Healthcare Regulation Subcommittee

Wednesday, December 13, 2023
1:30 PM – 4:00
Reed Hall (102 HOB)

Meeting Packet

Paul Renner
Speaker

Michelle Salzman
Chair

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Healthcare Regulation Subcommittee

Start Date and Time:	Wednesday, December 13, 2023 01:30 pm
End Date and Time:	Wednesday, December 13, 2023 04:00 pm
Location:	Reed Hall (102 HOB)
Duration:	2.50 hrs

Consideration of the following bill(s):

HB 99 Social Work Licensure Interstate Compact by Hunschofsky
HB 101 Pub. Rec. & Meetings/Social Work Licensure Interstate Compact by Hunschofsky
HB 115 Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Workgroup by Bankson, Plakon

Briefings on the state Medical Marijuana program:

Office of Medical Marijuana Use (OMMU), Department of Health
Division of Medical Quality Assurance, Department of Health
Medical Marijuana Research Consortium, University of Florida

Pursuant to rule 7.11, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m. Tuesday, December 12, 2023.

By request of the Chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Tuesday, December 12, 2023.

To submit an electronic appearance form, and for information about attending or testifying at a committee meeting, please see the "Visiting the House" tab at www.myfloridahouse.gov.

NOTICE FINALIZED on 12/06/2023 3:35PM by Clenord.Judeline

HB 115

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 115 Progressive Supranuclear Palsy and Other Neurodegenerative Diseases Policy Workgroup
SPONSOR(S): Bankson and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 186

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthcare Regulation Subcommittee		Guzzo	McElroy
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Progressive supranuclear palsy (PSP) is a rare neurodegenerative disease that can severely inhibit an individual's balance and ability to walk, speech and ability to swallow, eye movements and vision, mood and behavior, and cognition. There is no cure for PSP and treatment is limited to managing the signs and symptoms. PSP is not fatal, but complications from PSP often lead to death, usually resulting from pneumonia or a serious fall. PSP worsens over time, so early diagnosis is preferred, however, it shares many symptoms with, and is often misdiagnosed as other neurogenerative diseases, including Parkinson's disease and Alzheimer's disease.

The bill creates the Justo R. Cortes Progressive Supranuclear Palsy Act to require the Secretary of the Agency for Health Care Administration (AHCA), in conjunction with the State Surgeon General, to establish a progressive supranuclear palsy and other neurogenerative diseases policy workgroup.

The bill tasks the workgroup with:

- Identifying the aggregate number of people in this state who are diagnosed with PSP annually;
- Identifying how data is collected regarding diagnoses of PSP and associated adverse outcomes;
- Identifying how PSP impacts the lives of Floridians;
- Identifying the standard of care for PSP surveillance, detection, and treatment;
- Identifying emerging treatments, therapies, and research relating to PSP;
- Developing a risk surveillance system to help providers identify those at a higher risk of developing PSP;
- Developing policy recommendations to help improve patient awareness of PSP;
- Developing policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of being diagnosed with PSP in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers;
- Developing policy recommendations for guidelines used that affect the standard of care for patients with PSP; and
- Developing policy recommendations relating to providing patients and their families with written notice of increased risks of being diagnosed with PSP.

The bill requires the workgroup to be composed of health care providers, family members or caretakers of patients who have been diagnosed with PSP and other neurogenerative diseases, advocates, and other interested parties and associations. The bill requires the Speaker of the House of Representatives and the President of the Senate to appoint two members each. Further, the bill requires the State Surgeon General to appoint the chair of the workgroup and authorizes the chair to create subcommittees to assist with research, scheduling speakers on important subjects, and drafting a workgroup report and policy recommendations. The bill authorizes meetings of the workgroup to be held via teleconference or other electronic means.

Finally, the bill requires AHCA to submit an annual report and a final report with findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives, by January 4, 2026.

The bill has no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Neurodegenerative Diseases

Neurodegenerative diseases are conditions that gradually destroy parts of the nervous system, especially the brain.[1] These conditions usually develop slowly, and the effects and symptoms tend to appear later in life.[2] Neurodegenerative diseases are permanent and incurable, but many are now treatable, with the goal being to treat the symptoms and slow the progress of these conditions when possible.[3] Neurodegenerative diseases include Alzheimer's disease, Lewy body dementia, Parkinson's disease, amyotrophic lateral sclerosis (also known as Lou Gehrig's disease), and progressive supranuclear palsy.[4]

Progressive Supranuclear Palsy

Progressive supranuclear palsy (PSP) is a neurodegenerative disease that affects an individual's balance and ability to walk, speech, swallowing, eye movements and vision, mood and behavior, and cognition.

PSP is not fatal, but complications from PSP often lead to death.[5] The most common first sign of PSP is trouble with balance, which can lead to abrupt and unexplained falls. A person with PSP will begin to experience eye problems, such as difficulty opening and closing their eyes, blinking, seeing clearly or moving their eyes side to side or up and down, which can also result in falls.[6] Falls causing bone fractures and head trauma are a common cause of death in people with PSP.[7]

Slow or slurred speech and difficulty swallowing are also common in individuals with PSP. The inability to correctly swallow food and liquids can lead to leakage of food into the windpipe, which can result in pneumonia, the most common cause of death in individuals with PSP.[8]

Other symptoms include:[9]

- Depression;
- Lack of motivation;
- Changes in judgement, insight, and problem solving;
- Difficulty finding words;
- Forgetfulness;
- Loss of interest in activities the person used to enjoy;
- Increased irritability;
- Sudden laughing, crying, or angry outbursts for no apparent reason;
- Personality changes;
- Blank stares with raised eyebrows; and

[1] Cleveland Clinic, Neurodegenerative Diseases, available at https://my.clevelandclinic.org/health/diseases/24976-neurodegenerative-diseases (last visited December 5, 2023).
[2] Id.
[3] Id.
[4] Id.
[5] Cleveland Clinic, Progressive Supranuclear Palsy, available at https://my.clevelandclinic.org/health/diseases/6096-progressive-supranuclear-palsy (last visited December 5, 2023).
[6] Id.
[7] Id.
[8] Id.
[9] National Institute of Neurological Disorders and Stroke, Progressive Supranuclear Palsy, available at https://www.ninds.nih.gov/health-information/disorders/progressive-supranuclear-palsy-psp (last visited December 5, 2023).

- Insomnia.

Diagnosis

PSP is considered a rare disorder. It is currently estimated that 10 to 12 people per 100,000 are living with PSP, about 30,000–40,000 in the United States.[10] However, recent autopsy studies indicate PSP is under-diagnosed. These studies found PSP pathology in 2 to 4% of elderly people that had no diagnosis of PSP before death.[11]

Currently, there are several challenges to diagnosing someone in the early stages of PSP. There is no diagnostic laboratory or radiologic test for PSP. Next, PSP shares many symptoms with, and is often misdiagnosed as Parkinson's disease.[12] However, unlike Parkinson's disease, symptoms of PSP typically begin later in life, usually in an individual's late 60s or 70s.[13] PSP also progresses more rapidly than Parkinson's disease.[14] Finally, some patients with PSP present to their health care provider with cognitive impairment and are misdiagnosed with dementia.[15] These patients ultimately develop abnormalities of eye movement, speech, swallowing and gait in a few years.[16] As a result, most patients are diagnosed fairly late in the course of the illness.[17]

Treatment

Currently, there is no treatment that effectively stops or slows the progression of PSP, and symptoms do not respond well to medications.[18]

The cause of PSP is not known, but it is a form of tauopathy, in which abnormal phosphorylation of the protein tau is associated with destruction of vital protein filaments in nerve cells, which is hypothesized to cause the death of nerve cells.[19] Most experimental treatments are aimed at preventing tau pathology.[20]

Executive Branch Structure

Chapter 20, F.S., creates the organizational structure of the Executive Branch of state government, including the creation of certain adjunct bodies to Executive Branch departments, agencies, or offices. Such bodies include:

- Committees or Task Forces: A "committee" or "task force" is an advisory body created without specific statutory enactment for a time not to exceed one year or created by specific statutory enactment for up to three years and appointed to study a specific problem and recommend a solution or policy alternative. Its existence terminates upon the completion of its assignment.
- Commissions: A "commission" is a body created by specific statutory enactment within a department, the office of the Governor, or the Executive Office of the Governor and exercising limited quasi-legislative or quasi- judicial powers, or both, independently of the head of the department or Governor.

---

[10] Cure PSP, Unlocking the Secrets of Brain Disease, available at https://www.psp.org/iwanttolearn/progressive-supranuclear-palsy/ (last visited December 5, 2023).
[11] Kovacs GG, Milenkovic I, Wöhrer A, et al. Non-Alzheimer neurodegenerative pathologies and their combinations are more frequent than commonly believed in the elderly brain: a community-based autopsy series. Acta Neuropathol 2013; 126: 365–84. *See also* Yoshida K, Hata Y, Kinoshita K, Takashima S, Tanaka K, Nishida N. Incipient progressive supranuclear palsy is more common than expected and may comprise clinicopathological subtypes: a forensic autopsy series. Acta Neuropathol. 2017 May;133(5):809-823. doi: 10.1007/s00401-016-1665-7. Epub 2017 Jan 7. PMID: 28064358.
[12] *Supra* note 5.
[13] Mayo Clinic, Diseases and Conditions, Supranuclear Palsy, available at https://www.mayoclinic.org/diseases-conditions/progressive-supranuclear-palsy/symptoms-causes/syc-20355659 (last visited December 5, 2023).
[14] Id.
[15] *Supra* note 9.
[16] Id.
[17] Id.
[18] *Supra* note 11.
[19] *Supra* note 9.
[20] Id.

- Councils or Advisory Councils: A “council” or an “advisory council” is an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives.
- Coordinating Councils: A “coordinating council” is an interdepartmental advisory body created by law to coordinate programs and activities for which one department has primary responsibility but in which one or more other departments have an interest.

Effect of the Bill

The bill creates the Justo R. Cortes Progressive Supranuclear Palsy Act to require the Secretary of the Agency for Health Care Administration (AHCA), in conjunction with the State Surgeon General, to establish a progressive supranuclear palsy and other neurogenerative diseases policy workgroup.

The bill tasks the workgroup with:

- Identifying the aggregate number of people in this state who are diagnosed with PSP and other neurogenerative diseases annually;
- Identifying how data is collected regarding diagnoses of PSP and other neurogenerative diseases, and adverse outcomes associated with these conditions;
- Identifying how PSP and other neurogenerative diseases impact the lives of Floridians;
- Identifying the standard of care for PSP and other neurogenerative diseases surveillance, detection, and treatment;
- Identifying emerging treatments, therapies, and research relating to PSP and other neurogenerative diseases;
- Developing a risk surveillance system to help health care providers identify patients who may be at a higher risk of developing PSP and other neurogenerative diseases;
- Developing policy recommendations to help improve patient awareness of PSP and other neurogenerative diseases;
- Developing policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of being diagnosed with PSP and other neurogenerative diseases in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers;
- Developing policy recommendations relating to guidelines used that affect the standard of care for patients with PSP and other neurogenerative diseases; and
- Developing policy recommendations relating to providing patients and their families with written notice of increased risks of being diagnosed with PSP and other neurogenerative diseases.

The bill requires the workgroup to be composed of health care providers, family members or caretakers of patients who have been diagnosed with PSP and other neurogenerative diseases, advocates, and other interested parties and associations. The bill requires the Speaker of the House of Representatives and the President of the Senate to appoint two members each. Further, the bill requires the State Surgeon General to appoint the chair of the workgroup and authorizes the chair to create subcommittees to assist with research, scheduling speakers on important subjects, and drafting a workgroup report and policy recommendations. The bill authorizes meetings of the workgroup to be held via teleconference or other electronic means.

Finally, the bill requires AHCA to submit an annual report and a final report with findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives, by January 4, 2026.

The bill provides an effective date of July 1, 2024.

B. SECTION DIRECTORY:

Section 1: Cites the act as the “Justo R. Cortes Progressive Supranuclear Palsy Act.”

Section 2: Creates s. 408.0622, F.S., relating to progressive supranuclear palsy and other neurogenerative diseases policy workgroup.

Section 3: Provides an effective date of July 1, 2024.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   Not applicable. The bill does not appear to affect local or municipal governments.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

The bill does not require the implementation of rules.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to a progressive supranuclear palsy and other neurodegenerative diseases policy workgroup; providing a short title; creating s. 408.0622, F.S.; requiring the Secretary of Health Care Administration, in conjunction with the State Surgeon General, to establish a progressive supranuclear palsy and other neurodegenerative diseases policy workgroup; providing for duties, membership, and meetings of the workgroup; requiring the secretary to submit annual reports and a final report by a specified date to the Governor and the Legislature; providing an effective date.

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

Section 1. This act may be cited as the "Justo R. Cortes Progressive Supranuclear Palsy Act."

Section 2. Section 408.0622, Florida Statutes, is created to read:

408.0622 Progressive supranuclear palsy and other neurodegenerative diseases policy workgroup.—

(1) The Secretary of Health Care Administration, in conjunction with the State Surgeon General, shall establish a progressive supranuclear palsy and other neurodegenerative diseases policy workgroup.

(2) The workgroup shall:

(a) Identify the aggregate number of people in the state diagnosed with progressive supranuclear palsy and other neurodegenerative diseases annually.

(b) Identify how data is collected regarding diagnoses of progressive supranuclear palsy and other neurodegenerative diseases and adverse health outcomes associated with such conditions.

(c) Identify how progressive supranuclear palsy and other neurodegenerative diseases impact the lives of people in the state.

(d) Identify the standard of care for the surveillance, detection, and treatment of progressive supranuclear palsy and other neurodegenerative diseases.

(e) Identify emerging treatments, therapies, and research relating to progressive supranuclear palsy and other neurodegenerative diseases.

(f) Develop a risk surveillance system to help health care providers identify patients who may be at a higher risk of developing progressive supranuclear palsy and other neurodegenerative diseases.

(g) Develop policy recommendations to help improve patient awareness of progressive supranuclear palsy and other neurodegenerative diseases.

(h) Develop policy recommendations to help improve

surveillance and detection of patients who may be at a higher risk of being diagnosed with progressive supranuclear palsy and other neurodegenerative diseases in licensed health care facilities, including hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers.

(i) Develop policy recommendations relating to guidelines that affect the standard of care for patients with progressive supranuclear palsy and other neurodegenerative diseases.

(j) Develop policy recommendations relating to providing patients and their families with written notice of increased risks of being diagnosed with progressive supranuclear palsy and other neurodegenerative diseases.

(3)(a) The workgroup shall be composed of health care providers, family members or caretakers of patients who have been diagnosed with progressive supranuclear palsy and other neurodegenerative diseases, advocates, and other interested parties and associations.

(b) The President of the Senate and the Speaker of the House of Representatives shall each appoint two members to the workgroup.

(c) Members of the workgroup shall serve without compensation.

(d) The State Surgeon General shall appoint the chair of the workgroup.

(e) The chair of the workgroup may create subcommittees to help conduct research, schedule speakers on important subjects, and draft reports and policy recommendations.

(f) Meetings of the workgroup may be held through teleconference or other electronic means.

(4)(a) The Secretary of Health Care Administration shall submit an annual report detailing his or her findings and providing recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

(b) The Secretary of Health Care Administration shall submit a final report detailing his or her findings and providing recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 4, 2026.

Section 3. This act shall take effect July 1, 2024.

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	____	(Y/N)
ADOPTED AS AMENDED	____	(Y/N)
ADOPTED W/O OBJECTION	____	(Y/N)
FAILED TO ADOPT	____	(Y/N)
WITHDRAWN	____	(Y/N)
OTHER		

Committee/Subcommittee hearing bill: Healthcare Regulation Subcommittee

Representative Bankson offered the following:

Amendment (with title amendment)

Remove lines 18-23 and insert:

Section 2. Section 381.991, Florida Statutes, is created to read:

381.991 Progressive supranuclear palsy and other neurodegenerative diseases policy workgroup.—

(1) The State Surgeon General shall establish a

T I T L E A M E N D M E N T

Remove lines 4-6 and insert:

providing a short title; creating s. 381.991, F.S.; requiring the State Surgeon General to

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	____	(Y/N)
ADOPTED AS AMENDED	____	(Y/N)
ADOPTED W/O OBJECTION	____	(Y/N)
FAILED TO ADOPT	____	(Y/N)
WITHDRAWN	____	(Y/N)
OTHER		

Committee/Subcommittee hearing bill: Healthcare Regulation Subcommittee

Representative Bankson offered the following:

Amendment (with title amendment)

Remove lines 81-85 and insert:

(4)(a) The State Surgeon General shall submit an annual report detailing his or her findings and providing recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

(b) The State Surgeon General shall

T I T L E A M E N D M E N T

Remove line 10 and insert:

requiring the State Surgeon General to submit annual reports and a

HB 99

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 99 Social Work Licensure Interstate Compact
SPONSOR(S): Hunschofsky
TIED BILLS: HB 101 **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthcare Regulation Subcommittee		Curry	McElroy
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Licensed social workers provide counsel and advocacy for those affected by mental illness, addiction, abuse, and discrimination, among other economic difficulties, and are the largest group of providers of mental and behavioral health services. The Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling within the Department of Health regulates the practices of social work, marriage and family therapy, and mental health counseling.

In 2023, the National Center for Interstate Compacts adopted the model legislation for the Social Work Licensure Interstate Compact (Social Work Compact or compact) which authorizes both telehealth and in person practice across state lines in compact states. Social Workers who are licensed or are eligible for licensure in the compact state where they reside are eligible for a multistate license which authorizes them to practice through either telehealth or in-person in member states.

The compact requires all participating states to report certain licensure information to a shared data system, including identifying information, licensure data, and adverse actions taken against a social worker's license in a compact state.

The compact establishes the Social Work Licensure Interstate Compact Commission (Commission), made up of representatives from each party's state licensing board. The Commission is responsible for administering the compact.

Additionally, the compact allows an active military member or their spouse to designate a home state where the individual has a multistate license and retain his or her home state designation as long as the service member is on active duty.

The compact becomes effective on the date of enactment by the seventh state. Currently, the compact has one member state.

HB 99 enacts the Social Work Licensure Interstate Compact and authorizes Florida to enter into the compact. This allows a social worker licensed or eligible for licensure in Florida to obtain a multistate license to provide services in all member states once the compact is enacted.

The bill will have a significant, negative fiscal impact on DOH and no fiscal impact on local governments. *See* Fiscal Analysis.

The bill provides and effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Health Care Professional Shortage

There is currently a health care provider shortage in the U.S.[1] This shortage is predicted to continue into the foreseeable future and will likely worsen with the aging and growth of the U.S. population[2] and the passage of the Patient Protection and Affordable Care Act.[3] Aging populations create a disproportionately higher health care demand. Additionally, as more individuals qualify for health care benefits, there will necessarily be a greater demand for more health care professionals to provide these services.

Currently, the U.S. is facing a growing shortage of licensed behavioral health care specialists, which include psychiatrists, psychologists, and clinical social workers. This shortage has severely limited access to treatment.[4] According to the U.S. Health Resources and Services Administration (HRSA), the U.S. will experience a 15% increase in demand for social workers between 2016 and 2030.[5] According to a 2021 U.S. Bureau of Labor Statistics report, demand for social workers specializing in mental health and treating substance use disorders is projected to increase by 17% between 2019 to 2029.[6] Studies predict that by 2030 there will be a significant deficit (greater than 200,000) in the number of social workers needed to care for children, the elderly and those with addictions, mental health, and other health issues.[7]

Social Work Licensure in Florida

Licensed social workers provide counsel and advocacy for those affected by mental illness, addiction, abuse, and discrimination, among other economic difficulties, and are the largest group of providers of mental and behavioral health services.[8] The Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling (Board) within the Department of Health (DOH) regulates the practices of social work, marriage and family therapy, and mental health counseling.[9] Chapter 491,

---

[1] For example, as of September 30, 2023, the U.S. Department of Health and Human Services has designated 8,352 Primary Care Health Professional Shortage Area (HPSA) (requiring 17,396 additional primary care physicians to eliminate the shortage), 7,3 95 Dental HPSAs (requiring 12,757 additional dentists to eliminate the shortage), and 6,622 Mental Health HPSAs (requiring 8,326 additional mental health providers to eliminate the shortage). U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics* (September 30, 2023), https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport (last visited December 1, 2023).

[2] According to the U.S. Census Bureau, the U.S population is expected to increase by nearly 79 million between 2017 and 2060.The nation's 65-and-older population is projected to nearly double (from 49 million to 95 million) between 2016 and 2060. By 2030, one in five Americans is projected to be 65 and over. Jonathan Vespa, Lauren Medina, and David M. Armstrong, U.S. Census Bureau, *Demographic Turning Points for the United States: Population Projections for 2020 to 2060* (February 2020), https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf (last visited December 1, 2023).

[3] U.S. Dep't of Health and Human Services, *Department of Health and Human Services Strategic Plan: Goal 1: Strengthen Health Care*, *available at* http://www.hhs.gov/secretary/about/goal5.html (last visited on May 9, 2023).

[4] Bipartisan Policy Center, *Filing the Gaps in the Behavioral Health Workforce*, (January 2023), at https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/01/BPC_2022_Behavioral-Health-Integration-Report_RV6Final.pdf, (last visited December 1, 2023).

[5] Health Resources Services Administration, *Behavioral Health Workforce Projections, 2016-2030: Social Workers*, https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/social-workers-2018.pdf, (last visited December 1, 2023).

[6] Florida Department of State, Division of Library and Information Services, *Social Workers at the Library,* at https://dos.fl.gov/library-archives/library-development/innovation/stars/social-workers/, (last visited December 2, 2023).

[7] Quality Improvement Center for Workforce Development, *Social Worker Shortages and The Rise in Competition for a Competent Child Welfare Workforce*, at https://www.qic-wd.org/blog/social-worker-shortages-and-rise-competition-competent-child-welfare-workforce, (last visited December 2, 2023).

[8] *The Shortage of Licensed Social Workers in Central Florida*, Helen M. Burrows, Walden University (2019) at https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=8101&context=dissertations, (last visited December 1, 2023).

[9] Section 491.004, F.S.

F.S., sets forth the licensure requirements for each profession, as well as requirements for licensure renewal, continuing education, discipline, and professional conduct.

DOH must issue a license as a clinical social worker to an applicant whom the Board has certified has meet all of the following criteria:[10]

- Submitted an application and appropriate fees;
- Earned a doctoral degree in social work from a graduate school of social work accredited by an accrediting agency recognized by the U.S. Department of Education, or a master's degree in social work from a graduate school of social work which was accredited by the:
  - Council on Social Work Education (CSWE);
  - Canadian Association of Schools of Social Work (CASSW); or
  - Has been determined to be an equivalent program to programs approved by the CSWE by the Foreign Equivalency Determination Service of the CSWE;
  - Completed all of the following coursework:
    - A supervised field placement during which the applicant provided clinical services directly to clients; and
    - Twenty-four (24) semester hours or thirty-two (32) quarter hours in theory of human behavior and practice methods as courses in clinically oriented services, with a minimum of one course in psychopathology and no more than one course in research;
- Completed at least 2 post graduate years of clinical social work experience under the supervision of a licensed clinical social worker or the equivalent supervisor as determined by the Board;[11]
- Passed a theory and practice examination; and
- Demonstrated in a manner designated by Board rule, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.

Telehealth

A Florida-licensed health care practitioner, a practitioner licensed under a multistate health care licensure compact of which Florida is a member,[12] or a registered out-of-state-health care provider is authorized to provide health care services to Florida patients via telehealth.[13] Current law sets the standard of care for telehealth providers at the same level as the standard of care for health care practitioners or health care providers providing in-person health care services to patients in this state. This ensures that a patient receives the same standard of care irrespective of the modality used by the health care professional to deliver the services.

Under current law, in-state and out-of-state licensed or registered health care practitioners may use telehealth to provide health care services to patients physically located in Florida.[14] The law does not allow health care practitioners, including Florida licensed clinical social workers, to use telehealth to provide services to out-of-state patients.

Interstate Compacts

An interstate compact is a legal contractual agreement between two or more states to address common problems or issues, create an independent, multistate governmental authority, or establish uniform

[10] Section 491.005(1), F.S.
[11] Section 491.005(1)(c), F.S. An individual who intends to practice in Florida to satisfy clinical experience requirements must register with the DOH pursuant to s. 491.0045, F.S., before commencing practice.
[12] Florida is a member of the Nurse Licensure Compact. *See* s. 464.0095, F.S.
[13] S. 456.47(4), F.S.
[14] Section 456.47(1) and (4), F.S.

guidelines, standards or procedures for the compact's member states.[15] Article 1, Section 10, Clause 3 (Compact Clause) of the U.S. Constitution authorizes states to enter into agreements with each other, without the consent of Congress. However, the case law has provided that not all interstate agreements are subject to congressional approval, but only those that may encroach on the federal government's power.[16]

Florida is a party to multiple interstate health care compacts, including the Nurse Licensure Compact,[17] the Professional Counselors Licensure Compact,[18] and the Psychology Interjurisdictional Compact.[19]

Social Work Licensure Interstate Compact

Currently, social workers must seek a separate license in each state in which they chose to practice, which can be labor and time intensive. The compact enables licensed social workers to obtain a multistate license to practice in all compact member states, once the social worker has demonstrated that he or she meets the compact requirements.

The primary purpose of the Social Work Compact is to facilitate interstate practice of regulated social workers by improving public access to competent social work services. Under the compact, a multistate license to practice as a regulated social worker is issued by the licensing authority in the applicant's home state and authorizes the social worker to practice in all compact member states. Member states are required to accept multistate licenses from other compact member states as authorization to practice corresponding to each category of licensure in each member state.

The compact allows for three categories of social work multistate licensure, clinical, master's and bachelor's. Member states must designate which licensure category will be accepted in that state.

To be eligible for a multistate license, all social workers in a member state must:

- Hold, or be eligible for, an active, unencumbered license to practice social work in the compact member state in which they are domiciled;
- Abide by the laws, regulations, and rules of the state of the member state where the client is located at the time service is provided;
- Submit to a review of criminal history (background screening). (Any disqualifying events are subject to the discretion of the member state.); and
- Pay all applicable fees, including any member state fees and other fees required by the compact, for multistate license.

To be eligible for a clinical-category multistate license a social worker must:

- Fulfill a competency requirement, which shall be satisfied by either:
    - Passing a clinical-category Qualifying National Exam; or
    - Hold and continuously maintain a clinical-category social work license in their home state prior to a Qualifying National Exam being required by the home state as further governed by the rules of the Commission; or
    - Proving clinical competency through a substantially equivalent standard which the Commission may determine by rule.
- Attain a least a master's degree in social work from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited.
- Fulfill the supervised practice requirement, which shall be satisfied by demonstrating completion of:
    - A minimum of 3,000 hours of postgraduate supervised clinical practice; or

[15] National Center for Interstate Compacts, *What Are Interstate Compacts?,* https://compacts.csg.org/compacts/ (last visited November 30, 2024).
[16] *For example, see Virginia v. Tennessee*, 148 U.S. 503 (1893), *New Hampshire v. Maine*, 426 U.S. 363 (1976)
[17] Section 464.0095, F.S.
[18] Section 491.017, F.S.
[19] Section 490.0075, F.S.

    - A minimum two (2) years of full-time postgraduate supervised clinical practice; or
    - Be found to have proven clinical competency through a substantially equivalent standard which the Commission may determine by rule.

To be eligible for a master's category multistate license a social worker must:

- Fulfill a competency requirement, which shall be satisfied by either:
    - Passing a master's-category Qualifying National Exam; or
    - Hold and continuously maintain a master's-category social work license in their home state prior to a Qualifying National Exam being required by the home state as further governed by the Rules of the Commission; or
    - Proving master's-category competency through a substantially equivalent standard which the Commission may determine by rule.
- Attain a least a master's degree in social work from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited.

To be eligible for a bachelor's category multistate license a social worker must:

- Fulfill a competency requirement, which shall be satisfied by either:
    - Passing a bachelor's-category Qualifying National Exam;
    - Hold and continuously maintain a bachelor's-category social work license in their home state prior to a Qualifying National Exam being required by the home state as further governed by the rules of the Commission; or
    - Proving bachelor's-category competency through a substantially equivalent standard which the Commission may determine by rule.
- Attain at least a bachelor's degree in social work from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited.

To maintain a multistate license, a social worker must meet the renewal requirements of their home state.

State Participation in the Compact

The compact preserves the regulatory authority of member states to protect public health and safety through the current system of state licensure. To join the compact states must enact compact legislation and meet all of the following criteria:

- License and regulate the practice of social work at either the clinical, master's, or bachelor's category;
- Require applicants for licensure to graduate from a program that is accredited, or in candidacy by an institution that subsequently becomes accredited and that corresponds to the licensure sought; and
- Require applicants for clinical licensure to complete a period of supervised practice.

To maintain membership in the compact, a state must:

- Require applicants for a multistate license to pass a Qualifying National Exam corresponding to the category of multistate license sought; and
- Implement procedures for considering the criminal history records (background screening) of applicants for a multistate license.

The compact gives states the discretion to collect fees for social workers to participate in the compact. However, the compact does not authorize the Department of Health (DOH) to collect a fee, but rather states that fees of this kind are allowable under the compact. In order for DOH to have the required authority to collect fees, the legislature would have to enact legislation in the application practice act expressly authorizing DOH to collect such fees.

Social Work Licensure Compact Commission

The compact establishes the Social Work Licensure Interstate Compact Commission (Commission) as the governing body and the entity responsible for creating and enforcing the rules and regulations that administer and govern the compact. The Commission membership is composed of compact member states. The licensing authority of each member state must select one delegate to serve on the Commission. The compact requires the Commission to establish and elect an executive committee, which shall have the power to act on behalf of the Commission.

All Commission and executive committee meeting must be open to the public unless confidential or privileged information must be discussed. The compact does not waive sovereign immunity by the member states or by the Commission.

