

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 1299](#)

TITLE: Department of Health

SPONSOR(S): Yarkosky

COMPANION BILL: [CS/SB 1290](#) (Collins)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Health Professions & Programs](#)

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SUMMARY

Effect of the Bill:

The bill revises several provisions of Florida law relating to the state's health care workforce, health care services, and health care practitioner licensure and regulation related to the Department of Health. The revisions include:

- Saving the definition of “messenger ribonucleic acid vaccine,” from repeal;
- Expanding the Patient's Bill of Rights and Responsibilities to prohibit discrimination based on vaccination status;
- Requiring additional reporting from medical marijuana treatment centers (MMTCs) and certified medical marijuana testing laboratories (CMTLs) relating to actual and attempted theft, loss, or diversion of medical marijuana;
- Defining “owner,” “employee,” and “manager,” to allow for continued background screening of owners and employees of MMTCs and CMTLs;
- Revising the requirements for licensure by endorsement under the Mobile Opportunity by Interstate Licensure Endorsement Act;
- Defining the term “party state,” in the Physical Therapy Compact; and
- Adding dental and dental hygiene students to the list of practitioners eligible for sovereign immunity under the Access to Health Care Act.

Fiscal or Economic Impact:

None

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ANALYSIS

EFFECT OF THE BILL:

Messenger Ribonucleic Acid Vaccines

Current law defines “[messenger ribonucleic acid vaccine](#)” as any vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body's immune system to generate an immune response. This definition is set to be repealed June 1, 2025.¹

The bill repeals the scheduled repeal of the definition of “messenger ribonucleic acid vaccine.” Retaining this definition maintains current law which prohibits businesses, government entities, and educational institutions from discriminating based on whether or not a person has been vaccinated with a messenger ribonucleic acid vaccine. (Sections [1](#), [2](#), and [3](#)).

¹ Ch. 2023-43, L.O.F.

Patient's Bill of Rights and Responsibilities

The [Patient's Bill of Rights and Responsibilities](#) was created to promote better communication among patients and responsible health care providers and facilities while protecting patients' interests and well-being.²

The bill expands the Patient's Bill of Rights and Responsibilities to prohibit a health care provider or health care facility from discriminating against a patient based solely upon the patient's vaccination status. The bill further requires that a patient has the right to impartial access to medical treatment or accommodations regardless of vaccination status. (Section [4](#)).

Medical Marijuana Treatment Centers & Testing Laboratories

Current law requires [medical marijuana treatment centers](#) (MMTCs) and certified medical marijuana testing laboratories (CMTLs) to report to local law enforcement within 24 hours after the MMTC or CMTL is notified or becomes aware of the theft, diversion, or loss of marijuana; however, there is no requirement that such theft, diversion or loss of marijuana DOH. Additionally, there is no requirement that *attempted* theft, diversion or loss of marijuana be reported to law enforcement or DOH.

The bill requires MMTCs and CMTLs to report theft, loss, or diversion of medical marijuana (actual or attempted) to DOH in addition to local law enforcement. (Sections [5](#) and [6](#)).

All employees, owners, officers, board members, and managers of MMTCs and CMTLs are required to undergo a fingerprint-based, state and national criminal history record checks under current law;³ however, the terms "employee", "owners", "officers", "board members" and "managers" are not defined in statute. The FBI has determined that the background screening requirements for CMTLs do not meet the requirements of Public Law 92-544.⁴ Under this determination the Office of Medical Marijuana Use (OMMU) is prohibited from using the FBI's background check system to perform Level 2 background screenings of certain CMTL personnel until the terms "owner" and "manager" are defined in statute.⁵

The bill defines for the terms "owners," "managers," and "employees," for the purpose of conducting continued background screening of owners and employees of MMTCs or CMTLs. (Sections [5](#) and [6](#)).

The "MOBILE Act"

The "[Mobile Opportunity by Interstate Licensure Endorsement Act](#)," or "MOBILE Act" was passed by the Legislature in 2024, and created a consistent regulatory framework for licensure by endorsement for health care professions regulated under the Department of Health.

