

26 Program as the "Florida Reimbursement Assistance for
 27 Medical Education Program"; revising the types of
 28 providers who are eligible to participate in the
 29 program; revising requirements for the distribution of
 30 funds under the program; requiring the Agency for
 31 Health Care Administration to seek federal authority
 32 to use specified matching funds for the program;
 33 creating s. 381.4021, F.S.; requiring the Department
 34 of Health to provide to the Governor and the
 35 Legislature an annual report on specified student loan
 36 repayment programs; providing requirements for the
 37 report; requiring the department to contract with an
 38 independent third party to develop and conduct a
 39 design study for evaluating the effectiveness of
 40 specified student loan repayment programs; specifying
 41 requirements for the design study; requiring the
 42 department to submit the study results to the Governor
 43 and the Legislature by dates certain; requiring the
 44 department to participate in a certain multistate
 45 collaborative for a specified purpose; providing for
 46 future repeal of the requirement; creating s.
 47 381.9855, F.S.; requiring the department to implement
 48 a health care screening and services grant program for
 49 a specified purpose; specifying duties of the
 50 department; authorizing nonprofit entities to apply

51 for grant funds to implement new health care
52 screening, service programs, or mobile clinics or
53 units to expand the program's delivery capabilities;
54 specifying requirements for grant recipients;
55 authorizing the department to adopt rules; requiring
56 the department to create and maintain an Internet-
57 based portal to provide specified information relating
58 to available health care screenings and services and
59 volunteer opportunities; authorizing the department to
60 contract with a third-party vendor to create and
61 maintain the portal; specifying requirements for the
62 portal; requiring the department to coordinate with
63 county health departments for a specified purpose;
64 requiring the department to include a clear and
65 conspicuous link to the portal on the homepage of its
66 website; requiring the department to publicize and
67 encourage the use of the portal and enlist the aid of
68 county health departments for such outreach; amending
69 s. 383.2163, F.S.; expanding the telehealth minority
70 maternity care program from a pilot program to a
71 statewide program; requiring the department to submit
72 to the Governor and the Legislature an annual report;
73 providing requirements for the report; amending s.
74 383.302, F.S.; providing and revising definitions;
75 creating s. 383.3081, F.S.; providing requirements for

76 birth centers to be designated as advanced birth
 77 centers with respect to operating procedures,
 78 staffing, and equipment; requiring an advanced birth
 79 center to enter into a written agreement with a blood
 80 bank for emergency blood bank services; requiring that
 81 a patient who receives an emergency blood transfusion
 82 at an advanced birth center be immediately transferred
 83 to a hospital for further care; requiring the agency
 84 to establish by rule a process for birth centers to be
 85 designated as advanced birth centers; amending s.
 86 383.309, F.S.; providing minimum standards for
 87 advanced birth centers; authorizing the Agency for
 88 Health Care Administration to enforce specified
 89 provisions of the Florida Building Code and the
 90 Florida Fire Prevention Code for advanced birth
 91 centers; amending s. 383.313, F.S.; conforming
 92 provisions to changes made by the act; creating s.
 93 383.3131, F.S.; providing requirements for laboratory
 94 and surgical services at advanced birth centers;
 95 providing conditions for administration of anesthesia;
 96 authorizing the intrapartur use of chemical agents;
 97 amending s. 383.315, F.S.; requiring advanced birth
 98 centers to employ or maintain an agreement with an
 99 obstetrician for specified purposes; amending s.
 100 383.316, F.S.; requiring advanced birth centers to

101 provide for the transport of emergency patients to a
102 hospital; requiring each advanced birth center to
103 enter into a written transfer agreement with a local
104 hospital or an obstetrician for such transfers;
105 requiring birth centers and advanced birth centers to
106 assess and document transportation services and
107 transfer protocols annually; amending s. 383.318,
108 F.S.; providing protocols for postpartum care of
109 clients and infants at advanced birth centers;
110 providing requirements for followup care; amending s.
111 394.455, F.S.; revising definitions; amending s.
112 394.457, F.S.; requiring the Department of Children
113 and Families to adopt certain minimum standards for
114 mobile crisis response services; amending s. 394.4598,
115 F.S.; authorizing certain psychiatric nurses to
116 provide opinions to the court for the appointment of
117 guardian advocates; authorizing certain psychiatric
118 nurses to consult with guardian advocates for purposes
119 of obtaining consent for treatment; amending s.
120 394.4615, F.S.; authorizing psychiatric nurses to make
121 certain determinations related to the release of
122 clinical records; amending s. 394.4625, F.S.;
123 requiring certain treating psychiatric nurses to
124 document specified information in a patient's clinical
125 record within a specified timeframe of his or her

126 | voluntary admission for mental health treatment;
 127 | requiring clinical psychologists who make
 128 | determinations of involuntary placement at certain
 129 | mental health facilities to have specified clinical
 130 | experience; authorizing certain psychiatric nurses to
 131 | order emergency treatment for certain patients;
 132 | amending s. 394.463, F.S.; authorizing certain
 133 | psychiatric nurses to order emergency treatment of
 134 | certain patients; requiring a clinical psychologist to
 135 | have specified clinical experience to approve the
 136 | release of an involuntary patient at certain mental
 137 | health facilities; amending s. 394.4655, F.S.;
 138 | requiring clinical psychologists to have specified
 139 | clinical experience in order to recommend involuntary
 140 | outpatient services for mental health treatment;
 141 | authorizing certain psychiatric nurses to recommend
 142 | involuntary outpatient services for mental health
 143 | treatment; providing an exception; authorizing
 144 | psychiatric nurses to make certain clinical
 145 | determinations that warrant bringing a patient to a
 146 | receiving facility for an involuntary examination;
 147 | amending s. 394.467, F.S.; requiring clinical
 148 | psychologists to have specified clinical experience in
 149 | order to recommend involuntary inpatient services for
 150 | mental health treatment; authorizing certain

151 psychiatric nurses to recommend involuntary inpatient
152 services for mental health treatment; amending s.
153 394.4781, F.S.; revising the definition of the term
154 "psychotic or severely emotionally disturbed child";
155 amending s. 394.4785, F.S.; authorizing psychiatric
156 nurses to admit individuals over a certain age into
157 certain mental health units of a hospital under
158 certain conditions; requiring the agency to seek
159 federal approval for Medicaid coverage and
160 reimbursement authority for mobile crisis response
161 services; requiring the Department of Children and
162 Families to coordinate with the agency to provide
163 specified education to contracted mobile response team
164 services providers; amending s. 394.875, F.S.;
165 authorizing certain psychiatric nurses to prescribe
166 medication to clients of crisis stabilization units;
167 amending s. 395.1055, F.S.; requiring the agency to
168 adopt rules ensuring that hospitals do not accept
169 certain payments and requiring certain hospitals to
170 submit an emergency department diversion plan to the
171 agency for approval before initial licensure or
172 licensure renewal; providing that, beginning on a date
173 certain, such plan must be approved before a license
174 may be issued or renewed; requiring such hospitals to
175 submit specified data to the agency on an annual basis

176 and update their plans as needed, or as directed by
177 the agency, before each licensure renewal; specifying
178 requirements for the diversion plans; requiring the
179 agency to establish a process for hospitals to share
180 certain information with certain patients' managed
181 care plans; amending s. 408.051, F.S.; requiring
182 certain hospitals to make available certain data to
183 the agency's Florida Health Information Exchange
184 program for a specified purpose; authorizing the
185 agency to adopt rules; amending s. 409.909, F.S.;
186 authorizing the agency to allocate specified funds
187 under the Slots for Doctors Program for existing
188 resident positions at hospitals and qualifying
189 institutions if certain conditions are met; requiring
190 hospitals and qualifying institutions that receive
191 certain state funds to report specified data to the
192 agency annually; requiring certain hospitals and
193 qualifying institutions to annually report to the
194 agency specified data; defining the term "sponsoring
195 institution"; requiring such hospitals and qualifying
196 institutions, beginning on a date certain, to produce
197 certain financial records or submit to certain
198 financial audits; providing applicability; providing
199 that hospitals and qualifying institutions that fail
200 to produce such financial records to the agency are no

201 longer eligible to participate in the Statewide
 202 Medicaid Residency Program until a certain
 203 determination is made by the agency; requiring
 204 hospitals and qualifying institutions to request exit
 205 surveys of residents upon completion of residency;
 206 providing requirements for the exit surveys; creating
 207 the Graduate Medical Education Committee within the
 208 agency; providing for membership and meetings of the
 209 committee; requiring the committee, beginning on a
 210 specified date, to submit to the Governor and the
 211 Legislature an annual report detailing specified
 212 information; requiring the agency to provide
 213 administrative support to assist the committee in the
 214 performance of its duties and to provide certain
 215 information to the committee; creating s. 409.91256,
 216 F.S.; creating the Training, Education, and Clinicals
 217 in Health (TEACH) Funding Program for a specified
 218 purpose; providing legislative intent; providing
 219 definitions; requiring the agency to develop an
 220 application process and enter into certain agreements
 221 to implement the program; specifying requirements to
 222 qualify to receive reimbursements under the program;
 223 requiring the agency, in consultation with the
 224 Department of Health, to develop, or contract for the
 225 development of, specified training for, and to provide

226 assistance to, preceptors; providing for reimbursement
227 under the program; requiring the agency to submit to
228 the Governor and the Legislature an annual report;
229 providing requirements for the report; requiring the
230 agency to contract with an independent third party to
231 develop and conduct a design study for evaluating the
232 impact of the program; specifying requirements for the
233 design study; requiring the agency to begin collecting
234 data for the study and submit the study results to the
235 Governor and the Legislature by dates certain;
236 authorizing the agency to adopt rules; requiring the
237 agency to seek federal approval to use specified
238 matching funds for the program; providing for future
239 repeal of the program; amending s. 409.967, F.S.;
240 requiring the agency to produce an annual report on
241 patient encounter data under the statewide managed
242 care program; providing requirements for the report;
243 requiring the agency to submit to the Governor and the
244 Legislature the report by a date certain; authorizing
245 the agency to contract with a third-party vendor to
246 produce the report; amending s. 409.973, F.S.;
247 requiring Medicaid managed care plans to continue
248 assisting certain enrollees in scheduling an initial
249 appointment with a primary care provider; requiring
250 such plans to coordinate with hospitals that contact

251 | them for a specified purpose; requiring the plans to
252 | coordinate with their members and members' primary
253 | care providers for such purpose; requiring the agency
254 | to seek federal approval necessary to implement an
255 | acute hospital care at home program meeting specified
256 | criteria; amending s. 456.073, F.S.; requiring the
257 | Department of Health to report certain investigative
258 | information to the data system; amending s. 456.076,
259 | F.S.; requiring that monitoring contracts for certain
260 | impaired practitioners participating in treatment
261 | programs contain specified terms; creating s.
262 | 456.4501, F.S.; enacting the Interstate Medical
263 | Licensure Compact in this state; providing purposes of
264 | the compact; providing that state medical boards of
265 | member states retain jurisdiction to impose adverse
266 | action against licenses issued under the compact;
267 | providing definitions; specifying eligibility
268 | requirements for physicians seeking an expedited
269 | license under the compact; providing requirements for
270 | designation of a state of principal license for
271 | purposes of the compact; authorizing the Interstate
272 | Medical Licensure Compact Commission to develop
273 | certain rules; providing an application and
274 | verification process for expedited licensure under the
275 | compact; providing for expiration and termination of

276 expedited licenses; authorizing the Interstate
 277 Commission to develop certain rules; providing
 278 requirements for renewal of expedited licenses;
 279 authorizing the Interstate Commission to develop
 280 certain rules; providing for the establishment of a
 281 database for coordinating licensure data amongst
 282 member states; requiring and authorizing member boards
 283 to report specified information to the database;
 284 providing for confidentiality of such information;
 285 providing construction; authorizing the Interstate
 286 Commission to develop certain rules; authorizing
 287 member states to conduct joint investigations and
 288 share certain materials; providing for disciplinary
 289 action of physicians licensed under the compact;
 290 creating the Interstate Medical Licensure Compact
 291 Commission; providing purpose and authority of the
 292 commission; providing for membership and meetings of
 293 the commission; providing public meeting and notice
 294 requirements; authorizing closed meetings under
 295 certain circumstances; providing public record
 296 requirements; requiring the commission to establish an
 297 executive committee; providing for membership, powers,
 298 and duties of the committee; authorizing the
 299 commission to establish other committees; specifying
 300 powers and duties of the commission; providing for

301 financing of the commission; providing for
302 organization and operation of the commission;
303 providing limited immunity from liability for
304 commissioners and other agents or employees of the
305 commission; authorizing the commission to adopt rules;
306 providing for rulemaking procedures, including public
307 notice and meeting requirements; providing for
308 judicial review of adopted rules; providing for
309 oversight and enforcement of the compact in member
310 states; requiring courts in member states to take
311 judicial notice of the compact and the commission
312 rules for purposes of certain proceedings; providing
313 that the commission is entitled to receive service of
314 process and has standing in certain proceedings;
315 rendering judgments or orders void as to the
316 commission, the compact, or commission rules under
317 certain circumstances; providing for enforcement of
318 the compact; specifying venue and civil remedies in
319 such proceedings; providing for attorney fees;
320 providing construction; specifying default procedures
321 for member states; providing for dispute resolution
322 between member states; providing for eligibility and
323 procedures for enactment of the compact; providing for
324 amendment to the compact; specifying procedures for
325 withdrawal from and subsequent reinstatement of the

326 compact; authorizing the Interstate Commission to
327 develop certain rules; providing for dissolution of
328 the compact; providing severability and construction;
329 creating s. 456.4502, F.S.; providing that a formal
330 hearing before the Division of Administrative Hearings
331 must be held if there are any disputed issues of
332 material fact when the licenses of certain physicians
333 and osteopathic physicians are suspended or revoked by
334 this state under the compact; requiring the Department
335 of Health to notify the Division of Administrative
336 Hearings of a petition for a formal hearing within a
337 specified timeframe; requiring the administrative law
338 judge to issue a recommended order; requiring the
339 Board of Medicine or the Board of Osteopathic
340 Medicine, as applicable, to determine and issue final
341 orders in certain cases; providing the department with
342 standing to seek judicial review of any final order of
343 the boards; creating s. 456.4504, F.S.; authorizing
344 the department to adopt rules; specifying that
345 provisions of the Interstate Medical Licensure Compact
346 do not authorize the Department of Health, the Board
347 of Medicine, or the Board of Osteopathic Medicine to
348 collect a fee for expedited licensure, but rather
349 state that fees of that kind are allowable under the
350 compact; amending s. 458.311, F.S.; revising an

351 education and training requirement for physician
352 licensure; exempting certain foreign-trained
353 applicants for physician licensure from the residency
354 requirement; providing certain employment requirements
355 for such applicants; requiring such applicants to
356 notify the Board of Medicine of any changes in
357 employment within a specified timeframe; repealing s.
358 458.3124, F.S., relating to restricted licenses of
359 certain experienced foreign-trained physicians;
360 amending s. 458.314, F.S.; authorizing the board to
361 exclude certain foreign medical schools from
362 consideration as an institution that provides medical
363 education that is reasonably comparable to similar
364 accredited institutions in the United States;
365 providing construction; deleting obsolete language;
366 amending s. 458.3145, F.S.; revising criteria for
367 medical faculty certificates; deleting a cap on the
368 maximum number of extended medical faculty
369 certificates that may be issued at specified
370 institutions; amending ss. 458.315 and 459.0076, F.S.;
371 authorizing temporary certificates for practice in
372 areas of critical need to be issued to physician
373 assistants, rather than only to physicians, who meet
374 specified criteria; amending ss. 458.317 and 459.0075,
375 F.S.; specifying who may be considered a graduate

376 assistant physician; creating limited licenses for
377 graduate assistant physicians; specifying criteria a
378 person must meet to obtain such licensure; requiring
379 the Board of Medicine and the Board of Osteopathic
380 Medicine, respectively, to establish certain
381 requirements by rule; providing for a one-time renewal
382 of such licenses; authorizing limited licensed
383 graduate assistant physicians to provide health care
384 services only under the direct supervision of a
385 physician and pursuant to a written protocol;
386 providing requirements for, and limitations on, such
387 supervision and practice; providing requirements for
388 the supervisory protocols; providing that supervising
389 physicians are liable for any acts or omissions of
390 such graduate assistant physicians acting under their
391 supervision and control; authorizing third-party
392 payors to provide reimbursement for covered services
393 rendered by graduate assistant physicians; authorizing
394 the Board of Medicine and the Board of Osteopathic
395 Medicine, respectively, to adopt rules; creating s.
396 464.0121, F.S.; providing that temporary certificates
397 for practice in areas of critical need may be issued
398 to advanced practice registered nurses who meet
399 specified criteria; providing restrictions on the
400 issuance of temporary certificates; waiving licensure

401 fees for such applicants under certain circumstances;
402 amending s. 464.0123, F.S.; requiring certain
403 certified nurse midwives, as a condition precedent to
404 providing out-of-hospital intrapartum care, to
405 maintain a written policy for the transfer of patients
406 needing a higher acuity of care or emergency services;
407 requiring that such policy prescribe and require the
408 use of an emergency plan-of-care form; providing
409 requirements for the form; requiring such certified
410 nurse midwives to document specified information on
411 the form if a transfer of care is determined to be
412 necessary; requiring certified nurse midwives to
413 verbally provide the receiving provider with specified
414 information and make himself or herself immediately
415 available for consultation; requiring certified nurse
416 midwives to provide the patient's emergency plan-of-
417 care form, as well as certain patient records, to the
418 receiving provider upon the patient's transfer;
419 requiring the Board of Nursing to adopt certain rules;
420 amending s. 464.019, F.S.; deleting the sunset date of
421 a certain annual report required of the Florida Center
422 for Nursing; creating s. 458.3129 and 459.074, F.S.;
423 providing that an allopathic physician or an
424 osteopathic physician, respectively, licensed under
425 the compact is deemed to be licensed under ch. 458,

426 F.S., or ch. 459, F.S., as applicable; amending s.
 427 468.1135, F.S.; requiring the Board of Speech-Language
 428 Pathology and Audiology to appoint two of its board
 429 members to serve as the state's delegates on the
 430 compact commission; amending s. 468.1185, F.S.;
 431 removing provisions relating to licensure by
 432 endorsement and refusal of certification for speech-
 433 language pathologists and audiologists; exempting
 434 audiologists and speech-language pathologists from
 435 licensure requirements who are practicing in this
 436 state pursuant to a compact privilege under the
 437 compact; amending s. 468.1295, F.S.; authorizing the
 438 board to take adverse action against the compact
 439 privilege of audiologists and speech-language
 440 pathologists for specified prohibited acts; creating
 441 s. 468.1335, F.S.; creating the Practice of Audiology
 442 and Speech-language Pathology Interstate Compact;
 443 providing purpose, objectives, and definitions;
 444 specifying requirements for state participation in the
 445 compact and duties of member states; specifying that
 446 the compact does not affect an individual's ability to
 447 apply for, and a member state's ability to grant, a
 448 single-state license pursuant to the laws of that
 449 state; providing for recognition of compact privilege
 450 in member states; specifying criteria a licensee must

451 meet for compact privilege; providing for the
452 expiration and renewal of compact privilege;
453 specifying that a licensee with compact privilege in a
454 remote state must adhere to the laws and rules of that
455 state; authorizing member states to act on a
456 licensee's compact privilege under certain
457 circumstances; specifying the consequences and
458 parameters of practice for a licensee whose compact
459 privilege has been acted on or whose home state
460 license is encumbered; specifying that a licensee may
461 hold a home state license in only one member state at
462 a time; specifying requirements and procedures for
463 changing a home state license designation; providing
464 for the recognition of the practice of audiology and
465 speech-language pathology through telehealth in member
466 states; specifying that a licensee must adhere to the
467 laws and rules of the remote state in which he or she
468 provides audiology or speech-language pathology
469 through telehealth; authorizing active duty military
470 personnel and their spouses to keep their home state
471 designation during active duty; specifying how such
472 individual may subsequently change his or her home
473 state license designation; authorizing member states
474 to take adverse actions against licensees and issue
475 subpoenas for hearings and investigations under

476 certain circumstances; providing requirements and
477 procedures for such adverse action; authorizing member
478 states to engage in joint investigations under certain
479 circumstances; providing that a licensee's compact
480 privilege must be deactivated in all member states for
481 the duration of an encumbrance imposed by the
482 licensee's home state; providing for notice to the
483 data system and the licensee's home state of any
484 adverse action taken against a licensee; establishing
485 the Audiology and Speech-language Pathology Interstate
486 Compact Commission; providing for jurisdiction and
487 venue for court proceedings; providing for membership
488 and powers of the commission; specifying powers and
489 duties of the commission's executive committee;
490 providing for the financing of the commission;
491 providing specified individuals immunity from civil
492 liability under certain circumstances; providing
493 exceptions; requiring the commission to defend the
494 specified individuals in civil actions under certain
495 circumstances; requiring the commission to indemnify
496 and hold harmless specified individuals for any
497 settlement or judgment obtained in such actions under
498 certain circumstances; providing for the development
499 of the data system, reporting procedures, and the
500 exchange of specified information between member

501 states; requiring the commission to notify member
502 states of any adverse action taken against a licensee
503 or applicant for licensure; authorizing member states
504 to designate as confidential information provided to
505 the data system; requiring the commission to remove
506 information from the data system under certain
507 circumstances; providing rulemaking procedures for the
508 commission; providing for member state enforcement of
509 the compact; authorizing the commission to receive
510 notice of process, and have standing to intervene, in
511 certain proceedings; rendering certain judgments and
512 orders void as to the commission, the compact, or
513 commission rules under certain circumstances;
514 providing for defaults and termination of compact
515 membership; providing procedures for the resolution of
516 certain disputes; providing for commission enforcement
517 of the compact; providing for remedies; providing for
518 implementation of, withdrawal from, and amendment to
519 the compact; specifying that licensees practicing in a
520 remote state under the compact must adhere to the laws
521 and rules of that state; specifying that the compact,
522 commission rules, and commission actions are binding
523 on member states; providing construction; providing
524 for severability; specifying that the provisions of
525 the Physical Therapy Licensure Compact do not

526 authorize the Department of Health or the Board of
 527 Physical Therapy to collect a compact privilege fee,
 528 but rather state that fees of that kind are allowable
 529 under the compact; authorizing the Department of
 530 Health or the Board of Speech-Language Pathology and
 531 Audiology to collect a compact privilege fee; amending
 532 ss. 486.028, 486.031, and 486.102, F.S.; exempting
 533 from licensure requirements physical therapists and
 534 physical therapist assistants who are practicing in
 535 this state pursuant to a compact privilege under the
 536 compact; revising licensure requirements to include
 537 licensure by endorsement to practice as a physical
 538 therapist; creating s. 486.112, F.S.; creating the
 539 Physical Therapy Licensure Compact; providing a
 540 purpose and objectives of the compact; providing
 541 definitions; specifying requirements for state
 542 participation in the compact; authorizing member
 543 states to obtain biometric-based information from and
 544 conduct criminal background checks on licensees
 545 applying for a compact privilege; requiring member
 546 states to grant the compact privilege to licensees who
 547 meet specified criteria; specifying criteria licensees
 548 must meet to exercise the compact privilege under the
 549 compact; providing for the expiration of the compact
 550 privilege; requiring licensees practicing in a remote

551 state under the compact privilege to comply with the
552 laws and rules of that state; subjecting licensees to
553 the regulatory authority of remote states where they
554 practice under the compact privilege; providing for
555 disciplinary action; specifying circumstances under
556 which licensees are ineligible for a compact
557 privilege; specifying conditions that a licensee must
558 meet to regain his or her compact privilege after an
559 adverse action; specifying locations active duty
560 military personnel and their spouses may use to
561 designate their home state for purposes of the
562 compact; providing that only a home state may impose
563 adverse action against a license issued by that state;
564 authorizing home states to take adverse action based
565 on investigative information of a remote state,
566 subject to certain requirements; directing member
567 states that use alternative programs in lieu of
568 discipline to require the licensee to agree not to
569 practice in other member states while participating in
570 the program, unless authorized by the member state;
571 authorizing member states to investigate violations by
572 licensees in other member states; authorizing member
573 states to take adverse action against compact
574 privileges issued in their respective states;
575 providing for joint investigations of licensees under

576 the compact; establishing the Physical Therapy Compact
577 Commission; providing for the venue and jurisdiction
578 for court proceedings by or against the commission;
579 providing construction; providing for commission
580 membership, voting, and meetings; authorizing the
581 commission to convene closed, nonpublic meetings under
582 certain circumstances; specifying duties and powers of
583 the commission; providing for membership and duties of
584 the executive board of the commission; providing for
585 financing of the commission; providing for qualified
586 immunity, defense, and indemnification of the
587 commission; requiring the commission to develop and
588 maintain a coordinated database and reporting system
589 for certain information about licensees under the
590 compact; requiring member states to submit specified
591 information to the system; requiring that information
592 contained in the system be available only to member
593 states; requiring the commission to promptly notify
594 all member states of reported adverse action taken
595 against licensees or applicants for licensure;
596 authorizing member states to designate reported
597 information as exempt from public disclosure;
598 providing for the removal of submitted information
599 from the system under certain circumstances; providing
600 for commission rulemaking; providing construction;

601 providing for state enforcement of the compact;
602 providing for the default and termination of compact
603 membership; providing for appeals and costs; providing
604 procedures for the resolution of certain disputes;
605 providing for enforcement against a defaulting state;
606 providing construction; providing for implementation
607 and administration of the compact and associated
608 rules; providing that compact states that join after
609 initial adoption of the commission's rules are subject
610 to such rules; specifying procedures for compact
611 states to withdraw from the compact; providing
612 construction; providing for amendment of the compact;
613 providing construction and severability; specifying
614 that the provisions of the Physical Therapy Licensure
615 Compact do not authorize the Department of Health or
616 the Board of Physical Therapy to collect a compact
617 privilege fee, but rather state that fees of that kind
618 are allowable under the compact; amending s. 486.023,
619 F.S.; requiring the Board of Physical Therapy Practice
620 to appoint a person to serve as the state's delegate
621 on the Physical Therapy Compact Commission; amending
622 s. 486.125, F.S.; authorizing the board to take
623 adverse action against the compact privilege of
624 physical therapists and physical therapist assistants
625 for specified prohibited acts; amending s. 766.1115,

626 F.S.; revising the definition of the term "low-income"
 627 for purposes of certain government contracts for
 628 health care services; amending s. 768.28, F.S.;
 629 designating the state delegates and other members or
 630 employees of the Interstate Medical Licensure Compact
 631 Commission, the Audiology and Speech-Language
 632 Pathology Interstate Compact Commission, and the
 633 Physical Therapy Compact Commission as state agents
 634 for the purpose of applying sovereign immunity and
 635 waivers of sovereign immunity; requiring the
 636 commission to pay certain claims or judgments;
 637 authorizing the commission to maintain insurance
 638 coverage to pay such claims or judgments; amending s.
 639 1002.32, F.S.; requiring developmental research
 640 schools to develop programs for a specified purpose;
 641 requiring schools to offer technical assistance to any
 642 school district seeking to replicate the school's
 643 programs; requiring schools, beginning on a date
 644 certain, to annually report to the Legislature on the
 645 development of such programs and the results, when
 646 available; amending s. 1004.015, F.S.; requiring the
 647 Commission for Independent Education and the
 648 Independent Colleges and Universities of Florida to
 649 annually report specified data for each medical school
 650 graduate; amending s. 1009.8962, F.S.; revising the

651 definition of the term "institution" for purposes of
 652 the Linking Industry to Nursing Education (LINE) Fund;
 653 requiring the Board of Governors and the Department of
 654 Education to submit to the Governor and the
 655 Legislature a specified report; amending ss. 486.025,
 656 486.0715, and 486.1065, F.S.; conforming cross-
 657 references; amending ss. 395.602, 458.316, and
 658 458.3165, F.S.; conforming provisions to changes made
 659 by the act; providing appropriations; providing a
 660 directive to the department; providing effective
 661 dates.

662

663 Be It Enacted by the Legislature of the State of Florida:

664

665 Section 1. Paragraph (f) of subsection (3) of section
 666 381.4018, Florida Statutes, is amended, and subsection (5) is
 667 added to that section, to read:

668 381.4018 Physician workforce assessment and development.—

669 (3) GENERAL FUNCTIONS.—The department shall maximize the
 670 use of existing programs under the jurisdiction of the
 671 department and other state agencies and coordinate governmental
 672 and nongovernmental stakeholders and resources in order to
 673 develop a state strategic plan and assess the implementation of
 674 such strategic plan. In developing the state strategic plan, the
 675 department shall:

676 (f) Develop strategies to maximize federal and state
 677 programs that provide for the use of incentives to attract
 678 physicians to this state or retain physicians within the state.
 679 Such strategies should explore and maximize federal-state
 680 partnerships that provide incentives for physicians to practice
 681 in federally designated shortage areas, in otherwise medically
 682 underserved areas, or in rural areas. Strategies shall also
 683 consider the use of state programs, such as the Florida
 684 Reimbursement Assistance for Medical Education Reimbursement and
 685 Loan Repayment Program pursuant to s. 381.402 ~~s. 1009.65~~, which
 686 provide for education loan repayment or loan forgiveness and
 687 provide monetary incentives for physicians to relocate to
 688 underserved areas of the state.

689
 690 The department may adopt rules to implement this subsection,
 691 including rules that establish guidelines to implement the
 692 federal Conrad 30 Waiver Program created under s. 214(1) of the
 693 Immigration and Nationality Act.

694 (5) DATA COLLECTION.—To facilitate ongoing monitoring and
 695 analyses of the state's graduate medical education system, the
 696 department shall require physician licensees to provide the
 697 following information:

698 (a) For each licensed resident and physician, the state in
 699 which he or she attended medical school, the state in which he
 700 or she was trained in graduate medical education programs, his

701 or her graduate medical education specialty, and the beginning
 702 date and completion date of his or her graduate medical
 703 education training.

704 (b) For each licensed resident and physician who received
 705 graduate medical education in Florida, the name of the medical
 706 school, accredited program, and sponsoring institution.

707
 708 The department shall collect and compile the information
 709 required by this subsection in consultation with the Office of
 710 Program Policy Analysis and Government Accountability.

711 Section 2. Section 381.4019, Florida Statutes, is amended
 712 to read:

713 381.4019 Dental Student Loan Repayment Program.—The Dental
 714 Student Loan Repayment Program is established to support the
 715 state Medicaid program and promote access to dental care by
 716 supporting qualified dentists and dental hygienists who treat
 717 medically underserved populations in dental health professional
 718 shortage areas or medically underserved areas.

719 (1) As used in this section, the term:

720 (a) "Dental health professional shortage area" means a
 721 geographic area designated as such by the Health Resources and
 722 Services Administration of the United States Department of
 723 Health and Human Services.

724 (b) "Department" means the Department of Health.

725 (c) "Free clinic" means a provider that meets the

726 description of a clinic specified in s. 766.1115(3)(d)14.

727 (d)~~(e)~~ "Loan program" means the Dental Student Loan
728 Repayment Program.

729 (e)~~(d)~~ "Medically underserved area" means a geographic
730 area, an area having a special population, or a facility which
731 is designated by department rule as a health professional
732 shortage area as defined by federal regulation and which has a
733 shortage of dental health professionals who serve Medicaid
734 recipients and other low-income patients.

735 (f)~~(e)~~ "Public health program" means a county health
736 department, the Children's Medical Services program, a federally
737 funded community health center, a federally funded migrant
738 health center, or other publicly funded or nonprofit health care
739 program designated by the department.

740 (2) The department shall establish a dental student loan
741 repayment program to benefit Florida-licensed dentists and
742 dental hygienists who:

743 (a) Demonstrate, as required by department rule, active
744 employment in a public health program or private practice that
745 serves Medicaid recipients and other low-income patients and is
746 located in a dental health professional shortage area or a
747 medically underserved area.

748 (b) Volunteer 25 hours per year providing dental services
749 in a free clinic that is located in a dental health professional
750 shortage area or a medically underserved area or through another

751 volunteer program operated by the state pursuant to part IV of
 752 chapter 110. In order to meet the requirements of this
 753 paragraph, the volunteer hours must be verifiable in a manner
 754 determined by the department.

755 (3) The department shall award funds from the loan program
 756 to repay the student loans of a dentist or dental hygienist who
 757 meets the requirements of subsection (2).

758 (a) An award shall be 20 percent of a dentist's or dental
 759 hygienist's principal loan amount at the time he or she applies
 760 for the program but may not exceed \$50,000 per year per eligible
 761 dentist or \$7,500 per year per eligible dental hygienist.

762 (b) Only loans to pay the costs of tuition, books, dental
 763 equipment and supplies, uniforms, and living expenses may be
 764 covered.

765 (c) All repayments are contingent upon continued proof of
 766 eligibility and must be made directly to the holder of the loan.
 767 The state bears no responsibility for the collection of any
 768 interest charges or other remaining balances.

769 (d) A dentist or dental hygienist may receive funds under
 770 the loan program for at least 1 year, up to a maximum of 5
 771 years.

772 ~~(e) The department shall limit the number of new dentists~~
 773 ~~participating in the loan program to not more than 10 per fiscal~~
 774 ~~year.~~

775 (4) A dentist or dental hygienist is not ~~is no longer~~

776 eligible to receive funds under the loan program if the dentist
 777 or dental hygienist:

778 (a) Is no longer employed by a public health program or
 779 private practice that meets the requirements of subsection (2)
 780 or does not verify, in a manner determined by the department,
 781 that he or she has volunteered his or her dental services for
 782 the required number of hours.

783 (b) Ceases to participate in the Florida Medicaid program.

784 (c) Has disciplinary action taken against his or her
 785 license by the Board of Dentistry for a violation of s. 466.028.

786 (5) A dentist or dental hygienist who receives payment
 787 under the program shall furnish information requested by the
 788 department for the purpose of the department's duties under s.
 789 381.4021.

790 ~~(6)-(5)~~ The department shall adopt rules to administer the
 791 loan program.

792 ~~(7)-(6)~~ Implementation of the loan program is subject to
 793 legislative appropriation.

794 (8) The Agency for Health Care Administration shall seek
 795 federal authority to use Title XIX matching funds for this
 796 program.

797 (9) This section is repealed on July 1, 2034.

798 Section 3. Section 1009.65, Florida Statutes, is amended,
 799 transferred, and renumbered as section 381.402, Florida
 800 Statutes, and amended, to read:

801 381.402 ~~1009.65~~ Florida Reimbursement Assistance for
 802 Medical Education Reimbursement and Loan Repayment Program.—
 803 (1) To support the state Medicaid program and to encourage
 804 qualified medical professionals to practice in underserved
 805 locations where there are shortages of such personnel, there is
 806 established the Florida Reimbursement Assistance for Medical
 807 Education Reimbursement and Loan Repayment Program. The function
 808 of the program is to make payments that offset loans and
 809 educational expenses incurred by students for studies leading to
 810 a medical or nursing degree, medical or nursing licensure, or
 811 advanced practice registered nurse licensure or physician
 812 assistant licensure.

813 (2) The following licensed or certified health care
 814 practitioners ~~professionals~~ are eligible to participate in the
 815 ~~this~~ program:

816 (a) Medical doctors and doctors of osteopathic medicine
 817 practicing in with primary care specialties, ~~doctors of~~
 818 ~~osteopathic medicine with primary care specialties~~

819 (b) Advanced practice registered nurses practicing in
 820 primary care specialties, ~~physician assistants, licensed~~
 821 ~~practical nurses and registered nurses, and advanced practice~~
 822 ~~registered nurses with primary care specialties such as~~
 823 ~~certified nurse midwives.~~

824 (c) Physician assistants.

825 (d) Mental health professionals, including licensed

826 clinical social workers, licensed marriage and family
 827 therapists, licensed mental health counselors, and licensed
 828 psychologists.

829 (e) Licensed practical nurses and registered nurses.

830
 831 Primary care ~~medical~~ specialties for physicians include
 832 obstetrics, gynecology, general and family practice, geriatrics,
 833 internal medicine, pediatrics, psychiatry, and other specialties
 834 that ~~which~~ may be identified by the Department of Health.

835 Primary care specialties for advanced practice registered nurses
 836 include family practice, general pediatrics, general internal
 837 medicine, midwifery, and psychiatric nursing.

838 (3) From the funds available, the Department of Health
 839 shall make payments as follows:

840 (a)1- For a 4-year period of continued proof of practice
 841 in a setting specified in paragraph (b), up to \$150,000 for
 842 physicians, up to \$90,000 for advanced practice registered
 843 nurses registered to engage in autonomous practice under s.
 844 464.0123, up to \$75,000 for advanced practice registered nurses,
 845 physician assistants, and mental health professionals, and up to
 846 \$45,000 ~~up to \$4,000 per year~~ for licensed practical nurses and
 847 registered nurses. Each practitioner is eligible to receive an
 848 award for only one 4-year period of continued proof of practice.
 849 At the end of each year that a practitioner participates in the
 850 program, the department shall award 25 percent of a

851 practitioner's principal loan amount at the time he or she
852 applied for the program, up to \$10,000 per year for advanced
853 practice registered nurses and physician assistants, and up to
854 \$20,000 per year for physicians. Penalties for noncompliance are
855 shall be the same as those in the National Health Services Corps
856 Loan Repayment Program. Educational expenses include costs for
857 tuition, matriculation, registration, books, laboratory and
858 other fees, other educational costs, and reasonable living
859 expenses as determined by the Department of Health.

860 (b)2- All payments are contingent on continued proof of:

861 1.a. Primary care practice in a rural hospital as an area
862 defined in s. 395.602(2)(b), ~~or~~ or an underserved area designated
863 by the Department of Health, provided the practitioner accepts
864 Medicaid reimbursement if eligible for such reimbursement; or

865 b. For practitioners other than physicians and advanced
866 practice registered nurses, practice in other settings,
867 including, but not limited to, a nursing home facility as
868 defined in s. 400.021, a home health agency as defined in s.
869 400.462, or an intermediate care facility for the
870 developmentally disabled as defined in s. 400.960. Any such
871 setting must be located in, or serve residents or patients in,
872 an underserved area designated by the Department of Health and
873 must provide services to Medicaid patients.

874 2. Providing 25 hours annually of volunteer primary care
875 services in a free clinic as specified in s. 766.1115(3)(d)14.

876 or through another volunteer program operated by the state
 877 pursuant to part IV of chapter 110. In order to meet the
 878 requirements of this subparagraph, the volunteer hours must be
 879 verifiable in a manner determined by the department.

880 (c) Correctional facilities, state hospitals, and other
 881 state institutions that employ medical personnel must ~~shall~~ be
 882 designated by the Department of Health as underserved locations.
 883 Locations with high incidences of infant mortality, high
 884 morbidity, or low Medicaid participation by health care
 885 professionals may be designated as underserved.