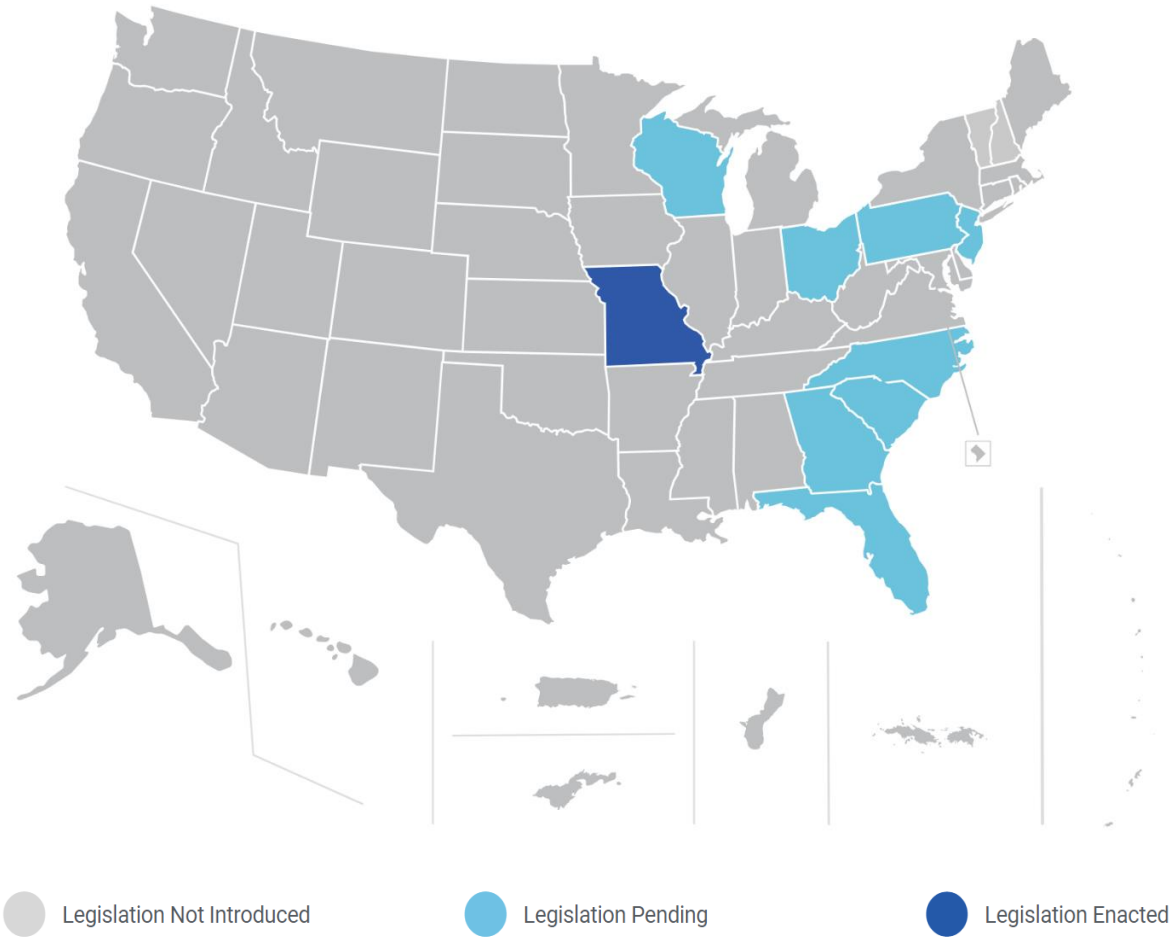
Shared Data System

The compact requires member states to use a shared data system which will enable states to verify instantaneously that social workers have met the requirements to practice under the compact and are in good standing with other state regulatory boards. Compact member states must submit licensure information to the data system for all social workers to whom the compact applies, including, identifying information, licensure data, and any adverse actions taken against a social worker's license. The data system will allow for the expedited sharing of licensee, investigative and disciplinary information between member states.[20] Investigative information pertaining to a licensee in any member state will only be available to other member states. A member state may designate information submitted to the data system that may not be shared with the public without the express permission of that member state.

Enactment of Compact

The Social Work Compact is currently not active.[21] The compact becomes effective when enacted into law by seven states.[22] Currently, the compact has one-member state (Missouri). However, legislation is currently pending to enact the compact in eight states, including Florida.

[20] SWLC, Summary of Key Provisions, at https://swcompact.org/wp-content/uploads/sites/30/2023/02/Social-Work-Licensure-Compact-Section-by-Section-Summary.pdf, (last visited December 5, 2023).
[21] Since the compact is not active yet, multistate licenses for social work are currently not available. SWLC, About, https://swcompact.org/, (last visited November 28, 2023).
[22] Social Work Licensure Compact Makes Progress in 2023 Legislative Sessions. (2023), *ASWB Newsletter Volume 33 No. 2*, https://www.aswb.org/social-work-licensure-compact-makes-progress-in-2023, (last visited November 28, 2023).



Effect of the Bill

HB 99 enacts the Social Work Licensure Interstate Compact and authorizes Florida to enter into the compact. The compact allows for three categories of social work multistate licensure, clinical, master's and bachelor's. Member states must designate which licensure category will be accepted in that state. Currently, only individuals who have a master's degree or higher are eligible for licensure as a clinical social worker.

Under the compact, individuals licensed or eligible for licensure as a clinical social worker in Florida will be able to obtain a multistate license to provide services to out-of-state patients through either telehealth or in-person in any of the compact member states. The compact also allows multistate licensed clinical social workers in other compact states to provide services to Florida patients through telehealth and in-person.

The bill requires the state's licensing authority to report any significant investigation information relating to a licensed clinical social worker practicing under the compact to the coordinated data system. It also requires the state licensing authority to appoint a delegate to serve on the Commission and exempts out-of-state licensed clinical social workers who practice under the compact from licensure requirements in this state. The bill authorizes the state's licensing authority to take adverse action against a licensed clinical social worker's authority to practice under the compact and impose disciplinary actions for violation of prohibited acts.

The bill does not require changes to Florida's licensure and license renewal requirements.

Additionally, the compact allows an active military member or their spouse to designate a home state where the individual has a multistate license and retain his or her home state designation as long as the service member is on active duty.

The bill provides an effective date of July 1, 2024.

B. SECTION DIRECTORY:

Section 1: Creates s. 491.022, F.S., relating to the Social Work Licensure Interstate Compact.
Section 2: Provides an effective date of July 1, 2024.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   The provisions of this bill do not provide authority to DOH to collect fees, but rather states that fees of this kind are allowable under the compact. In order for DOH to have the required authority to collect fees, the legislature would have to enact legislation in the application practice act expressly authorizing DOH to collect such fees.

2. Expenditures:

   DOH estimates the total cost to comply with the bill is $491,714 ($360,000 recurring, $131,714 non-recurring).[23]

   DOH will experience a recurring increase in workload associated with processing applications and issuing initial and renewal licenses, completing background screening requirements, and with additional systems supporting functions including the Licensing and Enforcement Information System Database (LEIDS), updating the Cognitive Virtual Agent (ELI), Continuing Education Tracking System (CE Broker and other supporting systems). This increased workload will require an additional 3 full-time equivalent (FTE) positions at total estimated cost of $375,374 ($327,692/Salary $46,602/Expense $1,080/HR).

   In addition, updates to fully integrate this bill are estimated to take six months. This reflects a minimum of 927 initial non-recurring contracted hours at a rate of $120/hr for a total cost of $111,240 ($120/hr x 927) and annual recurring system maintenance costs of $5,100. Total estimated increase in workload and cost is $116,340 in Contracted Services.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

[23] DOH, *Agency Bill Analysis*, HB 99 (2023) pgs. 8-10.

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

As discussed below in the section entitled, "RULE-MAKING AUTHORITY," the bill delegates authority to the Commission to adopt rules that facilitate and coordinate the implementation and administration of the Psychology Interjurisdictional Compact.

If enacted into law, the state will effectively bind itself to rules not yet adopted by the Commission. The Florida Supreme Court has held that while it is within the province of the Legislature to adopt federal statutes enacted by Congress and rules promulgated by federal administrative bodies that are in existence at the time the Legislature acts, it is an unconstitutional delegation of legislative power to prospectively adopt federal statutes not yet enacted by Congress and rules not yet promulgated by federal administrative bodies.[24,25] Under this holding, the constitutionality of the bill's adoption of prospective rules might be questioned, and there does not appear to be binding Florida case law that squarely address this issue in the context of interstate compacts.

The most recent opportunity Florida courts have had to address this issue appears to be in *Department of Children and Family Services v. L.G.*, involving the Interstate Compact for the Placement of Children (ICPC).[26] The First District Court of Appeal considered an argument that the regulations adopted by the Association of Administrators of the Interstate Compact were binding and that the lower court's order permitting a mother and child to relocate to another state was in violation of the ICPC. The court denied the appeal and held that the Association's regulations did not apply as they conflicted with the ICPC and the regulations did not apply to the facts of the case.

Any regulations promulgated before Florida adopted the ICPC did not, of course, reflect the vote of a Florida compact administrator, and no such regulations were ever themselves enacted into law in Florida. When the Legislature did adopt the ICPC, it did not (and could not) enact as the law of Florida or adopt prospectively regulations then yet to be promulgated by an entity not even covered by the Florida Administrative Procedure Act. *See Freimuth v. State,* 272 So.2d 473, 476 (Fla.1972); *Fla. Indus. Comm'n v. State ex rel. Orange State Oil Co.,* 155 Fla. 772, 21 So.2d 599, 603 (1945) ("[I]t is within the province of the legislature to approve and adopt the provisions of federal statutes, and all of the administrative rules made by a federal administrative body, that are in existence and in effect at the time the legislature acts, but it would be an unconstitutional delegation of legislative power for the legislature to adopt in advance any federal act or the ruling of any federal administrative body that Congress or such administrative body might see fit to adopt in the future."); *Brazil v. Div. of Admin.,* 347 So.2d 755, 757–58 (Fla. 1st DCA 1977), *disapproved on other grounds by LaPointe Outdoor Adver. v. Fla. Dep't of Transp.,* 398 So.2d 1370, 1370 (Fla.1981). The ICPC compact administrators stand on the same footing as federal government administrators in this regard.

In accordance with the discussion provided by the court in this above-cited footnote, it may be argued that the bill's delegation of rule-making authority to the commission is similar to the delegation to the ICPC compact administrators, and thus, could constitute an unlawful delegation of legislative authority. This case, however, does not appear to be binding as precedent as the court's footnote discussion is dicta.[27]

---

[24] *Freimuth v. State*, 272 So.2d 473, 476 (Fla. 1972) (quoting *Fla. Ind. Comm'n v. State ex rel. Orange State Oil Co.*, 155 Fla. 772 (1945).

[25] This prohibition is based on the separation of powers doctrine, set forth in Article II, Section 3 of the Florida Constitution, which has been construed in Florida to require the Legislature, when delegating the administration of legislative programs, to establish the minimum standards and guidelines ascertainable by reference to the enactment creating the program. *See Avatar Development Corp. v. State*, 723 So.2d 199 (Fla. 1998).

[26] 801 So.2d 1047 (Fla. 1st DCA 2001).

[27] Dicta are statements of a court that are not essential to the determination of the case before it and are not a part of the law of the case. Dicta has no biding legal effect and is without force as judicial precedent. 12A FLA JUR. 2D *Courts and Judges* s. 191 (2015).

B. RULE-MAKING AUTHORITY:

The bill authorizes the Commission to adopt rules to facilitate and coordinate the implementation and administration of the compact. The compact specifies that the rules have the force and effect of law and are binding in all compact states. If a compact state fails to meet its obligations under the compact or the promulgated rules, the state may be subject to remedial training, alternative dispute resolution, suspension, termination, or legal action.

The compact details the rule-making process that must be followed including, notice, an opportunity for public participation, and hearings. The compact also provides a procedure for emergency rule-making in cases of imminent danger to public health, safety, or welfare, to prevent financial loss to the state's or commission, or to comply with federal laws or regulations. All rules and amendments are binding on party state as of the effective date specified.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to the Social Work Licensure Interstate Compact; creating s. 491.022, F.S.; creating the Social Work Licensure Interstate Compact; providing purposes, objectives, and definitions; specifying requirements for state participation in the compact and duties of member states; specifying that the compact does not affect an individual's ability to apply for, and a member state's ability to grant, a single state license pursuant to the laws of that state; providing for recognition of compact privilege in member states; specifying criteria a licensee must meet for compact privilege; providing for the expiration and renewal of compact privilege; specifying that a licensee with compact privilege in a remote state must adhere to the laws and rules of that state; authorizing member states to act on a licensee's compact privilege under certain circumstances; specifying the consequences and parameters of practice for a licensee whose compact privilege has been acted on or whose home state license is encumbered; specifying that a licensee may hold a home state license in only one member state at a time; specifying requirements and procedures for changing a home state license designation; authorizing

active duty military personnel or their spouses to keep their home state designation during active duty; authorizing member states to take adverse actions against licensees and issue subpoenas for hearings and investigations under certain circumstances; providing requirements and procedures for such adverse action; authorizing member states to engage in joint investigations under certain circumstances; providing that a licensee's compact privilege must be deactivated in all member states for the duration of an encumbrance imposed by the licensee's home state; providing for notice to the data system and the licensee's home state of any adverse action taken against a licensee; establishing the Social Work Licensure Interstate Compact Commission; providing for jurisdiction and venue for court proceedings; providing for membership and powers of the commission; specifying powers and duties of the commission's executive committee; providing for the financing of the commission; providing specified individuals immunity from civil liability under certain circumstances; providing exceptions; requiring the commission to defend the specified individuals in civil actions under certain circumstances; requiring the commission to indemnify and hold harmless

specified individuals for any settlement or judgment obtained in such actions under certain circumstances; providing for the development of the data system, reporting procedures, and the exchange of specified information between member states; requiring the commission to notify member states of any adverse action taken against a licensee or applicant for licensure; authorizing member states to designate as confidential information provided to the data system; requiring the commission to remove information from the data system under certain circumstances; providing rulemaking procedures for the commission; providing for member state enforcement of the compact; authorizing the commission to receive notice of process, and have standing to intervene, in certain proceedings; rendering certain judgments and orders void as to the commission, the compact, or commission rules under certain circumstances; providing for defaults and termination of compact membership; providing procedures for the resolution of certain disputes; providing for commission enforcement of the compact; providing for remedies; providing for implementation of, withdrawal from, and amendment to the compact; specifying that licensees practicing in a remote state under the compact must adhere to the laws

and rules of that state; specifying that the compact, commission rules, and commission actions are binding on member states; providing construction; providing for severability; providing an effective date.

Be It Enacted by the Legislature of the state of Florida:

Section 1. Section 491.022, Florida Statutes, is created to read:

491.022 Social Work Licensure Interstate Compact.—The Social Work Licensure Interstate Compact is hereby enacted into law and entered into by this state with all other states legally joining therein in the form substantially as follows:

ARTICLE I

PURPOSE

The purpose of this compact is to facilitate interstate practice of regulated social workers by improving public access to competent social work services. The compact preserves the regulatory authority of member states to protect public health and safety through the current system of licensure. This compact is designed to achieve all of the following objectives:

(1) Increase public access to social work services.

(2) Reduce overly burdensome and duplicative requirements

associated with holding multiple licenses.

(3) Enhance member states' ability to protect the public health and safety.

(4) Encourage the cooperation of member states in regulating multistate practice.

(5) Promote mobility and address workforce shortages by eliminating the necessity for licenses in multiple states by providing for the mutual recognition of other member state licenses.

(6) Support military families.

(7) Facilitate the exchange of licensure and disciplinary information among member states.

(8) Authorize all member states to hold a regulated social worker accountable for abiding by a member state's laws, regulations, and applicable professional standards in the member state in which the client is located at the time care is rendered.

(9) Allow for the use of telehealth to facilitate increased access to social work services.

ARTICLE II

DEFINITIONS

As used in this compact, the term:

(1) "Active military member" means any individual with

full-time duty status in the active Armed Forces of the United states including members of the National Guard and Reserve.

(2) "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing authority or other authority against a regulated social worker, including actions against an individual's license or multistate authorization to practice such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a regulated social worker's authorization to practice, including issuance of a cease and desist action.

(3) "Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a licensing authority to address practitioners with an impairment.

(4) "Charter member states" means member states that have enacted legislation to adopt this compact where such legislation predates the effective date of this compact as described in Article XIV.

(5) "Commission" means the government agency whose membership consists of all states that have enacted this compact, which is known as the Social Work Licensure Interstate Compact commission, as described in Article X, and which shall operate as an instrumentality of the member states.

(6) "Current significant investigative information" means:

(a) Investigative information that a licensing authority, after a preliminary inquiry that includes notification and an opportunity for the regulated social worker to respond, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction as may be defined by the commission; or

(b) Investigative information that indicates that the regulated social worker represents an immediate threat to public health and safety, as may be defined by the commission, regardless of whether the regulated social worker has been notified and has had an opportunity to respond.

(7) "Data system" means a repository of information about licensees, including continuing education, examination, licensure, current significant investigative information, disqualifying events, multistate licenses, and adverse action information or other information as required by the commission.

(8) "Disqualifying event" means any adverse action or incident which results in an encumbrance that disqualifies or makes the licensee ineligible to obtain, retain, or renew a multistate license.

(9) "Domicile" means the jurisdiction in which the licensee resides and intends to remain indefinitely.

(10) "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of social work licensed and regulated by an authority.

(11) "Executive committee" means a group of delegates elected or appointed to act on behalf of, and within the powers granted to them by, the compact and commission.

(12) "Home state" means the member state that is the licensee's primary domicile.

(13) "Impairment" means a condition that may impair a practitioner's ability to engage in full and unrestricted practice as a regulated social worker without some type of intervention and may include alcohol and drug dependence, mental health impairment, and neurological or physical impairments.

(14) "Licensee" means an individual who currently holds a license from a state to practice as a regulated social worker.

(15) "Licensing authority" means the board or agency of a member state, or an equivalent, that is responsible for the licensing and regulation of regulated social workers.

(16) "Member state" means a state, commonwealth, district, or territory of the United States of America that has enacted this compact.

(17) "Multistate authorization to practice" means a legally authorized privilege to practice, which is equivalent to a license, associated with a multistate license permitting the practice of social work in a remote state.

(18) "Multistate license" means a license to practice as a regulated social worker issued by a home state licensing authority that authorizes the regulated social worker to

practice in all member states under multistate authorization to practice.

(19) "Qualifying National Exam" means a national licensing examination approved by the commission.

(20) "Regulated social worker" means any clinical, master's, or bachelor's social worker licensed by a member state regardless of the title used by that member state.

(21) "Remote state" means a member state other than the licensee's home state.

(22) "Rules" or "rules of the commission" means a regulation or regulations duly adopted by the commission, as authorized by the compact, that has the force of law.

(23) "Single state license" means a social work license issued by any state that authorizes practice only within the issuing state and does not include multistate authorization to practice in any member state.

(24) "Social work" or "social work services" means the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities through the care and services provided by a regulated social worker as set forth in the member state's statutes and regulations in the state where the services are being provided.

(25) "State" means any state, commonwealth, district, or

territory of the United States of America that regulates the practice of social work.

(26) "Unencumbered license" means a license that authorizes a regulated social worker to engage in the full and unrestricted practice of social work.

ARTICLE III

STATE PARTICIPATION IN THE COMPACT

(1) To be eligible to participate in the compact, a potential member state must currently meet all of the following criteria:

(a) License and regulate the practice of social work at the clinical, master's, or bachelor's category.

(b) Require applicants for licensure to graduate from a program that is:

1. Operated by a college or university recognized by a licensing authority;

2. Accredited, or in candidacy by an institution that subsequently becomes accredited, by an accrediting agency recognized by either:

a. The Council for Higher Education Accreditation or its successor; or

b. The United States Department of Education; and

3. Corresponds to the licensure sought as outlined in

Article IV.

(c) Require applicants for clinical licensure to complete a period of supervised practice.

(d) Have a mechanism in place for receiving, investigating, and adjudicating complaints about licensees.

(2) To maintain membership in the compact, a member state shall:

(a) Require that applicants for a multistate license pass a Qualifying National Exam for the corresponding category of multistate license sought as outlined in Article VI.

(b) Participate fully in the commission's data system, including using the commission's unique identifier as defined in rules.

(c) Notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of current significant investigative information regarding a licensee.

(d) Implement procedures for considering the criminal history records of applicants for a multistate license. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(e) Comply with the rules of the commission.

(f) Require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as all other applicable home state laws.

(g) Authorize a licensee holding a multistate license in any member state to practice in accordance with the terms of the compact and rules of the commission.

(h) Designate a delegate to participate in the commission meetings.

(3) A member state meeting the requirements under subsections (1) and (2) shall designate the categories of social work licensure that are eligible for issuance of a multistate license for applicants in such member state. To the extent that any member state does not meet the requirements for participation in the compact at any particular category of social work licensure, such member state may choose, but is not obligated to, issue a multistate license to applicants that otherwise meet the requirements of Article IV for issuance of a multistate license in such category or categories of licensure.

(4) The home state may charge a fee for granting the multistate license.

ARTICLE IV

SOCIAL WORKER PARTICIPATION IN THE COMPACT

(1) To be eligible for a multistate license under this compact, an applicant, regardless of category, must meet all of the following requirements:

(a) Hold or be eligible for an active, unencumbered license in the home state.

(b) Pay any applicable fees, including any member state fee, for the multistate license.

(c) Submit, in connection with an application for a multistate license, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(d) Notify the home state of any adverse action, encumbrance, or restriction on any professional license taken by any member state or nonmember state within 30 days after the date the action is taken.

(e) Meet any continuing competence requirements established by the home state.

(f) Abide by the laws, regulations, and applicable standards in the member state where the client is located at the time care is rendered.

(2) An applicant for a clinical-category multistate license must meet all of the following requirements:

(a) Fulfill a competency requirement, which shall be satisfied by:

1. Passage of a clinical-category Qualifying National Exam;

2. Licensure of the applicant in their home state at the clinical category, beginning before such time as a Qualifying National Exam was required by the home state and accompanied by a period of continuous social work licensure thereafter, all of which may be further governed by the rules of the commission; or

3. The substantial equivalency of the foregoing competency requirements which the commission may determine by rule.

(b) Attain at least a master's degree in social work from a program that is:

1. Operated by a college or university recognized by a licensing authority.

2. Accredited, or in candidacy that subsequently becomes accredited, by an accrediting agency recognized by either:

a. The Council for Higher Education Accreditation or its successor; or

b. The United States Department of Education.

(c) Fulfill a practice requirement, which shall be satisfied by demonstrating completion of:

1. A period of postgraduate supervised clinical practice equal to a minimum of 3,000 hours;

2. A minimum of 2 years of full-time postgraduate supervised clinical practice; or

3. The substantial equivalency of the foregoing practice

requirements which the commission may determine by rule.

(3) An applicant for a master's-category multistate license must meet all of the following requirements:

(a) Fulfill a competency requirement, which shall be satisfied by:

1. Passage of a masters-category Qualifying National Exam;

2. Licensure of the applicant in their home state at the master's category, beginning before such time as a Qualifying National Exam was required by the home state at the master's category and accompanied by a continuous period of social work licensure thereafter, all of which may be further governed by the rules of the commission; or

3. The substantial equivalency of the foregoing competency requirements which the commission may determine by rule.

(b) Attain at least a master's degree in social work from a program that is:

1. Operated by a college or university recognized by a licensing authority.

2. Accredited, or in candidacy by an institution that subsequently becomes accredited, by an accrediting agency recognized by either:

a. The Council for Higher Education Accreditation or its successor; or

b. The United States Department of Education.

(4) An applicant for a bachelor's-category multistate

license must meet all of the following requirements:

(a) Fulfill a competency requirement, which shall be satisfied by:

1. Passage of a bachelor's-category Qualifying National Exam;

2. Licensure of the applicant in his or her home state at the bachelor's category, beginning before such time as a Qualifying National Exam was required by the home state and accompanied by a period of continuous social work licensure thereafter, all of which may be further governed by the rules of the commission; or

3. The substantial equivalency of the foregoing competency requirements which the commission may determine by rule.

(b) Attain at least a bachelor's degree in social work from a program that is:

1. Operated by a college or university recognized by the licensing authority.

2. Accredited, or in candidacy that subsequently becomes accredited, by an accrediting agency recognized by either:

a. The Council for Higher Education Accreditation or its successor; or

b. The United States Department of Education.

(5) The multistate license for a regulated social worker is subject to the renewal requirements of the home state. The regulated social worker must maintain compliance with the

requirements of subsection (1) to be eligible to renew a multistate license.

(6) The regulated social worker's services in a remote state are subject to that member state's regulatory authority. A remote state may, in accordance with due process and that member state's laws, remove a regulated social worker's multistate authorization to practice in the remote state for a specific period of time, impose fines, and take any other necessary actions to protect the health and safety of its citizens.

(7) If a multistate license is encumbered, the regulated social worker's multistate authorization to practice shall be deactivated in all remote states until the multistate license is no longer encumbered.

(8) If a multistate authorization to practice is encumbered in a remote state, the regulated social worker's multistate authorization to practice may be deactivated in that state until the multistate authorization to practice is no longer encumbered.

ARTICLE V
ISSUANCE OF A MULTISTATE LICENSE

(1) Upon receipt of an application for multistate license, the home state licensing authority shall determine the applicant's eligibility for a multistate license in accordance

with Article VI.

(2) If such applicant is eligible pursuant to Article VI, the home state licensing authority shall issue a multistate license that authorizes the applicant or regulated social worker to practice in all member states under a multistate authorization to practice.

(3) Upon issuance of a multistate license, the home state licensing authority shall designate whether the regulated social worker holds a multistate license in the bachelor's, master's, or clinical category of social work.

(4) A multistate license issued by a home state to a resident in that state shall be recognized by all compact member states as authorizing social work practice under a multistate authorization to practice corresponding to each category of licensure regulated in each member state.

ARTICLE VI

AUTHORITY OF INTERSTATE COMPACT COMMISSION

AND MEMBER STATE LICENSING AUTHORITIES

(1) This compact, or any rule of the commission, does not limit, restrict, or in any way reduce the ability of a member state to:

(a) Enact and enforce laws, regulations, or other rules related to the practice of social work in that state when those

laws, regulations, or other rules are not inconsistent with the provisions of this compact.

(b) Take adverse action against a licensee's single state license to practice social work in that state.

(c) Take adverse action against a licensee's multistate authorization to practice in that state.

(2) This compact, or any rule of the commission, does not limit, restrict, or in any way reduce the ability of a licensee's home state to take adverse action against a licensee's multistate license based upon information provided by a remote state.

(3) This compact does not affect the requirements established by a member state for the issuance of a single state license.

ARTICLE VII

REISSUANCE OF A MULTISTATE LICENSE BY A NEW HOME STATE

(1) A licensee can hold a multistate license, issued by his or her home state, in only one member state at any given time.

(2) If a licensee changes his or her home state by moving between two member states:

(a) The licensee shall immediately apply for the reissuance of his or her multistate license in his or her new

home state. The licensee shall pay all applicable fees and notify the prior home state in accordance with the rules of the commission.

(b) Upon receipt of an application to reissue a multistate license, the new home state shall verify that the multistate license is active, unencumbered, and eligible for reissuance under the terms of the compact and the rules of the commission. The multistate license issued by the prior home state will be deactivated and all member states notified in accordance with the applicable rules adopted by the commission.

(c) Before the reissuance of the multistate license, the new home state shall conduct procedures for considering the criminal history records of the licensee. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(d) If required for initial licensure, the new home state may require completion of jurisprudence requirements in the new home state.

(e) Notwithstanding any other provision of this compact, if a licensee does not meet the requirements set forth in this compact for the reissuance of a multistate license by the new home state, then the licensee shall be subject to the new home

state requirements for the issuance of a single state license in that state.

(3) If a licensee changes his or her primary state of residence by moving from a member state to a nonmember state, or from a nonmember state to a member state, then the licensee shall be subject to the state requirements for the issuance of a single state license in the new home state.

(4) This compact does not interfere with a licensee's ability to hold a single state license in multiple states; however, for the purposes of this compact, a licensee shall have only one home state, and only one multistate license.

(5) This compact does not interfere with the requirements established by a member state for the issuance of a single state license.

ARTICLE VIII

MILITARY FAMILIES

An active military member or his or her spouse shall designate a home state where the individual has a multistate license. The individual may retain his or her home state designation during the period the servicemember is on active duty.

ARTICLE IX

ADVERSE ACTIONS

(1) In addition to the other powers conferred by general law, a remote state shall have the authority, in accordance with existing state due process law, to:

(a) Take adverse action against a regulated social worker's multistate authorization to practice only within that member state, and issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing authority in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing licensing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

(b) Only the home state shall have the power to take adverse action against a regulated social worker's multistate license.

(2) For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had

occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

(3) The home state shall complete any pending investigations of a regulated social worker who changes his or her home state during the course of the investigations. The home state shall also have the authority to take appropriate actions and shall promptly report the conclusions of the investigations to the administrator of the data system. The administrator of the data system shall promptly notify the new home state of any adverse actions.

(4) A member state, if otherwise permitted by state law, may recover from the affected regulated social worker the costs of investigations and dispositions of cases resulting from any adverse action taken against that regulated social worker.

(5) A member state may take adverse action based on the factual findings of another member state, provided that the member state follows its own procedures for taking the adverse action.

(6)(a) In addition to the authority granted to a member state by its respective social work practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.

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

(7) If adverse action is taken by the home state against the multistate license of a regulated social worker, the regulated social worker's multistate authorization to practice in all other member states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against the license of a regulated social worker shall include a statement that the regulated social worker's multistate authorization to practice is deactivated in all member states until all conditions of the decision, order, or agreement are satisfied.

(8) If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state and all other member state's of any adverse actions by remote states.

(9) This compact does not override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

(10) This compact does not authorize a member state to demand the issuance of subpoenas for attendance and testimony of witnesses or the production of evidence from another member state for lawful actions within that member state.

(11) This compact does not authorize a member state to impose discipline against a regulated social worker who holds a

multistate authorization to practice for lawful actions within another member state.

ARTICLE X

ESTABLISHMENT OF SOCIAL WORK LICENSURE INTERSTATE COMPACT COMMISSION

(1) The compact member states hereby create and establish a joint government agency whose membership consists of all member states that have enacted the compact known as the Social Work Licensure Interstate Compact Commission. The commission is an instrumentality of the compact states acting jointly and not an instrumentality of any one state. The commission shall come into existence on or after the effective date of the compact as set forth in Article XVI.

(2)(a) Each member state shall have and be limited to one (1) delegate selected by that member state's licensing authority. The delegate shall be either:

1. A current member of the licensing authority at the time of appointment who is a regulated social worker or public member of the state licensing authority; or

2. An administrator of the licensing authority or his or her designee.

(b) The commission shall by rule or bylaw establish a term of office for delegates and may by rule or bylaw establish term

limits.

(c) The commission may recommend removal or suspension of any delegate from office.

(d) A member state's licensing authority shall fill any vacancy of its delegate occurring on the commission within 60 days after the vacancy.

(e) Each delegate shall be entitled to one vote on all matters before the commission requiring a vote by commission delegates.

(f) A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates to meet by telecommunication, videoconference, or other means of communication.

(g) The commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws. The commission may meet by telecommunication, video conference, or other similar electronic means.

(3) The commission shall have the following powers:

(a) Establish the fiscal year of the commission.

(b) Establish code of conduct and conflict of interest policies.

(c) Establish and amend rules and bylaws.

(d) Maintain its financial records in accordance with the bylaws.

(e) Meet and take such actions as are consistent with the

provisions of this compact, the commission's rules, and the bylaws.

(f) Initiate and conclude legal proceedings or actions in the name of the commission, provided that the standing of any licensing authority to sue or be sued under applicable law may not be affected.

