose.
- Authorizes a telehealth provider, practicing in a manner consistent with his or her scope of practice, to prescribe Schedule III, IV, and V controlled substances through telehealth.
- Authorizes a telehealth provider, practicing in a manner consistent with his or her scope of practice, to prescribe Schedule II controlled substances under certain circumstances.

- Amends section 464.008, Florida Statutes, deleting a requirement that certain nursing program graduates complete a specified preparatory course.
- Amends section 465.1893, Florida Statutes, to provide long-acting medications pharmacists may administer under certain circumstances and revising requirements for a continuing education course such pharmacists must complete.
- Updates chapter 467, Florida Statutes, relating to midwifery, by removing duplicative or obsolete language and duplicative rulemaking authority and clarifying language regarding preceptorships, approval of midwifery programs, and minimum standards.
- Amends sections 490.003, 490.005, and 490.051, Florida Statutes, to clarify the educational requirements for psychologists applying for licensure by examination or endorsement;
- Amends section 491.005, Florida Statutes, regarding mental health counselors to update educational requirements and authorize a licensed mental health professional to be available by phone or other electronic methods when clinical services are being provided by a registered intern by telehealth methods; and
- Amends sections 460.406, 468.803, 483.824, and 490.005, Florida Statutes, to delete references to the term “regional” and replace it with the term “institutional” to conform to the U.S. Department of Education accreditation nomenclature for approving educational institutions.

The bill amends and creates sections of the Florida Statutes relating to the DOH’s regulation of Onsite Sewage Treatment and Disposal Systems (OSTDS). The bill:

- Amends section 381.0061, Florida Statutes, as amended by section 41 of chapter 2020-150, Laws of Florida, to strike the DOH’s authority to assess fines related to OSTDS and septic tank contracting. The regulation of these programs will transfer to the Department of Environmental Protection (DEP) on July 1, 2021.¹
- Creates section 381.00635, Florida Statutes, to authorize the DOH to issue an order requiring a correction to improper conditions of any private or public water system not covered or included in the Florida Safe Drinking Water Act,² which constitutes a nuisance or menace to public health. Amends section 381.0067, Florida Statutes, to eliminate DEP’s authority over public and private water systems not included in the Florida Safe Drinking Water Act, the regulation of which is retained by the DOH.
- Amends section 381.0101, Florida Statutes, to retain the requirement that onsite evaluations of OSTDS be done by certified environmental health professionals.

The DOH Division of Medical Quality Assurance (MQA) will incur recurring and nonrecurring workload costs associated with the bill and costs related to updating department systems, enforcing the new training requirements for public safety telecommunicators, and rulemaking; however, it is anticipated that current resources are adequate to absorb.

The bill takes effect on July 1, 2021.

¹ Chapter 2020-150, Laws of Fla.

² Part VI of ch. 403, F.S.

II. Present Situation:

Onsite Sewage Treatment and Disposal Systems

Onsite sewage treatment and disposal systems (OSTDSs), commonly referred to as “septic systems,” generally consist of two basic parts: the septic tank and the drainfield.³ Waste from toilets, sinks, washing machines, and showers flows through a pipe into the septic tank, where anaerobic bacteria break the solids into a liquid form. The liquid portion of the wastewater flows into the drainfield, which is generally a series of perforated pipes or panels surrounded by lightweight materials such as gravel or Styrofoam. The drainfield provides a secondary treatment where aerobic bacteria continue deactivating the germs. The drainfield also provides filtration of the wastewater, as gravity draws the water down through the soil layers.⁴



Until July 1, 2021, the Department of Health (DOH) will administer OSTDS programs, develop statewide rules, and provide training and standardization for county health department employees responsible for issuing permits for the installation and repair of OSTDSs within the state.⁵ The DOH regulations focus on construction standards and setback distances. The DOH also conducts research to evaluate performance, environmental health, and public health effects of OSTDSs. Innovative OSTDS products and technologies must be approved by the DOH.⁶

³ DOH, *Septic System Information and Care*, available at <http://columbia.floridahealth.gov/programs-and-services/environmental-health/onsite-sewage-disposal/septic-information-and-care.html> (last visited March 25, 2021); EPA, *Types of Septic Systems*, <https://www.epa.gov/septic/types-septic-systems> (last visited March 25, 2021) (showing the graphic provided in the analysis.)

⁴ *Id.*

⁵ Section 381.0065(3), F.S.

⁶ Section 381.0065(3), F.S.

The DOH and the Department of Environmental Protection (DEP) have an interagency agreement that standardizes procedures and clarifies responsibilities between them regarding the regulation of OSTDSs.⁷ The DEP has jurisdiction over OSTDSs when: domestic sewage flow exceeds 10,000 gallons per day; commercial sewage flow exceeds 5,000 gallons per day; there is a likelihood of hazardous or industrial wastes; a sewer system is available; or if any system or flow from the establishment is currently regulated by the DEP (unless the DOH grants a variance).⁸ In all other circumstances, the DOH regulates OSTDSs.

There are an estimated 2.6 million OSTDSs in Florida, providing wastewater disposal for 30 percent of the state's population.⁹ In Florida, development in some areas is dependent on OSTDSs due to the cost and time it takes to install central sewer systems.¹⁰ For example, in rural areas and low-density developments, central sewer systems are not cost-effective. Less than one percent of OSTDSs in Florida are actively managed under operating permits and maintenance agreements.¹¹ The remainder of systems are generally serviced only when they fail, often leading to costly repairs that may have been avoided with routine maintenance.¹²

In a conventional OSTDS, a septic tank does not reduce nitrogen from the raw sewage. In Florida, approximately 30-40 percent of the nitrogen levels are reduced in the drainfield of a system that is installed 24 inches or more from groundwater.¹³ This still leaves a significant amount of nitrogen to percolate into the groundwater, which makes nitrogen from OSTDSs a potential contaminant in groundwater.¹⁴

Different types of advanced OSTDSs exist that can remove greater amounts of nitrogen than a typical septic system (often referred to as "advanced" or "nutrient-reducing" septic systems).¹⁵ The DOH publishes on its website approved products and resources on advanced systems.¹⁶ Determining which advanced system is the best option can depend on site-specific conditions.

⁷ *Interagency Agreement between the Department of Environmental Protection and the Department of Health for Onsite Sewage Treatment and Disposal Systems* (Sept. 30, 2015), available at https://floridadep.gov/sites/default/files/HOHOSTDS_9_30_15.pdf

⁸ *Id.* at 6-13; s. 381.0065(3)(b), F.S.; DEP, *Septic Systems*, available at <https://floridadep.gov/water/domestic-wastewater/content/septic-systems> (last visited March 25, 2021).

⁹ DOH, *Onsite Sewage*, available at <http://www.floridahealth.gov/environmental-health/onsite-sewage/index.html> (last visited March 25, 2021).

¹⁰ DOH, *Report on Range of Costs to Implement a Mandatory Statewide 5-Year Septic Tank Inspection Program*, Executive Summary (Oct. 1, 2008), available at <http://www.floridahealth.gov/environmental-health/onsite-sewage/research/documents/rrac/2008-11-06.pdf> p. 59 (last visited March 25, 2021).

¹¹ *Id.*

¹² *Id.*

¹³ DOH, *Florida Onsite Sewage Nitrogen Reduction Strategies Study, Final Report 2008-2015*, 21 (Dec. 2015), available at <http://www.floridahealth.gov/environmental-health/onsite-sewage/research/draftlegreportsm.pdf> (last visited March 25, 2021) See Fla. Admin. Code R. 64E-6.006(2).

¹⁴ University of Florida Institute of Food and Agricultural Sciences (IFAS), *Onsite Sewage Treatment and Disposal Systems: Nitrogen*, 3 (Feb. 2014), available at <http://edis.ifas.ufl.edu/pdf/SS/SS55000.pdf> (last visited March 25, 2021).

¹⁵ DOH, *Nitrogen-Reducing Systems for Areas Affected by the Florida Springs and Aquifer Protection Act* (2019), available at <http://www.floridahealth.gov/environmental-health/onsite-sewage/products/documents/bmap-n-reducing-tech-18-10-29.pdf> (last visited March 25, 2021).

¹⁶ DOH, *Onsite Sewage Programs, Product Listings and Approval Requirements*, available at <http://www.floridahealth.gov/environmental-health/onsite-sewage/products/index.html> (last visited March 25, 2021).

