

By the Appropriations Committee on Health and Human Services;
the Committee on Health Policy; and Senator Collins

603-03442-25

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1 A bill to be entitled
2 An act relating to the Department of Health;
3 reenacting ss. 381.00316(2)(g) and 381.00319(1)(e),
4 F.S., relating to the prohibition on discrimination by
5 governmental and business entities based on health
6 care choices and the prohibition on mask mandates and
7 vaccination and testing mandates for educational
8 institutions, respectively, for purposes of preserving
9 the definition of the term "messenger ribonucleic acid
10 vaccine" notwithstanding its scheduled repeal;
11 repealing s. 9 of chapter 2023-43, Laws of Florida,
12 which provides for the repeal of the definition of the
13 term "messenger ribonucleic acid vaccine"; amending s.
14 381.026, F.S.; revising the rights of patients, which
15 each health care provider and facility are required to
16 observe, to include that such facilities and providers
17 may not discriminate based on a patient's vaccination
18 status; amending s. 381.986, F.S.; defining terms for
19 purposes of background screening requirements for
20 persons affiliated with medical marijuana treatment
21 centers; requiring medical marijuana treatment centers
22 to notify the Department of Health through electronic
23 mail within a specified timeframe after an actual or
24 attempted theft, diversion, or loss of marijuana;
25 requiring medical marijuana treatment centers to
26 report attempted thefts, in addition to actual thefts,
27 to law enforcement within a specified timeframe;
28 amending s. 381.988, F.S.; defining terms for purposes
29 of background screening requirements for persons

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30 affiliated with medical marijuana testing
31 laboratories; amending s. 456.0145, F.S.; revising
32 eligibility criteria for licensure by endorsement
33 under the MOBILE Act; amending ss. 458.315 and
34 459.0076, F.S.; authorizing certain physician
35 assistants to be issued temporary certificates for
36 practice in areas of critical need; amending s.
37 486.112, F.S.; defining the term "party state";
38 authorizing a remote state to issue subpoenas to
39 individuals to testify or for the production of
40 evidence from a party located in a party state;
41 providing that such subpoenas are enforceable in the
42 party state; requiring that investigative information
43 pertaining to certain licensees in a certain system be
44 available only to other party states; revising
45 construction and severability of the compact to
46 conform to changes made by the act; amending s.
47 766.1115, F.S.; revising the definition of the term
48 "health care provider" or "provider"; providing
49 effective dates.

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

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53 Section 1. Effective upon becoming a law, or, if this act
54 fails to become a law until after June 1, 2025, operating
55 retroactively to June 1, 2025, notwithstanding the scheduled
56 repeal in section 9 of chapter 2023-43, Laws of Florida,
57 paragraph (g) of subsection (2) of section 381.00316, Florida
58 Statutes, is reenacted to read:

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59 381.00316 Discrimination by governmental and business
60 entities based on health care choices; prohibition.-

61 (2) As used in this section, the term:

62 (g) "Messenger ribonucleic acid vaccine" means any vaccine
63 that uses laboratory-produced messenger ribonucleic acid to
64 trigger the human body's immune system to generate an immune
65 response.

66 Section 2. Effective upon becoming a law, or, if this act
67 fails to become a law until after June 1, 2025, operating
68 retroactively to June 1, 2025, notwithstanding the scheduled
69 repeal in section 9 of chapter 2023-43, Laws of Florida,
70 paragraph (e) of subsection (1) of section 381.00319, Florida
71 Statutes, is reenacted to read:

72 381.00319 Prohibition on mask mandates and vaccination and
73 testing mandates for educational institutions.-

74 (1) For purposes of this section, the term:

75 (e) "Messenger ribonucleic acid vaccine" has the same
76 meaning as in s. 381.00316.

77 Section 3. Effective upon becoming a law, or, if this act
78 fails to become a law until after June 1, 2025, operating
79 retroactively to June 1, 2025, section 9 of chapter 2023-43,
80 Laws of Florida, is repealed.

81 Section 4. Paragraphs (b) and (d) of subsection (4) and
82 subsection (6) of section 381.026, Florida Statutes, are amended
83 to read:

84 381.026 Florida Patient's Bill of Rights and
85 Responsibilities.-

86 (4) RIGHTS OF PATIENTS.-Each health care facility or
87 provider shall observe the following standards:

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88 (b) *Information.*—

89 1. A patient has the right to know the name, function, and
90 qualifications of each health care provider who is providing
91 medical services to the patient. A patient may request such
92 information from his or her responsible provider or the health
93 care facility in which he or she is receiving medical services.

94 2. A patient in a health care facility has the right to
95 know what patient support services are available in the
96 facility.

97 3. A patient has the right to be given by his or her health
98 care provider information concerning diagnosis, planned course
99 of treatment, alternatives, risks, and prognosis, unless it is
100 medically inadvisable or impossible to give this information to
101 the patient, in which case the information must be given to the
102 patient's guardian or a person designated as the patient's
103 representative. A patient has the right to refuse this
104 information.

105 4. A patient has the right to refuse any treatment based on
106 information required by this paragraph, except as otherwise
107 provided by law. The responsible provider shall document any
108 such refusal.

109 5. A patient in a health care facility has the right to
110 know what facility rules and regulations apply to patient
111 conduct.

112 6. A patient has the right to express grievances to a
113 health care provider, a health care facility, or the appropriate
114 state licensing agency regarding alleged violations of patients'
115 rights. A patient has the right to know the health care
116 provider's or health care facility's procedures for expressing a

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117 grievance.

118 7. A patient in a health care facility who does not speak
119 English has the right to be provided an interpreter when
120 receiving medical services if the facility has a person readily
121 available who can interpret on behalf of the patient.

122 8. A health care provider or health care facility shall
123 respect a patient's right to privacy and should refrain from
124 making a written inquiry or asking questions concerning the
125 ownership of a firearm or ammunition by the patient or by a
126 family member of the patient, or the presence of a firearm in a
127 private home or other domicile of the patient or a family member
128 of the patient. Notwithstanding this provision, a health care
129 provider or health care facility that in good faith believes
130 that this information is relevant to the patient's medical care
131 or safety, or safety of others, may make such a verbal or
132 written inquiry.

133 9. A patient may decline to answer or provide any
134 information regarding ownership of a firearm by the patient or a
135 family member of the patient, or the presence of a firearm in
136 the domicile of the patient or a family member of the patient. A
137 patient's decision not to answer a question relating to the
138 presence or ownership of a firearm does not alter existing law
139 regarding a physician's authorization to choose his or her
140 patients.

141 10. A health care provider or health care facility may not
142 discriminate against a patient based solely upon the patient's
143 exercise of the constitutional right to own and possess firearms
144 or ammunition.

145 11. A health care provider or health care facility shall

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146 respect a patient's legal right to own or possess a firearm and
147 should refrain from unnecessarily harassing a patient about
148 firearm ownership during an examination.

149 12. A health care provider or health care facility may not
150 discriminate against a patient based solely upon the patient's
151 vaccination status.

152 (d) *Access to health care.*—

153 1. A patient has the right to impartial access to medical
154 treatment or accommodations, regardless of race, national
155 origin, religion, handicap, vaccination status, or source of
156 payment.

157 2. A patient has the right to treatment for any emergency
158 medical condition that will deteriorate from failure to provide
159 such treatment.

160 3. A patient has the right to access any mode of treatment
161 that is, in his or her own judgment and the judgment of his or
162 her health care practitioner, in the best interests of the
163 patient, including complementary or alternative health care
164 treatments, in accordance with the provisions of s. 456.41.

165 (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health care
166 provider who treats a patient in an office or any health care
167 facility licensed under chapter 395 that provides emergency
168 services and care or outpatient services and care to a patient,
169 or admits and treats a patient, shall adopt and make available
170 to the patient, in writing, a statement of the rights and
171 responsibilities of patients, including the following:

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173 SUMMARY OF THE FLORIDA PATIENT'S BILL

174 OF RIGHTS AND RESPONSIBILITIES

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Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so

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204 would risk the safety or health of the patient, other
205 patients, or staff of the facility or office or cannot
206 be reasonably accommodated by the facility or
207 provider.

208 A patient has the right to know what rules and
209 regulations apply to his or her conduct.

210 A patient has the right to be given by the health
211 care provider information concerning diagnosis,
212 planned course of treatment, alternatives, risks, and
213 prognosis.

214 A patient has the right to refuse any treatment,
215 except as otherwise provided by law.

216 A patient has the right to be given, upon
217 request, full information and necessary counseling on
218 the availability of known financial resources for his
219 or her care.

220 A patient who is eligible for Medicare has the
221 right to know, upon request and in advance of
222 treatment, whether the health care provider or health
223 care facility accepts the Medicare assignment rate.

224 A patient has the right to receive, upon request,
225 prior to treatment, a reasonable estimate of charges
226 for medical care.

227 A patient has the right to receive a copy of a
228 reasonably clear and understandable, itemized bill
229 and, upon request, to have the charges explained.

230 A patient has the right to impartial access to
231 medical treatment or accommodations, regardless of
232 race, national origin, religion, handicap, vaccination

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233 status, or source of payment.

234 A patient has the right to treatment for any
235 emergency medical condition that will deteriorate from
236 failure to provide treatment.

237 A patient has the right to know if medical
238 treatment is for purposes of experimental research and
239 to give his or her consent or refusal to participate
240 in such experimental research.

241 A patient has the right to express grievances
242 regarding any violation of his or her rights, as
243 stated in Florida law, through the grievance procedure
244 of the health care provider or health care facility
245 which served him or her and to the appropriate state
246 licensing agency.

247 A patient is responsible for providing to the
248 health care provider, to the best of his or her
249 knowledge, accurate and complete information about
250 present complaints, past illnesses, hospitalizations,
251 medications, and other matters relating to his or her
252 health.