(g) Maintain and certify records and information provided to a member state as the authenticated business records of the commission, and designate an agent to do so on the commission's behalf.

(h) Purchase and maintain insurance and bonds.

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

(j) Conduct an annual financial review.

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

(l) Assess and collect fees.

(m) Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same; provided that at all times the commission shall avoid

any appearance of impropriety or conflict of interest.

(n) Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed, or any undivided interest therein.

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

(p) Establish a budget and make expenditures.

(q) Borrow money.

(r) Appoint committees, including standing committees, composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws.

(s) Provide and receive information from, and cooperate with, law enforcement agencies.

(t) Establish and elect an executive committee, including a chair and a vice chair.

(u) Determine whether a state's adopted language is materially different from the model compact language such that the state would not qualify for participation in the compact.

(v) Perform such other functions as may be necessary or appropriate to achieve the purposes of this compact.

(4)(a) The executive committee shall have the power to act on behalf of the commission according to the terms of this

compact. The powers, duties, and responsibilities of the executive committee shall include:

1. Oversee the day-to-day activities of the administration of the compact, including enforcement and compliance with the provisions of the compact, its rules and bylaws, and other such duties as deemed necessary.

2. Recommend to the commission changes to the rules or bylaws, changes to this compact legislation, fees charged to compact member states, fees charged to licensees, and other fees.

3. Ensure compact administration services are appropriately provided, including by contract.

4. Prepare and recommend the budget.

5. Maintain financial records on behalf of the commission.

6. Monitor compact compliance of member states and provide compliance reports to the commission.

7. Establish additional committees as necessary.

8. Exercise the powers and duties of the commission during the interim between commission meetings, except for adopting or amending rules, adopting or amending bylaws, and exercising any other powers and duties expressly reserved to the commission by rule or bylaw.

9. Other duties as provided in the rules or bylaws of the commission.

(b) The executive committee shall be composed of up to 11

members:

1. The chair and vice chair of the commission shall be voting members of the executive committee.

2. The commission shall elect five voting members from the current membership of the commission.

3. Up to four ex-officio, nonvoting members from four recognized national social work organizations, selected by their respective organizations.

(c) The commission may remove any member of the executive committee as provided in the commission's bylaws.

(d) The executive committee shall meet at least annually.

1. Executive committee meetings shall be open to the public, except that the executive committee may meet in a closed, nonpublic meeting as provided in subsection (6).

2. The executive committee shall give 7 days' notice of its meetings, posted on its website and as determined to provide notice to persons with an interest in the business of the commission.

3. The executive committee may hold a special meeting in accordance with subsection (6).

(5) The commission shall adopt and provide to the member states an annual report.

(6) All meetings shall be open to the public, except that the commission may meet in a closed, nonpublic meeting as provided in s. 491.023.

(a) Public notice for all meetings of the full commission of meetings shall be given in the same manner as required under the rulemaking provisions in Article XII, except that the commission may hold a special meeting as provided in paragraph (b).

(b) The commission may hold a special meeting when it must meet to conduct emergency business by giving 48 hours' notice to all commissioners, on the commission's website, and by other means as provided in the commission's rules. The commission's legal counsel shall certify that the commission's need to meet qualifies as an emergency.

(c) If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

(d) The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the commission or order of a court of competent jurisdiction.

(7)(a) The commission shall pay, or provide for the

payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(b) The commission may accept any and all appropriate revenue sources as provided in paragraph (3)(m).

(c) The commission may levy on and collect an annual assessment from each member state and impose fees on licensees of member states to whom it grants a multistate license to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount for member states shall be allocated based upon a formula that the commission shall adopt by rule.

(d) The commission may not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

(e) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the financial review and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report

of the commission.

(8)(a) The members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that this paragraph does not protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the commission may not in any way compromise or limit the immunity granted hereunder.

(b) The commission shall defend any member, officer, executive director, employee, and representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or as determined by the commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall

be construed to prohibit that person from retaining his or her own counsel at his or her own expense; and provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(c) The commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

(d) Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

(e) This compact may not be interpreted to waive or otherwise abrogate a member state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Antitrust Act, Clayton Antitrust Act of 1914, or any other state or federal antitrust or anticompetitive law or regulation.

(f) This compact may not be construed to be a waiver of sovereign immunity by the member states or by the commission.

ARTICLE XI

DATA SYSTEM

(1) The commission shall provide for the development, maintenance, operation, and utilization of a coordinated data system.

(2) The commission shall assign each applicant for a multistate license a unique identifier, as determined by the rules of the commission.

(3) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

(a) Identifying information.

(b) Licensure data.

(c) Adverse actions against a license and information related thereto.

(d) Nonconfidential information related to alternative program participation, the beginning and ending dates of such participation, and other information related to such participation not made confidential under member state law.

(e) Any denial of application for licensure, and the reason for such denial.

(f) The presence of current significant investigative information.

(g) Other information that may facilitate the administration of this compact or the protection of the public, as determined by the rules of the commission.

(4) The records and information provided to a member state pursuant to this compact or through the data system, when certified by the commission or an agent thereof, shall constitute the authenticated business records of the commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial, or administrative proceedings in a member state.

(5)(a) Current significant investigative information pertaining to a licensee in any member state will only be available to other member states.

(b) It is the responsibility of the member states to report any adverse action against a licensee and to monitor the database to determine whether adverse action has been taken against a licensee. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

(6) Member states contributing information to the data system may designate information that may not be shared with the

public without the express permission of the contributing state.

(7) Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the member state contributing the information shall be removed from the data system.

ARTICLE XII

RULEMAKING

(1) The commission shall adopt reasonable rules in order to effectively and efficiently implement and administer the purposes and provisions of the compact. A rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid because the commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the compact, or the powers granted hereunder, or based upon another applicable standard of review.

(2) The rules of the commission shall have the force of law in each member state, provided, however, that if the rules of the commission conflict with the laws of the member state that establish the member state's laws, regulations, and applicable standards that govern the practice of social work as held by a court of competent jurisdiction, the rules of the commission shall be ineffective in that state to the extent of

the conflict.

(3) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules shall become binding on the day following adoption or the date specified in the rule or amendment, whichever is later.

(4) If a majority of the legislatures of the member states rejects a rule or portion of a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within 4 years after the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(5) Rules shall be adopted at a regular or special meeting of the commission.

(6) Before adoption of a proposed rule, the commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.

(7) Before adoption of a proposed rule by the commission, and at least 30 days in advance of the meeting at which the commission will hold a public hearing on the proposed rule, the commission shall provide a notice of proposed rulemaking:

(a) On the website of the commission or other publicly accessible platform.

(b) To persons who have requested notice of the commission's notices of proposed rulemaking.

(c) In such other way as the commission may by rule

specify.

(8) The notice of proposed rulemaking shall include:

(a) The time, date, and location of the public hearing at which the commission will hear public comments on the proposed rule and, if different, the time, date, and location of the meeting where the commission will consider and vote on the proposed rule.

(b) If the hearing is held via telecommunication, video conference, or other electronic means, the commission shall include the mechanism for access to the hearing in the notice of proposed rulemaking.

(c) The text of the proposed rule and the reason therefor.

(d) A request for comments on the proposed rule from any interested person.

(e) The manner in which interested persons may submit written comments.

(9) All hearings will be recorded. A copy of the recording and all written comments and documents received by the commission in response to the proposed rule shall be available to the public.

(10) This section does not require a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

(11) The commission shall, by majority vote of all members, take final action on the proposed rule based on the

rulemaking record and the full text of the rule.

(a) The commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.

(b) The commission shall provide an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

(c) The commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in subsection (12), the effective date of the rule shall be no sooner than 30 days after issuing the notice that it adopted or amended the rule.

(12) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule with 48 hours' notice, with opportunity to comment, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, but in no event later than 90 days after the effective date of the rule. For the purposes of this subsection, an emergency rule is one that must be adopted immediately in order to:

(a) Meet an imminent threat to public health, safety, or welfare;

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

(c) Meet a deadline for the adoption of a rule that is established by federal law or rule; or

(d) Protect public health and safety.

(13) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

(14) No member state's rulemaking requirements shall apply under this compact.

ARTICLE XIII
OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(1)(a) The executive and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to implement the

compact.

(b) Except as otherwise provided in this compact, venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct, or any such similar matter.

(c) The commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the commission service of process shall render a judgment or order void as to the commission, this compact, or adopted rules.

(2)(a) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the adopted rules, the commission shall provide written notice to the defaulting state. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the commission may take, and shall offer training and specific

technical assistance regarding the default.

(b) The commission shall provide a copy of the notice of default to the other member states.

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

(4) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the Governor, the majority and minority leaders of the defaulting state's legislature, the defaulting state's state licensing authority, and each of the member states' licensing authority.

(5) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(6) Upon the termination of a state's membership from this compact, that state shall immediately provide notice to all licensees within that state of such termination. The terminated

state shall continue to recognize all licenses granted pursuant to this compact for a minimum of 6 months after the date of said notice of termination.

(7) The commission may not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

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

(9)(a) Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

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

(10)(a) By majority vote as provided by rule, the commission may initiate legal action against a member state in default in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices to enforce compliance with the provisions of

the compact and its adopted rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees. The remedies herein may not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or the defaulting member state's law.

(b) A member state may initiate legal action against the commission in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices to enforce compliance with the provisions of the compact and its adopted rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

(c) Only a member state may enforce this compact against the commission.

ARTICLE XIV
EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

(1) The compact shall come into effect on the date on which the compact statute is enacted into law in the seventh member state.

(2)(a) On or after the effective date of the compact, the commission shall convene and review the enactment of each of the first seven charter member states to determine if the statute enacted by each such charter member state is materially different than the model compact statute.

1. A charter member state whose enactment is found to be materially different from the model compact statute shall be entitled to the default process set forth in Article XIII.

2. If any member state is later found to be in default, or is terminated or withdraws from the compact, the commission shall remain in existence and the compact shall remain in effect even if the number of member states should be less than seven.

(b) Member states enacting the compact subsequent to the seven initial charter member states shall be subject to the process provided in paragraph (3)(u) of Article X to determine if their enactments are materially different from the model compact statute and whether they qualify for participation in the compact.

(c) All actions taken for the benefit of the commission or in furtherance of the purposes of the administration of the compact prior to the effective date of the compact or the commission coming into existence shall be considered to be actions of the commission unless specifically repudiated by the commission.

(d) Any state that joins the compact subsequent to the

commission's initial adoption of the rules and bylaws shall be subject to the rules and bylaws as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

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

(a) A member state's withdrawal may not take effect until 180 days after enactment of the repealing statute.

(b) Withdrawal may not affect the continuing requirement of the withdrawing state's licensing authority to comply with the investigative and adverse action reporting requirements of this compact before the effective date of withdrawal.

(c) Upon the enactment of a statute withdrawing from this compact, a state shall immediately provide notice of such withdrawal to all licensees within that state. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing state shall continue to recognize all licenses granted pursuant to this compact for a minimum of 180 days after the date of such notice of withdrawal.

(4) This compact does not invalidate or prevent any licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

(5) This compact may be amended by the member states. Any amendment to this compact is not effective and binding upon any member state until it is enacted into the laws of all member states.

ARTICLE XV

CONSTRUCTION AND SEVERABILITY

(1) This compact and the commission's rulemaking authority shall be liberally construed so as to effectuate the purposes and the implementation and administration of the compact. Provisions of the compact expressly authorizing or requiring the adoption of rules may not be construed to limit the commission's rulemaking authority solely for those purposes.

(2) The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is held by a court of competent jurisdiction to be contrary to the constitution of any member state, a state seeking participation in the compact, or of the United states, or the applicability thereof to any government, agency, person, or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this compact and the applicability thereof to any other government, agency, person, or circumstance may not be affected thereby.

(3) Notwithstanding subsection (2), the commission may

deny a state's participation in the compact or, in accordance with the requirements of subsection (2) of Article XIII, terminate a member state's participation in the compact, if it determines that a constitutional requirement of a member state is a material departure from the compact. Otherwise, if this compact shall be held to be contrary to the constitution of any member state, the compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

ARTICLE XVI

CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS

(1) A licensee providing services in a remote state under a multistate authorization to practice shall adhere to the laws and regulations, including laws, regulations, and applicable standards, of the remote state where the client is located at the time care is rendered.

(2) Nothing herein shall prevent or inhibit the enforcement of any other law of a member state that is not inconsistent with the compact.

(3) Any laws, statutes, regulations, or other legal requirements in a member state in conflict with the compact are superseded to the extent of the conflict.

(4) All permissible agreements between the commission and

the member states are binding in accordance with their terms.

Section 2. This act shall take effect July 1, 2024.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	__	(Y/N)
ADOPTED AS AMENDED	__	(Y/N)
ADOPTED W/O OBJECTION	__	(Y/N)
FAILED TO ADOPT	__	(Y/N)
WITHDRAWN	__	(Y/N)
OTHER	_____	

Committee/Subcommittee hearing bill: Healthcare Regulation Subcommittee

Representative Hunschofsky offered the following:

Amendment (with title amendment)

Remove line 1227 and insert:

Section 2. Subsection (10) of section 456.073, Florida Statutes, is amended to read:

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

(10) The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or subject of

the investigation waives his or her privilege of confidentiality, whichever occurs first. The department shall report any significant investigation information relating to a nurse holding a multistate license to the coordinated licensure information system pursuant to s. 464.0095, ~~and~~ any significant investigatory information relating to a health care practitioner practicing under the Professional Counselors Licensure Compact to the data system pursuant to s. 491.017, ~~and~~ any significant investigatory information relating to a psychologist practicing under the Psychology Interjurisdictional Compact to the coordinated licensure information system pursuant to s. 490.0075, and any significant investigatory information relating a clinical social worker practicing under the Social Work Licensure Interstate Compact to the coordinated data system pursuant to s. 491.022. Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after

probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the department. This subsection does not prohibit the department from providing such information to any law enforcement agency or to any other regulatory agency.

Section 3. Subsection (5) of section 456.076, Florida Statutes, is amended to read:

456.076 Impaired practitioner programs.—

(5) A consultant shall enter into a participant contract with an impaired practitioner and shall establish the terms of monitoring and shall include the terms in a participant contract. In establishing the terms of monitoring, the consultant may consider the recommendations of one or more approved evaluators, treatment programs, or treatment providers. A consultant may modify the terms of monitoring if the consultant concludes, through the course of monitoring, that extended, additional, or amended terms of monitoring are required for the protection of the health, safety, and welfare of the public. If the impaired practitioner is a health care practitioner practicing under the Professional Counselors Licensure Compact pursuant to s. 491.017, the terms of the monitoring contract must include the impaired practitioner's

withdrawal from all practice under the compact. If the impaired practitioner is a psychologist practicing under the Psychology Interjurisdictional Compact pursuant to s. 490.0075, the terms of the monitoring contract must include the impaired practitioner's withdrawal from all practice under the compact. If the impaired practitioner is a clinical social worker practicing under the Social Work Licensure Interstate Compact, pursuant to s. 491.022, the terms of the monitoring contract must include the impaired practitioner's withdrawal from all practice under the compact.

Section 4. Subsection (9) is added to section 491.004, Florida Statutes, to read:

491.004 Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.—

(9) The board shall appoint an individual to serve as the state's delegate on the Social Work Licensure Interstate Compact Commission, as required under s. 491.022.

Section 5. Subsection (6) of section 491.005, Florida Statutes, is amended to read:

491.005 Licensure by examination.—

(6) EXEMPTION.— (a) A person licensed as a clinical social worker, marriage and family therapist, or mental health counselor in another state who is practicing under the Professional Counselors Licensure Compact pursuant to s.

491.017, and only within the scope provided therein, is exempt from the licensure requirements of this section, as applicable.

(b) A person licensed as a clinical social worker in another state who is practicing under the Social Worker Licensure Interstate Compact pursuant to s. 491.022, and only within the scope provided therein, is exempt from the licensure requirements of this section, as applicable.

Section 6. Subsection (4) is added to section 491.006, Florida Statutes, to read:

491.006 Licensure or certification by endorsement.—

(4) A person licensed as a clinical social worker in another state who is practicing under the Social Worker Licensure Interstate Compact pursuant to s. 491.022, and only within the scope provided therein, is exempt from the licensure requirements of this section, as applicable.

Section 7. Section 491.009, Florida Statutes, is amended to read:

491.009 Discipline.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2), ~~or~~ s. 491.017, or s. 491.022:

(a) Attempting to obtain, obtaining, or renewing a license, registration, or certificate under this chapter by bribery or fraudulent misrepresentation or through an error of the board or the department.

(b) Having a license, registration, or certificate to practice a comparable profession revoked, suspended, or otherwise acted against, including the denial of certification or licensure by another state, territory, or country.

(c) Being convicted or found guilty of, regardless of adjudication, or having entered a plea of nolo contendere to, a crime in any jurisdiction which directly relates to the practice of his or her profession or the ability to practice his or her profession. However, in the case of a plea of nolo contendere, the board shall allow the person who is the subject of the disciplinary proceeding to present evidence in mitigation relevant to the underlying charges and circumstances surrounding the plea.

(d) False, deceptive, or misleading advertising or obtaining a fee or other thing of value on the representation that beneficial results from any treatment will be guaranteed.

(e) Advertising, practicing, or attempting to practice under a name other than one's own.

(f) Maintaining a professional association with any person who the applicant, licensee, registered intern, or certificateholder knows, or has reason to believe, is in violation of this chapter or of a rule of the department or the board.

(g) Knowingly aiding, assisting, procuring, or advising any nonlicensed, nonregistered, or noncertified person to hold

himself or herself out as licensed, registered, or certified under this chapter.

(h) Failing to perform any statutory or legal obligation placed upon a person licensed, registered, or certified under this chapter.

(i) Willfully making or filing a false report or record; failing to file a report or record required by state or federal law; willfully impeding or obstructing the filing of a report or record; or inducing another person to make or file a false report or record or to impede or obstruct the filing of a report or record. Such report or record includes only a report or record which requires the signature of a person licensed, registered, or certified under this chapter.

(j) Paying a kickback, rebate, bonus, or other remuneration for receiving a patient or client, or receiving a kickback, rebate, bonus, or other remuneration for referring a patient or client to another provider of mental health care services or to a provider of health care services or goods; referring a patient or client to oneself for services on a fee-paid basis when those services are already being paid for by some other public or private entity; or entering into a reciprocal referral agreement.

(k) Committing any act upon a patient or client which would constitute sexual battery or which would constitute sexual misconduct as defined pursuant to s. 491.0111.

(l) Making misleading, deceptive, untrue, or fraudulent representations in the practice of any profession licensed, registered, or certified under this chapter.

(m) Soliciting patients or clients personally, or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct.

(n) Failing to make available to a patient or client, upon written request, copies of tests, reports, or documents in the possession or under the control of the licensee, registered intern, or certificateholder which have been prepared for and paid for by the patient or client.

(o) Failing to respond within 30 days to a written communication from the department or the board concerning any investigation by the department or the board, or failing to make available any relevant records with respect to any investigation about the licensee's, registered intern's, or certificateholder's conduct or background.

(p) Being unable to practice the profession for which he or she is licensed, registered, or certified under this chapter with reasonable skill or competence as a result of any mental or physical condition or by reason of illness; drunkenness; or excessive use of drugs, narcotics, chemicals, or any other substance. In enforcing this paragraph, upon a finding by the State Surgeon General, the State Surgeon General's designee, or the board that probable cause exists to believe that the

licensee, registered intern, or certificateholder is unable to practice the profession because of the reasons stated in this paragraph, the department shall have the authority to compel a licensee, registered intern, or certificateholder to submit to a mental or physical examination by psychologists, physicians, or other licensees under this chapter, designated by the department or board. If the licensee, registered intern, or certificateholder refuses to comply with such order, the department's order directing the examination may be enforced by filing a petition for enforcement in the circuit court in the circuit in which the licensee, registered intern, or certificateholder resides or does business. The licensee, registered intern, or certificateholder against whom the petition is filed may not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee, registered intern, or certificateholder affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume the competent practice for which he or she is licensed, registered, or certified with reasonable skill and safety to patients.

(q) Performing any treatment or prescribing any therapy which, by the prevailing standards of the mental health professions in the community, would constitute experimentation

on human subjects, without first obtaining full, informed, and written consent.

(r) Failing to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance, including the undertaking of activities for which the licensee, registered intern, or certificateholder is not qualified by training or experience.

(s) Delegating professional responsibilities to a person who the licensee, registered intern, or certificateholder knows or has reason to know is not qualified by training or experience to perform such responsibilities.

(t) Violating a rule relating to the regulation of the profession or a lawful order of the department or the board previously entered in a disciplinary hearing.

(u) Failure of the licensee, registered intern, or certificateholder to maintain in confidence a communication made by a patient or client in the context of such services, except as provided in s. 491.0147.

(v) Making public statements which are derived from test data, client contacts, or behavioral research and which identify or damage research subjects or clients.

(w) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

(2)(a) The board or, in the case of certified master social workers, the department may enter an order denying

licensure or imposing any of the penalties authorized in s. 456.072(2) against any applicant for licensure or any licensee who violates subsection (1) or s. 456.072(1).

(b) The board may take adverse action against a clinical social worker's, a marriage and family therapist's, or a mental health counselor's privilege to practice under the Professional Counselors Licensure Compact pursuant to s. 491.017 and may impose any of the penalties in s. 456.072(2) if the clinical social worker, marriage and family therapist, or mental health counselor commits an act specified in subsection (1) or s. 456.072(1).

(c) The board may take adverse action against a clinical social worker’s privilege to practice under the Social Worker Licensure Interstate Compact pursuant to s. 491.022, and may impose any of the penalties in s. 456.072(2) if the clinical social worker commits an act specified in subsection (1) or s. 456.072(1).

Section 8. Paragraph (j) is added to subsection (10) of section 768.28, Florida Statutes, to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; civil liability for damages caused during a riot; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.—

(10)

(j) For purposes of this section, the individual appointed under s. 491.004(9) as the state's delegate on the Social Work Licensure Compact Commission, pursuant to s. 491.022, and any administrator, officer, executive director, employee, or representative of the commission, when acting within the scope of his or her employment, duties, or responsibilities in this state, is considered an agent of the state. The commission shall pay any claims or judgments pursuant to this section and may maintain insurance coverage to pay any such claims or judgments.

Section 8. The Department of Health shall notify the Division of Law Revision upon enactment of the Social Work Licensure Interstate Compact into law by 7 states.

Section 9. This act shall take effect upon enactment of the Social Work Licensure Interstate Compact into law by 7 states.

T I T L E A M E N D M E N T

Remove line 79 and insert:

For severability; amending s. 456.073, F.S.; requiring the Department of Health to report certain investigative information to the data system; amending s. 456.076, F.S.; requiring monitoring contracts for impaired practitioners participating in treatment programs to contain certain terms; amending s. 491.004, F.S.; requiring the Board of Clinical Social Work,

Marriage and Family Therapy, and Mental Health Counseling to appoint an individual to serve as the state's delegate on the commission; amending ss. 491.005 and 491.006, F.S.; exempting certain persons from licensure requirements; amending s. 491.009, F.S.; authorizing certain disciplinary action under the compact for specified prohibited acts; amending s. 768.28, F.S.; designating the state delegate and other members or employees of the commission as state agents for the purpose of applying waivers of sovereign immunity; requiring the commission to pay certain claims or judgments; authorizing the commission to maintain insurance coverage to pay such claims or judgments; requiring the department to notify the Division of Law Revision upon enactment of the compact into law by 7 states; providing a contingent effective date.

HB101

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 101 Pub. Rec. & Meetings/Social Work Licensure Interstate Compact
SPONSOR(S): Hunschofsky
TIED BILLS: HB 99 **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthcare Regulation Subcommittee		Curry	McElroy
2) Ethics, Elections & Open Government Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

HB 99 authorizes Florida to enter into the into the Social Work Licensure Interstate Compact (Social Work Compact or compact) by enacting its provisions into Florida law. The Social Work Compact is an interstate compact that facilitates multistate practice of social work both in-person and through telehealth to patients in other compact states. The compact requires member states to submit each social worker's licensure records, including, any adverse actions taken against a social worker's ability to practice, to a coordinated data system. The compact creates the Social Work Licensure Interstate Compact Commission (Commission), which is responsible for creating and enforcing the rules and regulations that administer and govern the compact.

HB 101 allows the Commission to convene in a closed meeting if the meeting is held to receive legal advice or to discuss certain specified items. The bill also creates a public meeting exemption for Commission meetings, or portions of such meetings, in which a matter discussed is specifically exempted from disclosure by federal or state statute. The bill provides that any recordings, minutes, and records generated from such a meeting are also exempt from public records requirements.

The bill provides that the public records and public meeting exemptions are subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2029, unless saved from repeal by reenactment by the Legislature.

The bill does not appear to have a fiscal impact on state or local governments.

The bill will become effective on the same date as HB 99 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes law.

This bill will have a significant, negative fiscal impact on DOH and no fiscal impact on local governments. *See* Fiscal Analysis.

Article I, s. 24(c) of the Florida Constitution requires a two-thirds vote of the members present and voting for final passage of a newly created or expanded public record or public meeting exemption. The bill creates a public record exemption; thus, it requires a two-thirds vote for final passage.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Public Records Law

Article I, section 24(a) of the Florida Constitution sets forth the state's public policy regarding access to government records. This section guarantees every person a right to inspect or copy any public record of the legislative, executive, and judicial branches of government.[1] The Legislature, however, may provide by general law for exemption from public record requirements provided the exemption passes by two-thirds vote of each chamber, states with specificity the public necessity justifying the exemption, and is no broader than necessary to meet its public purpose.[2]

The Florida Statutes also address the public policy regarding access to government records. Section 119.07(1), F.S., guarantees every person a right to inspect and copy any state, county, or municipal record, unless the record is exempt.[3] Furthermore, the Open Government Sunset Review Act[4] provides that a public record exemption may be created or maintained only if it serves an identifiable public purpose and the "Legislature finds that the purpose is sufficiently compelling to override the strong public policy of open government and cannot be accomplished without the exemption."[5] An identifiable public purpose is served if the exemption meets one of the following purposes:

- Allow the state or its political subdivisions to effectively and efficiently administer a governmental program, which administration would be significantly impaired without the exemption;
- Protect sensitive personal information that, if released, would be defamatory or would jeopardize an individual's safety; however, only an individual maybe exempted under this provision; or
- Protect trade or business secrets.[6]

Pursuant to the Open Government Sunset Review Act, a new public record exemption or substantial amendment of an existing public record exemption is repealed on October 2nd of the fifth year following enactment, unless the Legislature reenacts the exemption.

Public Meetings Law

Article I, s. 24(b) of the State Constitution sets forth the state's public policy regarding access to government meetings. The section requires that all meetings of any collegial public body of the executive branch of state government or of any collegial public body of a county, municipality, school district, or special district, at which official acts are to be taken or at which public business of such body is to be transacted or discussed, be open and noticed to the public.

Public policy regarding access to government meetings also is addressed in the Florida Statutes. Section 286.011, F.S., known as the "Government in the Sunshine Law" or "Sunshine Law," further requires that all meetings of any board or commission of any state agency or authority or of any agency or authority of any county, municipal corporation, or political subdivision, at which official acts are to be taken be open to the public at all times.[7] The board or commission must provide reasonable notice of

[1] Art. I, s. 24(a), FLA. CONST.
[2] Art. I, s. 24(c), FLA. CONST.
[3] A public record exemption means a provision of general law which provides that a specified record, or portion thereof, is not subject to the access requirements of s. 119.07(1), F.S., or s. 24, Art. I of the State Constitution. *See* s. 119.011(8), F.S.
[4] Section 119.15, F.S.
[5] Section 119.15(6)(b), F.S.
[6] *Id.*
[7] Section 286.011(1), F.S.

all public meetings.[8] Public meetings may not be held at any location that discriminates on the basis of sex, age, race, creed, color, origin or economic status or which operates in a manner that unreasonably restricts the public's access to the facility.[9] Minutes of a public meeting must be promptly recorded and open to public inspection.[10]

Social Work Licensure Interstate Compact

HB 99 authorizes Florida to enter into the Social Work Licensure Interstate Compact (Social Work Compact or compact) by enacting its provisions into Florida law. The Social Work Compact was created to facilitate multistate practice of licensed social work both in-person and through telehealth. The compact is governed by the Social Work Licensure Interstate Compact Commission (Commission), which is responsible for creating and enforcing the rules and regulations that administer and govern the compact.

Under the compact, a multistate license to practice as a regulated social worker is issued by the licensing authority in the applicant's home state and authorizes the social worker to practice in all compact member states. Compact states are required to accept multistate licenses from other compact member states as authorization to practice in each member state. A social worker practicing under the compact practice privileges must comply with the practice laws of the state in which he or she is practicing or where the patient is located.

Under the compact, member states are required to report a social worker's identifying information, licensure data, any adverse actions taken against a social worker's license,[11] nonconfidential information related to the social worker's participation in alternative programs, licensure application denials and the reason for such denials, current significant investigative information, and any other information that may facilitate the administration of the compact or the protection of the public, as determined by Commission rules. A member state may designate information submitted to the data system that may not be shared with the public without the express permission of that member state.

Coordinated Licensure Data System

The compact requires all compact states to share licensee information.[12] To expedite this data-sharing, compact member states must submit a uniform dataset to a coordinated data system on all social workers to whom the compact is applicable. Under the compact, Florida will be sharing information which is not currently exempt from disclosure requirements under s. 119.07(1), F.S. and s. 24(a), Art. 1 of the Florida Constitution, including:[13]

- Identifying information;
- Licensure data;
- Significant investigatory information;
- Adverse actions against a counselor's license;
- Nonconfidential information related to participation in alternative programs;
- Any licensure application denials and reasons for such denial; and
- Other information, determined by Commission rule, which may facilitate the administration of the compact.

Under the compact, the data system information must be expunged according to laws of the reporting compact state.[14]

[8] Id.
[9] Section 286.011(6), F.S.
[10] Section 286.011(2), F.S.
[11] Adverse action is any disciplinary action that is a matter of public record which is taken by a state's counselor regulatory authority against a counselor's license to practice in that state.
[12] Social Work Licensure Compact Model Legislation, at https://swcompact.org/wp-content/uploads/sites/30/2023/11/Social-Work-Licensure-Compact-Final-PDF.pdf, (last visited December 4, 2023).
[13] Id.
[14] Id.

Commission Meetings

Under the compact, Commission meetings must be open to the public and public notice must be given. However, for the discussion of certain specified topics, the compact does require the Commission to conduct a closed meeting. To conduct closed meetings in Florida, a specific exemption from the public meeting requirements under s. 24, Art. I of the State Constitution and s. 286.011, F.S. is needed. Current law does not provide a public meeting exemption for Commission meetings.

A public meeting exemption is required in order to conduct closed meetings in Florida.