The bill revises the active practice requirement such that individuals seeking licensure by endorsement must have practiced for two of the preceding four years, rather than three of the preceding four years as required under current law. The bill also allows the applicable licensure board or DOH to exercise discretion in considering an applicant's reported history through the National Practitioner Data Bank, rather than automatically disqualifying an applicant for licensure based on having been reported to the National Practitioner Data Bank as required by current law. (Section [7](#)).

Physical Therapy Compact

² S. [381.026, F.S.](#)

³ Ss. [381.986, F.S.](#), and [381.988, F.S.](#)

⁴ Correspondence from the Florida Department of Law Enforcement to the Department of Health dated June 12, 2024, on file with the Health Professions and Programs Subcommittee.

⁵ *Id.*

In 2024, the Florida Legislature passed SB 7016 which included language to add Florida to the [Physical Therapy Compact](#); however, the Physical Therapy Compact Commission deemed Florida ineligible for Compact membership as the language in SB 7016 materially deviated from the Compact Model Language.

The bill makes technical revisions to the Physical Therapy Compact language in current law to include the definition of “party state,” consistent with the Compact Model Language. The bill also replaces the term “member state,” with “party state,” where appropriate throughout the bill. (Section [8](#)).

Access to Health Care Act

The “[Access to Health Care Act](#)” (Act) grants sovereign immunity to health care providers who execute a contract with a governmental contractor⁶ and who, as agents of the state, provide volunteer, uncompensated health care services to low-income individuals. Current law expressly provides sovereign immunity to allopathic, osteopathic, chiropractic, and podiatric physicians, registered nurses, licensed practical nurses, advanced practice registered nurses, midwives, dentists, dental hygienists, and students currently enrolled in any accredited program that prepares students for any of the listed professions, except for dental and dental hygiene students.⁷

The bill extends eligibility for sovereign immunity under the Act to students enrolled in an accredited dental or dental hygiene program. (Section [9](#)).

The bill provides an effective date of July 1, 2025. (Section [10](#)).

RELEVANT INFORMATION

SUBJECT OVERVIEW:

COVID-19 Vaccination

Beginning in late 2019, a coronavirus, identified as SARS-CoV-2, caused a pandemic of respiratory illness, called COVID-19, to spread worldwide. COVID-19 can be severe, and has caused millions of deaths around the world, including over 1.1 million deaths in the United States. It can be spread from person to person and has caused lasting health problems in some.

In 2020, the federal Food and Drug Administration (FDA) issued an emergency use authorization⁸ for COVID-19 vaccines by Pfizer/BioNTech and Moderna; the emergency use authorization for the J&J/Janssen vaccine was issued in 2021.⁹ The FDA issued full approval for the Pfizer vaccine in August 2021,¹⁰ and for the Moderna vaccine in January 2022.¹¹ In addition to approving vaccines and treatments, the federal government adopted policies to require vaccination and other preventive measures for businesses and health care facilities. In late 2021, both the federal Occupational Safety and Health Administration¹² and the federal Centers for Medicare & Medicaid

⁶ A governmental contractor is the DOH, a county health department, a special taxing district having health care responsibilities, or a hospital owned and operated by a governmental entity. Section [766.1115\(3\)\(c\), F.S.](#)

⁷ S. [766.1115, F.S.](#)

⁸ U.S. Food and Drug Administration, *Emergency Use Authorization*. Available at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization> (last visited March 26, 2025). Medical countermeasures are FDA-regulated products (biologics, drugs, and devices) that may be used in the event of a public health emergency. A determination that a public health emergency exists is insufficient to enable the FDA to issue EUAs; *See* 21 U.S.C. § 360bbb-3; EUA allows the FDA to facilitate the availability and use of medical countermeasures during public health emergencies.

⁹ U.S. Food and Drug Administration, *Janssen COVID-19 Vaccine*. Available at <https://www.fda.gov/vaccines-blood-biologics/coronavirus-covid-19-cber-regulated-biologics/janssen-covid-19-vaccine> (last visited March 26, 2025).

¹⁰ U.S. Food and Drug Administration, *FDA Approves First COVID-19 Vaccine | FDA* (last visited April 5, 2023).

¹¹ U.S. Food and Drug Administration, *Moderna COVID-19 Vaccines*, <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccines>, (last visited March 26, 2025).