253 A patient is responsible for reporting unexpected
254 changes in his or her condition to the health care
255 provider.

256 A patient is responsible for reporting to the
257 health care provider whether he or she comprehends a
258 contemplated course of action and what is expected of
259 him or her.

260 A patient is responsible for following the
261 treatment plan recommended by the health care

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262 provider.

263 A patient is responsible for keeping appointments
264 and, when he or she is unable to do so for any reason,
265 for notifying the health care provider or health care
266 facility.

267 A patient is responsible for his or her actions
268 if he or she refuses treatment or does not follow the
269 health care provider's instructions.

270 A patient is responsible for assuring that the
271 financial obligations of his or her health care are
272 fulfilled as promptly as possible.

273 A patient is responsible for following health
274 care facility rules and regulations affecting patient
275 care and conduct.

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277 Section 5. Paragraphs (b), (e), and (f) of subsection (8)
278 of section 381.986, Florida Statutes, are amended to read:

279 381.986 Medical use of marijuana.—

280 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

281 (b) An applicant for licensure as a medical marijuana
282 treatment center must ~~shall~~ apply to the department on a form
283 prescribed by the department and adopted in rule. The department
284 shall adopt rules pursuant to ss. 120.536(1) and 120.54
285 establishing a procedure for the issuance and biennial renewal
286 of licenses, including initial application and biennial renewal
287 fees sufficient to cover the costs of implementing and
288 administering this section, and establishing supplemental
289 licensure fees for payment beginning May 1, 2018, sufficient to
290 cover the costs of administering ss. 381.989 and 1004.4351. The

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291 department shall identify applicants with strong diversity plans
292 reflecting this state's commitment to diversity and implement
293 training programs and other educational programs to enable
294 minority persons and minority business enterprises, as defined
295 in s. 288.703, and veteran business enterprises, as defined in
296 s. 295.187, to compete for medical marijuana treatment center
297 licensure and contracts. Subject to the requirements in
298 subparagraphs (a)2.-4., the department shall issue a license to
299 an applicant if the applicant meets the requirements of this
300 section and pays the initial application fee. The department
301 shall renew the licensure of a medical marijuana treatment
302 center biennially if the licensee meets the requirements of this
303 section and pays the biennial renewal fee. However, the
304 department may not renew the license of a medical marijuana
305 treatment center that has not begun to cultivate, process, and
306 dispense marijuana by the date that the medical marijuana
307 treatment center is required to renew its license. An individual
308 may not be an applicant, owner, officer, board member, or
309 manager on more than one application for licensure as a medical
310 marijuana treatment center. An individual or entity may not be
311 awarded more than one license as a medical marijuana treatment
312 center. An applicant for licensure as a medical marijuana
313 treatment center must demonstrate:

314 1. That, for the 5 consecutive years before submitting the
315 application, the applicant has been registered to do business in
316 this ~~the~~ state.

317 2. Possession of a valid certificate of registration issued
318 by the Department of Agriculture and Consumer Services pursuant
319 to s. 581.131.

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320 3. The technical and technological ability to cultivate and
321 produce marijuana, including, but not limited to, low-THC
322 cannabis.

323 4. The ability to secure the premises, resources, and
324 personnel necessary to operate as a medical marijuana treatment
325 center.

326 5. The ability to maintain accountability of all raw
327 materials, finished products, and any byproducts to prevent
328 diversion or unlawful access to or possession of these
329 substances.

330 6. An infrastructure reasonably located to dispense
331 marijuana to registered qualified patients statewide or
332 regionally as determined by the department.

333 7. The financial ability to maintain operations for the
334 duration of the 2-year approval cycle, including the provision
335 of certified financial statements to the department.

336 a. Upon approval, the applicant must post a \$5 million
337 performance bond issued by an authorized surety insurance
338 company rated in one of the three highest rating categories by a
339 nationally recognized rating service. However, a medical
340 marijuana treatment center serving at least 1,000 qualified
341 patients is only required to maintain a \$2 million performance
342 bond.

343 b. In lieu of the performance bond required under sub-
344 subparagraph a., the applicant may provide an irrevocable letter
345 of credit payable to the department or provide cash to the
346 department. If provided with cash under this sub-subparagraph,
347 the department must ~~shall~~ deposit the cash in the Grants and
348 Donations Trust Fund within the Department of Health, subject to

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349 the same conditions as the bond regarding requirements for the
350 applicant to forfeit ownership of the funds. If the funds
351 deposited under this sub-subparagraph generate interest, the
352 amount of that interest must ~~shall~~ be used by the department for
353 the administration of this section.

354 8. That all owners, ~~officers, board members,~~ and managers
355 have passed a background screening pursuant to subsection (9).
356 As used in this subparagraph, the term:

357 a. "Manager" means any person with the authority to
358 exercise or contribute to the operational control, direction, or
359 management of an applicant or a medical marijuana treatment
360 center or who has authority to supervise any employee of an
361 applicant or a medical marijuana treatment center. The term
362 includes an individual with the power or authority to direct or
363 influence the direction or operation of an applicant or a
364 medical marijuana treatment center through board membership,
365 voting power, an agreement, or a contract.

366 b. "Owner" means any person who owns or controls a 5
367 percent or greater share of interests of the applicant or a
368 medical marijuana treatment center which include beneficial or
369 voting rights to interests. In the event that one person owns a
370 beneficial right to interests and another person holds the
371 voting rights with respect to such interests, then in such case,
372 both are considered the owner of such interests.

373 9. The employment of a medical director to supervise the
374 activities of the medical marijuana treatment center.

375 10. A diversity plan that promotes and ensures the
376 involvement of minority persons and minority business
377 enterprises, as defined in s. 288.703, or veteran business

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378 enterprises, as defined in s. 295.187, in ownership, management,
379 and employment. An applicant for licensure renewal must show the
380 effectiveness of the diversity plan by including the following
381 with his or her application for renewal:

382 a. Representation of minority persons and veterans in the
383 medical marijuana treatment center's workforce;

384 b. Efforts to recruit minority persons and veterans for
385 employment; and

386 c. A record of contracts for services with minority
387 business enterprises and veteran business enterprises.

388 (e) A licensed medical marijuana treatment center shall
389 cultivate, process, transport, and dispense marijuana for
390 medical use. A licensed medical marijuana treatment center may
391 not contract for services directly related to the cultivation,
392 processing, and dispensing of marijuana or marijuana delivery
393 devices, except that a medical marijuana treatment center
394 licensed pursuant to subparagraph (a)1. may contract with a
395 single entity for the cultivation, processing, transporting, and
396 dispensing of marijuana and marijuana delivery devices. A
397 licensed medical marijuana treatment center shall ~~must~~, at all
398 times, maintain compliance with the criteria demonstrated and
399 representations made in the initial application and the criteria
400 established in this subsection. Upon request, the department may
401 grant a medical marijuana treatment center a variance from the
402 representations made in the initial application. Consideration
403 of such a request must ~~shall~~ be based upon the individual facts
404 and circumstances surrounding the request. A variance may not be
405 granted unless the requesting medical marijuana treatment center
406 can demonstrate to the department that it has a proposed

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407 alternative to the specific representation made in its
408 application which fulfills the same or a similar purpose as the
409 specific representation in a way that the department can
410 reasonably determine will not be a lower standard than the
411 specific representation in the application. A variance may not
412 be granted from the requirements in subparagraph 2. and
413 subparagraphs (b)1. and 2.

414 1. A licensed medical marijuana treatment center may
415 transfer ownership to an individual or entity who meets the
416 requirements of this section. A publicly traded corporation or
417 publicly traded company that meets the requirements of this
418 section is not precluded from ownership of a medical marijuana
419 treatment center. To accommodate a change in ownership:

420 a. The licensed medical marijuana treatment center shall
421 notify the department in writing at least 60 days before the
422 anticipated date of the change of ownership.

423 b. The individual or entity applying for initial licensure
424 due to a change of ownership must submit an application that
425 must be received by the department at least 60 days before the
426 date of change of ownership.

427 c. Upon receipt of an application for a license, the
428 department shall examine the application and, within 30 days
429 after receipt, notify the applicant in writing of any apparent
430 errors or omissions and request any additional information
431 required.

432 d. Requested information omitted from an application for
433 licensure must be filed with the department within 21 days after
434 the department's request for omitted information or the
435 application will ~~shall~~ be deemed incomplete and ~~shall be~~

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436 withdrawn from further consideration and the fees ~~shall be~~
437 forfeited.

438 e. Within 30 days after the receipt of a complete
439 application, the department shall approve or deny the
440 application.

441 2. A medical marijuana treatment center, and any individual
442 or entity who directly or indirectly owns, controls, or holds
443 with power to vote 5 percent or more of the voting shares of a
444 medical marijuana treatment center, may not acquire direct or
445 indirect ownership or control of any voting shares or other form
446 of ownership of any other medical marijuana treatment center.

447 3. A medical marijuana treatment center may not enter into
448 any form of profit-sharing arrangement with the property owner
449 or lessor of any of its facilities where cultivation,
450 processing, storing, or dispensing of marijuana and marijuana
451 delivery devices occurs.

452 4. All employees of a medical marijuana treatment center
453 must be 21 years of age or older and have passed a background
454 screening pursuant to subsection (9). As used in this
455 subparagraph, the term "employee" means any person employed by a
456 medical marijuana treatment center licensee in any capacity,
457 including those whose duties involve any aspect of the
458 cultivation, processing, transportation, or dispensing of
459 marijuana. This requirement applies to all employees, regardless
460 of the compensation received.