886 ~~(b) Advanced practice registered nurses registered to~~
 887 ~~engage in autonomous practice under s. 464.0123 and practicing~~
 888 ~~in the primary care specialties of family medicine, general~~
 889 ~~pediatrics, general internal medicine, or midwifery. From the~~
 890 ~~funds available, the Department of Health shall make payments of~~
 891 ~~up to \$15,000 per year to advanced practice registered nurses~~
 892 ~~registered under s. 464.0123 who demonstrate, as required by~~
 893 ~~department rule, active employment providing primary care~~
 894 ~~services in a public health program, an independent practice, or~~
 895 ~~a group practice that serves Medicaid recipients and other low-~~
 896 ~~income patients and that is located in a primary care health~~
 897 ~~professional shortage area. Only loans to pay the costs of~~
 898 ~~tuition, books, medical equipment and supplies, uniforms, and~~
 899 ~~living expenses may be covered. For the purposes of this~~
 900 ~~paragraph:~~

901 1. ~~"Primary care health professional shortage area" means~~
 902 ~~a geographic area, an area having a special population, or a~~
 903 ~~facility with a score of at least 18, as designated and~~
 904 ~~calculated by the Federal Health Resources and Services~~
 905 ~~Administration or a rural area as defined by the Federal Office~~
 906 ~~of Rural Health Policy.~~

907 2. ~~"Public health program" means a county health~~
 908 ~~department, the Children's Medical Services program, a federally~~
 909 ~~funded community health center, a federally funded migrant~~
 910 ~~health center, or any other publicly funded or nonprofit health~~
 911 ~~care program designated by the department.~~

912 (4)~~(2)~~ The Department of Health may use funds appropriated
 913 for the ~~Medical Education Reimbursement and Loan Repayment~~
 914 program as matching funds for federal loan repayment programs
 915 such as the National Health Service Corps State Loan Repayment
 916 Program.

917 (5) A health care practitioner who receives payment under
 918 the program shall furnish information requested by the
 919 department for the purpose of the department's duties under s.
 920 381.4021.

921 (6)~~(3)~~ The Department of Health may adopt any rules
 922 necessary for the administration of the ~~Medical Education~~
 923 ~~Reimbursement and Loan Repayment~~ program. The department may
 924 also solicit technical advice regarding conduct of the program
 925 from the Department of Education and Florida universities and

926 Florida College System institutions. The Department of Health
 927 shall submit a budget request for an amount sufficient to fund
 928 medical education reimbursement, loan repayments, and program
 929 administration.

930 (7) The Agency for Health Care Administration shall seek
 931 federal authority to use Title XIX matching funds for this
 932 program.

933 (8) This section is repealed on July 1, 2034.

934 Section 4. Section 381.4021, Florida Statutes, is created
 935 to read:

936 381.4021 Student loan repayment programs reporting.-

937 (1) Beginning July 1, 2024, the department shall provide
 938 to the Governor, the President of the Senate, and the Speaker of
 939 the House of Representatives an annual report for the student
 940 loan repayment programs established in ss. 381.4019 and 381.402,
 941 which, at a minimum, details all of the following:

942 (a) The number of applicants for loan repayment.

943 (b) The number of loan payments made under each program.

944 (c) The amounts for each loan payment made.

945 (d) The type of practitioner to whom each loan payment was
 946 made.

947 (e) The number of loan payments each practitioner has
 948 received under either program.

949 (f) The practice setting in which each practitioner who
 950 received a loan payment practices.

951 (2) (a) The department shall contract with an independent
952 third party to develop and conduct a design study to evaluate
953 the impact of the student loan repayment programs established in
954 ss. 381.4019 and 381.402, including, but not limited to, the
955 effectiveness of the programs in recruiting and retaining health
956 care professionals in geographic and practice areas experiencing
957 shortages. The department shall begin collecting data for the
958 study by January 1, 2025, and shall submit to the Governor, the
959 President of the Senate, and the Speaker of the House of
960 Representatives the results of the study by January 1, 2030.

961 (b) The department shall participate in a provider
962 retention and information system management multistate
963 collaborative that collects data to measure outcomes of
964 education debt support-for-service programs.

965 (3) This section is repealed on July 1, 2034.

966 Section 5. Section 381.9855, Florida Statutes, is created
967 to read:

968 381.9855 Health care screening and services grant program;
969 portal.—

970 (1) (a) The Department of Health shall implement a health
971 care screening and services grant program. The purpose of the
972 program is to expand access to no-cost health care screenings or
973 services for the general public facilitated by nonprofit
974 entities. The department shall do all of the following:

975 1. Publicize the availability of funds and enlist the aid

976 of county health departments for outreach to potential
 977 applicants at the local level.

978 2. Establish an application process for submitting a grant
 979 proposal and eligibility criteria for applicants.

980 3. Develop guidelines a grant recipient must follow for
 981 the expenditure of grant funds and uniform data reporting
 982 requirements for the purpose of evaluating the performance of
 983 grant recipients.

984 (b) A nonprofit entity may apply for grant funds in order
 985 to implement a new health care screening or service program that
 986 the entity has not previously implemented.

987 (c) A nonprofit entity that has previously implemented a
 988 specific health care screening or services program at one or
 989 more specific locations may apply for grant funds in order to
 990 provide the same or similar screenings or services at a new
 991 location or through a mobile health clinic or mobile unit in
 992 order to expand the program's delivery capabilities.

993 (d) An entity that receives a grant under this section
 994 must:

995 1. Follow Department of Health guidelines for reporting on
 996 expenditure of grant funds and measures to evaluate the
 997 effectiveness of the entity's health care screening or services
 998 program.

999 2. Publicize to the general public and encourage the use
 1000 of the health care screening portal created under subsection

1001 (2).

1002 (e) The Department of Health may adopt rules for the
 1003 implementation of this subsection.

1004 (2)(a) The Department of Health shall create and maintain
 1005 an Internet-based portal to direct the general public to events,
 1006 organizations, and venues in this state from which health
 1007 screenings or services may be obtained at no cost or at a
 1008 reduced cost and for the purpose of directing a licensed health
 1009 care practitioner to opportunities for volunteering his or her
 1010 services to conduct, administer, or facilitate such health
 1011 screenings or services. The department may contract for the
 1012 creation or maintenance of the portal with a third-party vendor.

1013 (b) The portal must be easily accessible by the public,
 1014 not require a sign up or login, and include the ability for a
 1015 member of the public to enter his or her address and obtain
 1016 localized and current data on opportunities for screenings and
 1017 services and volunteer opportunities for health care
 1018 practitioners. The portal must include, but is not limited to,
 1019 all statutorily created screening programs that are funded and
 1020 operational under the department's authority. The department
 1021 shall coordinate with county health departments so that the
 1022 portal includes information on such health screenings and
 1023 services provided by county health departments or by nonprofit
 1024 entities in partnership with county health departments.

1025 (c) The department shall include a clear and conspicuous

1026 link to the portal on the homepage of its website. The
 1027 department shall publicize the portal to, and encourage the use
 1028 of the portal by, the general public and shall enlist the aid of
 1029 county health departments for such outreach.

1030 Section 6. Section 383.2163, Florida Statutes, is amended
 1031 to read:

1032 383.2163 Telehealth minority maternity care program. ~~pilot~~
 1033 ~~programs.~~ ~~By July 1, 2022,~~ The department shall establish a
 1034 statewide telehealth minority maternity care ~~pilot~~ program that
 1035 ~~in Duval County and Orange County which~~ uses telehealth to
 1036 expand the capacity for positive maternal health outcomes in
 1037 racial and ethnic minority populations. The department shall
 1038 direct and assist ~~the~~ county health departments ~~in Duval County~~
 1039 ~~and Orange County~~ to implement the program ~~programs.~~

1040 (1) DEFINITIONS.—As used in this section, the term:

1041 (a) "Department" means the Department of Health.

1042 (b) "Eligible pregnant woman" means a pregnant woman who
 1043 is receiving, or is eligible to receive, maternal or infant care
 1044 services from the department under chapter 381 or this chapter.

1045 (c) "Health care practitioner" has the same meaning as in
 1046 s. 456.001.

1047 (d) "Health professional shortage area" means a geographic
 1048 area designated as such by the Health Resources and Services
 1049 Administration of the United States Department of Health and
 1050 Human Services.

1051 (e) "Indigenous population" means any Indian tribe, band,
 1052 or nation or other organized group or community of Indians
 1053 recognized as eligible for services provided to Indians by the
 1054 United States Secretary of the Interior because of their status
 1055 as Indians, including any Alaskan native village as defined in
 1056 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,
 1057 as that definition existed on the effective date of this act.

1058 (f) "Maternal mortality" means a death occurring during
 1059 pregnancy or the postpartum period which is caused by pregnancy
 1060 or childbirth complications.

1061 (g) "Medically underserved population" means the
 1062 population of an urban or rural area designated by the United
 1063 States Secretary of Health and Human Services as an area with a
 1064 shortage of personal health care services or a population group
 1065 designated by the United States Secretary of Health and Human
 1066 Services as having a shortage of such services.

1067 (h) "Perinatal professionals" means doulas, personnel from
 1068 Healthy Start and home visiting programs, childbirth educators,
 1069 community health workers, peer supporters, certified lactation
 1070 consultants, nutritionists and dietitians, social workers, and
 1071 other licensed and nonlicensed professionals who assist women
 1072 through their prenatal or postpartum periods.

1073 (i) "Postpartum" means the 1-year period beginning on the
 1074 last day of a woman's pregnancy.

1075 (j) "Severe maternal morbidity" means an unexpected

1076 outcome caused by a woman's labor and delivery which results in
 1077 significant short-term or long-term consequences to the woman's
 1078 health.

1079 (k) "Technology-enabled collaborative learning and
 1080 capacity building model" means a distance health care education
 1081 model that connects health care professionals, particularly
 1082 specialists, with other health care professionals through
 1083 simultaneous interactive videoconferencing for the purpose of
 1084 facilitating case-based learning, disseminating best practices,
 1085 and evaluating outcomes in the context of maternal health care.

1086 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is
 1087 to:

1088 (a) Expand the use of technology-enabled collaborative
 1089 learning and capacity building models to improve maternal health
 1090 outcomes for the following populations and demographics:

- 1091 1. Ethnic and minority populations.
- 1092 2. Health professional shortage areas.
- 1093 3. Areas with significant racial and ethnic disparities in
 1094 maternal health outcomes and high rates of adverse maternal
 1095 health outcomes, including, but not limited to, maternal
 1096 mortality and severe maternal morbidity.
- 1097 4. Medically underserved populations.
- 1098 5. Indigenous populations.

1099 (b) Provide for the adoption of and use of telehealth
 1100 services that allow for screening and treatment of common

1101 pregnancy-related complications, including, but not limited to,
 1102 anxiety, depression, substance use disorder, hemorrhage,
 1103 infection, amniotic fluid embolism, thrombotic pulmonary or
 1104 other embolism, hypertensive disorders relating to pregnancy,
 1105 diabetes, cerebrovascular accidents, cardiomyopathy, and other
 1106 cardiovascular conditions.

1107 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~pilot~~
 1108 ~~programs~~ shall adopt the use of telehealth or coordinate with
 1109 prenatal home visiting programs to provide all of the following
 1110 services and education to eligible pregnant women up to the last
 1111 day of their postpartum periods, as applicable:

1112 (a) Referrals to Healthy Start's coordinated intake and
 1113 referral program to offer families prenatal home visiting
 1114 services.

1115 (b) Services and education addressing social determinants
 1116 of health, including, but not limited to, all of the following:

- 1117 1. Housing placement options.
- 1118 2. Transportation services or information on how to access
 1119 such services.
- 1120 3. Nutrition counseling.
- 1121 4. Access to healthy foods.
- 1122 5. Lactation support.
- 1123 6. Lead abatement and other efforts to improve air and
 1124 water quality.
- 1125 7. Child care options.

- 1126 8. Car seat installation and training.
 1127 9. Wellness and stress management programs.
 1128 10. Coordination across safety net and social support
 1129 services and programs.

1130 (c) Evidence-based health literacy and pregnancy,
 1131 childbirth, and parenting education for women in the prenatal
 1132 and postpartum periods.

1133 (d) For women during their pregnancies through the
 1134 postpartum periods, connection to support from doulas and other
 1135 perinatal health workers.

1136 (e) Tools for prenatal women to conduct key components of
 1137 maternal wellness checks, including, but not limited to, all of
 1138 the following:

- 1139 1. A device to measure body weight, such as a scale.
 1140 2. A device to measure blood pressure which has a verbal
 1141 reader to assist the pregnant woman in reading the device and to
 1142 ensure that the health care practitioner performing the wellness
 1143 check through telehealth is able to hear the reading.
 1144 3. A device to measure blood sugar levels with a verbal
 1145 reader to assist the pregnant woman in reading the device and to
 1146 ensure that the health care practitioner performing the wellness
 1147 check through telehealth is able to hear the reading.
 1148 4. Any other device that the health care practitioner
 1149 performing wellness checks through telehealth deems necessary.

1150 (4) TRAINING.—The program ~~pilot programs~~ shall provide

1151 training to participating health care practitioners and other
 1152 perinatal professionals on all of the following:

1153 (a) Implicit and explicit biases, racism, and
 1154 discrimination in the provision of maternity care and how to
 1155 eliminate these barriers to accessing adequate and competent
 1156 maternity care.

1157 (b) The use of remote patient monitoring tools for
 1158 pregnancy-related complications.

1159 (c) How to screen for social determinants of health risks
 1160 in the prenatal and postpartum periods, such as inadequate
 1161 housing, lack of access to nutritional foods, environmental
 1162 risks, transportation barriers, and lack of continuity of care.

1163 (d) Best practices in screening for and, as needed,
 1164 evaluating and treating maternal mental health conditions and
 1165 substance use disorders.

1166 (e) Information collection, recording, and evaluation
 1167 activities to:

- 1168 1. Study the impact of the ~~pilot~~ program;
- 1169 2. Ensure access to and the quality of care;
- 1170 3. Evaluate patient outcomes as a result of the ~~pilot~~
 1171 program;
- 1172 4. Measure patient experience; and
- 1173 5. Identify best practices for the future expansion of the
 1174 ~~pilot~~ program.

1175 (5) REPORT.—By October 31, 2025, and each October 31

1176 thereafter, the department shall submit to the Governor, the
1177 President of the Senate, and the Speaker of the House of
1178 Representatives a program report that includes, at a minimum,
1179 all of the following for the previous fiscal year:

1180 (a) The total number of clients served and the demographic
1181 information for the population served, including race,
1182 ethnicity, age, education level, and geographic location.

1183 (b) The total number of screenings performed, by type.

1184 (c) The number of participants identified as having
1185 experienced pregnancy-related complications, the number of
1186 participants who received treatments for such complications, and
1187 the final outcome of the pregnancy for such participants.

1188 (d) The number of referrals made to the Healthy Start
1189 program or other prenatal home visiting programs and the number
1190 of participants who subsequently received services from such
1191 programs.

1192 (e) The number of referrals made to doulas and other
1193 perinatal professionals and the number of participants who
1194 subsequently received services from doulas and other perinatal
1195 professionals.

1196 (f) The number and types of devices given to participants
1197 to conduct maternal wellness checks.

1198 (g) The average length of participation by program
1199 participants.

1200 (h) Composite results of a participant survey that

1201 measures the participants' experience with the program.

1202 (i) The total number of health care practitioners trained,
 1203 by provider type and specialty.

1204 (j) The results of a survey of the health care
 1205 practitioners trained under the program. The survey must address
 1206 the quality and impact of the training provided, the health care
 1207 practitioners' experiences using remote patient monitoring
 1208 tools, the best practices provided in the training, and any
 1209 suggestions for improvements.

1210 (k) Aggregate data on the maternal and infant health
 1211 outcomes of program participants.

1212 (l) For the initial report, all available quantifiable
 1213 data related to the telehealth minority maternity care pilot
 1214 programs.

1215 ~~(6)-(5) FUNDING.—The pilot programs shall be funded using~~
 1216 ~~funds appropriated by the Legislature for the Closing the Gap~~
 1217 ~~grant program.~~ The department's Division of Community Health
 1218 Promotion and Office of Minority Health and Health Equity shall
 1219 ~~also~~ work in partnership to apply for federal funds that are
 1220 available to assist the department in accomplishing the
 1221 program's purpose and successfully implementing the program
 1222 ~~pilot programs.~~

1223 ~~(7)-(6) RULES.—~~The department may adopt rules to implement
 1224 this section.

1225 Section 7. Subsections (1) through (8), (9), and (10) of

1226 section 383.302, Florida Statutes, are renumbered as subsections
 1227 (2) through (9), (11), and (12), respectively, present
 1228 subsection (4) is amended, and new subsections (1) and (10) are
 1229 added to that section, to read:

1230 383.302 Definitions of terms used in ss. 383.30-383.332.—
 1231 As used in ss. 383.30-383.332, the term:

1232 (1) "Advanced birth center" means a licensed birth center
 1233 designated as an advanced birth center which may perform trial
 1234 of labor after cesarean deliveries for screened patients who
 1235 qualify, planned low-risk cesarean deliveries, and anticipated
 1236 vaginal deliveries for laboring patients from the beginning of
 1237 the 37th week of gestation through the end of the 41st week of
 1238 gestation.

1239 ~~(5)-(4)~~ "Consultant" means a physician licensed pursuant to
 1240 chapter 458 or chapter 459 who agrees to provide advice and
 1241 services to a birth center or an advanced birth center and who
 1242 either:

1243 (a) Is certified or eligible for certification by the
 1244 American Board of Obstetrics and Gynecology or the American
 1245 Osteopathic Board of Obstetrics and Gynecology;~~7~~ or

1246 (b) Has hospital obstetrical privileges.

1247 (10) "Medical director" means a person who holds an active
 1248 unrestricted license as a physician under chapter 458 or chapter
 1249 459.

1250 Section 8. Section 383.3081, Florida Statutes, is created

1251 to read:

1252 383.3081 Advanced birth center designation.—

1253 (1) To be designated as an advanced birth center, a birth
1254 center must, in addition to maintaining compliance with all of
1255 the requirements under ss. 383.30-383.332 applicable to birth
1256 centers and advanced birth centers, meet all of the following
1257 criteria:

1258 (a) Be operated and staffed 24 hours per day, 7 days per
1259 week.

1260 (b) Employ two medical directors to oversee the activities
1261 of the center, one of whom must be a board-certified
1262 obstetrician and one of whom must be a board-certified
1263 anesthesiologist.

1264 (c) Have at least one properly equipped, dedicated
1265 surgical suite for the performance of cesarean deliveries.

1266 (d) Employ at least one registered nurse and ensure that
1267 at least one registered nurse is present in the center at all
1268 times and has the ability to stabilize and facilitate the
1269 transfer of patients and newborn infants when appropriate.

1270 (e) Enter into a written agreement with a blood bank for
1271 emergency blood bank services and have written protocols for the
1272 management of obstetrical hemorrhage which include provisions
1273 for emergency blood transfusions. If a patient admitted to an
1274 advanced birth center receives an emergency blood transfusion at
1275 the center, the patient must immediately thereafter be

1276 | transferred to a hospital for further care.

1277 | (f) Meet all standards adopted by rule for birth centers,
 1278 | unless specified otherwise, and advanced birth centers pursuant
 1279 | to s. 383.309.

1280 | (g) Comply with the Florida Building Code and Florida Fire
 1281 | Prevention Code standards for ambulatory surgical centers.

1282 | (h) Qualify for, enter into, and maintain a Medicaid
 1283 | provider agreement with the agency pursuant to s. 409.907 and
 1284 | provide services to Medicaid recipients according to the terms
 1285 | of the provider agreement.

1286 | (2) The agency shall establish by rule a process for
 1287 | designating a birth center that meets the requirements of this
 1288 | section as an advanced birth center.

1289 | Section 9. Subsection (2) of section 383.309, Florida
 1290 | Statutes, is renumbered as subsection (3), and a new subsection
 1291 | (2) is added to that section, to read:

1292 | 383.309 Minimum standards for birth centers and advanced
 1293 | birth centers; rules and enforcement.-

1294 | (2) The standards adopted by rule for designating a birth
 1295 | center as an advanced birth center must, at a minimum, be
 1296 | equivalent to the minimum standards adopted for ambulatory
 1297 | surgical centers pursuant to s. 395.1055 and must include
 1298 | standards for quality of care, blood transfusions, and sanitary
 1299 | conditions for food handling and food service.

1300 | Section 10. Section 383.313, Florida Statutes, is amended

1301 to read:

1302 383.313 Birth center performance of laboratory and
 1303 surgical services; use of anesthetic and chemical agents.—

1304 (1) LABORATORY SERVICES.—A birth center may collect
 1305 specimens for those tests that are requested under protocol. A
 1306 birth center must obtain and continuously maintain certification
 1307 by the Centers for Medicare and Medicaid Services under the
 1308 federal Clinical Laboratory Improvement Amendments and the
 1309 federal rules adopted thereunder in order to perform laboratory
 1310 tests specified by rule of the agency, and which are appropriate
 1311 to meet the needs of the patient.

1312 (2) SURGICAL SERVICES.—Except for advanced birth centers
 1313 authorized to provide surgical services under s. 383.3131, only
 1314 those surgical procedures that are ~~shall be limited to those~~
 1315 normally performed during uncomplicated childbirths, such as
 1316 episiotomies and repairs, may be performed at a birth center.
 1317 ~~and shall not include~~ Operative obstetrics or caesarean sections
 1318 may not be performed at a birth center.

1319 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General
 1320 and conduction anesthesia may not be administered at a birth
 1321 center. Systemic analgesia may be administered, and local
 1322 anesthesia for pudendal block and episiotomy repair may be
 1323 performed if procedures are outlined by the clinical staff and
 1324 performed by personnel who have the ~~with~~ statutory authority to
 1325 do so.

1326 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may not be
 1327 inhibited, stimulated, or augmented with chemical agents during
 1328 the first or second stage of labor unless prescribed by
 1329 personnel who have the ~~with~~ statutory authority to do so and
 1330 unless in connection with and before ~~prior to~~ emergency
 1331 transport.

1332 Section 11. Section 383.3131, Florida Statutes, is created
 1333 to read:

1334 383.3131 Advanced birth center performance of laboratory
 1335 and surgical services; use of anesthetic and chemical agents.—

1336 (1) LABORATORY SERVICES.—An advanced birth center shall
 1337 have a clinical laboratory on site. The clinical laboratory
 1338 must, at a minimum, be capable of providing laboratory testing
 1339 for hematology, metabolic screening, liver function, and
 1340 coagulation studies. An advanced birth center may collect
 1341 specimens for those tests that are requested under protocol. An
 1342 advanced birth center may perform laboratory tests as defined by
 1343 rule of the agency. Laboratories located in advanced birth
 1344 centers must be appropriately certified by the Centers for
 1345 Medicare and Medicaid Services under the federal Clinical
 1346 Laboratory Improvement Amendments and the federal rules adopted
 1347 thereunder.

1348 (2) SURGICAL SERVICES.—In addition to surgical procedures
 1349 authorized under s. 383.313(2), surgical procedures for low-risk
 1350 cesarean deliveries and surgical management of immediate

1351 complications may also be performed at an advanced birth center.
 1352 Postpartum sterilization may be performed before discharge of
 1353 the patient who has given birth during that admission.
 1354 Circumcisions may be performed before discharge of the newborn
 1355 infant.

1356 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General,
 1357 conduction, and local anesthesia may be administered at an
 1358 advanced birth center if administered by personnel who have the
 1359 statutory authority to do so. All general anesthesia must be
 1360 administered by an anesthesiologist or a certified registered
 1361 nurse anesthetist in accordance with s. 464.012. When general
 1362 anesthesia is administered, a physician or a certified
 1363 registered nurse anesthetist must be present in the advanced
 1364 birth center during the anesthesia and postanesthesia recovery
 1365 period until the patient is fully alert. Each advanced birth
 1366 center shall comply with s. 395.0191(2)(b).

1367 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may be
 1368 inhibited, stimulated, or augmented with chemical agents during
 1369 the first or second stage of labor at an advanced birth center
 1370 if prescribed by personnel who have the statutory authority to
 1371 do so. Labor may be electively induced beginning at the 39th
 1372 week of gestation for a patient with a documented Bishop score
 1373 of 8 or greater.

1374 Section 12. Subsection (3) is added to section 383.315,
 1375 Florida Statutes, to read:

1376 383.315 Agreements with consultants for advice or
 1377 services; maintenance.-

1378 (3) An advanced birth center shall employ or maintain an
 1379 agreement with an obstetrician who must be present in the center
 1380 at all times during which a patient is in active labor in the
 1381 center to attend deliveries, available to respond to
 1382 emergencies, and, when necessary, available to perform cesarean
 1383 deliveries.

1384 Section 13. Section 383.316, Florida Statutes, is amended
 1385 to read:

1386 383.316 Transfer and transport of clients to hospitals.-

1387 (1) If unforeseen complications arise during labor,
 1388 delivery, or postpartum recovery, the client must ~~shall~~ be
 1389 transferred to a hospital.

1390 (2) Each birth center ~~licensed facility~~ shall make
 1391 arrangements with a local ambulance service licensed under
 1392 chapter 401 for the transport of emergency patients to a
 1393 hospital. Such arrangements must ~~shall~~ be documented in the
 1394 center's policy and procedures manual ~~of the facility~~ if the
 1395 birth center does not own or operate a licensed ambulance. The
 1396 policy and procedures manual ~~shall~~ also must contain specific
 1397 protocols for the transfer of any patient to a licensed
 1398 hospital.

1399 (3) Each advanced birth center shall enter into a written
 1400 transfer agreement with a local hospital licensed under chapter

1401 395 for the transfer and admission of emergency patients to the
 1402 hospital or a written agreement with an obstetrician who has
 1403 hospital privileges to provide coverage at all times and who has
 1404 agreed to accept the transfer of the advanced birth center's
 1405 patients.

1406 ~~(4)(3)~~ A birth center licensed facility shall identify
 1407 neonatal-specific transportation services, including ground and
 1408 air ambulances; list their particular qualifications; and have
 1409 the telephone numbers for access to these services clearly
 1410 listed and immediately available.

1411 ~~(5)(4)~~ The birth center shall assess and document ~~Annual~~
 1412 ~~assessments of the transportation services and transfer~~
 1413 ~~protocols annually shall be made and documented.~~

1414 Section 14. Subsections (2) and (3) of section 383.318,
 1415 Florida Statutes, are renumbered as subsections (3) and (4),
 1416 respectively, subsection (1) is amended, and a new subsection
 1417 (2) is added to that section, to read:

1418 383.318 Postpartum care for birth center and advanced
 1419 birth center clients and infants.—

1420 (1) Except at an advanced birth center that must adhere to
 1421 the requirements of subsection (2), a mother and her infant must
 1422 ~~shall~~ be dismissed from a ~~the~~ birth center within 24 hours after
 1423 the birth of the infant, except in unusual circumstances as
 1424 defined by rule of the agency. If a mother or an infant is
 1425 retained at the birth center for more than 24 hours after the

1426 birth, a report must ~~shall~~ be filed with the agency within 48
 1427 hours after ~~of~~ the birth and must describe ~~describing~~ the
 1428 circumstances and the reasons for the decision.

1429 (2)(a) A mother and her infant must be dismissed from an
 1430 advanced birth center within 48 hours after a vaginal delivery
 1431 or within 72 hours after a delivery by cesarean section, except
 1432 in unusual circumstances as defined by rule of the agency.

1433 (b) If a mother or an infant is retained at the advanced
 1434 birth center for more than the timeframes set forth in paragraph
 1435 (a), a report must be filed with the agency within 48 hours
 1436 after the scheduled discharge time and must describe the
 1437 circumstances and the reasons for the decision.

1438 Section 15. Subsections (5), (31), and (36) of section
 1439 394.455, Florida Statutes, are amended to read:

1440 394.455 Definitions.—As used in this part, the term:

1441 (5) "Clinical psychologist" means a person licensed to
 1442 practice psychology under chapter 490 ~~a psychologist as defined~~
 1443 ~~in s. 490.003(7) with 3 years of postdoctoral experience in the~~
 1444 ~~practice of clinical psychology, inclusive of the experience~~
 1445 ~~required for licensure,~~ or a psychologist employed by a facility
 1446 operated by the United States Department of Veterans Affairs
 1447 that qualifies as a receiving or treatment facility under this
 1448 part.

1449 (31) "Mobile crisis response service" or "mobile response
 1450 team" means a nonresidential mental and behavioral health crisis

1451 service available 24 hours per day, 7 days per week which
 1452 provides immediate intensive assessments and interventions,
 1453 including screening for admission into a mental health receiving
 1454 facility, an addictions receiving facility, or a detoxification
 1455 facility, for the purpose of identifying appropriate treatment
 1456 services.

1457 (36) "Psychiatric nurse" means an advanced practice
 1458 registered nurse licensed under s. 464.012 who has a master's or
 1459 doctoral degree in psychiatric nursing ~~and~~, holds a national
 1460 advanced practice certification as a psychiatric mental health
 1461 advanced practice nurse, and has 1 year ~~2 years~~ of post-master's
 1462 clinical experience under the supervision of a physician.

1463 Section 16. Paragraph (c) of subsection (5) of section
 1464 394.457, Florida Statutes, is amended to read:

1465 394.457 Operation and administration.—

1466 (5) RULES.—

1467 (c) The department shall adopt rules establishing minimum
 1468 standards for services provided by a mental health overlay
 1469 program or a mobile crisis response service. Minimum standards
 1470 for mobile crisis response services must:

1471 1. Include child, adolescent, and young adult mobile
 1472 response teams established under s. 394.495(7) and ensure
 1473 coverage of all counties by these specified teams.

1474 2. Create a structure for general mobile response teams
 1475 which focuses on emergency room diversion and the reduction of

1476 involuntary commitment under this chapter. The structure must
 1477 require, but need not be limited to, the following:

1478 a. Triage and rapid crisis intervention within 60 minutes.

1479 b. Provision of and referral to evidence-based services
 1480 that are responsive to the needs of the individual and the
 1481 individual's family.

1482 c. Screening, assessment, early identification, and care
 1483 coordination.

1484 d. Followup at 90 and 180 days to gather outcome data on a
 1485 mobile crisis response encounter to determine efficacy of the
 1486 mobile crisis response service.

1487 Section 17. Subsections (1) and (3) of section 394.4598,
 1488 Florida Statutes, are amended to read:

1489 394.4598 Guardian advocate.—

1490 (1) The administrator may petition the court for the
 1491 appointment of a guardian advocate based upon the opinion of a
 1492 psychiatrist or psychiatric nurse practicing within the
 1493 framework of an established protocol with a psychiatrist that
 1494 the patient is incompetent to consent to treatment. If the court
 1495 finds that a patient is incompetent to consent to treatment and
 1496 has not been adjudicated incapacitated and had a guardian with
 1497 the authority to consent to mental health treatment appointed,
 1498 the court must ~~it shall~~ appoint a guardian advocate. The patient
 1499 has the right to have an attorney represent him or her at the
 1500 hearing. If the person is indigent, the court must ~~shall~~ appoint

1501 the office of the public defender to represent him or her at the
1502 hearing. The patient has the right to testify, cross-examine
1503 witnesses, and present witnesses. The proceeding must ~~shall~~ be
1504 recorded, either electronically or stenographically, and
1505 testimony must ~~shall~~ be provided under oath. One of the
1506 professionals authorized to give an opinion in support of a
1507 petition for involuntary placement, as described in s. 394.4655
1508 or s. 394.467, must testify. A guardian advocate must meet the
1509 qualifications of a guardian contained in part IV of chapter
1510 744, except that a professional referred to in this part, an
1511 employee of the facility providing direct services to the
1512 patient under this part, a departmental employee, a facility
1513 administrator, or member of the Florida local advocacy council
1514 shall not be appointed. A person ~~who is~~ appointed as a guardian
1515 advocate must agree to the appointment.

1516 (3) A facility requesting appointment of a guardian
1517 advocate must, before ~~prior to~~ the appointment, provide the
1518 prospective guardian advocate with information about the duties
1519 and responsibilities of guardian advocates, including the
1520 information about the ethics of medical decisionmaking. Before
1521 asking a guardian advocate to give consent to treatment for a
1522 patient, the facility shall provide to the guardian advocate
1523 sufficient information so that the guardian advocate can decide
1524 whether to give express and informed consent to the treatment,
1525 including information that the treatment is essential to the

1526 care of the patient, and that the treatment does not present an
1527 unreasonable risk of serious, hazardous, or irreversible side
1528 effects. Before giving consent to treatment, the guardian
1529 advocate must meet and talk with the patient and the patient's
1530 physician or psychiatric nurse practicing within the framework
1531 of an established protocol with a psychiatrist in person, if at
1532 all possible, and by telephone, if not. The decision of the
1533 guardian advocate may be reviewed by the court, upon petition of
1534 the patient's attorney, the patient's family, or the facility
1535 administrator.

1536 Section 18. Subsection (11) of section 394.4615, Florida
1537 Statutes, is amended to read:

1538 394.4615 Clinical records; confidentiality.—

1539 (11) Patients must ~~shall~~ have reasonable access to their
1540 clinical records, unless such access is determined by the
1541 patient's physician or the patient's psychiatric nurse to be
1542 harmful to the patient. If the patient's right to inspect his or
1543 her clinical record is restricted by the facility, written
1544 notice of such restriction must ~~shall~~ be given to the patient
1545 and the patient's guardian, guardian advocate, attorney, and
1546 representative. In addition, the restriction must ~~shall~~ be
1547 recorded in the clinical record, together with the reasons for
1548 it. The restriction of a patient's right to inspect his or her
1549 clinical record expires ~~shall expire~~ after 7 days but may be
1550 renewed, after review, for subsequent 7-day periods.

1551 Section 19. Paragraph (f) of subsection (1) and subsection
 1552 (5) of section 394.4625, Florida Statutes, are amended to read:
 1553 394.4625 Voluntary admissions.—

1554 (1) AUTHORITY TO RECEIVE PATIENTS.—

1555 (f) Within 24 hours after admission of a voluntary
 1556 patient, the treating ~~admitting~~ physician or psychiatric nurse
 1557 practicing within the framework of an established protocol with
 1558 a psychiatrist shall document in the patient's clinical record
 1559 that the patient is able to give express and informed consent
 1560 for admission. If the patient is not able to give express and
 1561 informed consent for admission, the facility must ~~shall~~ either
 1562 discharge the patient or transfer the patient to involuntary
 1563 status pursuant to subsection (5).

1564 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
 1565 patient, or an authorized person on the patient's behalf, makes
 1566 a request for discharge, the request for discharge, unless
 1567 freely and voluntarily rescinded, must be communicated to a
 1568 physician, clinical psychologist with at least 3 years of
 1569 postdoctoral experience in the practice of clinical psychology,
 1570 or psychiatrist as quickly as possible, but not later than 12
 1571 hours after the request is made. If the patient meets the
 1572 criteria for involuntary placement, the administrator of the
 1573 facility must file with the court a petition for involuntary
 1574 placement, within 2 court working days after the request for
 1575 discharge is made. If the petition is not filed within 2 court

1576 working days, the patient must ~~shall~~ be discharged. Pending the
1577 filing of the petition, the patient may be held and emergency
1578 treatment rendered in the least restrictive manner, upon the
1579 written order of a physician or a psychiatric nurse practicing
1580 within the framework of an established protocol with a
1581 psychiatrist, if it is determined that such treatment is
1582 necessary for the safety of the patient or others.

1583 Section 20. Paragraph (f) of subsection (2) of section
1584 394.463, Florida Statutes, is amended to read:

1585 394.463 Involuntary examination.—

1586 (2) INVOLUNTARY EXAMINATION.—

1587 (f) A patient must ~~shall~~ be examined by a physician or a
1588 clinical psychologist, or by a psychiatric nurse performing
1589 within the framework of an established protocol with a
1590 psychiatrist at a facility without unnecessary delay to
1591 determine if the criteria for involuntary services are met.
1592 Emergency treatment may be provided upon the order of a
1593 physician or a psychiatric nurse practicing within the framework
1594 of an established protocol with a psychiatrist if the physician
1595 or psychiatric nurse determines that such treatment is necessary
1596 for the safety of the patient or others. The patient may not be
1597 released by the receiving facility or its contractor without the
1598 documented approval of a psychiatrist or a clinical psychologist
1599 with at least 3 years of postdoctoral experience in the practice
1600 of clinical psychology or, if the receiving facility is owned or

1601 operated by a hospital, health system, or nationally accredited
 1602 community mental health center, the release may also be approved
 1603 by a psychiatric nurse performing within the framework of an
 1604 established protocol with a psychiatrist, or an attending
 1605 emergency department physician with experience in the diagnosis
 1606 and treatment of mental illness after completion of an
 1607 involuntary examination pursuant to this subsection. A
 1608 psychiatric nurse may not approve the release of a patient if
 1609 the involuntary examination was initiated by a psychiatrist
 1610 unless the release is approved by the initiating psychiatrist.
 1611 The release may be approved through telehealth.

1612 Section 21. Paragraphs (a) and (b) of subsection (3),
 1613 paragraph (b) of subsection (7), and paragraph (a) of subsection
 1614 (8) of section 394.4655, Florida Statutes, are amended to read:

1615 394.4655 Involuntary outpatient services.—

1616 (3) INVOLUNTARY OUTPATIENT SERVICES.—

1617 (a)1. A patient who is being recommended for involuntary
 1618 outpatient services by the administrator of the facility where
 1619 the patient has been examined may be retained by the facility
 1620 after adherence to the notice procedures provided in s.
 1621 394.4599. The recommendation must be supported by the opinion of
 1622 a psychiatrist and the second opinion of a clinical psychologist
 1623 with at least 3 years of clinical experience ~~or~~ another
 1624 psychiatrist, or a psychiatric nurse practicing within the
 1625 framework of an established protocol with a psychiatrist, both

1626 of whom have personally examined the patient within the
1627 preceding 72 hours, that the criteria for involuntary outpatient
1628 services are met. However, if the administrator certifies that a
1629 psychiatrist or clinical psychologist with at least 3 years of
1630 clinical experience is not available to provide the second
1631 opinion, the second opinion may be provided by a licensed
1632 physician who has postgraduate training and experience in
1633 diagnosis and treatment of mental illness, a physician assistant
1634 who has at least 3 years' experience and is supervised by such
1635 licensed physician or a psychiatrist, a clinical social worker,
1636 a clinical psychologist, or by a psychiatric nurse. Any second
1637 opinion authorized in this subparagraph may be conducted through
1638 a face-to-face examination, in person or by electronic means.
1639 Such recommendation must be entered on an involuntary outpatient
1640 services certificate that authorizes the facility to retain the
1641 patient pending completion of a hearing. The certificate must be
1642 made a part of the patient's clinical record.

1643 2. If the patient has been stabilized and no longer meets
1644 the criteria for involuntary examination pursuant to s.
1645 394.463(1), the patient must be released from the facility while
1646 awaiting the hearing for involuntary outpatient services. Before
1647 filing a petition for involuntary outpatient services, the
1648 administrator of the facility or a designated department
1649 representative must identify the service provider that will have
1650 primary responsibility for service provision under an order for

1651 involuntary outpatient services, unless the person is otherwise
1652 participating in outpatient psychiatric treatment and is not in
1653 need of public financing for that treatment, in which case the
1654 individual, if eligible, may be ordered to involuntary treatment
1655 pursuant to the existing psychiatric treatment relationship.