¹² COVID-19 Vaccination and Testing; Emergency Temporary Standard, 86 Fed. Reg. 61402. Available at <https://www.federalregister.gov/d/2021-23643> (last visited March 26, 2025). The White House, *Path Out of the Pandemic: President Biden's COVID-19 Action Plan*, (Sep. 2021). Available at <https://www.vsb.org/wp-content/uploads/2021/09/Path-out-of-the-Pandemic-POTUS-COVID-19-Action-Plan.pdf> (last visited March 26, 2025).

Services¹³ adopted emergency rules requiring specific entities to ensure that all employees were fully vaccinated against COVID-19.

Florida – Documentation of Vaccination

Current law prohibits private businesses, government entities¹⁴ and educational institutions¹⁵ from requiring people to provide documentation certifying vaccination or post-infection recovery to access the business, governmental operations or school attendance or enrollment, or to access the institution and its services. The following vaccines are included in the prohibition:

- COVID-19 vaccine, meaning a preparation designed to stimulate the human body's immune response against COVID-19;
- Emergency use authorization vaccine, meaning any vaccine that is authorized for emergency use under 21 U.S.C. 360bbb-3(a)(1) and qualifies as an unapproved product under 21 U.S.C. 360bbb-3(a)(2)(A); or
- Messenger ribonucleic acid vaccine, meaning any vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body's immune system to generate an immune response.

The definition for messenger ribonucleic acid vaccine in sections [381.00316, F.S.](#), and [381.00319, F.S.](#), is set to repeal on June 1, 2025, unless saved by the Legislature.¹⁶

Patient's Bill of Rights and Responsibilities

The Patient's Bill of Rights and Responsibilities, codified in [s. 381.026, F.S.](#), was created to promote better communication among patients and responsible health care providers and facilities while protecting patients' interests and well-being.¹⁷ By understanding their rights and responsibilities, patients can make informed decisions concerning their health.¹⁸ Section [381.026\(1\), F.S.](#) requires the Department of Health (DOH) to provide a summary of these rights on its website.¹⁹

The Patient's Bill of Rights and Responsibilities applies to health care facilities licensed under ch. 395, F.S., (hospitals, ambulatory surgical centers, and mobile surgical facilities),²⁰ physicians licensed under chs. 458, 459, and 461, F.S., (allopathic, osteopathic, and podiatric physicians), and advanced practice registered nurses licensed under chapter 464, F.S.²¹ Health care facilities and health care providers are required to observe the following patient rights:

- **Individual dignity:** A patient has the right to be respected at all times, retains certain rights to privacy, and has a right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services to the patient. A patient also has a right in a health care facility to retain and use personal clothing or possessions as space permits.²²
- **Information:** A patient has the right to know certain information like what patient support services are available in the facility, information concerning diagnosis, planned course of treatment, alternatives,

¹³ Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination, 86 Fed. Reg. 61555 to 61627 (Nov. 5, 2021) (to be codified at 42 C.F.R. pts. 416, 418, 441, 460, 482-486, 491, and 494). Available at <https://www.govinfo.gov/content/pkg/FR-2021-11-05/pdf/2021-23831.pdf> (last visited March 26, 2025); "Fully vaccinated" means a person 14 days after receipt of either a single-dose vaccine or the second of a two-dose vaccinations sequence. Receiving a booster is not required to be considered "fully vaccinated." 61563, citing Centers for Disease Control and Prevention, *Frequently Asked Questions about COVID-19 Vaccination*, Mar. 29, 2023. Available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html> (last visited March 26, 2025).

¹⁴ S. [381.00316, F.S.](#)

¹⁵ S. [381.00319, F.S.](#)

¹⁶ Ch. 2023-43, L.O.F.