461 5. Each medical marijuana treatment center must adopt and
462 enforce policies and procedures to ensure employees and
463 volunteers receive training on the legal requirements to
464 dispense marijuana to qualified patients.

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465 6. When growing marijuana, a medical marijuana treatment
466 center:

467 a. May use pesticides determined by the department, after
468 consultation with the Department of Agriculture and Consumer
469 Services, to be safely applied to plants intended for human
470 consumption, but may not use pesticides designated as
471 restricted-use pesticides pursuant to s. 487.042.

472 b. Must grow marijuana within an enclosed structure and in
473 a room separate from any other plant.

474 c. Must inspect seeds and growing plants for plant pests
475 that endanger or threaten the horticultural and agricultural
476 interests of the state in accordance with chapter 581 and any
477 rules adopted thereunder.

478 d. Must perform fumigation or treatment of plants, or
479 remove and destroy infested or infected plants, in accordance
480 with chapter 581 and any rules adopted thereunder.

481 7. Each medical marijuana treatment center must produce and
482 make available for purchase at least one low-THC cannabis
483 product.

484 8. A medical marijuana treatment center that produces
485 edibles must hold a permit to operate as a food establishment
486 pursuant to chapter 500, the Florida Food Safety Act, and must
487 comply with all the requirements for food establishments
488 pursuant to chapter 500 and any rules adopted thereunder.
489 Edibles may not contain more than 200 milligrams of
490 tetrahydrocannabinol, and a single serving portion of an edible
491 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles
492 may not have a potency variance ~~of no~~ greater than 15 percent.
493 Marijuana products, including edibles, may not be attractive to

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494 children; be manufactured in the shape of humans, cartoons, or
495 animals; be manufactured in a form that bears any reasonable
496 resemblance to products available for consumption as
497 commercially available candy; or contain any color additives. To
498 discourage consumption of edibles by children, the department
499 shall determine by rule any shapes, forms, and ingredients
500 allowed and prohibited for edibles. Medical marijuana treatment
501 centers may not begin processing or dispensing edibles until
502 after the effective date of the rule. The department shall also
503 adopt sanitation rules providing the standards and requirements
504 for the storage, display, or dispensing of edibles.

505 9. Within 12 months after licensure, a medical marijuana
506 treatment center must demonstrate to the department that all of
507 its processing facilities have passed a Food Safety Good
508 Manufacturing Practices, such as Global Food Safety Initiative
509 or equivalent, inspection by a nationally accredited certifying
510 body. A medical marijuana treatment center must immediately stop
511 processing at any facility which fails to pass this inspection
512 until it demonstrates to the department that such facility has
513 met this requirement.

514 10. A medical marijuana treatment center that produces
515 prerolled marijuana cigarettes may not use wrapping paper made
516 with tobacco or hemp.

517 11. When processing marijuana, a medical marijuana
518 treatment center must:

519 a. Process the marijuana within an enclosed structure and
520 in a room separate from other plants or products.

521 b. Comply with department rules when processing marijuana
522 with hydrocarbon solvents or other solvents or gases exhibiting

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523 potential toxicity to humans. The department shall determine by
524 rule the requirements for medical marijuana treatment centers to
525 use such solvents or gases exhibiting potential toxicity to
526 humans.

527 c. Comply with federal and state laws and regulations and
528 department rules for solid and liquid wastes. The department
529 shall determine by rule procedures for the storage, handling,
530 transportation, management, and disposal of solid and liquid
531 waste generated during marijuana production and processing. The
532 Department of Environmental Protection shall assist the
533 department in developing such rules.

534 d. Test the processed marijuana using a medical marijuana
535 testing laboratory before it is dispensed. Results must be
536 verified and signed by two medical marijuana treatment center
537 employees. Before dispensing, the medical marijuana treatment
538 center must determine that the test results indicate that low-
539 THC cannabis meets the definition of low-THC cannabis, the
540 concentration of tetrahydrocannabinol meets the potency
541 requirements of this section, the labeling of the concentration
542 of tetrahydrocannabinol and cannabidiol is accurate, and all
543 marijuana is safe for human consumption and free from
544 contaminants that are unsafe for human consumption. The
545 department shall determine by rule which contaminants must be
546 tested for and the maximum levels of each contaminant which are
547 safe for human consumption. The Department of Agriculture and
548 Consumer Services shall assist the department in developing the
549 testing requirements for contaminants that are unsafe for human
550 consumption in edibles. The department shall also determine by
551 rule the procedures for the treatment of marijuana that fails to

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552 meet the testing requirements of this section, s. 381.988, or
553 department rule. The department may select samples of marijuana
554 from a medical marijuana treatment center facility which shall
555 be tested by the department to determine whether the marijuana
556 meets the potency requirements of this section, is safe for
557 human consumption, and is accurately labeled with the
558 tetrahydrocannabinol and cannabidiol concentration or to verify
559 the result of marijuana testing conducted by a marijuana testing
560 laboratory. The department may also select samples of marijuana
561 delivery devices from a medical marijuana treatment center to
562 determine whether the marijuana delivery device is safe for use
563 by qualified patients. A medical marijuana treatment center may
564 not require payment from the department for the sample. A
565 medical marijuana treatment center must recall marijuana,
566 including all marijuana and marijuana products made from the
567 same batch of marijuana, that fails to meet the potency
568 requirements of this section, that is unsafe for human
569 consumption, or for which the labeling of the
570 tetrahydrocannabinol and cannabidiol concentration is
571 inaccurate. The department shall adopt rules to establish
572 marijuana potency variations of no greater than 15 percent using
573 negotiated rulemaking pursuant to s. 120.54(2)(d) which accounts
574 for, but is not limited to, time lapses between testing, testing
575 methods, testing instruments, and types of marijuana sampled for
576 testing. The department may not issue any recalls for product
577 potency as it relates to product labeling before issuing a rule
578 relating to potency variation standards. A medical marijuana
579 treatment center must also recall all marijuana delivery devices
580 determined to be unsafe for use by qualified patients. The

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581 medical marijuana treatment center must retain records of all
582 testing and samples of each homogeneous batch of marijuana for
583 at least 9 months. The medical marijuana treatment center must
584 contract with a marijuana testing laboratory to perform audits
585 on the medical marijuana treatment center's standard operating
586 procedures, testing records, and samples and provide the results
587 to the department to confirm that the marijuana or low-THC
588 cannabis meets the requirements of this section and that the
589 marijuana or low-THC cannabis is safe for human consumption. A
590 medical marijuana treatment center shall reserve two processed
591 samples from each batch and retain such samples for at least 9
592 months for the purpose of such audits. A medical marijuana
593 treatment center may use a laboratory that has not been
594 certified by the department under s. 381.988 until such time as
595 at least one laboratory holds the required certification, but in
596 no event later than July 1, 2018.

597 e. Package the marijuana in compliance with the United
598 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
599 1471 et seq.

600 f. Package the marijuana in a receptacle that has a firmly
601 affixed and legible label stating the following information:

602 (I) The marijuana or low-THC cannabis meets the
603 requirements of sub-subparagraph d.

604 (II) The name of the medical marijuana treatment center
605 from which the marijuana originates.

606 (III) The batch number and harvest number from which the
607 marijuana originates and the date dispensed.

608 (IV) The name of the physician who issued the physician
609 certification.

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610 (V) The name of the patient.

611 (VI) The product name, if applicable, and dosage form,
612 including concentration of tetrahydrocannabinol and cannabidiol.
613 The product name may not contain wording commonly associated
614 with products that are attractive to children or which promote
615 the recreational use of marijuana.

616 (VII) The recommended dose.

617 (VIII) A warning that it is illegal to transfer medical
618 marijuana to another person.

619 (IX) A marijuana universal symbol developed by the
620 department.

621 12. The medical marijuana treatment center shall include in
622 each package a patient package insert with information on the
623 specific product dispensed related to:

- 624 a. Clinical pharmacology.
- 625 b. Indications and use.
- 626 c. Dosage and administration.
- 627 d. Dosage forms and strengths.
- 628 e. Contraindications.
- 629 f. Warnings and precautions.
- 630 g. Adverse reactions.

631 13. In addition to the packaging and labeling requirements
632 specified in subparagraphs 11. and 12., marijuana in a form for
633 smoking must be packaged in a sealed receptacle with a legible
634 and prominent warning to keep away from children and a warning
635 that states marijuana smoke contains carcinogens and may
636 negatively affect health. Such receptacles for marijuana in a
637 form for smoking must be plain, opaque, and white without
638 depictions of the product or images other than the medical

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639 marijuana treatment center's department-approved logo and the
640 marijuana universal symbol.

641 14. The department shall adopt rules to regulate the types,
642 appearance, and labeling of marijuana delivery devices dispensed
643 from a medical marijuana treatment center. The rules must
644 require marijuana delivery devices to have an appearance
645 consistent with medical use.

646 15. Each edible must be individually sealed in plain,
647 opaque wrapping marked only with the marijuana universal symbol.
648 Where practical, each edible must be marked with the marijuana
649 universal symbol. In addition to the packaging and labeling
650 requirements in subparagraphs 11. and 12., edible receptacles
651 must be plain, opaque, and white without depictions of the
652 product or images other than the medical marijuana treatment
653 center's department-approved logo and the marijuana universal
654 symbol. The receptacle must also include a list of all the
655 edible's ingredients, storage instructions, an expiration date,
656 a legible and prominent warning to keep away from children and
657 pets, and a warning that the edible has not been produced or
658 inspected pursuant to federal food safety laws.

659 16. When dispensing marijuana or a marijuana delivery
660 device, a medical marijuana treatment center:

661 a. May dispense any active, valid order for low-THC
662 cannabis, medical cannabis and cannabis delivery devices issued
663 pursuant to former s. 381.986, Florida Statutes 2016, which was
664 entered into the medical marijuana use registry before July 1,
665 2017.