The owner of a properly functioning OSTDS must connect to a sewer system within one year of receiving notification that a sewer system is available for connection.¹⁷ Owners of an OSTDS in need of repair or modification must connect within 90 days of notification from the DOH.¹⁸

The Blue-Green Algae Task Force made the following recommendations relating to OSTDSs:

- The DEP should develop a more comprehensive regulatory program to ensure that OSTDSs are sized, designed, constructed, installed, operated, and maintained to prevent nutrient pollution, reduce environmental impact, and preserve human health.
- More post-permitting septic tank inspections should take place.
- Protections for vulnerable areas in the state should be expanded.
- Additional funding to accelerate septic to sewer conversions.¹⁹

Chapter 2020-150, Laws of Florida

In 2020, the Legislature passed ch. 2020-150, Laws of Florida to respond to recommendations from the Blue-Green Algae Task Force. Regarding OSTDSs, the law:

- Transfers the regulation of OSTDSs from the DOH to the DEP.
- Directs the DEP to adopt rules to locate OSTDSs by July 1, 2022:
 - These rules will take into consideration conventional and advanced OSTDS designs, impaired water bodies, wastewater and drinking water infrastructure, potable water sources, non-potable wells, stormwater infrastructure, OSTDS remediation plans, nutrient pollution, and the recommendations of an OSTDS technical advisory committee;
 - Once those rules are adopted, they will supersede the existing statutory requirements for setbacks.
- To meet the requirements of a Total Maximum Daily Load (TMDL), the law requires the DEP to implement a fast-track approval process for the use in this state of American National Standards Institute 245 systems approved by National Sanitation Foundation (NSF) International before July 1, 2020.
- Deletes the DOH OSTDS technical advisory committee and creates a DEP OSTDS technical advisory committee that will expire on August 15, 2022, after making recommendations to the Governor and the Legislature regarding the regulation of OSTDSs.
- Requires local governments to develop OSTDS remediation plans within Basin Management Action Plans (BMAPs) if the DEP determines that OSTDSs contribute at least 20 percent of the nutrient pollution or if the DEP determines remediation is necessary to achieve the total maximum daily load. Such plans must be adopted as part of the BMAPs no later than July 1, 2025.²⁰

Targeted Outreach for Pregnant Women

The Targeted Outreach for Pregnant Women Act (TOPWA) was enacted by the Florida Legislature in 1998. The TOPWA program is designed to establish targeted outreach to high-risk

¹⁷ Section 381.00655, F.S.

¹⁸ *Id.*

¹⁹ DEP, *Blue-Green Algae Task Force Consensus Document #1*, 6-7 (Oct. 11, 2019), available at https://floridadep.gov/sites/default/files/Final%20Consensus%20%231_0.pdf (last visited March 25, 2021).

²⁰ Analysis of CS/CS/SB 712 (Feb. 24, 2020), available at <https://www.flsenate.gov/Session/Bill/2020/712/Analyses/2020s00712.ap.PDF> (last visited, March 25, 2021).

pregnant women who may not be receiving proper prenatal care, who suffer from substance abuse problems, or who may be infected with the human immunodeficiency virus (HIV). The goal of the program is to provide these high-risk pregnant women with referrals for information and services.

In 2019, there were 453 HIV-exposed births in Florida. Without proper care for both mother and newborn, each of these births risks vertical transmission. The TOPWA supports outreach programs aimed at preventing vertical HIV transmission and other health issues by linking high-risk pregnant women with services that can help them have healthier pregnancies and deliveries and can aid them in ensuring their newborn gets a healthy start.²¹

Many of the women targeted by TOPWA programs may not otherwise receive prenatal care or know their HIV status. In 2019, there were seven TOPWA programs in Florida. The TOPWA programs, which are funded through General Revenue (GR) dollars and grant funds from the federal Centers for Disease Control and Prevention (CDC), provided services to 7,703 women from January 2016 to July 2020. Women living with HIV made up just under 10 percent of TOPWA program enrollments.²²

If a pregnant woman tests positive for HIV, medical interventions and prevention, such as the following, can greatly reduce her risk of transmitting the virus to her baby during childbirth:

- Antiretroviral medication to the mother;
- Delivery by caesarian section;
- Avoiding breastfeeding; and
- Antiretroviral medication to the newborn.²³

Telehealth to Provide Services

Current law prohibits telehealth providers from prescribing any controlled substance unless the controlled substance is prescribed for:

- The treatment of a psychiatric disorder;
- Inpatient treatment at a licensed hospital;
- The treatment of a patient receiving hospice services; or
- The treatment of a resident of a nursing home facility.²⁴

Prescribers and dispensers are required to report to and review the Prescription Drug Monitoring Program database to review a patient's controlled substance dispensing history prior to prescribing or dispensing a Schedule II-IV controlled substance for patients 16 years or older.²⁵ These prescribing limitations and requirements apply to practitioners providing services in-person and through telehealth.

²¹ Section 381.0045(2), F.S.

²² Department of Health, *Senate Bill 1568 Fiscal Analysis* (Mar, 12, 2021) (on file with the Senate Committee on Health Policy.)

²³ *Id.*

²⁴ Section 456.47(2)(c), F.S.

²⁵ Section 89.055, F.S.

Federal Guidance during the COVID-19 Public Health Emergency

In response to COVID-19, on January 31, 2020, the Secretary of the Department of Health and Human Services (HHS) issued a public health emergency.²⁶ On March 16, 2020, the federal Drug Enforcement Agency (DEA) published a COVID-19 Information page on the Diversion Control Division website, authorizing qualified prescribers to issue prescriptions for all Schedule II-V controlled substances to patients without first conducting an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
- The evaluation is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable federal and state law.²⁷

Florida DOH Emergency Order No. 20-002

The same day that the HHS Secretary authorized qualified prescribers to prescribe Schedule II-V controlled substances, Surgeon General Rivkees issued DOH Emergency Order No. 20-002,²⁸ which suspended s. 456.47(2)(c), F.S., and authorized specified Florida-licensed prescribers²⁹ to issue a renewal prescription for a Schedule II-IV controlled substance only for an existing patient for the purpose of treating chronic nonmalignant pain without conducting another physical examination of the patient. This emergency order was extended³⁰ and will remain in effect until the expiration of Executive Order No. 20-52 and extensions thereof.³¹

²⁶ Determination that a Public Health Emergency Exists, Alex M. Azar II, Secretary of U.S. Department of Health and Human Services (January 31, 2020), available at <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx> (last visited Feb. 9, 2021).

²⁷ Diversion Control Division, U.S. Department of Justice Drug Enforcement Administration, *COVID-19 Information Page*, available at <https://www.deadiversion.usdoj.gov/coronavirus.html> (last visited Feb. 9, 2021). Letter from Thomas Prevoznik, Deputy Assistant Administrator, Diversion Control Division, U.S. Department of Justice Drug Enforcement Administration, to DEA Qualifying Practitioners and Other Practitioners, (Mar. 31, 2020), available at [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20(Final)%20+Esign.pdf) (last visited Feb. 9, 2021).

²⁸ Department of Health, State of Florida, *Emergency Order DOH No. 20-002* (Mar. 16, 2020), available at <http://floridahealthcovid19.gov/wp-content/uploads/2020/03/filed-eo-doh-no.-20-002-medical-professionals-03.16.2020.pdf> (last visited Feb. 14, 2021).

²⁹ Physicians, osteopathic physicians, physician assistants, or advanced practice registered nurses that have designated themselves as a controlled substance prescribing practitioner on their practitioner profiles pursuant to s. 456.44, F.S.

³⁰ Department of Health, State of Florida, *Emergency Order DOH No. 20-011* (June 30, 2020), available at <https://floridahealthcovid19.gov/wp-content/uploads/2020/06/DOH-Emergency-Order-DOH-No.-20-011.pdf> (last visited Feb. 14, 2021).

³¹ Under s. 252.36(2), F.S., no state of emergency declared pursuant to the Florida Emergency Management Act, may continue for more than 60 days unless renewed by the Governor. The state of emergency declared in Executive Order 20-52, was extended by Executive Orders 20-114, 20-166, 20-192, 20-213, 20-276, 20-316, and 21-45. Executive Order 21-45 will remain in effect until April 28, 2021. Office of the Governor, State of Florida, *Executive Order 21-45* (Feb. 26, 2021), available at https://www.flgov.com/wp-content/uploads/orders/2021/EO_21-45.pdf (last visited March 17, 2021).

Chiropractic Licensure

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 to restore the normal flow of nerve impulse which produces normal function and health by chiropractic physicians using specific chiropractic adjustment or manipulation techniques taught in chiropractic colleges accredited by the Council on Chiropractic Education.

Section 460.406, F.S., requires:

- An applicant matriculating in a chiropractic college after July 1, 1990, to hold a bachelor’s degree awarded by a college or university accredited by a regional accrediting agency recognized and approved by the U.S. Department of Education; and
- An applicant after July 1, 2000, to complete, prior to matriculating in a chiropractic college, a bachelor’s degree from a college or university accredited by a regional accrediting agency recognized and approved by the U.S. Department of Education.

The U.S. Department of Education issued a letter of guidance on February 26, 2020, specifying that final regulations published in that year omit references to “regional” and “national” accreditation. The letter specifies that “[b]ecause the Department holds all accrediting agencies to the same standards, distinctions between regional and national accrediting agencies are unfounded.” Provisions implemented in 34 C.F.R. § 602.32(d), relating to the recognition of accrediting agencies, will become effective January 1, 2021.

Nursing

Part I of ch. 464, F.S., the Nurse Practice Act, governs the licensure and regulation of nurses in Florida. Nurses are licensed by the DOH³² and are regulated by the Fla. Board of Nursing (BON).³³ Currently, a nurse desiring to practice nursing in the state of Florida must obtain a Florida license by examination or endorsement.

Applicants for licensure by examination as a registered nurse (RN) or licensed practical nurse (LPN) must, among other requirements:

- Graduate from an approved program or its equivalent as determined by the Fla. Bd. of Nursing.³⁴
- Submit an application to the DOH;
- Pay a fee;
- Submit information for a criminal background check;³⁵ and
- Pass the National Council Licensure Examination (NCLEX).³⁶

³² Section 464.008, F.S.