1656 3. The service provider shall prepare a written proposed
1657 treatment plan in consultation with the patient or the patient's
1658 guardian advocate, if appointed, for the court's consideration
1659 for inclusion in the involuntary outpatient services order that
1660 addresses the nature and extent of the mental illness and any
1661 co-occurring substance use disorder that necessitate involuntary
1662 outpatient services. The treatment plan must specify the likely
1663 level of care, including the use of medication, and anticipated
1664 discharge criteria for terminating involuntary outpatient
1665 services. Service providers may select and supervise other
1666 individuals to implement specific aspects of the treatment plan.
1667 The services in the plan must be deemed clinically appropriate
1668 by a physician, clinical psychologist, psychiatric nurse, mental
1669 health counselor, marriage and family therapist, or clinical
1670 social worker who consults with, or is employed or contracted
1671 by, the service provider. The service provider must certify to
1672 the court in the proposed plan whether sufficient services for
1673 improvement and stabilization are currently available and
1674 whether the service provider agrees to provide those services.
1675 If the service provider certifies that the services in the

1676 proposed treatment plan are not available, the petitioner may
1677 not file the petition. The service provider must notify the
1678 managing entity if the requested services are not available. The
1679 managing entity must document such efforts to obtain the
1680 requested services.

1681 (b) If a patient in involuntary inpatient placement meets
1682 the criteria for involuntary outpatient services, the
1683 administrator of the facility may, before the expiration of the
1684 period during which the facility is authorized to retain the
1685 patient, recommend involuntary outpatient services. The
1686 recommendation must be supported by the opinion of a
1687 psychiatrist and the second opinion of a clinical psychologist
1688 with at least 3 years of clinical experience, ~~or~~ another
1689 psychiatrist, or a psychiatric nurse practicing within the
1690 framework of an established protocol with a psychiatrist, both
1691 of whom have personally examined the patient within the
1692 preceding 72 hours, that the criteria for involuntary outpatient
1693 services are met. However, if the administrator certifies that a
1694 psychiatrist or clinical psychologist with at least 3 years of
1695 clinical experience is not available to provide the second
1696 opinion, the second opinion may be provided by a licensed
1697 physician who has postgraduate training and experience in
1698 diagnosis and treatment of mental illness, a physician assistant
1699 who has at least 3 years' experience and is supervised by such
1700 licensed physician or a psychiatrist, a clinical social worker,

1701 a clinical psychologist, or by a psychiatric nurse. Any second
1702 opinion authorized in this subparagraph may be conducted through
1703 a face-to-face examination, in person or by electronic means.
1704 Such recommendation must be entered on an involuntary outpatient
1705 services certificate, and the certificate must be made a part of
1706 the patient's clinical record.

1707 (7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—

1708 (b)1. If the court concludes that the patient meets the
1709 criteria for involuntary outpatient services pursuant to
1710 subsection (2), the court must ~~shall~~ issue an order for
1711 involuntary outpatient services. The court order must ~~shall~~ be
1712 for a period of up to 90 days. The order must specify the nature
1713 and extent of the patient's mental illness. The order of the
1714 court and the treatment plan must be made part of the patient's
1715 clinical record. The service provider shall discharge a patient
1716 from involuntary outpatient services when the order expires or
1717 any time the patient no longer meets the criteria for
1718 involuntary placement. Upon discharge, the service provider
1719 shall send a certificate of discharge to the court.

1720 2. The court may not order the department or the service
1721 provider to provide services if the program or service is not
1722 available in the patient's local community, if there is no space
1723 available in the program or service for the patient, or if
1724 funding is not available for the program or service. The service
1725 provider must notify the managing entity if the requested

1726 services are not available. The managing entity must document
1727 such efforts to obtain the requested services. A copy of the
1728 order must be sent to the managing entity by the service
1729 provider within 1 working day after it is received from the
1730 court. The order may be submitted electronically through
1731 existing data systems. After the order for involuntary services
1732 is issued, the service provider and the patient may modify the
1733 treatment plan. For any material modification of the treatment
1734 plan to which the patient or, if one is appointed, the patient's
1735 guardian advocate agrees, the service provider shall send notice
1736 of the modification to the court. Any material modifications of
1737 the treatment plan which are contested by the patient or the
1738 patient's guardian advocate, if applicable, must be approved or
1739 disapproved by the court consistent with subsection (3).

1740 3. If, in the clinical judgment of a physician or a
1741 psychiatric nurse practicing within the framework of an
1742 established protocol with a psychiatrist, the patient has failed
1743 or has refused to comply with the treatment ordered by the
1744 court, and, in the clinical judgment of the physician or
1745 psychiatric nurse, efforts were made to solicit compliance and
1746 the patient may meet the criteria for involuntary examination, a
1747 person may be brought to a receiving facility pursuant to s.
1748 394.463. If, after examination, the patient does not meet the
1749 criteria for involuntary inpatient placement pursuant to s.
1750 394.467, the patient must be discharged from the facility. The

1751 involuntary outpatient services order must ~~shall~~ remain in
 1752 effect unless the service provider determines that the patient
 1753 no longer meets the criteria for involuntary outpatient services
 1754 or until the order expires. The service provider must determine
 1755 whether modifications should be made to the existing treatment
 1756 plan and must attempt to continue to engage the patient in
 1757 treatment. For any material modification of the treatment plan
 1758 to which the patient or the patient's guardian advocate, if
 1759 applicable, agrees, the service provider shall send notice of
 1760 the modification to the court. Any material modifications of the
 1761 treatment plan which are contested by the patient or the
 1762 patient's guardian advocate, if applicable, must be approved or
 1763 disapproved by the court consistent with subsection (3).

1764 (8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
 1765 SERVICES.—

1766 (a)1. If the person continues to meet the criteria for
 1767 involuntary outpatient services, the service provider must
 1768 ~~shall~~, at least 10 days before the expiration of the period
 1769 during which the treatment is ordered for the person, file in
 1770 the court that issued the order for involuntary outpatient
 1771 services a petition for continued involuntary outpatient
 1772 services. The court shall immediately schedule a hearing on the
 1773 petition to be held within 15 days after the petition is filed.

1774 2. The existing involuntary outpatient services order
 1775 remains in effect until disposition on the petition for

1776 continued involuntary outpatient services.

1777 3. A certificate must ~~shall~~ be attached to the petition
1778 which includes a statement from the person's physician or
1779 clinical psychologist with at least 3 years of postdoctoral
1780 experience in the practice of clinical psychology justifying the
1781 request, a brief description of the patient's treatment during
1782 the time he or she was receiving involuntary services, and an
1783 individualized plan of continued treatment.

1784 4. The service provider shall develop the individualized
1785 plan of continued treatment in consultation with the patient or
1786 the patient's guardian advocate, if applicable. When the
1787 petition has been filed, the clerk of the court shall provide
1788 copies of the certificate and the individualized plan of
1789 continued services to the department, the patient, the patient's
1790 guardian advocate, the state attorney, and the patient's private
1791 counsel or the public defender.

1792 Section 22. Subsection (2) of section 394.467, Florida
1793 Statutes, is amended to read:

1794 394.467 Involuntary inpatient placement.—

1795 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1796 retained by a facility or involuntarily placed in a treatment
1797 facility upon the recommendation of the administrator of the
1798 facility where the patient has been examined and after adherence
1799 to the notice and hearing procedures provided in s. 394.4599.

1800 The recommendation must be supported by the opinion of a

1801 psychiatrist and the second opinion of a clinical psychologist
 1802 with at least 3 years of clinical experience, ~~or~~ another
 1803 psychiatrist, or a psychiatric nurse practicing within the
 1804 framework of an established protocol with a psychiatrist, both
 1805 of whom have personally examined the patient within the
 1806 preceding 72 hours, that the criteria for involuntary inpatient
 1807 placement are met. However, if the administrator certifies that
 1808 a psychiatrist or clinical psychologist with at least 3 years of
 1809 clinical experience is not available to provide the second
 1810 opinion, the second opinion may be provided by a licensed
 1811 physician who has postgraduate training and experience in
 1812 diagnosis and treatment of mental illness, a clinical
 1813 psychologist, or ~~by~~ a psychiatric nurse. Any opinion authorized
 1814 in this subsection may be conducted through a face-to-face
 1815 examination, in person, or by electronic means. Such
 1816 recommendation must ~~shall~~ be entered on a petition for
 1817 involuntary inpatient placement certificate that authorizes the
 1818 facility to retain the patient pending transfer to a treatment
 1819 facility or completion of a hearing.

1820 Section 23. Subsection (1) of section 394.4781, Florida
 1821 Statutes, is amended to read:

1822 394.4781 Residential care for psychotic and emotionally
 1823 disturbed children.—

1824 (1) DEFINITIONS.—As used in this section, the term:

1825 (a)-(b) "Department" means the Department of Children and

1826 Families.

1827 (b)~~(a)~~ "Psychotic or severely emotionally disturbed child"
 1828 means a child so diagnosed by a psychiatrist or a clinical
 1829 psychologist with at least 3 years of postdoctoral experience in
 1830 the practice of clinical psychology, who must have ~~who has~~
 1831 specialty training and experience with children. Such a severely
 1832 emotionally disturbed child or psychotic child shall be
 1833 considered by this diagnosis to benefit by and require
 1834 residential care as contemplated by this section.

1835 Section 24. Subsection (2) of section 394.4785, Florida
 1836 Statutes, is amended to read:

1837 394.4785 Children and adolescents; admission and placement
 1838 in mental facilities.—

1839 (2) A person under the age of 14 who is admitted to any
 1840 hospital licensed pursuant to chapter 395 may not be admitted to
 1841 a bed in a room or ward with an adult patient in a mental health
 1842 unit or share common areas with an adult patient in a mental
 1843 health unit. However, a person 14 years of age or older may be
 1844 admitted to a bed in a room or ward in the mental health unit
 1845 with an adult if the admitting physician or psychiatric nurse
 1846 documents in the case record that such placement is medically
 1847 indicated or for reasons of safety. Such placement must ~~shall~~ be
 1848 reviewed by the attending physician or a designee or on-call
 1849 physician each day and documented in the case record.

1850 Section 25. Effective upon this act becoming a law, the

1851 Agency for Health Care Administration shall seek federal
 1852 approval for coverage and reimbursement authority for mobile
 1853 crisis response services pursuant to 42 U.S.C. s. 1396w-6. The
 1854 Department of Children and Families must coordinate with the
 1855 Agency for Health Care Administration to educate contracted
 1856 providers of child, adolescent, and young adult mobile response
 1857 team services on the process to enroll as a Medicaid provider,
 1858 encourage and incentivize enrollment as a Medicaid provider, and
 1859 reduce barriers to maximizing federal reimbursement for
 1860 community-based mobile crisis response services.

1861 Section 26. Paragraph (a) of subsection (1) of section
 1862 394.875, Florida Statutes, is amended to read:

1863 394.875 Crisis stabilization units, residential treatment
 1864 facilities, and residential treatment centers for children and
 1865 adolescents; authorized services; license required.—

1866 (1)(a) The purpose of a crisis stabilization unit is to
 1867 stabilize and redirect a client to the most appropriate and
 1868 least restrictive community setting available, consistent with
 1869 the client's needs. Crisis stabilization units may screen,
 1870 assess, and admit for stabilization persons who present
 1871 themselves to the unit and persons who are brought to the unit
 1872 under s. 394.463. Clients may be provided 24-hour observation,
 1873 medication prescribed by a physician, ~~or~~ psychiatrist, or
 1874 psychiatric nurse performing within the framework of an
 1875 established protocol with a psychiatrist, and other appropriate

1876 services. Crisis stabilization units shall provide services
 1877 regardless of the client's ability to pay and shall be limited
 1878 in size to a maximum of 30 beds.

1879 Section 27. Paragraphs (i) and (j) are added to subsection
 1880 (1) of section 395.1055, Florida Statutes, to read:

1881 395.1055 Rules and enforcement.—

1882 (1) The agency shall adopt rules pursuant to ss.
 1883 120.536(1) and 120.54 to implement the provisions of this part,
 1884 which shall include reasonable and fair minimum standards for
 1885 ensuring that:

1886 (i) A hospital does not accept any payment from a medical
 1887 school in exchange for, or directly or indirectly related to,
 1888 allowing students from the medical school to obtain clinical
 1889 hours or instruction at that hospital.

1890 (j) Each hospital with an emergency department, including
 1891 a hospital-based off-campus emergency department, submits to the
 1892 agency for approval a plan for assisting a patient with gaining
 1893 access to appropriate care settings when the patient either
 1894 presents at the emergency department with nonemergent health
 1895 care needs or indicates, when receiving triage or treatment at
 1896 the hospital, that the patient lacks regular access to primary
 1897 care, in order to divert such patient from presenting at the
 1898 emergency department for future nonemergent care. Effective July
 1899 1, 2025, such emergency department diversion plan must be
 1900 approved by the agency before the hospital may receive initial

1901 licensure or licensure renewal occurring after that date. A
 1902 hospital with an approved emergency department diversion plan
 1903 must submit data to the agency demonstrating the effectiveness
 1904 of the hospital's plan on an annual basis and must update the
 1905 plan as necessary, or as directed by the agency, before each
 1906 licensure renewal. An emergency department diversion plan must
 1907 include at least one of the following:

1908 1. A partnership agreement with one or more nearby
 1909 federally qualified health centers or other primary care
 1910 settings. The goals of such partnership agreement must include,
 1911 but need not be limited to, identifying patients who present at
 1912 the emergency department for nonemergent care, care that would
 1913 be best provided in a primary care setting, or emergency care
 1914 that could potentially have been avoided through the regular
 1915 provision of primary care; and establishing a relationship
 1916 between the patient and the federally qualified health center or
 1917 other primary care setting so that the patient develops a
 1918 medical home at such setting for nonemergent and preventative
 1919 health care services.

1920 2. The establishment, construction, and operation of a
 1921 hospital-owned urgent care center adjacent to the hospital
 1922 emergency department location or an agreement with an urgent
 1923 care center within 3 miles of the emergency department if
 1924 located in an urban area as defined in s. 189.041(1)(b) and
 1925 within 10 miles of the emergency department if located in a

1926 rural community as defined in s. 288.0656(2). Under the
 1927 hospital's emergency department diversion plan, and as
 1928 appropriate for the patients' needs, the hospital shall seek to
 1929 divert to the urgent care center those patients who present at
 1930 the emergency department needing nonemergent health care
 1931 services and subsequently assist the patient in obtaining
 1932 primary care.

1933
 1934 For such patients who are enrolled in the Medicaid program and
 1935 are members of a Medicaid managed care plan, the hospital's
 1936 emergency department diversion plan must include outreach to the
 1937 patients' Medicaid managed care plan and coordination with the
 1938 managed care plan for establishing a relationship between the
 1939 patient and a primary care setting as appropriate for the
 1940 patient, which may include a federally qualified health center
 1941 or other primary care setting with which the hospital has a
 1942 partnership agreement. For such Medicaid enrollee, the agency
 1943 shall establish a process for hospitals to share updated contact
 1944 information for such patients, if in the hospital's possession,
 1945 with the patient's managed care plan.

1946 Section 28. Subsections (5) and (6) of section 408.051,
 1947 Florida Statutes, are renumbered as subsections (6) and (7),
 1948 respectively, and a new subsection (5) is added to that section,
 1949 to read:

1950 408.051 Florida Electronic Health Records Exchange Act.—

1951 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002(12)
 1952 which maintains certified electronic health record technology
 1953 must make available admission, transfer, and discharge data to
 1954 the agency's Florida Health Information Exchange program for the
 1955 purpose of supporting public health data registries and patient
 1956 care coordination. The agency may adopt rules to implement this
 1957 subsection.

1958 Section 29. Subsection (8) of section 409.909, Florida
 1959 Statutes, is renumbered as subsection (10), paragraph (a) of
 1960 subsection (6) is amended, and new subsections (8) and (9) are
 1961 added to that section, to read:

1962 409.909 Statewide Medicaid Residency Program.—

1963 (6) The Slots for Doctors Program is established to
 1964 address the physician workforce shortage by increasing the
 1965 supply of highly trained physicians through the creation of new
 1966 resident positions, which will increase access to care and
 1967 improve health outcomes for Medicaid recipients.

1968 (a)1. Notwithstanding subsection (4), the agency shall
 1969 annually allocate \$100,000 to hospitals and qualifying
 1970 institutions for each newly created resident position that is
 1971 first filled on or after June 1, 2023, and filled thereafter,
 1972 and that is accredited by the Accreditation Council for Graduate
 1973 Medical Education or the Osteopathic Postdoctoral Training
 1974 Institution in an initial or established accredited training
 1975 program which is in a physician specialty or subspecialty in a

1976 statewide supply-and-demand deficit.

1977 2. Notwithstanding the requirement that a new resident
 1978 position be created to receive funding under this subsection,
 1979 the agency may allocate \$100,000 to hospitals and qualifying
 1980 institutions, pursuant to subparagraph 1., for up to 200
 1981 resident positions that existed before July 1, 2023, if such
 1982 resident position:

1983 a. Is in a physician specialty or subspecialty
 1984 experiencing a statewide supply-and-demand deficit.

1985 b. Has been unfilled for a period of 3 or more years.

1986 c. Is subsequently filled on or after June 1, 2024, and
 1987 remains filled thereafter.

1988 d. Is accredited by the Accreditation Council for Graduate
 1989 Medical Education or the Osteopathic Postdoctoral Training
 1990 Institution in an initial or established accredited training
 1991 program.

1992 3. If applications for resident positions under this
 1993 paragraph exceed the number of authorized resident positions or
 1994 the available funding allocated, the agency shall prioritize
 1995 applications for resident positions that are in a primary care
 1996 specialty as specified in paragraph (2)(a).

1997 (8) A hospital or qualifying institution that receives
 1998 state funds, including, but not limited to, intergovernmental
 1999 transfers, for a graduate medical education program under any of
 2000 the programs established under this chapter or under the General

2001 Appropriations Act, must annually report data to the agency in a
 2002 format established by the agency. To facilitate ongoing analysis
 2003 of the performance of the state's graduate medical education
 2004 system, the agency shall consult with the Office of Program
 2005 Policy Analysis and Government Accountability regarding the
 2006 content of the data reported, the manner of reporting, and
 2007 compilation of the data by the agency.

2008 (a) Hospitals and qualifying institutions must report, at
 2009 a minimum, the following:

2010 1. For each program, the sponsoring institution, the
 2011 program level, specialty and subspecialty as applicable, the
 2012 number of approved and filled positions, and the location. As
 2013 used in this section, the term "sponsoring institution" means an
 2014 organization that oversees, supports, and administers one or
 2015 more resident positions.

2016 2. For each position, the year the position was created,
 2017 whether the position is currently filled and whether there has
 2018 been any period of time when the position was not filled, each
 2019 state and federal funding source used to create or maintain the
 2020 position, and the general purpose for which the funds were used.

2021 3. For each filled position, the current program year of
 2022 the resident who is filling the position, the specialty or
 2023 subspecialty for which the position is accredited, and whether
 2024 the position is a fellowship position.

2025 4. For each sponsoring institution, the number of

2026 programs, number of approved and filled positions, and
2027 sponsoring institution location.

2028 (b) Specific to funds allocated pursuant to subsection (5)
2029 on or after July 1, 2021, the data must include, but is not
2030 limited to, all of the following:

2031 1. The date on which the hospital or qualifying
2032 institution applied for funds under the program.

2033 2. The date on which the position funded by the program
2034 became accredited.

2035 3. The date on which the position was first filled and
2036 whether it has remained filled.

2037 4. The specialty of the position created.

2038 (c) Beginning on July 1, 2025, each hospital or qualifying
2039 institution shall annually produce detailed financial records no
2040 later than 30 days after the end of its fiscal year, detailing
2041 the manner in which state funds allocated under this section
2042 were expended. This requirement does not apply to funds
2043 allocated before July 1, 2025. The agency may also require that
2044 any hospital or qualifying institution submit to an audit of its
2045 financial records related to funds allocated under this section
2046 after July 1, 2025.

2047 (d) If a hospital or qualifying institution fails to
2048 produce records as required by this section, such hospital or
2049 qualifying institution is no longer eligible to participate in
2050 any program established under this section until the hospital or

2051 qualifying institution has met the agency's requirements for
2052 producing the required records.

2053 (e) Upon completion of a residency, each hospital or
2054 qualifying institution must request that the resident fill out
2055 an exit survey on a form developed by the agency. The completed
2056 exit surveys must be provided to the agency annually. The exit
2057 survey must include, but need not be limited to, questions on
2058 all of the following:

- 2059 1. Whether the exiting resident has procured employment.
- 2060 2. Whether the exiting resident plans to leave the state
2061 and, if so, for which reasons.
- 2062 3. Where and in which specialty the exiting resident
2063 intends to practice.
- 2064 4. Whether the exiting resident envisions himself or
2065 herself working in the medical field as a long-term career.

2066 (9) The Graduate Medical Education Committee is created
2067 within the agency.

2068 (a) The committee shall be composed of the following
2069 members:

2070 1. Three deans, or the deans' designees, from medical
2071 schools in the state, appointed by the chair of the Council of
2072 Florida Medical School Deans.

2073 2. Four members appointed by the Governor, one of whom is
2074 a representative of the Florida Medical Association or the
2075 Florida Osteopathic Medical Association who has supervised or is

2076 currently supervising residents, one of whom is a member of the
2077 Florida Hospital Association, one of whom is a member of the
2078 Safety Net Hospital Alliance, and one of whom is a physician
2079 licensed under chapter 458 or chapter 459 practicing at a
2080 qualifying institution.

2081 3. Two members appointed by the Secretary of Health Care
2082 Administration, one of whom represents a statutory teaching
2083 hospital as defined in s. 408.07(46) and one of whom is a
2084 physician who has supervised or is currently supervising
2085 residents.

2086 4. Two members appointed by the State Surgeon General, one
2087 of whom must represent a teaching hospital as defined in s.
2088 408.07 and one of whom is a physician who has supervised or is
2089 currently supervising residents or interns.

2090 5. Two members, one appointed by the President of the
2091 Senate and one appointed by the Speaker of the House of the
2092 Representatives.

2093 (b)1. The members of the committee appointed under
2094 subparagraph (a)1. shall serve 4-year terms. When such members'
2095 terms expire, the chair of the Council of Florida Medical School
2096 Deans shall appoint new members as detailed in paragraph (a)1.
2097 from different medical schools on a rotating basis and may not
2098 reappoint a dean from a medical school that has been represented
2099 on the committee until all medical schools in the state have had
2100 an opportunity to be represented on the committee.

2101 2. The members of the committee appointed under
2102 subparagraphs (a)2., 3., and 4. shall serve 4-year terms, with
2103 the initial term being 3 years for members appointed under
2104 subparagraph (a)4. and 2 years for members appointed under
2105 subparagraph (a)3. The committee shall elect a chair to serve
2106 for a 1-year term.

2107 (c) Members shall serve without compensation but are
2108 entitled to reimbursement for per diem and travel expenses
2109 pursuant to s. 112.061.

2110 (d) The committee shall convene its first meeting by July
2111 1, 2024, and shall meet as often as necessary to conduct its
2112 business, but at least twice annually, at the call of the chair.
2113 The committee may conduct its meetings though teleconference or
2114 other electronic means. A majority of the members of the
2115 committee constitutes a quorum, and a meeting may not be held
2116 with less than a quorum present. The affirmative vote of a
2117 majority of the members of the committee present is necessary
2118 for any official action by the committee.

2119 (e) Beginning on July 1, 2025, the committee shall submit
2120 to the Governor, the President of the Senate, and the Speaker of
2121 the House of Representatives an annual report that must, at a
2122 minimum, detail all of the following:

2123 1. The role of residents and medical faculty in the
2124 provision of health care.

2125 2. The relationship of graduate medical education to the

2126 | state's physician workforce.

2127 | 3. The typical workload for residents and the role such
 2128 | workload plays in retaining physicians in the long-term
 2129 | workforce.

2130 | 4. The costs of training medical residents for hospitals
 2131 | and qualifying institutions.

2132 | 5. The availability and adequacy of all sources of revenue
 2133 | available to support graduate medical education.

2134 | 6. The use of state funds, including, but not limited to,
 2135 | intergovernmental transfers, for graduate medical education for
 2136 | each hospital or qualifying institution receiving such funds.

2137 | (f) The agency shall provide reasonable and necessary
 2138 | support staff and materials to assist the committee in the
 2139 | performance of its duties. The agency shall also provide the
 2140 | information obtained pursuant to subsection (8) to the committee
 2141 | and assist the committee, as requested, in obtaining any other
 2142 | information deemed necessary by the committee to produce its
 2143 | report.

2144 | Section 30. Section 409.91256, Florida Statutes, is
 2145 | created to read:

2146 | 409.91256 Training, Education, and Clinicals in Health
 2147 | (TEACH) Funding Program.—

2148 | (1) PURPOSE AND INTENT.—The Training, Education, and
 2149 | Clinicals in Health (TEACH) Funding Program is created to
 2150 | provide a high-quality educational experience while supporting

2151 participating qualified health centers, community mental health
2152 centers, rural health clinics, and certified community
2153 behavioral health clinics by offsetting administrative costs and
2154 loss of revenue associated with training residents and students
2155 to become licensed health care practitioners. Further, it is the
2156 intent of the Legislature to use the program to support the
2157 state Medicaid program and underserved populations by expanding
2158 the available health care workforce.

2159 (2) DEFINITIONS.—As used in this section, the term:

2160 (a) "Agency" means the Agency for Health Care
2161 Administration.

2162 (b) "Preceptor" means a Florida-licensed health care
2163 practitioner who directs, teaches, supervises, and evaluates the
2164 learning experience of a resident or student during a clinical
2165 rotation.

2166 (c) "Primary care specialty" means general internal
2167 medicine, family medicine, obstetrics and gynecology,
2168 pediatrics, psychiatry, geriatric medicine, or any other
2169 specialty the agency identifies as primary care.

2170 (d) "Qualified facility" means a federally qualified
2171 health center, a community mental health center, rural health
2172 clinic, or a certified community behavioral health clinic.

2173 (3) APPLICATION FOR REIMBURSEMENT; AGREEMENTS;
2174 PARTICIPATION REQUIREMENTS.—The agency shall develop an
2175 application process for qualified facilities to apply for funds

2176 to offset the administrative costs and loss of revenue
2177 associated with establishing, maintaining, or expanding a
2178 clinical training program. Upon approving an application, the
2179 agency shall enter into an agreement with the qualified facility
2180 which, at minimum, must require each qualified facility to do
2181 all of the following:

2182 (a) Agree to provide appropriate supervision or precepting
2183 for one or more of the following categories of residents or
2184 students:

2185 1. Allopathic or osteopathic residents pursuing a primary
2186 care specialty.

2187 2. Advanced practice registered nursing students pursuing
2188 a primary care specialty.

2189 3. Nursing students.

2190 4. Allopathic or osteopathic medical students.

2191 5. Dental students.

2192 6. Physician assistant students.

2193 7. Behavioral health students, including students studying
2194 psychology, clinical social work, marriage and family therapy,
2195 or mental health counseling.

2196 (b) Meet and maintain all requirements to operate an
2197 accredited residency program if the qualified facility operates
2198 a residency program.

2199 (c) Obtain and maintain accreditation from an
2200 accreditation body approved by the agency if the qualified

2201 facility provides clinical rotations.

2202 (d) Ensure that clinical preceptors meet agency standards
 2203 for precepting students, including the completion of any
 2204 training required by the agency.

2205 (e) Submit to the agency quarterly reports by the first
 2206 day of the second month following the end of a quarter to obtain
 2207 reimbursement. At a minimum, the report must include all of the
 2208 following:

2209 1. The type of residency or clinical rotation offered by
 2210 the qualified facility, the number of residents or students
 2211 participating in each type of clinical rotation or residency,
 2212 and the number of hours worked by each resident or student each
 2213 month.

2214 2. Evaluations by the residents and student participants
 2215 of the clinical experience on an evaluation form developed by
 2216 the agency.

2217 3. An itemized list of administrative costs associated
 2218 with the operation of the clinical training program, including
 2219 accreditation costs and other costs relating to the creation,
 2220 implementation, and maintenance of the program.

2221 4. A calculation of lost revenue associated with operating
 2222 the clinical training program.

2223 (4) TRAINING.—The agency, in consultation with the
 2224 Department of Health, shall develop, or contract for the
 2225 development of, training for preceptors and make such training

2226 available in either a live or electronic format. The agency
2227 shall also provide technical support for preceptors.

2228 (5) REIMBURSEMENT.—A qualified facility may be reimbursed
2229 under this section only to offset the administrative costs or
2230 lost revenue associated with training students, allopathic
2231 residents, or osteopathic residents who are enrolled in an
2232 accredited educational or residency program based in the state.

2233 (a) Subject to an appropriation, the agency may reimburse
2234 a qualified facility based on the number of clinical training
2235 hours reported under subparagraph (3) (e)1. The allowed
2236 reimbursement per student is as follows:

- 2237 1. A medical resident at a rate of \$50 per hour.
- 2238 2. A first-year medical student at a rate of \$27 per hour.
- 2239 3. A second-year medical student at a rate of \$27 per
2240 hour.
- 2241 4. A third-year medical student at a rate of \$29 per hour.
- 2242 5. A fourth-year medical student at a rate of \$29 per
2243 hour.
- 2244 6. A dental student at a rate of \$22 per hour.
- 2245 7. An advanced practice registered nursing student at a
2246 rate of \$22 per hour.
- 2247 8. A physician assistant student at a rate of \$22 per
2248 hour.
- 2249 9. A behavioral health student at a rate of \$15 per hour.
- 2250 (b) A qualified facility may not be reimbursed more than

2251 \$75,000 per fiscal year; however, if it operates a residency
2252 program, it may be reimbursed up to \$100,000 each fiscal year.

2253 (6) DATA.—A qualified facility that receives payment under
2254 the program shall furnish information requested by the agency
2255 for the purpose of the agency's duties under subsections (7) and
2256 (8).

2257 (7) REPORTS.—By December 1, 2025, and each December 1
2258 thereafter, the agency shall submit to the Governor, the
2259 President of the Senate, and the Speaker of the House of
2260 Representatives a report detailing the effects of the program
2261 for the prior fiscal year, including, but not limited to, all of
2262 the following:

2263 (a) The number of students trained in the program, by
2264 school, area of study, and clinical hours earned.

2265 (b) The number of students trained and the amount of
2266 program funds received by each participating qualified facility.

2267 (c) The number of program participants found to be
2268 employed by a qualified facility or in a federally designated
2269 health professional shortage area upon completion of such
2270 participants' education and training.

2271 (d) Any other data the agency deems useful for determining
2272 the effectiveness of the program.

2273 (8) EVALUATION.—The agency shall contract with an
2274 independent third party to develop and conduct a design study to
2275 evaluate the impact of the TEACH funding program, including, but

2276 not limited to, the program's effectiveness in both of the
 2277 following areas:

2278 (a) Enabling qualified facilities to provide clinical
 2279 rotations and residency opportunities to students and medical
 2280 school graduates, as applicable.

2281 (b) Enabling the recruitment and retention of health care
 2282 professionals in geographic and practice areas experiencing
 2283 shortages.

2284
 2285 The agency shall begin collecting data for the study by January
 2286 1, 2025, and shall submit the results of the study to the
 2287 Governor, the President of the Senate, and the Speaker of the
 2288 House of Representatives by January 1, 2030.

2289 (9) RULES.—The agency may adopt rules to implement this
 2290 section.

2291 (10) FEDERAL FUNDING.—The agency shall seek federal
 2292 approval to use Title XIX matching funds for the program.

2293 (11) REPEAL.—This section is repealed on July 1, 2034.

2294 Section 31. Paragraph (e) of subsection (2) of section
 2295 409.967, Florida Statutes, is amended to read:

2296 409.967 Managed care plan accountability.—

2297 (2) The agency shall establish such contract requirements
 2298 as are necessary for the operation of the statewide managed care
 2299 program. In addition to any other provisions the agency may deem
 2300 necessary, the contract must require:

2301 (e) *Encounter data.*—The agency shall maintain and operate
 2302 a Medicaid Encounter Data System to collect, process, store, and
 2303 report on covered services provided to all Medicaid recipients
 2304 enrolled in prepaid plans.

2305 1. Each prepaid plan must comply with the agency's
 2306 reporting requirements for the Medicaid Encounter Data System.
 2307 Prepaid plans must submit encounter data electronically in a
 2308 format that complies with the Health Insurance Portability and
 2309 Accountability Act provisions for electronic claims and in
 2310 accordance with deadlines established by the agency. Prepaid
 2311 plans must certify that the data reported is accurate and
 2312 complete.

2313 2. The agency is responsible for validating the data
 2314 submitted by the plans. The agency shall develop methods and
 2315 protocols for ongoing analysis of the encounter data that
 2316 adjusts for differences in characteristics of prepaid plan
 2317 enrollees to allow comparison of service utilization among plans
 2318 and against expected levels of use. The analysis shall be used
 2319 to identify possible cases of systemic underutilization or
 2320 denials of claims and inappropriate service utilization such as
 2321 higher-than-expected emergency department encounters. The
 2322 analysis shall provide periodic feedback to the plans and enable
 2323 the agency to establish corrective action plans when necessary.
 2324 One of the focus areas for the analysis shall be the use of
 2325 prescription drugs.

2326 3. The agency shall make encounter data available to those
2327 plans accepting enrollees who are assigned to them from other
2328 plans leaving a region.

2329 4. The agency shall annually produce a report entitled
2330 "Analysis of Potentially Preventable Health Care Events of
2331 Florida Medicaid Enrollees." The report must include, but need
2332 not be limited to, an analysis of the potentially preventable
2333 hospital emergency department visits, hospital admissions, and
2334 hospital readmissions that occurred during the previous state
2335 fiscal year which may have been prevented with better access to
2336 primary care, improved medication management, or better
2337 coordination of care, reported by age, eligibility group,
2338 managed care plan, and region, including conditions contributing
2339 to each potentially preventable event or category of potentially
2340 preventable events. The agency may include any other data or
2341 analysis parameters to augment the report that it deems
2342 pertinent to the analysis. The report must demonstrate trends
2343 using applicable historical data. The agency shall submit the
2344 report to the Governor, the President of the Senate, and the
2345 Speaker of the House of Representatives by October 1, 2024, and
2346 each October 1 thereafter. The agency may contract with a third-
2347 party vendor to produce the report required under this
2348 subparagraph.

2349 Section 32. Subsection (4) of section 409.973, Florida
2350 Statutes, is amended to read:

2351 409.973 Benefits.—

2352 (4) PRIMARY CARE INITIATIVE.—Each plan operating in the
 2353 managed medical assistance program shall establish a program to
 2354 encourage enrollees to establish a relationship with their
 2355 primary care provider. Each plan shall:

2356 (a) Provide information to each enrollee on the importance
 2357 of and procedure for selecting a primary care provider, and
 2358 thereafter automatically assign to a primary care provider any
 2359 enrollee who fails to choose a primary care provider.

2360 (b) If the enrollee was not a Medicaid recipient before
 2361 enrollment in the plan, assist the enrollee in scheduling an
 2362 appointment with the primary care provider. If possible, the
 2363 appointment should be made within 30 days after enrollment in
 2364 the plan. If an appointment is not made within such 30-day
 2365 period, the plan must continue assisting the enrollee to
 2366 schedule an initial appointment.

2367 (c) Report to the agency the number of enrollees assigned
 2368 to each primary care provider within the plan's network.

2369 (d) Report to the agency the number of enrollees who have
 2370 not had an appointment with their primary care provider within
 2371 their first year of enrollment.

2372 (e) Report to the agency the number of emergency room
 2373 visits by enrollees who have not had at least one appointment
 2374 with their primary care provider.

2375 (f) Coordinate with a hospital that contacts the plan

2376 under the requirements of s. 395.1055(1)(j) for the purpose of
 2377 establishing the appropriate delivery of primary care services
 2378 for the plan's members who present at the hospital's emergency
 2379 department for nonemergent care or emergency care that could
 2380 potentially have been avoided through the regular provision of
 2381 primary care. The plan shall coordinate with such member and the
 2382 member's primary care provider for such purpose.

2383 Section 33. The Agency for Health Care Administration
 2384 shall seek federal approval necessary to implement an acute
 2385 hospital care at home program in the state Medicaid program
 2386 which is substantially consistent with the parameters specified
 2387 in 42 U.S.C. s. 1395cc-7(a)(2)-(3).

2388 Section 34. Subsection (10) of section 456.073, Florida
 2389 Statutes, is amended to read:

2390 456.073 Disciplinary proceedings.—Disciplinary proceedings
 2391 for each board shall be within the jurisdiction of the
 2392 department.

2393 (10) (a) The complaint and all information obtained
 2394 pursuant to the investigation by the department are confidential
 2395 and exempt from s. 119.07(1) until 10 days after probable cause
 2396 has been found to exist by the probable cause panel or by the
 2397 department, or until the regulated professional or subject of
 2398 the investigation waives his or her privilege of
 2399 confidentiality, whichever occurs first.

2400 (b) The department shall report any significant

2401 investigation information relating to a nurse holding a
2402 multistate license to the coordinated licensure information
2403 system pursuant to s. 464.0095; any investigative information
2404 relating to an audiologist or a speech-language pathologist
2405 holding a compact privilege under the Practice of Audiology and
2406 Speech-Language Pathology Interstate Compact to the data system
2407 pursuant to s. 468.1335; any significant investigatory
2408 information relating to a psychologist practicing under the
2409 Psychology Interjurisdictional Compact to the coordinated
2410 licensure information system pursuant to s. 490.0075; and any
2411 significant investigatory information relating to a health care
2412 practitioner practicing under the Professional Counselors
2413 Licensure Compact to the data system pursuant to s. 491.017, ~~and~~
2414 ~~any significant investigatory information relating to a~~
2415 ~~psychologist practicing under the Psychology Interjurisdictional~~
2416 ~~Compact to the coordinated licensure information system pursuant~~
2417 ~~to s. 490.0075.~~

2418 (c) Upon completion of the investigation and a
2419 recommendation by the department to find probable cause, and
2420 pursuant to a written request by the subject or the subject's
2421 attorney, the department shall provide the subject an
2422 opportunity to inspect the investigative file or, at the
2423 subject's expense, forward to the subject a copy of the
2424 investigative file. Notwithstanding s. 456.057, the subject may
2425 inspect or receive a copy of any expert witness report or

2426 patient record connected with the investigation if the subject
2427 agrees in writing to maintain the confidentiality of any
2428 information received under this subsection until 10 days after
2429 probable cause is found and to maintain the confidentiality of
2430 patient records pursuant to s. 456.057. The subject may file a
2431 written response to the information contained in the
2432 investigative file. Such response must be filed within 20 days
2433 of mailing by the department, unless an extension of time has
2434 been granted by the department.

2435 (d) This subsection does not prohibit the department from
2436 providing the complaint and any information obtained pursuant to
2437 the department's investigation ~~such information~~ to any law
2438 enforcement agency or to any other regulatory agency.