666 b. May not dispense more than a 70-day supply of marijuana
667 within any 70-day period to a qualified patient or caregiver.

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668 May not dispense more than one 35-day supply of marijuana in a
669 form for smoking within any 35-day period to a qualified patient
670 or caregiver. A 35-day supply of marijuana in a form for smoking
671 may not exceed 2.5 ounces unless an exception to this amount is
672 approved by the department pursuant to paragraph (4) (f).

673 c. Must have the medical marijuana treatment center's
674 employee who dispenses the marijuana or a marijuana delivery
675 device enter into the medical marijuana use registry his or her
676 name or unique employee identifier.

677 d. Must verify that the qualified patient and the
678 caregiver, if applicable, each have an active registration in
679 the medical marijuana use registry and an active and valid
680 medical marijuana use registry identification card, the amount
681 and type of marijuana dispensed matches the physician
682 certification in the medical marijuana use registry for that
683 qualified patient, and the physician certification has not
684 already been filled.

685 e. May not dispense marijuana to a qualified patient who is
686 younger than 18 years of age. If the qualified patient is
687 younger than 18 years of age, marijuana may only be dispensed to
688 the qualified patient's caregiver.

689 f. May not dispense or sell any other type of cannabis,
690 alcohol, or illicit drug-related product, including pipes or
691 wrapping papers made with tobacco or hemp, other than a
692 marijuana delivery device required for the medical use of
693 marijuana and which is specified in a physician certification.

694 g. Must, upon dispensing the marijuana or marijuana
695 delivery device, record in the registry the date, time,
696 quantity, and form of marijuana dispensed; the type of marijuana

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697 delivery device dispensed; and the name and medical marijuana
698 use registry identification number of the qualified patient or
699 caregiver to whom the marijuana delivery device was dispensed.

700 h. Must ensure that patient records are not visible to
701 anyone other than the qualified patient, his or her caregiver,
702 and authorized medical marijuana treatment center employees.

703 (f) To ensure the safety and security of premises where the
704 cultivation, processing, storing, or dispensing of marijuana
705 occurs, and to maintain adequate controls against the diversion,
706 theft, and loss of marijuana or marijuana delivery devices, a
707 medical marijuana treatment center shall:

708 1.a. Maintain a fully operational security alarm system
709 that secures all entry points and perimeter windows and is
710 equipped with motion detectors; pressure switches; and duress,
711 panic, and hold-up alarms; and

712 b. Maintain a video surveillance system that records
713 continuously 24 hours a day and meets the following criteria:

714 (I) Cameras are fixed in a place that allows for the clear
715 identification of persons and activities in controlled areas of
716 the premises. Controlled areas include grow rooms, processing
717 rooms, storage rooms, disposal rooms or areas, and point-of-sale
718 rooms.

719 (II) Cameras are fixed in entrances and exits to the
720 premises, which must ~~shall~~ record from both indoor and outdoor,
721 or ingress and egress, vantage points.

722 (III) Recorded images must clearly and accurately display
723 the time and date.

724 (IV) Retain video surveillance recordings for at least 45
725 days or longer upon the request of a law enforcement agency.

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726 2. Ensure that the medical marijuana treatment center's
727 outdoor premises have sufficient lighting from dusk until dawn.

728 3. Ensure that the indoor premises where dispensing occurs
729 includes a waiting area with sufficient space and seating to
730 accommodate qualified patients and caregivers and at least one
731 private consultation area that is isolated from the waiting area
732 and area where dispensing occurs. A medical marijuana treatment
733 center may not display products or dispense marijuana or
734 marijuana delivery devices in the waiting area.

735 4. Not dispense from its premises marijuana or a marijuana
736 delivery device between the hours of 9 p.m. and 7 a.m., but may
737 perform all other operations and deliver marijuana to qualified
738 patients 24 hours a day.

739 5. Store marijuana in a secured, locked room or a vault.

740 6. Require at least two of its employees, or two employees
741 of a security agency with whom it contracts, to be on the
742 premises at all times where cultivation, processing, or storing
743 of marijuana occurs.

744 7. Require each employee or contractor to wear a photo
745 identification badge at all times while on the premises.

746 8. Require each visitor to wear a visitor pass at all times
747 while on the premises.

748 9. Implement an alcohol and drug-free workplace policy.

749 10. Report to local law enforcement and notify the
750 department through e-mail within 24 hours after the medical
751 marijuana treatment center is notified or becomes aware of any
752 actual or attempted ~~the~~ theft, diversion, or loss of marijuana.

753 Section 6. Paragraph (d) of subsection (1) of section
754 381.988, Florida Statutes, is amended to read:

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755 381.988 Medical marijuana testing laboratories; marijuana
756 tests conducted by a certified laboratory.—

757 (1) A person or entity seeking to be a certified marijuana
758 testing laboratory must:

759 (d) Require all employees, owners, and managers to submit
760 to and pass a level 2 background screening pursuant to chapter
761 435. The department shall deny certification if the person or
762 entity seeking certification has a disqualifying offense as
763 provided in s. 435.04 or has an arrest awaiting final
764 disposition for, has been found guilty of, or has entered a plea
765 of guilty or nolo contendere to, regardless of adjudication, any
766 offense listed in chapter 837, chapter 895, or chapter 896 or
767 similar law of another jurisdiction. Exemptions from
768 disqualification as provided under s. 435.07 do not apply to
769 this paragraph.

770 1. As used in this paragraph, the term:

771 a. “Employee” means any person whose duties or activities
772 involve any aspect of regulatory compliance testing or research
773 and development testing of marijuana for a certified marijuana
774 testing laboratory, regardless of whether such person is
775 compensated for his or her work.

776 b. “Manager” means any person with authority to exercise or
777 contribute to the operational control, direction, or management
778 of an applicant or certified marijuana testing laboratory or who
779 has authority to supervise any employee of an applicant or a
780 certified marijuana testing laboratory. The term includes an
781 individual with the power or authority to direct or influence
782 the direction or operation of an applicant or a certified
783 marijuana testing laboratory through board membership, voting

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784 power, an agreement, or a contract.

785 c. "Owner" means any person who owns or controls a 5
786 percent or greater share of interests of the applicant or a
787 certified marijuana testing laboratory which include beneficial
788 or voting rights to interests. In the event that one person owns
789 a beneficial right to interests and another person holds the
790 voting rights with respect to such interests, then in such case,
791 both are considered the owner of such interests.

792 2. Such employees, owners, and managers must submit a full
793 set of fingerprints to the department or to a vendor, entity, or
794 agency authorized by s. 943.053(13). The department, vendor,
795 entity, or agency shall forward the fingerprints to the
796 Department of Law Enforcement for state processing, and the
797 Department of Law Enforcement shall forward the fingerprints to
798 the Federal Bureau of Investigation for national processing.

799 3.2. Fees for state and federal fingerprint processing and
800 retention must ~~shall~~ be borne by the certified marijuana testing
801 laboratory. The state cost for fingerprint processing is ~~shall~~
802 ~~be~~ as provided in s. 943.053(3)(e) for records provided to
803 persons or entities other than those specified as exceptions
804 therein.

805 4.3. Fingerprints submitted to the Department of Law
806 Enforcement pursuant to this paragraph must ~~shall~~ be retained by
807 the Department of Law Enforcement as provided in s. 943.05(2)(g)
808 and (h) and, when the Department of Law Enforcement begins
809 participation in the program, enrolled in the Federal Bureau of
810 Investigation's national retained print arrest notification
811 program. Any arrest record identified must ~~shall~~ be reported to
812 the department.

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813 Section 7. Paragraph (c) of subsection (2) of section
814 456.0145, Florida Statutes, is amended to read:

815 456.0145 Mobile Opportunity by Interstate Licensure
816 Endorsement (MOBILE) Act.—

817 (2) LICENSURE BY ENDORSEMENT.—

818 (c) A person is ineligible for a license under this section
819 if he or she:

820 1. Has a complaint, an allegation, or an investigation
821 pending before a licensing entity in another state, the District
822 of Columbia, or a possession or territory of the United States;

823 2. Has been convicted of or pled nolo contendere to,
824 regardless of adjudication, any felony or misdemeanor related to
825 the practice of a health care profession;

826 3. Has had a health care provider license revoked or
827 suspended by another state, the District of Columbia, or a
828 territory of the United States, or has voluntarily surrendered
829 any such license in lieu of having disciplinary action taken
830 against the license; or

831 4. Has been reported to the National Practitioner Data
832 Bank, unless the applicant has successfully appealed to have his
833 or her name removed from the data bank. If the reported adverse
834 action was a result of conduct that would not constitute a
835 violation of any law or rule in this state, the board, or the
836 department if there is no board, may:

837 a. Approve the application;

838 b. Approve the application with restrictions on the scope
839 of practice of the licensee;

840 c. Approve the application with placement of the licensee
841 on probation for a period of time and subject to such conditions

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842 as the board, or the department if there is no board, may
843 specify, including, but not limited to, requiring the applicant
844 to submit to treatment, attend continuing education courses, or
845 submit to reexamination; or

846 d. Deny the application.

847 Section 8. Subsection (1) of section 458.315, Florida
848 Statutes, is amended to read:

849 458.315 Temporary certificate for practice in areas of
850 critical need.—

851 (1) A physician ~~or physician assistant who is~~ licensed to
852 practice in any jurisdiction of the United States ~~and~~ whose
853 license is currently valid may be issued a temporary certificate
854 for practice in areas of critical need. A physician seeking such
855 certificate must pay an application fee of \$300. A physician
856 assistant licensed to practice in any state of the United States
857 or the District of Columbia whose license is currently valid may
858 be issued a temporary certificate for practice in areas of
859 critical need.