³³ The BON is composed of 13 members appointed by the Governor and confirmed by the Senate who serve four-year terms. All members must be residents of the state. Seven members must be registered nurses who are representative of the diverse areas of practice within the nursing profession. Three members must be licensed practical nurses and three members must be laypersons. At least one member of the board must be 60 years of age or older. *See* Section 464.004, F.S.

³⁴ Section 464.008(1)(c), F.S.

³⁵ Section 464.008(1)(b), F.S.

³⁶ Section 464.008(2), F.S.

Licensure by endorsement requirements include submitting an application and fee, passing a criminal background screening, and:

- Holding a valid license to practice professional or practical nursing in another state or territory of the United States which, when issued, met or exceeded those in Florida at that time;
- Meeting the requirements for licensure in Florida and having successfully completed an examination in another state which is substantially equivalent to the examination in Florida; or
- Having actively practiced nursing in another state, jurisdiction, or territory of the United States for two of the preceding three years without having his or her license acted against by the licensing authority of any jurisdiction.³⁷

In 2016, the Legislature created s. 464.0095, F.S., Florida's entrance into the Nurse Licensure Compact (NLC), which took effect January 19, 2018, and adopts the revised NLC in its entirety into state law. This allows for licensed practical and professional nurses to practice in all member states by maintaining a single license in the nurse's primary state of residence. To date, 34 states, including Florida, have adopted the revised NLC.³⁸

The National Council of State Boards of Nursing, Inc. (NCSBN)

The NCSBN is an independent, non-profit organization that was created in 1978 out of recognition that in order to guard the safety of the public, the organization involved in the regulation of nurses needs to be a separate entity from the American Nurses Association (ANA) Council on State Boards of Nursing, which represents professional nurses. The NCSBN's membership is now composed of state boards of nursing and other nursing regulatory bodies that are charged with the responsibility of providing regulatory excellence for public health, safety, and welfare. To meet that goal, the NCSBN developed a psychometrically sound and legally-defensible nurse licensure examination consistent with current nursing practice. NCSBN became the first organization to implement computerized adaptive testing for nationwide licensure examinations in 1994, the NCLEX-RN and NCLEX-LPN.³⁹

Nursing Education Program Approval and Accreditation

Section 464.019, F.S., requires an institution desiring to offer a pre-licensure nursing education program to submit an application to the DOH and pay a program review fee for each campus or instructional site. In addition to identifying information about the program, the application must indicate the name of the accrediting agency.

The application must document compliance with the following program standards: faculty qualifications; clinical training and clinical simulation requirements, including a requirement that

³⁷ Section 464.009, F.S.

³⁸ The National Council of State Boards of Nursing administers the NLC. They refer to it as the enhanced NLC. *available at* https://www.nursecompact.com/Updated_onepaged_NLC.pdf (last visited on March 23, 2021).

³⁹ National Council of State Boards of Nursing, Inc., *History*. *available at* <https://www.ncsbn.org/history.htm> (last visited Mar. 28, 2021).

no more than 50 percent of the program's clinical training consist of clinical simulation; faculty-to-student supervision ratios; and curriculum and instruction requirements.⁴⁰

Chapter 464, F.S., recognizes and distinguishes between nursing education programs that are approved by the BON and programs that are approved and accredited.⁴¹

An "accredited program" is accredited by a specialized nursing accrediting agency that is nationally recognized by the U.S. Secretary of Education to accredit nursing education programs.⁴² The specialized nursing accrediting agencies currently recognized by the U.S. Department of Education include the Commission on Collegiate Nursing Education and the Accreditation Commission for Education in Nursing.⁴³

A Florida BON approved nursing education program⁴⁴ is required to submit an annual report to the Florida BON which includes an affidavit certifying compliance with the program standards and documentation for the previous academic year that sets forth data related to the number of students who applied, were accepted, enrolled, and graduated; retention rates; and accreditation status.⁴⁵

Approved programs must have a graduate passage rate not lower than ten percent below the national average for two consecutive years. Programs are placed on probation for low performance with NCLEX scores for two consecutive years and are subject to termination. The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any one calendar year. If the program does not achieve the required passage rate in any one calendar year after a program has been placed on probationary status, the Fla. Bd. of Nursing is authorized to terminate the program or may extend the probation for one additional year.⁴⁶ An approved program which has been placed on probation must disclose its probationary status in writing to the program's students and applicants.⁴⁷

An approved program graduate who does not take the licensure examination within six months after graduation must enroll in, and successfully complete, a licensure examination preparatory course pursuant to s. 464.008, F.S.

⁴⁰ Section 464.019(2)(c), F.S. If the Fla. Bd. of Nursing does not act on a program application within the 90-day review period, the program application is deemed approved. *Id.*

⁴¹ The program application and approval process, the annual report requirement, the data submission requirements and the pass rate requirements are not applicable to accredited programs.

⁴² Section 464.003(1), F.S.

⁴³ United States Department of Education, *Accreditation in the United States: Specialized Accrediting Agencies*, available at https://www2.ed.gov/admins/finaid/accred/accreditation_pg7.html (last visited Mar. 25, 2021).

⁴⁴ Section 464.003(4), F.S., defines an "approved program" as "a program for the pre-licensure education of professional or practical nurses that is conducted in the state at an educational institution and that is approved under s. 464.019, F.S. The term includes such a program placed on probationary status."

⁴⁵ Section 464.019(3), F.S.

⁴⁶ Section. 464.019(5), F.S.

⁴⁷ *Id.*

The Practice of Pharmacy

The Board of Pharmacy (BOP), in conjunction with the DOH, regulates the practice of pharmacists and registered pharmacist interns pursuant to ch. 465, F.S.⁴⁸

Licensure

To be licensed as a pharmacist in Florida, a person must:⁴⁹

- Complete an application and remit an examination fee;
- Be at least 18 years of age;
- Hold a degree from an accredited and approved school or college of pharmacy;⁵⁰
- Have completed a BOP approved internship; and
- Successfully complete the BOP approved examination.

A pharmacist must complete at least 30 hours of BOP approved continuing education during each biennial licensure renewal period.⁵¹ Pharmacists who are certified to administer vaccines or epinephrine auto-injections must complete a three-hour continuing education course on the safe and effective administration of vaccines and epinephrine injections, as a part of their licensure renewal.⁵²

Scope of Pharmacy Practice

In Florida, the practice of the profession of pharmacy includes:⁵³

- Compounding, dispensing, and consulting concerning the contents, therapeutic values, and uses of a medicinal drug;
- Consultation concerning therapeutic values and interactions of patented or proprietary preparations;
- Monitoring a patient's drug therapy and assisting the patient in the management of his or her drug therapy;
- Reviewing, and making recommendations regarding the patient's drug therapy and health care status in communication with the patient's prescribing health care provider as authorized by the patient;
- Initiating, modifying, or discontinuing drug therapy for a chronic health condition under a collaborative pharmacy practice agreement;⁵⁴
- Transmitting information from prescribers to their patients;

⁴⁸ Sections 465.004 and 465.005, F.S.

⁴⁹ Section 465.007, F.S. The DOH may also issue a license by endorsement to a pharmacist who is licensed in another state upon meeting the applicable requirements set forth in law and rule. *See s. 465.0075, F.S.*

⁵⁰ If the applicant has graduated from a four-year undergraduate pharmacy program of a school or college of pharmacy located outside the United States, the applicant must demonstrate proficiency in English, pass the BOP-approved Foreign Pharmacy Graduate Equivalency Examination, and complete a minimum of 500 hours in a supervised work activity program within Florida under the supervision of a DOH-licensed pharmacist.

⁵¹ Section 465.009, F.S.

⁵² Section 465.009(6), F.S.

⁵³ Section 465.003(13), F.S.

⁵⁴ Section 465.1865, F.S.

- Preparing prepackaged drug products in facilities holding Class III institutional facility permits;⁵⁵
- Ordering and dispensing over-the-counter drugs approved by the FDA;⁵⁶
- Ordering and dispensing within his or her professional judgment, subject to specified conditions:⁵⁷
 - Certain oral analgesics for mild to moderate pain;
 - Anti-nausea preparations;
 - Certain antihistamines and decongestants;
 - Certain topical antifungal/antibacterial;
 - Topical anti-inflammatory preparations containing an amount of hydrocortisone not exceeding 2.5 percent;
 - Otic antifungal/antibacterial;
 - Salicylic acid;
 - Vitamins;
 - Ophthalmics;
 - Certain histamine H2 antagonists;
 - Acne products; and
 - Topical antivirals for herpes simplex infections of the lips.

Pharmacist Authorization to Administer Antipsychotropic Medications by Injection

A pharmacist, at the direction of a physician, may also administer a long-acting antipsychotic medication by injection if the medication is approved by the U.S. Food and Drug Administration if the pharmacist:

- Is authorized by and acting within the framework of an established protocol with the prescribing physician;
- Practices at a facility that accommodates privacy for nondeltoid injections and conforms with state rules and regulations regarding the appropriate and safe disposal of medication and medical waste; and
- Has completed the required 8-hour continuing education course offered by:
 - A statewide professional association of physicians accredited to provide educational activities designated for:
 - The American Medical Association Physician's Recognition Award (AMA PRA) Category 1 Credit; or
 - The American Osteopathic Association (AOA) Category 1-A continuing medical education (CME) credit; or
 - A statewide association of pharmacists.