Effect of the Bill

HB 101 allows the Commission or the executive committee or other committee of the Commission to convene in a closed meeting if the meeting is held to receive legal advice or if the Commission must discuss certain items including:

- Noncompliance of a compact member state with its obligations under the compact;
- The employment, compensation, discipline, or other matter, practices or procedures related to specific employees;
- Current or threatened discipline of a licensee by the Commission or by a member state's licensing authority;
- Current, threatened, or reasonably anticipated litigation;
- Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
- Accusing any person of a crime or formally censuring any person;
- Trade secrets or commercial or financial information that is privileged or confidential;
- Information of a personal nature if disclosure would constitute a clearly unwarranted invasion of personal privacy;
- Investigative records compiled for law enforcement purposes;
- Information related to any investigative reports prepared by, or on behalf of, or for use of the Commission or other committee charged with the responsibility of investigation or determination of compliance issues pursuant to the compact; and
- Matters specifically exempted from disclosure by federal or member state law; or
    - Other matters as adopted by the commission by rule; or
    - Recordings, minutes, and records generated during any portion of an exempt meeting are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

The bill provides that the public records and public meeting exemptions are subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2029, unless saved from repeal by reenactment by the Legislature.

The bill also provides a public necessity statement for the public meeting exemption, as required by the State Constitution, and states that any portion of a Commission meeting in which any information specified as nonpublic under the compact is discussed to be closed to the public. Without the public meeting exemption, the state will be prohibited from becoming a party to the compact and would be unable to effectively and efficiently administer the compact. The bill further provides that without the public records exemption for the recordings, minutes, and records generated during an exempt meeting, the release of such information would negate the public meeting exemption.

The effective date of the bill is the same date that HB 99 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes law.

B. SECTION DIRECTORY:

Section 1: Creates section 491.023, F.S., relating to Social Work Licensure Interstate Compact Commission; public meetings and public records exemptions.

Section 2: Provides public necessity statements as required by the State Constitution.

Section 3: Provides that the bill is effective on the same date as HB 99 (2024) or similar legislation takes effect.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   DOH will experience a non-recurring increase in workload associated with updating the License Verification Search Site and data exchange services due to differences in exempt information for current licensees and those practicing under the compact. These costs cannot be absorbed by current budget authority, and the Department will need additional contractual services for set-up costs. Total estimated increase in workload and costs are $116,340 in contracted services.[15]

   Updates to fully integrate the bill are estimated to take six months. This reflects a minimum of 927 initial non-recurring contracted hours at a rate of $120/hr for a total cost of $111,240 ($120/hr x 927) and annual recurring system maintenance costs of $5,100, for a total estimated cost of $116, 340.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

   Vote Requirement
   Article I, s. 24(c) of the Florida Constitution requires a two-thirds vote of the members present and voting for final passage of a newly created or expanded public record or public meeting exemption. The bill creates a public record exemption; thus, it requires a two-thirds vote for final passage..

   Public Necessity Statement

[15] DOH, *Agency Bill Analysis*, HB 101 (2023) pgs. 4-5.

Article I, s. 24(c) of the Florida Constitution requires a public necessity statement for a newly created or expanded public record or public meeting exemption. The bill creates a public record exemption; thus, it includes a public necessity statement.

Breadth of Exemption

Article I, s. 24(c) of the State Constitution provides that an exemption must be created by general law and the law must contain only exemptions from public record or public meeting requirements. The exemption does not appear to be in conflict with the constitutional requirement.

B. RULE-MAKING AUTHORITY:

The bill does not appear to create a need for rule-making or rule-making authority.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

A bill to be entitled

An act relating to public records and meetings; creating s. 491.023, F.S.; providing an exemption from public meetings requirements for certain portions of meetings of the Social Work Licensure Interstate Compact Commission and the executive committee and other committees of the commission; providing an exemption from public records requirements for recordings, minutes, and records generated during exempt portions of such meetings; providing for future legislative review and repeal of the exemptions; providing statements of public necessity; providing a contingent effective date.

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

Section 1. Section 491.023, Florida Statutes, is created to read:

491.023 Social Work Licensure Interstate Compact Commission; public meetings and public records exemptions.—

(1) The commission or the executive committee or other committees of the commission may convene in a closed, nonpublic meeting to receive legal advice or to discuss:

(a) Noncompliance of a member state with its obligations under the compact;

(b) The employment, compensation, discipline or other matters, practices, or procedures related to specific employees;

(c) Current or threatened discipline of a licensee by the commission or by a member state's licensing authority;

(d) Current, threatened, or reasonably anticipated litigation;

(e) Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(f) Accusing any person of a crime or formally censuring any person;

(g) Trade secrets or commercial or financial information that is privileged or confidential;

(h) Information of a personal nature if disclosure would constitute a clearly unwarranted invasion of personal privacy;

(i) Investigative records compiled for law enforcement purposes;

(j) Information related to any investigative reports prepared by or on behalf of or for use by the commission or the executive committee or other committees of the commission responsible for investigating or determining compliance with the compact;

(k) Matters specifically exempted from disclosure by federal or member state law; or

(l) Other matters as adopted by the commission by rule.

(2) Recordings, minutes, and records generated during any

portion of an exempt meeting are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(3) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2029, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 2. (1) The Legislature finds that it is a public necessity that any portion of a meeting of the Social Work Licensure Interstate Compact Commission or the executive committee or other committees of the commission in which any information in s. 491.022, Florida Statutes, is discussed be made exempt from s. 286.011, Florida Statutes, and s. 24(b), Article I of the State Constitution.

(2) The Social Work Licensure Interstate Compact requires that any portion of a meeting in which any information in s. 491.023(1), Florida Statutes, is discussed be closed to the public. In the absence of a public meetings exemption, this state would be prohibited from becoming a member state of the compact. Thus, this state would be unable to effectively and efficiently administer the compact.

(3) The Legislature also finds that it is a public necessity that the recordings, minutes, and records generated during any portion of a meeting in which any information in s. 491.022, Florida Statutes, is discussed be made exempt from s. 119.07(1), Florida Statutes, and s. 24(a), Article I of the

State Constitution. Release of such information would negate the public meetings exemption. As such, the Legislature finds that the public records exemption is a public necessity.

Section 3. This act shall take effect on the same date that HB 99 or similar legislation takes effect, if such legislation is adopted in the same legislative session or an extension thereof and becomes law.

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	__	(Y/N)
ADOPTED AS AMENDED	__	(Y/N)
ADOPTED W/O OBJECTION	__	(Y/N)
FAILED TO ADOPT	__	(Y/N)
WITHDRAWN	__	(Y/N)
OTHER	_____	

Committee/Subcommittee hearing bill: Healthcare Regulation Subcommittee

Representative Hunschofsky offered the following:

Amendment

Remove lines 57-78 and insert:

Section 2. (1) A social worker's personal identifying information, other than the social worker's name, licensure status, or licensure number, obtained from the data system, as described in article XI of s. 491.022, and held by the department or the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution unless the state that originally reported the information to the data system authorizes the disclosure of such information by law. If

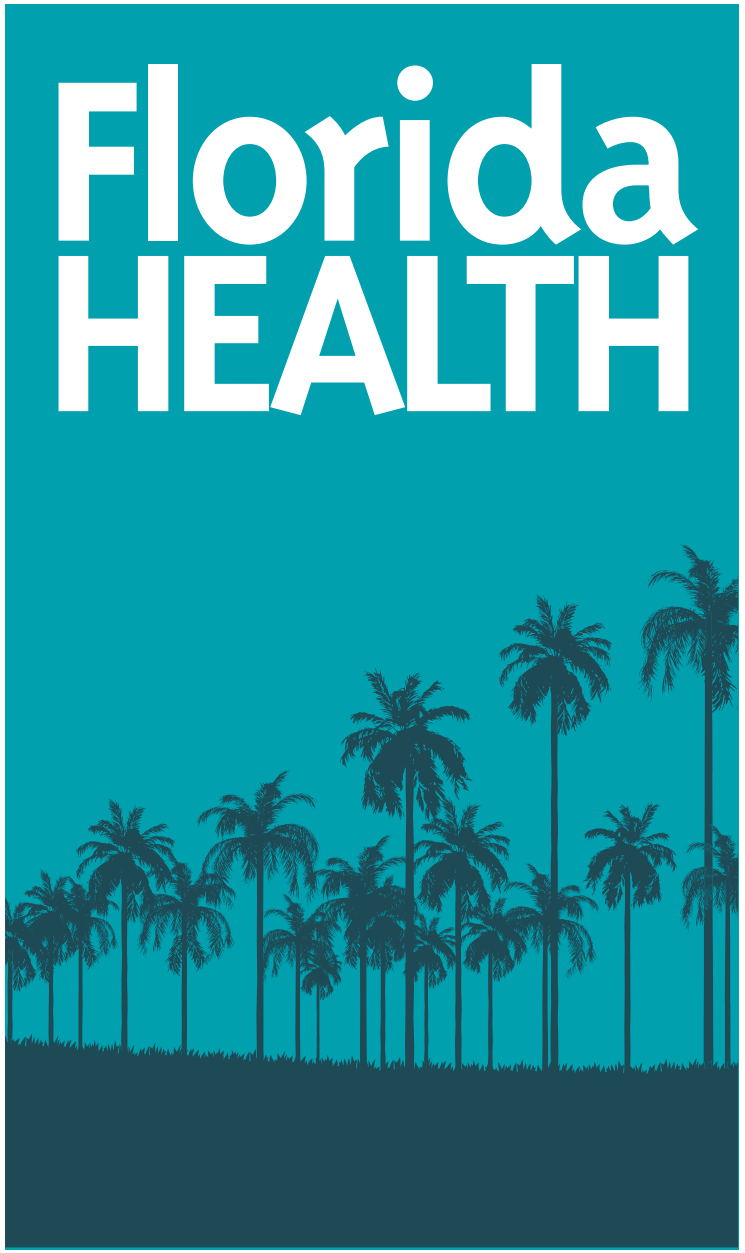
disclosure is so authorized, information may be disclosed only to the extent authorized by law by the reporting state.

(2) The Legislature finds that it is a public necessity that any meeting of the Social Work Licensure Interstate Compact Commission or the executive committee or other committees of the commission held as provided in s. 491.022, Florida Statutes, in which matters specifically exempted from disclosure by federal or state law are discussed be made exempt from s. 286.011, Florida Statutes, and s. 24(b), Article I of the State Constitution.

(3) The Social Work Licensure Interstate Compact requires that any portion of a meeting in which any information in this section is discussed be closed to the public. In the absence of a public meetings exemption, this state would be prohibited from becoming a member state of the compact. Thus, this state would be unable to effectively and efficiently administer the compact.

(4) The Legislature also finds that it is a public necessity that the recordings, minutes, and records generated during any meeting, or portion of a meeting, that is exempt pursuant to this section be made exempt from s. 119.07(1), Florida Statutes, and s. 24(a), Article I of the State Constitution. Release of such information would negate the public meetings exemption. As such, the Legislature finds that the public records exemption is a public necessity.

Office of Medical Marijuana Use



OMMU Office of MEDICAL MARIJUANA Use

Florida's Official Source for Medical Use.

Florida's Medical Marijuana Program Update

House Healthcare Regulation Subcommittee

December 13, 2023

Christopher Kimball, Director
Office of Medical Marijuana Use

Presentation Roadmap

- Program Background
  - Office of Medical Marijuana Use's (OMMU) Purpose
  - Education and Research Stakeholders
  - Program Timeline
- Program by the Numbers
  - Patient and physician populations
  - Facilities and dispensation data
- Compliance Update
- Licensing Update
- Statutory Implementation & Rulemaking

OMMU's Purpose

To promote the health and safety of qualified patients and the public as it relates to medical marijuana through:

Rules

Developing and implementing the Department of Health's rules for medical marijuana

Registry

Overseeing the statewide Medical Marijuana Use Registry (MMUR)

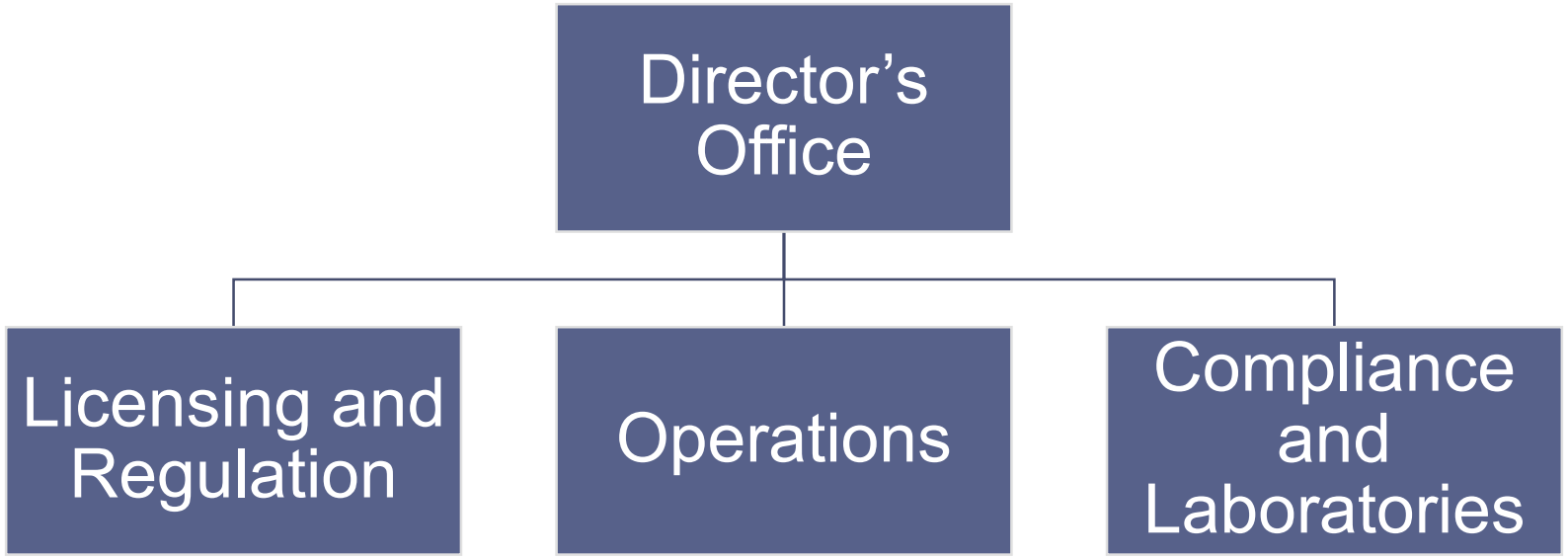
Licensing

Licensing medical marijuana treatment centers (MMTCs) and marijuana testing laboratories (CMTLs)

Compliance

Employee background screening, inspecting MMTCs and CMTLs, and investigating complaints

OMMU Structure



Florida HEALTH

Research And Education Stakeholders

- Consortium for Medical Marijuana Clinical Outcomes Research (s.1004.4351, F.S.) led by the University of Florida.
- Medical Marijuana Education and Research Initiative (s. 381.986(7)(d), F.S.), Florida Agricultural and Mechanical University, Division of Research.
- Physician Certification Pattern Review Panel (s. 381.986(4)(j), F.S.), Board of Medicine and Board of Osteopathic Medicine.
- Florida Physician Medical Marijuana Course (s. 381.986(3)(a) and (c), F.S.), Florida Medical Association and Florida Osteopathic Medical Association.

Program Timeline

2016

Amendment 2, creates Article X, Section 29 of the Florida Constitution.

2018

The OMMU replaces the Office of Compassionate Use.

2019

Smoking becomes an approved route of administration.

Program Timeline

2020

Edible products become an approved route of administration.

2021

The Florida Supreme Court upholds the vertically integrated structure of MMTCs.

2023

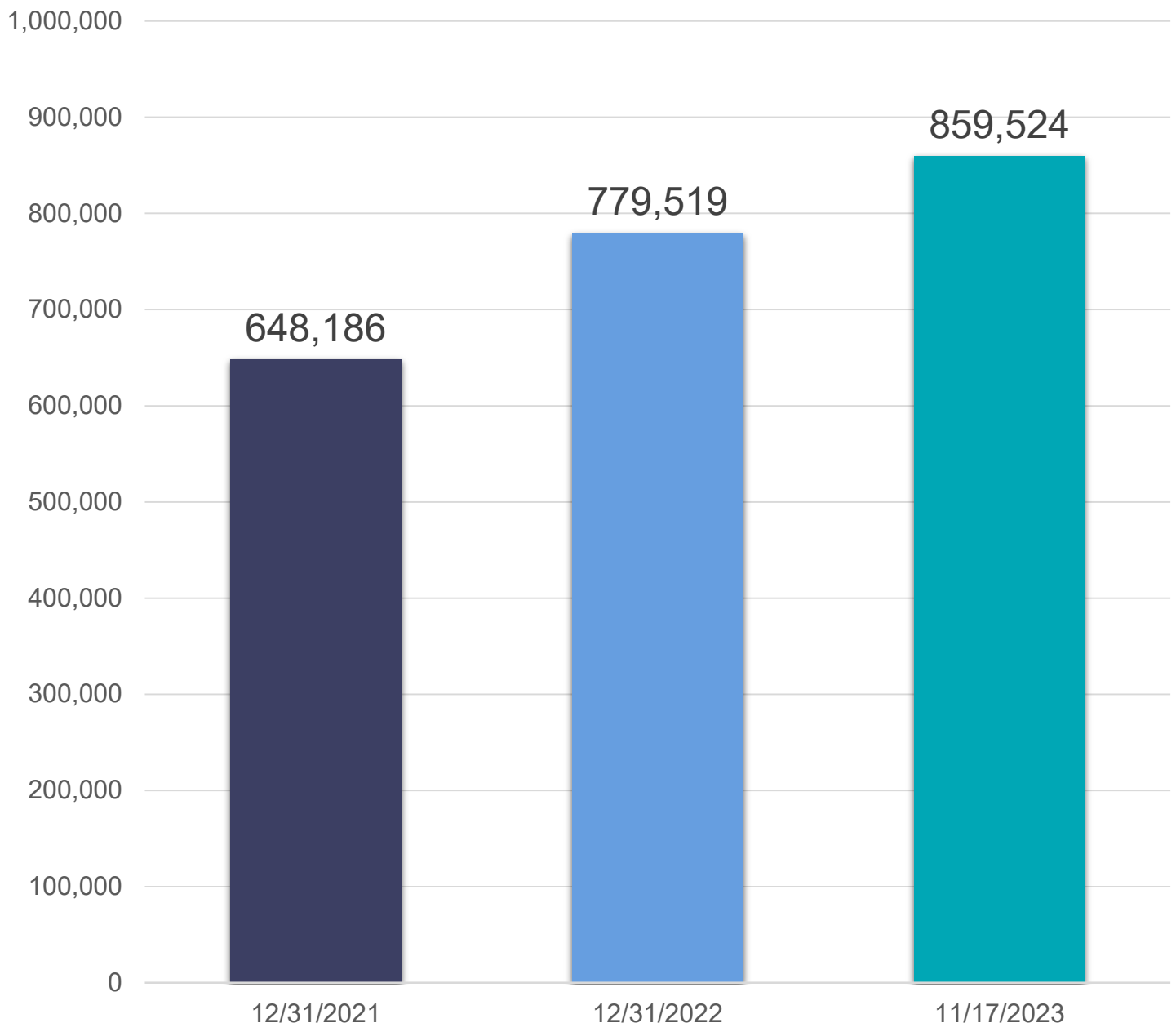
Telehealth is permitted for renewal physician certifications.

Patient Access Numbers

- Qualified patients *(859,524)* and caregivers *(8,894)*
- Qualified physicians *(2,729)*
- Medical Marijuana Treatment Centers (MMTCs) *(24)*
  - Cultivation facilities *(40)*
  - Processing facilities *(31)*
  - Dispensing facilities *(606)*
  - Fulfillment and storage facilities *(15)*
- Certified Marijuana Testing Laboratories (CMTLs) *(9)*

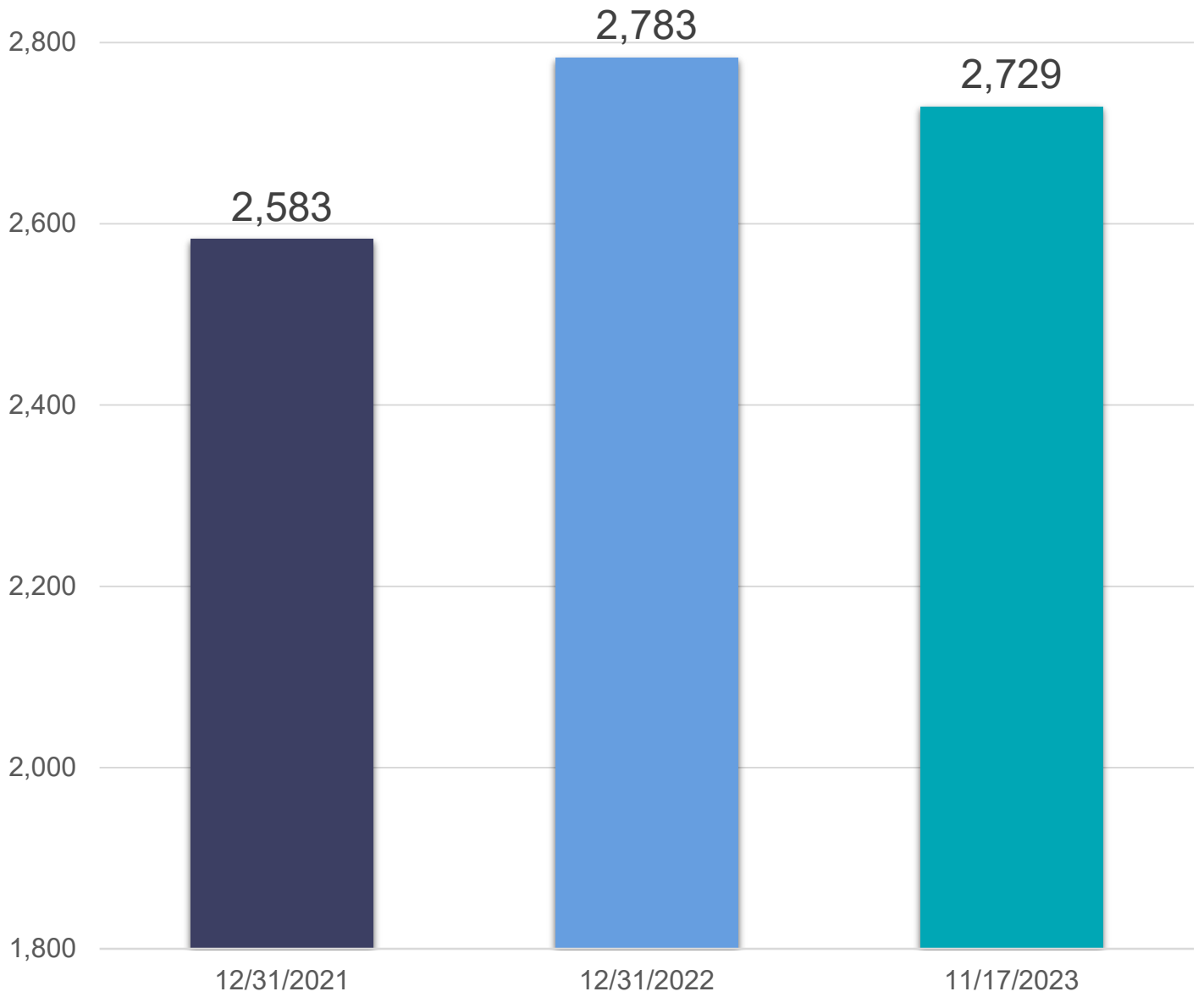
As of 11/17/2023

Active Qualified Patients

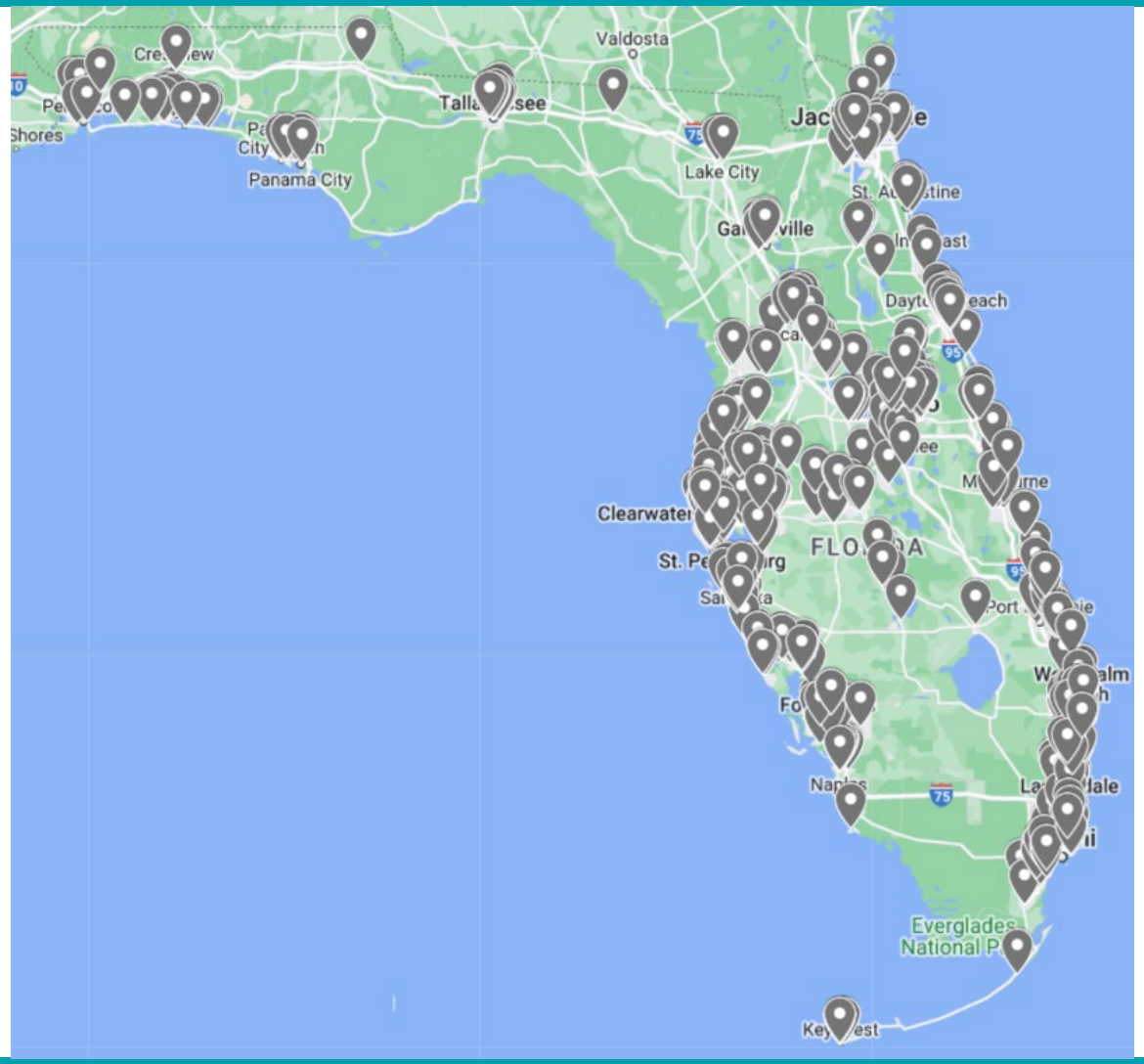


Florida HEALTH

Active Qualified Physicians



Patient Access



MMTC Facility Type	Number of Facilities
Dispensing Facility	606
Cultivation Facility	40
Processing Facility	31
Fulfillment and Storage Facility	15
TOTAL FACILITIES	**692**