2439 Section 35. Subsection (5) of section 456.076, Florida
2440 Statutes, is amended to read:

2441 456.076 Impaired practitioner programs.—

2442 (5) A consultant shall enter into a participant contract
2443 with an impaired practitioner and shall establish the terms of
2444 monitoring and shall include the terms in a participant
2445 contract. In establishing the terms of monitoring, the
2446 consultant may consider the recommendations of one or more
2447 approved evaluators, treatment programs, or treatment providers.
2448 A consultant may modify the terms of monitoring if the
2449 consultant concludes, through the course of monitoring, that
2450 extended, additional, or amended terms of monitoring are

2451 required for the protection of the health, safety, and welfare
 2452 of the public. If the impaired practitioner is a physical
 2453 therapist or physical therapist assistant practicing under the
 2454 Physical Therapy Licensure Compact pursuant to s. 486.112, a
 2455 psychologist practicing under the Psychology Interjurisdictional
 2456 Compact pursuant to s. 490.0075, or a health care practitioner
 2457 practicing under the Professional Counselors Licensure Compact
 2458 pursuant to s. 491.017, the terms of the monitoring contract
 2459 must include the impaired practitioner's withdrawal from all
 2460 practice under the compact. If the impaired practitioner is a
 2461 physical therapist or physical therapist assistant practicing
 2462 under the Physical Therapy Licensure Compact pursuant to s.
 2463 486.112 ~~psychologist practicing under the Psychology~~
 2464 ~~Interjurisdictional Compact pursuant to s. 490.0075,~~ the terms
 2465 of the monitoring contract must include the impaired
 2466 practitioner's withdrawal from all practice under the compact
 2467 unless authorized by a member state.

2468 Section 36. Section 456.4501, Florida Statutes, is created
 2469 to read:

2470 456.4501 Interstate Medical Licensure Compact.—The
 2471 Interstate Medical Licensure Compact is hereby enacted into law
 2472 and entered into by this state with all other jurisdictions
 2473 legally joining therein in the form substantially as follows:

2475 SECTION 1

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PURPOSE

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The compact creates another pathway for licensure and does not otherwise change a state's existing medical practice act. The compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the compact.

SECTION 2

DEFINITIONS

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As used in this compact, the term:

(1) "Bylaws" means those bylaws established by the Interstate Commission pursuant to Section 11 for its governance, or for directing and controlling its actions and conduct.

(2) "Commissioner" means the voting representative appointed by each member board pursuant to Section 11.

(3) "Convicted" means a finding by a court that an individual is guilty of a criminal offense through adjudication or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(4) "Expedited license" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the compact.

(5) "Interstate Commission" means the Interstate Medical Licensure Compact Commission created pursuant to Section 11.

(6) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.

(7) "Medical practice act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(8) "Member board" means a state agency in a member state

2526 that acts in the sovereign interests of the state by protecting
 2527 the public through licensure, regulation, and education of
 2528 physicians as directed by the state government.

2529 (9) "Member state" means a state that has enacted the
 2530 Compact.

2531 (10) "Offense" means a felony, high court misdemeanor, or
 2532 crime of moral turpitude.

2533

2534 (11) "Physician" means any person who:

2535 (a) Is a graduate of a medical school accredited by the
 2536 Liaison Committee on Medical Education, the Commission on
 2537 Osteopathic College Accreditation, or a medical school listed in
 2538 the International Medical Education Directory or its equivalent;

2539 (b) Passed each component of the United States Medical
 2540 Licensing Examination (USMLE) or the Comprehensive Osteopathic
 2541 Medical Licensing Examination (COMLEX-USA) within three
 2542 attempts, or any of its predecessor examinations accepted by a
 2543 state medical board as an equivalent examination for licensure
 2544 purposes;

2545 (c) Successfully completed graduate medical education
 2546 approved by the Accreditation Council for Graduate Medical
 2547 Education or the American Osteopathic Association;

2548 (d) Holds specialty certification or a time-unlimited
 2549 specialty certificate recognized by the American Board of
 2550 Medical Specialties or the American Osteopathic Association's

2551 Bureau of Osteopathic Specialists; however, the specialty
 2552 certification or a time-unlimited specialty certificate does not
 2553 have to be maintained once a physician is initially determined
 2554 to be eligible for expedited licensure through the Compact;
 2555 (e) Possesses a full and unrestricted license to engage in
 2556 the practice of medicine issued by a member board;
 2557 (f) Has never been convicted, received adjudication,
 2558 deferred adjudication, community supervision, or deferred
 2559 disposition for any offense by a court of appropriate
 2560 jurisdiction;
 2561 (g) Has never held a license authorizing the practice of
 2562 medicine subjected to discipline by a licensing agency in any
 2563 state, federal, or foreign jurisdiction, excluding any action
 2564 related to nonpayment of fees related to a license;
 2565 (h) Has never had a controlled substance license or permit
 2566 suspended or revoked by a state or the United States Drug
 2567 Enforcement Administration; and
 2568 (i) Is not under active investigation by a licensing
 2569 agency or law enforcement authority in any state, federal, or
 2570 foreign jurisdiction.
 2571 (12) "Practice of medicine" means the diagnosis,
 2572 treatment, prevention, cure, or relieving of a human disease,
 2573 ailment, defect, complaint, or other physical or mental
 2574 condition by attendance, advice, device, diagnostic test, or
 2575 other means, or offering, undertaking, attempting to do, or

2576 holding oneself out as able to do any of these acts.

2577 (13) "Rule" means a written statement by the Interstate
 2578 Commission adopted pursuant to section 12 of the compact which
 2579 is of general applicability; implements, interprets, or
 2580 prescribes a policy or provision of the compact, or an
 2581 organizational, procedural, or practice requirement of the
 2582 Interstate Commission; and has the force and effect of statutory
 2583 law in a member state, if the rule is not inconsistent with the
 2584 laws of the member state. The term includes the amendment,
 2585 repeal, or suspension of an existing rule.

2586 (14) "State" means any state, commonwealth, district, or
 2587 territory of the United States.

2588 (15) "State of principal license" means a member state
 2589 where a physician holds a license to practice medicine and which
 2590 has been designated as such by the physician for purposes of
 2591 registration and participation in the Compact.

2592
 2593 SECTION 3

2594 ELIGIBILITY

2595
 2596 (1) A physician must meet the eligibility requirements as
 2597 provided in subsection (11) of section 2 to receive an expedited
 2598 license under the terms and provisions of the Compact.

2599 (2) A physician who does not meet the requirements as
 2600 provided in subsection (11) of section 2 may obtain a license to

2601 practice medicine in a member state if the individual complies
2602 with all laws and requirements, other than the Compact, relating
2603 to the issuance of a license to practice medicine in that state.

2604
2605 SECTION 4

2606 DESIGNATION OF STATE OF PRINCIPAL LICENSE

2607
2608 (1) A physician shall designate a member state as the
2609 state of principal license for purposes of registration for
2610 expedited licensure through the compact if the physician
2611 possesses a full and unrestricted license to practice medicine
2612 in that state, and the state is:

2613 (a) The state of primary residence for the physician, or

2614 (b) The state where at least 25 percent of the physician's
2615 practice of medicine occurs, or

2616 (c) The location of the physician's employer, or

2617 (d) If no state qualifies under paragraph (a), paragraph
2618 (b), or paragraph (c), the state designated as the state of
2619 residence for purpose of federal income tax.

2620 (2) A physician may redesignate a member state as the
2621 state of principal license at any time, as long as the state
2622 meets one of the descriptions under subsection (1).

2623 (3) The Interstate Commission may develop rules to
2624 facilitate redesignation of another member state as the state of
2625 principal license.

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SECTION 5

APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(1) A physician seeking licensure through the compact must file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(2) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(a) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, are not subject to additional primary source verification if already primary source verified by the state of principal license.

(b) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of

2651 the Federal Bureau of Investigation, with the exception of
2652 federal employees who have a suitability determination in
2653 accordance with U.S. 5 C.F.R. s. 731.202.

2654 (c) Appeal on the determination of eligibility must be
2655 made to the member state where the application was filed and is
2656 subject to the law of that state.

2657 (3) Upon verification in subsection (2), physicians
2658 eligible for an expedited license must complete the registration
2659 process established by the Interstate Commission to receive a
2660 license in a member state selected pursuant to subsection (1),
2661 including the payment of any applicable fees.

2662 (4) After receiving verification of eligibility under
2663 subsection (2) and upon an applicant's completion of any
2664 registration process, including the payment of any applicable
2665 fees, required under subsection (3), a member board shall issue
2666 an expedited license to the physician. This license authorizes
2667 the physician to practice medicine in the issuing state
2668 consistent with the medical practice act and all applicable laws
2669 and regulations of the issuing member board and member state.

2670 (5) An expedited license is valid for a period consistent
2671 with the licensure period in the member state and in the same
2672 manner as required for other physicians holding a full and
2673 unrestricted license within the member state.

2674 (6) An expedited license obtained through the compact must
2675 be terminated if a physician fails to maintain a license in the

2676 state of principal licensure for a nondisciplinary reason,
 2677 without redesignation of a new state of principal licensure.

2678 (7) The Interstate Commission may develop rules regarding
 2679 the application process, including payment of any applicable
 2680 fees, and the issuance of an expedited license.

2681
 2682 SECTION 6

2683 FEES FOR EXPEDITATED LICENSURE

2684
 2685 (1) A member state issuing an expedited license
 2686 authorizing the practice of medicine in that state may impose a
 2687 fee for a license issued or renewed through the compact.

2688 (2) The Interstate Commission is authorized to develop
 2689 rules regarding fees for expedited licenses.

2690
 2691 SECTION 7

2692 RENEWAL AND CONTINUED PARTICIPATION

2693
 2694 (1) A physician seeking to renew an expedited license
 2695 granted in a member state shall complete a renewal process with
 2696 the Interstate Commission if the physician:

2697 (a) Maintains a full and unrestricted license in a state
 2698 of principal license;

2699 (b) Has not been convicted or received adjudication,
 2700 deferred adjudication, community supervision, or deferred

2701 disposition for any offense by a court of appropriate
 2702 jurisdiction;

2703 (c) Has not had a license authorizing the practice of
 2704 medicine subject to discipline by a licensing agency in any
 2705 state, federal, or foreign jurisdiction, excluding any action
 2706 related to nonpayment of fees related to a license; and

2707 (d) Has not had a controlled substance license or permit
 2708 suspended or revoked by a state or the United States Drug
 2709 Enforcement Administration.

2710 (2) Physicians shall comply with all continuing
 2711 professional development or continuing medical education
 2712 requirements for renewal of a license issued by a member state.

2713 (3) The Interstate Commission shall collect any renewal
 2714 fees charged for the renewal of a license and distribute the
 2715 fees to the applicable member board.

2716 (4) Upon receipt of any renewal fees collected in
 2717 subsection (3), a member board shall renew the physician's
 2718 license.

2719 (5) Physician information collected by the Interstate
 2720 Commission during the renewal process must distributed to all
 2721 member boards.

2722 (6) The Interstate Commission may develop rules to address
 2723 renewal of licenses obtained through the Compact.

2724

2725 SECTION 8

COORDINATED INFORMATION SYSTEM

2726
2727
2728 (1) The Interstate Commission shall establish a database
2729 of all physicians licensed, or who have applied for licensure,
2730 under Section 5.

2731 (2) Notwithstanding any other provision of law, member
2732 boards shall report to the Interstate Commission any public
2733 action or complaints against a licensed physician who has
2734 applied or received an expedited license through the Compact.

2735 (3) Member boards shall report to the Interstate
2736 Commission disciplinary or investigatory information determined
2737 as necessary and proper by rule of the Interstate Commission.

2738 (4) Member boards may report to the Interstate Commission
2739 any nonpublic complaint, disciplinary, or investigatory
2740 information not required by subsection (3) to the Interstate
2741 Commission.

2742 (5) Member boards shall share complaint or disciplinary
2743 information about a physician upon request of another member
2744 board.

2745 (6) All information provided to the Interstate Commission
2746 or distributed by member boards shall be confidential, filed
2747 under seal, and used only for investigatory or disciplinary
2748 matters.

2749 (g) The Interstate Commission may develop rules for
2750 mandated or discretionary sharing of information by member

2751 | boards.

2752

2753 | SECTION 9

2754 | JOINT INVESTIGATIONS

2755

2756 | (1) Licensure and disciplinary records of physicians are
 2757 | deemed investigative.

2758 | (2) In addition to the authority granted to a member board
 2759 | by its respective medical practice act or other applicable state
 2760 | law, a member board may participate with other member boards in
 2761 | joint investigations of physicians licensed by the member
 2762 | boards.

2763 | (3) A subpoena issued by a member state is enforceable in
 2764 | other member states.

2765 | (4) Member boards may share any investigative, litigation,
 2766 | or compliance materials in furtherance of any joint or
 2767 | individual investigation initiated under the compact.

2768 | (5) Any member state may investigate actual or alleged
 2769 | violations of the statutes authorizing the practice of medicine
 2770 | in any other member state in which a physician holds a license
 2771 | to practice medicine.

2772

2773 | SECTION 10

2774 | DISCIPLINARY ACTIONS

2775

2776 (1) Any disciplinary action taken by any member board
2777 against a physician licensed through the compact is deemed
2778 unprofessional conduct which may be subject to discipline by
2779 other member boards, in addition to any violation of the medical
2780 practice act or regulations in that state.

2781 (2) If a license granted to a physician by the member
2782 board in the state of principal license is revoked, surrendered
2783 or relinquished in lieu of discipline, or suspended, then all
2784 licenses issued to the physician by member boards shall
2785 automatically be placed, without further action necessary by any
2786 member board, on the same status. If the member board in the
2787 state of principal license subsequently reinstates the
2788 physician's license, a license issued to the physician by any
2789 other member board must remain encumbered until that respective
2790 member board takes action to reinstate the license in a manner
2791 consistent with the medical practice act of that state.

2792 (3) If disciplinary action is taken against a physician by
2793 a member board not in the state of principal license, any other
2794 member board may deem the action conclusive as to matter of law
2795 and fact decided, and:

2796 (a) Impose the same or lesser sanctions against the
2797 physician so long as such sanctions are consistent with the
2798 medical practice act of that state; or

2799 (b) Pursue separate disciplinary action against the
2800 physician under its respective medical practice act, regardless

2801 of the action taken in other member states.

2802 (4) If a license granted to a physician by a member board
 2803 is revoked, surrendered or relinquished in lieu of discipline,
 2804 or suspended, any licenses issued to the physician by any other
 2805 member boards, for 90 days after entry of the order by the
 2806 disciplining board, to permit the member boards to investigate
 2807 the basis for the action under the medical practice act of that
 2808 state. A member board may terminate the automatic suspension of
 2809 the license it issued before the completion of the ninety (90)
 2810 day suspension period in a manner consistent with the medical
 2811 practice act of that state.

2812
 2813 SECTION 11

2814 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

2815
 2816 (1) The member states hereby create the "Interstate
 2817 Medical Licensure Compact Commission."

2818 (2) The purpose of the Interstate Commission is the
 2819 administration of the compact, which is a discretionary state
 2820 function.

2821 (3) The Interstate Commission is a body corporate and
 2822 joint agency of the member states and has all the
 2823 responsibilities, powers, and duties set forth in the compact,
 2824 and such additional powers as may be conferred upon it by a
 2825 subsequent concurrent action of the respective legislatures of

2826 the member states in accordance with the terms of the compact.

2827 (4) The Interstate Commission shall consist of two voting
2828 representatives appointed by each member state who shall serve
2829 as commissioners. In states where allopathic and osteopathic
2830 physicians are regulated by separate member boards, or if the
2831 licensing and disciplinary authority is split between multiple
2832 member boards within a member state, the member state shall
2833 appoint one representative from each member board. Each
2834 commissioner must be one of the following:

2835 (a) An allopathic or osteopathic physician appointed to a
2836 member board;

2837 (b) An executive director, an executive secretary, or a
2838 similar executive of a member board; or

2839 (c) A member of the public appointed to a member board.

2840 (5) The Interstate Commission shall meet at least once
2841 each calendar year. A portion of this meeting must be a business
2842 meeting to address such matters as may properly come before the
2843 Commission, including the election of officers. The chairperson
2844 may call additional meetings and shall call for a meeting upon
2845 the request of a majority of the member states.

2846 (6) The bylaws may provide for meetings of the Interstate
2847 Commission to be conducted by telecommunication or other
2848 electronic means.

2849 (7) Each commissioner participating at a meeting of the
2850 Interstate Commission is entitled to one vote. A majority of

2851 commissioners constitutes a quorum for the transaction of
2852 business, unless a larger quorum is required by the bylaws of
2853 the Interstate Commission. A commissioner may not delegate a
2854 vote to another commissioner. In the absence of its
2855 commissioner, a member state may delegate voting authority for a
2856 specified meeting to another person from that state who must
2857 meet the qualification requirements specified in subsection (4).

2858 (8) The Interstate Commission shall provide public notice
2859 of all meetings, and all meetings must be open to the public.
2860 The Interstate Commission may close a meeting, in full or in
2861 portion, where it determines by a two-thirds vote of the
2862 Commissioners present that an open meeting would be likely to:

2863 (a) Relate solely to the internal personnel practices and
2864 procedures of the Interstate Commission;

2865 (b) Discuss matters specifically exempted from disclosure
2866 by federal statute;

2867 (c) Discuss trade secrets or commercial or financial
2868 information that is privileged or confidential;

2869 (d) Involve accusing a person of a crime, or formally
2870 censuring a person;

2871 (e) Discuss information of a personal nature where
2872 disclosure of which would constitute a clearly unwarranted
2873 invasion of personal privacy;

2874 (f) Discuss investigative records compiled for law
2875 enforcement purposes; or

2876 (g) Specifically relate to the participation in a civil
2877 action or other legal proceeding.

2878 (9) The Interstate Commission shall keep minutes that
2879 fully describe all matters discussed in a meeting and shall
2880 provide a full and accurate summary of actions taken, including
2881 a record of any roll call votes.

2882 (10) The Interstate Commission shall make its information
2883 and official records, to the extent not otherwise designated in
2884 the compact or by its rules, available to the public for
2885 inspection.

2886 (11) The Interstate Commission shall establish an
2887 executive committee, which shall include officers, members, and
2888 others as determined by the bylaws. The executive committee has
2889 the power to act on behalf of the Interstate Commission, with
2890 the exception of rulemaking, during periods when the Interstate
2891 Commission is not in session. When acting on behalf of the
2892 Interstate Commission, the executive committee shall oversee the
2893 administration of the compact, including enforcement and
2894 compliance with the compact, its bylaws and rules, and other
2895 such duties as necessary.

2896 (12) The Interstate Commission may establish other
2897 committees for governance and administration of the compact.

2898
2899 SECTION 12

2900 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

2901
 2902 The Interstate Commission has all of the following powers
 2903 and duties:

2904 (1) Overseeing and maintaining the administration of the
 2905 compact.

2906 (2) Adopting rules which shall be binding to the extent
 2907 and in the manner provided for in the compact.

2908 (3) Issuing, upon the request of a member state or member
 2909 board, advisory opinions concerning the meaning or
 2910 interpretation of the compact, its bylaws, rules, and actions.

2911 (4) Enforcing compliance with the compact, the rules
 2912 adopted by the Interstate Commission, and the bylaws, using all
 2913 necessary and proper means, including but not limited to the use
 2914 of judicial process.

2915 (5) Establishing and appointing committees, including, but
 2916 not limited to, an executive committee as required by section
 2917 10, which shall have the power to act on behalf of the
 2918 Interstate Commission in carrying out its powers and duties.

2919 (6) Paying for, or providing for the payment of the
 2920 expenses related to the establishment, organization, and ongoing
 2921 activities of the Interstate Commission.

2922 (7) Establishing and maintaining one or more offices;

2923 (8) Borrowing, accepting, hiring, or contracting for
 2924 services of personnel.

2925 (9) Purchasing and maintaining insurance and bonds.

2926 (10) Employing an executive director who shall have such
2927 powers to employ, select or appoint employees, agents, or
2928 consultants, and to determine their qualifications, define their
2929 duties, and fix their compensation.

2930 (11) Establishing personnel policies and programs relating
2931 to conflicts of interest, rates of compensation, and
2932 qualifications of personnel.

2933 (12) Accepting donations and grants of money, equipment,
2934 supplies, materials and services, and receiving, using, and
2935 disposing of it in a manner consistent with the conflict of
2936 interest policies established by the Interstate Commission.

2937 (13) Leasing, purchasing, accepting contributions or
2938 donations of, or otherwise to owning, holding, improving, or
2939 using, any property, real, personal, or mixed.

2940 (14) Selling, conveying, mortgaging, pledging, leasing,
2941 exchanging, abandoning, or otherwise disposing of any property,
2942 real, personal, or mixed.

2943 (15) Establishing a budget and making expenditures.

2944 (16) Adopting a seal and bylaws governing the management
2945 and operation of the Interstate Commission.

2946 (17) Reporting annually to the legislatures and governors
2947 of the member states concerning the activities of the Interstate
2948 Commission during the preceding year. Such reports must also
2949 include reports of financial audits and any recommendations that
2950 may have been adopted by the Interstate Commission.

3001 or in their official capacity, for a claim for damage to or loss
3002 of property or personal injury or other civil liability caused
3003 or arising out of, or relating to, an actual or alleged act,
3004 error, or omission that occurred, or that such person had a
3005 reasonable basis for believing occurred, within the scope of
3006 Interstate Commission employment, duties, or responsibilities;
3007 provided that such person is not protected from suit or
3008 liability for damage, loss, injury, or liability caused by the
3009 intentional or willful and wanton misconduct of such person.

3010 (a) The liability of the executive director and employees
3011 of the Interstate Commission or representatives of the
3012 Interstate Commission, acting within the scope of such person's
3013 employment or duties for acts, errors, or omissions occurring
3014 within such person's state, may not exceed the limits of
3015 liability set forth under the constitution and laws of that
3016 state for state officials, employees, and agents. The Interstate
3017 Commission is considered to be an instrumentality of the states
3018 for the purposes of any such action. This subsection does not
3019 protect such person from suit or liability for damage, loss,
3020 injury, or liability caused by the intentional or willful and
3021 wanton misconduct of such person.

3022 (b) The Interstate Commission shall defend the executive
3023 director and its employees, and subject to the approval of the
3024 attorney general or other appropriate legal counsel of the
3025 member state represented by an Interstate Commission

3026 representative, shall defend such persons in any civil action
3027 seeking to impose liability arising out of an actual or alleged
3028 act, error or omission that occurred within the scope of
3029 Interstate Commission employment, duties, or responsibilities,
3030 or that the defendant had a reasonable basis for believing
3031 occurred within the scope of Interstate Commission employment,
3032 duties, or responsibilities, provided that the actual or alleged
3033 act, error, or omission did not result from intentional or
3034 willful and wanton misconduct on the part of such person.

3035 (c) To the extent not covered by the state involved, the
3036 member state, or the Interstate Commission, the representatives
3037 or employees of the Interstate Commission must be held harmless
3038 in the amount of a settlement or judgment, including attorney
3039 fees and costs, obtained against such persons arising out of an
3040 actual or alleged act, error, or omission that occurred within
3041 the scope of Interstate Commission employment, duties, or
3042 responsibilities, or that such persons had a reasonable basis
3043 for believing occurred within the scope of Interstate Commission
3044 employment, duties, or responsibilities, provided that the
3045 actual or alleged act, error, or omission did not result from
3046 intentional or willful and wanton misconduct on the part of such
3047 persons.

3048
3049 SECTION 15

3050 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

3051
3052 (1) The Interstate Commission shall adopt reasonable rules
3053 in order to effectively and efficiently achieve the purposes of
3054 the compact. However, in the event the Interstate Commission
3055 exercises its rulemaking authority in a manner that is beyond
3056 the scope of the purposes of the compact, or the powers granted
3057 hereunder, then such an action by the Interstate Commission is
3058 invalid and has no force or effect.

3059 (2) Rules deemed appropriate for the operations of the
3060 Interstate Commission must be made pursuant to a rulemaking
3061 process that substantially conforms to the "Model State
3062 Administrative Procedure Act" of 2010, and subsequent amendments
3063 thereto.

3064 (3) Not later than 30 days after a rule is adopted, any
3065 person may file a petition for judicial review of the rule in
3066 the United States District Court for the District of Columbia or
3067 the federal district where the Interstate Commission has its
3068 principal offices, provided that the filing of such a petition
3069 does not stay or otherwise prevent the rule from becoming
3070 effective unless the court finds that the petitioner has a
3071 substantial likelihood of success. The court must give deference
3072 to the actions of the Interstate Commission consistent with
3073 applicable law and does not find the rule to be unlawful if the
3074 rule represents a reasonable exercise of the authority granted
3075 to the Interstate Commission.

SECTION 16
OVERSIGHT OF INTERSTATE COMPACT

(1) The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the compact's purposes and intent. The compact and the rules adopted hereunder has standing as statutory law but may not override existing state authority to regulate the practice of medicine.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(3) The Interstate Commission is entitled to receive all service of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the compact, or adopted rules, as applicable.

SECTION 17

ENFORCEMENT OF INTERSTATE COMPACT

(1) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(2) The Interstate Commission may, by majority vote of the commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the compact, and its adopted rules and bylaws, against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party must be awarded all costs of such litigation including reasonable attorney fees.

(3) The remedies herein are not the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or the regulation of a profession.

SECTION 18

DEFAULT PROCEDURES

(1) The grounds for default include, but are not limited

3126 to, failure of a member state to perform such obligations or
3127 responsibilities imposed upon it by the compact, or the rules
3128 and bylaws of the Interstate Commission adopted under the
3129 compact.

3130 (2) If the Interstate Commission determines that a member
3131 state has defaulted in the performance of its obligations or
3132 responsibilities under the compact, or the bylaws or adopted
3133 rules, the Interstate Commission shall:

3134 (a) Provide written notice to the defaulting state and
3135 other member states, of the nature of the default, the means of
3136 curing the default, and any action taken by the Interstate
3137 Commission. The Interstate Commission shall specify the
3138 conditions by which the defaulting state must cure its default;
3139 and

3140 (b) Provide remedial training and specific technical
3141 assistance regarding the default.

3142 (3) If the defaulting state fails to cure the default, the
3143 defaulting state may be terminated from the compact upon an
3144 affirmative vote of a majority of the commissioners and all
3145 rights, privileges, and benefits conferred by the compact shall
3146 terminate on the effective date of the termination. A cure of
3147 the default does not relieve the offending state of obligations
3148 or liabilities incurred during the period of the default.

3149 (4) Termination of membership in the compact must be
3150 imposed only after all other means of securing compliance have

3151 been exhausted. Notice of intent to terminate must be given by
3152 the Interstate Commission to the governor, the majority and
3153 minority leaders of the defaulting state's legislature, and each
3154 of the member states.

3155 (5) The Interstate Commission shall establish rules and
3156 procedures to address licenses and physicians that are
3157 materially impacted by the termination of a member state, or the
3158 withdrawal of a member state.

3159 (6) The member state which has been terminated is
3160 responsible for all dues, obligations, and liabilities incurred
3161 through the effective date of termination, including
3162 obligations, the performance of which extends beyond the
3163 effective date of termination.

3164 (7) The Interstate Commission shall not bear any costs
3165 relating to any state that has been found to be in default or
3166 which has been terminated from the compact, unless otherwise
3167 mutually agreed upon in writing between the Interstate
3168 Commission and the defaulting state.

3169 (8) The defaulting state may appeal the action of the
3170 Interstate Commission by petitioning the United States District
3171 Court for the District of Columbia or the federal district where
3172 the Interstate Commission has its principal offices. The
3173 prevailing party must be awarded all costs of such litigation
3174 including reasonable attorney's fees.
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SECTION 19

DISPUTE RESOLUTION

(1) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes that are subject to the compact and that may arise among member states or member boards.

(2) The Interstate Commission shall adopt rules providing for both mediation and binding dispute resolution as appropriate.

SECTION 20

MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

(1) Any state is eligible to become a member state of the compact.

(2) The Compact shall become effective and binding upon legislative enactment of the compact into law by no less than 7 states. Thereafter, it becomes effective and binding on a state upon enactment of the compact into law by that state.

(3) The governors of nonmember states, or their designees, must be invited to participate in the activities of the Interstate Commission on a nonvoting basis before adoption of the compact by all states.

(4) The Interstate Commission may propose amendments to

3201 the compact for enactment by the member states. An amendment
 3202 does not become effective and binding upon the Interstate
 3203 Commission and the member states unless and until it is enacted
 3204 into law by unanimous consent of the member states.

3206 SECTION 21

3207 WITHDRAWAL

3209 (1) Once effective, the compact shall continue in force
 3210 and remain binding upon each and every member state. However, a
 3211 member state may withdraw from the compact by specifically
 3212 repealing the statute which enacted the Compact into law.

3213 (2) Withdrawal from the compact must be made by the
 3214 enactment of a statute repealing the same, but the withdrawal
 3215 may not take effect until one year after the effective date of
 3216 such statute and until written notice of the withdrawal has been
 3217 given by the withdrawing state to the governor of each other
 3218 member state.

3219 (3) The withdrawing state shall immediately notify the
 3220 chairperson of the Interstate Commission in writing upon the
 3221 introduction of legislation repealing the compact in the
 3222 withdrawing state.

3223 (4) The Interstate Commission shall notify the other
 3224 member states of the withdrawing state's intent to withdraw
 3225 within 60 days after the receipt of notice provided under

3226 subsection (3).

3227 (5) The withdrawing state is responsible for all dues,
 3228 obligations, and liabilities incurred through the effective date
 3229 of withdrawal, including obligations, the performance of which
 3230 extend beyond the effective date of withdrawal.

3231 (6) Reinstatement following withdrawal of a member state
 3232 shall occur upon the withdrawing state reenacting the compact or
 3233 upon such later date as determined by the Interstate Commission.

3234 (7) The Interstate Commission may develop rules to address
 3235 the impact of the withdrawal of a member state on licenses
 3236 granted in other member states to physicians who designated the
 3237 withdrawing member state as the state of principal license.

3239 SECTION 22
 3240 DISSOLUTION

3242 (1) The compact shall dissolve effective upon the date of
 3243 the withdrawal or default of the member state which reduces the
 3244 membership in the compact to one member state.

3245 (2) Upon the dissolution of the compact, the compact
 3246 becomes null and void and shall be of no further force or
 3247 effect, and the business and affairs of the Interstate
 3248 Commission must be concluded, and surplus funds of the
 3249 Interstate Commission must be distributed in accordance with the
 3250 bylaws.

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SECTION 23

SEVERABILITY AND CONSTRUCTION

(1) The provisions of the compact are be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the compact remain enforceable.

(2) The provisions of the compact must be liberally construed to effectuate its purposes.

(3) The compact does not prohibit the applicability of other interstate compacts to which the states are members.

SECTION 24

BINDING EFFECT OF COMPACT AND OTHER LAWS

(1) Nothing herein prevents the enforcement of any other law of a member state which is not inconsistent with the Compact.

(2) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(3) All lawful actions of the Interstate Commission, including all rules and bylaws adopted by the commission, are binding upon the member states.

(4) All agreements between the Interstate Commission and

3276 the member states are binding in accordance with their terms.

3277 (5) In the event any provision of the compact exceeds the
3278 constitutional limits imposed on the legislature of any member
3279 state, such provision is ineffective to the extent of the
3280 conflict with the constitutional provision in question in that
3281 member state.

3282 Section 37. Section 456.4502, Florida Statutes, is created
3283 to read:

3284 456.4502 Interstate Medical Licensure Compact;
3285 disciplinary proceedings.—A physician licensed pursuant to
3286 chapter 458, chapter 459, or s. 456.4501 whose license is
3287 suspended or revoked by this state pursuant to the Interstate
3288 Medical Licensure Compact as a result of disciplinary action
3289 taken against the physician's license in another state must be
3290 granted a formal hearing before an administrative law judge from
3291 the Division of Administrative Hearings held pursuant to chapter
3292 120 if there are any disputed issues of material fact. In such
3293 proceedings:

3294 (1) Notwithstanding s. 120.569(2), the department shall
3295 notify the division within 45 days after receipt of a petition
3296 or request for a formal hearing.

3297 (2) The determination of whether the physician has
3298 violated the laws and rules regulating the practice of medicine
3299 or osteopathic medicine, as applicable, including a
3300 determination of the reasonable standard of care, is a

3301 conclusion of law that is to be determined by appropriate board,
 3302 and is not a finding of fact to be determined by an
 3303 administrative law judge.

3304 (3) The administrative law judge shall issue a recommended
 3305 order pursuant to chapter 120.

3306 (4) The Board of Medicine or the Board of Osteopathic
 3307 Medicine, as applicable, shall determine and issue the final
 3308 order in each disciplinary case. Such order shall constitute
 3309 final agency action.

3310 (5) Any consent order or agreed-upon settlement is subject
 3311 to the approval of the department.

3312 (6) The department shall have standing to seek judicial
 3313 review of any final order of the board, pursuant to s. 120.68.

3314 Section 38. Section 456.4504, Florida Statutes, is created
 3315 to read:

3316 456.4504 Interstate Medical Licensure Compact Rules.—The
 3317 department may adopt rules to implement the Interstate Medical
 3318 Licensure Compact.

3319 Section 39. The provisions of the Interstate Medical
 3320 Licensure Compact do not authorize the Department of Health, the
 3321 Board of Medicine, or the Board of Osteopathic Medicine to
 3322 collect a fee for expedited licensure, but rather state that
 3323 such fees are allowable under the compact. The Department of
 3324 Health, the Board of Medicine, and the Board of Osteopathic
 3325 Medicine must comply with the requirements of s. 456.025.

3326 Section 40. Subsections (3) through (8) of section
 3327 458.311, Florida Statutes, are renumbered as subsections (4)
 3328 through (9), respectively, paragraph (f) of subsection (1) and
 3329 present subsections (3) and (5) are amended, and a new
 3330 subsection (3) is added to that section, to read:

3331 458.311 Licensure by examination; requirements; fees.—

3332 (1) Any person desiring to be licensed as a physician, who
 3333 does not hold a valid license in any state, shall apply to the
 3334 department on forms furnished by the department. The department
 3335 shall license each applicant who the board certifies:

3336 (f) Meets one of the following medical education and
 3337 postgraduate training requirements:

3338 1.a. Is a graduate of an allopathic medical school or
 3339 allopathic college recognized and approved by an accrediting
 3340 agency recognized by the United States Office of Education or is
 3341 a graduate of an allopathic medical school or allopathic college
 3342 within a territorial jurisdiction of the United States
 3343 recognized by the accrediting agency of the governmental body of
 3344 that jurisdiction;

3345 b. If the language of instruction of the medical school is
 3346 other than English, has demonstrated competency in English
 3347 through presentation of a satisfactory grade on the Test of
 3348 Spoken English of the Educational Testing Service or a similar
 3349 test approved by rule of the board; and

3350 c. Has completed an approved residency of at least 1 year.

3351 2.a. Is a graduate of an allopathic foreign medical school
 3352 registered with the World Health Organization and certified
 3353 pursuant to s. 458.314 as having met the standards required to
 3354 accredit medical schools in the United States or reasonably
 3355 comparable standards;

3356 b. If the language of instruction of the foreign medical
 3357 school is other than English, has demonstrated competency in
 3358 English through presentation of the Educational Commission for
 3359 Foreign Medical Graduates English proficiency certificate or by
 3360 a satisfactory grade on the Test of Spoken English of the
 3361 Educational Testing Service or a similar test approved by rule
 3362 of the board; and

3363 c. Has completed an approved residency of at least 1 year.

3364 3.a. Is a graduate of an allopathic foreign medical school
 3365 which has not been certified pursuant to s. 458.314 and has not
 3366 been excluded from consideration under s. 458.314(8);

3367 b. Has had his or her medical credentials evaluated by the
 3368 Educational Commission for Foreign Medical Graduates, holds an
 3369 active, valid certificate issued by that commission, and has
 3370 passed the examination utilized by that commission; and

3371 c. Has completed an approved residency of at least 1 year;
 3372 however, after October 1, 1992, the applicant shall have
 3373 completed an approved residency or fellowship of at least 2
 3374 years in one specialty area. However, to be acceptable, the
 3375 fellowship experience and training must be counted toward

3376 regular or subspecialty certification by a board recognized and
3377 certified by the American Board of Medical Specialties.

3378 (3) Notwithstanding sub-subparagraphs (1)(f)2.c. and 3.c.,
3379 a graduate of a foreign medical school that has not been
3380 excluded from consideration under s. 458.314(8) is not required
3381 to complete an approved residency if he or she meets all of the
3382 following criteria:

3383 (a) Has an active, unencumbered license to practice
3384 medicine in a foreign country.

3385 (b) Has actively practiced medicine in the 4-year period
3386 preceding the date of the submission of a licensure application.

3387 (c) Has completed a residency or substantially similar
3388 postgraduate medical training in a country recognized by his or
3389 her licensing jurisdiction.

3390 (d) Has an offer for full-time employment as a physician
3391 from a health care provider that operates in this state.

3392
3393 A physician licensed after meeting the requirements of this
3394 subsection must maintain his or her employment with the original
3395 employer under paragraph (d) or with another health care
3396 provider that operates in this state, at a location within this
3397 state, for at least 2 consecutive years after licensure, in
3398 accordance with rules adopted by the board. Such physician must
3399 notify the board within 5 business days after any change of
3400 employer.

3401 ~~(4)-(3)~~ Notwithstanding the provisions of subparagraph
 3402 (1)(f)3., a graduate of a foreign medical school that has not
 3403 been excluded from consideration under s. 458.314(8) need not
 3404 present the certificate issued by the Educational Commission for
 3405 Foreign Medical Graduates or pass the examination utilized by
 3406 that commission if the graduate:

3407 (a) Has received a bachelor's degree from an accredited
 3408 United States college or university.

3409 (b) Has studied at a medical school which is recognized by
 3410 the World Health Organization.

3411 (c) Has completed all of the formal requirements of the
 3412 foreign medical school, except the internship or social service
 3413 requirements, and has passed part I of the National Board of
 3414 Medical Examiners examination or the Educational Commission for
 3415 Foreign Medical Graduates examination equivalent.

3416 (d) Has completed an academic year of supervised clinical
 3417 training in a hospital affiliated with a medical school approved
 3418 by the Council on Medical Education of the American Medical
 3419 Association and upon completion has passed part II of the
 3420 National Board of Medical Examiners examination or the
 3421 Educational Commission for Foreign Medical Graduates examination
 3422 equivalent.

3423 ~~(6)-(5)~~ The board may not certify to the department for
 3424 licensure any applicant who is under investigation in another
 3425 jurisdiction for an offense which would constitute a violation

3426 of this chapter until such investigation is completed. Upon
3427 completion of the investigation, ~~the provisions of~~ s. 458.331
3428 shall apply. Furthermore, the department may not issue an
3429 unrestricted license to any individual who has committed any act
3430 or offense in any jurisdiction which would constitute the basis
3431 for disciplining a physician pursuant to s. 458.331. When the
3432 board finds that an individual has committed an act or offense
3433 in any jurisdiction which would constitute the basis for
3434 disciplining a physician pursuant to s. 458.331, ~~then~~ the board
3435 may enter an order imposing one or more of the terms set forth
3436 in subsection (9) ~~(8)~~.

