HOUSE OF REPRESENTATIVES
FINAL BILL ANALYSIS

BILL #:	CS/CS/HB 941	**FINAL HOUSE FLOOR ACTION:**	
SPONSOR(S):	Health & Human Services Committee; Health Quality Subcommittee; Gonzalez and others	112 **Y's**	3 **N's**
COMPANION BILLS:	CS/CS/SB 918	**GOVERNOR'S ACTION:**	Pending

SUMMARY ANALYSIS

CS/CS/HB 941 passed the House on March 2, 2016. The bill was amended by the Senate on March 3, 2016, and subsequently passed the House on March 11, 2016. The bill includes portions of HB 5103 and HB 7105.

The bill renames the Office of Minority Health as the Office of Minority Health and Health Equity, to be headed by the Senior Health Equity Officer (officer). The bill requires the officer to administer the Closing the Gap Grant Program and changes program eligibility criteria.

The bill provides alternative eligibility criteria for military members and their spouses seeking licensure as a health care practitioner, except as a dentist, in Florida. The bill allows military health care practitioners, practicing under a military platform (a training agreement with a nonmilitary provider), to be issued a temporary certificate to practice in this state.

The bill deletes a pre-licensure course requirement on HIV/AIDS and medical errors for certain health care practitioners. The bill conforms laws to DOH use of an electronic continuing education (CE) tracking system and eliminates obsolete methods of proving compliance with CE requirements.

The bill exempts chiropractors licensed in other states that perform procedures or demonstrate equipment as a part of an approved CE program from licensure requirements, and exempts certain manufacturers of home renal dialysis products and equipment from pharmacy permit requirements.

The bill allows certificates for emergency medical technicians (EMTs) and paramedics to remain in an inactive status for up to two renewal periods rather than expiring after 180 days, and exempts certain EMTs or paramedics from a certification examination requirement if the EMT or paramedic is nationally certified or registered.

The bill removes a provision that allows individuals who have committed certain felonies or certain acts to obtain a health care practitioner license in Florida.

The bill also eliminates the Council on Certified Nursing Assistants and the Advisory Council of Medical Physicists, the DOH's annual inspections of dispensing practitioners' facilities, and a provision that allowed physical therapist assistant programs to be regionally accredited.

The bill authorizes a one-time emergency refill of up to one vial of insulin to treat diabetes mellitus when a pharmacist is unable to readily obtain a refill authorization.

The bill revises reporting requirements for certain biomedical research programs and authorizes appropriated funds that have been committed by but not yet disbursed by the Ed and Ethel Moore Alzheimer's Disease Research Program to be carried forward for up to 5 years.

The bill permits the DOH to contract with a third party to secure patient records abandoned by practitioners.

The bill may have an insignificant, positive fiscal impact on the DOH and no fiscal impact on local governments.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2016.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Present Situation

Closing the Gap Program

The Department of Health's (DOH) Office of Minority Health (Office) is the coordinating office for consultative services in the areas of cultural and linguistic competency, partnership building, and program development and implementation to address the heath needs of Florida's minority and underrepresented populations statewide. The Office administers multiple health promotion programs including the "Closing the Gap" (CTG) grant program.[1] In 2000, the Legislature created the CTG grant program to improve health outcomes and eliminate racial and ethnic health disparities in Florida by providing grants to increase community-based health and disease prevention activities.[2]

Grant Proposals

Grants are awarded for one year through a proposal process, and may be renewed annually subject to the availability of funds and the grantee's achievement of quality standards, objectives, and outcomes.[3] Proposals for grants must identify:

- The purpose and objectives of the proposed project, including the particular racial or ethnic disparity the project will address from one of the following priority areas:
  - Increasing adult and child immunization rates in certain racial and ethnic populations; or
  - Decreasing racial and ethnic disparities in:
    - Maternal and infant mortality rates;
    - Morbidity and mortality rates relating to cancer;
    - Morbidity and mortality rates relating to HIV/AIDS;
    - Morbidity and mortality rates relating to cardiovascular disease;
    - Morbidity and mortality rates relating to diabetes; or
    - Oral health care;
- The target population and its relevance;
- Methods for obtaining baseline health status data and assessment of community health needs;
- Mechanisms for mobilizing community resources and gaining local commitment;
- Development and implementation of health promotion and disease prevention interventions;
- Mechanisms and strategies for evaluating the project's objectives, procedures, and outcomes;
- A proposed work plan, including a timeline for implementing the project; and
- The likelihood that project activities will occur and continue in the absence of funding. [4]