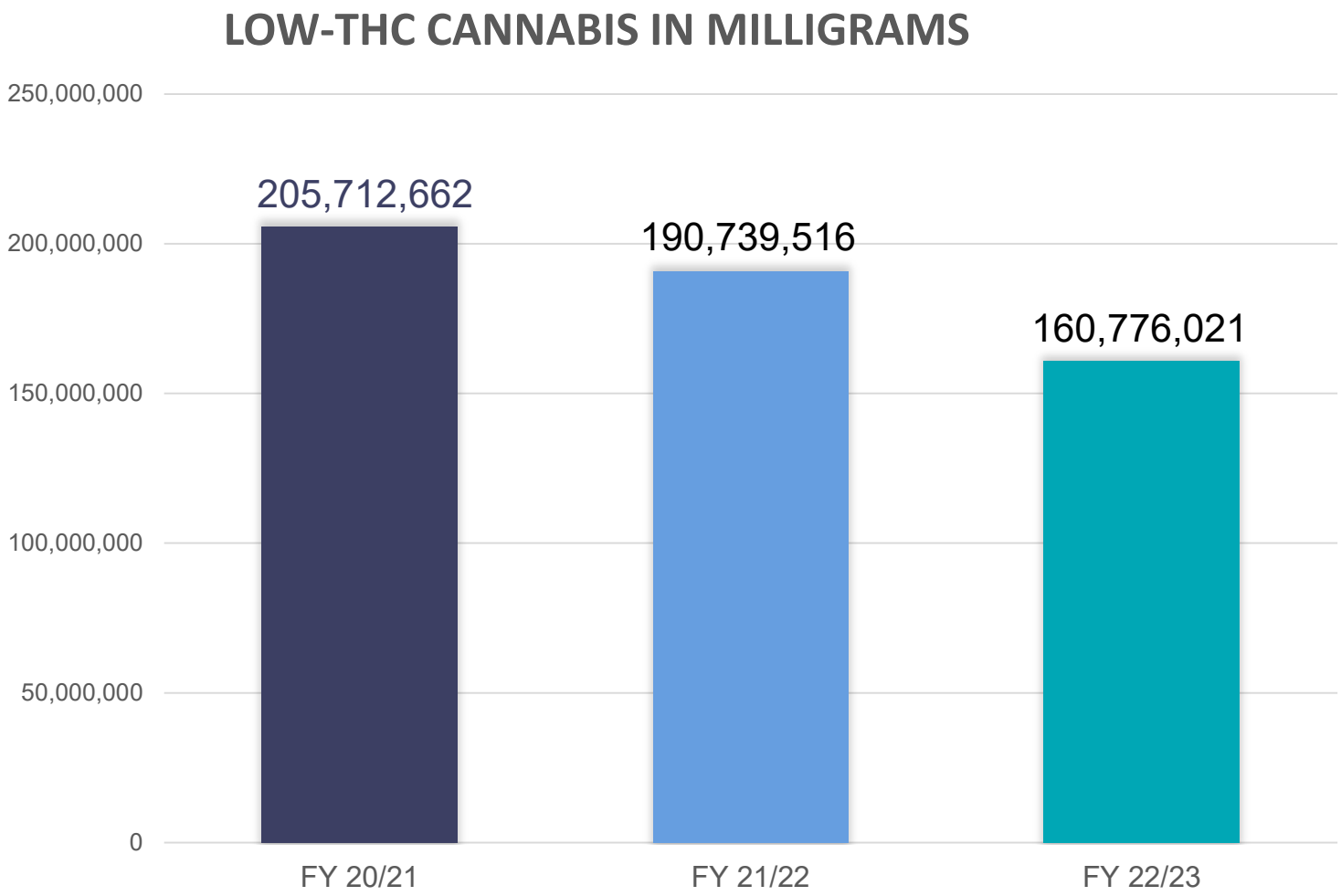
As of 11/17/2023

Florida HEALTH

Medical Marijuana Routes of Administration

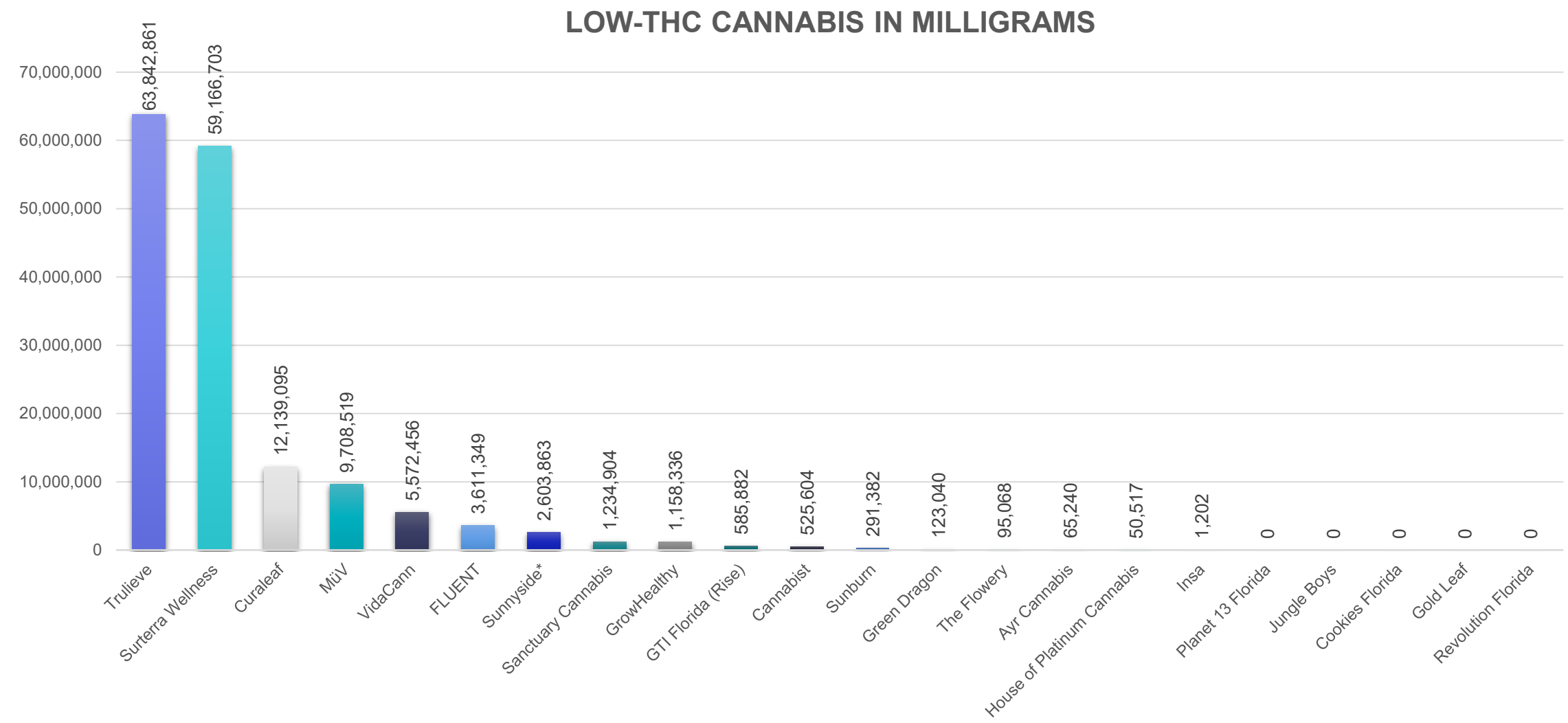
Route of Administration	Range in Potency Tetrahydrocannabinol (THC) Content as a Percentage of Volume	
	Lower Threshold	Upper Threshold
Inhalation	60.0%	90.0%
Oral	0.5%	4.0%
Smoking	10.0%	28.0%
Sublingual	0.5%	90.0%
Suppository	1.3%	3.0%
Topical	0.4%	90.0%
Edibles	A multi-serving edible may not contain more than 200 mg of THC, and a single-serving edible, or a single serving portion of a multi-serving edible, may not exceed 10 mg of THC.	

Low-THC Cannabis Dispensed



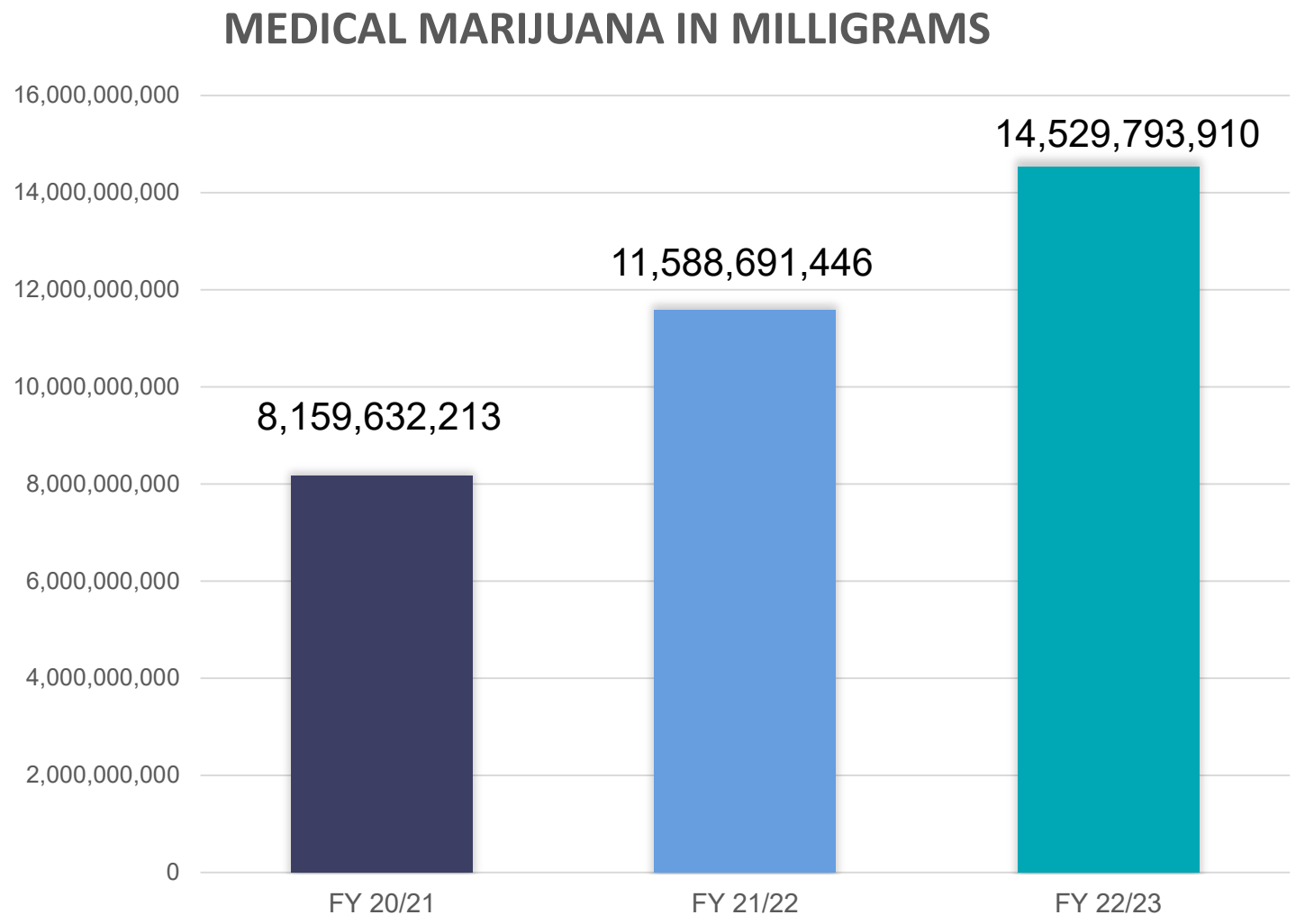
Florida HEALTH

Low-THC Cannabis Dispensed by MMTC (FY 2022-23)



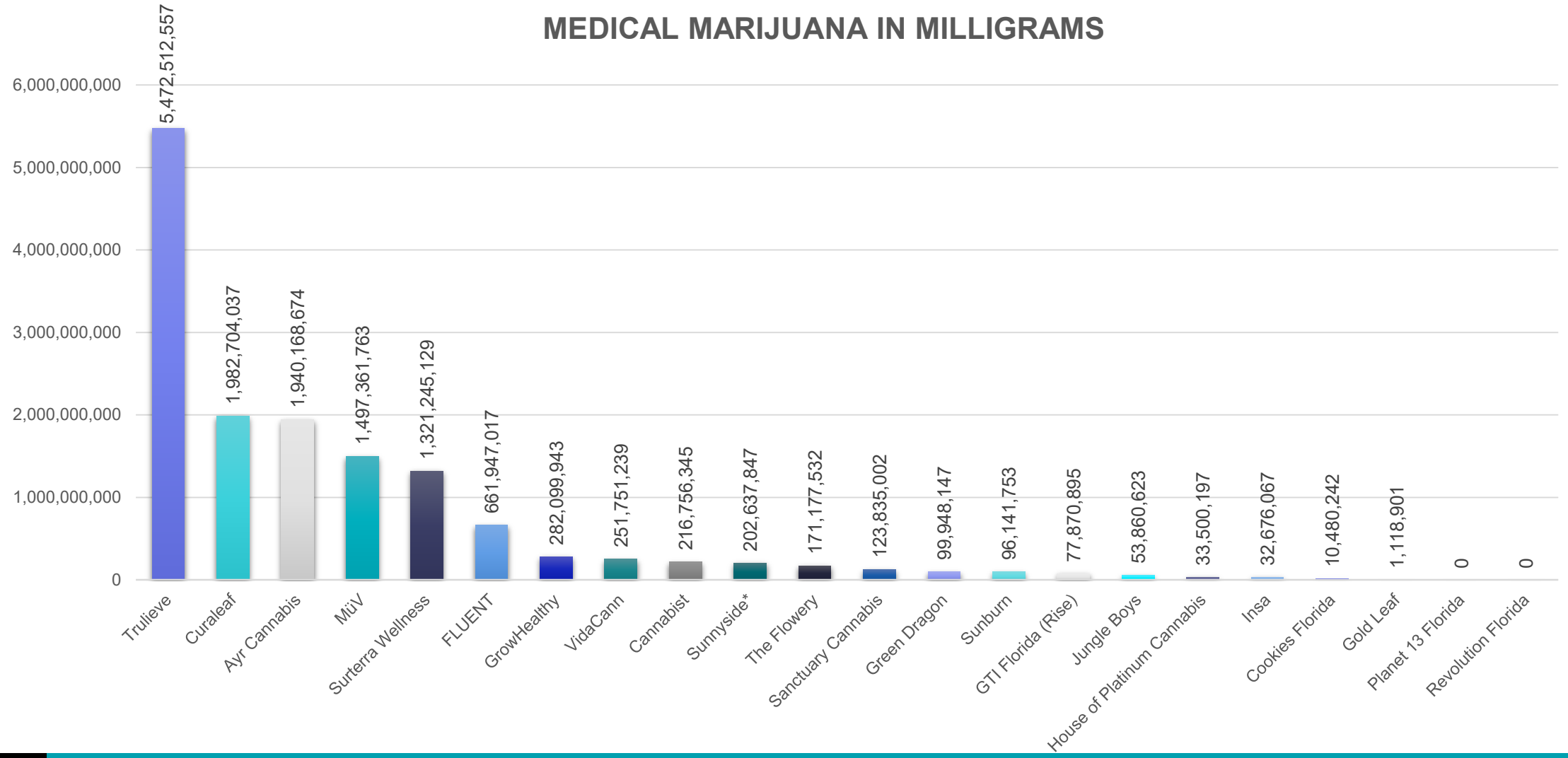
Florida HEALTH

Medical Marijuana Dispensed



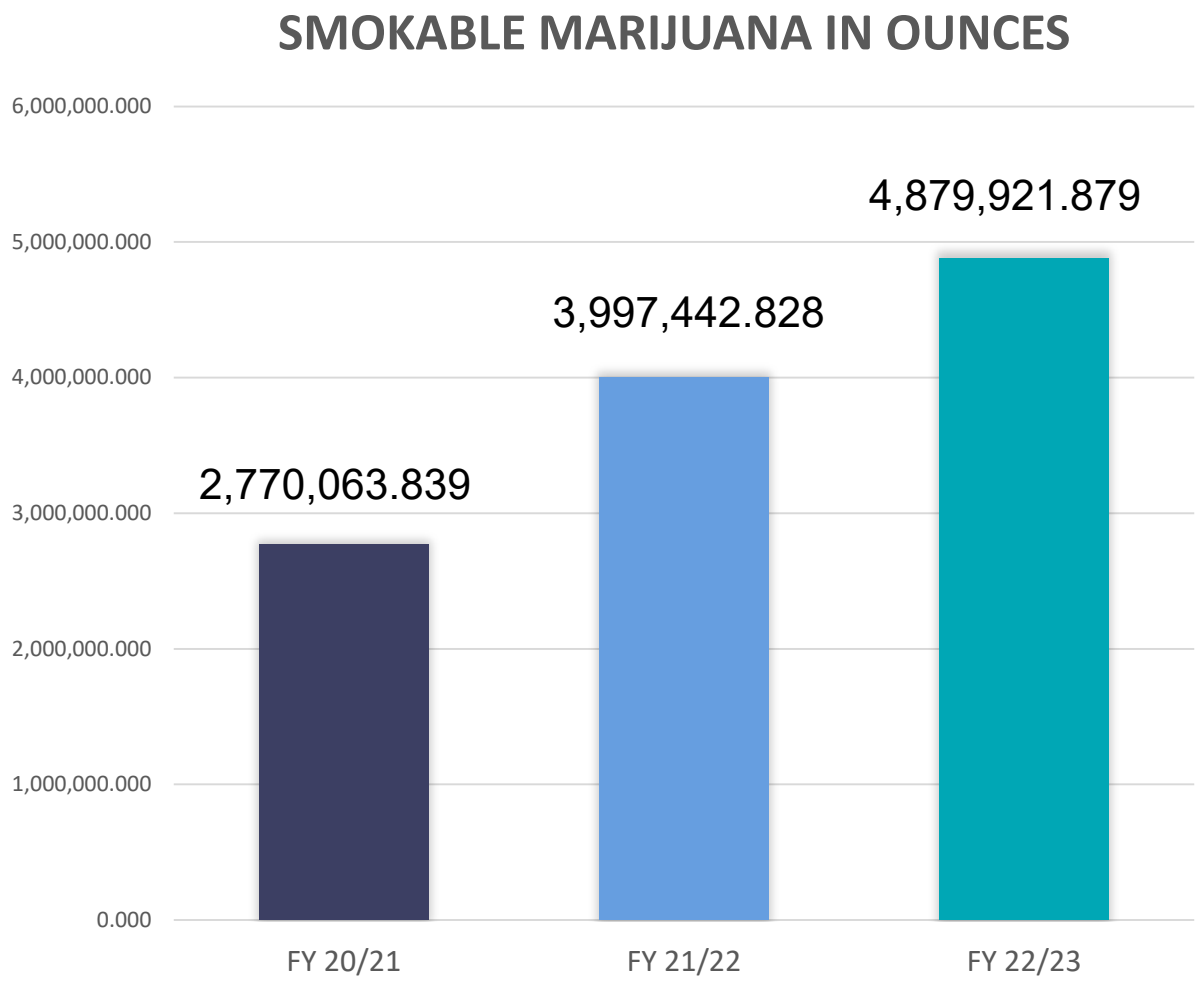
Florida HEALTH

Medical Marijuana Dispensed by MMTC (FY 2022-23)



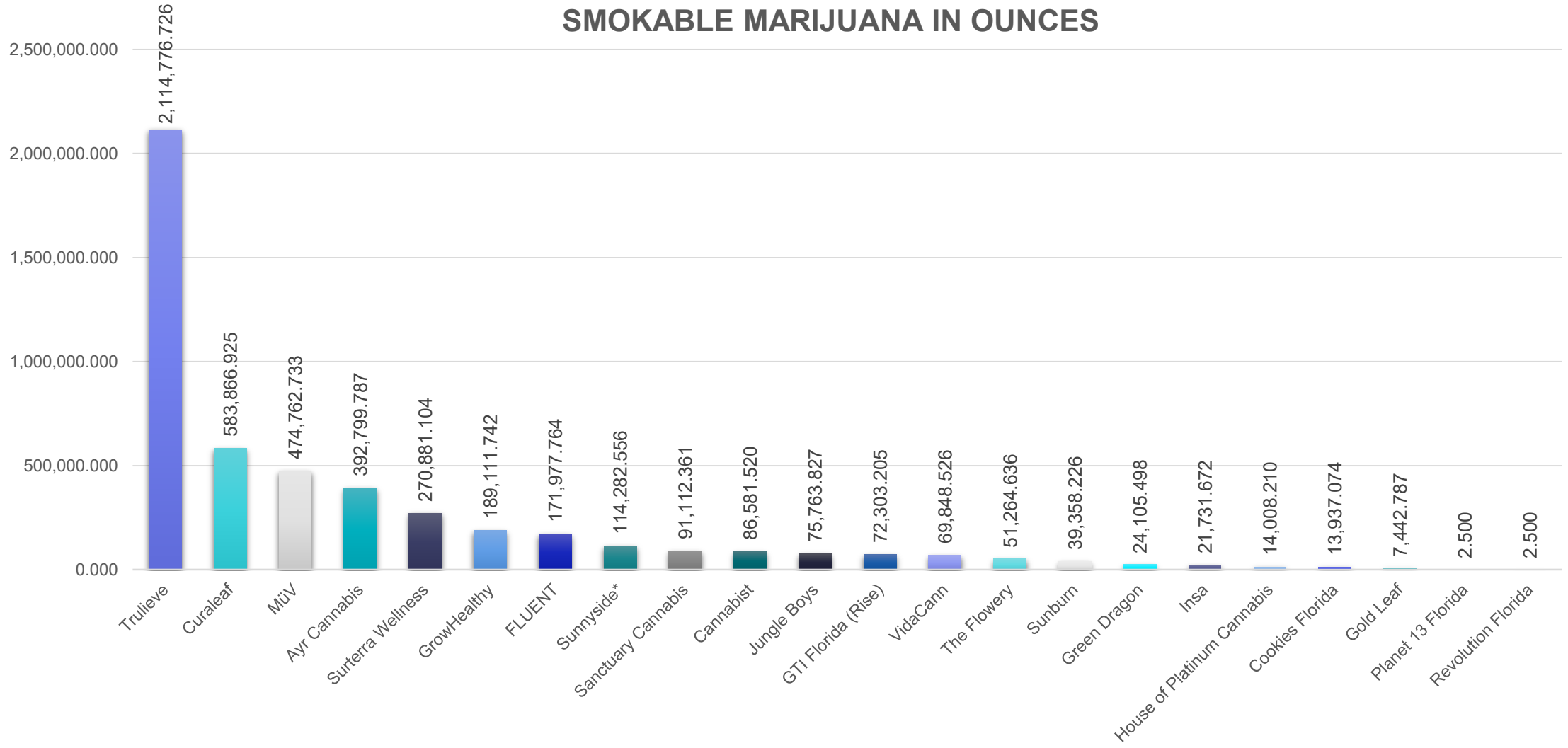
Florida HEALTH

Smokable Marijuana Dispensed



Florida HEALTH

Smokable Marijuana Dispensed by MMTC (FY 2022-23)



Florida HEALTH

Compliance Update

- **FY2022-23 MMTC and CMTL Employee Background Screenings *(12,743)***
  - Individuals deemed ineligible for employment *(549).*
- **FY2022-23 MMTC and CMTL Inspections (*2,176: 48% increase from previous year)***
  - Facility and process approval inspections *(928).*
  - Compliance inspections *(1,229).*
  - Complaint inspections *(19).*
- **FY2022-23 MMTC and CMTL Notices of Violation *(502)***
  - Subset with fines *(168).*
- **Department's Laboratory Cannabis Expansion**
  - November 2023: Fully operational.
  - Spring 2024: Accreditation target.

Pigford/Black Farmer Litigation (BFL) MMTC Licensing Update

- On September 20, 2022, the Department issued notices of intent to approve and deny *Pigford/BFL* applications for MMTC licensure. Unsuccessful applicants filed petitions challenging the Department's notices. Litigation ensued and is pending.
- On June 26, 2023, HB 387 became law.
- On July 11, 2023, the Department awarded two (2) *Pigford/BFL* licenses pursuant to the new law.
- On the same day, the Department issued letters to *Pigford/BFL* applicants providing 90 days to cure deficiencies identified in the notices of intent to deny pursuant to HB 387.
- The Department is currently reviewing responsive materials.

April 2023 MMTC Application Licensing Update

- From April 24-28, 2023, the Department received 74 applications for up to 22 available MMTC licenses.
- The Errors and Omissions process for the batching cycle has concluded.
- 73 applications (1 withdrew) are currently under review pursuant to a competitive process for award of the 22 licenses.

Statutory Implementation and Rulemaking

- **HB 387 (2023)**
  - Telehealth: Implementing the provision allowing physician recertifications via telehealth.
  - *Pigford/BFL* MMTC License: Reviewing submitted applicant responses to the 90-day cure letters.
- **HB 1387 (2023)**
  - Product names, advertising, trade names and logos: The OMMU has notified licensees of the law change and is in the process of implementation.
    - Reviewing submitted products, advertisements, tradenames, and logos for compliance with the new statutory requirements.
  - Background Screening Updates: Began implementation of the CMTL employee screening provision on July 1, 2023.

Statutory Implementation and Rulemaking

- **Seed-to-Sale Tracking System Implementation**
  - Seed-to-Sale tracking system delivered in June 2023.
  - Currently in User Acceptance Testing.
  - Rule development underway to direct MMTC and CMTL integration into the Department's Seed-to-Sale tracking system.
  - Next steps: Adopt Seed-to-Sale rules and initiate industry user testing and integration.

Thank You

Contact

Mailing Address:

Office of Medical Marijuana Use

4052 Bald Cypress Way, Bin M-01

Tallahassee, FL 32399

Phone: 850-245-4657

FAX: 850-487-7046

Email:
MedicalMarijuanaUse@flhealth.gov

Website:
www.knowthefactsmmj.com

Physician Certification Pattern Review Panel Report

Physician Certification Pattern Review Panel Report

Nicholas Romanello, Esq., Panel Chair
Florida Board of Medicine

Objectives

- Panel Authority and Composition
- Requirements for Qualified Physicians
- Number of Physician Certifications
- Patient Qualifying Medical Conditions
- Dosage, Supply Amount, and Form of Marijuana Ordered

Panel Authority

Under section 381.986(4)(j), Florida Statutes, the Physicians Certification Pattern Review Panel (the Panel) annually reviews all physician certifications submitted to the Medical Marijuana Use Registry (MMUR) and reports:

- Number of certifications
- Patient qualifying medical conditions
- Dosage, supply amount, and form of marijuana ordered
- Data by individual physician, statewide, and grouped by county

An annual report is due to the Governor, Senate President, and Speaker of the House of Representatives by January 1.

Panel Composition

Chair and Vice Chair:

Nicholas Romanello, Esq., Chair
William Kirsh, D.O., Vice Chair

Members:

Patrick Hunter, M.D.
Michael Wasylik, M.D.
Zachariah Zachariah, M.D.
Valerie Jackson
Christopher Creegan

Requirements for Qualified Physicians

Physicians are qualified to recommend medical marijuana if they hold an active and unrestricted license as an allopathic physician under Chapter 458, Florida Statutes, or an osteopathic physician under Chapter 459, Florida Statutes, and successfully complete an approved two-hour Continuing Medical Education course and examination.

Florida-Licensed Physicians Qualified to Certify Patients for Medical Marijuana:

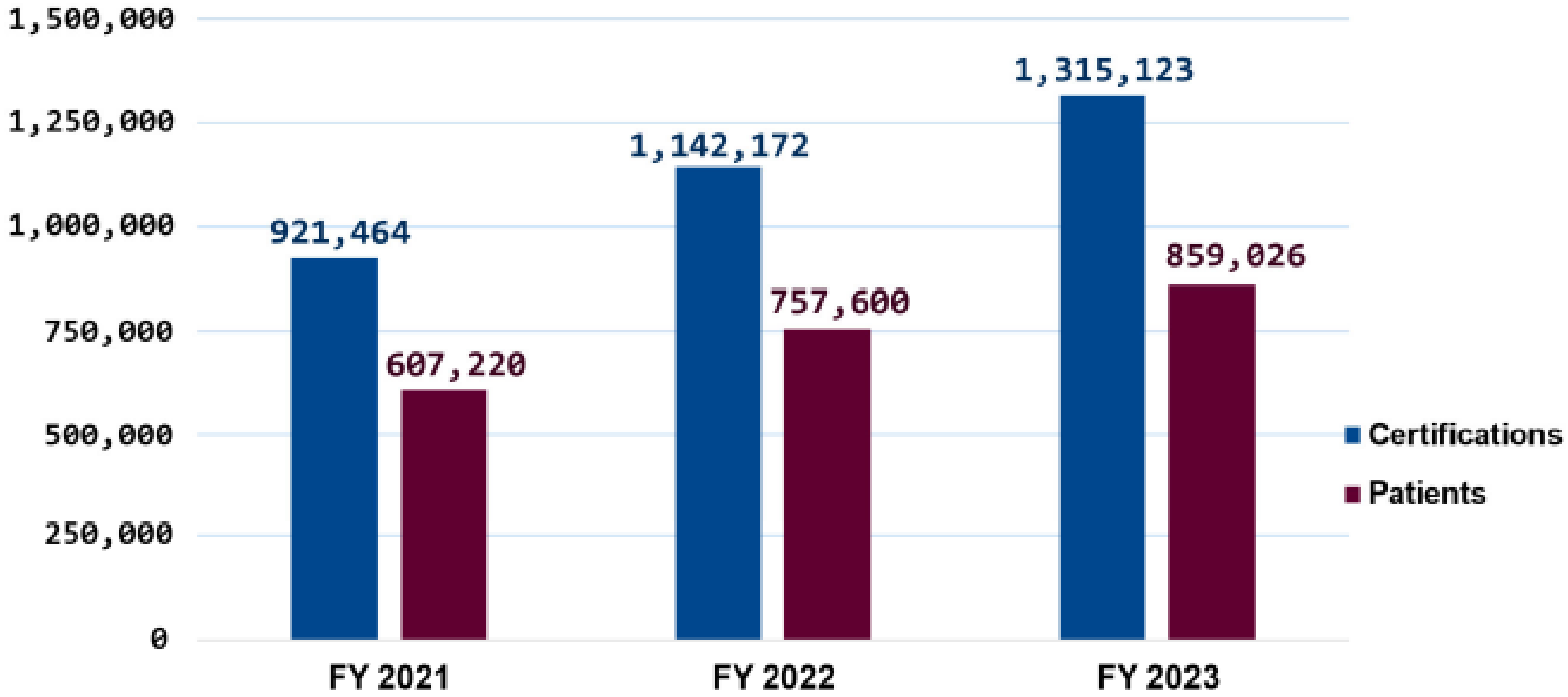
Reported Physician Practice Location Address	FY 2021[1]	FY 2022[1]	FY 2023[1]
In a Florida County	2,299	2,038	2,198
Not Practicing	32	25	28
Out of State	98	81	86

[1] Data cycle is July – June prior to January 1st publication date. See page i.

Source: Physician Certification Pattern Review 2024 Annual Report, Table 1 (page 1).

Physician Certifications

Number of Physician Certifications and Distinct Patient Counts:



Source: Physician Certification Pattern Review 2024 Annual Report, Figure 3 (page 3).

Qualifying Medical Conditions

Physicians are required to determine that a patient's medical condition meets one of the qualifying conditions listed in section 381.986(2), Florida Statutes:

- Cancer
- Epilepsy
- Glaucoma
- Human immunodeficiency virus (HIV)
- Acquired immunodeficiency syndrome (AIDS)
- Post-traumatic stress disorder (PTSD)
- Amyotrophic lateral sclerosis (ALS)
- Crohn's disease
- Parkinson's disease
- Multiple sclerosis (MS)
- Medical conditions of the same kind or class as or comparable to those above
- A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
- Chronic nonmalignant pain caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition

Qualifying Medical Conditions

Qualifying Condition	FY 2021 Number	FY 2021 Percent[2]	FY 2022 Number	FY 2022 Percent[2]	FY 2023 Number	FY 2023 Percent[2]
(a) Cancer	59,999	3.8%	66,457	3.8%	71,876	3.6%
(b) Epilepsy	19,154	1.2%	16,921	1.0%	18,631	0.9%
(c) Glaucoma	13,072	0.8%	15,069	0.9%	16,178	0.8%
(d) Positive status for human immunodeficiency virus (HIV)	9,203	0.6%	8,833	0.5%	9,125	0.5%
(e) Acquired immune deficiency syndrome (AIDS)	2,051	0.1%	1,963	0.1%	1,953	0.1%
(f) Post-traumatic stress disorder (PTSD)	**607,004**	**38.6%**	**695,592**	**39.4%**	**809,425**	40.2%
(g) Amyotrophic lateral sclerosis (ALS)	12,153	0.8%	3,997	0.2%	4,861	0.2%
(h) Crohn's disease	29,649	1.9%	32,965	1.9%	32,368	1.6%
(i) Parkinson's disease	8,945	0.6%	7,285	0.4%	7,388	0.4%
(j) Multiple sclerosis (MS)	184,113	11.7%	160,218	9.1%	177,791	8.8%
(k) Medical conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)–(j)[1]	**412,835**	**26.2%**	**508,124**	**28.8%**	**590,239**	29.3%
(l) A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification	3,494	0.2%	3,292	0.2%	2,923	0.1%
(m) Chronic nonmalignant pain	**212,507**	**13.5%**	**244,899**	**13.9%**	**269,918**	**13.4%**
Total qualifying conditions reported:	**1,574,179**		**1,765,615**		**2,012,676**	
Total number of certifications:	**921,464**		**1,142,172**		**1,315,123**	
Total number of individual patients:	**607,220**		**757,600**		**859,026**	

Source: Physician Certification Pattern Review 2024 Annual Report, Table 4 (page 6).