The course required course to administer Antipsychotropic Medications by Injection:

- May be offered in a distance learning format;
- Must include 30 hours of continuing professional pharmaceutical education.⁵⁸

⁵⁵ A Class III institutional pharmacy are those pharmacies affiliated with a hospital. *See* s. 465.019(2)(d), F.S.

⁵⁶ Section 465.186, F.S.

⁵⁷ Fla. Admin. Code R. 64B16-27.220 (2020).

⁵⁸ Section 465.009(1), F.S.

- Must have a curriculum of instruction that concerns the safe and effective administration of behavioral health and antipsychotic medications by injection, including, but not limited to, potential allergic reactions to such medications.

A separate prescription from a physician is required for each injection administered by a pharmacist.⁵⁹

Dentistry

Any person wishing to practice dentistry in this state must apply to the DOH and meet specified requirements. Section 466.006, F.S., requires dentistry licensure applicants to sit for and pass the following licensure examinations:

- The National Board of Dental Examiners dental examination (NBDE);
- A written examination on Florida laws and rules regulating the practice of dentistry; and
- A practical examination, which is the American Dental Licensing Examination developed by the American Board of Dental Examiners, Inc., and graded by a Florida-licensed dentist employed by the DOH for such purpose.⁶⁰

To qualify to take the Florida dental licensure examination, an applicant must be 18 years of age or older, be a graduate of a dental school accredited by the American Dental Association Commission on Dental Accreditation (CODA) or be a student in the final year of a program at an accredited institution, and have successfully completed the NBDE dental examination.⁶¹ If the applicant is not a graduate of a CODA-accredited program, the applicant must demonstrate that he or she holds a degree from an accredited American dental school or has completed two years at a full-time supplemental general dentistry program accredited by CODA.⁶²

Under Florida law, non-dentists are prohibited from influencing or otherwise interfering with a dentist's exercise of his or her independent professional judgment. The profession of dentistry prohibits persons other than a dentist or professional corporation or limited liability company composed of dentists, from:

- Employing a dentist or dental hygienist in a dental office;
- Controlling the use of any dental equipment or material; or
- Directing, controlling, or interfering with a dentist's clinical judgment.⁶³

Conversely, dentists who are employed by any corporation, organization, group, or person other than a dentist or a professional corporation or limited liability company composed of dentists to practice dentistry will subject a dentist to a denial of license or disciplinary action.⁶⁴

⁵⁹ Section 465.1893, F.S.

⁶⁰ A passing score is valid for 365 days after the date the official examination results are published. A passing score on an examination obtained in another jurisdiction must be completed on or after October 1, 2011.

⁶¹ Section 466.006(2), F.S.

⁶² Section 466.006(3), F.S.

⁶³ Section 466.00285, F.S.

⁶⁴ Section 466.028, F.S.

Midwifery

“Midwifery” is the practice of supervising the conduct of a normal labor and childbirth, with the informed consent of the parent; the practice of advising the parents as to the progress of the childbirth; and the practice of rendering prenatal and postpartal care.⁶⁵

Chapter 467, F.S., is the Midwifery Practice Act. Any person who seeks to practice midwifery in Florida must be at least 21 years of age and:

- Licensed under s. 464.012, F.S., as an Advanced Practice Registered Nurse (APRN) nurse midwife; or
- Licensed as a midwife under ch. 467, F.S.

Section 467.009, F.S., governs midwifery programs and education and training requirements which are a minimum of three years in an approved program. An applicant must have:

- A high school diploma or the equivalent.
- Taken at least three college-level credits such as math and English.

It is unclear under current law whether both a high school diploma and three college level credits are required for admission, or whether one or the other will satisfy the admission requirement.

Section 467.009, F.S., also requires a student midwife, during training, to undertake the care of 50 women in each of the prenatal, intrapartal, and postpartal periods, and observe an additional 25 women in the intrapartal period under the supervision of a preceptor, but the same women need not be seen through all periods. Prenatal, intrapartal, and postpartal periods are not defined and the statute is unclear as to whether this requires 150 patients prenatal, intrapartal, and postpartal periods, or just 50 in any one of the three phases of pregnancy and delivery. The statute is also unclear as to whether the two references to intrapartal care and observation may be the same patient or require different patient contacts.

Section 467.009, F.S., uses the terms, “applicant” and “student midwife” interchangeably, which is inaccurate. These sections frame standards for admission, education, and clinical training in the context of student requirements. Preceptors direct, teach, supervise, and evaluate the learning experiences of the student midwife and may be physicians, licensed midwives, or a certified nurse midwife, who have a minimum of three years professional experience.⁶⁶ Persons with previous midwifery education, Registered Nurses (RNs), and Licensed Practical Nurses (LPNs) may have a reduced training period, but in no case less than two years.

Chapter 467.009, F.S., does not include any provisions explicitly allowing a new midwifery program to be provisionally approved nor does it provide guidance to schools regarding the circumstances under which the DOH may rescind the approval of program.

Section 467.011, F.S., licensure by examination, requires the DOH to:

- Administer the licensure examination to test the proficiency of applicants in the core competencies required to practice midwifery as specified in s. 467.009, F.S.;

⁶⁵ Section 467.003(8), F.S.

⁶⁶ Section 467.003(12), F.S.

- Develop, publish, and make available to interested parties at a reasonable cost a bibliography and guide for the examination; and
- Issue a license to practice midwifery to an applicant who has graduated from an approved midwifery program, successfully completed the examination, and paid a licensure fee.

The DOH no longer administers midwifery examinations, and, pursuant to s. 456.017(c), F.S., the DOH has approved the use of a national examination for midwives seeking to become licensed.⁶⁷

In lieu of examination, an applicant may apply for a license by endorsement based on verification that the applicant holds a current valid license to practice in another jurisdiction that has equivalent or more stringent licensure requirements than those in Florida.⁶⁸

A midwife may only accept and provide care for those women who are expected to have a normal pregnancy, labor, and delivery and must ensure that:

- The patient has signed an informed consent form; and
- If the patient is delivering at home, the home is safe and hygienic.

The statute does not define “normal delivery,” “low risk pregnancy,” or “high risk pregnancy.”

A midwife licensed under ch. 467, F.S., may administer the following:

- Prophylactic ophthalmic medication;
- Oxygen;
- Postpartum oxytocin;
- Vitamin K;
- Rho immune globulin (human); and
- Local anesthetic and other medications prescribed by practitioner.⁶⁹

A midwife’s care of mothers and infants throughout the prenatal, intrapartal, and postpartal periods must be in conformity with the DOH rules and the public health laws of this state. The midwife must:

- Prepare a written plan of action with the family to ensure continuity of medical care throughout labor and delivery and to provide for immediate medical care if an emergency arises;
- Instruct the patient and family regarding the preparation of the environment and ensure availability of equipment and supplies needed for delivery and infant care;
- Instruct the patient in the hygiene of pregnancy and nutrition as it relates to prenatal care;
- Maintain equipment and supplies;
- Determine the progress of labor and, when birth is imminent, be immediately available until delivery is accomplished and must:
 - Maintain a safe and hygienic environment;
 - Monitor the progress of labor and the status of the fetus;

⁶⁷ Department of Health, *Senate Bill 1568 Fiscal Analysis -Midwifery* (July 16, 2020) (on file with the Senate Committee on Health Policy.)

⁶⁸ Section 467.0125, F.S.

⁶⁹ Section 467.015, F.S.

- Recognize early signs of distress or complications; and
- Enact the written emergency plan when indicated;
- Remain with the postpartal mother until the conditions of the mother and the neonate are stabilized; and
- Instill into each eye of the newborn infant a prophylactic in accordance with s. 383.04, F.S.

Section 467.0125, F.S., also includes provisions for licensure by endorsement and temporary certification of a midwife who is qualifying for endorsement to practice in an area of critical need. This statute defines the term “area of critical need” differently from every other profession which has temporary certification that allows practice in an area of critical need. In addition, the current provisions for temporary certification of midwives require revocation if the area in which they practice loses its designation as an area of critical need.

Section 467.205, F.S., provides that any accredited or state-licensed institution of higher learning, public or private, may provide midwifery education and training. The statute sets out the DOH approval requirements for programs desiring to conduct an approved midwifery education program. Under the application and recertification process:

- The applicant must submit evidence of the program’s compliance with the requirements in s. 467.009, F.S.
- The DOH must survey the organization applying for approval. If the department is satisfied that the program meets the requirements of s. 467.009, F.S., it must approve the program.
- The DOH must certify whether each approved midwifery program complies with the standards developed under s. 467.009, F.S., at least every three years.
 - If the DOH finds that an approved program no longer meets the required standards, it may place the program on probation until such time as the standards are restored.
 - If a program fails to correct these conditions within a specified period of time, the department may rescind the approval.
 - Any program having its approval rescinded has the right to reapply.
- Provisional approval of a new program may be granted pending the licensure results of the first graduating class.

Practice of Orthotics, Prosthetics, and Pedorthics

The practice of Orthotics, Prosthetics, and Pedorthics is governed by part XIV of ch. 468, F.S., and all three professions evaluate, treatment formulation, measure, design, fabricate, assemble, fit, adjust, service, or provide the initial training necessary to accomplish the fitting of an orthosis or pedorthic device.⁷⁰

Section 468.803, F.S., provides minimum qualifications for licensure to practice orthotics, prosthetics, and pedorthics. Each profession includes the requirement of completion of a program from a “regionally accredited” institution. The U.S. Department of Education issued a letter of guidance on February 26, 2020, specifying that final regulations published that year omit references to “regional” and “national” accreditation. The letter specifies, “Because the Department holds all accrediting agencies to the same standards, distinctions between regional and national accrediting agencies are unfounded.” Provisions implemented in 34 C.F.R. §

⁷⁰ Section 468.80, F.S.