Grant Funding

Projects receiving grants are required to provide local matching funds of one dollar for every three dollars awarded, except for grants awarded to Front Porch Florida communities.[5] In counties with populations greater than 50,000, up to 50 percent of the local matching funds may be in-kind in the

[1] Florida Dep't of Health, *Minority Health*, available at http://www.floridahealth.gov/%5C/programs-and-services/minority-health/index.html (last accessed March 3, 2016).
[2] Sections 381.7353 to 381.7356, F.S.
[3] Section 381.7356(4), F.S.
[4] Section 381.7355, F.S.
[5] The Front Porch Florida Initiative is administered by the Office of Urban Opportunity within the Department of Economic Opportunity's Division of Community Development and encourages revitalization and redevelopment projects in urban communities. Twenty percent of CTG grant program funds go towards this program. Section 20.60(5)(b)2.g., F.S.

form of free services or human resources. In counties with populations of 50,000 or less, local matching funds may be provided entirely through in-kind contributions.[6]

Social Determinants of Health

Healthy People 2020 is an initiative of the U.S. Department of Health and Human Services that provides 10-year national objectives for improving the health of Americans.[7] This initiative highlights the importance of social determinants of health as one of its overarching goals.[8] Social determinants of health (SDOH) refer to the conditions in the places where people live, learn, and play that have an effect on health risks outcomes.[9] Examples of social determinants include access to health care services, public safety, social norms and attitudes, access to educational, economic, and job opportunities, housing, and quality of education and job training.[10] Healthy People 2020's five key areas of SDOH are:

- Economic stability;
- Education;
- Social and Community Context;
- Health and health care; and
- Neighborhood and built environment.[11]

The Centers for Disease Control and Prevention (CDC) has developed a web-based toolkit to help practitioners recognize the root causes that can affect the health of a population.[12] The tools available in the CDC's web-based toolkit:

- Demonstrate a clear connection to SDOH;
- Are wholly or partially funded by the CDC; and
- Were developed within the last 10 years.[13]

Florida Biomedical Research Programs

James and Esther King Biomedical Research Program

In 1999, the Legislature created the Florida Biomedical Research Program in the Department of Health (DOH), to support research initiatives that address the health care problems affecting Floridians, such as cancer, cardiovascular disease, stroke, and pulmonary disease.[14] The law also created the Biomedical Research Advisory Council (BRAC) to advise the State Surgeon General on the direction and scope of the state's biomedical research program.[15] The responsibilities of the BRAC include:

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[6] Section 381.7356(2)(b), F.S.
[7] U.S. Dep't of Health and Human Services, Office of Disease Prevention and Health Promotion, *About Healthy People*, *available at* http://www.healthypeople.gov/2020/About-Healthy-People (last visited March 3, 2016).
[8] U.S. Dep't of Health and Human Services, Office of Disease Prevention and Health Promotion, *Social Determinants of Health*, (rev. March 2, 2016), *available at* http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health (last visited on March 3, 2016).
[9] Centers for Disease Control and Prevention, *Social Determinants of Health: Know What Affects Health* (October 19, 2015), *available at* http://www.cdc.gov/socialdeterminants/index.htm (last visited March 3, 2016).
[10] *Supra* note 9.
[11] *Id*.
[12] CDC, *Tools for Putting Social Determinants of Health into Action*, (February 29, 2016), *available at* http://www.cdc.gov/socialdeterminants/tools/index.htm (last visited March 3, 2016).
[13] CDC, *Frequently Asked Questions* (October 19, 2015), *available at* http://www.cdc.gov/socialdeterminants/faqs/index.htm (last visited March 3, 2016).
[14] Chapter 99-167, Laws of Fla.
[15] Section 215.5602(3), F.S. The Biomedical Research Advisory Council consists of 11 members including, the chief executive officer of the Florida Division of the American Cancer Society, the chief executive officer of the Greater Southeast Affiliate of the American Heart Association, the chief executive officer of the American Lung Association of Florida, four members appointed by the Governor, two members appointed by the President of the Senate, and two members appointed by the Speaker of the House of Representatives.