Qualifying Medical Conditions

Patient medical conditions by category using the World Health Organization's International Statistical Classification of Diseases and Related Health Problems	FY 2023 Number	Percent[2]
1. **One form of "anxiety"** (e.g., generalized anxiety disorder, depression, insomnia, panic attacks, sleep disorders).	207,991	44%
2. **One or more symptoms, diseases, or disorders for "chronic pain from neuro or muscular degeneration or injury"** (e.g., cervical or lumbar pain, degenerative disc/joint disease, muscle spasms, myopathic encephalopathy, restless leg syndrome, rheumatoid/osteoarthritis).	108,223	23%
3. **Only "chronic pain" or "pain"** reported.	44,072	9%
4. **One or more forms of "anxiety"** AND **one or more forms of "chronic pain from neuro or muscular degeneration or injury."**	29,768	6%
5. **Two or more forms of "anxiety" as listed.**	34,252	7%
Others with 1,421 or less: digestive, respiratory, infectious disease, circulatory, genitourinary, genetic, skin and connective tissue, ophthalmological.	26,986	6%
Unable to determine	25,064	5%
Number of medical conditions reported:	**476,356**	
Number of qualifying condition (k) certifications:	**590,239**	
Number of distinct patients in this table:	**326,658**	
Number of physicians in this table:	**739**	

Source: Physician Certification Pattern Review 2024 Annual Report, Table 5 (page 7).

Number of Orders for Medical Marijuana

By Route:

Route	FY 2021	FY 2022	FY 2023	Percent Change FY 2022 to FY 2023
Edibles	2,356,750	3,308,693	3,732,916	13% ↑
Inhalation	2,620,144	3,297,212	3,761,694	14% ↑
Oral	2,615,992	3,298,967	3,537,798	7% ↑
Sublingual	2,200,278	3,207,690	3,093,701	4% ↓
Suppository	309,768	475,743	142,476	70% ↓
Topical	2,530,751	3,232,525	3,193,720	1% ↓

Source: Physician Certification Pattern Review 2024 Annual Report, Table 9 (page 10).

Marijuana in a Form for Smoking

Certifications with orders for medical marijuana in a form of smoking began on March 18, 2019, pursuant to Chapter 2019-1, Laws of Florida, when Senate Bill 182 was signed into law.

Number of Certifications that Contain at Least One Order for Smoking:

	FY 2021	FY 2022	FY 2023
All Certifications with at Least One Order for Smoking	860,291	1,089,072	1,266,276

Source: Physician Certification Pattern Review 2024 Annual Report, Table 30 (page 22).

Medical Conditions for patients with orders for medical marijuana in a form for smoking

Qualifying Condition	FY 2021		FY 2022		FY 2023	
	Number	Percent[1]	Number	Percent[1]	Number	Percent[1]
(a) Cancer	51,713	3.5%	59,224	3.5%	65,131	3.4%
(b) Epilepsy	17,165	1.2%	15,513	0.9%	17,461	0.9%
(c) Glaucoma	11,870	0.8%	14,126	0.8%	15,293	0.8%
(d) Positive status for human immunodeficiency virus (HIV)	8,509	0.6%	8,426	0.5%	8,785	0.5%
(e) Acquired immune deficiency syndrome (AIDS)	1,825	0.1%	1,651	0.1%	1,653	0.1%
(f) Post-traumatic stress disorder (PTSD)	**576,442**	**39.3%**	**670,199**	**40.0%**	787,288	40.7%
(g) Amyotrophic lateral sclerosis (ALS)	11,423	0.8%	3,559	0.2%	4,508	0.2%
(h) Crohn's disease	27,065	1.8%	31,483	1.9%	31,161	1.6%
(i) Parkinson's disease	6,810	0.5%	5,896	0.4%	6,212	0.3%
(j) Multiple sclerosis (MS)	169,059	11.5%	148,922	8.9%	168,759	8.7%
(k) Medical conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)	**389,109**	**26.5%**	**485,470**	**28.9%**	569,008	29.4%
(l) A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification	3,100	0.2%	3,043	0.2%	2,641	0.1%
(m) Chronic nonmalignant pain	**193,155**	**13.2%**	**229,990**	**13.7%**	258,082	13.3%
Total qualifying conditions reported:	**1,467,245**		**1,677,502**		**1,935,982**	
Total number of certifications:	**860,291**		**1,089,072**		**1,266,276**	
Total number of patients: (with smoking certifications)	**575,095**		**728,655**		**832,636**	

Source: Physician Certification Pattern Review 2024 Annual Report, Table 32 (page 23).

Average Daily Dose by Route

Average Daily Dose of Medical Marijuana From all Physicians:

Medical Marijuana	Edibles			Inhalation			Oral		
	FY 2021 [1,553]	FY 2022 [1,689]	FY 2023 [1,710]	FY 2021 [1,599]	FY 2022 [1,674]	FY 2023 [1,680]	FY 2021 [1,601]	FY 2022 [1,667]	FY 2023 [1,681]
GeoMean	**176**	**193**	**58**	**227**	**248**	**202**	**196**	**214**	**78**
Max[1]	1,000,000	1,000,000	600,600	1,000,000	1,000,000	500,300	1,000,000	1,000,000	420,420
Min[1]	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Median[1]	200	200	50	200	250	200	200	200	70
Mode[1]	200	200	60	200	200	200	200	200	50

Medical Marijuana	Sublingual			Suppository			Topical		
	FY 2021 [1,528]	FY 2022 [1,608]	FY 2023 [1,627]	FY 2021 [762]	FY 2022 [884]	FY 2023 [746]	FY 2021 [1,500]	FY 2022 [1,597]	FY 2023 [1,610]
GeoMean	**178**	**198**	**57**	**207**	**233**	**120**	**157**	**182**	**45**
Max[1]	1,000,000	1,000,000	444,444	1,000,000	1,000,000	25,000	1,000,000	1,000,000	400,400
Min[1]	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Median[1]	200	200	50	200	250	200	200	200	40
Mode[1]	200	200	50	200	200	200	200	200	50

Source: Physician Certification Pattern Review 2024 Annual Report, Table 12 and Table 13 (page 12).

Questions?

Consortium for Medical Marijuana Clinical Outcomes Research

The Consortium for Medical Marijuana Clinical Outcomes Research – Progress update Dec 2023

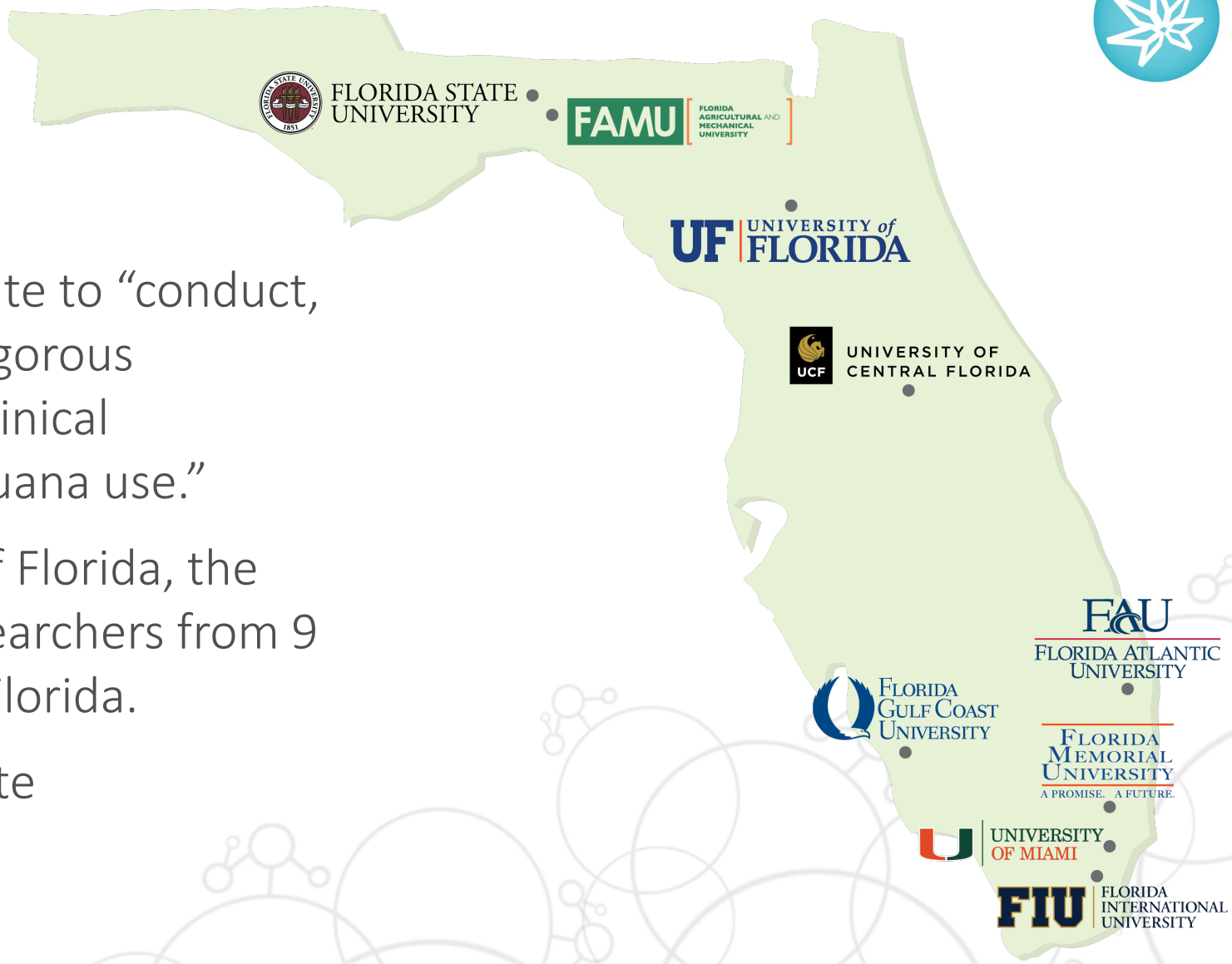
Consortium for
Medical Marijuana
Clinical Outcomes Research

Almut G Winterstein, RPh, PhD, FISPE
Director, Consortium for Medical Marijuana Clinical Outcomes Research
Distinguished Professor, Pharmaceutical Outcomes & Policy, University of Florida
Director, Center for Drug Evaluation and Safety (CoDES), University of Florida

Healthcare Regulation Subcommittee
FL House of Representatives
Dec 13, 2023

Who we are…

- Established by Florida Statute to “conduct, disseminate and support rigorous scientific research on the clinical outcomes of medical marijuana use.”
- Located at the University of Florida, the Consortium is home to researchers from 9 universities in the state of Florida.
- Funded through annual state appropriation.



Why we exist…

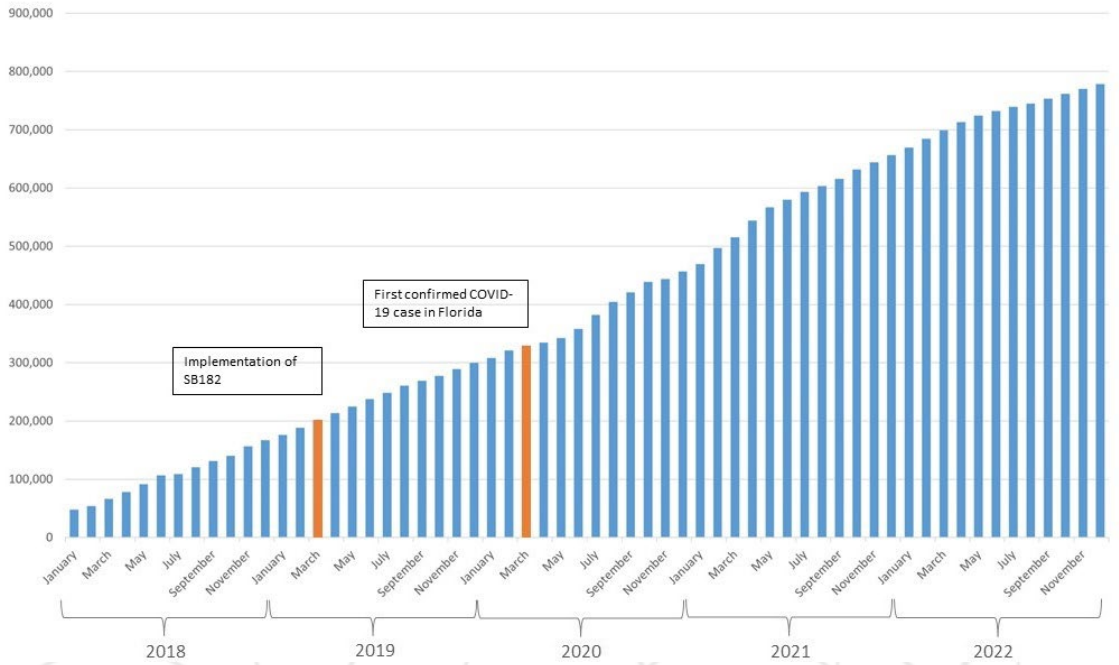
Despite … the rapid rise in the use of cannabis both for medical purposes …, conclusive evidence regarding the short- and long-term health effects (harms and benefits) of cannabis use remains elusive. A lack of scientific research has resulted in a lack of information on the health implications of cannabis use…

Recommendations:

- **Develop a comprehensive evidence base**
- **Improve research quality**
- **Improve surveillance capacity**
- **Address research barriers**

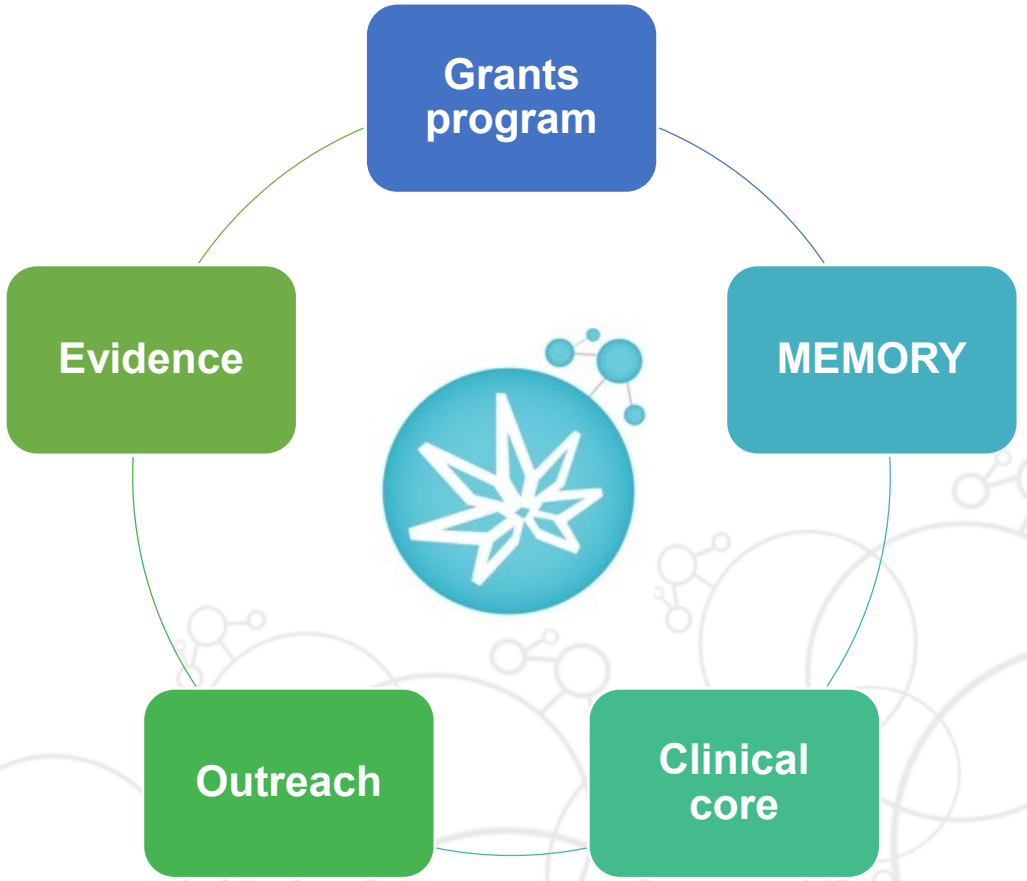
National Academies of Sciences, Engineering & Medicine 2017 – https://www.nap.edu/download/24625

Increase in certified medical marijuana patients in Florida, 2018 - 2022



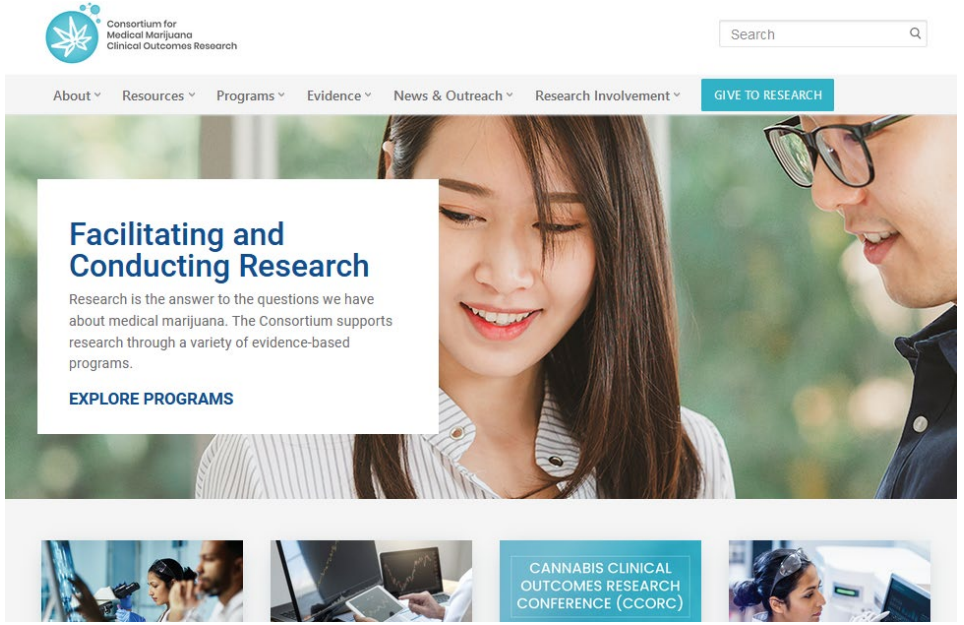
What we do…

- **Grants program:** offered annually to members
- **MEMORY:** new and unique data repository available to Consortium researchers
- **Clinical core:** support & conduct of prospective studies
- **Outreach:** CCORC; newsletters; website, conference exhibits
- **Evidence:** research priorities; publishes evidence reviews and other resources



Outreach

- Consortium Researcher Spotlight series
- Press Releases
- Participation in conferences
- MEDICAMENT
- Cannabis Clinical Outcomes Research Conference (CCORC)



Website: *mmjoutcomes.org*

Researcher Spotlight Video Series

Quarterly newsletter disseminated to > 1200 individuals

CCORC

SAVE THE DATE

CANNABIS CLINICAL OUTCOMES RESEARCH CONFERENCE

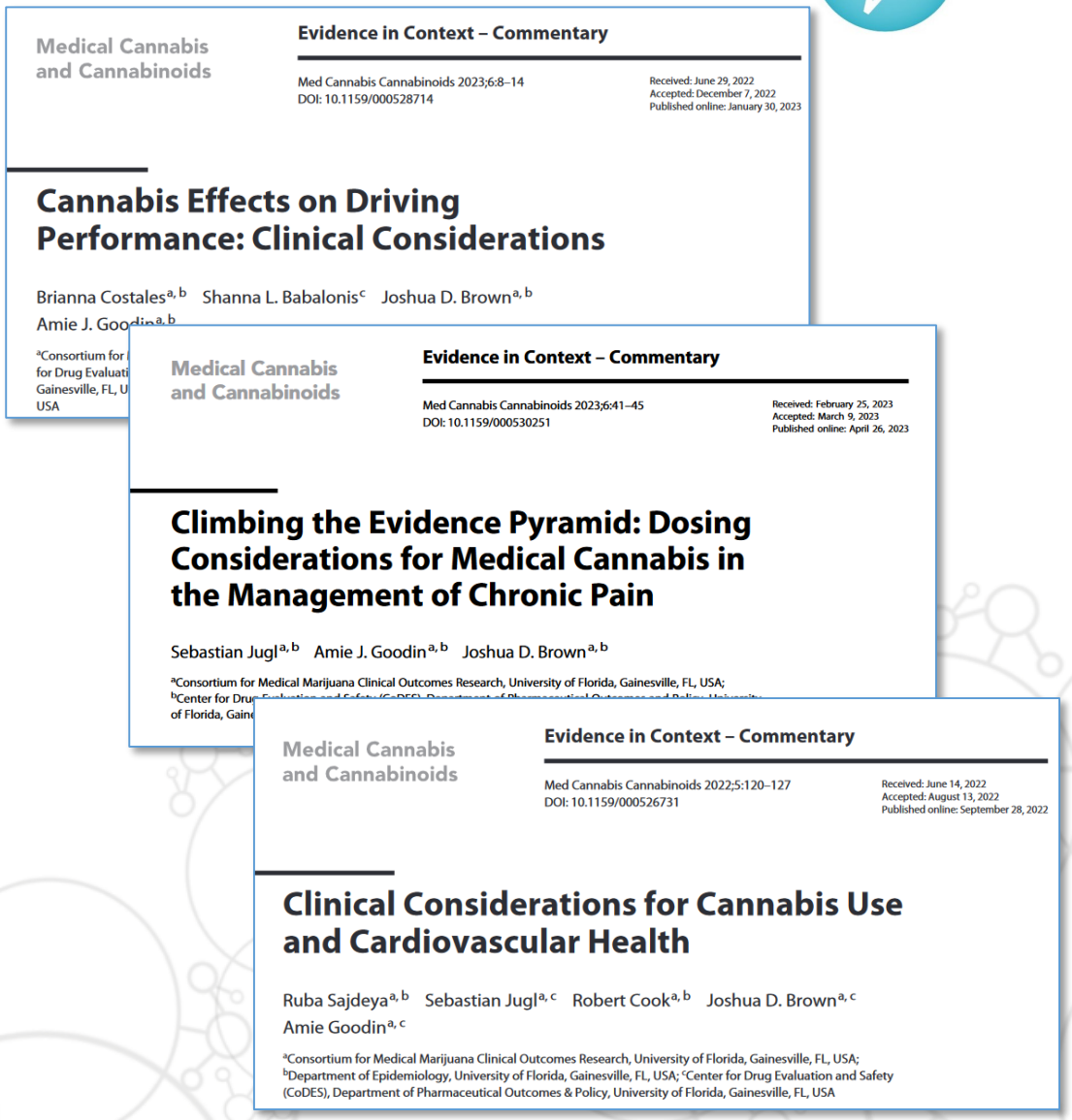
MAY 30TH - 31ST, 2024 | ORLANDO, FL

Learn, Share, and Advance Medical Marijuana Research

MORE INFORMATION AT CCORC.MMJOUTCOMES.ORG

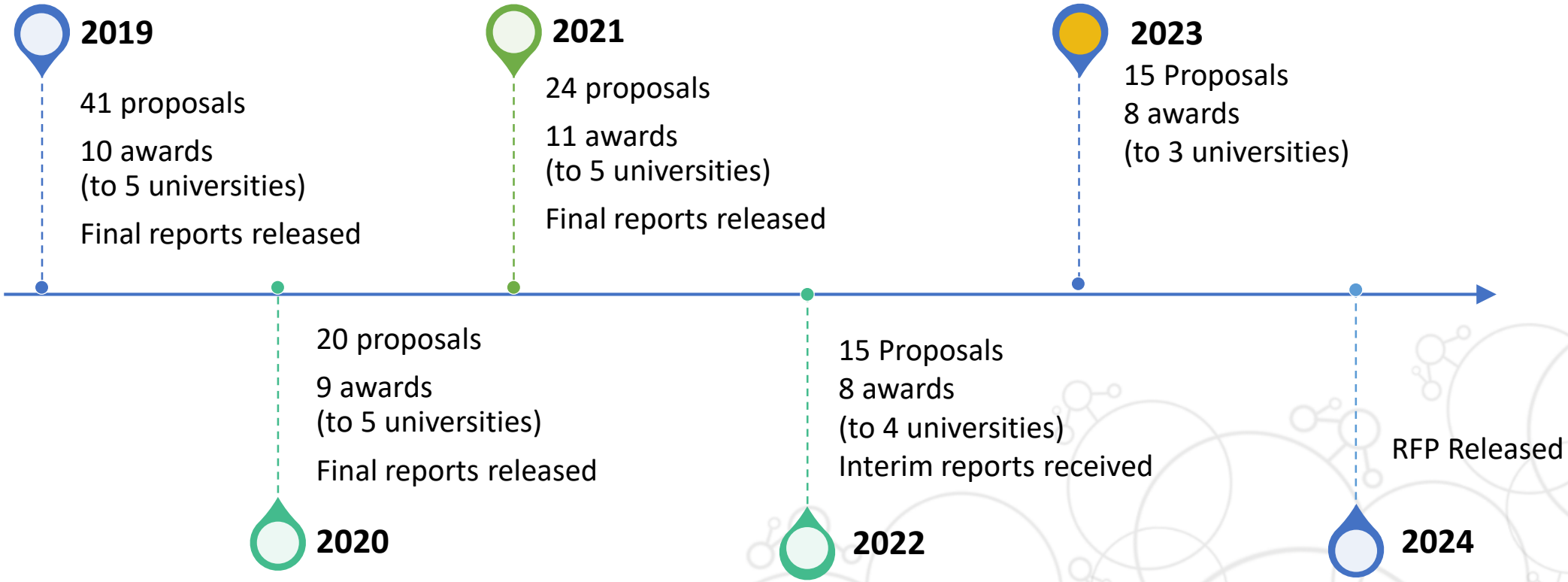
Outreach: Evidence in Context Series

Title	Year	Usage
Climbing the Evidence Pyramid: Dosing Considerations for Medical Cannabis in the Management of Chronic Pain	2023	678
Cannabis Effects on Driving Performance: Clinical Considerations	2023	2,486
Clinical Considerations for Cannabis Use and Cardiovascular Health	2022	1411
Will Cannabis or Cannabinoids Protect You from SARS-CoV-2 Infection or Treat COVID-19?	2022	12,585
Much Ado about Dosing: The Needs and Challenges of Defining a Standardized Cannabis Unit	2021	5,654
Perinatal Cannabis Exposures and Autism Spectrum Disorders	2021	3,561
Evidence in Context: High Risk of Bias in Medical Cannabis and Cannabinoid Clinical Trials Dictates the Need for Cautious Interpretation	2021	3,574
Introducing Commentary Series	2021	1,382



Grants Program

115 proposals received and 46 awarded to 7 member institutions (>$3M)