602.32(d), relating to the recognition of accrediting agencies, will become effective January 1, 2021.

Section 468.803 (2)(a), F.S., requires an applicant for licensure to submit to the DOH, along with the application, the fingerprint forms and to pay the cost of the state and national criminal history checks. The DOH no longer collects forms or fees from applicants to process the initial criminal history check for licensure. Applicants are required to complete fingerprinting electronically through independent vendors and provide an originating agency identifier number specific to the profession for the results to be submitted to the DOH. If a criminal history is indicated, the Board of Orthotists and Prosthetists will review the application for consideration of licensure.⁷¹

Clinical Lab Personnel

Part I of ch. 483, F.S., regulates clinical laboratory personnel. “Clinical laboratory personnel” includes a clinical laboratory director, supervisor, technologist, blood gas analyst, or technician who performs or is responsible for laboratory test procedures, but the term does not include trainees, persons who perform screening for blood banks or plasmapheresis centers, phlebotomists, or persons employed by a clinical laboratory to perform manual pretesting duties or clerical, personnel, or other administrative responsibilities.⁷²

Section 483.824(2), F.S., requires the doctoral degree held by a clinical laboratory director be from a regionally-accredited institution in a chemical, physical, or biological science.

The U.S. Department of Education issued a letter of guidance on February 26, 2020, specifying that final regulations published that year omit references to “regional” and “national” accreditation. The letter specifies, “[b]ecause the Department holds all accrediting agencies to the same standards, distinctions between regional and national accrediting agencies are unfounded.” Provisions implemented in 34 C.F.R. s. 602.32(d), relating to the recognition of accrediting agencies, will become effective January 1, 2021.⁷³

Psychologists

Chapter 490, F.S., regulates the practice of psychology by psychologists. “Psychologist” is a person licensed by examination under s. 490.005(1), F.S., or endorsement under s. 490.006, F.S.

Section 390.003, F.S., defines a “doctoral-level psychological education” and “doctoral degree in psychology” as of July 1, 1999, to include a Psy.D., an Ed.D. in psychology, or a Ph.D. in psychology from a psychology program at an educational institution that, at the time the applicant was enrolled and graduated:

- Had institutional accreditation from an agency recognized and approved by the U.S. Department of Education or was recognized as a member in good standing with the Association of Universities and Colleges of Canada; and

⁷¹ Department of Health, *Senate Bill 1568 Fiscal Analysis - Practice of Orthotics, Prosthetics, and Pedorthics* (July 15, 2020) (on file with the Senate Committee on Health Policy.)

⁷² Section 483.803(4), F.S.

⁷³ Department of Health, *Senate Bill 1568 Fiscal Analysis - Clinical Lab Personnel* (July 16, 2020) (on file with the Senate Committee on Health Policy.)

- Had programmatic accreditation from the American Psychological Association.

Section 490.005, F.S., provides that any person desiring to be licensed by examination as a psychologist must apply to the DOH to take the licensure examination. The DOH will license each applicant who the Board of Psychology (BOP) certifies has:

- Completed an application and submitted a fee;
- Submitted proof satisfactory to the BOP that the applicant has received:
 - Doctoral-level psychological education; or
 - The equivalent of a doctoral-level psychological education, from a program at a school or university located outside the U.S.;
 - Had at least two years or 4,000 hours of experience in the field of psychology; and
 - Passed the licensing examination.

Section 490.0051, F.S., also requires the DOH to issue a provisional psychology license to each applicant who the BOP certifies has:

- Completed the application form and paid the fee;
- Earned a doctoral degree in psychology as defined in s. 490.003(3); and
- Met any additional requirements established by BOP rule.

Provisional licensees must practice under the supervision of a licensed psychologist until the provisional licensee receives a license or a letter from the DOH stating that he or she is licensed as a psychologist. A provisional license expires 24 months after the date it is issued and may not be renewed or reissued.

Mental Health Professionals

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.⁷⁴

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, must register as an intern in the profession for which he or she is seeking licensure before commencing the practicum, internship, or field experience.⁷⁵

⁷⁴ Section 491.0046, F.S.

⁷⁵ Section 491.0045, F.S.

Section 491.005(1), F.S., relates to licensure by examination for social workers. Section 491.005(3), F.S., relates to licensure by examination for marriage and family therapists. Section 491.005(4), F.S., relates to licensure by examination for mental health counselors.

Marriage and Family Therapy – Minimum Educational Requirements

During the 2020 Legislative Session, s. 491.0045, F.S., was amended to revise the minimum requirements for licensure as a marriage and family therapist to include graduation from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or from a Florida university program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The minimum requirement for licensure revision was effective July 1, 2020.

Currently, there are six universities in Florida with a marriage and family program that is not accredited by either COAMFTE or CACREP, they are: Carlos Albizu, Jacksonville University, Palm Beach Atlantic University, St. Thomas University, University of Miami, and University of Phoenix. As a result, students who are presently enrolled in a marriage and family program at one of the specified universities will not meet minimum requirements for Florida licensure upon graduation, although the programs did meet the requirements at the time of enrollment.⁷⁶

Mental Health Counseling – Minimum Education Requirements

A mental health counselor is an individual who uses scientific and applied behavioral science theories, methods, and techniques to describe, prevent, and treat undesired behavior and enhance mental health and human development and is based on research and theory in personality, family, group, and organizational dynamics and development, career planning, cultural diversity, human growth and development, human sexuality, normal and abnormal behavior, psychopathology, psychotherapy, and rehabilitation.⁷⁷ To qualify for licensure as a mental health counselor, an individual must:⁷⁸

- Have a master's degree from a mental health counseling program accredited by the Council of the Accreditation of Counseling and Related Educational Programs, or a program related to the practice of mental health counseling that includes coursework and a 1,000-hour practicum, internship, or fieldwork of at least 60 semester hours that meet certain requirements;
- Have at least two years of post-master's supervised clinical experience in mental health counseling;
- Have passed a theory and practice examination provided by the DOH; and
- Have passed an eight-hour course on Florida laws and rules approved by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.⁷⁹

Beginning July 1, 2025, an applicant must have a master's degree from a program that is accredited by the Council for Accreditation of Counseling and Related Educational Programs which consists of at least 60 semester hours or 80 quarter hours to apply for licensure.

⁷⁶ Department of Health, *Senate Bill 1568 Fiscal Analysis - Mental Health Professionals* (July 15, 2020) (on file with the Senate Committee on Health Policy.)

⁷⁷ Sections 491.003(6) and (9), F.S.

⁷⁸ Section 491.005(4), F.S.

⁷⁹ Section 491.005(4), F.S., and Fla. Admin. Code R. 64B4-3.0035, (2021).

Registered Interns – Licensed Professional on Premises

As documented in the DOH Annual Report and Long-Range Plan, Fiscal Year 2018-2019, there are 13,474 registered mental health interns in Florida. To qualify as a registered intern, the applicant must have completed a master's or doctoral degree in a clinical counseling field and a practicum including face-to-face psychotherapy (clinical-level therapy sessions) under direct supervision of a licensed practitioner. Some registered interns may also complete internships prior to graduation. Registered interns routinely provide counseling and psychotherapy including the use of methods to evaluate, assess, diagnose, and treat emotional and mental dysfunctions or disorders, behavioral disorders, interpersonal relationships, and addictions.

Psychotherapy and counseling may be provided in a variety of settings. Registered interns provide services at facilities including, but not limited to:

- Crisis Centers – e.g. suicide prevention programs, shelters for abuse victims, child endangerment response;
- Inpatient and outpatient behavioral health centers;
- Private practice settings;
- Hospitals;
- Hospice; and
- Rehabilitation centers.

Registered interns are required to complete 1,500 face-to-face psychotherapy hours prior to applying for full licensure. The face-to-face psychotherapy hours must be completed within five years. Registered interns are a force multiplier to increase the number of educated and prepared mental health practitioners to manage growing mental health concerns and currently provide these services in a variety of face-to-face settings.

In accordance with s. 491.005, F.S., registered interns are required to have a licensed professional on the premises during counseling sessions. The licensed professional is not required to be in the counseling room observing the session, but must be on the premises to provide oversight, guidance, and evaluation. This provision ensures that registered interns have a licensed professional readily available, if necessary, during a therapeutic session and to restrict registered interns from operating an independent practice without direct oversight available.