- Advising on program priorities, emphases, and overall program budget;
- Participating in periodic program evaluation;
- Assisting in developing guidelines for fairness, neutrality, principles of merit, and quality in the conduct of the program;
- Assisting in developing linkages to nonacademic entities such as voluntary organizations, health care delivery institutions, industry, government agencies, and public officials;
- Developing guidelines, criteria, and standards for the solicitation, review, and award of research grants and fellowships; and
- Developing and providing oversight regarding mechanisms for disseminating research results.[16]

At its inception, the program was intended to be supported by funds from the Lawton Chiles Endowment Fund,[17] but an appropriation amount was not specified in statute.[18] Funds appropriated to the program must be used for administrative expensed and to award grants and fellowships for research relating to the prevention, diagnosis, treatment, and cure of diseases related to tobacco use.[19]

In 2001, the Legislature amended the purpose of the program, stating that the intent for the program was to provide an annual and perpetual source of funding to support research initiatives that address the health care problems of Floridians in the areas of tobacco-related cancer, cardiovascular disease, stroke, and pulmonary disease.[20] In 2013, the Florida Biomedical Research Program was renamed the "James and Esther King Biomedical Research Program" (King Program).[21]

Each fiscal year, $25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7), F.S., is reserved for research of tobacco-related or cancer-related illnesses. Of the revenue deposited in the Health Care Trust Fund, $25 million is transferred to the Biomedical Research Trust Fund within the DOH. Subject to annual appropriations in the General Appropriations Act, $5 million must be appropriated to the King Program.[22]

Bankhead-Coley Program

In 2006, the Legislature created the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program (Bankhead-Coley Program) within the DOH. The purpose of the Bankhead-Coley Program is to advance progress towards cures for cancer through grant awards. The funds are distributed as grants to researchers seeking cures for cancer, with emphasis given to the efforts that significantly expand cancer research capacity in the state.[23] The goals of the Bankhead-Coley Program are to significantly expand cancer research and treatment in the state by:

- Identifying ways to attract new research talent and attendant national grant-producing researchers to cancer research facilities in this state;
- Implementing a peer-reviewed, competitive process to identify and fund the best proposals to expand cancer research institutes in this state;
- Funding, through available resources, proposals that demonstrate the greatest opportunity to attract federal research grants and private financial support;
- Encouraging the employment of bioinformatics in order to create a cancer informatics infrastructure that enhances information and resource exchange and integration through researchers working in diverse disciplines to facilitate the full spectrum of cancer investigations;
- Facilitating the technical coordination, business development, and support of intellectual property as it relates to the advancement of cancer research;

[16] Section 215.5602(4), F.S.
[17] Section 215.5601(1)(d), F.S.
[18] *Supra* note 14.
[19] Section 215.5602(2), F.S.
[20] Chapter 2001-73, Laws of Fla.
[21] Chapter 2013-50, Laws of Fla.
[22] Section 215.5602(12), F.S.
[23] Section 381.922(1)-(2), F.S.

- Aiding other multidisciplinary, research-support activities;
- Improving research and treatment through greater participation in clinical trials networks; and
- Reducing the impact of cancer on disparate groups.[24]

Each fiscal year, $25 million from the revenue deposited into the Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7), F.S., is reserved for research of tobacco-related or cancer-related illnesses. Of the revenue deposited in the Health Care Trust Fund, $25 million is transferred to the Biomedical Research Trust Fund within the DOH. Subject to annual appropriations in the General Appropriations Act, $5 million must be appropriated to the Bankhead-Coley Program.[25]