860 Section 9. Subsection (1) of section 459.0076, Florida
861 Statutes, is amended to read:

862 459.0076 Temporary certificate for practice in areas of
863 critical need.—

864 (1) A physician ~~or physician assistant~~ who holds a valid
865 license to practice in any jurisdiction of the United States may
866 be issued a temporary certificate for practice in areas of
867 critical need. A physician seeking such certificate must pay an
868 application fee of \$300. A physician assistant licensed to
869 practice in any state of the United States or the District of
870 Columbia whose license is currently valid may be issued a

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871 temporary certificate for practice in areas of critical need.

872 Section 10. Section 486.112, Florida Statutes, is amended
873 to read:

874 486.112 Physical Therapy Licensure Compact.—The Physical
875 Therapy Licensure Compact is hereby enacted into law and entered
876 into by this state with all other jurisdictions legally joining
877 therein in the form substantially as follows:

878

879 ARTICLE I

880 PURPOSE AND OBJECTIVES

881

882 (1) The purpose of the compact is to facilitate interstate
883 practice of physical therapy with the goal of improving public
884 access to physical therapy services. The compact preserves the
885 regulatory authority of member states to protect public health
886 and safety through their current systems of state licensure. For
887 purposes of state regulation under the compact, the practice of
888 physical therapy is deemed to have occurred in the state where
889 the patient is located at the time physical therapy is provided
890 to the patient.

891 (2) The compact is designed to achieve all of the following
892 objectives:

893 (a) Increase public access to physical therapy services by
894 providing for the mutual recognition of other member state
895 licenses.

896 (b) Enhance the states' ability to protect the public's
897 health and safety.

898 (c) Encourage the cooperation of member states in
899 regulating multistate physical therapy practice.

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900 (d) Support spouses of relocating military members.

901 (e) Enhance the exchange of licensure, investigative, and
902 disciplinary information between member states.

903 (f) Allow a remote state to hold a provider of services
904 with a compact privilege in that state accountable to that
905 state's practice standards.

906

907 ARTICLE II

908 DEFINITIONS

909

910 As used in the compact, and except as otherwise provided,
911 the term:

912 (1) "Active duty military" means full-time duty status in
913 the active uniformed service of the United States, including
914 members of the National Guard and Reserve on active duty orders
915 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

916 (2) "Adverse action" means disciplinary action taken by a
917 physical therapy licensing board based upon misconduct,
918 unacceptable performance, or a combination of both.

919 (3) "Alternative program" means a nondisciplinary
920 monitoring or practice remediation process approved by a state's
921 physical therapy licensing board. The term includes, but is not
922 limited to, programs that address substance abuse issues.

923 (4) "Compact privilege" means the authorization granted by
924 a remote state to allow a licensee from another member state to
925 practice as a physical therapist or physical therapist assistant
926 in the remote state under its laws and rules.

927 (5) "Continuing competence" means a requirement, as a
928 condition of license renewal, to provide evidence of

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929 participation in, and completion of, educational and
930 professional activities relevant to the practice of physical
931 therapy.

932 (6) "Data system" means the coordinated database and
933 reporting system created by the Physical Therapy Compact
934 Commission for the exchange of information between member states
935 relating to licensees or applicants under the compact, including
936 identifying information, licensure data, investigative
937 information, adverse actions, nonconfidential information
938 related to alternative program participation, any denials of
939 applications for licensure, and other information as specified
940 by commission rule.

941 (7) "Encumbered license" means a license that a physical
942 therapy licensing board has limited in any way.

943 (8) "Executive board" means a group of directors elected or
944 appointed to act on behalf of, and within the powers granted to
945 them by, the commission.

946 (9) "Home state" means the member state that is the
947 licensee's primary state of residence.

948 (10) "Investigative information" means information,
949 records, and documents received or generated by a physical
950 therapy licensing board pursuant to an investigation.

951 (11) "Jurisprudence requirement" means the assessment of an
952 individual's knowledge of the laws and rules governing the
953 practice of physical therapy in a specific state.

954 (12) "Licensee" means an individual who currently holds an
955 authorization from a state to practice as a physical therapist
956 or physical therapist assistant.

957 (13) "Member state" means a state that has enacted the

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958 compact.

959 (14) "Party state" means any member state in which a
960 licensee holds a current license or compact privilege or is
961 applying for a license or compact privilege.

962 (15) "Physical therapist" means an individual licensed by a
963 state to practice physical therapy.

964 ~~(16)~~(15) "Physical therapist assistant" means an individual
965 licensed by a state to assist a physical therapist in specified
966 areas of physical therapy.

967 ~~(17)~~(16) "Physical therapy" or "the practice of physical
968 therapy" means the care and services provided by or under the
969 direction and supervision of a licensed physical therapist.

970 ~~(18)~~(17) "Physical Therapy Compact Commission" or
971 "commission" means the national administrative body whose
972 membership consists of all states that have enacted the compact.

973 ~~(19)~~(18) "Physical therapy licensing board" means the
974 agency of a state which is responsible for the licensing and
975 regulation of physical therapists and physical therapist
976 assistants.

977 ~~(20)~~(19) "Remote state" means a member state other than the
978 home state where a licensee is exercising or seeking to exercise
979 the compact privilege.

980 ~~(21)~~(20) "Rule" means a regulation, principle, or directive
981 adopted by the commission which has the force of law.

982 ~~(22)~~(21) "State" means any state, commonwealth, district,
983 or territory of the United States of America which regulates the
984 practice of physical therapy.

985

986

ARTICLE III

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987 STATE PARTICIPATION IN THE COMPACT

988

989 (1) To participate in the compact, a state must do all of
990 the following:

991 (a) Participate fully in the commission's data system,
992 including using the commission's unique identifier, as defined
993 by commission rule.

994 (b) Have a mechanism in place for receiving and
995 investigating complaints about licensees.

996 (c) Notify the commission, in accordance with the terms of
997 the compact and rules, of any adverse action or the availability
998 of investigative information regarding a licensee.

999 (d) Fully implement a criminal background check
1000 requirement, within a timeframe established by commission rule,
1001 which uses results from the Federal Bureau of Investigation
1002 record search on criminal background checks to make licensure
1003 decisions in accordance with subsection (2).

1004 (e) Comply with the commission's rules.

1005 (f) Use a recognized national examination as a requirement
1006 for licensure pursuant to the commission's rules.

1007 (g) Have continuing competence requirements as a condition
1008 for license renewal.

1009 (2) Upon adoption of the compact, a member state has the
1010 authority to obtain biometric-based information from each
1011 licensee applying for a compact privilege and submit this
1012 information to the Federal Bureau of Investigation for a
1013 criminal background check in accordance with 28 U.S.C. s. 534
1014 and 34 U.S.C. s. 40316.

1015 (3) A member state must grant the compact privilege to a

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1016 licensee holding a valid unencumbered license in another member
1017 state in accordance with the terms of the compact and rules.

1018
1019 ARTICLE IV

1020 COMPACT PRIVILEGE

1021
1022 (1) To exercise the compact privilege under the compact, a
1023 licensee must satisfy all of the following conditions:

1024 (a) Hold a license in the home state.

1025 (b) Not have an encumbrance on any state license.

1026 (c) Be eligible for a compact privilege in all member
1027 states in accordance with subsections (4), (7), and (8).

1028 (d) Not have had an adverse action against any license or
1029 compact privilege within the preceding 2 years.

1030 (e) Notify the commission that the licensee is seeking the
1031 compact privilege within a remote state.

1032 (f) Meet any jurisprudence requirements established by the
1033 remote state in which the licensee is seeking a compact
1034 privilege.

1035 (g) Report to the commission adverse action taken by any
1036 nonmember state within 30 days after the date the adverse action
1037 is taken.

1038 (2) The compact privilege is valid until the expiration
1039 date of the home license. The licensee must continue to meet the
1040 requirements of subsection (1) to maintain the compact privilege
1041 in a remote state.

1042 (3) A licensee providing physical therapy in a remote state
1043 under the compact privilege must comply with the laws and rules
1044 of the remote state.

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1045 (4) A licensee providing physical therapy in a remote state
1046 is subject to that state's regulatory authority. A remote state
1047 may, in accordance with due process and that state's laws,
1048 remove a licensee's compact privilege in the remote state for a
1049 specific period of time, impose fines, and take any other
1050 necessary actions to protect the health and safety of its
1051 citizens. The licensee is not eligible for a compact privilege
1052 in any member state until the specific period of time for
1053 removal has ended and all fines are paid.

1054 (5) If a home state license is encumbered, the licensee
1055 loses the compact privilege in any remote state until the
1056 following conditions are met:

1057 (a) The home state license is no longer encumbered.

1058 (b) Two years have elapsed from the date of the adverse
1059 action.

1060 (6) Once an encumbered license in the home state is
1061 restored to good standing, the licensee must meet the
1062 requirements of subsection (1) to obtain a compact privilege in
1063 any remote state.

1064 (7) If a licensee's compact privilege in any remote state
1065 is removed, the licensee loses the compact privilege in all
1066 remote states until all of the following conditions are met:

1067 (a) The specific period of time for which the compact
1068 privilege was removed has ended.

1069 (b) All fines have been paid.

1070 (c) Two years have elapsed from the date of the adverse
1071 action.

1072 (8) Once the requirements of subsection (7) have been met,
1073 the licensee must meet the requirements of subsection (1) to

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1074 obtain a compact privilege in a remote state.

1075
1076 ARTICLE V
1077 ACTIVE DUTY MILITARY PERSONNEL
1078 AND THEIR SPOUSES
1079

1080 A licensee who is active duty military or is the spouse of
1081 an individual who is active duty military may choose any of the
1082 following locations to designate his or her home state:

- 1083 (1) Home of record.
1084 (2) Permanent change of station location.
1085 (3) State of current residence, if it is different from the
1086 home of record or permanent change of station location.