¹⁷ S. [381.026, F.S.](#)

¹⁸ *Id.*

¹⁹ S. [381.026\(1\), F.S.](#)

²⁰ S. [381.026\(2\)\(b\), F.S.](#)

²¹ S. [381.026\(2\)\(c\), F.S.](#)

²² S. [381.026\(4\)\(a\), F.S.](#)

risks, and prognosis, and the health care provider's or health care facility's procedures for expressing a grievance.²³

- **Financial information and disclosure:** A patient has the right to certain financial information and disclosure like full information and necessary counseling on the availability of known financial resources for the patient's health care, access to a schedule of charges for the medical services that the provider offers to patients, and a copy of an itemized statement or bill upon request with an explanation upon request.²⁴
- **Access to health care:** A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment. A patient also has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment as well as access any mode of treatment that is, in his or her own judgment and the judgment of his or her health care practitioner, in the best interests of the patient.²⁵
- **Experimental research:** A patient has the right to know if medical treatment is for purposes of experimental research and to consent prior to participation in such experimental research. For any patient, regardless of ability to pay or source of payment for his or her care, participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient's consent or refusal must be documented in the patient's care record.²⁶
- **Patient's knowledge of rights and responsibilities:** In receiving health care, patients have the right to know what their rights and responsibilities are.²⁷

Florida law requires that health care facilities and health care providers provide a patient with a summary of these rights if the patient requests a copy.

The Patient's Bill of Rights does not currently include a right not to be discriminated against based solely on vaccination status in a health setting.

Enforcement

The Agency for Health Care Administration (AHCA) may impose an administrative fine against a health care facility when a health care facility fails to make the summary of rights available to its patients. For a first unintentional violation, the health care facility would not receive an administrative fine but would be subject to corrective action. AHCA may impose a fine against a health care facility of up to \$5,000 for unintentional violations and a fine of up to \$25,000 for willful and intentional violations.²⁸

Regulatory boards may fine physicians when they fail to make the summary of rights available to their patients.²⁹ For initial unintentional violations, a health care provider would not receive an administrative fine but would be subject to corrective action.³⁰ A regulatory board or DOH may impose a fine of up to \$100 against a health care provider for unintentional violations and a fine of up to \$500 for willful violations.³¹

Medical Marijuana Treatment Centers & Testing Laboratories

Background Screening Requirements

²³ S. [381.026\(4\)\(b\), F.S.](#)

²⁴ S. [381.026\(4\)\(c\), F.S.](#)

²⁵ S. [381.026\(4\)\(d\), F.S.](#)

²⁶ S. [381.026\(4\)\(e\), F.S.](#)

²⁷ S. [381.026\(4\)\(f\), F.S.](#)

²⁸ S. [381.0261\(4\)\(a\), F.S.](#)

²⁹ SS. [458.331, F.S.](#), [459.015, F.S.](#), and [461.013, F.S.](#)

³⁰ S. [381.0261\(4\)\(b\), F.S.](#)

³¹ *Id.*

The Office of Medical Marijuana Use (OMMU), within DOH, regulates Florida’s medical marijuana program. This includes the oversight and licensure of [medical marijuana treatment centers](#) (MMTCs) and certified medical marijuana testing laboratories (CMTLs).

Under current law, all employees, owners, officers, board members, and managers of MMTCs and CMTLS are required to undergo a fingerprint-based, state and national criminal history record checks (Level 2 background screening); however, the terms “employee”, “owners”, “officers”, “board members” and “managers” are not currently defined in statute.³²

Background screenings are conducted using information systems controlled by the Federal Bureau of Investigation (FBI). The FBI will not approve access to national criminal history record information (CHRI) unless all criteria specified within Public Law 92-544 are satisfied which include:

- The statute must exist as a result of a legislative enactment.
- Must require the fingerprinting of applicants who are to be subjected to a national criminal history record check.
- Must specifically identify the population or category of applicants being screened, therefore avoiding overbreadth.
- May not authorize receipt of the criminal history record information to a private entity.
- Must identify the state agency responsible for conducting the criminal history record check, receiving the CHRI from the FBI, and applying the screening standards to the applicant.

The FBI has recently determined that the background screening requirements for CMTLs do not meet the requirements of Public Law 92-544.³³ Under this determination OMMU is prohibited from using the FBI’s background check system to perform Level II background screenings of certain CMTL personnel until the terms “owner” and “manager” are defined in statute.³⁴ The FBI has granted a grace period from enforcement of this prohibition until July 1, 2026. Without statutory change, OMMU will not be able to request background screenings for CMTL personnel, and likely MMTC personnel, after July 1, 2026.