Ed and Ethel Moore Alzheimer's Disease Research Program

The Florida Legislature created the Ed and Ethel Moore Alzheimer's Disease Research Program (Moore Program) in 2014.[26] The Moore Program is housed in the DOH and is administered by an 11-member board known as the Alzheimer's Disease Research Grant Advisory Board (Alzheimer's Disease Board). The program's purpose is to fund research leading to prevention of, or a cure for, Alzheimer's disease.[27]

The Alzheimer's Disease Board must submit recommendations for funding of research proposals to the State Surgeon General by December 15 of each year. Upon receiving consultation from the Alzheimer's Disease Board, the State Surgeon General is authorized to award grants on the basis of scientific merit. Applications for research funding may be submitted by any university or established research institute in the state, and all qualified investigators in the state must have equal access and opportunity to compete for research funding. The implementation of the program is subject to legislative appropriation. Section 381.82(2)(b), F.S., specifies certain types of applications to be considered for funding, including:

- Investigatory-initiated research grants;
- Institutional research grants;
- Pre-doctoral and post-doctoral research fellowships; and
- Collaborative research grants, including those that advance the finding of cures through basic or applied research.[28]

In 2014, the Legislature appropriated $3,000,000 in general revenue funds to the Moore Program. By default, general revenue appropriations that remain unspent at the end of a fiscal year revert to the state.[29] However, the legislature may supersede this provision by passing a law that specifically authorizes the appropriation to be carried forward. The program awarded eleven grants ranging from $112,500 to $500,000, which fully expended the $3,000,000 appropriation for fiscal year 2014 - 2015.[30]

Biomedical Research Program Reporting

In 2013, the Legislature created new reporting requirements for entities that perform cancer research or care and receive an appropriation from the General Appropriations Act to perform biomedical research or to pay for research-related functions or operations, including entities receiving funds pursuant to the Bankhead-Coley Program and the King Program. The report is required to be submitted to the

[24] Section 381.922(2), F.S.
[25] Section 215.5602(12), F.S.
[26] Chapter 2014-163, Laws of Fla.
[27] Section 381.82, F.S.
[28] *Id*.
[29] Section 216.301, F.S.
[30] Alzheimer's Disease Research Grant Advisory Board, *Annual Report 2014-2015*, pg. 4, *available a*t http://www.floridahealth.gov/provider-and-partner-resources/adrgab/_documents/annual-report-2014-2015.pdf (last visited March 15, 2016).

President of the Senate and the Speaker of the House of Representatives by December 15 of each year and must:[31]

- Describe the general use of the state funds;
- Specify the research, if any, funded by the appropriation;
- Describe any fixed capital outlay project funded by the appropriation, the need for the project, how the project will be utilized, and the timeline for the status of the project, if applicable; and
- Identify any federal or private grants or donations generated as a result of the appropriation or activities funded by the appropriation, if applicable and traceable.[32]

The Alzheimer's Disease Board is required to annually submit a fiscal-year progress report on the research program to the Governor, President of the Senate, Speaker of the House of Representatives, and the State Surgeon General by February 15. The report must include:

- A list of research projects supported by grants or fellowships awarded under the program;
- A list of recipients of program grants or fellowships;
- A list of publications in peer-reviewed journals involving research supported by grants or fellowships awarded under the program;
- The state ranking and total amount of Alzheimer's disease research funding currently flowing into the state from the National Institute of Health;
- New grants for Alzheimer's disease research which were funded based on research supported by grants or fellowships awarded under the program;
- Progress toward programmatic goals, particularly in the prevention, diagnosis, treatment, and cure of Alzheimer's disease; and
- Recommendations to further the mission of the program.[33]

Licensure of Health Care Practitioners

The Division of Medical Quality Assurance (MQA), within the Department of Health (DOH), has general regulatory authority over health care practitioners.[34] The MQA works in conjunction with 22 boards and 6 councils to license and regulate 7 types of health care facilities and more than 40 health care professions.[35] Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority for the MQA.