1087
1088 ARTICLE VI
1089 ADVERSE ACTIONS
1090

1091 (1) A home state has exclusive power to impose adverse
1092 action against a license issued by the home state.

1093 (2) A home state may take adverse action based on the
1094 investigative information of a remote state, so long as the home
1095 state follows its own procedures for imposing adverse action.

1096 (3) The compact does not override a member state's decision
1097 that participation in an alternative program may be used in lieu
1098 of adverse action and that such participation remain nonpublic
1099 if required by the member state's laws. Member states must
1100 require licensees who enter any alternative programs in lieu of
1101 discipline to agree not to practice in any other member state
1102 during the term of the alternative program without prior

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1103 authorization from such other member state.

1104 (4) A member state may investigate actual or alleged
1105 violations of the laws and rules for the practice of physical
1106 therapy committed in any other member state by a physical
1107 therapist or physical therapist assistant practicing under the
1108 compact who holds a license or compact privilege in such other
1109 member state.

1110 (5) A remote state may do any of the following:

1111 (a) Take adverse actions as set forth in subsection (4) of
1112 Article IV against a licensee's compact privilege in the state.

1113 (b) Issue subpoenas for both hearings and investigations
1114 which require the attendance and testimony of witnesses and the
1115 production of evidence. Subpoenas issued by a physical therapy
1116 licensing board in a party ~~member~~ state for the attendance and
1117 testimony of witnesses or for the production of evidence from
1118 another party ~~member~~ state must be enforced in the latter state
1119 by any court of competent jurisdiction, according to the
1120 practice and procedure of that court applicable to subpoenas
1121 issued in proceedings pending before it. The issuing authority
1122 shall pay any witness fees, travel expenses, mileage, and other
1123 fees required by the service laws of the state where the
1124 witnesses or evidence is located.

1125 (c) If otherwise permitted by state law, recover from the
1126 licensee the costs of investigations and disposition of cases
1127 resulting from any adverse action taken against that licensee.

1128 (6) (a) In addition to the authority granted to a member
1129 state by its respective physical therapy practice act or other
1130 applicable state law, a member state may participate with other
1131 member states in joint investigations of licensees.

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1132 (b) Member states shall share any investigative,
1133 litigation, or compliance materials in furtherance of any joint
1134 or individual investigation initiated under the compact.

1135
1136 ARTICLE VII

1137 ESTABLISHMENT OF THE
1138 PHYSICAL THERAPY COMPACT COMMISSION
1139

1140 (1) COMMISSION CREATED.—The member states hereby create and
1141 establish a joint public agency known as the Physical Therapy
1142 Compact Commission:

1143 (a) The commission is an instrumentality of the member
1144 states.

1145 (b) Venue is proper, and judicial proceedings by or against
1146 the commission must be brought solely and exclusively, in a
1147 court of competent jurisdiction where the principal office of
1148 the commission is located. The commission may waive venue and
1149 jurisdictional defenses to the extent it adopts or consents to
1150 participate in alternative dispute resolution proceedings.

1151 (c) The compact may not be construed to be a waiver of
1152 sovereign immunity.

1153 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

1154 (a) Each member state has and is limited to one delegate
1155 selected by that member state's physical therapy licensing board
1156 to serve on the commission. The delegate must be a current
1157 member of the physical therapy licensing board who is a physical
1158 therapist, a physical therapist assistant, a public member, or
1159 the board administrator.

1160 (b) A delegate may be removed or suspended from office as

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1161 provided by the law of the state from which the delegate is
1162 appointed. Any vacancy occurring on the commission must be
1163 filled by the physical therapy licensing board of the member
1164 state for which the vacancy exists.

1165 (c) Each delegate is entitled to one vote with regard to
1166 the adoption of rules and bylaws and shall otherwise have an
1167 opportunity to participate in the business and affairs of the
1168 commission.

1169 (d) A delegate shall vote in person or by such other means
1170 as provided in the bylaws. The bylaws may provide for delegates'
1171 participation in meetings by telephone or other means of
1172 communication.

1173 (e) The commission shall meet at least once during each
1174 calendar year. Additional meetings may be held as set forth in
1175 the bylaws.

1176 (f) All meetings must be open to the public, and public
1177 notice of meetings must be given in the same manner as required
1178 under the rulemaking provisions in Article IX.

1179 (g) The commission or the executive board or other
1180 committees of the commission may convene in a closed, nonpublic
1181 meeting if the commission or executive board or other committees
1182 of the commission must discuss any of the following:

1183 1. Noncompliance of a member state with its obligations
1184 under the compact.

1185 2. The employment, compensation, or discipline of, or other
1186 matters, practices, or procedures related to, specific employees
1187 or other matters related to the commission's internal personnel
1188 practices and procedures.

1189 3. Current, threatened, or reasonably anticipated

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1190 litigation against the commission, executive board, or other
1191 committees of the commission.

1192 4. Negotiation of contracts for the purchase, lease, or
1193 sale of goods, services, or real estate.

1194 5. An accusation of any person of a crime or a formal
1195 censure of any person.

1196 6. Information disclosing trade secrets or commercial or
1197 financial information that is privileged or confidential.

1198 7. Information of a personal nature where disclosure would
1199 constitute a clearly unwarranted invasion of personal privacy.

1200 8. Investigatory records compiled for law enforcement
1201 purposes.

1202 9. Information related to any investigative reports
1203 prepared by or on behalf of or for use of the commission or
1204 other committee charged with responsibility for investigation or
1205 determination of compliance issues pursuant to the compact.

1206 10. Matters specifically exempted from disclosure by
1207 federal or member state statute.

1208 (h) If a meeting, or portion of a meeting, is closed
1209 pursuant to this subsection, the commission's legal counsel or
1210 designee must certify that the meeting may be closed and must
1211 reference each relevant exempting provision.

1212 (i) The commission shall keep minutes that fully and
1213 clearly describe all matters discussed in a meeting and shall
1214 provide a full and accurate summary of actions taken and the
1215 reasons therefor, including a description of the views
1216 expressed. All documents considered in connection with an action
1217 must be identified in the minutes. All minutes and documents of
1218 a closed meeting must remain under seal, subject to release only

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1219 by a majority vote of the commission or order of a court of
1220 competent jurisdiction.

1221 (3) DUTIES.—The commission shall do all of the following:

1222 (a) Establish the fiscal year of the commission.

1223 (b) Establish bylaws.

1224 (c) Maintain its financial records in accordance with the
1225 bylaws.

1226 (d) Meet and take such actions as are consistent with the
1227 provisions of the compact and the bylaws.

1228 (4) POWERS.—The commission may do any of the following:

1229 (a) Adopt uniform rules to facilitate and coordinate
1230 implementation and administration of the compact. The rules have
1231 the force and effect of law and are binding in all member
1232 states.

1233 (b) Bring and prosecute legal proceedings or actions in the
1234 name of the commission, provided that the standing of any state
1235 physical therapy licensing board to sue or be sued under
1236 applicable law is not affected.

1237 (c) Purchase and maintain insurance and bonds.

1238 (d) Borrow, accept, or contract for services of personnel,
1239 including, but not limited to, employees of a member state.

1240 (e) Hire employees and elect or appoint officers; fix the
1241 compensation of, define the duties of, and grant appropriate
1242 authority to such individuals to carry out the purposes of the
1243 compact; and establish the commission's personnel policies and
1244 programs relating to conflicts of interest, qualifications of
1245 personnel, and other related personnel matters.

1246 (f) Accept any appropriate donations and grants of money,
1247 equipment, supplies, materials, and services and receive, use,

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1248 and dispose of the same, provided that at all times the
1249 commission avoids any appearance of impropriety or conflict of
1250 interest.

1251 (g) Lease, purchase, accept appropriate gifts or donations
1252 of, or otherwise own, hold, improve, or use any property, real,
1253 personal, or mixed, provided that at all times the commission
1254 avoids any appearance of impropriety or conflict of interest.

1255 (h) Sell, convey, mortgage, pledge, lease, exchange,
1256 abandon, or otherwise dispose of any property, real, personal,
1257 or mixed.

1258 (i) Establish a budget and make expenditures.

1259 (j) Borrow money.

1260 (k) Appoint committees, including standing committees
1261 composed of members, state regulators, state legislators or
1262 their representatives, and consumer representatives, and such
1263 other interested persons as may be designated in the compact and
1264 the bylaws.

1265 (l) Provide information to, receive information from, and
1266 cooperate with law enforcement agencies.

1267 (m) Establish and elect an executive board.

1268 (n) Perform such other functions as may be necessary or
1269 appropriate to achieve the purposes of the compact consistent
1270 with the state regulation of physical therapy licensure and
1271 practice.

1272 (5) THE EXECUTIVE BOARD.—

1273 (a) The executive board may act on behalf of the commission
1274 according to the terms of the compact.