3437 Section 41. Section 458.3124, Florida Statutes, is
3438 repealed.

3439 Section 42. Subsection (8) of section 458.314, Florida
3440 Statutes, is amended to read:

3441 458.314 Certification of foreign educational
3442 institutions.—

3443 (8) If a foreign medical school does not seek
3444 certification under this section, the board may, at its
3445 discretion, exclude the foreign medical school from
3446 consideration as an institution that provides medical education
3447 that is reasonably comparable to that of similar accredited
3448 institutions in the United States and that adequately prepares
3449 its students for the practice of medicine in this state.
3450 However, a license or medical faculty certificate issued to a

3451 physician under this chapter before July 1, 2024, is not
 3452 affected by this subsection ~~Each institution which has been~~
 3453 ~~surveyed before October 1, 1986, by the Commission to Evaluate~~
 3454 ~~Foreign Medical Schools or the Commission on Foreign Medical~~
 3455 ~~Education of the Federation of State Medical Boards, Inc., and~~
 3456 ~~whose survey and supporting documentation demonstrates that it~~
 3457 ~~provides an educational program, including curriculum,~~
 3458 ~~reasonably comparable to that of similar accredited institutions~~
 3459 ~~in the United States shall be considered fully certified, for~~
 3460 ~~purposes of chapter 86-245, Laws of Florida.~~

3461 Section 43. Subsections (5) and (6) of section 458.3145,
 3462 Florida Statutes, are renumbered as subsections (4) and (5),
 3463 respectively, and subsection (1) and present subsection (4) of
 3464 that section are amended, to read:

3465 458.3145 Medical faculty certificate.—

3466 (1) A medical faculty certificate may be issued without
 3467 examination to an individual who meets all of the following
 3468 criteria:

3469 (a) Is a graduate of an accredited medical school or its
 3470 equivalent, or is a graduate of a foreign medical school listed
 3471 with the World Health Organization which has not been excluded
 3472 from consideration under s. 458.314(8).†

3473 (b) Holds a valid, current license to practice medicine in
 3474 another jurisdiction.†

3475 (c) Has completed the application form and remitted a

3476 nonrefundable application fee not to exceed \$500.†

3477 (d) Has completed an approved residency or fellowship of
 3478 at least 1 year or has received training that ~~which~~ has been
 3479 determined by the board to be equivalent to the 1-year residency
 3480 requirement.†

3481 (e) Is at least 21 years of age.†

3482 (f) Is of good moral character.†

3483 (g) Has not committed any act in this or any other
 3484 jurisdiction which would constitute the basis for disciplining a
 3485 physician under s. 458.331.†

3486 (h) For any applicant who has graduated from medical
 3487 school after October 1, 1992, has completed, before entering
 3488 medical school, the equivalent of 2 academic years of
 3489 preprofessional, postsecondary education, as determined by rule
 3490 of the board, which must include, at a minimum, courses in such
 3491 fields as anatomy, biology, and chemistry.†~~and~~

3492 (i) Has been offered and has accepted a full-time faculty
 3493 appointment to teach in a program of medicine at any of the
 3494 following institutions:

- 3495 1. The University of Florida.†
- 3496 2. The University of Miami.†
- 3497 3. The University of South Florida.†
- 3498 4. The Florida State University.†
- 3499 5. The Florida International University.†
- 3500 6. The University of Central Florida.†

3501 7. The Mayo Clinic College of Medicine and Science in
3502 Jacksonville, Florida.~~†~~

3503 8. The Florida Atlantic University.~~†~~

3504 9. The Johns Hopkins All Children's Hospital in St.
3505 Petersburg, Florida.~~†~~

3506 10. Nova Southeastern University.~~†~~~~or~~

3507 11. Lake Erie College of Osteopathic Medicine.

3508 ~~(4) In any year, the maximum number of extended medical~~
3509 ~~faculty certificateholders as provided in subsection (2) may not~~
3510 ~~exceed 30 persons at each institution named in subparagraphs~~
3511 ~~(1)(i)1.-6., 8., and 9. and at the facility named in s. 1004.43~~
3512 ~~and may not exceed 10 persons at the institution named in~~
3513 ~~subparagraph (1)(i)7.~~

3514 Section 44. Section 458.315, Florida Statutes, is amended
3515 to read:

3516 458.315 Temporary certificate for practice in areas of
3517 critical need.—

3518 (1) A physician or physician assistant who is licensed to
3519 practice in any jurisdiction of the United States and~~†~~ whose
3520 license is currently valid~~†~~, ~~and who pays an application fee of~~
3521 ~~\$300~~ may be issued a temporary certificate for practice in areas
3522 of critical need. A physician seeking such certificate must pay
3523 an application fee of \$300.

3524 (2) A temporary certificate may be issued under this
3525 section to a physician or physician assistant who will:

3526 (a) ~~Will~~ Practice in an area of critical need;
 3527 (b) ~~Will~~ Be employed by or practice in a county health
 3528 department; correctional facility; Department of Veterans'
 3529 Affairs clinic; community health center funded by s. 329, s.
 3530 330, or s. 340 of the United States Public Health Services Act;
 3531 or other agency or institution that is approved by the State
 3532 Surgeon General and provides health care services to meet the
 3533 needs of underserved populations in this state; or

3534 (c) ~~Will~~ Practice for a limited time to address critical
 3535 physician-specialty, demographic, or geographic needs for this
 3536 state's physician workforce as determined by the State Surgeon
 3537 General.

3538 (3) The board ~~of Medicine~~ may issue a ~~this~~ temporary
 3539 certificate under this section subject to ~~with~~ the following
 3540 restrictions:

3541 (a) The State Surgeon General shall determine the areas of
 3542 critical need. Such areas include, but are not limited to,
 3543 health professional shortage areas designated by the United
 3544 States Department of Health and Human Services.

3545 1. A recipient of a temporary certificate for practice in
 3546 areas of critical need may use the certificate to work for any
 3547 approved entity in any area of critical need or as authorized by
 3548 the State Surgeon General.

3549 2. The recipient of a temporary certificate for practice
 3550 in areas of critical need shall, within 30 days after accepting

3551 employment, notify the board of all approved institutions in
3552 which the licensee practices and of all approved institutions
3553 where practice privileges have been denied, as applicable.

3554 (b) The board may administer an abbreviated oral
3555 examination to determine the physician's or physician
3556 assistant's competency, but a written regular examination is not
3557 required. Within 60 days after receipt of an application for a
3558 temporary certificate, the board shall review the application
3559 and issue the temporary certificate, notify the applicant of
3560 denial, or notify the applicant that the board recommends
3561 additional assessment, training, education, or other
3562 requirements as a condition of certification. If the applicant
3563 has not actively practiced during the 3-year period immediately
3564 preceding the application ~~prior 3 years~~ and the board determines
3565 that the applicant may lack clinical competency, possess
3566 diminished or inadequate skills, lack necessary medical
3567 knowledge, or exhibit patterns of deficits in clinical
3568 decisionmaking, the board may:

- 3569 1. Deny the application;
- 3570 2. Issue a temporary certificate having reasonable
3571 restrictions that may include, but are not limited to, a
3572 requirement for the applicant to practice under the supervision
3573 of a physician approved by the board; or
- 3574 3. Issue a temporary certificate upon receipt of
3575 documentation confirming that the applicant has met any

3576 reasonable conditions of the board which may include, but are
 3577 not limited to, completing continuing education or undergoing an
 3578 assessment of skills and training.

3579 (c) Any certificate issued under this section is valid
 3580 only so long as the State Surgeon General determines that the
 3581 reason for which it was issued remains a critical need to the
 3582 state. The board ~~of Medicine~~ shall review each temporary
 3583 certificateholder at least not less than annually to ascertain
 3584 that the certificateholder is complying with the minimum
 3585 requirements of the Medical Practice Act and its adopted rules,
 3586 as applicable to the certificateholder are being complied with.
 3587 If it is determined that the certificateholder is not meeting
 3588 such minimum requirements ~~are not being met~~, the board must
 3589 ~~shall~~ revoke such certificate or ~~shall~~ impose restrictions or
 3590 conditions, or both, as a condition of continued practice under
 3591 the certificate.

3592 (d) The board may not issue a temporary certificate for
 3593 practice in an area of critical need to any physician or
 3594 physician assistant who is under investigation in any
 3595 jurisdiction in the United States for an act that would
 3596 constitute a violation of this chapter until such time as the
 3597 investigation is complete, at which time ~~the provisions of s.~~
 3598 458.331 applies apply.

3599 (4) The application fee and all licensure fees, including
 3600 neurological injury compensation assessments, are ~~shall be~~

3601 waived for those persons obtaining a temporary certificate to
 3602 practice in areas of critical need for the purpose of providing
 3603 volunteer, uncompensated care for low-income residents. The
 3604 applicant must submit an affidavit from the employing agency or
 3605 institution stating that the physician or physician assistant
 3606 will not receive any compensation for any health care services
 3607 provided by the applicant ~~service involving the practice of~~
 3608 ~~medicine.~~

3609 Section 45. Section 458.317, Florida Statutes, is amended
 3610 to read:

3611 458.317 Limited licenses.—

3612 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

3613 (a) Any person desiring to obtain a limited license under
 3614 this subsection shall submit to the board an application and fee
 3615 not to exceed \$300 and demonstrate that he or she has been
 3616 licensed to practice medicine in any jurisdiction in the United
 3617 States for at least 10 years and intends to practice only
 3618 pursuant to the restrictions of a limited license granted
 3619 pursuant to this subsection ~~section~~. However, a physician who is
 3620 not fully retired in all jurisdictions may use a limited license
 3621 only for noncompensated practice. If the person applying for a
 3622 limited license submits a statement from the employing agency or
 3623 institution stating that he or she will not receive compensation
 3624 for any service involving the practice of medicine, the
 3625 application fee and all licensure fees shall be waived. However,

3626 any person who receives a waiver of fees for a limited license
3627 shall pay such fees if the person receives compensation for the
3628 practice of medicine.

3629 (b) If it has been more than 3 years since active practice
3630 was conducted by the applicant, the full-time director of the
3631 county health department or a licensed physician, approved by
3632 the board, must ~~shall~~ supervise the applicant for a period of 6
3633 months after he or she is granted a limited license under this
3634 subsection ~~for practice~~, unless the board determines that a
3635 shorter period of supervision will be sufficient to ensure that
3636 the applicant is qualified for licensure. Procedures for such
3637 supervision must ~~shall~~ be established by the board.

3638 (c) The recipient of a limited license under this
3639 subsection may practice only in the employ of public agencies or
3640 institutions or nonprofit agencies or institutions meeting the
3641 requirements of s. 501(c)(3) of the Internal Revenue Code, which
3642 agencies or institutions are located in the areas of critical
3643 medical need as determined by the board. Determination of
3644 medically underserved areas shall be made by the board after
3645 consultation with the department ~~of Health~~ and statewide medical
3646 organizations; however, such determination shall include, but
3647 not be limited to, health professional shortage areas designated
3648 by the United States Department of Health and Human Services. A
3649 recipient of a limited license under this subsection may use the
3650 license to work for any approved employer in any area of

3651 critical need approved by the board.

3652 (d) The recipient of a limited license shall, within 30
 3653 days after accepting employment, notify the board of all
 3654 approved institutions in which the licensee practices and of all
 3655 approved institutions where practice privileges have been
 3656 denied.

3657 (e) This subsection does not limit ~~Nothing herein limits~~
 3658 ~~in any way~~ any policy by the board, otherwise authorized by law,
 3659 to grant licenses to physicians duly licensed in other states
 3660 under conditions less restrictive than the requirements of this
 3661 subsection ~~section~~. Notwithstanding the other provisions of this
 3662 subsection ~~section~~, the board may refuse to authorize a
 3663 physician otherwise qualified to practice in the employ of any
 3664 agency or institution otherwise qualified if the agency or
 3665 institution has caused or permitted violations of the provisions
 3666 of this chapter which it knew or should have known were
 3667 occurring.

3668 (f) ~~(2)~~ The board shall notify the director of the full-
 3669 time local county health department of any county in which a
 3670 licensee intends to practice under ~~the provisions of this~~
 3671 subsection ~~act~~. The director of the full-time county health
 3672 department shall assist in the supervision of any licensee
 3673 within the county and shall notify the board ~~which issued the~~
 3674 ~~licensee his or her license~~ if he or she becomes aware of any
 3675 actions by the licensee which would be grounds for revocation of

3676 the limited license. The board shall establish procedures for
3677 such supervision.

3678 ~~(g)(3)~~ The board shall review the practice of each
3679 licensee biennially to verify compliance with the restrictions
3680 prescribed in this subsection ~~section~~ and other applicable
3681 provisions of this chapter.

3682 ~~(h)(4)~~ Any person holding an active license to practice
3683 medicine in this ~~the~~ state may convert that license to a limited
3684 license under this subsection for the purpose of providing
3685 volunteer, uncompensated care for low-income Floridians. The
3686 applicant must submit a statement from the employing agency or
3687 institution stating that he or she will not receive compensation
3688 for any service involving the practice of medicine. The
3689 application fee and all licensure fees, including neurological
3690 injury compensation assessments, are ~~shall be~~ waived for such
3691 applicant.

3692 (2) GRADUATE ASSISTANT PHYSICIANS.— A graduate assistant
3693 physician is a medical school graduate who meets the
3694 requirements of this subsection and has obtained a limited
3695 license from the board for the purpose of practicing temporarily
3696 under the direct supervision of a physician who has a full,
3697 active, and unencumbered license issued under this chapter,
3698 pending the graduate's entrance into a residency under the
3699 National Resident Match Program.

3700 (a) Any person desiring to obtain a limited license as a

3701 graduate assistant physician must submit to the board an
 3702 application and demonstrate that he or she meets all of the
 3703 following criteria:

3704 1. Is a graduate of an allopathic medical school or
 3705 allopathic college approved by an accrediting agency recognized
 3706 by the United States Department of Education.

3707 2. Has successfully passed all parts of the United States
 3708 Medical Licensing Examination.

3709 3. Has not received and accepted a residency match from
 3710 the National Resident Matching Program within the first year
 3711 following graduation from medical school.

3712 (b) The board shall issue a graduate assistant physician
 3713 limited license for a duration of 2 years to an applicant who
 3714 meets the requirements of paragraph (a) and all of the following
 3715 criteria:

3716 1. Is at least 21 years of age.

3717 2. Is of good moral character.

3718 3. Submits documentation that the applicant has agreed to
 3719 enter into a written protocol drafted by a physician with a
 3720 full, active, and unencumbered license issued under this chapter
 3721 upon the board's issuance of a limited license to the applicant
 3722 and submits a copy of the protocol. The board shall establish by
 3723 rule specific provisions that must be included in a physician-
 3724 drafted protocol.

3725 4. Has not committed any act or offense in this or any

3726 other jurisdiction which would constitute the basis for
3727 disciplining a physician under s. 458.331.

3728 5. Has submitted to the department a set of fingerprints
3729 on a form and under procedures specified by the department.

3730 6. The board may not certify to the department for limited
3731 licensure under this subsection any applicant who is under
3732 investigation in another jurisdiction for an offense which would
3733 constitute a violation of this chapter or chapter 456 until such
3734 investigation is completed. Upon completion of the
3735 investigation, s. 458.331 applies. Furthermore, the department
3736 may not issue a limited license to any individual who has
3737 committed any act or offense in any jurisdiction which would
3738 constitute the basis for disciplining a physician under s.
3739 458.331. If the board finds that an individual has committed an
3740 act or offense in any jurisdiction which would constitute the
3741 basis for disciplining a physician under s. 458.331, the board
3742 may enter an order imposing one of the following terms:

3743 a. Refusal to certify to the department an application for
3744 a graduate assistant physician limited license; or

3745 b. Certification to the department of an application for a
3746 graduate assistant physician limited license with restrictions
3747 on the scope of practice of the licensee.

3748 (c) A graduate assistant physician limited licensee may
3749 apply for a one-time renewal of his or her limited license by
3750 submitting a board-approved application, documentation of actual

3751 practice under the required protocol during the initial limited
3752 licensure period, and documentation of applications he or she
3753 has submitted for accredited graduate medical education training
3754 programs. The one-time renewal terminates after 1 year.

3755 (d) A limited licensed graduate assistant physician may
3756 provide health care services only under the direct supervision
3757 of a physician with a full, active, and unencumbered license
3758 issued under this chapter.

3759 (e) A physician must be approved by the board to supervise
3760 a limited licensed graduate assistant physician.

3761 (f) A physician may supervise no more than two graduate
3762 assistant physicians with limited licenses.

3763 (g) Supervision of limited licensed graduate assistant
3764 physicians requires the physical presence of the supervising
3765 physician at the location where the services are rendered.

3766 (h) A physician-drafted protocol must specify the duties
3767 and responsibilities of the limited licensed graduate assistant
3768 physician according to criteria adopted by board rule.

3769 (i) Each protocol that applies to a limited licensed
3770 graduate assistant physician and his or her supervising
3771 physician must ensure that:

3772 1. There is a process for the evaluation of the limited
3773 licensed graduate assistant physicians' performance; and

3774 2. The delegation of any medical task or procedure is
3775 within the supervising physician's scope of practice and

3776 appropriate for the graduate assistant physician's level of
 3777 competency.

3778 (j) A limited licensed graduate assistant physician's
 3779 prescriptive authority is governed by the physician-drafted
 3780 protocol and criteria adopted by the board and may not exceed
 3781 that of his or her supervising physician. Any prescriptions and
 3782 orders issued by the graduate assistant physician must identify
 3783 both the graduate assistant physician and the supervising
 3784 physician.

3785 (k) A physician who supervises a graduate assistant
 3786 physician is liable for any acts or omissions of the graduate
 3787 assistant physician acting under the physician's supervision and
 3788 control. Third-party payors may reimburse employers of graduate
 3789 assistant physicians for covered services rendered by graduate
 3790 assistant physicians.

3791 (3) RULES.—The board may adopt rules to implement this
 3792 section.

3793 Section 46. Section 459.0075, Florida Statutes, is amended
 3794 to read:

3795 459.0075 Limited licenses.—

3796 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

3797 (a) Any person desiring to obtain a limited license under
 3798 this subsection must ~~shall~~:

3799 1. ~~(a)~~ Submit to the board a licensure application and fee
 3800 required by this chapter. However, an osteopathic physician who

3801 is not fully retired in all jurisdictions may use a limited
3802 license only for noncompensated practice. If the person applying
3803 for a limited license submits a statement from the employing
3804 agency or institution stating that she or he will not receive
3805 monetary compensation for any service involving the practice of
3806 osteopathic medicine, the application fee and all licensure fees
3807 shall be waived. However, any person who receives a waiver of
3808 fees for a limited license must ~~shall~~ pay such fees if the
3809 person receives compensation for the practice of osteopathic
3810 medicine.

3811 2.~~(b)~~ Submit proof that such osteopathic physician has
3812 been licensed to practice osteopathic medicine in any
3813 jurisdiction in the United States in good standing and pursuant
3814 to law for at least 10 years.

3815 3.~~(e)~~ Complete an amount of continuing education
3816 established by the board.

3817 (b)~~(2)~~ If it has been more than 3 years since active
3818 practice was conducted by the applicant, the full-time director
3819 of the local county health department must ~~shall~~ supervise the
3820 applicant for a period of 6 months after the applicant is
3821 granted a limited license under this subsection ~~to practice,~~
3822 unless the board determines that a shorter period of supervision
3823 will be sufficient to ensure that the applicant is qualified for
3824 licensure under this subsection ~~pursuant to this section.~~
3825 Procedures for such supervision must ~~shall~~ be established by the

3826 board.

3827 (c)~~(3)~~ The recipient of a limited license under this
 3828 subsection may practice only in the employ of public agencies or
 3829 institutions or nonprofit agencies or institutions meeting the
 3830 requirements of s. 501(c) (3) of the Internal Revenue Code, which
 3831 agencies or institutions are located in areas of critical
 3832 medical need or in medically underserved areas as determined
 3833 pursuant to 42 U.S.C. s. 300e-1(7).

3834 (d)~~(4)~~ The board shall notify the director of the full-
 3835 time local county health department of any county in which a
 3836 licensee intends to practice under the provisions of this
 3837 subsection ~~section~~. The director of the full-time county health
 3838 department shall assist in the supervision of any licensee
 3839 within the ~~her or his~~ county and shall notify the board if she
 3840 or he becomes aware of any action by the licensee which would be
 3841 a ground for revocation of the limited license. The board shall
 3842 establish procedures for such supervision.

3843 (e)~~(5)~~ The ~~State board of Osteopathic Medicine~~ shall
 3844 review the practice of each licensee under this subsection
 3845 ~~section~~ biennially to verify compliance with the restrictions
 3846 prescribed in this subsection ~~section~~ and other provisions of
 3847 this chapter.

3848 (f)~~(6)~~ Any person holding an active license to practice
 3849 osteopathic medicine in this ~~the~~ state may convert that license
 3850 to a limited license under this subsection for the purpose of

3851 providing volunteer, uncompensated care for low-income
3852 Floridians. The applicant must submit a statement from the
3853 employing agency or institution stating that she or he ~~or she~~
3854 will not receive compensation for any service involving the
3855 practice of osteopathic medicine. The application fee and all
3856 licensure fees, including neurological injury compensation
3857 assessments, are shall be waived for such applicant.

3858 (2) GRADUATE ASSISTANT PHYSICIANS.— A graduate assistant
3859 physician is a medical school graduate who meets the
3860 requirements of this subsection and has obtained a limited
3861 license from the board for the purpose of practicing temporarily
3862 under the direct supervision of a physician who has a full,
3863 active, and unencumbered license issued under this chapter,
3864 pending the graduate's entrance into a residency under the
3865 National Resident Match Program.

3866 (a) Any person desiring to obtain a limited license as a
3867 graduate assistant physician must submit to the board an
3868 application and demonstrate that she or he meets all of the
3869 following criteria:

3870 1. Is a graduate of a school or college of osteopathic
3871 medicine approved by an accrediting agency recognized by the
3872 United States Department of Education.

3873 2. Has successfully passed all parts of the examination
3874 conducted by the National Board of Osteopathic Medical Examiners
3875 or other examination approved by the board.

3876 3. Has not received and accepted a residency match from
3877 the National Resident Matching Program within the first year
3878 following graduation from medical school.

3879 (b) The board shall issue a graduate assistant physician
3880 limited license for a duration of 2 years to an applicant who
3881 meets the requirements of paragraph (a) and all of the following
3882 criteria:

3883 1. Is at least 21 years of age.

3884 2. Is of good moral character.

3885 3. Submits documentation that the applicant has agreed to
3886 enter into a written protocol drafted by a physician with a
3887 full, active, and unencumbered license issued under this chapter
3888 upon the board's issuance of a limited license to the applicant,
3889 and submits a copy of the protocol. The board shall establish by
3890 rule specific provisions that must be included in a physician-
3891 drafted protocol.

3892 4. Has not committed any act or offense in this or any
3893 other jurisdiction which would constitute the basis for
3894 disciplining a physician under s. 459.015.

3895 5. Has submitted to the department a set of fingerprints
3896 on a form and under procedures specified by the department.

3897 6. The board may not certify to the department for limited
3898 licensure under this subsection any applicant who is under
3899 investigation in another jurisdiction for an offense which would
3900 constitute a violation of this chapter or chapter 456 until such

3901 investigation is completed. Upon completion of the
3902 investigation, s. 459.015 applies. Furthermore, the department
3903 may not issue a limited license to any individual who has
3904 committed any act or offense in any jurisdiction which would
3905 constitute the basis for disciplining a physician under s.
3906 459.015. If the board finds that an individual has committed an
3907 act or offense in any jurisdiction which would constitute the
3908 basis for disciplining a physician under s. 459.015, the board
3909 may enter an order imposing one of the following terms:

3910 a. Refusal to certify to the department an application for
3911 a graduate assistant physician limited license; or

3912 b. Certification to the department of an application for a
3913 graduate assistant physician limited license with restrictions
3914 on the scope of practice of the licensee.

3915 (c) A graduate assistant physician limited licensee may
3916 apply for a one-time renewal of his or her limited license by
3917 submitting a board-approved application, documentation of actual
3918 practice under the required protocol during the initial limited
3919 licensure period, and documentation of applications he or she
3920 has submitted for accredited graduate medical education training
3921 programs. The one-time renewal terminates after 1 year.

3922 (d) A limited licensed graduate assistant physician may
3923 provide health care services only under the direct supervision
3924 of a physician with a full, active, and unencumbered license
3925 issued under this chapter.

3926 (e) A physician must be approved by the board to supervise
3927 a limited licensed graduate assistant physician.

3928 (f) A physician may supervise no more than two graduate
3929 assistant physicians with limited licenses.

3930 (g) Supervision of limited licensed graduate assistant
3931 physicians requires the physical presence of the supervising
3932 physician at the location where the services are rendered.

3933 (h) A physician-drafted protocol must specify the duties
3934 and responsibilities of the limited licensed graduate assistant
3935 physician according to criteria adopted by board rule.

3936 (i) Each protocol that applies to a limited licensed
3937 graduate assistant physician and his or her supervising
3938 physician must ensure that:

3939 1. There is a process for the evaluation of the limited
3940 licensed graduate assistant physicians' performance; and

3941 2. The delegation of any medical task or procedure is
3942 within the supervising physician's scope of practice and
3943 appropriate for the graduate assistant physician's level of
3944 competency.

3945 (j) A limited licensed graduate assistant physician's
3946 prescriptive authority is governed by the physician-drafted
3947 protocol and criteria adopted by the board and may not exceed
3948 that of his or her supervising physician. Any prescriptions and
3949 orders issued by the graduate assistant physician must identify
3950 both the graduate assistant physician and the supervising

3951 physician.

3952 (k) A physician who supervises a graduate assistant
 3953 physician is liable for any acts or omissions of the graduate
 3954 assistant physician acting under the physician's supervision and
 3955 control. Third-party payors may reimburse employers of graduate
 3956 assistant physicians for covered services rendered by graduate
 3957 assistant physicians.

3958 (3) RULES.—The board may adopt rules to implement this
 3959 section.

3960 Section 47. Section 459.0076, Florida Statutes, is amended
 3961 to read:

3962 459.0076 Temporary certificate for practice in areas of
 3963 critical need.—

3964 (1) A physician or physician assistant who holds a valid
 3965 license is licensed to practice in any jurisdiction of the
 3966 United States, ~~whose license is currently valid, and who pays an~~
 3967 ~~application fee of \$300~~ may be issued a temporary certificate
 3968 for practice in areas of critical need. A physician seeking such
 3969 certificate must pay an application fee of \$300.

3970 (2) A temporary certificate may be issued under this
 3971 section to a physician or physician assistant who will:

3972 (a) ~~Will~~ Practice in an area of critical need;

3973 (b) ~~Will~~ Be employed by or practice in a county health
 3974 department; correctional facility; Department of Veterans'
 3975 Affairs clinic; community health center funded by s. 329, s.

3976 330, or s. 340 of the United States Public Health Services Act;
 3977 or other agency or institution that is approved by the State
 3978 Surgeon General and provides health care to meet the needs of
 3979 underserved populations in this state; or

3980 (c) ~~Will~~ Practice for a limited time to address critical
 3981 physician-specialty, demographic, or geographic needs for this
 3982 state's physician workforce as determined by the State Surgeon
 3983 General.

3984 (3) The board ~~of Osteopathic Medicine~~ may issue a ~~this~~
 3985 temporary certificate subject to ~~with~~ the following
 3986 restrictions:

3987 (a) The State Surgeon General shall determine the areas of
 3988 critical need. Such areas include, but are not limited to,
 3989 health professional shortage areas designated by the United
 3990 States Department of Health and Human Services.

3991 1. A recipient of a temporary certificate for practice in
 3992 areas of critical need may use the certificate to work for any
 3993 approved entity in any area of critical need or as authorized by
 3994 the State Surgeon General.

3995 2. The recipient of a temporary certificate for practice
 3996 in areas of critical need shall, within 30 days after accepting
 3997 employment, notify the board of all approved institutions in
 3998 which the licensee practices and of all approved institutions
 3999 where practice privileges have been denied, as applicable.

4000 (b) The board may administer an abbreviated oral

4001 examination to determine the physician's or physician
4002 assistant's competency, but a written regular examination is not
4003 required. Within 60 days after receipt of an application for a
4004 temporary certificate, the board shall review the application
4005 and issue the temporary certificate, notify the applicant of
4006 denial, or notify the applicant that the board recommends
4007 additional assessment, training, education, or other
4008 requirements as a condition of certification. If the applicant
4009 has not actively practiced during the 3-year period immediately
4010 preceding the application ~~prior 3 years~~ and the board determines
4011 that the applicant may lack clinical competency, possess
4012 diminished or inadequate skills, lack necessary medical
4013 knowledge, or exhibit patterns of deficits in clinical
4014 decisionmaking, the board may:

- 4015 1. Deny the application;
- 4016 2. Issue a temporary certificate having reasonable
4017 restrictions that may include, but are not limited to, a
4018 requirement for the applicant to practice under the supervision
4019 of a physician approved by the board; or
- 4020 3. Issue a temporary certificate upon receipt of
4021 documentation confirming that the applicant has met any
4022 reasonable conditions of the board which may include, but are
4023 not limited to, completing continuing education or undergoing an
4024 assessment of skills and training.

4025 (c) Any certificate issued under this section is valid

4026 only so long as the State Surgeon General determines that the
 4027 reason for which it was issued remains a critical need to the
 4028 state. The board ~~of Osteopathic Medicine~~ shall review each
 4029 temporary certificateholder at least ~~not less than~~ annually to
 4030 ascertain that the certificateholder is complying with the
 4031 minimum requirements of the Osteopathic Medical Practice Act and
 4032 its adopted rules, as applicable to the certificateholder ~~are~~
 4033 ~~being complied with~~. If it is determined that the
 4034 certificateholder is not meeting such minimum requirements ~~are~~
 4035 ~~not being met~~, the board must ~~shall~~ revoke such certificate or
 4036 ~~shall~~ impose restrictions or conditions, or both, as a condition
 4037 of continued practice under the certificate.

4038 (d) The board may not issue a temporary certificate for
 4039 practice in an area of critical need to any physician or
 4040 physician assistant who is under investigation in any
 4041 jurisdiction in the United States for an act that would
 4042 constitute a violation of this chapter until such time as the
 4043 investigation is complete, at which time ~~the provisions of s.~~
 4044 459.015 applies ~~apply~~.

4045 (4) The application fee and all licensure fees, including
 4046 neurological injury compensation assessments, are ~~shall be~~
 4047 waived for those persons obtaining a temporary certificate to
 4048 practice in areas of critical need for the purpose of providing
 4049 volunteer, uncompensated care for low-income residents. The
 4050 applicant must submit an affidavit from the employing agency or

4051 institution stating that the physician or physician assistant
 4052 will not receive any compensation for any health care services
 4053 that he or she provides ~~service involving the practice of~~
 4054 ~~medicine.~~

4055 Section 48. Section 464.0121, Florida Statutes, is created
 4056 to read:

4057 464.0121 Temporary certificate for practice in areas of
 4058 critical need.—

4059 (1) An advanced practice registered nurse who is licensed
 4060 to practice in any jurisdiction of the United States, whose
 4061 license is currently valid, and who meets educational and
 4062 training requirements established by the board may be issued a
 4063 temporary certificate for practice in areas of critical need.

4064 (2) A temporary certificate may be issued under this
 4065 section to an advanced practice registered nurse who will:

4066 (a) Practice in an area of critical need;

4067 (b) Be employed by or practice in a county health
 4068 department; correctional facility; Department of Veterans'
 4069 Affairs clinic; community health center funded by s. 329, s.
 4070 330, or s. 340 of the United States Public Health Services Act;
 4071 or another agency or institution that is approved by the State
 4072 Surgeon General and that provides health care services to meet
 4073 the needs of underserved populations in this state; or

4074 (c) Practice for a limited time to address critical health
 4075 care specialty, demographic, or geographic needs relating to

4076 this state's accessibility of health care services as determined
4077 by the State Surgeon General.

4078 (3) The board may issue a temporary certificate under this
4079 section subject to the following restrictions:

4080 (a) The State Surgeon General shall determine the areas of
4081 critical need. Such areas include, but are not limited to,
4082 health professional shortage areas designated by the United
4083 States Department of Health and Human Services.

4084 1. A recipient of a temporary certificate for practice in
4085 areas of critical need may use the certificate to work for any
4086 approved entity in any area of critical need or as authorized by
4087 the State Surgeon General.

4088 2. The recipient of a temporary certificate for practice
4089 in areas of critical need shall, within 30 days after accepting
4090 employment, notify the board of all approved institutions in
4091 which the licensee practices as part of his or her employment.

4092 (b) The board may administer an abbreviated oral
4093 examination to determine the advanced practice registered
4094 nurse's competency, but may not require a written regular
4095 examination. Within 60 days after receipt of an application for
4096 a temporary certificate, the board shall review the application
4097 and issue the temporary certificate, notify the applicant of
4098 denial, or notify the applicant that the board recommends
4099 additional assessment, training, education, or other
4100 requirements as a condition of certification. If the applicant

4101 has not actively practiced during the 3-year period immediately
 4102 preceding the application and the board determines that the
 4103 applicant may lack clinical competency, possess diminished or
 4104 inadequate skills, lack necessary medical knowledge, or exhibit
 4105 patterns of deficits in clinical decisionmaking, the board may:
 4106 1. Deny the application;
 4107 2. Issue a temporary certificate imposing reasonable
 4108 restrictions that may include, but are not limited to, a
 4109 requirement that the applicant practice under the supervision of
 4110 a physician approved by the board; or
 4111 3. Issue a temporary certificate upon receipt of
 4112 documentation confirming that the applicant has met any
 4113 reasonable conditions of the board, which may include, but are
 4114 not limited to, completing continuing education or undergoing an
 4115 assessment of skills and training.
 4116 (c) Any certificate issued under this section is valid
 4117 only so long as the State Surgeon General maintains the
 4118 determination that the critical need that supported the issuance
 4119 of the temporary certificate remains a critical need to the
 4120 state. The board shall review each temporary certificateholder
 4121 at least annually to ascertain that the certificateholder is
 4122 complying with the minimum requirements of the Nurse Practice
 4123 Act and its adopted rules, as applicable to the
 4124 certificateholder. If it is determined that the
 4125 certificateholder is not meeting such minimum requirements, the

4126 board must revoke such certificate or impose restrictions or
4127 conditions, or both, as a condition of continued practice under
4128 the certificate.

4129 (d) The board may not issue a temporary certificate for
4130 practice in an area of critical need to any advanced practice
4131 registered nurse who is under investigation in any jurisdiction
4132 in the United States for an act that would constitute a
4133 violation of this part until such time as the investigation is
4134 complete, at which time s. 464.018 applies.

4135 (4) All licensure fees, including neurological injury
4136 compensation assessments, are waived for those persons obtaining
4137 a temporary certificate to practice in areas of critical need
4138 for the purpose of providing volunteer, uncompensated care for
4139 low-income residents. The applicant must submit an affidavit
4140 from the employing agency or institution stating that the
4141 advanced practice registered nurse will not receive any
4142 compensation for any health care services that he or she
4143 provides.

4144 Section 49. Paragraph (b) of subsection (3) of section
4145 464.0123, Florida Statutes, is amended to read:

4146 464.0123 Autonomous practice by an advanced practice
4147 registered nurse.—

4148 (3) PRACTICE REQUIREMENTS.—

4149 (b)1. In order to provide out-of-hospital intrapartum
4150 care, a certified nurse midwife engaged in the autonomous

4151 practice of nurse midwifery must maintain a written policy for
4152 the transfer of patients needing a higher acuity of care or
4153 emergency services. The policy must prescribe and require the
4154 use of an emergency plan-of-care form, which must be signed by
4155 the patient before admission to intrapartum care. At a minimum,
4156 the form must include all of the following:

4157 a. The name and address of the closest hospital that
4158 provides maternity and newborn services.

4159 b. Reasons for which transfer of care would be necessary,
4160 including the transfer-of-care conditions prescribed by board
4161 rule.

4162 c. Ambulances or other emergency medical services that
4163 would be used to transport the patient in the event of an
4164 emergency.

4165 2. If transfer of care is determined necessary by the
4166 certified nurse midwife or under the terms of the written
4167 policy, the certified nurse midwife must document all of the
4168 following information on the patient's emergency plan-of-care
4169 form:

4170 a. The name, date of birth, and condition of the patient.

4171 b. The gravidity and parity of the patient and the
4172 gestational age and condition of the fetus or newborn infant.

4173 c. The reasons that necessitated the transfer of care.

4174 d. A description of the situation, relevant clinical
4175 background, assessment, and recommendations.

4176 e. The planned mode of transporting the patient to the
4177 receiving facility.

4178 f. The expected time of arrival at the receiving facility.

4179 3. Before transferring the patient, or as soon as possible
4180 during or after an emergency transfer, the certified nurse
4181 midwife shall provide the receiving provider with a verbal
4182 summary of the information specified in subparagraph 2. and make
4183 himself or herself immediately available for consultation. Upon
4184 transfer of the patient to the receiving facility, the certified
4185 nurse midwife must provide the receiving provider with the
4186 patient's emergency plan-of-care form as soon as practicable.

4187 4. The certified nurse midwife shall provide the receiving
4188 provider, as soon as practicable, with the patient's prenatal
4189 records, including patient history, prenatal laboratory results,
4190 sonograms, prenatal care flow sheets, maternal fetal medical
4191 reports, and labor flow charting and current notations.

4192 5. The board shall adopt rules to prescribe transfer-of-
4193 care conditions, monitor for excessive transfers, conduct
4194 reviews of adverse maternal and neonatal outcomes, and monitor
4195 the licensure of certified nurse midwives engaged in autonomous
4196 practice must have a written patient transfer agreement with a
4197 hospital and a written referral agreement with a physician
4198 licensed under chapter 458 or chapter 459 to engage in nurse
4199 midwifery.

4200 Section 50. Subsection (10) of section 464.019, Florida

4201 Statutes, is amended to read:

4202 464.019 Approval of nursing education programs.—

4203 (10) IMPLEMENTATION STUDY.—The Florida Center for Nursing
 4204 shall study the administration of this section and submit
 4205 reports to the Governor, the President of the Senate, and the
 4206 Speaker of the House of Representatives annually by January 30,
 4207 ~~through January 30, 2025~~. The annual reports shall address the
 4208 previous academic year; provide data on the measures specified
 4209 in paragraphs (a) and (b), as such data becomes available; and
 4210 include an evaluation of such data for purposes of determining
 4211 whether this section is increasing the availability of nursing
 4212 education programs and the production of quality nurses. The
 4213 department and each approved program or accredited program shall
 4214 comply with requests for data from the Florida Center for
 4215 Nursing.

4216 (a) The Florida Center for Nursing shall evaluate program-
 4217 specific data for each approved program and accredited program
 4218 conducted in the state, including, but not limited to:

- 4219 1. The number of programs and student slots available.
- 4220 2. The number of student applications submitted, the
 4221 number of qualified applicants, and the number of students
 4222 accepted.
- 4223 3. The number of program graduates.
- 4224 4. Program retention rates of students tracked from
 4225 program entry to graduation.

4226 5. Graduate passage rates on the National Council of State
4227 Boards of Nursing Licensing Examination.

4228 6. The number of graduates who become employed as
4229 practical or professional nurses in the state.

4230 (b) The Florida Center for Nursing shall evaluate the
4231 board's implementation of the:

4232 1. Program application approval process, including, but
4233 not limited to, the number of program applications submitted
4234 under subsection (1), the number of program applications
4235 approved and denied by the board under subsection (2), the
4236 number of denials of program applications reviewed under chapter
4237 120, and a description of the outcomes of those reviews.

4238 2. Accountability processes, including, but not limited
4239 to, the number of programs on probationary status, the number of
4240 approved programs for which the program director is required to
4241 appear before the board under subsection (5), the number of
4242 approved programs terminated by the board, the number of
4243 terminations reviewed under chapter 120, and a description of
4244 the outcomes of those reviews.