In response to the COVID-19 pandemic, the board revised Rule 64B4-2.002 of the Florida Administrative Code, defining supervision, to authorize registered interns to provide face-to-face psychotherapy by electronic methods (telehealth) if the intern establishes a written telehealth protocol and safety plan with their qualified supervisor. The protocol must include a provision that the supervisor remain readily available during electronic therapy sessions and that the registered intern and their qualified supervisor have determined that providing face-to-face psychotherapy by electronic methods is not detrimental to the patient, is necessary to protect the health, safety, or welfare of the patient, and does not violate any existing statutes.⁸⁰

⁸⁰ *Id.*

Regional Accreditation

The minimum qualifications for licensure specified in s. 491.005(3), F.S., includes the requirement of completion of a graduate program from a “regionally accredited body recognized by the Commission on Recognition of Postsecondary Accreditation.” The U.S. Department of Education issued a letter of guidance on February 26, 2020, specifying that final regulations published that year omit references to “regional” and “national” accreditation. The letter specifies, “Because the Department holds all accrediting agencies to the same standards, distinctions between regional and national accrediting agencies are unfounded.” Provisions implemented in 34 C.F.R. s. 602.32(d), relating to the recognition of accrediting agencies, will become effective January 1, 2021.⁸¹

Department Examination

The DOH has discontinued the practice of conducting examinations or purchasing examinations for licensure. Applicants are presently responsible for coordinating the completion of an examination with an approved vendor and submitting passing scores to the board to meet minimum qualifications. Current statutory references to the department collecting fees for examinations or conducting examinations is not consistent with current practice.⁸²

911 Public Safety Telecommunicator Certification

Chapter 401, F.S., relates to medical telecommunications and transportation. Part I of ch. 401, F.S., is specific to the state’s emergency telecommunication systems, administered by the Department of Management Services. Part II of ch. 401, F.S., is specific to the emergency medical services (EMS) grants program administered by the DOH.

Part III of ch. 401, F.S., consisting of ss. 401.2101-401.465, F.S., is specific to medical transportation services and provides for the regulation of EMS by the DOH, including the licensure of EMS service entities, the certification of staff employed by those services, and the permitting of vehicles used by such staff—whether for basic life support (BLS), advanced life support (ALS), or air ambulance services (AAS). At present, the DOH is responsible for the licensure and oversight of more than 60,000 emergency medical technicians and paramedics, more than 270 advanced and basic life support agencies, and over 4,500 EMS vehicles.⁸³

Section 401.465, F.S., is specific to 911 public safety telecommunicator (PST) certification, as administered as part of the DOH EMS program. For purposes of that section, the following terms are defined:⁸⁴

- “911 public safety telecommunicator” means a public safety dispatcher or 911 operator whose duties and responsibilities include the answering, receiving, transferring, and dispatching functions related to 911 calls; dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency; providing real-time information from federal, state, and local crime databases; or supervising or serving as the command officer to a person or persons having such duties and responsibilities. However, the term does not include administrative support personnel, such as, but not limited to,

⁸¹ *Id.*

⁸² *Id.*

⁸³ See <http://www.floridahealth.gov/licensing-and-regulation/ems-system/index.html> (last visited March 24, 2021).

⁸⁴ Section 401.465(1), F.S.

those whose primary duties and responsibilities are in accounting, purchasing, legal, and personnel.

- “Public safety telecommunication training program” means a 911 emergency public safety telecommunication training program that the DOH determines to be equivalent to the public safety telecommunication training program curriculum framework developed by the Department of Education (DOE) and consists of not less than 232 hours.

Any person employed as a PST at a public safety answering point, as defined in s. 365.172(3), F.S.,⁸⁵ must be certified by the DOH. A public safety agency, as defined in s. 365.171(3)(d), F.S.,⁸⁶ may employ a PST for a period not to exceed 12 months if the trainee works under the direct supervision of a certified 911 public safety telecommunicator, as determined by rule of the DOH, and is enrolled in a PST training program. An applicant for certification or recertification as a PST must apply to the DOH under oath on DOH provided forms. The DOH establishes by rule educational and training criteria for the certification and recertification of PSTs, determines whether the applicant meets the statutory and rule requirements, and issues a certificate to any person who meets such requirements including those specific to training program completion, an oath of no addiction, an oath that there is no physical or mental impairment, application fee, application submission, and passage of a certification examination.⁸⁷

A PST certification expires automatically if not renewed at the end of the two-year period and may be renewed if the certificate holder meets the DOH-established qualifications. The DOH establishes by rule a procedure that requires 20 hours of training for the biennial renewal certification of PSTs. The DOH may suspend or revoke a certificate at any time if it determines that the certificate holder does not meet the applicable qualifications. There is a process by which a certificate holder may request that his or her certificate be placed on inactive status.⁸⁸

A person who was employed as a PST or a state-certified firefighter before April 1, 2012, must pass the examination approved by the DOH which measures the competency and proficiency in the subject material of the PST program, and upon passage of the examination, the completion of the PST training program is waived. In addition, the requirement for certification as a PST is waived for a person employed as a sworn, state-certified law enforcement officer, provided specified criteria are met.⁸⁹

The following PST related fees are specified in statute:

- Initial application for original certification: \$50;
- Examination fee, set by the DOH, not to exceed \$75;
- Biennial renewal certificate, set by the DOH, not to exceed \$50;
- Training program fee, set by the DOH, not to exceed \$50; and
- Duplicate, substitute or replacement certificate fee, set by the DOH, not to exceed \$25.

⁸⁵ Section 365.172 (3)(y), F.S., defines a “public safety answering point” as the public safety agency that receives incoming 911 requests for assistance and dispatches appropriate public safety agencies to respond to the requests in accordance with the state E911 plan.

⁸⁶Section 365.171(3)(d), F.S., defines a “public safety agency” as a functional division of a public agency which provides firefighting, law enforcement, medical, or other emergency services.

⁸⁷ Section 401.465(2), F.S.

⁸⁸ Id.

⁸⁹ Id.

Fees collected are deposited into the DOH EMS Trust Fund and used solely for administering this program.⁹⁰ The fees currently applied by the DOH are the maximum fees indicated above.⁹¹

The DOH has adopted three rules specific to its PST program responsibilities. These rules, which address PST certification, certification renewal, and PST course equivalency, were adopted in 2012.⁹² These rules not only link to the DOH forms and reference documents but also link to the relevant DOE documents, such as PST curriculum framework.

The DOH website has extensive details specific to the PST program and includes links to all applicable forms for individuals who are seeking to become certified or re-certified as a PST, including PST examination details, training program requirements, and fees. Training programs must follow the DOE Public Safety Telecommunication Curriculum Framework and consist of not less than 232 hours in order to be approved as a PST training program. The DOH uses a vendor, Prometric,⁹³ to administer the testing for PST candidates.⁹⁴

The DOH develops the learning objectives for the PST program, and these are reflected in the 142-page program study guide.⁹⁵ Until State Fiscal Year 2014-2015, the DOH learning objectives and the DOE curriculum framework included a requirement that PST training must include CPR training. In conjunction with the DOE and other stakeholders, the CPR element of required training was discontinued.⁹⁶

According to the DOH, there are currently 115 active approved PST training programs in the state.⁹⁷

Curriculum Framework for Public Safety Telecommunication

One of the divisions within the DOE is the Division of Adult and Community Education. Under this division is the DOE's Career & Technical Education (CTE) Programs section, which is responsible for developing and maintaining educational programs that prepare individuals for occupations important to Florida's economic development. These programs are organized into 17 different career clusters and are geared toward middle school, high school, district technical school, and Florida College System students throughout the state. Listed among the DOE's

⁹⁰ Section 401.465(3), F.S.

⁹¹ See the Department of Health, *911 Public Safety Telecommunicator Program*, available at <http://www.floridahealth.gov/licensing-and-regulation/911-public-safety-telecommunicator-program/index.html> (last visited March 24, 2021).

⁹² Fla. Adm. Code R. 64J-3 (2012).

⁹³ Prometric is a provider of technology-enabled testing and assessment solutions to many licensing and certification organizations, academic institutions, and government agencies.

⁹⁴ *Supra* note 9.

⁹⁵ See the Department of Health, *Florida 911 Public Safety Telecommunicator Study Guide*, available at <http://www.floridahealth.gov/licensing-and-regulation/911-public-safety-telecommunicator-program/documents/911-pst-studyguide-2017E4.pdf> (last visited March 24, 2021).

⁹⁶ E-mail from Department of Education to staff of the Senate Committee on Health Policy (January 30, 2020) (on file with the Senate Committee on Health Policy).

⁹⁷ E-mail from the Department of Health to staff of the Senate Committee on Health Policy (January 30, 2020) (on file with the Senate Committee on Health Policy).

Career Clusters and Programs is Law, Public Safety, and Security. Among the certificate programs is the public safety telecommunicator program.⁹⁸

The DOE Curriculum Framework for the PST program title indicates that the program offers a sequence of courses that:

- Provide coherent and rigorous content aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in DOE's Law, Public Safety and Security career cluster;
- Provide technical skill proficiency, and;
- Include competency-based applied learning that contributes to the academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, technical skills, occupation-specific skills, and knowledge of all aspects of the Law, Public Safety and Security career cluster.⁹⁹

Cardiopulmonary Resuscitation (CPR): First Aid

Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including a heart attack or near drowning, in which someone's breathing or heartbeat has stopped. At its most basic, CPR is a technique which utilizes chest compressions when a patient has suffered from cardiac arrest. The American Heart Association recommends that everyone — untrained bystanders and medical personnel alike — begin CPR with chest compressions. CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm. When the heart stops, the lack of oxygenated blood can cause brain damage in only a few minutes. A person may die within eight to 10 minutes.¹⁰⁰

Adult Cardiovascular Services

There are two levels of hospital program licensure for ACS. A Level I program is authorized to perform adult percutaneous cardiac intervention (PCI)¹⁰¹ without onsite cardiac surgery and a Level II program is authorized to perform PCI with onsite cardiac surgery.¹⁰²

For a hospital seeking a Level I ACS program license, it must demonstrate that, for the most recent 12-month period as reported to Agency for Health Care Administration (AHCA), it has:

- Provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations; or

⁹⁸ Department of Educations, *Career and Technical Education*, available at <http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/> (last visited March 24, 2021).