1275 (b) The executive board shall be composed of the following
1276 nine members:

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- 1277 1. Seven voting members who are elected by the commission
1278 from the current membership of the commission.
- 1279 2. One ex officio, nonvoting member from the recognized
1280 national physical therapy professional association.
- 1281 3. One ex officio, nonvoting member from the recognized
1282 membership organization of the physical therapy licensing
1283 boards.
- 1284 (c) The ex officio members shall be selected by their
1285 respective organizations.
- 1286 (d) The commission may remove any member of the executive
1287 board as provided in its bylaws.
- 1288 (e) The executive board shall meet at least annually.
- 1289 (f) The executive board shall do all of the following:
- 1290 1. Recommend to the entire commission changes to the rules
1291 or bylaws, compact legislation, fees paid by compact member
1292 states, such as annual dues, and any commission compact fee
1293 charged to licensees for the compact privilege.
- 1294 2. Ensure compact administration services are appropriately
1295 provided, contractually or otherwise.
- 1296 3. Prepare and recommend the budget.
- 1297 4. Maintain financial records on behalf of the commission.
- 1298 5. Monitor compact compliance of member states and provide
1299 compliance reports to the commission.
- 1300 6. Establish additional committees as necessary.
- 1301 7. Perform other duties as provided in the rules or bylaws.
- 1302 (6) FINANCING OF THE COMMISSION.—
- 1303 (a) The commission shall pay, or provide for the payment
1304 of, the reasonable expenses of its establishment, organization,
1305 and ongoing activities.

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1306 (b) The commission may accept any appropriate revenue
1307 sources, donations, and grants of money, equipment, supplies,
1308 materials, and services.

1309 (c) The commission may levy and collect an annual
1310 assessment from each member state or impose fees on other
1311 parties to cover the cost of the operations and activities of
1312 the commission and its staff. Such assessments and fees must
1313 total to an amount sufficient to cover the commission's annual
1314 budget as approved each year for which revenue is not provided
1315 by other sources. The aggregate annual assessment amount must be
1316 allocated based upon a formula to be determined by the
1317 commission, which shall adopt a rule binding upon all member
1318 states.

1319 (d) The commission may not incur obligations of any kind
1320 before securing the funds adequate to meet such obligations; nor
1321 may the commission pledge the credit of any of the member
1322 states, except by and with the authority of the member state.

1323 (e) The commission shall keep accurate accounts of all
1324 receipts and disbursements. The receipts and disbursements of
1325 the commission are subject to the audit and accounting
1326 procedures established under its bylaws. However, all receipts
1327 and disbursements of funds handled by the commission must be
1328 audited yearly by a certified or licensed public accountant, and
1329 the report of the audit must be included in and become part of
1330 the annual report of the commission.

1331 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

1332 (a) The members, officers, executive director, employees,
1333 and representatives of the commission are immune from suit and
1334 liability, whether personally or in their official capacity, for

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1335 any claim for damage to or loss of property or personal injury
1336 or other civil liability caused by or arising out of any actual
1337 or alleged act, error, or omission that occurred, or that the
1338 person against whom the claim is made had a reasonable basis for
1339 believing occurred, within the scope of commission employment,
1340 duties, or responsibilities. However, this paragraph may not be
1341 construed to protect any such person from suit or liability for
1342 any damage, loss, injury, or liability caused by the
1343 intentional, willful, or wanton misconduct of that person.

1344 (b) The commission shall defend any member, officer,
1345 executive director, employee, or representative of the
1346 commission in any civil action seeking to impose liability
1347 arising out of any actual or alleged act, error, or omission
1348 that occurred within the scope of commission employment, duties,
1349 or responsibilities, or that the person against whom the claim
1350 is made had a reasonable basis for believing occurred within the
1351 scope of commission employment, duties, or responsibilities.
1352 However, this subsection may not be construed to prohibit any
1353 member, officer, executive director, employee, or representative
1354 of the commission from retaining his or her own counsel or to
1355 require the commission to defend such person if the actual or
1356 alleged act, error, or omission resulted from that person's
1357 intentional, willful, or wanton misconduct.

1358 (c) The commission shall indemnify and hold harmless any
1359 member, officer, executive director, employee, or representative
1360 of the commission for the amount of any settlement or judgment
1361 obtained against that person arising out of any actual or
1362 alleged act, error, or omission that occurred within the scope
1363 of commission employment, duties, or responsibilities, or that

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1364 such person had a reasonable basis for believing occurred within
1365 the scope of commission employment, duties, or responsibilities,
1366 provided that the actual or alleged act, error, or omission did
1367 not result from the intentional, willful, or wanton misconduct
1368 of that person.

ARTICLE VIII

DATA SYSTEM

1373 (1) The commission shall provide for the development,
1374 maintenance, and use of a coordinated database and reporting
1375 system containing licensure, adverse action, and investigative
1376 information on all licensees in member states.

1377 (2) Notwithstanding any other provision of state law to the
1378 contrary, a member state shall submit a uniform data set to the
1379 data system on all individuals to whom the compact is applicable
1380 as required by the rules of the commission, which data set must
1381 include all of the following:

1382 (a) Identifying information.

1383 (b) Licensure data.

1384 (c) Investigative information.

1385 (d) Adverse actions against a license or compact privilege.

1386 (e) Nonconfidential information related to alternative
1387 program participation.

1388 (f) Any denial of application for licensure, and the reason
1389 for such denial.

1390 (g) Other information that may facilitate the
1391 administration of the compact, as determined by the rules of the
1392 commission.

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1393 (3) Investigative information in the system pertaining to a
1394 licensee in any member state must be available only to other
1395 party ~~member~~ states.

1396 (4) The commission shall promptly notify all member states
1397 of any adverse action taken against a licensee or an individual
1398 applying for a license in a member state. Adverse action
1399 information pertaining to a licensee in any member state must be
1400 available to all other member states.

1401 (5) Member states contributing information to the data
1402 system may designate information that may not be shared with the
1403 public without the express permission of the contributing state.

1404 (6) Any information submitted to the data system which is
1405 subsequently required to be expunged by the laws of the member
1406 state contributing the information must be removed from the data
1407 system.

1408

1409 ARTICLE IX

1410 RULEMAKING

1411

1412 (1) The commission shall exercise its rulemaking powers
1413 pursuant to the criteria set forth in this article and the rules
1414 adopted thereunder. Rules and amendments become binding as of
1415 the date specified in each rule or amendment.

1416 (2) If a majority of the legislatures of the member states
1417 rejects a rule by enactment of a statute or resolution in the
1418 same manner used to adopt the compact within 4 years after the
1419 date of adoption of the rule, such rule does not have further
1420 force and effect in any member state.

1421 (3) Rules or amendments to the rules must be adopted at a

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1422 regular or special meeting of the commission.

1423 (4) Before adoption of a final rule by the commission, and
1424 at least 30 days before the meeting at which the rule will be
1425 considered and voted upon, the commission must file a notice of
1426 proposed rulemaking on all of the following:

1427 (a) The website of the commission or another publicly
1428 accessible platform.

1429 (b) The website of each member state physical therapy
1430 licensing board or another publicly accessible platform or the
1431 publication in which each state would otherwise publish proposed
1432 rules.

1433 (5) The notice of proposed rulemaking must include all of
1434 the following:

1435 (a) The proposed date, time, and location of the meeting in
1436 which the rule or amendment will be considered and voted upon.

1437 (b) The text of the proposed rule or amendment and the
1438 reason for the proposed rule.

1439 (c) A request for comments on the proposed rule or
1440 amendment from any interested person.

1441 (d) The manner in which interested persons may submit
1442 notice to the commission of their intention to attend the public
1443 hearing and any written comments.

1444 (6) Before adoption of a proposed rule or amendment, the
1445 commission must allow persons to submit written data, facts,
1446 opinions, and arguments, which must be made available to the
1447 public.

1448 (7) The commission must grant an opportunity for a public
1449 hearing before it adopts a rule or an amendment if a hearing is
1450 requested by any of the following:

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- 1451 (a) At least 25 persons.
- 1452 (b) A state or federal governmental subdivision or agency.
- 1453 (c) An association having at least 25 members.
- 1454 (8) If a scheduled public hearing is held on the proposed
- 1455 rule or amendment, the commission must publish the date, time,
- 1456 and location of the hearing. If the hearing is held through
- 1457 electronic means, the commission must publish the mechanism for
- 1458 access to the electronic hearing.
- 1459 (a) All persons wishing to be heard at the hearing must
- 1460 notify the executive director of the commission or another
- 1461 designated member in writing of their desire to appear and
- 1462 testify at the hearing at least 5 business days before the
- 1463 scheduled date of the hearing.
- 1464 (b) Hearings must be conducted in a manner providing each
- 1465 person who wishes to comment a fair and reasonable opportunity
- 1466 to comment orally or in writing.
- 1467 (c) All hearings must be recorded. A copy of the recording
- 1468 must be made available on request.
- 1469 (d) This article may not be construed to require a separate
- 1470 hearing on each rule. Rules may be grouped for the convenience
- 1471 of the commission at hearings required by this article.
- 1472 (9) Following the scheduled hearing date, or by the close
- 1473 of business on the scheduled hearing date if the hearing was not
- 1474 held, the commission shall consider all written and oral
- 1475 comments received.
- 1476 (10) If no written notice of intent to attend the public
- 1477 hearing by interested parties is received, the commission may
- 1478 proceed with adoption of the proposed rule without a public
- 1479 hearing.

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1480 (11) The commission shall, by majority vote of all members,
1481 take final action on the proposed rule and shall determine the
1482 effective date of the rule, if any, based on the rulemaking
1483 record and the full text of the rule.

1484 (12) Upon determination that an emergency exists, the
1485 commission may consider and adopt an emergency rule without
1486 prior notice, opportunity for comment, or hearing, provided that
1487 the usual rulemaking procedures provided in the compact and in
1488 this article are retroactively applied to the rule as soon as
1489 reasonably possible, in no event later than 90 days after the
1490 effective date of the rule. For the purposes of this subsection,
1491 an emergency rule is one that must be adopted immediately in
1492 order to do any of the following:

1493 (a) Meet an imminent threat to public health, safety, or
1494 welfare.

1495 (b) Prevent a loss of commission or member state funds.

1496 (c) Meet a deadline for the adoption of an administrative
1497 rule established by federal law or rule.

1498 (d) Protect public health and safety.