4245 (c) The Florida Center for Nursing shall complete an
4246 annual assessment of compliance by programs with the
4247 accreditation requirements of subsection (11), include in the
4248 assessment a determination of the accreditation process status
4249 for each program, and submit the assessment as part of the
4250 reports required by this subsection.

CS/CS/HB 1549

2024

4251 Section 51. Section 458.3129, Florida Statutes, is created
4252 to read:

4253 458.3129 Interstate Medical Licensure Compact.—A physician
4254 licensed to practice allopathic medicine under s. 456.4501 is
4255 deemed to also be licensed under this chapter.

4256 Section 52. Section 459.074, Florida Statutes, is created
4257 to read:

4258 459.074 Interstate Medical Licensure Compact.—A physician
4259 licensed to practice osteopathic medicine under s. 456.4501 is
4260 deemed to also be licensed under this chapter.

4261 Section 53. Subsections (4), (5), and (6) of section
4262 468.1135, Florida Statutes, are renumbered as subsections (5),
4263 (6), and (7), respectively, and a new subsection (4) is added to
4264 that section, to read:

4265 468.1135 Board of Speech-Language Pathology and
4266 Audiology.—

4267 (4) The board shall appoint two of its members to serve as
4268 the state's delegates on the Speech-Language Pathology
4269 Interstate Compact Commission, pursuant to s. 468.1335, one of
4270 whom must be an audiologist and one of whom must be a speech-
4271 language pathologist.

4272 Section 54. Subsection (5) section 468.1185, Florida
4273 Statutes, is renumbered as subsection (3), subsections (3) and
4274 (4) are amended, and a new subsection (4) is added to that
4275 section, to read:

4276 468.1185 Licensure.—

4277 ~~(3) The board shall certify as qualified for a license by~~
 4278 ~~endorsement as a speech-language pathologist or audiologist an~~
 4279 ~~applicant who:~~

4280 ~~(a) Holds a valid license or certificate in another state~~
 4281 ~~or territory of the United States to practice the profession for~~
 4282 ~~which the application for licensure is made, if the criteria for~~
 4283 ~~issuance of such license were substantially equivalent to or~~
 4284 ~~more stringent than the licensure criteria which existed in this~~
 4285 ~~state at the time the license was issued; or~~

4286 ~~(b) Holds a valid certificate of clinical competence of~~
 4287 ~~the American Speech-Language and Hearing Association or board~~
 4288 ~~certification in audiology from the American Board of Audiology.~~

4289 (4) A person licensed as an audiologist or a speech-
 4290 language pathologist in another state who is practicing under
 4291 the Audiology and Speech-Language Pathology Interstate Compact
 4292 pursuant to s. 468.1335, and only within the scope provided
 4293 therein, is exempt from the licensure requirements of this
 4294 section.

4295 ~~(4) The board may refuse to certify any applicant who is~~
 4296 ~~under investigation in any jurisdiction for an act which would~~
 4297 ~~constitute a violation of this part or chapter 456 until the~~
 4298 ~~investigation is complete and disciplinary proceedings have been~~
 4299 ~~terminated.~~

4300 Section 55. Subsections (1) and (2) of section 468.1295,

4301 Florida Statutes, are amended to read:
 4302 468.1295 Disciplinary proceedings.—
 4303 (1) The following acts constitute grounds for denial of a
 4304 license or disciplinary action, as specified in s. 456.072(2) or
 4305 s. 468.1335:
 4306 (a) Procuring, or attempting to procure, a license by
 4307 bribery, by fraudulent misrepresentation, or through an error of
 4308 the department or the board.
 4309 (b) Having a license revoked, suspended, or otherwise
 4310 acted against, including denial of licensure, by the licensing
 4311 authority of another state, territory, or country.
 4312 (c) Being convicted or found guilty of, or entering a plea
 4313 of nolo contendere to, regardless of adjudication, a crime in
 4314 any jurisdiction which directly relates to the practice of
 4315 speech-language pathology or audiology.
 4316 (d) Making or filing a report or record which the licensee
 4317 knows to be false, intentionally or negligently failing to file
 4318 a report or records required by state or federal law, willfully
 4319 impeding or obstructing such filing, or inducing another person
 4320 to impede or obstruct such filing. Such report or record shall
 4321 include only those reports or records which are signed in one's
 4322 capacity as a licensed speech-language pathologist or
 4323 audiologist.
 4324 (e) Advertising goods or services in a manner which is
 4325 fraudulent, false, deceptive, or misleading in form or content.

4326 (f) Being proven guilty of fraud or deceit or of
 4327 negligence, incompetency, or misconduct in the practice of
 4328 speech-language pathology or audiology.

4329 (g) Violating a lawful order of the board or department
 4330 previously entered in a disciplinary hearing, or failing to
 4331 comply with a lawfully issued subpoena of the board or
 4332 department.

4333 (h) Practicing with a revoked, suspended, inactive, or
 4334 delinquent license.

4335 (i) Using, or causing or promoting the use of, any
 4336 advertising matter, promotional literature, testimonial,
 4337 guarantee, warranty, label, brand, insignia, or other
 4338 representation, however disseminated or published, which is
 4339 misleading, deceiving, or untruthful.

4340 (j) Showing or demonstrating or, in the event of sale,
 4341 delivery of a product unusable or impractical for the purpose
 4342 represented or implied by such action.

4343 (k) Failing to submit to the board on an annual basis, or
 4344 such other basis as may be provided by rule, certification of
 4345 testing and calibration of such equipment as designated by the
 4346 board and on the form approved by the board.

4347 (l) Aiding, assisting, procuring, employing, or advising
 4348 any licensee or business entity to practice speech-language
 4349 pathology or audiology contrary to this part, chapter 456, or
 4350 any rule adopted pursuant thereto.

4351 (m) Misrepresenting the professional services available in
 4352 the fitting, sale, adjustment, service, or repair of a hearing
 4353 aid, or using any other term or title which might connote the
 4354 availability of professional services when such use is not
 4355 accurate.

4356 (n) Representing, advertising, or implying that a hearing
 4357 aid or its repair is guaranteed without providing full
 4358 disclosure of the identity of the guarantor; the nature, extent,
 4359 and duration of the guarantee; and the existence of conditions
 4360 or limitations imposed upon the guarantee.

4361 (o) Representing, directly or by implication, that a
 4362 hearing aid utilizing bone conduction has certain specified
 4363 features, such as the absence of anything in the ear or leading
 4364 to the ear, or the like, without disclosing clearly and
 4365 conspicuously that the instrument operates on the bone
 4366 conduction principle and that in many cases of hearing loss this
 4367 type of instrument may not be suitable.

4368 (p) Stating or implying that the use of any hearing aid
 4369 will improve or preserve hearing or prevent or retard the
 4370 progression of a hearing impairment or that it will have any
 4371 similar or opposite effect.

4372 (q) Making any statement regarding the cure of the cause
 4373 of a hearing impairment by the use of a hearing aid.

4374 (r) Representing or implying that a hearing aid is or will
 4375 be "custom-made," "made to order," or "prescription-made," or in

4376 any other sense specially fabricated for an individual, when
 4377 such is not the case.

4378 (s) Canvassing from house to house or by telephone, either
 4379 in person or by an agent, for the purpose of selling a hearing
 4380 aid, except that contacting persons who have evidenced an
 4381 interest in hearing aids, or have been referred as in need of
 4382 hearing aids, shall not be considered canvassing.

4383 (t) Failing to notify the department in writing of a
 4384 change in current mailing and place-of-practice address within
 4385 30 days after such change.

4386 (u) Failing to provide all information as described in ss.
 4387 468.1225(5)(b), 468.1245(1), and 468.1246.

4388 (v) Exercising influence on a client in such a manner as
 4389 to exploit the client for financial gain of the licensee or of a
 4390 third party.

4391 (w) Practicing or offering to practice beyond the scope
 4392 permitted by law or accepting and performing professional
 4393 responsibilities the licensee or certificateholder knows, or has
 4394 reason to know, the licensee or certificateholder is not
 4395 competent to perform.

4396 (x) Aiding, assisting, procuring, or employing any
 4397 unlicensed person to practice speech-language pathology or
 4398 audiology.

4399 (y) Delegating or contracting for the performance of
 4400 professional responsibilities by a person when the licensee

4401 delegating or contracting for performance of such
 4402 responsibilities knows, or has reason to know, such person is
 4403 not qualified by training, experience, and authorization to
 4404 perform them.

4405 (z) Committing any act upon a patient or client which
 4406 would constitute sexual battery or which would constitute sexual
 4407 misconduct as defined pursuant to s. 468.1296.

4408 (aa) Being unable to practice the profession for which he
 4409 or she is licensed or certified under this chapter with
 4410 reasonable skill or competence as a result of any mental or
 4411 physical condition or by reason of illness, drunkenness, or use
 4412 of drugs, narcotics, chemicals, or any other substance. In
 4413 enforcing this paragraph, upon a finding by the State Surgeon
 4414 General, his or her designee, or the board that probable cause
 4415 exists to believe that the licensee or certificateholder is
 4416 unable to practice the profession because of the reasons stated
 4417 in this paragraph, the department shall have the authority to
 4418 compel a licensee or certificateholder to submit to a mental or
 4419 physical examination by a physician, psychologist, clinical
 4420 social worker, marriage and family therapist, or mental health
 4421 counselor designated by the department or board. If the licensee
 4422 or certificateholder refuses to comply with the department's
 4423 order directing the examination, such order may be enforced by
 4424 filing a petition for enforcement in the circuit court in the
 4425 circuit in which the licensee or certificateholder resides or

4426 | does business. The department shall be entitled to the summary
 4427 | procedure provided in s. 51.011. A licensee or certificateholder
 4428 | affected under this paragraph shall at reasonable intervals be
 4429 | afforded an opportunity to demonstrate that he or she can resume
 4430 | the competent practice for which he or she is licensed or
 4431 | certified with reasonable skill and safety to patients.

4432 | (bb) Violating any provision of this chapter or chapter
 4433 | 456, or any rules adopted pursuant thereto.

4434 | (2) (a) The board may enter an order denying licensure or
 4435 | imposing any of the penalties in s. 456.072(2) against any
 4436 | applicant for licensure or licensee who is found guilty of
 4437 | violating any provision of subsection (1) of this section or who
 4438 | is found guilty of violating any provision of s. 456.072(1).

4439 | (b) The board may take adverse action against an
 4440 | audiologist's or a speech-language pathologist's compact
 4441 | privilege under the Audiology and Speech-Language Pathology
 4442 | Interstate Compact pursuant to s. 468.1335 and may impose any of
 4443 | the penalties in s. 456.072(2), if an audiologist or a speech-
 4444 | language pathologist commits an act specified in subsection (1)
 4445 | or s. 456.072(1).

4446 | Section 56. Section 468.1335, Florida Statutes, is created
 4447 | to read:

4448 | 468.1335 Practice of Audiology and Speech-language
 4449 | Pathology Interstate Compact.—The Practice of Audiology and
 4450 | Speech-language Pathology Interstate Compact is hereby enacted

4451 into law and entered into by this state with all other states
4452 legally joining therein in the form substantially as follows:

4454 ARTICLE I

4455 PURPOSE

4456
4457 (1) The purpose of the compact is to facilitate the
4458 interstate practice of audiology and speech-language pathology
4459 with the goal of improving public access to audiology and
4460 speech-language pathology services.

4461 (2) The practice of audiology and speech-language
4462 pathology occurs in the state where the patient, client, or
4463 student is located at the time the services are provided.

4464 (3) The compact preserves the regulatory authority of
4465 states to protect public health and safety through the current
4466 system of state licensure.

4467 (4) The compact is designed to achieve all of the
4468 following objectives:

4469 (a) Increase public access to audiology and speech-
4470 language pathology services by providing for the mutual
4471 recognition of other member state licenses.

4472 (b) Enhance the states' abilities to protect public health
4473 and safety.

4474 (c) Encourage the cooperation of member states in
4475 regulating multistate audiology and speech-language pathology

4476 practices.

4477 (d) Support spouses of relocating active duty military
 4478 personnel.

4479 (e) Enhance the exchange of licensure, investigative, and
 4480 disciplinary information between member states.

4481 (f) Allow a remote state to hold a licensee with compact
 4482 privilege in that state accountable to that state's practice
 4483 standards.

4484 (g) Allow for the use of telehealth technology to
 4485 facilitate increased access to audiology and speech-language
 4486 pathology services.

4487
 4488 ARTICLE II
 4489 DEFINITIONS

4490
 4491 (1) As used in this section, the term:

4492 (2) "Active duty military" means full-time duty status in
 4493 the active uniformed service of the United States, including
 4494 members of the National Guard and Reserve on active duty orders
 4495 pursuant to 10 U.S.C. chapters 1209 and 1211.

4496 (3) "Adverse action" means any administrative, civil,
 4497 equitable, or criminal action permitted by a state's laws which
 4498 is imposed by a licensing board against a licensee, including
 4499 actions against an individual's license or privilege to practice
 4500 such as revocation, suspension, probation, monitoring of the

4501 licensee, or restriction on the licensee's practice.

4502 (4) "Alternative program" means a nondisciplinary
 4503 monitoring process approved by an audiology licensing board or a
 4504 speech-language pathology licensing board to address impaired
 4505 licensees.

4506 (5) "Audiologist" means an individual who is licensed by a
 4507 state to practice audiology.

4508 (6) "Audiology" means the care and services provided by a
 4509 licensed audiologist as provided in the member state's rules and
 4510 regulations.

4511 (7) "Audiology and Speech-language Pathology Interstate
 4512 Compact Commission" or "commission" means the national
 4513 administrative body whose membership consists of all states that
 4514 have enacted the compact.

4515 (8) "Audiology licensing board" means the agency of a
 4516 state that is responsible for the licensing and regulation of
 4517 audiologists.

4518 (9) "Compact privilege" means the authorization granted by
 4519 a remote state to allow a licensee from another member state to
 4520 practice as an audiologist or speech-language pathologist in the
 4521 remote state under its rules and regulations. The practice of
 4522 audiology or speech-language pathology occurs in the member
 4523 state where the patient, client, or student is located at the
 4524 time the services are provided.

4525 (10) "Current significant investigative information,"

4526 "investigative materials," "investigative records," or
 4527 "investigative reports" means information that a licensing
 4528 board, after an inquiry or investigation that includes
 4529 notification and an opportunity for the audiologist or speech-
 4530 language pathologist to respond, if required by state law, has
 4531 reason to believe is not groundless and, if proved true, would
 4532 indicate more than a minor infraction.

4533 (11) "Data system" means a repository of information
 4534 relating to licensees, including, but not limited to, continuing
 4535 education, examination, licensure, investigative, compact
 4536 privilege, and adverse action information.

4537 (12) "Encumbered license" means a license in which an
 4538 adverse action restricts the practice of audiology or speech-
 4539 language pathology by the licensee and the adverse action has
 4540 been reported to the National Practitioner Data Bank (NPDB).

4541 (13) "Executive committee" means a group of directors
 4542 elected or appointed to act on behalf of, and within the powers
 4543 granted to them by, the commission.

4544 (14) "Home state" means the member state that is the
 4545 licensee's primary state of residence.

4546 (15) "Impaired licensee" means a licensee whose
 4547 professional practice is adversely affected by substance abuse,
 4548 addiction, or other health-related conditions.

4549 (16) "Licensee" means a person who is licensed by his or
 4550 her home state to practice as an audiologist or speech-language

4551 pathologist.

4552 (17) "Licensing board" means the agency of a state that is
4553 responsible for the licensing and regulation of audiologists or
4554 speech-language pathologists.

4555 (18) "Member state" means a state that has enacted the
4556 compact.

4557 (19) "Privilege to practice" means the legal authorization
4558 to practice audiology or speech-language pathology in a remote
4559 state.

4560 (20) "Remote state" means a member state other than the
4561 home state where a licensee is exercising or seeking to exercise
4562 his or her compact privilege.

4563 (21) "Rule" means a regulation, principle, or directive
4564 adopted by the commission that has the force of law.

4565 (22) "Single-state license" means an audiology or speech-
4566 language pathology license issued by a member state that
4567 authorizes practice only within the issuing state and does not
4568 include a privilege to practice in any other member state.

4569 (23) "Speech-language pathologist" means an individual who
4570 is licensed to practice speech-language pathology.

4571 (24) "Speech-language pathology" means the care and
4572 services provided by a licensed speech-language pathologist as
4573 provided in the member state's rules and regulations.

4574 (25) "Speech-language pathology licensing board" means the
4575 agency of a state that is responsible for the licensing and

4576 regulation of speech-language pathologists.

4577 (26) "State" means any state, commonwealth, district, or
4578 territory of the United States of America that regulates the
4579 practice of audiology and speech-language pathology.

4580 (27) "State practice laws" means a member state's laws,
4581 rules, and regulations that govern the practice of audiology or
4582 speech-language pathology, define the scope of audiology or
4583 speech-language pathology practice, and create the methods and
4584 grounds for imposing discipline.

4585 (28) "Telehealth" means the application of
4586 telecommunication technology to deliver audiology or speech-
4587 language pathology services at a distance for assessment,
4588 intervention, or consultation.

4589

4590 ARTICLE III

4591 STATE PARTICIPATION

4592

4593 (1) A license issued to an audiologist or speech-language
4594 pathologist by a home state to a resident in that state must be
4595 recognized by each member state as authorizing an audiologist or
4596 speech-language pathologist to practice audiology or speech-
4597 language pathology, under a privilege to practice, in each
4598 member state.

4599 (2) A state must implement procedures for considering the
4600 criminal history records of applicants for initial privilege to

4601 practice. These procedures must include the submission of
4602 fingerprints or other biometric-based information by applicants
4603 for the purpose of obtaining an applicant's criminal history
4604 records from the Federal Bureau of Investigation and the agency
4605 responsible for retaining that state's criminal history records.

4606 (a) A member state must fully implement a criminal history
4607 records check procedure, within a timeframe established by rule,
4608 which requires the member state to receive an applicant's
4609 criminal history records from the Federal Bureau of
4610 Investigation and the agency responsible for retaining the
4611 member state's criminal history records and use such records in
4612 making licensure decisions.

4613 (b) Communication between a member state, the commission,
4614 and other member states regarding the verification of
4615 eligibility for licensure through the compact may not include
4616 any information received from the Federal Bureau of
4617 Investigation relating to a criminal history records check
4618 performed by a member state under Pub. L. No. 92-544.

4619 (3) Upon application for a privilege to practice, the
4620 licensing board in the issuing remote state must determine,
4621 through the data system, whether the applicant has ever held, or
4622 is the holder of, a license issued by any other state, whether
4623 there are any encumbrances on any license or privilege to
4624 practice held by the applicant, and whether any adverse action
4625 has been taken against any license or privilege to practice held

4626 by the applicant.

4627 (4) Each member state must require an applicant to obtain
4628 or retain a license in his or her home state and meet the home
4629 state's qualifications for licensure or renewal of licensure and
4630 all other applicable state laws.

4631 (5) Each member state must require that an applicant meet
4632 all of the following criteria to receive the privilege to
4633 practice as an audiologist in the member state:

4634 (a) One of the following educational requirements:

4635 1. On or before December 31, 2007, has graduated with a
4636 master's degree or doctoral degree in audiology, or an
4637 equivalent degree, regardless of the name of such degree, from a
4638 program that is accredited by an accrediting agency recognized
4639 by the Council for Higher Education Accreditation, or its
4640 successor, or by the United States Department of Education and
4641 operated by a college or university accredited by a regional or
4642 national accrediting organization recognized by the board; or

4643 2. On or after January 1, 2008, has graduated with a
4644 doctoral degree in audiology, or an equivalent degree,
4645 regardless of the name of such degree, from a program that is
4646 accredited by an accrediting agency recognized by the Council
4647 for Higher Education Accreditation, or its successor, or by the
4648 United States Department of Education and operated by a college
4649 or university accredited by a regional or national accrediting
4650 organization recognized by the board; or

4651 3. Has graduated from an audiology program that is housed
4652 in an institution of higher education outside of the United
4653 States for which the degree program and institution have been
4654 approved by the authorized accrediting body in the applicable
4655 country and the degree program has been verified by an
4656 independent credentials review agency to be comparable to a
4657 state licensing board-approved program.

4658 (b) Has completed a supervised clinical practicum
4659 experience from an accredited educational institution or its
4660 cooperating programs as required by the commission.

4661 (c) Has successfully passed a national examination
4662 approved by the commission.

4663 (d) Holds an active, unencumbered license.

4664 (e) Has not been convicted or found guilty of, or entered
4665 a plea of guilty or nolo contendere to, regardless of
4666 adjudication, a felony in any jurisdiction which directly
4667 relates to the practice of his or her profession or the ability
4668 to practice his or her profession.

4669 (f) Has a valid United States social security number or a
4670 national provider identifier number.

4671 (6) Each member state must require that an applicant meet
4672 all of the following criteria to receive the privilege to
4673 practice as a speech-language pathologist in the member state:

4674 (a) One of the following educational requirements:

4675 1. Has graduated with a master's degree from a speech-

4676 language pathology program that is accredited by an organization
4677 recognized by the United States Department of Education and
4678 operated by a college or university accredited by a regional or
4679 national accrediting organization recognized by the board; or

4680 2. Has graduated from a speech-language pathology program
4681 that is housed in an institution of higher education outside of
4682 the United States for which the degree program and institution
4683 have been approved by the authorized accrediting body in the
4684 applicable country and the degree program has been verified by
4685 an independent credentials review agency to be comparable to a
4686 state licensing board-approved program.

4687 (b) Has completed a supervised clinical practicum
4688 experience from an educational institution or its cooperating
4689 programs as required by the commission.

4690 (c) Has completed a supervised postgraduate professional
4691 experience as required by the commission.

4692 (d) Has successfully passed a national examination
4693 approved by the commission.

4694 (e) Holds an active, unencumbered license.

4695 (f) Has not been convicted or found guilty of, or entered
4696 a plea of guilty or nolo contendere to, regardless of
4697 adjudication, a felony in any jurisdiction which directly
4698 relates to the practice of his or her profession or the ability
4699 to practice his or her profession.

4700 (g) Has a valid United States social security number or

4701 national provider identifier number.

4702 (7) The privilege to practice is derived from the home
4703 state license.

4704 (8) An audiologist or speech-language pathologist
4705 practicing in a member state must comply with the state practice
4706 laws of the member state where the client is located at the time
4707 service is provided. The practice of audiology and speech-
4708 language pathology includes all audiology and speech-language
4709 pathology practices as defined by the state practice laws of the
4710 member state where the client is located. The practice of
4711 audiology and speech-language pathology in a member state under
4712 a privilege to practice subjects an audiologist or speech-
4713 language pathologist to the jurisdiction of the licensing
4714 boards, courts, and laws of the member state where the client is
4715 located at the time service is provided.

4716 (9) Individuals not residing in a member state shall
4717 continue to be able to apply for a member state's single-state
4718 license as provided under the laws of each member state.
4719 However, the single-state license granted to these individuals
4720 may not be recognized as granting the privilege to practice
4721 audiology or speech-language pathology in any other member
4722 state. The compact does not affect the requirements established
4723 by a member state for the issuance of a single-state license.

4724 (10) Member states may charge a fee for granting a compact
4725 privilege.

4751 license at a time.

4752 (3) Except as provided in Article VI, if an audiologist or
4753 speech-language pathologist changes his or her primary state of
4754 residence by moving between two member states, the audiologist
4755 or speech-language pathologist must apply for licensure in the
4756 new home state, and the license issued by the prior home state
4757 shall be deactivated in accordance with applicable rules adopted
4758 by the commission.

4759 (4) The audiologist or speech-language pathologist may
4760 apply for licensure in advance of a change in his or her primary
4761 state of residence.

4762 (5) A license may not be issued by the new home state
4763 until the audiologist or speech-language pathologist provides
4764 satisfactory evidence of a change in his or her primary state of
4765 residence to the new home state and satisfies all applicable
4766 requirements to obtain a license from the new home state.

4767 (6) If an audiologist or speech-language pathologist
4768 changes his or her primary state of residence by moving from a
4769 member state to a nonmember state, the license issued by the
4770 prior home state shall convert to a single-state license, valid
4771 only in the former home state.

4772 (7) Compact privilege is valid until the expiration date
4773 of the home state license. The licensee must comply with the
4774 requirements of subsection (1) to maintain compact privilege in
4775 the remote state.

4776 (8) A licensee providing audiology or speech-language
 4777 pathology services in a remote state under compact privilege
 4778 shall function within the laws and regulations of the remote
 4779 state.

4780 (9) A remote state may, in accordance with due process and
 4781 state law, remove a licensee's compact privilege in the remote
 4782 state for a specific period of time, impose fines, or take any
 4783 other necessary actions to protect the health and safety of its
 4784 residents.

4785 (10) If a home state license is encumbered, the licensee
 4786 shall lose compact privilege in all remote states until both of
 4787 the following occur:

4788 (a) The home state license is no longer encumbered.

4789 (b) Two years have lapsed from the date of the adverse
 4790 action.

4791 (11) Once an encumbered license in the home state is
 4792 restored to good standing, the licensee must meet the
 4793 requirements of subsection (1) to obtain compact privilege in
 4794 any remote state.

4795 (12) Once the requirements of subsection (10) have been
 4796 met, the licensee must meet the requirements in subsection (1)
 4797 to obtain compact privilege in a remote state.

4798
 4799 ARTICLE V

4800 COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

4801
4802 Member states shall recognize the right of an audiologist
4803 or speech-language pathologist, licensed by a home state in
4804 accordance with Article III and under rules adopted by the
4805 commission, to practice audiology or speech-language pathology
4806 in any member state through the use of telehealth under
4807 privilege to practice as provided in the compact and rules
4808 adopted by the commission.

4809

4810 ARTICLE VI4811 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

4812

4813 Active duty military personnel, or their spouses, as
4814 applicable, shall designate a home state where the individual
4815 has a current license in good standing. The individual may
4816 retain the home state designation during the period the
4817 servicemember is on active duty. Subsequent to designating a
4818 home state, the individual shall only change his or her home
4819 state only through application for licensure in the new state.

4820

4821 ARTICLE VII4822 ADVERSE ACTIONS

4823

4824 (1) In addition to the other powers conferred by state
4825 law, a remote state may:

4826 (a) Take adverse action against an audiologist's or
4827 speech-language pathologist's privilege to practice within that
4828 member state.

4829 1. Only the home state has the power to take adverse
4830 action against an audiologist's or a speech-language
4831 pathologist's license issued by the home state.

4832 2. For purposes of taking adverse action, the home state
4833 shall give the same priority and effect to reported conduct
4834 received from a member state as it would if the conduct had
4835 occurred within the home state. In so doing, the home state
4836 shall apply its own state laws to determine appropriate action.

4837 (b) Issue subpoenas for both hearings and investigations
4838 that require the attendance and testimony of witnesses as well
4839 as the production of evidence. Subpoenas issued by a licensing
4840 board in a member state for the attendance and testimony of
4841 witnesses or the production of evidence from another member
4842 state must be enforced in the latter state by any court of
4843 competent jurisdiction according to the practice and procedure
4844 of that court applicable to subpoenas issued in proceedings
4845 pending before it. The issuing authority shall pay any witness
4846 fees, travel expenses, mileage, and other fees required by the
4847 service statutes of the state in which the witnesses or evidence
4848 are located.

4849 (c) Complete any pending investigations of an audiologist
4850 or speech-language pathologist who changes his or her primary

4851 state of residence during the course of the investigations. The
4852 home state also has the authority to take appropriate actions
4853 and shall promptly report to the administrator of the data
4854 system the conclusions of the investigations. The administrator
4855 of the data system shall promptly notify the new home state of
4856 any adverse actions.

4857 (d) If otherwise allowed by state law, recover from the
4858 affected audiologist or speech-language pathologist the costs of
4859 investigations and disposition of cases resulting from any
4860 adverse action taken against that audiologist or speech-
4861 language pathologist.

4862 (e) Take adverse action based on the factual findings of
4863 the remote state, provided that the member state follows the
4864 member state's own procedures for taking the adverse action.

4865 (2) (a) In addition to the authority granted to a member
4866 state by its respective audiology or speech-language pathology
4867 practice act or other applicable state law, any member state may
4868 participate with other member states in joint investigations of
4869 licensees.

4870 (b) Member states shall share any investigative,
4871 litigation, or compliance materials in furtherance of any joint
4872 or individual investigation initiated under the compact.

4873 (3) If adverse action is taken by the home state against
4874 an audiologist's or a speech language pathologist's license, the
4875 audiologist's or speech-language pathologist's privilege to

4876 practice in all other member states shall be deactivated until
4877 all encumbrances have been removed from the home state license.
4878 All home state disciplinary orders that impose adverse action
4879 against an audiologist's or a speech language pathologist's
4880 license must include a statement that the audiologist's or
4881 speech-language pathologist's privilege to practice is
4882 deactivated in all member states during the pendency of the
4883 order.

4884 (4) If a member state takes adverse action, it must
4885 promptly notify the administrator of the data system. The
4886 administrator of the data system shall promptly notify the home
4887 state of any adverse actions by remote states.

4888 (5) The compact does not override a member state's
4889 decision that participation in an alternative program may be
4890 used in lieu of adverse action.

4891

4892 ARTICLE VIII4893 ESTABLISHMENT OF THE AUDIOLOGY4894 AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT COMMISSION

4895

4896 (1) The member states hereby create and establish a joint
4897 public agency known as the Audiology and Speech-language
4898 Pathology Interstate Compact Commission.

4899 (a) The commission is an instrumentality of the compact
4900 states.

4901 (b) Venue is proper, and judicial proceedings by or
4902 against the commission must be brought solely and exclusively in
4903 a court of competent jurisdiction where the principal office of
4904 the commission is located. The commission may waive venue and
4905 jurisdictional defenses to the extent it adopts or consents to
4906 participate in alternative dispute resolution proceedings.

4907 (c) This compact does not waive sovereign immunity except
4908 to the extent sovereign immunity is waived in the member states.

4909 (2)(a) Each member state must have two delegates selected
4910 by that member state's licensing boards. The delegates must be
4911 current members of the licensing boards. One delegate must be an
4912 audiologist and one delegate must be a speech-language
4913 pathologist.

4914 (b) An additional five delegates, who are either public
4915 members or board administrators from licensing boards, must be
4916 chosen by the executive committee from a pool of nominees
4917 provided by the commission at large.

4918 (c) A delegate may be removed or suspended from office as
4919 provided by the state law from which the delegate is appointed.

4920 (d) The member state board shall fill any vacancy
4921 occurring on the commission within 90 days after the vacancy
4922 occurs.

4923 (e) Each delegate is entitled to one vote with regard to
4924 the adoption of rules and creation of bylaws and shall otherwise
4925 have an opportunity to participate in the business and affairs

4926 | of the commission.

4927 | (f) A delegate shall vote in person or by other means as
4928 | provided in the bylaws. The bylaws may provide for delegates'
4929 | participation in meetings by telephone or other means of
4930 | communication.

4931 | (g) The commission shall meet at least once during each
4932 | calendar year. Additional meetings must be held as provided in
4933 | the bylaws and rules.

4934 | (3) The commission has the following powers and duties:

4935 | (a) Establish the commission's fiscal year.

4936 | (b) Establish bylaws.

4937 | (c) Establish a code of ethics.

4938 | (d) Maintain its financial records in accordance with the
4939 | bylaws.

4940 | (e) Meet and take actions as are consistent with the
4941 | compact and the bylaws.

4942 | (f) Adopt uniform rules to facilitate and coordinate
4943 | implementation and administration of the compact. The rules
4944 | shall have the force and effect of law and are binding on all
4945 | member states.

4946 | (g) Bring and prosecute legal proceedings or actions in
4947 | the name of the commission, provided that the standing of an
4948 | audiology licensing board or a speech-language pathology
4949 | licensing board to sue or be sued under applicable law is not
4950 | affected.

- 4951 (h) Purchase and maintain insurance and bonds.
- 4952 (i) Borrow, accept, or contract for services of personnel,
 4953 including, but not limited to, employees of a member state.
- 4954 (j) Hire employees, elect or appoint officers, fix
 4955 compensation, define duties, grant individuals appropriate
 4956 authority to carry out the purposes of the compact, and
 4957 establish the commission's personnel policies and programs
 4958 relating to conflicts of interest, qualifications of personnel,
 4959 and other related personnel matters.
- 4960 (k) Accept any appropriate donations and grants of money,
 4961 equipment, supplies, and materials and services, and receive,
 4962 use, and dispose of the same, provided that at all times the
 4963 commission must avoid any appearance of impropriety or conflict
 4964 of interest.
- 4965 (l) Lease, purchase, accept appropriate gifts or donations
 4966 of, or otherwise own, hold, improve, or use any property, real,
 4967 personal, or mixed, provided that at all times the commission
 4968 shall avoid any appearance of impropriety.
- 4969 (m) Sell, convey, mortgage, pledge, lease, exchange,
 4970 abandon, or otherwise dispose of any property real, personal, or
 4971 mixed.
- 4972 (n) Establish a budget and make expenditures.
- 4973 (o) Borrow money.
- 4974 (p) Appoint committees, including standing committees
 4975 composed of members, and other interested persons as may be

4976 designated in the compact and the bylaws.

4977 (q) Provide and receive information from, and cooperate
4978 with, law enforcement agencies.

4979 (r) Establish and elect an executive committee.

4980 (s) Perform other functions as may be necessary or
4981 appropriate to achieve the purposes of the compact consistent
4982 with the state regulation of audiology and speech-language
4983 pathology licensure and practice.

4984 (4) The executive committee shall have the power to act on
4985 behalf of the commission according to the terms of the compact.

4986 (a) The executive committee must be composed of 10 members
4987 as follows:

4988 1. Seven voting members who are elected by the commission
4989 from the current membership of the commission.

4990 2. Two ex officio members, consisting of one nonvoting
4991 member from a recognized national audiology professional
4992 association and one nonvoting member from a recognized national
4993 speech-language pathology association.

4994 3. One ex-officio, nonvoting member from the recognized
4995 membership organization of the audiology licensing and speech-
4996 language pathology licensing boards.

4997 (b) The ex officio members must be selected by their
4998 respective organizations.

4999 (c) The commission may remove any member of the executive
5000 committee as provided in the bylaws.

5001 (d) The executive committee shall meet at least annually.

5002 (e) The executive committee has the following duties and

5003 responsibilities:

5004 1. Recommend to the entire commission changes to the rules

5005 or bylaws and changes to this compact legislation, fees paid by

5006 member states such as annual dues, and any commission compact

5007 fee charged to licensees for the compact privilege.

5008 2. Ensure compact administration services are

5009 appropriately provided, contractual or otherwise.

5010 3. Prepare and recommend the budget.

5011 4. Maintain financial records on behalf of the commission.

5012 5. Monitor compact compliance of member states and provide

5013 compliance reports to the commission.

5014 6. Establish additional committees as necessary.

5015 7. Other duties as provided by rule or bylaw.

5016 (f) All meetings must be open to the public, and public

5017 notice of meetings must be given in the same manner as required

5018 under the rulemaking provisions in Article X.

5019 (g) If a meeting or any portion of a meeting is closed

5020 under this subsection, the commission's legal counsel or

5021 designee must certify that the meeting may be closed and must

5022 reference each relevant exempting provision.

5023 (h) The commission shall keep minutes that fully and

5024 clearly describe all matters discussed in a meeting and shall

5025 provide a full and accurate summary of actions taken, and the

5026 reasons therefore, including a description of the views
 5027 expressed. All documents considered in connection with an action
 5028 must be identified in minutes. All minutes and documents of a
 5029 closed meeting must remain under seal, subject to release by a
 5030 majority vote of the commission or order of a court of competent
 5031 jurisdiction.

5032 (5) Relating to the financing of the commission, the
 5033 commission:

5034 (a) Shall pay, or provide for the payment of, the
 5035 reasonable expenses of its establishment, organization, and
 5036 ongoing activities.

5037 (b) May accept any and all appropriate revenue sources,
 5038 donations, and grants of money, equipment, supplies, materials,
 5039 and services.

5040 (c) May levy on and collect an annual assessment from each
 5041 member state or impose fees on other parties to cover the cost
 5042 of the operations and activities of the commission and its
 5043 staff, which must be in a total amount sufficient to cover its
 5044 annual budget as approved each year for which revenue is not
 5045 provided by other sources. The aggregate annual assessment
 5046 amount shall be allocated based upon a formula to be determined
 5047 by the commission, which shall promulgate a rule binding upon
 5048 all member states.

5049 (d) May not incur obligations of any kind before securing
 5050 the funds adequate to meet the same and may not pledge the

5051 credit of any of the member states, except by and with the
5052 authority of the member state.

5053 (e) Shall keep accurate accounts of all receipts and
5054 disbursements of funds. The receipts and disbursements of funds
5055 of the commission are subject to the audit and accounting
5056 procedures established under its bylaws. However, all receipts
5057 and disbursements of funds handled by the commission must be
5058 audited yearly by a certified or licensed public accountant, and
5059 the report of the audit must be included in and become part of
5060 the annual report of the commission.

5061 (6) Relating to qualified immunity, defense, and
5062 indemnification:

5063 (a) The members, officers, executive director, employees,
5064 and representatives of the commission are immune from suit and
5065 liability, either personally or in their official capacity, for
5066 any claim for damage to or loss of property or personal injury
5067 or other civil liability caused by or arising out of any actual
5068 or alleged act, error, or omission that occurred, or that the
5069 person against whom the claim is made had a reasonable basis for
5070 believing occurred within the scope of commission employment,
5071 duties, or responsibilities; provided that this paragraph does
5072 not protect any person from suit or liability for any damage,
5073 loss, injury, or liability caused by the intentional or willful
5074 or wanton misconduct of that person.

5075 (b) The commission shall defend any member, officer,

5076 executive director, employee, or representative of the
 5077 commission in any civil action seeking to impose liability
 5078 arising out of any actual or alleged act, error, or omission
 5079 that occurred within the scope of commission employment, duties,
 5080 or responsibilities, or that the person against whom the claim
 5081 is made had a reasonable basis for believing occurred within the
 5082 scope of commission employment, duties, or responsibilities;
 5083 provided that this paragraph may not be construed to prohibit
 5084 that person from retaining his or her own counsel; and provided
 5085 further that the actual or alleged act, error, or omission did
 5086 not result from that person's intentional or willful or wanton
 5087 misconduct.

5088 (c) The commission shall indemnify and hold harmless any
 5089 member, officer, executive director, employee, or representative
 5090 of the commission for the amount of any settlement or judgment
 5091 obtained against that person arising out of any actual or
 5092 alleged act, error, or omission that occurred within the scope
 5093 of commission employment, duties, or responsibilities, or that
 5094 the person had a reasonable basis for believing occurred within
 5095 the scope of commission employment, duties, or responsibilities,
 5096 provided that the actual or alleged act, error, or omission did
 5097 not result from the intentional or willful or wanton misconduct
 5098 of that person.

5099
 5100 ARTICLE IX

DATA SYSTEM

5101
5102
5103 (1) The commission shall provide for the development,
5104 maintenance, and use of a coordinated database and reporting
5105 system containing licensure, adverse action, and current
5106 significant investigative information on all licensed
5107 individuals in member states.