⁹⁹ *Id.*

¹⁰⁰ See Mayo Clinic: *Cardiopulmonary resuscitation (CPR): First aid*, available at <https://www.mayoclinic.org/first-aid/first-aid-cpr/basics/art-20056600> (last visited March 24, 2021).

¹⁰¹ Percutaneous cardiac intervention (PCI), commonly known as coronary angioplasty or angioplasty, is a nonsurgical technique for treating obstructive coronary artery disease.

¹⁰² Section 395.1055(18)(a), F.S.

- Discharged or transferred at least 300 inpatients with the principal diagnosis of ischemic heart disease;¹⁰³ and that it has formalized, written transfer agreement with a hospital that has a Level II program.¹⁰⁴

A hospital seeking a Level II program license, it must demonstrate that, for the most recent 12-month period as reported to AHCA, it has:

- Performed a minimum of 1,100 adult inpatient and outpatient cardiac catheterizations, of which at least 400 must be therapeutic catheterizations; or
- Discharged at least 800 patients with the principal diagnosis of ischemic heart disease.

The AHCA currently maintains a list on its website of hospitals with Level I and Level II ACS programs.¹⁰⁵

Local Health Councils

Section 408.033, F.S., establishes local health councils as a network of non-profit agencies that conduct regional health planning and implementation activities.

Each council's district is designated in s. 408.032, F.S. The Board of Directors of these councils are composed of health care providers, purchasers, and nongovernmental consumers. Members serve for two years and are eligible for reappointment. Local health councils develop district health plans containing data, analysis, and recommendations that relate to health care status and needs in the community. The recommendations are designed to improve access to health care, reduce disparities in health status, assist state and local governments in the development of sound and rational health care policies, and advocate on behalf of the underserved.¹⁰⁶

Local health councils:

- Develop a district area health plan that permits each local health council to develop strategies and set priorities for implementation based on its unique local health needs.
- Advise the AHCA on health care issues and resource allocations.
- Promote public awareness of community health needs, emphasizing health promotion and cost-effective health service selection.
- Collect data and conduct analyses and studies related to health care needs of the district, including the needs of medically indigent persons, and assist the agency and other state agencies in carrying out data collection activities that relate to the functions in this subsection.

¹⁰³ Heart condition caused by narrowed heart arteries. This is also called “coronary artery disease” and “coronary heart disease.”

¹⁰⁴ Section 408.0361(3)(b), F.S.

¹⁰⁵ Agency for Health Care Administration, *Hospital & Outpatient Services Unit, Reports, Cardiovascular – Level I and II ACS*, available at https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/Reports.shtml (last visited March 24, 2021).

¹⁰⁶ Florida’s Local Health Councils, available at <http://www.floridahealth.gov/provider-and-partner-resources/health-councils/index.html> (last visited April 14, 2021)

- Monitor the onsite construction progress, if any, of certificate-of-need approved projects and report council findings to the agency on forms provided by the Agency for Health Care Administration.
- Advise and assist any regional planning councils within each district that have elected to address health issues in their strategic regional policy plans with the development of the health element of the plans to address the health goals and policies in the State Comprehensive Plan.
- Advise and assist local governments within each district on the development of an optional health plan element of the comprehensive plan, to assure compatibility with the health goals and policies in the State Comprehensive Plan and district health plan. To facilitate the implementation of this section, the local health council annually provide the local governments in its service area, upon request, with:
 - A copy and appropriate updates of the district health plan;
 - A report of hospital and nursing home utilization statistics for facilities within the local government jurisdiction; and
 - Applicable AHCA rules and calculated need methodologies for health facilities and services regulated under s. 408.033, F.S., for the district served by the local health council.
- Monitor and evaluate the adequacy, appropriateness, and effectiveness, within the district, of local, state, federal, and private funds distributed to meet the needs of the medically indigent and other underserved population groups.
- In conjunction with the DOH, plan for services at the local level for persons infected with the human immunodeficiency virus.
- Provide technical assistance to encourage and support activities by providers, purchasers, consumers, and local, regional, and state agencies in meeting the health care goals, objectives, and policies adopted by the local health council.
- Provide the AHCA with data required by rule for the review of certificate-of-need applications and the projection of need for health services and facilities in the district.¹⁰⁷

III. Effect of Proposed Changes:

Onsite Sewage Treatment and Disposal Systems

This bill amends and creates multiple sections of the Florida statutes related to the Department of Health (DOH) regulation of OSTDS. The bill:

- Amends s. 381.0061, F.S., as amended by s. 41 of ch. 2020-150, Laws of Florida to strike DOH's authority to assess fines related to OSTDS and septic tank contracting. The regulation of these programs will transfer to the Department of Environmental Protection (DEP) on July 1, 2021.¹⁰⁸
- Creates s. 381.00635, F.S., to authorize the DOH to issue an order requiring a correction to improper conditions of any private or public water system not covered or included in the Florida Safe Drinking Water Act¹⁰⁹ which constitutes a nuisance or menace to public health.

¹⁰⁷ See <https://www.flhealthplanning.org/services/> (last visited April 14, 2021).

¹⁰⁸ Chapter 2020-150, Laws of Fla.

¹⁰⁹ Part VI of ch. 403, F.S.

- Amends s. 381.0067, F.S., to eliminate DEP authority over public and private water systems not included in the Florida Safe Drinking Water Act, the regulation of which is retained by the DOH. Amends s. 381.0101, F.S., to retain the requirement that onsite evaluations of OSTDS be done by certified environmental health professionals.

Targeted Outreach for Pregnant Women

The bill amends s. 381.0045, F.S., to:

- Add pregnant women who are suffering from mental health problems to the list of outreach targets;
- Encourage high risk pregnant women to get tested for other sexually transmissible diseases, as well as HIV, per the DOH rule;
- Provide pregnant women with information on:
 - The need for antiretroviral medications, deleting reference to a single type of antiretroviral (AZT), for themselves and their newborn; and
 - How to access antiretroviral medications after discharge from the hospital;
- Link women to mental health services; and
- Require additional follow up for HIV-exposed newborns to determine final HIV status and ensure continued linkages to care, if needed.

Telehealth to Provide Services

The bill amends s. 456.47(2)(6), F.S., to remove the prohibition on prescribing controlled substances through telehealth. This section authorizes a telehealth provider, acting within the scope of his or her practice, to prescribe controlled substances listed in Schedule III, Schedule IV, and Schedule V of s. 893.03, F.S. The bill also authorizes a telehealth provider to prescribe Schedule II controlled substances if prescribed for any of the following:

- The treatment of a psychiatric disorder.
- Inpatient treatment at a hospital licensed under ch. 395, F.S.
- The treatment of a patient receiving hospice services.
- The treatment of a resident of a nursing home facility.
- The treatment of a post-operative patient's acute pain resulting from surgery within 14 days after the surgery has been performed, in accordance with certain prescription supply requirements.

The telehealth provider must also comply with ch. 893, F.S., by consulting and reporting to the Prescription Drug Monitoring Program database.

Chiropractic Licensure

The bill amends s. 460.406, F.S., to delete references to the term "regional" and replaces it with the term "institutional" to conform to the U.S. Department of Education accreditation nomenclature for approving educational institutions.

Dentistry

The bill amends ss. 466.028 and 466.0285, F.S., to provide that a dentist may be employed by a hospital and adds children's hospitals licensed as of January 1, 2021, to the list of entities that may employ a dentist or dental hygienist in the operation of a dental office or that may control specified aspects of a dental practice.

Local Health Councils

The bill amends s. 408.033, F.S., to authorize local health councils to collect utilization data from licensed hospitals within their respective local health council districts for a specified purpose.

Pharmacy

The bill amends s. 465.1893, F.S., to provide additional long-acting medications pharmacists may administer under certain circumstances and revising requirements for a continuing education course such pharmacists must complete. This adds naltrexone that is an Intramuscular extended release medication approved by the Food and Drug Administration (FDA) to treat both opioid use disorder (OUD) and alcohol use disorder (AUD) as a medication-assisted treatment (MAT) option.

Nursing

The bill amends s. 464.008, F.S., deleting a requirement that certain nursing program graduates complete a specified preparatory course; and makes technical changes to s. 464.018, F.S., disciplinary actions.

911 Public Safety Telecommunicator Certification

The bill creates s. 395.3042, F.S., to require:

- The DOH to send a list of providers of Level I and Level II ACS to the medical director of each licensed EMS provider in the state by June 1 of each year.
- The DOH to develop a sample heart attack-triage assessment tool, post the tool on its webpage, and provide a copy of the tool to each licensed EMS provider.
- Each licensed EMS provider to use a heart attack-triage assessment tool that is substantially similar to the sample triage assessment tool provided by the DOH.
- The medical director of each licensed EMS provider to develop and implement assessment, treatment, and transport-destination protocols for heart attack patients, with the intent to assess and treat patients and transport them to the most appropriate hospital. Such protocols must include the development and implementation of a plan for the triage and transport of patients with acute heart attack symptoms.