1499 (13) The commission or an authorized committee of the
1500 commission may direct revisions to a previously adopted rule or
1501 amendment for purposes of correcting typographical errors,
1502 errors in format, errors in consistency, or grammatical errors.
1503 Public notice of any revisions must be posted on the website of
1504 the commission. The revision is subject to challenge by any
1505 person for a period of 30 days after posting. The revision may
1506 be challenged only on grounds that the revision results in a
1507 material change to a rule. A challenge must be made in writing
1508 and delivered to the chair of the commission before the end of

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1509 the notice period. If a challenge is not made, the revision
1510 takes effect without further action. If the revision is
1511 challenged, the revision may not take effect without the
1512 approval of the commission.

1513
1514 ARTICLE X

1515 OVERSIGHT, DISPUTE RESOLUTION,
1516 AND ENFORCEMENT

1517
1518 (1) OVERSIGHT.—

1519 (a) The executive, legislative, and judicial branches of
1520 state government in each member state shall enforce the compact
1521 and take all actions necessary and appropriate to carry out the
1522 compact's purposes and intent. The provisions of the compact and
1523 the rules adopted pursuant thereto shall have standing as
1524 statutory law.

1525 (b) All courts shall take judicial notice of the compact
1526 and the rules in any judicial or administrative proceeding in a
1527 member state pertaining to the subject matter of the compact
1528 which may affect the powers, responsibilities, or actions of the
1529 commission.

1530 (c) The commission is entitled to receive service of
1531 process in any such proceeding and has standing to intervene in
1532 such a proceeding for all purposes. Failure to provide service
1533 of process to the commission renders a judgment or an order void
1534 as to the commission, the compact, or the adopted rules.

1535 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

1536 (a) If the commission determines that a member state has
1537 defaulted in the performance of its obligations or

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1538 responsibilities under the compact or the adopted rules, the
1539 commission must do all of the following:

1540 1. Provide written notice to the defaulting state and other
1541 member states of the nature of the default, the proposed means
1542 of curing the default, and any other action to be taken by the
1543 commission.

1544 2. Provide remedial training and specific technical
1545 assistance regarding the default.

1546 (b) If a state in default fails to cure the default, the
1547 defaulting state may be terminated from the compact upon an
1548 affirmative vote of a majority of the member states, and all
1549 rights, privileges, and benefits conferred by the compact may be
1550 terminated on the effective date of termination. A cure of the
1551 default does not relieve the offending state of obligations or
1552 liabilities incurred during the period of default.

1553 (c) Termination of membership in the compact may be imposed
1554 only after all other means of securing compliance have been
1555 exhausted. The commission shall give notice of intent to suspend
1556 or terminate a defaulting member state to the governor and
1557 majority and minority leaders of the defaulting state's
1558 legislature and to each of the member states.

1559 (d) A state that has been terminated from the compact is
1560 responsible for all assessments, obligations, and liabilities
1561 incurred through the effective date of termination, including
1562 obligations that extend beyond the effective date of
1563 termination.

1564 (e) The commission does not bear any costs related to a
1565 state that is found to be in default or that has been terminated
1566 from the compact, unless agreed upon in writing between the

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1567 commission and the defaulting state.

1568 (f) The defaulting state may appeal the action of the
1569 commission by petitioning the United States District Court for
1570 the District of Columbia or the federal district where the
1571 commission has its principal offices. The prevailing member
1572 shall be awarded all costs of such litigation, including
1573 reasonable attorney fees.

1574 (3) DISPUTE RESOLUTION.—

1575 (a) Upon request by a member state, the commission must
1576 attempt to resolve disputes related to the compact which arise
1577 among member states and between member and nonmember states.

1578 (b) The commission shall adopt a rule providing for both
1579 mediation and binding dispute resolution for disputes as
1580 appropriate.

1581 (4) ENFORCEMENT.—

1582 (a) The commission, in the reasonable exercise of its
1583 discretion, shall enforce the compact and the commission's
1584 rules.

1585 (b) By majority vote, the commission may initiate legal
1586 action in the United States District Court for the District of
1587 Columbia or the federal district where the commission has its
1588 principal offices against a member state in default to enforce
1589 compliance with the provisions of the compact and its adopted
1590 rules and bylaws. The relief sought may include both injunctive
1591 relief and damages. In the event judicial enforcement is
1592 necessary, the prevailing member shall be awarded all costs of
1593 such litigation, including reasonable attorney fees.

1594 (c) The remedies under this article are not the exclusive
1595 remedies of the commission. The commission may pursue any other

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1596 remedies available under federal or state law.

1597
1598 ARTICLE XI
1599 DATE OF IMPLEMENTATION OF THE
1600 PHYSICAL THERAPY COMPACT
1601 AND ASSOCIATED RULES;
1602 WITHDRAWAL; AND AMENDMENTS
1603

1604 (1) The compact becomes effective on the date that the
1605 compact statute is enacted into law in the tenth member state.
1606 The provisions that become effective at that time are limited to
1607 the powers granted to the commission relating to assembly and
1608 the adoption of rules. Thereafter, the commission shall meet and
1609 exercise rulemaking powers necessary for the implementation and
1610 administration of the compact.

1611 (2) Any state that joins the compact subsequent to the
1612 commission's initial adoption of the rules is subject to the
1613 rules as they exist on the date that the compact becomes law in
1614 that state. Any rule that has been previously adopted by the
1615 commission has the full force and effect of law on the day the
1616 compact becomes law in that state.

1617 (3) Any member state may withdraw from the compact by
1618 enacting a statute repealing the same.

1619 (a) A member state's withdrawal does not take effect until
1620 6 months after enactment of the repealing statute.

1621 (b) Withdrawal does not affect the continuing requirement
1622 of the withdrawing state's physical therapy licensing board to
1623 comply with the investigative and adverse action reporting
1624 requirements of this act before the effective date of

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1625 withdrawal.

1626 (4) The compact may not be construed to invalidate or
1627 prevent any physical therapy licensure agreement or other
1628 cooperative arrangement between a member state and a nonmember
1629 state which does not conflict with the provisions of the
1630 compact.

1631 (5) The compact may be amended by the member states. An
1632 amendment to the compact does not become effective and binding
1633 upon any member state until it is enacted into the laws of all
1634 member states.

1635
1636 ARTICLE XII

1637 CONSTRUCTION AND SEVERABILITY
1638

1639 The compact must be liberally construed so as to carry out
1640 the purposes thereof. The provisions of the compact are
1641 severable, and if any phrase, clause, sentence, or provision of
1642 the compact is declared to be contrary to the constitution of
1643 any party ~~member~~ state or of the United States or the
1644 applicability thereof to any government, agency, person, or
1645 circumstance is held invalid, the validity of the remainder of
1646 the compact and the applicability thereof to any government,
1647 agency, person, or circumstance is not affected thereby. If the
1648 compact is held contrary to the constitution of any party ~~member~~
1649 state, the compact remains in full force and effect as to the
1650 remaining party ~~member~~ states and in full force and effect as to
1651 the party ~~member~~ state affected as to all severable matters.

1652 Section 11. Paragraph (d) of subsection (3) of section
1653 766.1115, Florida Statutes, is amended to read:

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1654 766.1115 Health care providers; creation of agency
1655 relationship with governmental contractors.-
1656 (3) DEFINITIONS.—As used in this section, the term:
1657 (d) "Health care provider" or "provider" means:
1658 1. A birth center licensed under chapter 383.
1659 2. An ambulatory surgical center licensed under chapter
1660 395.
1661 3. A hospital licensed under chapter 395.
1662 4. A physician or physician assistant licensed under
1663 chapter 458.
1664 5. An osteopathic physician or osteopathic physician
1665 assistant licensed under chapter 459.
1666 6. A chiropractic physician licensed under chapter 460.
1667 7. A podiatric physician licensed under chapter 461.
1668 8. A registered nurse, nurse midwife, licensed practical
1669 nurse, or advanced practice registered nurse licensed or
1670 registered under part I of chapter 464 or any facility which
1671 employs nurses licensed or registered under part I of chapter
1672 464 to supply all or part of the care delivered under this
1673 section.
1674 9. A midwife licensed under chapter 467.
1675 10. A health maintenance organization certificated under
1676 part I of chapter 641.
1677 11. A health care professional association and its
1678 employees or a corporate medical group and its employees.
1679 12. Any other medical facility the primary purpose of which
1680 is to deliver human medical diagnostic services or which
1681 delivers nonsurgical human medical treatment, and which includes
1682 an office maintained by a provider.

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1683 13. A dentist or dental hygienist licensed under chapter
1684 466.

1685 14. A free clinic that delivers only medical diagnostic
1686 services or nonsurgical medical treatment free of charge to all
1687 low-income recipients.

1688 15. Any other health care professional, practitioner,
1689 provider, or facility under contract with a governmental
1690 contractor, including a student enrolled in an accredited
1691 program that prepares the student for licensure as any one of
1692 the professionals listed in subparagraphs 4.-9. and 13.

1693
1694 The term includes any nonprofit corporation qualified as exempt
1695 from federal income taxation under s. 501(a) of the Internal
1696 Revenue Code, and described in s. 501(c) of the Internal Revenue
1697 Code, which delivers health care services provided by licensed
1698 professionals listed in this paragraph, any federally funded
1699 community health center, and any volunteer corporation or
1700 volunteer health care provider that delivers health care
1701 services.

1702 Section 12. Except as otherwise expressly provided in this
1703 act and except for this section, which shall take effect upon
1704 this act becoming a law, or, if this act fails to become a law
1705 until after June 1, 2025, it shall take effect upon becoming a
1706 law and shall operate retroactively to June 1, 2025, this act
1707 shall take effect July 1, 2025.