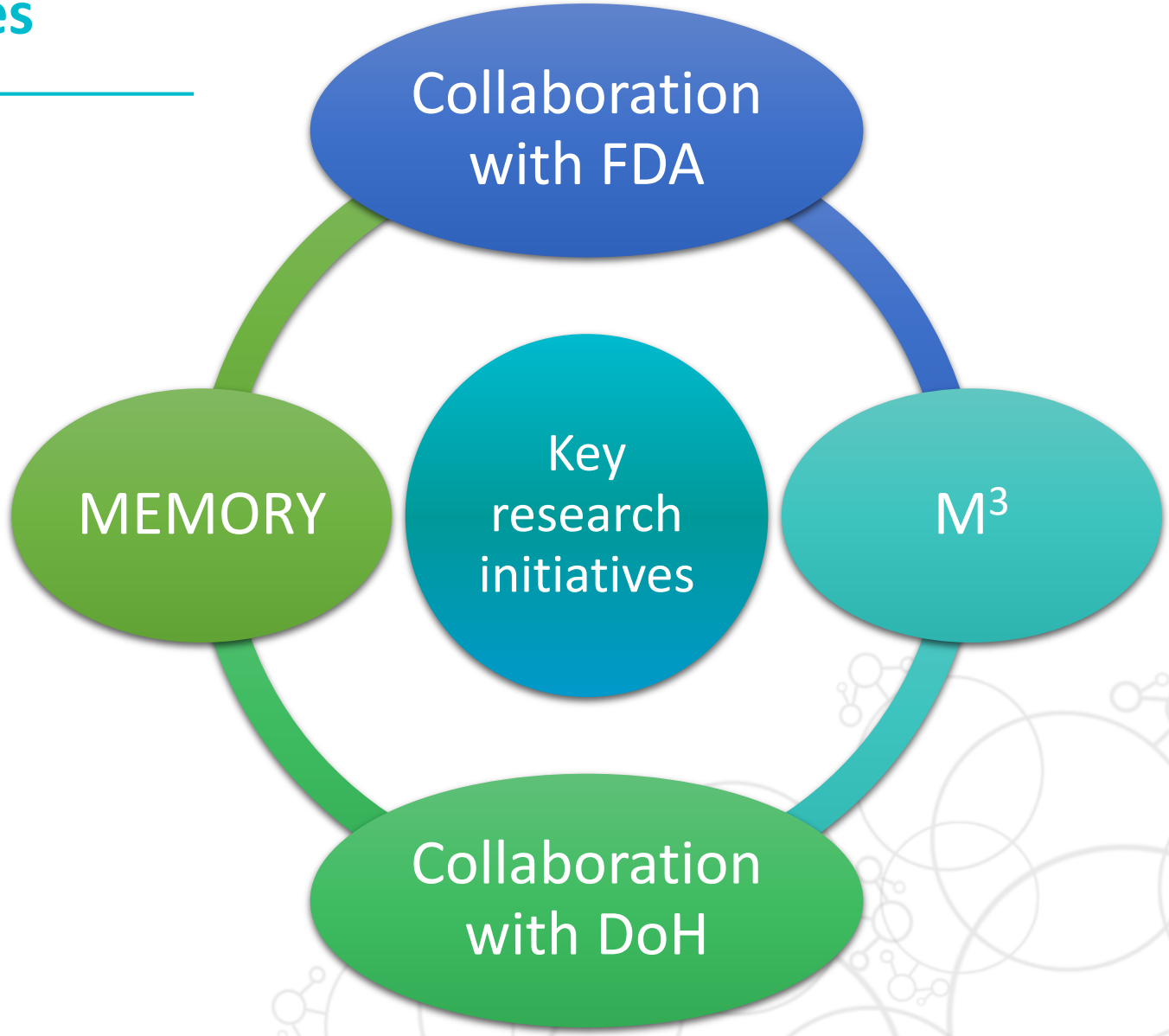


Grants program: focus areas

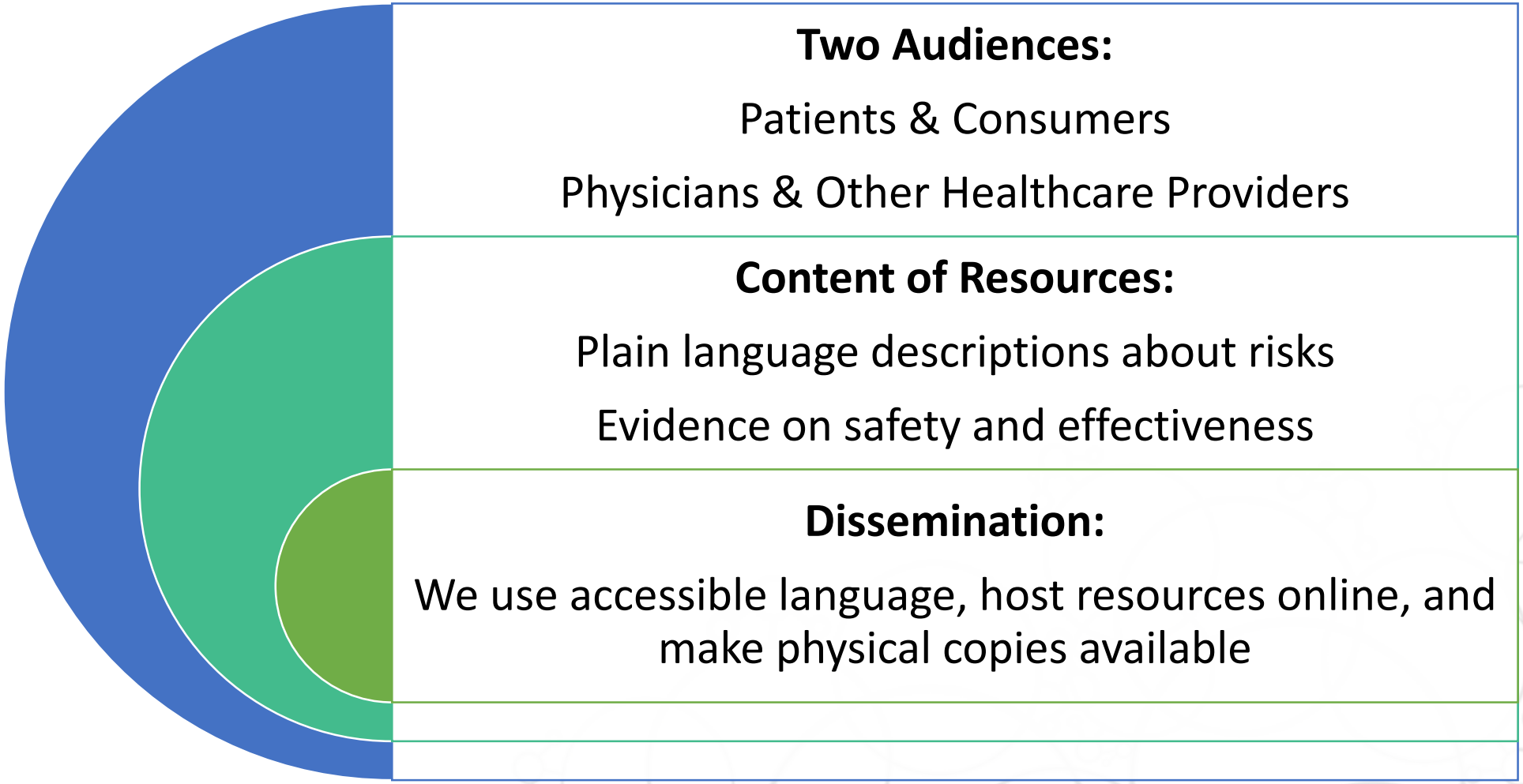
Brain & Muscle Injury	Cancer	Pain of Various Origins	Negative Emotion & Photophobia	Cannabis Use in Crohn's disease	Breast Cancer Clinical Outcomes
Medical Marijuana Access in FL	PTSD	Drug Interactions	Pattern and Motivation for use	Perinatal Exposure to CBD	Improve Opioid Use Disorder
Anxiety	Olfactory Function	Anorexia Nervosa	Neuropathy	Changes after MMJ use in older adults	Safety and Efficacy Trial
MMJ/CBD use Among Nursing Home Patients	Adverse Drug Events	Role of Endocanna-binoids	Reducing Inflammation	Effect of Smoking vs Vaping on Brain	Cannabis Smoke Effect on Human Lung Enzymes

- Small RCTs (commonly CBD products)
- Prospective surveys
- Epidemiologic studies on utilization
- Animal or mechanistic studies (must have direct translational value)
- Large scale studies assessing causal effects in humans limited by funding and legal environment

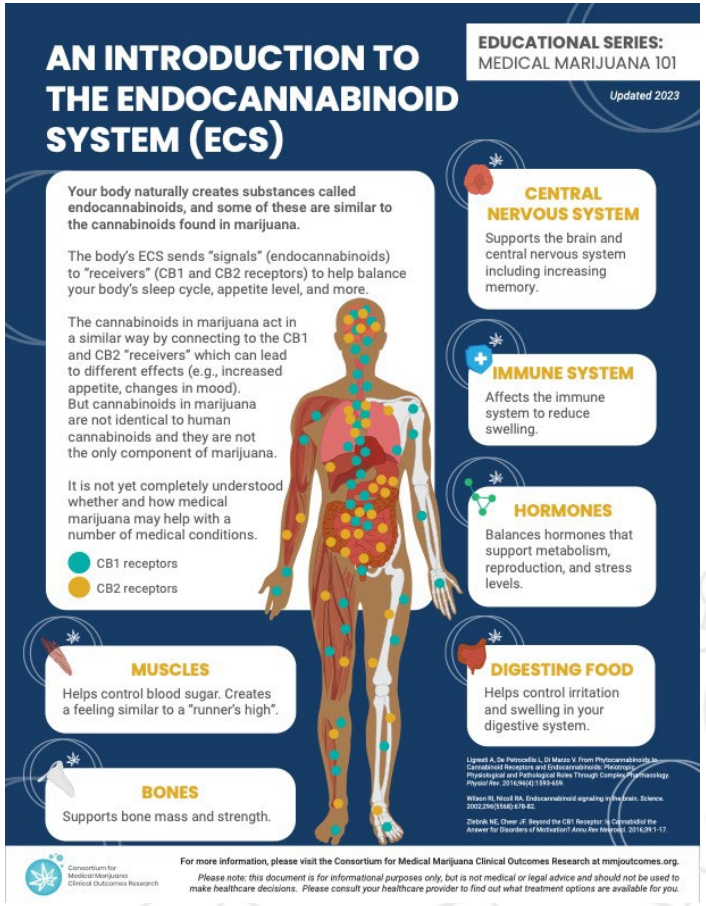
2023 Big Themes

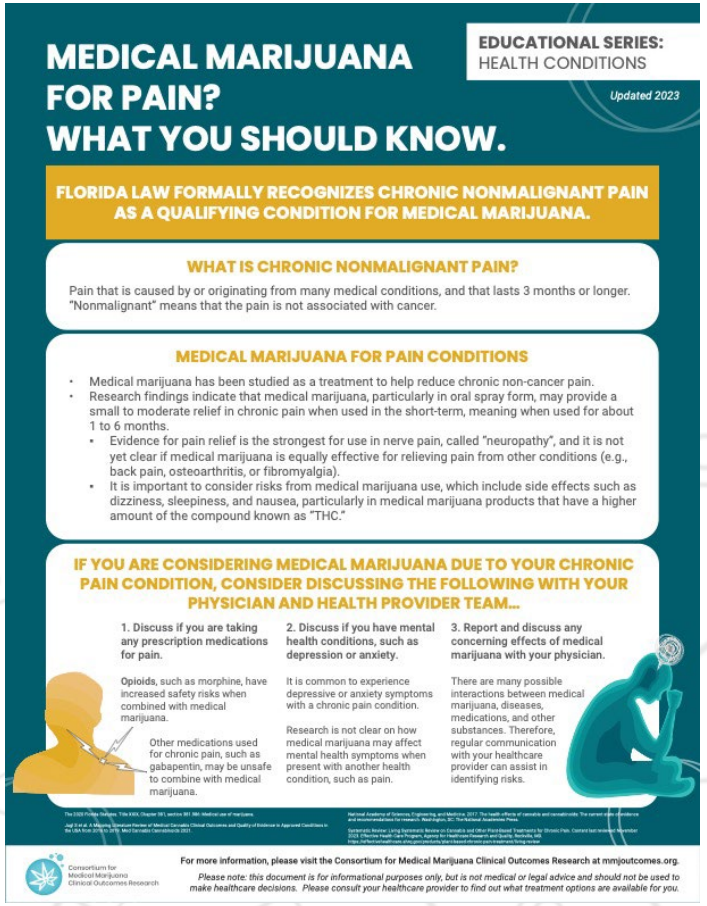


Collaboration with OMMU@DoH: Consumer/Patient and Clinician Informational Resources



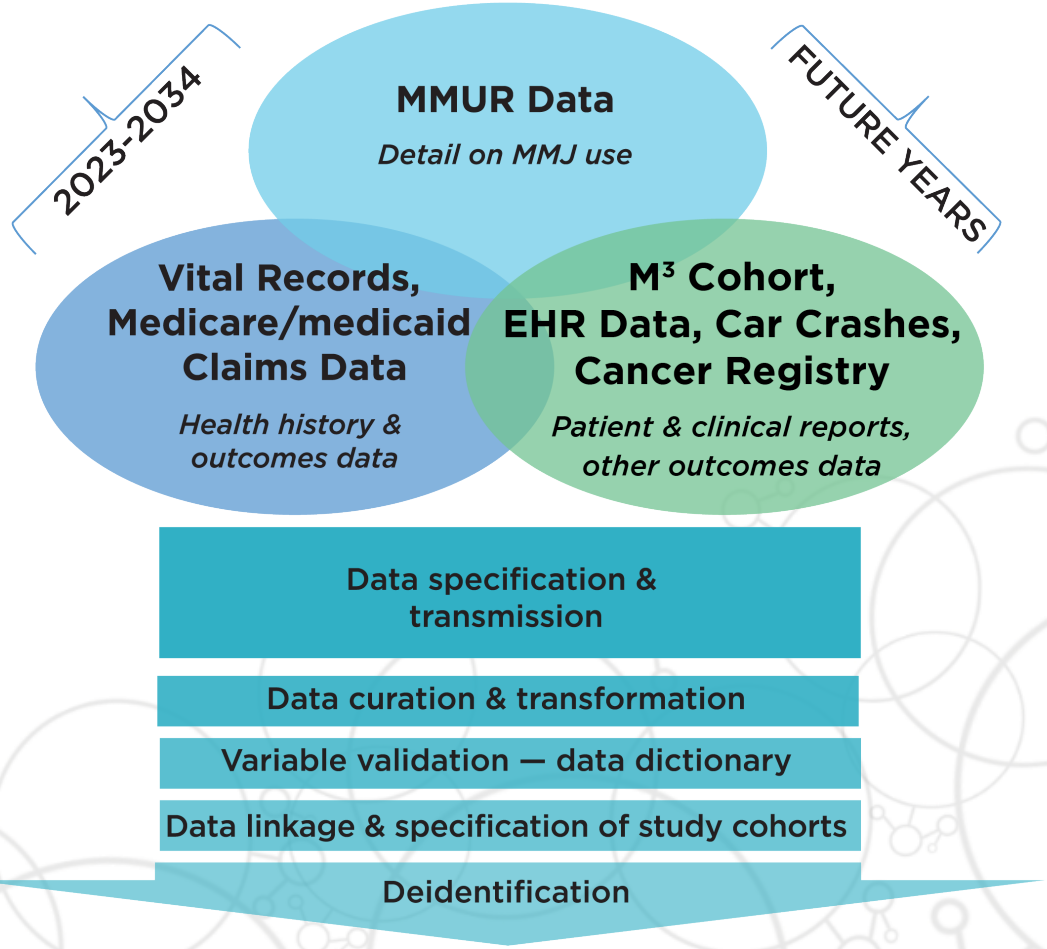
Examples of Patient and Consumer Informational Resources



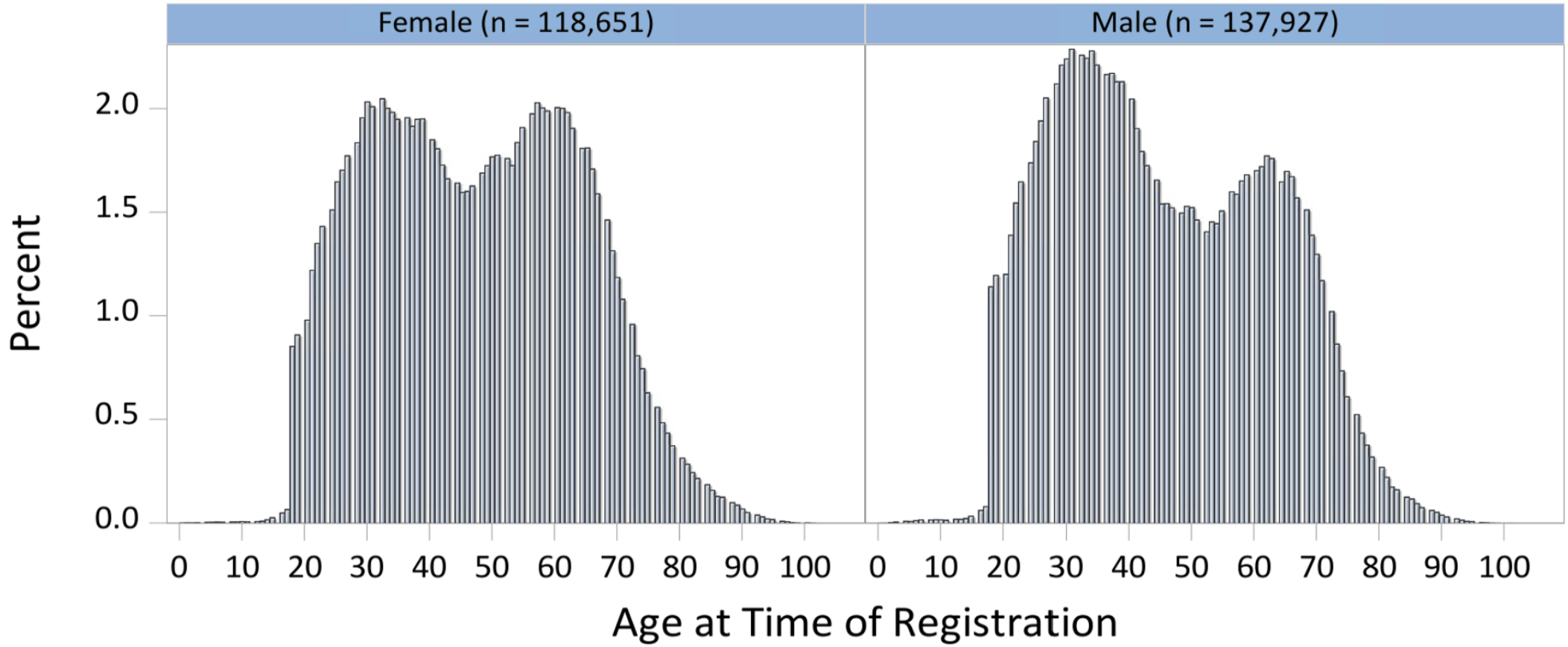


MEMORY MEdical Marijuana Clinical Outcomes RepositorY

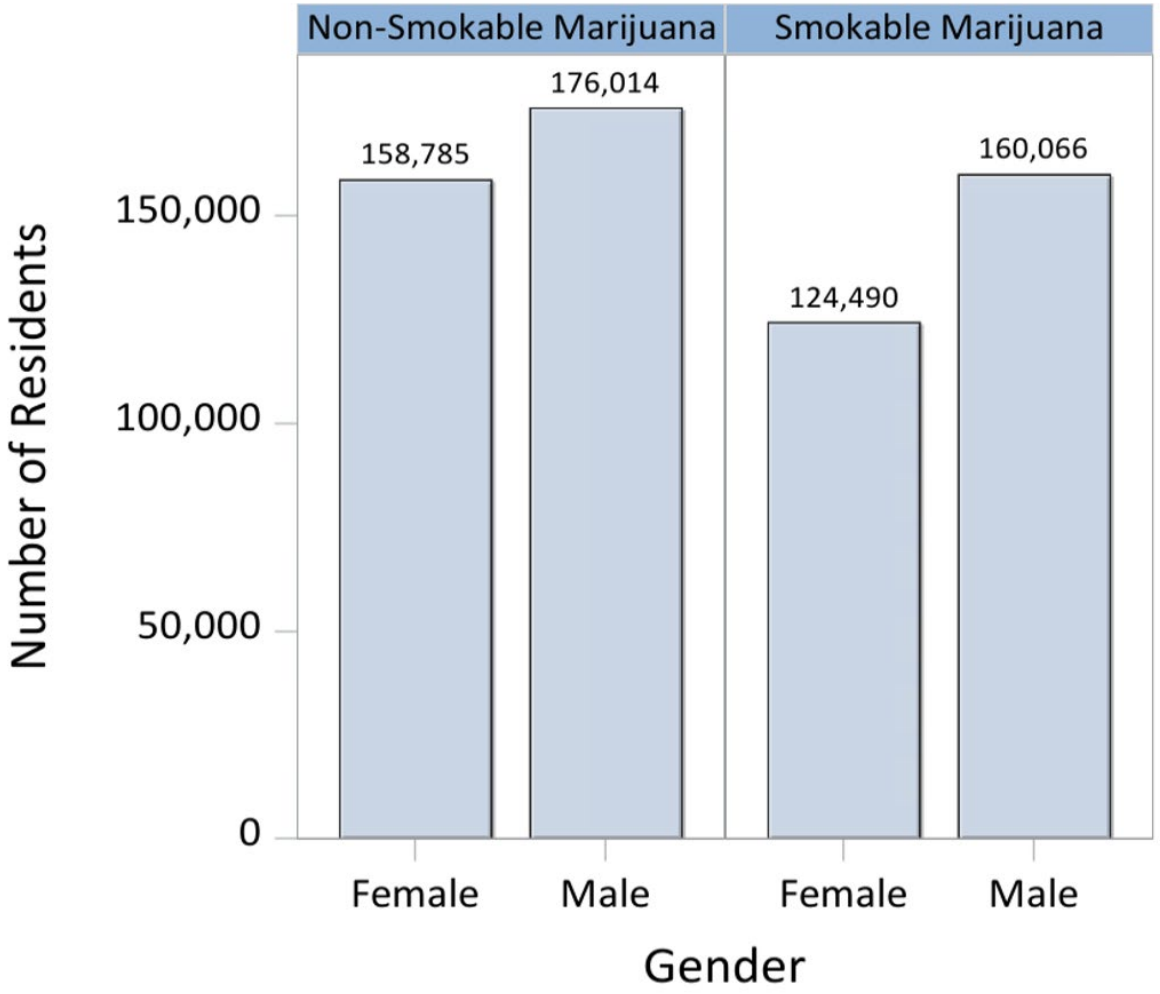
- Integrated data repository that captures medical marijuana purchases, disease history, and clinical outcomes.
- Can provide control groups with similar health history to compare outcomes – and thus, support development of high-quality evidence.
- Progress: data has been received; curation and linkage ongoing; descriptive research has started; safety/ effectiveness assessments will commence early 2024

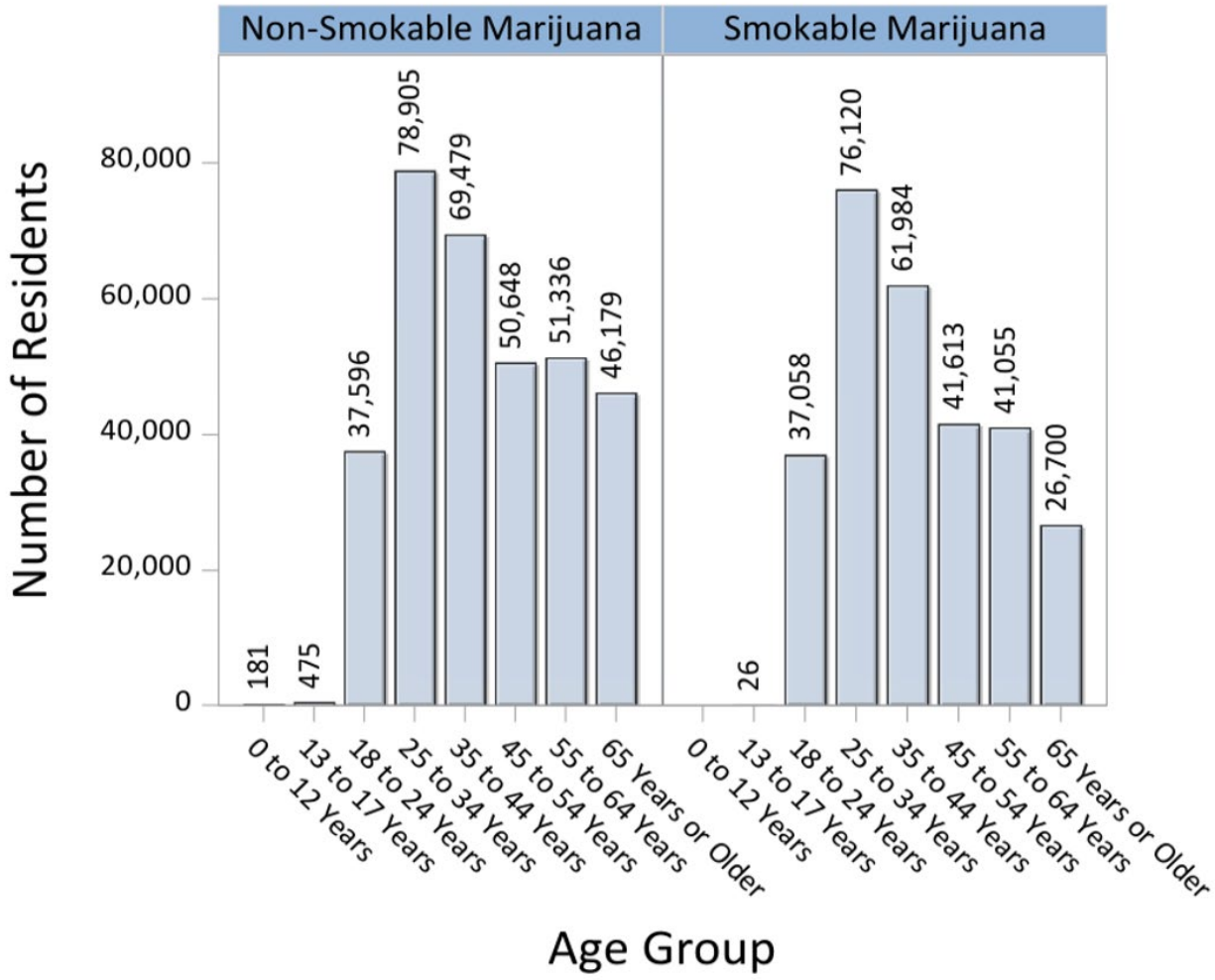


Age at first certification by gender (certification active between July 2021 to June 2022)

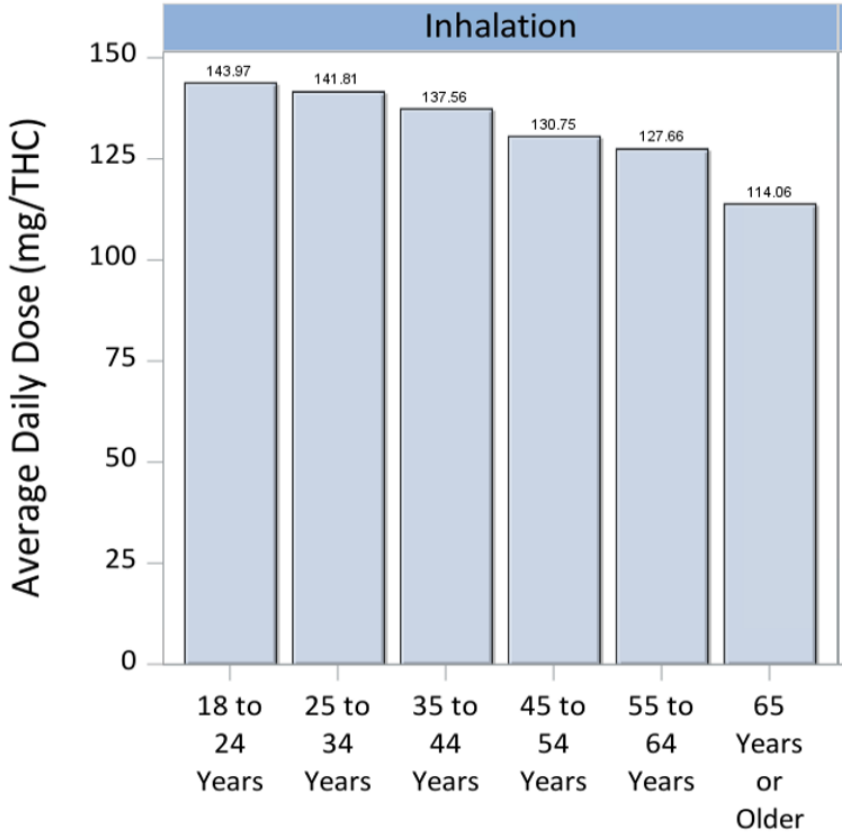


Product type by gender / age among residents with certifications and ≥1 purchase between July 21 – June 22 (n=360,115)



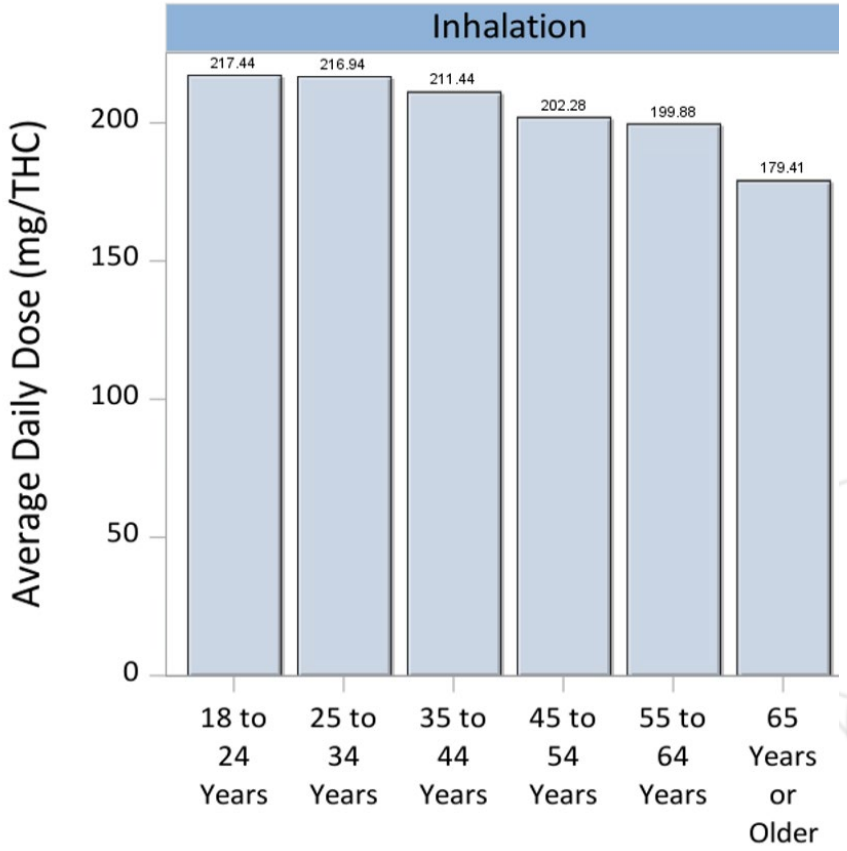


Average Daily Dose (mg THC) of MMJ by Age



Assuming 15% THC in flour

or



assuming 25% THC in flour

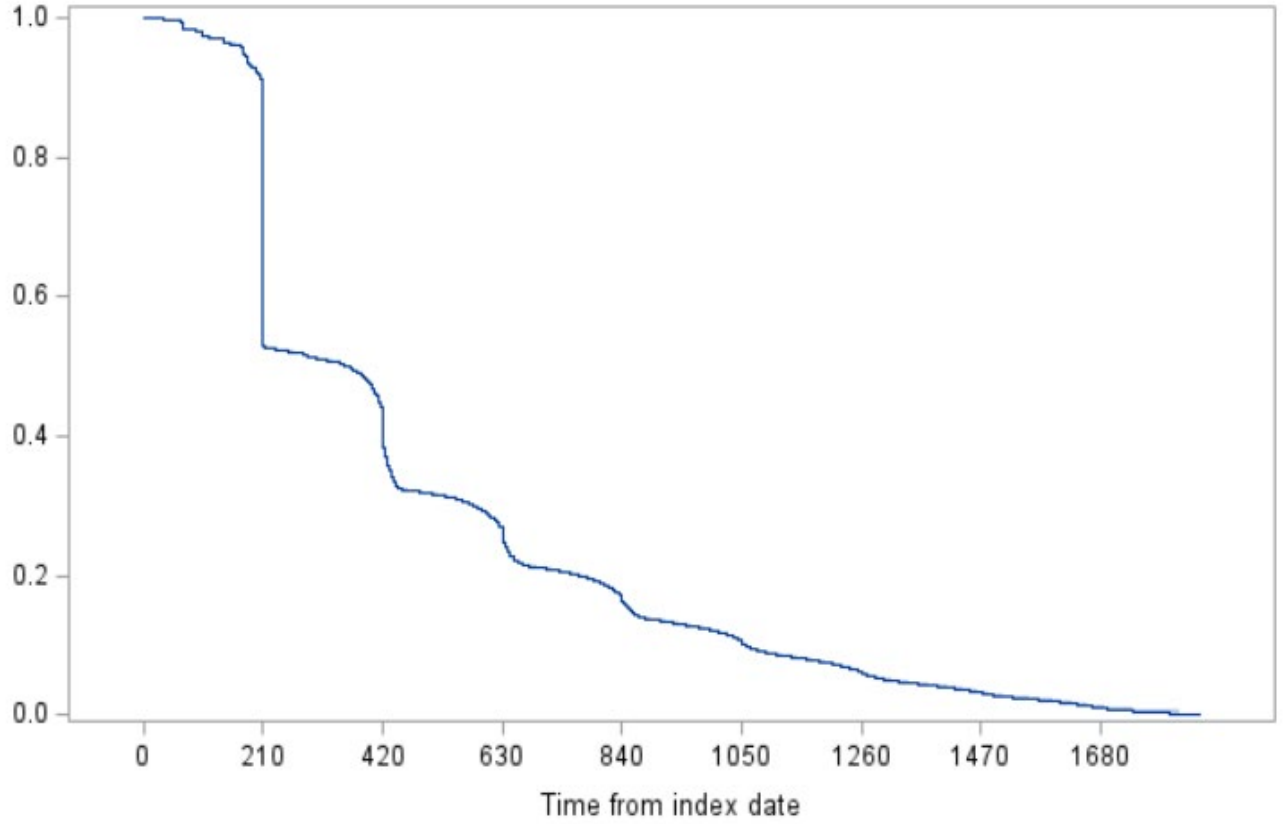
Dosing recommendations & evidence from literature

- Consensus recommendations for cannabis in the management of pain
  - Start with 2.5 mg THC per day (oral)
  - Titrate up to 40 mg/day by 2.5 mg every 2-7 days (oral)
    - This has similar bioavailability as 16 mg of THC smoked
- Evidence from clinical trials
  - Maximum daily doses in trials investigating smoked cannabis for chronic pain are ranging between 7 – 45 mg THC.
  - A short-term clinical trial investigating cannabis products for PTSD observed an average daily dose of 46 to 82 mg THC (smoked).