MMTC – Theft, Diversion and Loss Reporting Requirements

Current law requires MMTCs to report to local law enforcement within 24 hours after a MMTC is notified or becomes aware of the theft, diversion, or loss of marijuana.³⁵ There is currently no statutory requirement to report such to DOH. Additionally, there is currently no requirement to report any attempted theft, diversion or loss of marijuana to law enforcement or DOH.

Licensure by Endorsement

Florida licenses more than 40 health care professions through the Division of Medical Quality Assurance (MQA) under the DOH in conjunction with 22 professional boards and four councils. Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority to the MQA.³⁶ Through licensure regulation, the state is able to establish a minimum standard of education and experience necessary for a person to practice a particular profession and ensure a minimum standard of care through enforcement mechanisms which may result in action against a professional’s license.³⁷

³² [Ss. 381.986, F.S.](#), and [381.988, F.S.](#)

³³ Correspondence from the Florida Department of Law Enforcement to the Department of Health dated June 12, 2024, on file with the Health Professions and Programs Subcommittee.

³⁴ *Id.*

³⁵ S. 381.986 (8)(f)10., F.S.

³⁶ Pursuant to [s. 456.001\(4\), F.S.](#), health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

³⁷ S. [456.072\(2\), F.S.](#); see also, Adams, T.L. (2020). *Health professional regulation in historical context: Canada, the USA and the UK (19th century to present)*. Hum Resour Health 18, 72. <https://doi.org/10.1186/s12960-020-00501-y>

For individuals who have never before been licensed to practice a particular profession, the most common pathway to licensure is licensure by examination. Licensure by examination verifies that an individual meets state-specific education and examination requirements, at a minimum. For individuals who are licensed to practice a health care profession in a different state and are seeking to practice in Florida, licensure by endorsement is an expedited licensure process which allows a health care professional to become licensed in one state based upon holding a substantially equivalent health care professional license in another state. Until the passage of the MOBILE Act in 2024, only 20 of the health care professions regulated under DOH authorized licensure by endorsement.³⁸

The “MOBILE Act”

The “[Mobile Opportunity by Interstate Licensure Endorsement Act](#),” or “MOBILE Act” was passed by the Legislature in 2024 and created a consistent regulatory framework for licensure by endorsement for health care professions licensed and regulated through MQA.³⁹

To obtain licensure through the MOBILE Act, applicants must meet various requirements, including active practice in the licensed profession for three of the last four years and the applicant must not have been reported to the National Practitioner Data Bank (NPDB) for criminal or disciplinary actions.⁴⁰

As of January 6, 2025, MQA has received 3,263 MOBILE applications and issued 769 licenses. The Board of Nursing has received 1,503 applications and issued 288 licenses. Of the 951 pending applications, 176 applicants do not qualify due to not meeting the practice requirement. The remaining applications are pending documentation, so their eligibility is unknown. Applicants who do not qualify are given the option to withdraw their application before being placed before the board to be denied.⁴¹

Physical Therapy Compact

Physical Therapy Licensure in Florida

Physical therapists and physical therapist assistants are licensed and regulated by the Board of Physical Therapy Practice (Board) within DOH.⁴²

The practice of physical therapy includes:⁴³

- The performance of physical therapy assessments;
- The treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other health condition, and the rehabilitation of such disability, injury, disease, or other health condition by alleviating impairments, functional movement limitations, and disabilities by designing, implementing, and modifying treatment interventions through use of:
 - Therapeutic exercise;
 - Functional movement training in self-management and in-home, community, or work integration or reintegration;
 - Manual therapy;
 - Massage;

³⁸ Email from Jennifer Wenhold, Division of Medical Quality Assurance Director, Florida Department of Health, RE: Endorsement Info, July 13, 2023. On file with the Health and Human Services Committee.

³⁹ S. [456.0145, F.S.](#)

⁴⁰ The NPDB is a federal databank that serves as a repository of information related to the conduct of health care practitioners in the United States. All states are required to report certain information to the NPDB regarding licensed health care professionals, including all administrative actions against a practitioner’s license. For more information on the NPDB, *see*, U.S. Department of Health & Human Services, *NPDB – About Us*. Available at <https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp> (last visited March 25, 2025).

⁴¹ Department of Health, *2025 Agency Legislative Bill Analysis for HB 1299* (2025). On file with the Health Professions and Programs Subcommittee.