5108 (2) Notwithstanding any other law to the contrary, a
5109 member state shall submit a uniform data set to the data system
5110 on all individuals to whom the compact is applicable as required
5111 by the rules of the commission, including all of the following
5112 information:

5113 (a) Identifying information.

5114 (b) Licensure data.

5115 (c) Adverse actions against a license or compact
5116 privilege.

5117 (d) Nonconfidential information related to alternative
5118 program participation.

5119 (e) Any denial of application for licensure, and the
5120 reason for such denial.

5121 (f) Other information that may facilitate the
5122 administration of the compact, as determined by the rules of the
5123 commission.

5124 (3) Current significant investigative information
5125 pertaining to a licensee in a member state must be available

5126 only to other member states.

5127 (4) The commission shall promptly notify all member states
5128 of any adverse action taken against a licensee or an individual
5129 applying for a license. Adverse action information pertaining to
5130 a licensee or an individual applying for a license in any member
5131 state must be available to any other member state.

5132 (5) Member states contributing information to the data
5133 system may designate information that may not be shared with the
5134 public without the express permission of the contributing state.

5135 (6) Any information submitted to the data system that is
5136 subsequently required to be expunged by the laws of the member
5137 state contributing the information must be removed from the data
5138 system.

5139

5140 ARTICLE X

5141 RULEMAKING

5142

5143 (1) The commission shall exercise its rulemaking powers
5144 pursuant to the criteria provided in this article and the rules
5145 adopted thereunder. Rules and amendments become binding as of
5146 the date specified in each rule or amendment.

5147 (2) If a majority of the legislatures of the member states
5148 rejects a rule, by enactment of a statute or resolution in the
5149 same manner used to adopt the compact within 4 years after the
5150 date of adoption of the rule, the rule has no further force and

5151 effect in any member state.

5152 (3) Rules or amendments to the rules must be adopted at a
 5153 regular or special meeting of the commission.

5154 (4) Before adoption of a final rule or rules by the
 5155 commission, and at least 30 days before the meeting at which the
 5156 rule shall be considered and voted upon, the commission shall
 5157 file a notice of proposed rulemaking:

5158 (a) On the website of the commission or other publicly
 5159 accessible platform; and

5160 (b) On the website of each member state audiology
 5161 licensing board and speech-language pathology licensing board or
 5162 other publicly accessible platform or the publication where each
 5163 state would otherwise publish proposed rules.

5164 (5) The notice of proposed rulemaking must include all of
 5165 the following:

5166 (a) The proposed time, date, and location of the meeting
 5167 in which the rule will be considered and voted upon.

5168 (b) The text of and reason for the proposed rule or
 5169 amendment.

5170 (c) A request for comments on the proposed rule from any
 5171 interested person.

5172 (d) The manner in which interested persons may submit
 5173 notice to the commission of their intention to attend the public
 5174 hearing and any written comments.

5175 (6) Before the adoption of a proposed rule, the commission

5176 shall allow persons to submit written data, facts, opinions, and
5177 arguments, which shall be made available to the public.

5178 (a) The commission shall grant an opportunity for a public
5179 hearing before it adopts a rule or amendment if a hearing is
5180 requested by:

5181 1. At least 25 persons;

5182 2. A state or federal governmental subdivision or agency;

5183 or

5184 3. An association having at least 25 members.

5185 (b) If a hearing is held on the proposed rule or
5186 amendment, the commission must publish the place, time, and date
5187 of the scheduled public hearing. If the hearing is held via
5188 electronic means, the commission must publish the mechanism for
5189 access to the electronic hearing.

5190 (c) All persons wishing to be heard at the hearing shall
5191 notify the executive director of the commission or other
5192 designated member in writing of their desire to appear and
5193 testify at the hearing not less than 5 business days before the
5194 scheduled date of the hearing.

5195 (d) Hearings must be conducted in a manner providing each
5196 person who wishes to comment a fair and reasonable opportunity
5197 to comment orally or in writing.

5198 (e) All hearings must be recorded. A copy of the recording
5199 must be made available on request.

5200 (7) This article does not require a separate hearing on

5201 each rule. Rules may be grouped for the convenience of the
 5202 commission at hearings required by this article.

5203 (8) Following the scheduled hearing date, or by the close
 5204 of business on the scheduled hearing date if the hearing was not
 5205 held, the commission shall consider all written and oral
 5206 comments received.

5207 (9) If no written notice of intent to attend the public
 5208 hearing by interested parties is received, the commission may
 5209 proceed with adoption of the proposed rule without a public
 5210 hearing.

5211 (10) The commission shall, by majority vote of all
 5212 members, take final action on the proposed rule and shall
 5213 determine the effective date of the rule, if any, based on the
 5214 rulemaking record and the full text of the rule.

5215 (11) Upon determination that an emergency exists, the
 5216 commission may consider and adopt an emergency rule without
 5217 prior notice, opportunity for comment, or hearing, provided that
 5218 the usual rulemaking procedures provided in the compact and in
 5219 this article retroactively apply to the rule as soon as
 5220 reasonably possible, but in no event later than 90 days after
 5221 the effective date of the rule. For purposes of this subsection,
 5222 an emergency rule is one that must be adopted immediately in
 5223 order to:

5224 (a) Meet an imminent threat to public health, safety, or
 5225 welfare;

5251 (b) The commission shall adopt a rule providing for both
 5252 mediation and binding dispute resolution for disputes as
 5253 appropriate.

5254 (2) (a) The commission, in the reasonable exercise of its
 5255 discretion, shall enforce the compact.

5256 (b) By majority vote, the commission may initiate legal
 5257 action in the United States District Court for the District of
 5258 Columbia or the federal district where the commission has its
 5259 principal offices against a member state in default to enforce
 5260 compliance with the compact and its adopted rules and bylaws.
 5261 The relief sought may include both injunctive relief and
 5262 damages. In the event judicial enforcement is necessary, the
 5263 prevailing member must be awarded all costs of litigation,
 5264 including reasonable attorney fees.

5265 (c) The remedies provided in this subsection are not the
 5266 exclusive remedies of the commission. The commission may pursue
 5267 any other remedies available under federal or state law.

5268
 5269 ARTICLE XII

5270 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

5271
 5272 (1) The compact becomes effective and binding on the date
 5273 of legislative enactment of the compact by no fewer than 10
 5274 member states. The provisions, which become effective at that
 5275 time, shall be limited to the powers granted to the commission

5276 relating to assembly and the adoption of rules. Thereafter, the
 5277 commission shall meet and exercise rulemaking powers necessary
 5278 to implement and administer the compact.

5279 (2) Any state that joins the compact subsequent to the
 5280 commission's initial adoption of the rules is subject to the
 5281 rules as they exist on the date on which the compact becomes law
 5282 in that state. Any rule that has been previously adopted by the
 5283 commission has the full force and effect of law on the day the
 5284 compact becomes law in that state.

5285 (3) A member state may withdraw from the compact by
 5286 enacting a statute repealing the compact.

5287 (a) A member state's withdrawal does not take effect until
 5288 6 months after enactment of the repealing statute.

5289 (b) Withdrawal does not affect the continuing requirement
 5290 of the withdrawing state's audiology licensing board or speech-
 5291 language pathology licensing board to comply with the
 5292 investigative and adverse action reporting requirements of the
 5293 compact before the effective date of withdrawal.

5294 (4) The compact does not invalidate or prevent any
 5295 audiology or speech-language pathology licensure agreement or
 5296 other cooperative arrangement between a member state and a
 5297 nonmember state that does not conflict with the provisions of
 5298 this compact.

5299 (5) The compact may be amended by the member states. An
 5300 amendment to the compact does not become effective and binding

5301 upon any member state until it is enacted into the laws of all
 5302 member states.

5303

5304 ARTICLE XIII

5305 CONSTRUCTION AND SEVERABILITY

5306

5307 The compact must be liberally construed so as to effectuate
 5308 its purposes. The provisions of the compact are severable and if
 5309 any phrase, clause, sentence, or provision of this compact is
 5310 declared to be contrary to the constitution of any member state
 5311 or of the United States or the applicability thereof to any
 5312 government, agency, person, or circumstance is held invalid, the
 5313 validity of the remainder of the compact and the applicability
 5314 thereof to any government, agency, person, or circumstance is
 5315 not affected. If the compact is held contrary to the
 5316 constitution of any member state, the compact shall remain in
 5317 full force and effect as to the remaining member states and in
 5318 full force and effect as to the member state affected as to all
 5319 severable matters.

5320

5321 ARTICLE XIV

5322 BINDING EFFECT OF COMPACT AND OTHER LAWS

5323

5324 (1) The compact does not prevent the enforcement of any
 5325 other law of a member state that is not inconsistent with the

5326 compact.

5327 (2) All laws of a member state in conflict with the
 5328 compact are superseded to the extent of the conflict.

5329 (3) All lawful actions of the commission, including all
 5330 rules and bylaws adopted by the commission, are binding upon the
 5331 member states.

5332 (4) All agreements between the commission and the member
 5333 states are binding in accordance with their terms.

5334 (5) In the event any provision of the compact exceeds the
 5335 constitutional limits imposed on the legislature of any member
 5336 state, the provision is ineffective to the extent of the
 5337 conflict with the constitutional provision in question in that
 5338 member state.

5339 Section 57. The provisions of the Audiology and Speech-
 5340 Language Pathology Interstate Compact do not authorize the
 5341 Department of Health or the Board of Speech-Language Pathology
 5342 and Audiology to collect a compact privilege fee, but rather
 5343 state that fees of this kind are allowable under the compact.
 5344 The Department of Health and the Board of Speech-Language
 5345 Pathology and Audiology must comply with the requirements of s.
 5346 456.025.

5347 Section 58. Section 486.028, Florida Statutes, is amended
 5348 to read:

5349 486.028 License to practice physical therapy required.—A
 5350 ~~No~~ person may not ~~shall~~ practice, or hold herself or himself out

5351 as being able to practice, physical therapy in this state unless
 5352 she or he is licensed under ~~in accordance with the provisions of~~
 5353 this chapter or holds a compact privilege in this state under
 5354 the Physical Therapy Licensure Compact as specified in s.
 5355 486.112.; ~~however, Nothing in~~ This chapter does not shall
 5356 prohibit any person licensed in this state under any other law
 5357 from engaging in the practice for which she or he is licensed.

5358 Section 59. Section 486.031, Florida Statutes, is amended
 5359 to read:

5360 486.031 Physical therapist; licensing requirements;
 5361 exemption.—

5362 (1) To be eligible for licensing as a physical therapist,
 5363 an applicant must:

5364 (a) ~~(1)~~ Be at least 18 years old;

5365 (b) ~~(2)~~ Be of good moral character; and

5366 (c) 1. ~~(3) (a)~~ Have ~~been~~ graduated from a school of physical
 5367 therapy which has been approved for the educational preparation
 5368 of physical therapists by the appropriate accrediting agency
 5369 recognized by the Council for Higher Education Accreditation or
 5370 its successor ~~Commission on Recognition of Postsecondary~~
 5371 ~~Accreditation~~ or the United States Department of Education at
 5372 the time of her or his graduation and have passed, to the
 5373 satisfaction of the board, the American Registry Examination
 5374 before ~~prior to~~ 1971 or a national examination approved by the
 5375 board to determine her or his fitness for practice as a physical

5376 therapist under this chapter ~~as hereinafter provided~~;

5377 2.~~(b)~~ Have received a diploma from a program in physical
 5378 therapy in a foreign country and have educational credentials
 5379 deemed equivalent to those required for the educational
 5380 preparation of physical therapists in this country, as
 5381 recognized by the appropriate agency as identified by the board,
 5382 and have passed to the satisfaction of the board an examination
 5383 to determine her or his fitness for practice as a physical
 5384 therapist under this chapter ~~as hereinafter provided~~; or

5385 3.~~(e)~~ Be entitled to licensure without examination as
 5386 provided in s. 486.081.

5387 (2) A person licensed as a physical therapist in another
 5388 state who is practicing under the Physical Therapy Licensure
 5389 Compact pursuant to s. 486.112, and only within the scope
 5390 provided therein, is exempt from the licensure requirements of
 5391 this section.

5392 Section 60. Section 486.102, Florida Statutes, is amended
 5393 to read:

5394 486.102 Physical therapist assistant; licensing
 5395 requirements; exemption.-

5396 (1) To be eligible for licensing by the board as a
 5397 physical therapist assistant, an applicant must:

5398 (a)~~(1)~~ Be at least 18 years old;

5399 (b)~~(2)~~ Be of good moral character; and

5400 (c)1.~~(3)~~~~(a)~~ Have ~~been~~ graduated from a school providing

5401 ~~giving~~ a course of at least ~~not less than~~ 2 years for physical
 5402 therapist assistants, which has been approved for the
 5403 educational preparation of physical therapist assistants by the
 5404 appropriate accrediting agency recognized by the Council for
 5405 Higher Education Accreditation or its successor ~~Commission on~~
 5406 ~~Recognition of Postsecondary Accreditation~~ or the United States
 5407 Department of Education, at the time of her or his graduation
 5408 and have passed to the satisfaction of the board an examination
 5409 to determine her or his fitness for practice as a physical
 5410 therapist assistant under this chapter ~~as hereinafter provided;~~

5411 2.(b) Have ~~been~~ graduated from a school providing ~~giving~~ a
 5412 course for physical therapist assistants in a foreign country
 5413 and have educational credentials deemed equivalent to those
 5414 required for the educational preparation of physical therapist
 5415 assistants in this country, as recognized by the appropriate
 5416 agency as identified by the board, and passed to the
 5417 satisfaction of the board an examination to determine her or his
 5418 fitness for practice as a physical therapist assistant under
 5419 this chapter ~~as hereinafter provided;~~

5420 3.(e) Be entitled to licensure without examination as
 5421 provided in s. 486.107; or

5422 4.(d) Have been enrolled between July 1, 2014, and July 1,
 5423 2016, in a physical therapist assistant school in this state
 5424 which was accredited at the time of enrollment; and

5425 a.1. Have ~~been~~ graduated or be eligible to graduate from

5426 such school no later than July 1, 2018; and

5427 ~~b.2.~~ Have passed to the satisfaction of the board an
5428 examination to determine his or her fitness for practice as a
5429 physical therapist assistant as provided in s. 486.104.

5430 (2) A person licensed as a physical therapist assistant in
5431 another state who is practicing under the Physical Therapy
5432 Licensure Compact pursuant to s. 486.112, and only within the
5433 scope provided therein, is exempt from the licensure
5434 requirements of this section.

5435 Section 61. Section 486.112, Florida Statutes, is created
5436 to read:

5437 486.112 Physical Therapy Licensure Compact.—The Physical
5438 Therapy Licensure Compact is hereby enacted into law and entered
5439 into by this state with all other jurisdictions legally joining
5440 therein in the form substantially as follows:

5441

5442 ARTICLE I

5443 PURPOSE AND OBJECTIVES

5444

5445 (1) The purpose of the compact is to facilitate interstate
5446 practice of physical therapy with the goal of improving public
5447 access to physical therapy services. The compact preserves the
5448 regulatory authority of member states to protect public health
5449 and safety through their current systems of state licensure. For
5450 purposes of state regulation under the compact, the practice of

5451 physical therapy is deemed to have occurred in the state where
 5452 the patient is located at the time physical therapy is provided
 5453 to the patient.

5454 (2) The compact is designed to achieve all of the
 5455 following objectives:

5456 (a) Increase public access to physical therapy services by
 5457 providing for the mutual recognition of other member state
 5458 licenses.

5459 (b) Enhance the states' ability to protect the public's
 5460 health and safety.

5461 (c) Encourage the cooperation of member states in
 5462 regulating multistate physical therapy practice.

5463 (d) Support spouses of relocating military members.

5464 (e) Enhance the exchange of licensure, investigative, and
 5465 disciplinary information between member states.

5466 (f) Allow a remote state to hold a provider of services
 5467 with a compact privilege in that state accountable to that
 5468 state's practice standards.

5469

5470 ARTICLE II

5471 DEFINITIONS

5472

5473 As used in the compact, and except as otherwise provided,
 5474 the term:

5475 (1) "Active duty military" means full-time duty status in

5476 the active uniformed service of the United States, including
 5477 members of the National Guard and Reserve on active duty orders
 5478 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

5479 (2) "Adverse action" means disciplinary action taken by a
 5480 physical therapy licensing board based upon misconduct,
 5481 unacceptable performance, or a combination of both.

5482 (3) "Alternative program" means a nondisciplinary
 5483 monitoring or practice remediation process approved by a state's
 5484 physical therapy licensing board. The term includes, but is not
 5485 limited to, programs that address substance abuse issues.

5486 (4) "Compact privilege" means the authorization granted by
 5487 a remote state to allow a licensee from another member state to
 5488 practice as a physical therapist or physical therapist assistant
 5489 in the remote state under its laws and rules.

5490 (5) "Continuing competence" means a requirement, as a
 5491 condition of license renewal, to provide evidence of
 5492 participation in, and completion of, educational and
 5493 professional activities relevant to the practice of physical
 5494 therapy.

5495 (6) "Data system" means the coordinated database and
 5496 reporting system created by the Physical Therapy Compact
 5497 Commission for the exchange of information between member states
 5498 relating to licensees or applicants under the compact, including
 5499 identifying information, licensure data, investigative
 5500 information, adverse actions, nonconfidential information

5501 related to alternative program participation, any denials of
5502 applications for licensure, and other information as specified
5503 by commission rule.

5504 (7) "Encumbered license" means a license that a physical
5505 therapy licensing board has limited in any way.

5506 (8) "Executive board" means a group of directors elected
5507 or appointed to act on behalf of, and within the powers granted
5508 to them by, the commission.

5509 (9) "Home state" means the member state that is the
5510 licensee's primary state of residence.

5511 (10) "Investigative information" means information,
5512 records, and documents received or generated by a physical
5513 therapy licensing board pursuant to an investigation.

5514 (11) "Jurisprudence requirement" means the assessment of
5515 an individual's knowledge of the laws and rules governing the
5516 practice of physical therapy in a specific state.

5517 (12) "Licensee" means an individual who currently holds an
5518 authorization from a state to practice as a physical therapist
5519 or physical therapist assistant.

5520 (13) "Member state" means a state that has enacted the
5521 compact.

5522 (14) "Physical therapist" means an individual licensed by
5523 a state to practice physical therapy.

5524 (15) "Physical therapist assistant" means an individual
5525 licensed by a state to assist a physical therapist in specified

5551 including using the commission's unique identifier, as defined
5552 by commission rule.

5553 (b) Have a mechanism in place for receiving and
5554 investigating complaints about licensees.

5555 (c) Notify the commission, in accordance with the terms of
5556 the compact and rules, of any adverse action or the availability
5557 of investigative information regarding a licensee.

5558 (d) Fully implement a criminal background check
5559 requirement, within a timeframe established by commission rule,
5560 which uses results from the Federal Bureau of Investigation
5561 record search on criminal background checks to make licensure
5562 decisions in accordance with subsection (2).

5563 (e) Comply with the commission's rules.

5564 (f) Use a recognized national examination as a requirement
5565 for licensure pursuant to the commission's rules.

5566 (g) Have continuing competence requirements as a condition
5567 for license renewal.

5568 (2) Upon adoption of the compact, a member state has the
5569 authority to obtain biometric-based information from each
5570 licensee applying for a compact privilege and submit this
5571 information to the Federal Bureau of Investigation for a
5572 criminal background check in accordance with 28 U.S.C. s. 534
5573 and 34 U.S.C. s. 40316.

5574 (3) A member state must grant the compact privilege to a
5575 licensee holding a valid unencumbered license in another member

5576 | state in accordance with the terms of the compact and rules.

5577 | (4) Member states may charge a fee for granting a compact
 5578 | privilege.

5579

5580 | ARTICLE IV

5581 | COMPACT PRIVILEGE

5582

5583 | (1) To exercise the compact privilege under the compact, a
 5584 | licensee must satisfy all of the following conditions:

5585 | (a) Hold a license in the home state.

5586 | (b) Not have an encumbrance on any state license.

5587 | (c) Be eligible for a compact privilege in all member
 5588 | states in accordance with subsections (4), (7), and (8).

5589 | (d) Not have had an adverse action against any license or
 5590 | compact privilege within the preceding 2 years.

5591 | (e) Notify the commission that the licensee is seeking the
 5592 | compact privilege within a remote state.

5593 | (f) Pay any applicable fees, including any state fee, for
 5594 | the compact privilege.

5595 | (g) Meet any jurisprudence requirements established by the
 5596 | remote state in which the licensee is seeking a compact
 5597 | privilege.

5598 | (h) Report to the commission adverse action taken by any
 5599 | nonmember state within 30 days after the date the adverse action
 5600 | is taken.

5601 (2) The compact privilege is valid until the expiration
5602 date of the home license. The licensee must continue to meet the
5603 requirements of subsection (1) to maintain the compact privilege
5604 in a remote state.

5605 (3) A licensee providing physical therapy in a remote
5606 state under the compact privilege must comply with the laws and
5607 rules of the remote state.

5608 (4) A licensee providing physical therapy in a remote
5609 state is subject to that state's regulatory authority. A remote
5610 state may, in accordance with due process and that state's laws,
5611 remove a licensee's compact privilege in the remote state for a
5612 specific period of time, impose fines, and take any other
5613 necessary actions to protect the health and safety of its
5614 citizens. The licensee is not eligible for a compact privilege
5615 in any member state until the specific period of time for
5616 removal has ended and all fines are paid.

5617 (5) If a home state license is encumbered, the licensee
5618 loses the compact privilege in any remote state until the
5619 following conditions are met:

5620 (a) The home state license is no longer encumbered.

5621 (b) Two years have elapsed from the date of the adverse
5622 action.

5623 (6) Once an encumbered license in the home state is
5624 restored to good standing, the licensee must meet the
5625 requirements of subsection (1) to obtain a compact privilege in

5626 any remote state.

5627 (7) If a licensee's compact privilege in any remote state
 5628 is removed, the licensee loses the compact privilege in all
 5629 remote states until all of the following conditions are met:

5630 (a) The specific period of time for which the compact
 5631 privilege was removed has ended.

5632 (b) All fines have been paid.

5633 (c) Two years have elapsed from the date of the adverse
 5634 action.

5635 (8) Once the requirements of subsection (7) have been met,
 5636 the licensee must meet the requirements of subsection (1) to
 5637 obtain a compact privilege in a remote state.

5638

5639 ARTICLE V

5640 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

5641

5642 A licensee who is active duty military or is the spouse of
 5643 an individual who is active duty military may choose any of the
 5644 following locations to designate his or her home state:

5645 (1) Home of record.

5646 (2) Permanent change of station location.

5647 (3) State of current residence, if it is different from
 5648 the home of record or permanent change of station location.

5649

5650 ARTICLE VI

ADVERSE ACTIONS

5651
5652
5653 (1) A home state has exclusive power to impose adverse
5654 action against a license issued by the home state.

5655 (2) A home state may take adverse action based on the
5656 investigative information of a remote state, so long as the home
5657 state follows its own procedures for imposing adverse action.

5658 (3) The compact does not override a member state's
5659 decision that participation in an alternative program may be
5660 used in lieu of adverse action and that such participation
5661 remain nonpublic if required by the member state's laws. Member
5662 states must require licensees who enter any alternative programs
5663 in lieu of discipline to agree not to practice in any other
5664 member state during the term of the alternative program without
5665 prior authorization from such other member state.

5666 (4) A member state may investigate actual or alleged
5667 violations of the laws and rules for the practice of physical
5668 therapy committed in any other member state by a physical
5669 therapist or physical therapist assistant practicing under the
5670 compact who holds a license or compact privilege in such other
5671 member state.

5672 (5) A remote state may do any of the following:

5673 (a) Take adverse actions as set forth in subsection (4) of
5674 article IV against a licensee's compact privilege in the state.

5675 (b) Issue subpoenas for both hearings and investigations

5676 which require the attendance and testimony of witnesses and the
 5677 production of evidence. Subpoenas issued by a physical therapy
 5678 licensing board in a member state for the attendance and
 5679 testimony of witnesses or for the production of evidence from
 5680 another member state must be enforced in the latter state by any
 5681 court of competent jurisdiction, according to the practice and
 5682 procedure of that court applicable to subpoenas issued in
 5683 proceedings pending before it. The issuing authority shall pay
 5684 any witness fees, travel expenses, mileage, and other fees
 5685 required by the service laws of the state where the witnesses or
 5686 evidence is located.

5687 (c) If otherwise permitted by state law, recover from the
 5688 licensee the costs of investigations and disposition of cases
 5689 resulting from any adverse action taken against that licensee.

5690 (6) (a) In addition to the authority granted to a member
 5691 state by its respective physical therapy practice act or other
 5692 applicable state law, a member state may participate with other
 5693 member states in joint investigations of licensees.

5694 (b) Member states shall share any investigative,
 5695 litigation, or compliance materials in furtherance of any joint
 5696 or individual investigation initiated under the compact.

5698 ARTICLE VII

5699 ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

5700

5701 (1) COMMISSION CREATED.—The member states hereby create
5702 and establish a joint public agency known as the Physical
5703 Therapy Compact Commission:

5704 (a) The commission is an instrumentality of the member
5705 states.

5706 (b) Venue is proper, and judicial proceedings by or
5707 against the commission shall be brought solely and exclusively
5708 in a court of competent jurisdiction where the principal office
5709 of the commission is located. The commission may waive venue and
5710 jurisdictional defenses to the extent it adopts or consents to
5711 participate in alternative dispute resolution proceedings.

5712 (c) The compact may not be construed to be a waiver of
5713 sovereign immunity.

5714 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

5715 (a) Each member state has and is limited to one delegate
5716 selected by that member state's physical therapy licensing board
5717 to serve on the commission. The delegate must be a current
5718 member of the physical therapy licensing board who is a physical
5719 therapist, a physical therapist assistant, a public member, or
5720 the board administrator.

5721 (b) A delegate may be removed or suspended from office as
5722 provided by the law of the state from which the delegate is
5723 appointed. Any vacancy occurring on the commission must be
5724 filled by the physical therapy licensing board of the member
5725 state for which the vacancy exists.

5726 (c) Each delegate is entitled to one vote with regard to
5727 the adoption of rules and bylaws and shall otherwise have an
5728 opportunity to participate in the business and affairs of the
5729 commission.

5730 (d) A delegate shall vote in person or by such other means
5731 as provided in the bylaws. The bylaws may provide for delegates'
5732 participation in meetings by telephone or other means of
5733 communication.

5734 (e) The commission shall meet at least once during each
5735 calendar year. Additional meetings may be held as set forth in
5736 the bylaws.

5737 (f) All meetings must be open to the public, and public
5738 notice of meetings must be given in the same manner as required
5739 under the rulemaking provisions in article IX.

5740 (g) The commission or the executive board or other
5741 committees of the commission may convene in a closed, nonpublic
5742 meeting if the commission or executive board or other committees
5743 of the commission must discuss any of the following:

5744 1. Noncompliance of a member state with its obligations
5745 under the compact.

5746 2. The employment, compensation, or discipline of, or
5747 other matters, practices, or procedures related to, specific
5748 employees or other matters related to the commission's internal
5749 personnel practices and procedures.

5750 3. Current, threatened, or reasonably anticipated

5751 litigation against the commission, executive board, or other
5752 committees of the commission.

5753 4. Negotiation of contracts for the purchase, lease, or
5754 sale of goods, services, or real estate.

5755 5. An accusation of any person of a crime or a formal
5756 censure of any person.

5757 6. Information disclosing trade secrets or commercial or
5758 financial information that is privileged or confidential.

5759 7. Information of a personal nature where disclosure would
5760 constitute a clearly unwarranted invasion of personal privacy.

5761 8. Investigatory records compiled for law enforcement
5762 purposes.

5763 9. Information related to any investigative reports
5764 prepared by or on behalf of or for use of the commission or
5765 other committee charged with responsibility for investigation or
5766 determination of compliance issues pursuant to the compact.

5767 10. Matters specifically exempted from disclosure by
5768 federal or member state statute.

5769 (h) If a meeting, or portion of a meeting, is closed
5770 pursuant to this subsection, the commission's legal counsel or
5771 designee must certify that the meeting may be closed and must
5772 reference each relevant exempting provision.

5773 (i) The commission shall keep minutes that fully and
5774 clearly describe all matters discussed in a meeting and shall
5775 provide a full and accurate summary of actions taken and the

5776 reasons therefore, including a description of the views
 5777 expressed. All documents considered in connection with an action
 5778 must be identified in the minutes. All minutes and documents of
 5779 a closed meeting must remain under seal, subject to release only
 5780 by a majority vote of the commission or order of a court of
 5781 competent jurisdiction.

5782 (3) DUTIES.—The commission shall do all of the following:

5783 (a) Establish the fiscal year of the commission.

5784 (b) Establish bylaws.

5785 (c) Maintain its financial records in accordance with the
 5786 bylaws.

5787 (d) Meet and take such actions as are consistent with the
 5788 provisions of the compact and the bylaws.

5789 (4) POWERS.—The commission may do any of the following:

5790 (a) Adopt uniform rules to facilitate and coordinate
 5791 implementation and administration of the compact. The rules have
 5792 the force and effect of law and are be binding in all member
 5793 states.

5794 (b) Bring and prosecute legal proceedings or actions in
 5795 the name of the commission, provided that the standing of any
 5796 state physical therapy licensing board to sue or be sued under
 5797 applicable law is not affected.

5798 (c) Purchase and maintain insurance and bonds.

5799 (d) Borrow, accept, or contract for services of personnel,
 5800 including, but not limited to, employees of a member state.

5801 (e) Hire employees and elect or appoint officers; fix
5802 compensation of, define duties of, and grant appropriate
5803 authority to such individuals to carry out the purposes of the
5804 compact; and establish the commission's personnel policies and
5805 programs relating to conflicts of interest, qualifications of
5806 personnel, and other related personnel matters.

5807 (f) Accept any appropriate donations and grants of money,
5808 equipment, supplies, materials, and services and receive, use,
5809 and dispose of the same, provided that at all times the
5810 commission avoids any appearance of impropriety or conflict of
5811 interest.

5812 (g) Lease, purchase, accept appropriate gifts or donations
5813 of, or otherwise own, hold, improve, or use any property, real,
5814 personal, or mixed, provided that at all times the commission
5815 avoids any appearance of impropriety or conflict of interest.

5816 (h) Sell, convey, mortgage, pledge, lease, exchange,
5817 abandon, or otherwise dispose of any property, real, personal,
5818 or mixed.

5819 (i) Establish a budget and make expenditures.

5820 (j) Borrow money.

5821 (k) Appoint committees, including standing committees
5822 composed of members, state regulators, state legislators or
5823 their representatives, and consumer representatives, and such
5824 other interested persons as may be designated in the compact and
5825 the bylaws.

5826 (l) Provide information to, receive information from, and
5827 cooperate with law enforcement agencies.

5828 (m) Establish and elect an executive board.

5829 (n) Perform such other functions as may be necessary or
5830 appropriate to achieve the purposes of the compact consistent
5831 with the state regulation of physical therapy licensure and
5832 practice.

5833 (5) THE EXECUTIVE BOARD.—

5834 (a) The executive board may act on behalf of the
5835 commission according to the terms of the compact.

5836 (b) The executive board shall consist of the following
5837 nine members:

5838 1. Seven voting members who are elected by the commission
5839 from the current membership of the commission.

5840 2. One ex-officio, nonvoting member from the recognized
5841 national physical therapy professional association.

5842 3. One ex-officio, nonvoting member from the recognized
5843 membership organization of the physical therapy licensing
5844 boards.

5845 (c) The ex officio members shall be selected by their
5846 respective organizations.

5847 (d) The commission may remove any member of the executive
5848 board as provided in its bylaws.

5849 (e) The executive board shall meet at least annually.

5850 (f) The executive board shall do all of the following:

5851 1. Recommend to the entire commission changes to the rules
 5852 or bylaws, compact legislation, fees paid by compact member
 5853 states, such as annual dues, and any commission compact fee
 5854 charged to licensees for the compact privilege.

5855 2. Ensure compact administration services are
 5856 appropriately provided, contractually or otherwise.

5857 3. Prepare and recommend the budget.

5858 4. Maintain financial records on behalf of the commission.

5859 5. Monitor compact compliance of member states and provide
 5860 compliance reports to the commission.

5861 6. Establish additional committees as necessary.

5862 7. Perform other duties as provided in the rules or
 5863 bylaws.

5864 (6) FINANCING OF THE COMMISSION.—

5865 (a) The commission shall pay, or provide for the payment
 5866 of, the reasonable expenses of its establishment, organization,
 5867 and ongoing activities.

5868 (b) The commission may accept any appropriate revenue
 5869 sources, donations, and grants of money, equipment, supplies,
 5870 materials, and services.

5871 (c) The commission may levy and collect an annual
 5872 assessment from each member state or impose fees on other
 5873 parties to cover the cost of the operations and activities of
 5874 the commission and its staff. Such assessments and fees must be
 5875 in a total amount sufficient to cover its annual budget as

5876 approved each year for which revenue is not provided by other
 5877 sources. The aggregate annual assessment amount must be
 5878 allocated based upon a formula to be determined by the
 5879 commission, which shall adopt a rule binding upon all member
 5880 states.

5881 (d) The commission may not incur obligations of any kind
 5882 before securing the funds adequate to meet such obligations; nor
 5883 may the commission pledge the credit of any of the member
 5884 states, except by and with the authority of the member state.

5885 (e) The commission shall keep accurate accounts of all
 5886 receipts and disbursements. The receipts and disbursements of
 5887 the commission are subject to the audit and accounting
 5888 procedures established under its bylaws. However, all receipts
 5889 and disbursements of funds handled by the commission must be
 5890 audited yearly by a certified or licensed public accountant, and
 5891 the report of the audit must be included in and become part of
 5892 the annual report of the commission.

5893 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

5894 (a) The members, officers, executive director, employees,
 5895 and representatives of the commission are immune from suit and
 5896 liability, either personally or in their official capacity, for
 5897 any claim for damage to or loss of property or personal injury
 5898 or other civil liability caused by or arising out of any actual
 5899 or alleged act, error, or omission that occurred, or that the
 5900 person against whom the claim is made had a reasonable basis for

5901 believing occurred, within the scope of commission employment,
 5902 duties, or responsibilities. However, this paragraph may not be
 5903 construed to protect any such person from suit or liability for
 5904 any damage, loss, injury, or liability caused by the
 5905 intentional, willful, or wanton misconduct of that person.

5906 (b) The commission shall defend any member, officer,
 5907 executive director, employee, or representative of the
 5908 commission in any civil action seeking to impose liability
 5909 arising out of any actual or alleged act, error, or omission
 5910 that occurred within the scope of commission employment, duties,
 5911 or responsibilities, or that the person against whom the claim
 5912 is made had a reasonable basis for believing occurred within the
 5913 scope of commission employment, duties, or responsibilities.
 5914 However, this subsection may not be construed to prohibit any
 5915 member, officer, executive director, employee, or representative
 5916 of the commission from retaining his or her own counsel or to
 5917 require the commission to defend such person if the actual or
 5918 alleged act, error, or omission resulted from that person's
 5919 intentional, willful, or wanton misconduct.

5920 (c) The commission shall indemnify and hold harmless any
 5921 member, officer, executive director, employee, or representative
 5922 of the commission for the amount of any settlement or judgment
 5923 obtained against that person arising out of any actual or
 5924 alleged act, error, or omission that occurred within the scope
 5925 of commission employment, duties, or responsibilities, or that

5926 such person had a reasonable basis for believing occurred within
 5927 the scope of commission employment, duties, or responsibilities,
 5928 provided that the actual or alleged act, error, or omission did
 5929 not result from the intentional, willful, or wanton misconduct
 5930 of that person.

5931
 5932 ARTICLE VIII

5933 DATA SYSTEM

5934 (1) The commission shall provide for the development,
 5935 maintenance, and use of a coordinated database and reporting
 5936 system containing licensure, adverse action, and investigative
 5937 information on all licensees in member states.

5938 (2) Notwithstanding any other provision of state law to
 5939 the contrary, a member state shall submit a uniform data set to
 5940 the data system on all individuals to whom the compact is
 5941 applicable as required by the rules of the commission, including
 5942 all of the following:

5943 (a) Identifying information.

5944 (b) Licensure data.

5945 (c) Investigative information.

5946 (d) Adverse actions against a license or compact
 5947 privilege.

5948 (e) Nonconfidential information related to alternative
 5949 program participation.

5950 (f) Any denial of application for licensure and the reason

5951 for such denial.

5952 (g) Other information that may facilitate the
 5953 administration of the compact, as determined by the rules of the
 5954 commission.

5955 (3) Investigative information in the system pertaining to
 5956 a licensee in any member state must be available only to other
 5957 member states.

5958 (4) The commission shall promptly notify all member states
 5959 of any adverse action taken against a licensee or an individual
 5960 applying for a license in a member state. Adverse action
 5961 information pertaining to a licensee in any member state must be
 5962 available to all other member states.

5963 (5) Member states contributing information to the data
 5964 system may designate information that may not be shared with the
 5965 public without the express permission of the contributing state.

5966 (6) Any information submitted to the data system which is
 5967 subsequently required to be expunged by the laws of the member
 5968 state contributing the information must be removed from the data
 5969 system.

5970

5971 ARTICLE IX

5972 RULEMAKING

5973 (1) The commission shall exercise its rulemaking powers
 5974 pursuant to the criteria set forth in this article and the rules
 5975 adopted thereunder. Rules and amendments become binding as of

5976 the date specified in each rule or amendment.

5977 (2) If a majority of the legislatures of the member states
5978 rejects a rule by enactment of a statute or resolution in the
5979 same manner used to adopt the compact within 4 years after the
5980 date of adoption of the rule, such rule does not have further
5981 force and effect in any member state.

5982 (3) Rules or amendments to the rules must be adopted at a
5983 regular or special meeting of the commission.

5984 (4) Before adoption of a final rule or rules by the
5985 commission, and at least 30 days before the meeting at which the
5986 rule will be considered and voted upon, the commission must file
5987 a notice of proposed rulemaking on all of the following:

5988 (a) The website of the commission or another publicly
5989 accessible platform.

5990 (b) The website of each member state physical therapy
5991 licensing board or another publicly accessible platform or the
5992 publication in which each state would otherwise publish proposed
5993 rules.

5994 (5) The notice of proposed rulemaking must include all of
5995 the following:

5996 (a) The proposed date, time, and location of the meeting
5997 in which the rule will be considered and voted upon.

5998 (b) The text of the proposed rule or amendment and the
5999 reason for the proposed rule.

6000 (c) A request for comments on the proposed rule from any

6001 interested person.

6002 (d) The manner in which interested persons may submit
6003 notice to the commission of their intention to attend the public
6004 hearing and any written comments.

6005 (6) Before adoption of a proposed rule, the commission
6006 must allow persons to submit written data, facts, opinions, and
6007 arguments, which must be made available to the public.

6008 (7) The commission must grant an opportunity for a public
6009 hearing before it adopts a rule or an amendment if a hearing is
6010 requested by any of the following:

6011 (a) At least 25 persons.

6012 (b) A state or federal governmental subdivision or agency.

6013 (c) An association having at least 25 members.

6014 (8) If a scheduled public hearing is held on the proposed
6015 rule or amendment, the commission must publish the date, time,
6016 and location of the hearing. If the hearing is held through
6017 electronic means, the commission must publish the mechanism for
6018 access to the electronic hearing.