Military Health Care Practitioners

An individual who serves or has served as a health care practitioner in the U.S. Armed Forces, U.S. Reserve Forces, or the National Guard on active duty or has served on active duty with the U.S. Armed Forces as a health care practitioner in the U.S. Public Health Service, is eligible for licensure in Florida.[36] The DOH is required to waive the application fee, licensure fee, and unlicensed fee for such applicants. The applicant will be issued a license to practice in Florida if the applicant submits a completed application, and:

[31] *Id*.
[32] *Supra* note 21.
[33] Section 381.82(4), F.S.
[34] Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dieticians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.
[35] Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2014-2015*, 3, *available at* http://mqawebteam.com/annualreports/1415/#6 (last visited March 15, 2016).
[36] Section 456.024, F.S.

- Receives an honorable discharge within the 6 months before or after submission of the application;
- Holds an active, unencumbered license issued by another state, the District of Columbia, or a U.S. territory or possession, with no disciplinary action taken against it in the 5 years preceding the date of application;
- Attests that he or she is not, at the time of submission, the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the U.S. Department of Defense for a reason related to the practice of the profession for which he or she is applying;
- Has actively practiced the profession for which he or she is applying for the 3 years preceding the date of application; and
- Submits to a background screening, if required for the profession for which he or she is applying, and does not have any disqualifying offenses.[37]

The DOH offers the Veterans Application for Licensure Online Response System (VALOR) to provide expedited licensing for honorably discharged veterans with an active license in another state.[38] To qualify for VALOR, a veteran must apply for a license six months before or after his or her honorable discharge from the U.S. Armed Forces.[39]

Federal law authorizes a health care professional employed by the United States Armed Forces to practice his or her health profession in the District of Columbia or any state or territory of the United States if the health care professional has a current license to practice his profession and is performing authorized duties for the Department of Defense.[40] Military health care practitioners practice in private health care settings through the authority of a memorandum of understanding, a training affiliation agreement, or external resourcing sharing agreement entered into between the United States Department of Defense and the private health care entity.[41] One state, Nevada, explicitly authorizes hospitals to enter into such agreements with the military and exempts the military practitioners from Nevada's licensure requirements, if the practitioner meets certain criteria.[42] Currently, under Florida law, a military health care practitioner would have to be licensed in Florida to practice in a private health care setting under such an agreement.

Disqualification of Certain Applicants for Licensure

Each board, or the DOH if there is no board, must refuse to admit a candidate to any examination, and refuse to issue a license, certificate, or registration to any applicant, if the candidate, applicant, or principal, officer, agent, managing employee, or affiliated person of an applicant:

- Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, certain specified felonies;[43]
- Has been terminated for cause from any Medicaid program; or
- Is listed on the U.S. Department of Health and Human Services' List of Excluded Individuals and Entities.[44]

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[37] Section 456.024(3)(a), F.S.
[38] *See* Department of Health, *Veterans*, *available at* http://www.floridahealth.gov/licensing-and-regulation/armed-forces/veterans/index.html (last visited March 15, 2016).
[39] *Id.*
[40] 10 U.S.C. § 1094.
[41] These military training agreements set forth the parameters under which the military practitioner may practice and may include strict supervision requirements. Such parameters and the degree of control the private health care entity has over the military health care practitioner may determine whether the federal government or the private health care entity is liable when a legal challenge is made. See, for example, *McBee v. United States*, 101 Fed.Appx. 5, 6 (5th Cir.2004), *Banks v. United States*, 623 F.Supp.2d 751 (S.D.Miss.2009), and *Starnes v. U.S.*, 139 F.3d 540, 542 (5th Cir.1998).
[42] NRS 449.2455.
[43] Section 456.0635(2), F.S., provides a tiered timeframe for these individuals to apply for a license, certificate, or registration, depending on the severity of the crime and length of time elapsed between the crime and the date of application for licensure.
[44] Section 456.0635(2), F.S.