The bill also amends s. 401.465, F.S., to define “telecommunicator cardiopulmonary resuscitation training” to mean specific training and continuing education that is evidence-based and uses nationally accepted guidelines for high-quality telecommunicator cardiopulmonary resuscitation, including for the recognition of out-of-hospital cardiac arrest over the telephone and the delivery of telephonic instructions for treating such cardiac arrest and performing compression-only

cardiopulmonary resuscitation. The bill adds telecommunicator cardiopulmonary resuscitation training to the list of training that each PST who takes telephone calls and provides dispatch functions for emergency medical conditions must take every two years.

Midwifery

The bill:

- Amends the definition of “preceptor” to clearly define that role in the midwifery education process. Specifically, it explicitly states that a preceptor may not supervise an individual as a midwifery student unless the student has been enrolled in an approved midwifery program;
- Defines “pre-licensure course” to mean a course of study, offered by an approved midwifery program and approved by the DOH, which an applicant for licensure must complete before a license may be issued and which provides instruction in the laws and rules of this state and demonstrates the student’s competency to practice midwifery;
- Clarifies language to promote consistency in terminology and that midwifery programs must incorporate all required standards, guidelines, and education objectives;
- Clarifies that both of the following may be required for admission to a midwifery program:
 - A high school diploma or the equivalent; and
 - Three college-level credits in math and English or demonstration of competency in communication and computation.
- Requires that clinical training include all of the following:
 - Care for 50 women in each of the prenatal, intrapartal, and postpartal periods under the supervision of a preceptor, and
 - Observation of an additional 25 women in the intrapartal period before qualifying for a license.
 - Training in a hospital and alternate birth settings or both; and
 - Assessment and differentiation between a high risk and low risk pregnancy.
- Amends s. 467.011, F.S., to require the following for the issuance of a midwifery license:
 - Application and fee, pursuant to 467.0135, F.S.;
 - Graduation from:
 - An approved midwifery program;
 - A medical or midwifery program offered in another jurisdiction whose graduation requirements were equivalent to or exceeded those required in Florida;
 - Completion of a pre-licensure course offered by an approved midwifery program; and
 - A passing score on the examination specified by the DOH.
- Amends s. 467.0125, F.S., to repeal the abbreviated oral examination to determine the applicant’s competency without a written examination for temporary certificates and clarifies criteria for obtaining a license by endorsement and temporary certificate to practice in areas of critical need. The bill does not define “areas of critical need” directly for temporary certificates, but requires the applicant to:
 - Specify that he or she will only practice in one or more of the following areas:
 - A county health department;
 - A correctional facility;
 - A Department of Veterans’ Affairs clinic;
 - A community health center funded by s. 329, s. 330, or s. 340 of the United States Public Health Service Act; or

- Any other agency or institution that is approved by the State Surgeon General that provides health care to meet the needs of an underserved populations in this state; and
 - Practice only under the supervision of a physician, an APRN certified nurse midwife, or a midwife licensed under ch. 467, F.S., who has a minimum of three years professional experience; and
 - Voluntarily relinquish the temporary certificate, or report a new practice area of critical need to the DOH, if his or her current practice area ceases to be an area of critical need.
- Amends s. 467.205, F.S., to update the DOH’s approval process of midwifery programs to allow midwifery programs to be provisionally approved for five years. This conforms to the five-year period provisional licensure period the Department of Education’s Commission for Independent Education uses when seeking accreditation status. For private institutions, demonstrates its accreditation by a member of the Council for Higher Education Accreditation, or an accrediting agency approved by the United States Department of Education. The DOH will be able to give provisional approval to a new program who has met all requirements except for showing their students have an 80-percent passage rate on the national exam. Programs provisionally approved will have five years to demonstrate the required exam approval rate after they are preliminary approved. This time period should allow completion of the three-year education program for at least one cohort of students, and for those students to take the exam before the DOH tries to determine the passing rate.¹¹⁰

Practice of Orthotics, Prosthetics, and Pedorthics

The bill amends part XIV of ch. 468, F.S., to update the statute and reflect current procedures for applicants to obtain a criminal history check and the method of transmission to the DOH for review.

The bill deletes references to the term “regionally accredited” and replaces it with the term “institutionally accredited” or simply references the programmatic accrediting body to conform to the United States Department of Education accreditation nomenclature for approving educational institutions.¹¹¹

Clinical Lab personnel

The bill amends s. 483.801, F.S., to exempt persons performing alternate-site testing within a hospital or offsite emergency department of a hospital and amends s. 483.824, F.S., to delete the reference to the term “regionally” in regard to the accredited institution that a clinical laboratory director is required to hold a doctoral degree in a chemical, physical, or biological science from.

Psychologists

The bill amends ss. 490.003, 490.005, 490.0051, and 491.005, F.S., to clarify the educational requirements for psychologists applying for licensure by examination or endorsement. Under the bill, psychologists may obtain a doctoral degree from:

¹¹⁰ Department of Health, *Senate Bill 1568 Fiscal Analysis - Midwifery* (July 16, 2020) (on file with the Senate Committee on Health Policy.)

¹¹¹ Department of Health, *Senate Bill 1568 Fiscal Analysis - Practice of Orthotics, Prosthetics, and Pedorthics* (July 15, 2020) (on file with the Senate Committee on Health Policy.)

- An American Psychological Association (APA) accredited program; or
- An institution accredited from an agency recognized by the United States Department of Education or Association of Universities and colleges of Canada.

Mental Health Counselors

The bill amends 491.005, to:

- Authorize programs not yet accredited by COAMFTE, CACREP, the Masters in Psychology and Counseling Accreditation Council or equivalent accrediting body a period of five years to become accredited;
- Authorize a licensed mental health professional to be available by phone or other electronic methods when clinical services are being provided by a registered intern by telehealth methods;
- Delete references to the term “regional” in s. 491.005(3), F.S., and replaces it with the term “institutional” to conform with the U.S. Department of Education accreditation nomenclature for approving educational institutions; and
- Delete current statutory references to the DOH collecting fees for examinations or conducting examinations.

The bill takes effect on July 1, 2021.

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 (DOH) Division of Medical Quality Assurance (MQA) may experience an increase in workload associated with additional complaints if a midwife holding a temporary certificate fails to comply with the provisions of this bill. It is anticipated that the impact will be minimal and can be absorbed with current resources.

The DOH MQA will experience a non-recurring workload associated with updating the online application and websites. The License and Enforcement Database System (LEIDS) must be updated and the Versa Online (on-line application) system will need to be modified. Current resources are adequate to absorb.

The DOH may have an indeterminate negative fiscal impact related to enforcing new training requirements for public safety telecommunicators; however, it is anticipated that current resources are adequate to absorb.¹¹²

The department MQA will incur non-recurring cost for rulemaking, which current budget authority is adequate to absorb.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.0045, 381.0061, 381.0067, 381.0101, 401.465, 408.033, 456.47, 460.406, 464.008, 464.018, 465.1893, 466.028, 466.0285, 467.003, 467.009, 467.011, 467.0125, 467.205, 468.803, 483.801, 483.824, 490.003, 490.005, 490.0051, and 491.005.

This bill creates the following sections of the Florida Statutes: 381.00635 and 395.3042.

¹¹² Department of Health, Senate Bill 1568 Fiscal Analysis (Mar, 12, 2021) (on file with the Senate Committee on Health Policy.)

IX. Additional Information:

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

CS/CS by Appropriations on April 15, 2021:

The committee substitute:

- Authorizes local health councils to collect utilization data from licensed hospitals within their respective local health council districts for a specified purpose.
- Deletes a requirement that certain nursing program graduates complete a specified preparatory course.
- Provides long-acting medications pharmacists may administer under certain circumstances and revising requirements for a continuing education course such pharmacists must complete.
- Establishes requirements for the triage and transportation of heart attack victims to adult cardiovascular services (ACS) providers.
- Authorizes a telehealth provider, practicing in a manner consistent with his or her scope of practice, to prescribe Schedule III, IV, and V controlled substances through telehealth.
- Authorizes a telehealth provider, practicing in a manner consistent with his or her scope of practice, to prescribe Schedule II controlled substances under certain circumstances.
- Requires each 911 public safety telecommunicator to receive telecommunicator cardiopulmonary resuscitation training that is defined in the bill, every two years and establishes a procedure to monitor adherence to such training and allows the DOH to adjust state grant or shared revenue funding to a public safety agency based on the public safety agency's adherence to the training requirements.

CS by Health Policy on March 31, 2021:

The CS:

- Removes the underlying bill's revisions to medical marijuana statutes;
- Makes technical corrections to the underlying bill's provisions relating to onsite sewage treatment and disposal systems;
- Provides that a dentist may be employed by a hospital and adds children's hospitals licensed as of January 1, 2021, to the list of entities that may employ a dentist or dental hygienist in the operation of a dental office or that may control specified aspects of a dental practice;
- Amends s. 467.205, F.S., to add an accrediting agency approved by the United States Department of Education to those agencies that may accredit private midwifery programs;
- Amends s. 483.801, F.S., to exempt persons performing alternate-site testing within a hospital or off-site emergency department from statutory provisions and the Department of Health regulations pertaining to clinical laboratories and clinical laboratory personnel; and
- Provides an additional accreditation, plus other equivalent accreditations, that a master's degree program may have in order to qualify an applicant for a mental health counseling license, beginning July 1, 2025.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