⁴² S. [486.023, F.S.](#)

⁴³ S. [486.021\(11\), F.S.](#)

- Airway clearance techniques;
- Maintaining and restoring the integumentary system and wound care;
- Physical agent or modality;
- Mechanical or electrotherapeutic modality;
- Patient-related instruction;
- The use of apparatus and equipment in the application of the above;
- The performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or
- The performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

To be eligible for licensure as a physical therapist (PT) in Florida, an applicant must:⁴⁴

- Be 18 years of age;
- Be of good moral character; and
- Satisfy the following educational requirements:
 - Have graduated from a school of physical therapy which has been approved for the educational preparation of physical therapists by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation or the U.S. Department of Education at the time of her or his graduation and have passed, to the satisfaction of the Board, the American Registry Examination prior to 1971 or a national examination approved by the Board to determine her or his fitness for practice as a physical therapist;
 - Have received a diploma from a program in physical therapy in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapists in this country, as recognized by the appropriate agency as identified by the Board, and have passed to the satisfaction of the Board an examination to determine her or his fitness for practice as a physical therapist;⁴⁵ or
 - Be entitled to licensure without examination.

A physical therapist assistant (PTA) performs patient-related activities, including the use of physical agents, under the direction of a physical therapist.⁴⁶

Physical Therapy Compact

The [Physical Therapy Licensure Compact](#) (PT Compact or compact) is a mutual recognition licensure compact that allows a physical therapist or physical therapist assistant who holds a license in their home state to apply for a “compact privilege” to practice in another state. Compact privilege also authorizes a physical therapist licensed by a home state to practice telehealth in member states. Currently, there are thirty-eight (38) compact member states, with thirty-two (32) of those states issuing compact privileges.⁴⁷ The PT Compact Commission is the governing body of the PT Compact and the entity responsible for creating and enforcing the rules and regulations of the compact. Each member state may delegate one member, selected by that member state’s physical therapy licensing board, to serve on the Commission.

In 2024, the Florida Legislature passed legislation to join the PT Compact;⁴⁸ however, the PT Compact Commission has deemed Florida ineligible for Compact membership as the language adopted materially deviated from the Compact Model Language. The PT Compact Commission identified the following issues with the compact language adopted by Florida:⁴⁹

⁴⁴ S. [486.031, F.S.](#)

⁴⁵ S. [486.081, F.S.](#)

⁴⁶ S. [486.021\(6\), F.S.](#); for physical therapy assistant licensure requirements see, [s. 486.102, F.S.](#)

⁴⁷ PT Compact, *Compact Map*. Available at <https://ptcompact.org/ptc-states> (last visited March 26, 2025).

⁴⁸ Ch. 2024-15, L.O.F.

⁴⁹ Department of Health, *2025 Agency Legislative Bill Analysis for HB 1299* (2025). On file with the Health Professions and Programs Subcommittee.

- Does not define “party state,” which is a material term that appears in several operative provisions of the model language;
- Omits a fee provision thus prohibiting the PT Compact Commission from imposing fees on licensees practicing under the compact; and
- Fails to provide qualified immunity to the Commission and its representatives.

Access to Health Care Act

The “[Access to Health Care Act](#)” (Act), [s. 766.1115, F.S.](#), was enacted in 1992 to encourage health care providers to provide care to low-income persons.⁵⁰ Low-income persons include:

- A person who is Medicaid-eligible;
- A person who is without health insurance and whose family income does not exceed 200 percent of the federal poverty level, which is \$25,760 for a single person and \$53,000 for a family of four;⁵¹ or
- Any eligible client of DOH who voluntarily chooses to participate in a program offered or approved by the department.