6019 (a) All persons wishing to be heard at the hearing must
6020 notify the executive director of the commission or another
6021 designated member in writing of their desire to appear and
6022 testify at the hearing at least 5 business days before the
6023 scheduled date of the hearing.

6024 (b) Hearings must be conducted in a manner providing each
6025 person who wishes to comment a fair and reasonable opportunity

6026 | to comment orally or in writing.

6027 | (c) All hearings must be recorded. A copy of the recording
6028 | must be made available on request.

6029 | (d) This section may not be construed to require a
6030 | separate hearing on each rule. Rules may be grouped for the
6031 | convenience of the commission at hearings required by this
6032 | section.

6033 | (9) Following the scheduled hearing date, or by the close
6034 | of business on the scheduled hearing date if the hearing was not
6035 | held, the commission shall consider all written and oral
6036 | comments received.

6037 | (10) If no written notice of intent to attend the public
6038 | hearing by interested parties is received, the commission may
6039 | proceed with adoption of the proposed rule without a public
6040 | hearing.

6041 | (11) The commission shall, by majority vote of all
6042 | members, take final action on the proposed rule and shall
6043 | determine the effective date of the rule, if any, based on the
6044 | rulemaking record and the full text of the rule.

6045 | (12) Upon determination that an emergency exists, the
6046 | commission may consider and adopt an emergency rule without
6047 | prior notice, opportunity for comment, or hearing, provided that
6048 | the usual rulemaking procedures provided in the compact and in
6049 | this section are retroactively applied to the rule as soon as
6050 | reasonably possible, in no event later than 90 days after the

6051 effective date of the rule. For the purposes of this subsection,
 6052 an emergency rule is one that must be adopted immediately in
 6053 order to do any of the following:

6054 (a) Meet an imminent threat to public health, safety, or
 6055 welfare.

6056 (b) Prevent a loss of commission or member state funds.

6057 (c) Meet a deadline for the adoption of an administrative
 6058 rule established by federal law or rule.

6059 (d) Protect public health and safety.

6060 (13) The commission or an authorized committee of the
 6061 commission may direct revisions to a previously adopted rule or
 6062 amendment for purposes of correcting typographical errors,
 6063 errors in format, errors in consistency, or grammatical errors.
 6064 Public notice of any revisions must be posted on the website of
 6065 the commission. The revision is subject to challenge by any
 6066 person for a period of 30 days after posting. The revision may
 6067 be challenged only on grounds that the revision results in a
 6068 material change to a rule. A challenge must be made in writing
 6069 and delivered to the chair of the commission before the end of
 6070 the notice period. If a challenge is not made, the revision
 6071 takes effect without further action. If the revision is
 6072 challenged, the revision may not take effect without the
 6073 approval of the commission.

6074

6075 ARTICLE X

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(1) OVERSIGHT.—

(a) The executive, legislative, and judicial branches of state government in each member state shall enforce the compact and take all actions necessary and appropriate to carry out the compact's purposes and intent. The provisions of the compact and the rules adopted pursuant thereto shall have standing as statutory law.

(b) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the compact which may affect the powers, responsibilities, or actions of the commission.

(c) The commission is entitled to receive service of process in any such proceeding and has standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission renders a judgment or an order void as to the commission, the compact, or the adopted rules.

(2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

(a) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the compact or the adopted rules, the commission must do all of the following:

1. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed

6101 means of curing the default, and any other action to be taken by
6102 the commission.

6103 2. Provide remedial training and specific technical
6104 assistance regarding the default.

6105 (b) If a state in default fails to cure the default, the
6106 defaulting state may be terminated from the compact upon an
6107 affirmative vote of a majority of the member states, and all
6108 rights, privileges, and benefits conferred by the compact may be
6109 terminated on the effective date of termination. A cure of the
6110 default does not relieve the offending state of obligations or
6111 liabilities incurred during the period of default.

6112 (c) Termination of membership in the compact may be
6113 imposed only after all other means of securing compliance have
6114 been exhausted. The commission shall give notice of intent to
6115 suspend or terminate a defaulting member state to the governor
6116 and majority and minority leaders of the defaulting state's
6117 legislature and to each of the member states.

6118 (d) A state that has been terminated from the compact is
6119 responsible for all assessments, obligations, and liabilities
6120 incurred through the effective date of termination, including
6121 obligations that extend beyond the effective date of
6122 termination.

6123 (e) The commission does not bear any costs related to a
6124 state that is found to be in default or that has been terminated
6125 from the compact, unless agreed upon in writing between the

6126 commission and the defaulting state.

6127 (f) The defaulting state may appeal the action of the
6128 commission by petitioning the U.S. District Court for the
6129 District of Columbia or the federal district where the
6130 commission has its principal offices. The prevailing member
6131 shall be awarded all costs of such litigation, including
6132 reasonable attorney fees.

6133 (3) DISPUTE RESOLUTION.—

6134 (a) Upon request by a member state, the commission must
6135 attempt to resolve disputes related to the compact which arise
6136 among member states and between member and nonmember states.

6137 (b) The commission shall adopt a rule providing for both
6138 mediation and binding dispute resolution for disputes as
6139 appropriate.

6140 (4) ENFORCEMENT.—

6141 (a) The commission, in the reasonable exercise of its
6142 discretion, shall enforce the compact and the commission's
6143 rules.

6144 (b) By majority vote, the commission may initiate legal
6145 action in the United States District Court for the District of
6146 Columbia or the federal district where the commission has its
6147 principal offices against a member state in default to enforce
6148 compliance with the provisions of the compact and its adopted
6149 rules and bylaws. The relief sought may include both injunctive
6150 relief and damages. In the event judicial enforcement is

6151 necessary, the prevailing member shall be awarded all costs of
6152 such litigation, including reasonable attorney fees.

6153 (c) The remedies under this article are not the exclusive
6154 remedies of the commission. The commission may pursue any other
6155 remedies available under federal or state law.

6156

6157 ARTICLE XI

6158 DATE OF IMPLEMENTATION OF THE PHYSICAL THERAPY COMPACT AND
6159 ASSOCIATED RULES; WITHDRAWAL; AND AMENDMENTS

6160 (1) The compact becomes effective on the date that the
6161 compact statute is enacted into law in the tenth member state.
6162 The provisions that become effective at that time are limited to
6163 the powers granted to the commission relating to assembly and
6164 the adoption of rules. Thereafter, the commission shall meet and
6165 exercise rulemaking powers necessary for the implementation and
6166 administration of the compact.

6167 (2) Any state that joins the compact subsequent to the
6168 commission's initial adoption of the rules is subject to the
6169 rules as they exist on the date that the compact becomes law in
6170 that state. Any rule that has been previously adopted by the
6171 commission has the full force and effect of law on the day the
6172 compact becomes law in that state.

6173 (3) Any member state may withdraw from the compact by
6174 enacting a statute repealing the same.

6175 (a) A member state's withdrawal does not take effect until

6176 6 months after enactment of the repealing statute.

6177 (b) Withdrawal does not affect the continuing requirement
 6178 of the withdrawing state's physical therapy licensing board to
 6179 comply with the investigative and adverse action reporting
 6180 requirements of this act before the effective date of
 6181 withdrawal.

6182 (4) The compact may not be construed to invalidate or
 6183 prevent any physical therapy licensure agreement or other
 6184 cooperative arrangement between a member state and a nonmember
 6185 state which does not conflict with the provisions of the
 6186 compact.

6187 (5) The compact may be amended by the member states. An
 6188 amendment to the compact does not become effective and binding
 6189 upon any member state until it is enacted into the laws of all
 6190 member states.

6192 ARTICLE XII

6193 CONSTRUCTION AND SEVERABILITY

6194 The compact must be liberally construed so as to carry out
 6195 the purposes thereof. The provisions of the compact are
 6196 severable, and if any phrase, clause, sentence, or provision of
 6197 the compact is declared to be contrary to the constitution of
 6198 any member state or of the United States or the applicability
 6199 thereof to any government, agency, person, or circumstance is
 6200 held invalid, the validity of the remainder of the compact and

6201 the applicability thereof to any government, agency, person, or
 6202 circumstance is not affected thereby. If the compact is held
 6203 contrary to the constitution of any member state, the compact
 6204 remains in full force and effect as to the remaining member
 6205 states and in full force and effect as to the member state
 6206 affected as to all severable matters.

6207 Section 62. The provisions of the Physical Therapy
 6208 Licensure Compact do not authorize the Department of Health or
 6209 the Board of Physical Therapy to collect a compact privilege
 6210 fee, but rather state that fees of this kind are allowable under
 6211 the compact. The Department of Health and the Board of Physical
 6212 Therapy must comply with the requirements of s. 456.025.

6213 Section 63. Subsection (5) is added to section 486.023,
 6214 Florida Statutes, to read:

6215 486.023 Board of Physical Therapy Practice.—

6216 (5) The board shall appoint a person to serve as the
 6217 state's delegate on the Physical Therapy Compact Commission, as
 6218 required under s. 486.112.

6219 Section 64. Section 486.125, Florida Statutes, is amended
 6220 to read:

6221 486.125 Refusal, revocation, or suspension of license;
 6222 administrative fines and other disciplinary measures.—

6223 (1) The following acts constitute grounds for denial of a
 6224 license or disciplinary action, as specified in s. 456.072(2) or
 6225 s. 486.112:

6226 (a) Being unable to practice physical therapy with
6227 reasonable skill and safety to patients by reason of illness or
6228 use of alcohol, drugs, narcotics, chemicals, or any other type
6229 of material or as a result of any mental or physical condition.

6230 1. In enforcing this paragraph, upon a finding of the
6231 State Surgeon General or the State Surgeon General's designee
6232 that probable cause exists to believe that the licensee is
6233 unable to practice physical therapy due to the reasons stated in
6234 this paragraph, the department shall have the authority to
6235 compel a physical therapist or physical therapist assistant to
6236 submit to a mental or physical examination by a physician
6237 designated by the department. If the licensee refuses to comply
6238 with such order, the department's order directing such
6239 examination may be enforced by filing a petition for enforcement
6240 in the circuit court where the licensee resides or serves as a
6241 physical therapy practitioner. The licensee against whom the
6242 petition is filed may ~~shall~~ not be named or identified by
6243 initials in any public court records or documents, and the
6244 proceedings must ~~shall~~ be closed to the public. The department
6245 shall be entitled to the summary procedure provided in s.
6246 51.011.

6247 2. A physical therapist or physical therapist assistant
6248 whose license is suspended or revoked pursuant to this
6249 subsection shall, at reasonable intervals, be given an
6250 opportunity to demonstrate that she or he can resume the

6251 competent practice of physical therapy with reasonable skill and
6252 safety to patients.

6253 3. Neither the record of proceeding nor the orders entered
6254 by the board in any proceeding under this subsection may be used
6255 against a physical therapist or physical therapist assistant in
6256 any other proceeding.

6257 (b) Having committed fraud in the practice of physical
6258 therapy or deceit in obtaining a license as a physical therapist
6259 or as a physical therapist assistant.

6260 (c) Being convicted or found guilty regardless of
6261 adjudication, of a crime in any jurisdiction which directly
6262 relates to the practice of physical therapy or to the ability to
6263 practice physical therapy. The entry of any plea of nolo
6264 contendere is ~~shall be~~ considered a conviction for purpose of
6265 this chapter.

6266 (d) Having treated or undertaken to treat human ailments
6267 by means other than by physical therapy, as defined in this
6268 chapter.

6269 (e) Failing to maintain acceptable standards of physical
6270 therapy practice as set forth by the board in rules adopted
6271 pursuant to this chapter.

6272 (f) Engaging directly or indirectly in the dividing,
6273 transferring, assigning, rebating, or refunding of fees received
6274 for professional services, or having been found to profit by
6275 means of a credit or other valuable consideration, such as an

6276 unearned commission, discount, or gratuity, with any person
 6277 referring a patient or with any relative or business associate
 6278 of the referring person. ~~Nothing in~~ This chapter may not shall
 6279 be construed to prohibit the members of any regularly and
 6280 properly organized business entity which is comprised of
 6281 physical therapists and which is recognized under the laws of
 6282 this state from making any division of their total fees among
 6283 themselves as they determine necessary.

6284 (g) Having a license revoked or suspended; having had
 6285 other disciplinary action taken against her or him; or having
 6286 had her or his application for a license refused, revoked, or
 6287 suspended by the licensing authority of another state,
 6288 territory, or country.

6289 (h) Violating a lawful order of the board or department
 6290 previously entered in a disciplinary hearing.

6291 (i) Making or filing a report or record which the licensee
 6292 knows to be false. Such reports or records shall include only
 6293 those which are signed in the capacity of a physical therapist.

6294 (j) Practicing or offering to practice beyond the scope
 6295 permitted by law or accepting and performing professional
 6296 responsibilities which the licensee knows or has reason to know
 6297 that she or he is not competent to perform, including, but not
 6298 limited to, specific spinal manipulation.

6299 (k) Violating any provision of this chapter or chapter
 6300 456, or any rules adopted pursuant thereto.

6301 (2) (a) The board may enter an order denying licensure or
 6302 imposing any of the penalties in s. 456.072(2) against any
 6303 applicant for licensure or licensee who is found guilty of
 6304 violating any provision of subsection (1) ~~of this section~~ or who
 6305 is found guilty of violating any provision of s. 456.072(1).

6306 (b) The board may take adverse action against a physical
 6307 therapist's or a physical therapist assistant's compact
 6308 privilege under the Physical Therapy Licensure Compact pursuant
 6309 to s. 486.112, and may impose any of the penalties in s.
 6310 456.072(2), if a physical therapist or physical therapist
 6311 assistant commits an act specified in subsection (1) or s.
 6312 456.072(1).

6313 (3) The board ~~may shall~~ not reinstate the license of a
 6314 physical therapist or physical therapist assistant or approve
 6315 ~~cause~~ a license to be issued to a person it has deemed
 6316 unqualified until such time as it is satisfied that she or he
 6317 has complied with all the terms and conditions set forth in the
 6318 final order and that such person is capable of safely engaging
 6319 in the practice of physical therapy.

6320 Section 65. Paragraph (e) of subsection (3) of section
 6321 766.1115, Florida Statutes, is amended to read:

6322 766.1115 Health care providers; creation of agency
 6323 relationship with governmental contractors.—

6324 (3) DEFINITIONS.—As used in this section, the term:

6325 (e) "Low-income" means:

6326 1. A person who is Medicaid-eligible under Florida law;
 6327 2. A person who is without health insurance and whose
 6328 family income does not exceed 300 ~~200~~ percent of the federal
 6329 poverty level as defined annually by the federal Office of
 6330 Management and Budget; or

6331 3. Any client of the department who voluntarily chooses to
 6332 participate in a program offered or approved by the department
 6333 and meets the program eligibility guidelines of the department.

6334 Section 66. Paragraphs (j), (k), and (l) are added to
 6335 subsection (10) of section 768.28, Florida Statutes, to read:

6336 768.28 Waiver of sovereign immunity in tort actions;
 6337 recovery limits; civil liability for damages caused during a
 6338 riot; limitation on attorney fees; statute of limitations;
 6339 exclusions; indemnification; risk management programs.—

6340 (10)

6341 (j) For purposes of this section, the representatives
 6342 appointed from the Board of Medicine and the Board of
 6343 Osteopathic Medicine, when serving as commissioners of the
 6344 Interstate Medical Licensure Compact Commission pursuant to s.
 6345 456.4501, and any administrator, officer, executive director,
 6346 employee, or representative of the Interstate Medical Licensure
 6347 Compact Commission, when acting within the scope of their
 6348 employment, duties, or responsibilities in this state, are
 6349 considered agents of the state. The commission shall pay any
 6350 claims or judgments pursuant to this section and may maintain

6351 insurance coverage to pay any such claims or judgments.

6352 (k) For purposes of this section, the individuals
 6353 appointed under s. 468.1135(4) as the state's delegates on the
 6354 Audiology and Speech-Language Pathology Interstate Compact
 6355 Commission, when serving in that capacity under s. 468.1335, and
 6356 any administrator, officer, executive director, employee, or
 6357 representative of the commission, when acting within the scope
 6358 of his or her employment, duties, or responsibilities in the
 6359 state, is considered an agent of the state. The commission shall
 6360 pay any claims or judgments under this section and may maintain
 6361 insurance coverage to pay any such claims or judgments.

6362 (l) For purposes of this section, the individual appointed
 6363 under s. 486.023(5) as the state's delegate on the Physical
 6364 Therapy Compact Commission, when serving in that capacity under
 6365 s. 486.112, and any administrator, officer, executive director,
 6366 employee, or representative of the Physical Therapy Compact
 6367 Commission, when acting within the scope of his or her
 6368 employment, duties, or responsibilities in this state, is
 6369 considered an agent of the state. The commission shall pay any
 6370 claims or judgments pursuant to this section and may maintain
 6371 insurance coverage to pay any such claims or judgments.

6372 Section 67. Paragraph (f) is added to subsection (3) of
 6373 section 1002.32, Florida Statutes, to read:

6374 1002.32 Developmental research (laboratory) schools.—

6375 (3) MISSION.—The mission of a lab school shall be the

6376 provision of a vehicle for the conduct of research,
 6377 demonstration, and evaluation regarding management, teaching,
 6378 and learning. Programs to achieve the mission of a lab school
 6379 shall embody the goals and standards established pursuant to ss.
 6380 1000.03(5) and 1001.23(1) and shall ensure an appropriate
 6381 education for its students.

6382 (f) Each lab school shall develop programs that accelerate
 6383 the entry of students into articulated health care programs at
 6384 its affiliated university or at any public or private
 6385 postsecondary institution, with the approval of the university
 6386 president. Each lab school shall offer technical assistance to
 6387 any school district seeking to replicate the lab school's
 6388 programs and must annually report to the President of the Senate
 6389 and the Speaker of the House of Representatives on the
 6390 development and results of such programs, when available.

6391 Section 68. Paragraph (c) is added to subsection (6) of
 6392 section 1004.015, Florida Statutes, to read:

6393 1004.015 Florida Talent Development Council.—

6394 (6) The council shall coordinate, facilitate, and
 6395 communicate statewide efforts to meet supply and demand needs
 6396 for the state's health care workforce. Annually, by December 1,
 6397 the council shall report on the implementation of this
 6398 subsection and any other relevant information on the Florida
 6399 Talent Development Council's web page located on the Department
 6400 of Economic Opportunity's website. To support the efforts of the

6401 council, the Board of Governors and the State Board of Education
 6402 shall:

6403 (c) Require the Commission for Independent Education and
 6404 the Independent Colleges and Universities of Florida to annually
 6405 report, for each medical school graduate, by institution and
 6406 program, the graduates' accepted postgraduation residency
 6407 programs, including location and specialty. For graduates who
 6408 accepted a residency program in this state, reported data shall
 6409 identify the accredited program and sponsoring institution of
 6410 the residency program.

6411 Section 69. Paragraph (b) of subsection (3) and paragraph
 6412 (b) of subsection (9) of section 1009.8962, Florida Statutes,
 6413 are amended to read:

6414 1009.8962 Linking Industry to Nursing Education (LINE)
 6415 Fund.—

6416 (3) As used in this section, the term:

6417 (b) "Institution" means a school district career center
 6418 under s. 1001.44;; a charter technical career center under s.
 6419 1002.34;; a Florida College System institution;; a state
 6420 university;;~~or~~ an independent nonprofit college or university
 6421 located and chartered in this state and accredited by an agency
 6422 or association that is recognized by the database created and
 6423 maintained by the United States Department of Education to grant
 6424 baccalaureate degrees; or an independent school, college, or
 6425 university with an accredited nursing education program as

6426 defined in s. 464.003 which is located in and chartered by the
 6427 state and is licensed by the Commission for Independent
 6428 Education pursuant to s. 1005.31, which has a nursing education
 6429 program that meets or exceeds the following:

6430 1. For a certified nursing assistant program, a completion
 6431 rate of at least 70 percent for the prior year.

6432 2. For a licensed practical nurse, associate of science in
 6433 nursing, and bachelor of science in nursing program, a first-
 6434 time passage rate on the National Council of State Boards of
 6435 Nursing Licensing Examination of at least 75 ~~70~~ percent for the
 6436 prior year based on at least 10 testing participants.

6437 (9)

6438 (b) Annually, by February 1, ~~each institution awarded~~
 6439 ~~grant funds in the previous fiscal year shall submit a report to~~
 6440 ~~the Board of Governors and the~~ ~~or~~ Department of Education shall
 6441 submit to the Governor, President of the Senate, and Speaker of
 6442 the House of Representatives a report, ~~as applicable~~, that
 6443 demonstrates the expansion as outlined in each ~~the~~ proposal and
 6444 the use of funds. At minimum, the report must include, by
 6445 program level, the number of additional nursing education
 6446 students enrolled; if scholarships were awarded using grant
 6447 funds, the number of students who received scholarships and the
 6448 average award amount; and the outcomes of students as reported
 6449 by the Florida Talent Development Council pursuant to s.
 6450 1004.015(6).

6451 Section 70. Section 486.025, Florida Statutes, is amended
 6452 to read:

6453 486.025 Powers and duties of the Board of Physical Therapy
 6454 Practice.—The board may administer oaths, summon witnesses, take
 6455 testimony in all matters relating to its duties under this
 6456 chapter, establish or modify minimum standards of practice of
 6457 physical therapy as defined in s. 486.021, including, but not
 6458 limited to, standards of practice for the performance of dry
 6459 needling by physical therapists, and adopt rules pursuant to ss.
 6460 120.536(1) and 120.54 to implement this chapter. The board may
 6461 also review the standing and reputability of any school or
 6462 college offering courses in physical therapy and whether the
 6463 courses of such school or college in physical therapy meet the
 6464 standards established by the appropriate accrediting agency
 6465 referred to in s. 486.031(1)(c) ~~s. 486.031(3)(a)~~. In determining
 6466 the standing and reputability of any such school and whether the
 6467 school and courses meet such standards, the board may
 6468 investigate and personally inspect the school and courses.

6469 Section 71. Paragraph (b) of subsection (1) of section
 6470 486.0715, Florida Statutes, is amended to read:

6471 486.0715 Physical therapist; issuance of temporary
 6472 permit.—

6473 (1) The board shall issue a temporary physical therapist
 6474 permit to an applicant who meets the following requirements:

6475 (b) Is a graduate of an approved United States physical

6476 therapy educational program and meets all the eligibility
 6477 requirements for licensure under ch. 456, s. 486.031(1)(a), (b),
 6478 and (c)1. s. ~~486.031(1)-(3)(a)~~, and related rules, except
 6479 passage of a national examination approved by the board is not
 6480 required.

6481 Section 72. Paragraph (b) of subsection (1) of section
 6482 486.1065, Florida Statutes, is amended to read:

6483 486.1065 Physical therapist assistant; issuance of
 6484 temporary permit.—

6485 (1) The board shall issue a temporary physical therapist
 6486 assistant permit to an applicant who meets the following
 6487 requirements:

6488 (b) Is a graduate of an approved United States physical
 6489 therapy assistant educational program and meets all the
 6490 eligibility requirements for licensure under ch. 456, s.
 6491 486.102(1)(a), (b), and (c)1. s. ~~486.102(1)-(3)(a)~~, and related
 6492 rules, except passage of a national examination approved by the
 6493 board is not required.

6494 Section 73. Subsection (3) of section 395.602, Florida
 6495 Statutes, is amended to read:

6496 395.602 Rural hospitals.—

6497 (3) USE OF FUNDS.—It is the intent of the Legislature that
 6498 funds as appropriated shall be utilized by the department for
 6499 the purpose of increasing the number of primary care physicians,
 6500 physician assistants, certified nurse midwives, nurse

6501 practitioners, and nurses in rural areas, either through the
 6502 Florida Reimbursement Assistance for Medical Education
 6503 ~~Reimbursement and Loan Repayment~~ Program established in s.
 6504 381.402 ~~as defined by s. 1009.65~~ or through a federal loan
 6505 repayment program which requires state matching funds. The
 6506 department may use funds appropriated for the Florida
 6507 Reimbursement Assistance for Medical Education ~~Reimbursement and~~
 6508 ~~Loan Repayment~~ Program as matching funds for federal loan
 6509 repayment programs for health care personnel, such as that
 6510 authorized in Pub. L. No. 100-177, s. 203. If the department
 6511 receives federal matching funds, the department shall only
 6512 implement the federal program. Reimbursement through either
 6513 program shall be limited to:

6514 (a) Primary care physicians, physician assistants,
 6515 certified nurse midwives, nurse practitioners, and nurses
 6516 employed by or affiliated with rural hospitals, as defined in
 6517 this act; and

6518 (b) Primary care physicians, physician assistants,
 6519 certified nurse midwives, nurse practitioners, and nurses
 6520 employed by or affiliated with rural area health education
 6521 centers, as defined in this section. These personnel shall
 6522 practice:

- 6523 1. In a county with a population density of no greater
 6524 than 100 persons per square mile; or
- 6525 2. Within the boundaries of a hospital tax district which

6526 encompasses a population of no greater than 100 persons per
6527 square mile.

6528

6529 If the department administers a federal loan repayment program,
6530 priority shall be given to obligating state and federal matching
6531 funds pursuant to paragraphs (a) and (b). The department may use
6532 federal matching funds in other health workforce shortage areas
6533 and medically underserved areas in the state for loan repayment
6534 programs for primary care physicians, physician assistants,
6535 certified nurse midwives, nurse practitioners, and nurses who
6536 are employed by publicly financed health care programs that
6537 serve medically indigent persons.

6538 Section 74. Subsection (1) of section 458.316, Florida
6539 Statutes, is amended to read:

6540 458.316 Public health certificate.—

6541 (1) Any person desiring to obtain a public health
6542 certificate shall submit an application fee not to exceed \$300
6543 and shall demonstrate to the board that he or she is a graduate
6544 of an accredited medical school and holds a master of public
6545 health degree or is board eligible or certified in public health
6546 or preventive medicine, or is licensed to practice medicine
6547 without restriction in another jurisdiction in the United States
6548 and holds a master of public health degree or is board eligible
6549 or certified in public health or preventive medicine, and shall
6550 meet the requirements in s. 458.311(1)(a)-(g) and (6) ~~(5)~~.

6551 Section 75. Section 458.3165, Florida Statutes, is amended
 6552 to read:

6553 458.3165 Public psychiatry certificate.—The board shall
 6554 issue a public psychiatry certificate to an individual who
 6555 remits an application fee not to exceed \$300, as set by the
 6556 board, who is a board-certified psychiatrist, who is licensed to
 6557 practice medicine without restriction in another state, and who
 6558 meets the requirements in s. 458.311(1)(a)–(g) and (6) ~~(5)~~. A
 6559 recipient of a public psychiatry certificate may use the
 6560 certificate to work at any public mental health facility or
 6561 program funded in part or entirely by state funds.

6562 (1) Such certificate shall:

6563 (a) Authorize the holder to practice only in a public
 6564 mental health facility or program funded in part or entirely by
 6565 state funds.

6566 (b) Be issued and renewable biennially if the State
 6567 Surgeon General and the chair of the department of psychiatry at
 6568 one of the public medical schools or the chair of the department
 6569 of psychiatry at the accredited medical school at the University
 6570 of Miami recommend in writing that the certificate be issued or
 6571 renewed.

6572 (c) Automatically expire if the holder's relationship with
 6573 a public mental health facility or program expires.

6574 (d) Not be issued to a person who has been adjudged
 6575 unqualified or guilty of any of the prohibited acts in this

6576 chapter.

6577 (2) The board may take disciplinary action against a
6578 certificateholder for noncompliance with any part of this
6579 section or for any reason for which a regular licensee may be
6580 subject to discipline.

6581 Section 76. Effective July 1, 2024, for the 2024-2025
6582 fiscal year, the sum of \$30 million in recurring funds from the
6583 General Revenue Fund is appropriated in the Grants and Aids -
6584 Health Care Education Reimbursement and Loan Repayment Program
6585 category to the Department of Health for the Florida
6586 Reimbursement Assistance for Medical Education Program
6587 established in s. 381.402, Florida Statutes.

6588 Section 77. Effective July 1, 2024, for the 2024-2025
6589 fiscal year, the sum of \$8 million in recurring funds from the
6590 General Revenue Fund is appropriated in the Dental Student Loan
6591 Repayment Program category to the Department of Health for the
6592 Dental Student Loan Repayment Program established in s.
6593 381.4019, Florida Statutes.

6594 Section 78. Effective July 1, 2024, for the 2024-2025
6595 fiscal year, the sum of \$23,357,876 in recurring funds from the
6596 General Revenue Fund is appropriated in the Grants and Aids -
6597 Minority Health Initiatives category to the Department of Health
6598 to expand statewide the telehealth minority maternity care
6599 program established in s. 383.2163, Florida Statutes. The
6600 department shall establish 15 regions in which to implement the

6601 program statewide based on the location of hospitals providing
6602 obstetrics and maternity care and pertinent data from nearby
6603 counties for severe maternal morbidity and maternal mortality.
6604 The department shall identify the criteria for selecting
6605 providers for regional implementation and, at a minimum,
6606 consider the maternal level of care designations for hospitals
6607 within the region, the neonatal intensive care unit levels of
6608 hospitals within the region, and the experience of community-
6609 based organizations to screen for and treat common pregnancy-
6610 related complications.

6611 Section 79. Effective July 1, 2024, for the 2024-2025
6612 fiscal year, the sum of \$25 million in recurring funds from the
6613 General Revenue Fund is appropriated to the Agency for Health
6614 Care Administration to implement the Training, Education, and
6615 Clinicals in Health (TEACH) Funding Program established in s.
6616 409.91256, Florida Statutes, as created by this act.

6617 Section 80. Effective July 1, 2024, for the 2024-2025
6618 fiscal year, the sum of \$2 million in recurring funds from the
6619 General Revenue Fund is appropriated to the University of
6620 Florida, Florida State University, Florida Atlantic University,
6621 and Florida Agricultural and Mechanical University for the
6622 purpose of implementing lab school articulated health care
6623 programs required by s. 1002.32, Florida Statutes. Each of these
6624 state universities shall receive \$500,000 from this
6625 appropriation.

6626 Section 81. Effective July 1, 2024, for the 2024-2025
6627 fiscal year, the sum of \$5 million in recurring funds from the
6628 General Revenue Fund is appropriated in the Aid to Local
6629 Governments Grants and Aids - Nursing Education category to the
6630 Department of Education for the purpose of implementing the
6631 Linking Industry to Nursing Education (LINE) Fund established in
6632 s. 1009.8962, Florida Statutes.

6633 Section 82. Effective July 1, 2024, for the 2024-2025
6634 fiscal year, the sums of \$21,315,000 in recurring funds from the
6635 General Revenue Fund and \$28,685,000 in recurring funds from the
6636 Medical Care Trust Fund are appropriated in the Graduate Medical
6637 Education category to the Agency for Health Care Administration
6638 for the Slots for Doctors Program established in s. 409.909,
6639 Florida Statutes.

6640 Section 83. Effective July 1, 2024, for the 2024-2025
6641 fiscal year, the sums of \$42,630,000 in recurring funds from the
6642 Grants and Donations Trust Fund and \$57,370,000 in recurring
6643 funds from the Medical Care Trust Fund are appropriated in the
6644 Graduate Medical Education category to the Agency for Health
6645 Care Administration to provide to statutory teaching hospitals
6646 as defined in s. 408.07(46), Florida Statutes, which provide
6647 highly specialized tertiary care, including comprehensive stroke
6648 and Level 2 adult cardiovascular services; NICU II and III; and
6649 adult open heart; and which have more than 30 full-time
6650 equivalent (FTE) residents over the Medicare cap in accordance

6651 with the CMS-2552 provider 2021 fiscal year-end federal Centers
 6652 for Medicare and Medicaid Services Healthcare Cost Report, HCRIS
 6653 data extract on December 1, 2022, worksheet E-4, line 6 minus
 6654 worksheet E-4, line 5, shall be designated as a High Tertiary
 6655 Statutory Teaching Hospital and be eligible for funding
 6656 calculated on a per Graduate Medical Education resident-FTE
 6657 proportional allocation that shall be in addition to any other
 6658 Graduate Medical Education funding. Of these funds, \$44,562,400
 6659 shall be first distributed to hospitals with greater than 500
 6660 unweighted fiscal year 2022-2023 FTEs. The remaining funds shall
 6661 be distributed proportionally based on the total unweighted
 6662 fiscal year 2022-2023 FTEs. Payments to providers under this
 6663 section are contingent upon the nonfederal share being provided
 6664 through intergovernmental transfers in the Grants and Donations
 6665 Trust Fund. In the event the funds are not available in the
 6666 Grants and Donations Trust Fund, the State of Florida is not
 6667 obligated to make payments under this section.

6668 Section 84. Effective July 1, 2024, for the 2024-2025
 6669 fiscal year, the sums of \$57,402,343 in recurring funds from the
 6670 General Revenue Fund and \$77,250,115 in recurring funds from the
 6671 Medical Care Trust Fund are appropriated to the Agency for
 6672 Health Care Administration to establish a Pediatric Normal
 6673 Newborn, Pediatric Obstetrics, and Adult Obstetrics Diagnosis
 6674 Related Grouping (DRG) reimbursement methodology. The fiscal
 6675 year 2024-2025 General Appropriations Act shall establish the

6676 DRG reimbursement methodology for hospital inpatient services as
 6677 directed in s. 409.905(5)(c), Florida Statutes.

6678 Section 85. Effective October 1, 2024, for the 2024-2025
 6679 fiscal year, the sums of \$14,888,903 in recurring funds from the
 6680 General Revenue Fund and \$20,036,979 in recurring funds from the
 6681 Medical Care Trust Fund are appropriated to the Agency for
 6682 Health Care Administration to provide a Medicaid reimbursement
 6683 rate increase for dental care services. The funding shall be
 6684 held in reserve. The agency shall develop a plan to increase
 6685 Medicaid reimbursement rates for preventive dental care services
 6686 by September 1, 2024. The agency may submit a budget amendment
 6687 pursuant to chapter 216, Florida Statutes, requesting release of
 6688 the funding. The budget amendment must include the final plan to
 6689 increase Medicaid reimbursement rates for preventive dental care
 6690 services. Health plans that participate in the Statewide
 6691 Medicaid Managed Care program shall pass through the fee
 6692 increase to providers in this appropriation.

6693 Section 86. Effective July 1, 2024, for the 2024-2025
 6694 fiscal year, the sums of \$83,456,275 in recurring funds from the
 6695 General Revenue Fund and \$112,312,609 in recurring funds from
 6696 the Operations and Maintenance Trust Fund are appropriated in
 6697 the Home and Community-Based Services Waiver category to the
 6698 Agency for Persons with Disabilities to provide a uniform
 6699 iBudget Waiver provider rate increase.

6700 Section 87. Effective July 1, 2024, for the 2024-2025

6701 fiscal year, the sum of \$11,525,152 in recurring funds from the
6702 General Revenue Fund is appropriated in the Grants and Aids -
6703 Community Mental Health Services category to the Department of
6704 Children and Families to enhance crisis diversion through mobile
6705 response teams established under s. 394.495, Florida Statutes,
6706 by expanding existing or establishing new mobile response teams
6707 to increase access, reduce response times, and ensure coverage
6708 in every county.

6709 Section 88. Effective July 1, 2024, for the 2024-2025
6710 fiscal year, the sum of \$10 million in recurring funds from the
6711 General Revenue Fund is appropriated to the Department of Health
6712 to implement the Health Care Screening and Services Grant
6713 Program established in s. 381.9855, Florida Statutes, as created
6714 by this act.

6715 Section 89. Effective July 1, 2024, for the 2024-2025
6716 fiscal year, the sums of \$150,000 in nonrecurring funds from the
6717 General Revenue Fund and \$150,000 in nonrecurring funds from the
6718 Medical Care Trust Fund are appropriated to the Agency for
6719 Health Care Administration to contract with a vendor to develop
6720 a reimbursement methodology for covered services at advanced
6721 birth centers. The agency shall submit the reimbursement
6722 methodology and estimated fiscal impact to the Executive Office
6723 of the Governor's Office of Policy and Budget, the chair of the
6724 Senate Appropriations Committee, and the chair of the House
6725 Appropriations Committee no later than December 31, 2024.

6726 Section 90. Effective October 1, 2024, for the 2024-2025
6727 fiscal year, the sums of \$12,365,771 in recurring funds from the
6728 General Revenue Fund, \$127,300 in recurring funds from the
6729 Refugee Assistance Trust Fund, and \$16,514,132 in recurring
6730 funds from the Medical Care Trust Fund are appropriated to the
6731 Agency for Health Care Administration to provide a Medicaid
6732 reimbursement rate increase for private duty nursing services
6733 provided by licensed practical nurses and registered nurses.
6734 Health plans that participate in the Statewide Medicaid Managed
6735 Care program shall pass through the fee increase to providers in
6736 this appropriation.

6737 Section 91. Effective October 1, 2024, for the 2024-2025
6738 fiscal year, the sums of \$14,580,660 in recurring funds from the
6739 General Revenue Fund and \$19,622,154 in recurring funds from the
6740 Medical Care Trust Fund are appropriated to the Agency for
6741 Health Care Administration to provide a Medicaid reimbursement
6742 rate increase for occupational therapy, physical therapy, and
6743 speech therapy providers. Health plans that participate in the
6744 Statewide Medicaid Managed Care program shall pass through the
6745 fee increase to providers in this appropriation.

6746 Section 92. Effective October 1, 2024, for the 2024-2025
6747 fiscal year, the sums of \$5,522,795 in recurring funds from the
6748 General Revenue Fund and \$7,432,390 in recurring funds from the
6749 Medical Care Trust Fund are appropriated to the Agency for
6750 Health Care Administration to provide a Medicaid reimbursement

6751 rate increase for Current Procedural Terminology codes 97153 and
6752 97155 related to behavioral analysis services. Health plans that
6753 participate in the Statewide Medicaid Managed Care program shall
6754 pass through the fee increase to providers in this
6755 appropriation.

6756 Section 93. Effective July 1, 2024, for the 2024-2025
6757 fiscal year, the sums of \$585,758 in recurring funds and
6758 \$1,673,421 in nonrecurring funds from the General Revenue Fund,
6759 \$928,001 in recurring funds and \$54,513 in nonrecurring funds
6760 from the Health Care Trust Fund, \$100,000 in nonrecurring funds
6761 from the Administrative Trust Fund, and \$585,758 in recurring
6762 funds and \$1,573,421 in nonrecurring funds from the Medical Care
6763 Trust Fund are appropriated to the Agency for Health Care
6764 Administration, and 20 full-time equivalent positions with the
6765 associated salary rate of 1,247,140 are authorized for the
6766 purpose of implementing this act.

6767 Section 94. Effective July 1, 2024, for the 2024-2025
6768 fiscal year, the sums of \$2,389,146 in recurring funds and
6769 \$1,190,611 in nonrecurring funds from the General Revenue Fund
6770 and \$1,041,578 in recurring funds and \$287,633 in nonrecurring
6771 funds from the Medical Quality Assurance Trust Fund are
6772 appropriated to the Department of Health, and 25 full-time
6773 equivalent positions with the associated salary rate of
6774 1,739,740, are authorized for the purpose of implementing this
6775 act.

CS/CS/HB 1549

2024

6776 Section 95. Except as otherwise expressly provided in this
6777 act, this act shall take effect upon becoming a law.