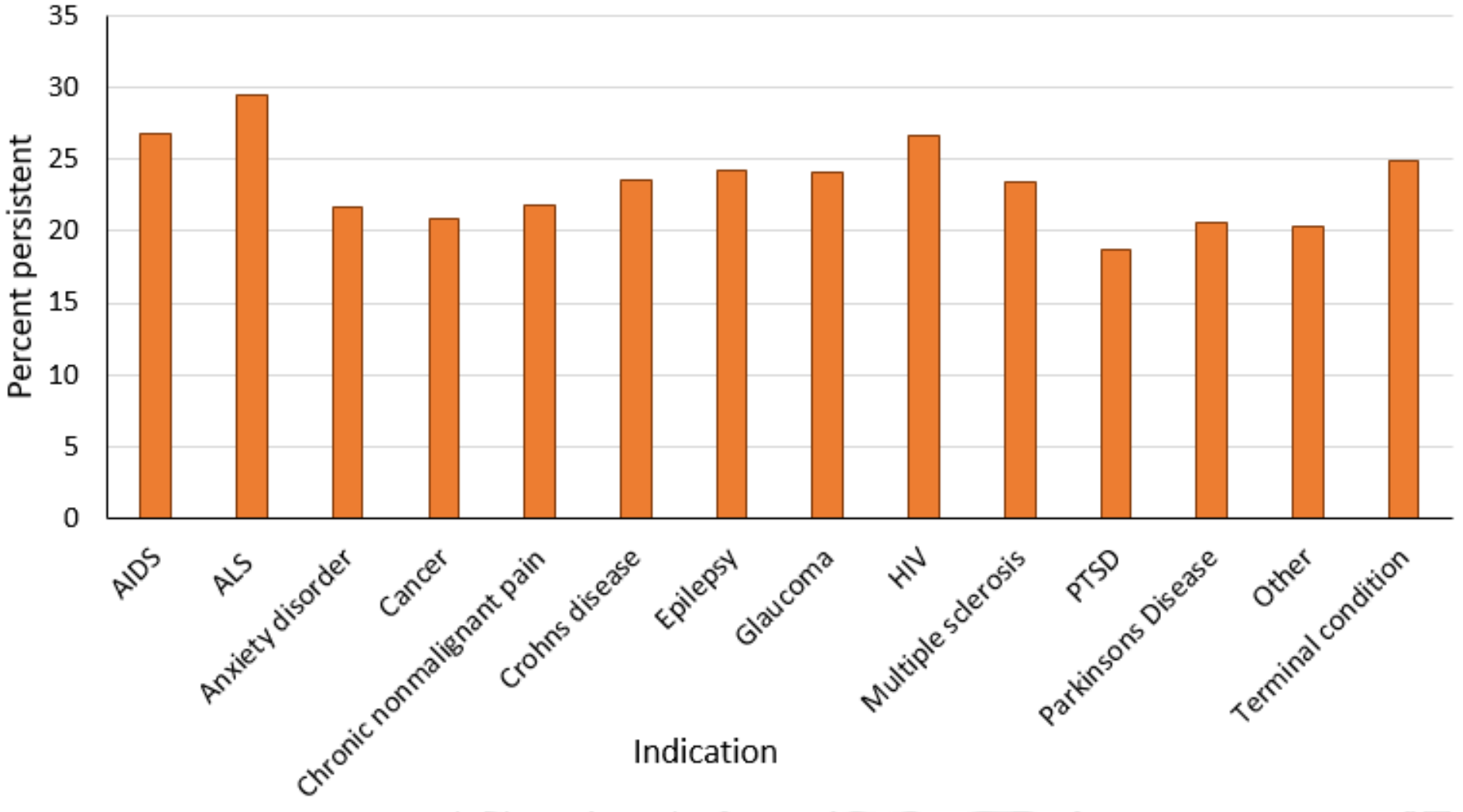
- Bhaskar A et al. Consensus recommendations on dosing and administration of medical cannabis to treat chronic pain. J Cannabis Res. 2021 Jul 2;3(1):22.
- Ware MA et al. Smoked cannabis for chronic neuropathic pain: a randomized controlled trial. CMAJ. 2010 Oct 5;182(14):E694-701.
- Wilsey B et al. Low-dose vaporized cannabis significantly improves neuropathic pain. J Pain. 2013 Feb;14(2):136-48.
- Bonn-Miller MO et al. The short-term impact of 3 smoked cannabis preparations versus placebo on PTSD symptoms: A randomized cross-over clinical trial. PLoS ONE 2021;16(3): e0246990. https://doi.org/10.1371/journal.pone.0246990

Persistence in MMJ use

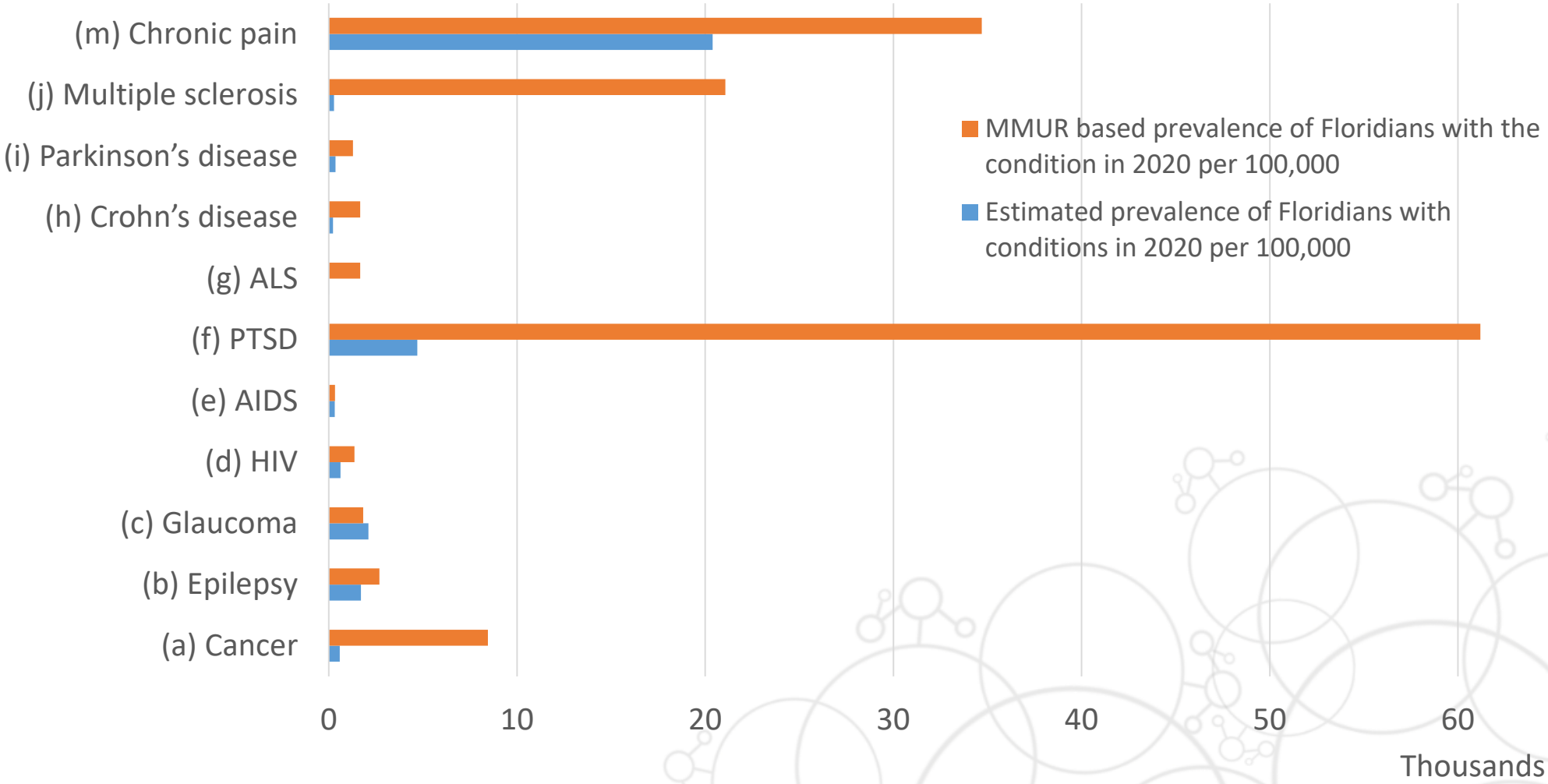
- About half of all newly registered patients don’t renew their certification
- At two years, >70% have discontinued MMJ
- No difference in gender; shorter persistence among young adults



2-year persistence by indication



Population-based prevalence of Qualifying Conditions in Florida (South Region or US) compared to the 2020 MMUR Data

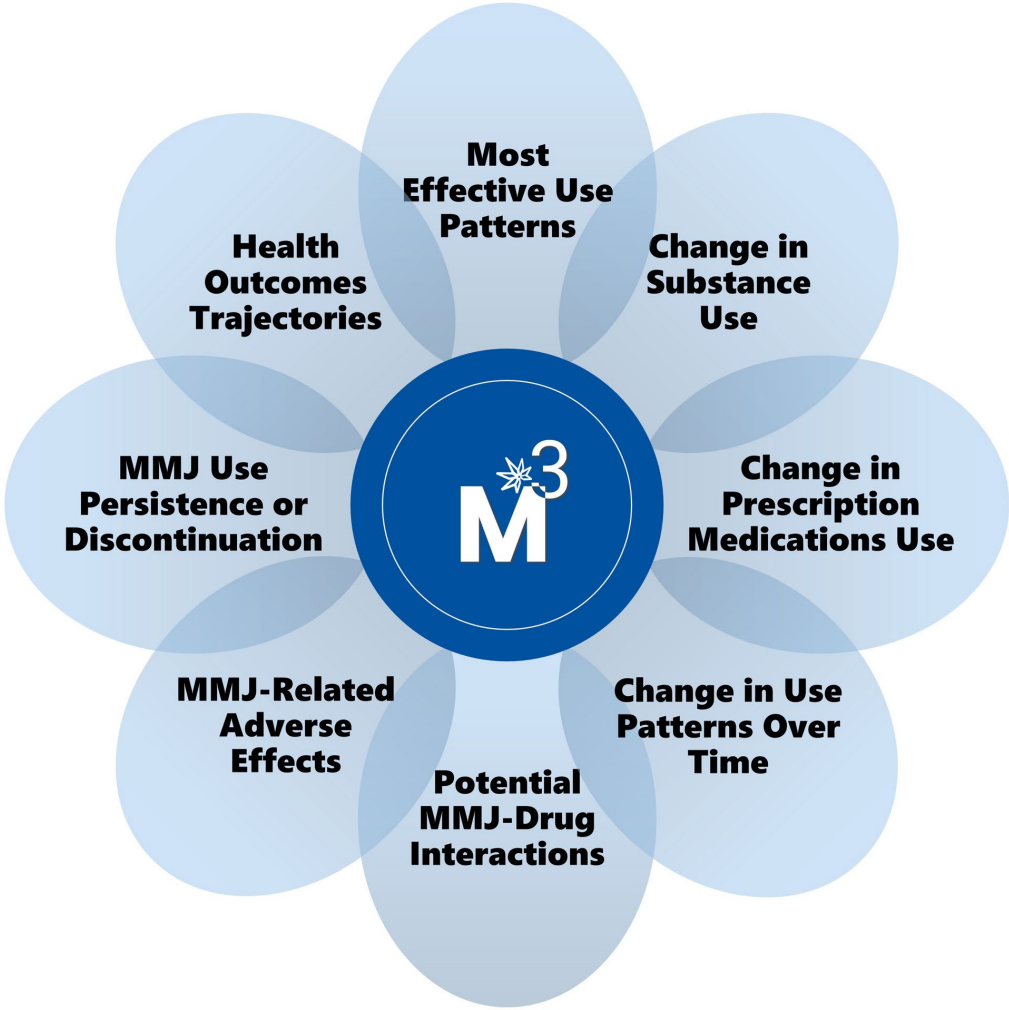


Ratio of MMUR-Based and Population-Based Prevalence of Qualifying Conditions and Level of Evidence

Qualifying Condition	Ratio of MMUR based prevalence / population-based prevalences	Level of evidence from NASEM report & our own review
(a) Cancer	14.6	None or insufficient / moderate evidence for chemotherapy induced-nausea and vomiting
(b) Epilepsy	1.6	None or insufficient / Substantial (Dravet and Lennox-Gastaut syndrome)
(c) Glaucoma	0.9	Limited evidence
(d) HIV	2.2	Limited evidence
(e) AIDS	1.0	Limited evidence
(f) PTSD	13.0	Moderate evidence
(g) ALS	417.5	None or insufficient
(h) Crohn's disease	7.6	None or insufficient
(i) Parkinson's disease	3.7	None or insufficient
(j) Multiple sclerosis	78.0	Substantial (patient reported spasticity)
(m) Chronic nonmalignant pain	1.7	Substantial

Medical Marijuana and Me (M^3)

- Prospective registry collects patient-centered data to characterize the experiences and clinical outcomes among a diverse group of MMJ users.
- For detail and data access: https://mmjoutcomes.org/m3study/



Medical Cannabis and Cannabinoids

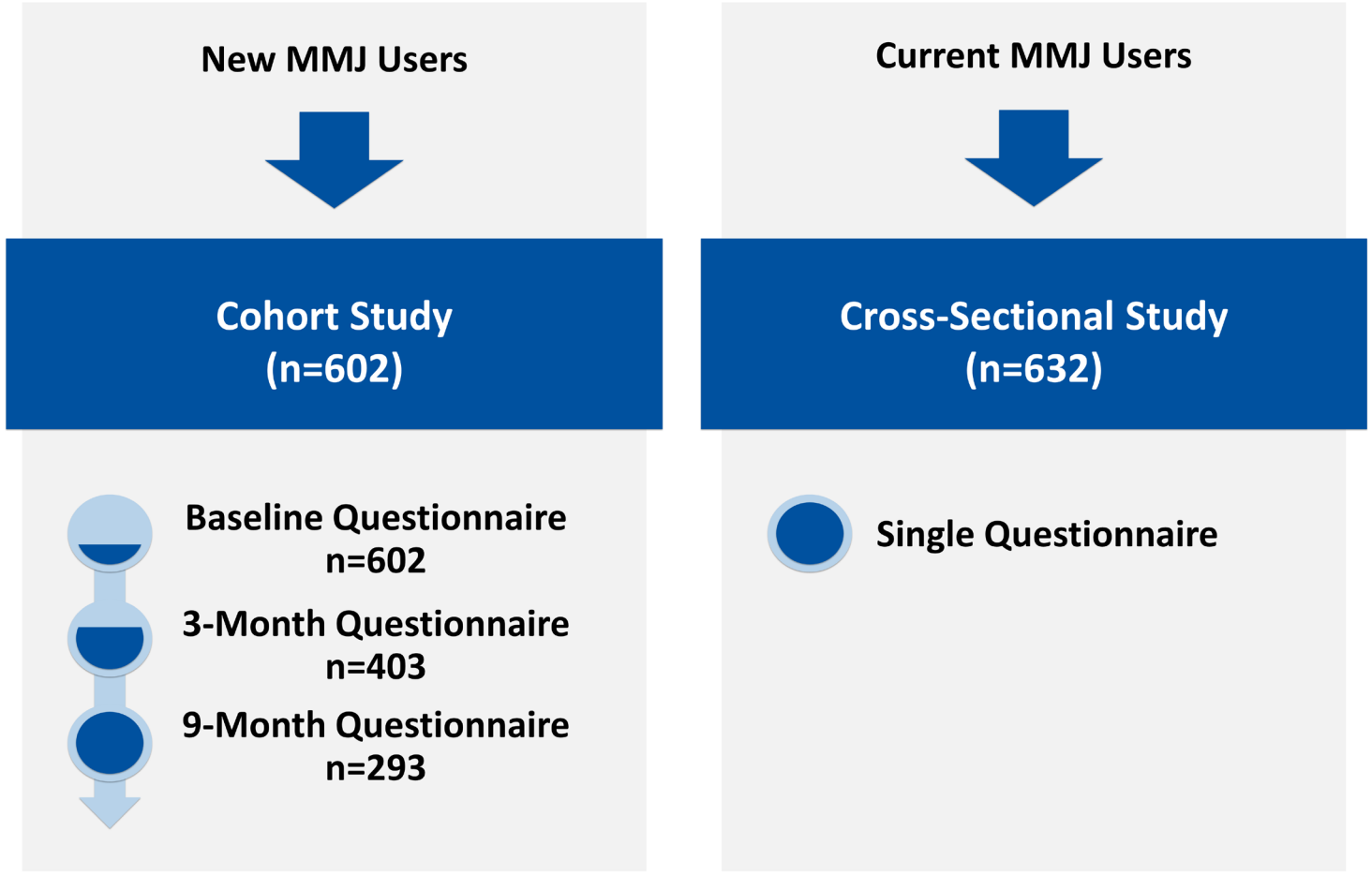
Registered Report – Protocol (Stage 1)

Med Cannabis Cannabinoids 2023;6:46–57
DOI: 10.1159/000530052

Received: October 20, 2022
Accepted: March 1, 2023
Published online: May 9, 2023

Protocol of a Combined Cohort and Cross-Sectional Study of Persons Receiving Medical Cannabis in Florida, USA: The Medical Marijuana and Me (M^3) Study

Medical Marijuana & Me (M^3); Recruitment



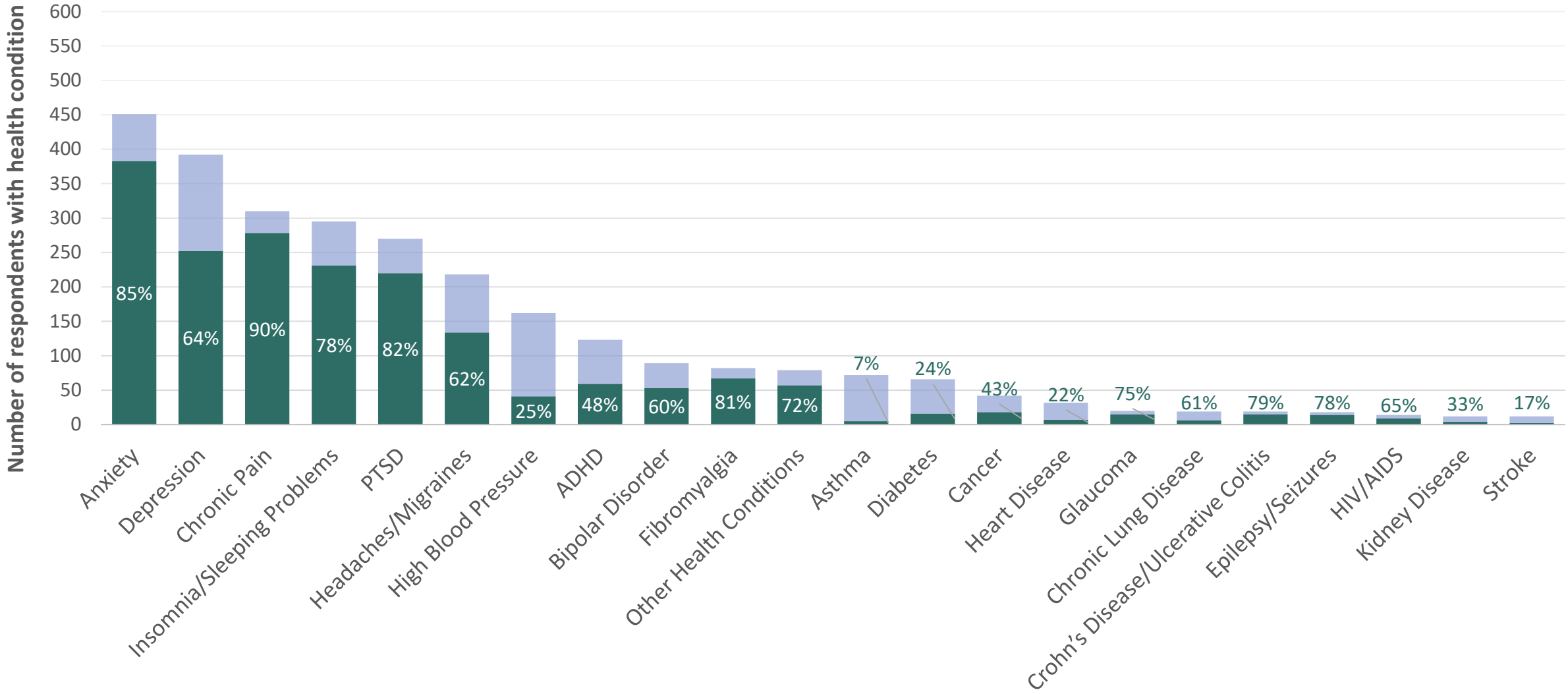
Follow-up (~150) will be completed early *February 2024*.

M³ baseline characteristics (n=632)

Variable	Results
Age in years, median (IQR)	45 (35, 58)
Sex at birth, N (%)	
Female	396 (62.66)
Male	236 (37.34)
Race/Ethnicity, N (%)	
Non-Hispanic White	471 (74.53)
Non-Hispanic Black	35 (5.54)
Hispanic	93 (14.72)
Other	33 (5.22)
Education level, N (%)	
Graduate / professional degree after college	116 (18.35)
Some college or college graduate	408 (64.56)
High school or GED	103 (16.3)
Middle school	5 (0.79)
Elementary school or below	0 (0)

Variable	Results
Employment status, N (%)	
Working full-time	293 (46.36)
Working part-time	76 (12.03)
Unemployed – looking for work	20 (3.16)
Unemployed – disabled/unable to work	101 (15.98)
Student	15 (2.37)
Retired	102 (16.14)
Veteran status (yes), N (%)	61 (9.56)
Health insurance, N (%)	
Private health insurance	330 (52.22)
Medicaid	88 (13.92)
Medicare	160 (25.32)
VA coverage	32 (5.06)
No health insurance	70 (11.08)
Annual household income in USD, N (%)	
< $20,000	84 (13.29)
$20,000 - $39,999	130 (20.57)
$40,000 - $59,999	108 (17.09)
$60,000 - $79,999	98 (15.51)
$80,000 - $99,999	51 (8.07)
≥$100,000	130 (20.57)

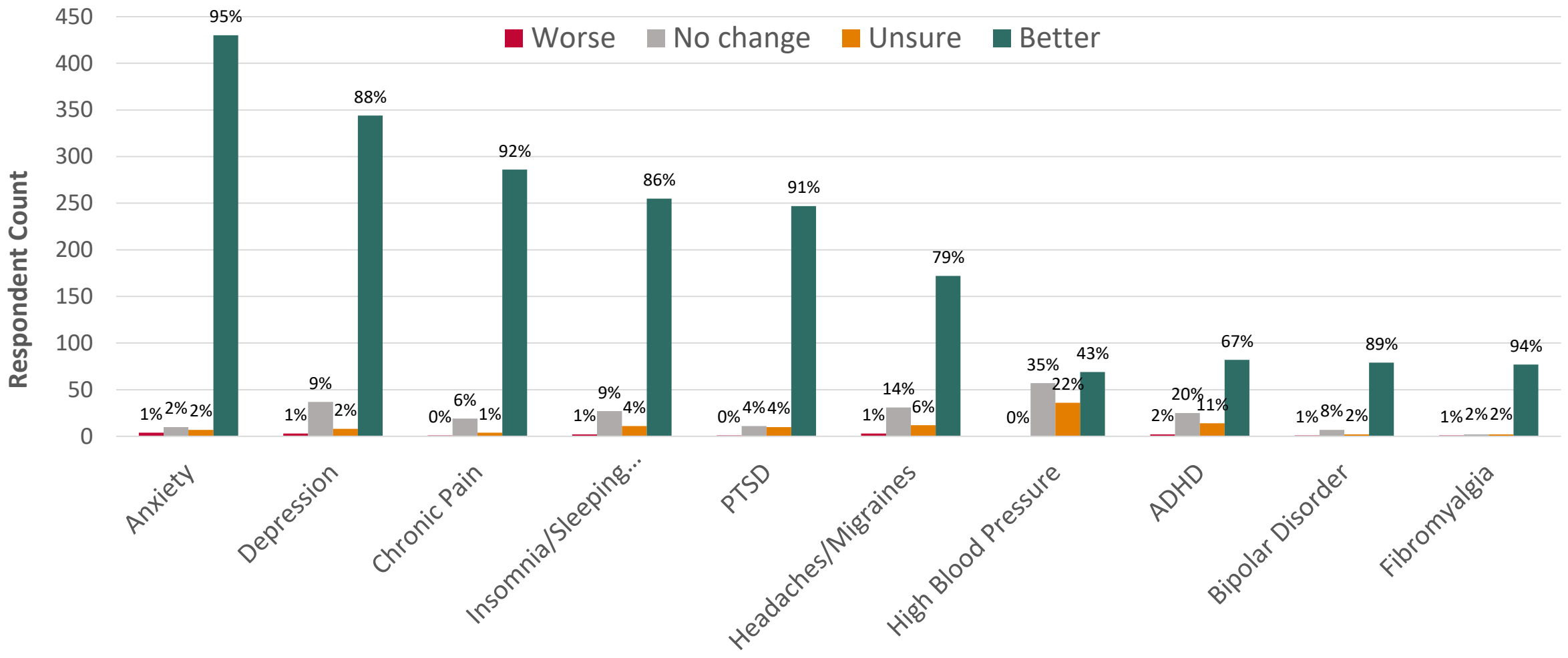
M³: Frequency of self-reported conditions and percentage of those who reported the condition as a main reason for MMJ use (n=632)



M³ Most Frequent Main Reasons of Medical Cannabis Use Among Each Qualifying Condition Categories

Health condition reported as one of the main reasons for using MC	Qualifying condition for MC certification						
	Cancer (N=16)	Chronic nonmalignant pain (N=162)	Glaucoma (N=12)	HIV/AIDS (N=10)	PTSD (N=187)	Crohn's disease (N=10)	Medical conditions of the same kind (N=140)
Anxiety	31.25%	50.62%	33.33%	60%	71.66%	50%	71.43%
Depression	18.75%	28.40%	16.67%	40%	51.34%	40%	47.14%
PTSD	12.50%	28.40%	16.67%	30%	82.89%	40%	32.86%
ADHD	0%	6.17%	0%	20%	13.90%	20%	12.14%
Bipolar Disorder	6.25%	6.79%	0%	10%	12.83%	30%	14.29%
Insomnia/Sleeping Problems	25%	40.74%	41.67%	20%	44.39%	30%	47.86%
Headaches/Migraines	6.25%	20.99%	16.67%	0%	25.13%	30%	27.86%
Fibromyalgia	12.50%	14.81%	16.67%	0%	8.02%	0%	13.57%
Chronic Pain	43.75%	85.19%	83.33%	50%	40.11%	60%	43.57%
Cancer	81.25%	3.09%	8.33%	0%	0.53%	0%	0.00%
High Blood Pressure	0%	9.88%	16.67%	0%	8.02%	10%	7.86%
Diabetes	6.25%	4.94%	0%	0%	2.14%	0%	4.29%
IBD	0%	1.23%	0%	0%	1.60%	90%	1.43%
Epilepsy/Seizures	0%	1.23%	0%	0%	2.14%	10%	2.14%
Glaucoma	6.25%	3.70%	75.00%	0%	1.07%	0%	2.86%
Other Health Conditions	0%	8.64%	0%	10%	6.42%	10%	13.57%

M³ Perceived impact of MMJ on the Top 10 Most Frequently Self-reported Medical Conditions (n=632)



Summary

- Hard evidence supporting a favorable risk-benefit for most conditions approved in Florida is still lacking
- Anxiety / PTSD has surpassed pain as most common indication based on certifications and self-report;
  - Other indications with larger prevalence include pain and MS
  - Self-report includes depression as prominent reason for use
- Daily THC dose surpasses doses commonly tested in clinical trials and currently recommended for pain management
- Persistence is variable and differs across indications with chronic users reporting high efficacy
- Reasons for use appear multifactorial

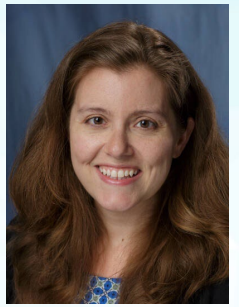
Next steps

- Continue evaluation of MMJ use pattern in MEMORY and M^3
- Start effectiveness and safety studies in MEMORY
- Evaluate M^3 new user cohort
- Complete development of informational resources
- Publish results from FDA collaboration
- Hold next conference

Consortium Team

Almut Winterstein, RPh, PhD
Director

Robert L Cook, MD, MPH
Associate Director



Amie Goodin, PhD, MPP
Assistant Director-
Evidence

Jeevan Jyot, PhD, PMP
Assistant Director-
Research Administration

Md Mahmudul Hasan, PhD
Assistant Director-
MEMORY

Yan Wang, PhD
Assistant Director-
Clinical Core

search

Allison Veliz, MA
Communications Specialist

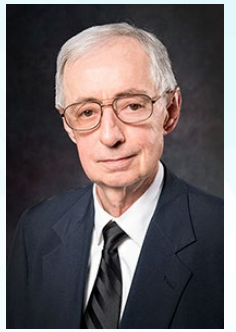
Sophie Maloney
Research Coordinator

Consortium Board Members

search

William Anderson, PhD
(Chair)
Florida International University

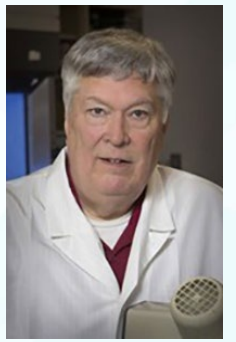
Martha S. Rosenthal, PhD
(Vice Chair)
Florida Gulf Coast University



Charles A. Weatherford, PhD
Florida A&M University

Peter Holland, MD
Florida Atlantic University

Max C. E. Orezzoli, PhD
Florida Memorial University



Eric H. Holmes, PhD
Florida State University

Dinender K. Singla, PhD
University of Central Florida

Christopher McCurdy, PhD
University of Florida

Jacqueline Sagen, PhD, MBA
University of Miami