Health care providers under the Act include allopathic, osteopathic, chiropractic, and podiatric physicians, registered nurses, licensed practical nurses, advanced practice registered nurses, midwives, dentists, dental hygienists, and students currently enrolled in any accredited program preparing students for one of the listed professions, except for dental and dental hygiene students.⁵² DOH administers the Act through the Volunteer Health Services Program, which works with DOH entities and community and faith-based health care providers to promote access to quality health care for the medically underserved and uninsured in this state.⁵³

The Act grants sovereign immunity⁵⁴ to health care providers who execute a contract with a governmental contractor⁵⁵ and who, as agents of the state, provide volunteer, uncompensated health care services to low-income individuals. These health care providers are considered agents of the state under [s. 768.28\(9\), F.S.](#), and have sovereign immunity while acting within the scope of duties required under the Act.⁵⁶ Therefore, the state will defend a health care provider covered under the Act in any action alleging harm or injury, and any recovery would be limited to \$200,000 for one incident and a total of \$300,000 for all recoveries related to one incident.

A contract under the Act must pertain to volunteer, uncompensated services for which the provider may not receive compensation from the governmental contractor for any services provided under the contract and must

⁵⁰ S. [766.1115, F.S.](#)

⁵¹ U.S. Department of Health and Human Services, *U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs* (2025). Available at <https://aspe.hhs.gov/poverty-guidelines> (last visited March 26, 2025).

⁵² S. [766.1115\(3\), F.S.](#)

⁵³ Department of Health, *Volunteer Health Services*. Available at <https://www.floridahealth.gov/provider-and-partner-resources/volunteer-health-services-opportunities/index.html> (last visited March 26, 2025).

⁵⁴ The legal doctrine of sovereign immunity prevents a government from being sued in its own courts without its consent. According to United States Supreme Court Justice Oliver Wendell Holmes, citing the noted 17th century Hobbes work, *Leviathan*, “a sovereign is exempt from suit, not because of any formal conception or obsolete theory, but on the logical and practical ground that there can be no legal right as against the authority that makes the law on which the right depends.” State governments in the United States, as sovereigns, inherently possess sovereign immunity. Article X, section 13 of the Florida Constitution recognizes the concept of sovereign immunity and gives the Legislature the power to waive immunity in part or in full by general law. S. [768.28, F.S.](#), contains the limited waiver of sovereign immunity applicable to the state. Under this statute, officers, employees, and agents of the state will not be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function. However, personal liability may result from actions committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights, safety, or property. When an officer, employee, or agency of the state is sued, the state steps in as the party litigant and defends against the claim. A person may recover no more than \$200,000 for one incident and the total for all recoveries related to one incident is limited to \$300,000. The sovereign immunity recovery caps do not prevent a plaintiff from obtaining a judgment in excess of the caps, but the plaintiff cannot recover the excess damages without action by the Legislature. See Black’s Law Dictionary, 3rd Pocket Edition, 2006; *Kawananakoa v Polyblank*, 205 U.S. 349, 353 (1907); Fla. Jur. 2d, Government Tort Liability, Sec. 1.; S. [768.28, F.S.](#)

⁵⁵ A governmental contractor is the DOH, a county health department, a special taxing district having health care responsibilities, or a hospital owned and operated by a governmental entity. S. [766.1115\(3\)\(c\), F.S.](#)

⁵⁶ S. [766.1115\(4\), F.S.](#)

not bill or accept compensation from the recipient or any public or private third-party payor for the specific services provided to the low-income recipients covered by the contract.⁵⁷

The Act establishes several contractual requirements for government contractors and health care providers. The contract must require the government contractor to retain the right of dismissal or termination of any health care provider delivering services under the contract and to have access to the patient records of any health care provider delivering services under the contract. The health care provider must, under the contract, report adverse incidents and information on treatment outcomes to the governmental contractor. The governmental contractor or the health care provider must make patient selection and initial referrals. The health care provider is subject to supervision and regular inspection by the governmental contractor.⁵⁸

The governmental contractor must provide written notice to each patient, or the patient’s legal representative, receipt of which must be acknowledged in writing, that the provider is covered under [s. 768.28, F.S.](#), for purposes of legal actions alleging medical negligence.⁵⁹

BILL HISTORY				
COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Professions & Programs Subcommittee	16 Y, 0 N, As CS	3/27/2025	McElroy	Osborne
THE CHANGES ADOPTED BY THE COMMITTEE: Click or tap here to enter text.				

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

⁵⁷ S. [766.1115\(3\)\(a\), F.S.](#)
⁵⁸ S. [766.1115\(4\), F.S.](#)
⁵⁹ S. [766.1115\(5\), F.S.](#)