Any of the above-referenced disqualifications do not apply to applicants for initial licensure or certification who were enrolled in a recognized educational or training program on or before July 1, 2009, and who applied for licensure after July 1, 2012.[45]

Section 456.0635(3), F.S., requires the DOH to refuse to renew the license, certificate, or registration of an applicant that would be disqualified for an initial license based on the disqualification criteria indicated above. However, according to the DOH, when it denies a license renewal pursuant to this section, licensees who meet the exception under s. 456.0635(2), F.S., may reapply and be granted a new license.[46] By utilizing this exception, licensees that would have otherwise been disqualified have been able to regain a license to practice. When the renewal cycle ends, those licensees will once again be denied pursuant to s. 456.0635(3), F.S., but would be eligible to reapply and obtain a license under the exception.[47]

Continuing Education Requirements

Compliance with continuing education (CE) requirements is a condition of renewal of license for health care practitioners. Boards, or the DOH when there is no board, require each licensee to demonstrate competency by completing CEs during each licensure cycle. The number of required CE hours varies by profession. The requirements for CEs may be found in ch. 456, F.S., professional practice acts, administrative rules, or a combination of these references. Failure to comply with CE requirements may result in disciplinary action against the licensee, in accordance with the disciplinary guidelines established by the applicable board, or the DOH if there is no board.

The DOH or boards, when applicable, monitor heath care practitioner's compliance with the CE requirements in a manner required by statute. The statutes vary as to the as to the required method to use. For example, DOH or a board, when applicable, may have to randomly select a licensee to request the submission of CE documentation;[48] require a licensees to a submit sworn affidavit or statement attesting that he or she has completed the required CE hours,[49] or perform an audit. Licensees are responsible for maintaining documentation of the CE courses completed.

In 2001, the Legislature directed the DOH to implement an electronic CE tracking system that was to be integrated into the licensure and renewal systems.[50] In the initial phase of the system, a licensee was able to check his or her compliance with CE requirements, but the system did not prevent the renewal of the license if such requirements were not met. The DOH is currently in the second phase of integration, which requires a licensee to have entered and met all CE requirements in order to renew a license.[51] The DOH's electronic CE system eliminates the need for submission of affidavits, audits, and other methods of proof of completion of CE requirements.

Section 456.013(7), F.S., requires that every health care practitioner regulated by the DOH complete an approved 2-hour course relating to the prevention of medical errors as part of the licensure and renewal process.

As a requirement for initial licensure, midwives, radiological personnel, clinical laboratory personnel, speech-language pathologists, and audiologists, must complete an education course on HIV and AIDS. If the applicant has not taken the course at the time of licensure and upon an affidavit showing good cause, an applicant may be granted 6 months to complete this requirement.[52]

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[45] *Id.*
[46] Department of Health, *2016 Agency Legislative Bill Analysis for House Bill 941* (Dec. 15, 2015), (on file with the Health Quality Subcommittee).
[47] *Id.*
[48] For example, see s. 457.107, F.S.
[49] For example see ss.458.347(4)(e), 466.0135(6), 466.014, and 466.032(5), F.S.
[50] Chapter 2001-277, Laws of Fla.
[51] *Supra* note 46.
[52] Section 381.0034, F.S.

Emergency Medical Technicians and Paramedics

The DOH, Division of Emergency Operations regulates emergency medical technicians (EMTs) and paramedics. "Emergency Medical Technician" is defined under s. 401.23, F.S., to mean a person who is certified by the DOH to perform basic life support.[53] "Paramedic" means a person who is certified by the DOH to perform basic and advanced life support.[54]

The National Emergency Medical Service (EMS) Education Standards define the minimal entry-level educational competencies, clinical behaviors, and judgments that must be met by Emergency Medical Service personnel to meet national practice guidelines.[55] The National EMS Education Standards assume there is a progression in practice from the entry-level Emergency Medical Responder level to the Paramedic level. That is, licensed personnel at each level are responsible for all knowledge, judgments, and behaviors at their level and all levels preceding their level. According to these standards, there are four licensure levels of EMS personnel: Emergency Medical Responder; Emergency Medical Technician; Advanced Emergency Medical Technician; and Paramedic. For example, a paramedic is responsible for the knowledge and performance of skills identified in that specific area, as well as the knowledge and skills for the three preceding levels.[56]

Under Florida law, an applicant for certification or recertification as an EMT or paramedic must:

- Have completed an appropriate training program as follows:
    - For an EMT, an EMT training program approved by the DOH as equivalent to the most recent EMT-Basic National Standard Curriculum or the National EMS Education Standards of the United States Department of Transportation; or
    - For a paramedic, a paramedic training program approved by the DOH as equivalent to the most recent EMT-Paramedic National Standard Curriculum or the National EMS Education Standards of the United States Department of Transportation;
- Certify under oath that he or she is not addicted to alcohol or any controlled substance;
- Certify under oath that he or she is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties;
- Within 2 years after program completion have passed an examination developed or required by the DOH;
- For an EMT, hold a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent as defined by DOH rule;
- For a paramedic, hold a certificate of successful course completion in advanced cardiac life support from the American Heart Association or its equivalent as defined by DOH rule;
- Submit the certification fee and the nonrefundable examination fee prescribed in s. 401.34, F.S., which examination fee will be required for each examination administered to an applicant; and
- Submit a completed application to the DOH, which application documents compliance with the certification requirements.[57]

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[53] "Basic life support" means the assessment or treatment by a person qualified under this part through the use of techniques described in the EMT-Basic National Standard Curriculum or the National EMS Education Standards of the United States Department of Transportation and approved by the DOH. The term includes the administration of oxygen and other techniques that have been approved and are performed under conditions specified by rules of the DOH.

[54] "Advanced life support" means assessment or treatment by a person qualified under this part through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, cardiac defibrillation, and other techniques described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards, pursuant to rules of the DOH.

[55] National Highway Traffic Safety Administration, *National Emergency Medical Services Educational Standards* (Jan. 2009), *available at* http://www.ems.gov/pdf/811077a.pdf (last visited March 15, 2016).

[56] *Id*.

[57] Section 401.27, F.S.

Chiropractors

Chiropractic medicine focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health.[58] All 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands officially recognize chiropractic medicine as a health care profession.[59]

In Florida, chiropractic physicians (chiropractors) are governed by ch. 460, F.S. The practice of chiropractic medicine refers to a noncombative principle and practice consisting of the science and art of adjustment, manipulation, and treatment of the human body.[60] Chiropractic services, chiropractic adjustments, and chiropractic manipulations may only be performed by a licensed chiropractor.[61] Chiropractors are prohibited from prescribing or administering any legend drug, with limited exceptions.[62]

To qualify to be licensed as a chiropractic physician, an applicant must:

- Graduate from an accredited chiropractic college;
- Successfully complete the National Board of Chiropractic Examiners certification examination and obtain a passing score on the physiotherapy examination of the National Board of Chiropractic Examiners;
- Obtain a passing score on the Florida Laws and Rules examination; and
- Submit to a background screening.[63]

A chiropractor must also complete 40 hours on continuing education for each biennial renewal of his or her license.[64]

Certified Nursing Assistants

The Board of Nursing regulates certified nursing assistants (CNAs). To be certified as a CNA, an applicant must meet the education and training requirements as established in statute and by rule by the Board of Nursing, and successfully pass a background screening.[65] To maintain certification, a CNA must show proof of having completed in-service training hours, which are the equivalent of CE hours for other health care professions. Currently, a CNA must complete 12 hours of in-service training each calendar year.[66] CNA certificates are issued for a biennium with an expiration date of May 31.[67]

The Council on Certified Nursing Assistants (Council) was created under the Board of Nursing to assist in the oversight of CNAs.[68] The Council's duties include recommending policy and procedures for CNAs, proposing rules to implement training and certification requirements, making recommendations to the Board of Nursing regarding matters related to the certification of CNAs, and addressing concerns and problems of CNAs in order to improve safety in the practice of CNAs.[69] The Council is composed of five members:

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[58] American Chiropractic Association, *The Chiropractic Profession: Key Facts & Figures*, *available at* http://www.acatoday.org/Portals/60/Docs/Patients/ACA%20Key%20Facts.pdf (last visited March 4, 2016).
[59] American Chiropractic Association, *Origins and History of Chiropractic Care*, *available at* http://www.acatoday.org/About/History-of-Chiropractic (last visited March 4, 2016).
[60] Section 460.403(9), F.S. and Rule 64B2-11.001, F.A.C.
[61] *Id*.
[62] *Id.* Chiropractors may order, store, and administer, for emergency purposes only, prescription medical oxygen and certain topical anesthetics in aerosol form.
[63] Section 460.406, F.S.
[64] Section 460.408, F.S.
[65] *See* s. 464.203, F.S., and Rules 64B9-15.006 and 64B9-15.008, F.A.C.
[66] Section 464.203(7), F.S., and Rule 64B9-15.011, F.A.C.
[67] Rule 64B-11.001, F.A.C. *See also* Florida Board of Nursing, *Certified Nursing Assistant (CNA) Renewal Requirements*, *available at* http://floridasnursing.gov/renewals/certified-nursing-assistant/ (last visited March 15, 2016).
[68] Section 464.2085, F.S.
[69] Section 464.2085(2), F.S.

- Two registered nurses appointed by the chair of the Board of Nursing;
- A licensed practical nurse appointed by the chair of the Board of Nursing; and
- Two CNAs appointed by the State Surgeon General.[70]

Historically, the Council met bimonthly in conjunction with the Board of Nursing at a cost of $40,000 per year.[71] However, the Council has not held a face-to-face meeting since 2013, and beginning in 2014, the Council meets only by telephone conference call on an as needed basis. The Board of Nursing and the Council support abolishment of the Council.[72]

Advisory Council of Medical Physicists

The Advisory Council of Medical Physicists (council) is a nine-member council, created in 1997, to advise the DOH in the regulation of the practice of medical physics.[73] The responsibilities of the council include recommending rules to regulate the practice of medical physics, practice standards, and CE requirements.[74]

The council fulfilled its initial statutory requirements in making recommendations for the initial development of rules, practice standards, and CE requirements, and last met in December 1998.[75] The State Surgeon General appointed new members to the council in 2015 and the council met for the first time in 17 years. The DOH estimates that the cost of a face-to-face meeting of the council is $3,535 per meeting. The DOH advises that an Advisory Council on Radiation Protection, which includes medical physicists among its members, may be used in lieu of the council for guidance on matters of practice and public safety.[76]

Physical Therapist Assistants

A physical therapist assistant (PTA) is an individual duly licensed to perform patient-related activities, including the use of physical agents, under the direction of a physical therapist.[77] To be licensed as a PTA, an applicant must graduate from a school that provides at least a two-year course of study for the preparation of physical therapy assistants.[78] The course must be recognized by the appropriate accrediting agency recognized by the U.S. Department of Education (USDE), including any regional or national institutional accrediting agency recognized by the USDE or the Commission on Accreditation for Physical Therapist Education (CAPTE).

The CAPTE is the only accrediting agency recognized by the USDE and the Council for Higher Education Accreditation.[79] It grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants.[80] Current Medicare regulations

[70] Section 464.2085(1), F.S.
[71] *Supra* note 46.
[72] *Id.*
[73] Section 483.901(4), F.S. Section 483.901(3)(h), F.S., defines medical physics is a branch of physics associated with the practice of medicine, and includes the fields of diagnostic radiological physics, medical nuclear radiological physics, and medical health physics.
[74] Section 483.901(5), F.S.
[75] *Supra* note 46 at pg. 9. Pursuant to r. 64B16-28.101, F.A.C., pharmacies must be inspected at least once per year. However, during its first year of operation, a pharmacy is inspected at least twice; and any pharmacy with three consecutive annual inspections and no resulting disciplinary action, may be inspected every two years.
[76] *Id.*
[77] Section 486.021, F.S. Patient-related activities performed by a PTA for a board-certified orthopedic physician, psychiatrist, or chiropractor are done so under the general supervision of a physical therapist and does not require onsite supervision. However, such activities performed for podiatrist or dentists must be done under the onsite supervision of the physical therapist.
[78] Section 486.102, F.S.
[79] U.S. Department of Education, *Accreditation in the United States: Specialized Accrediting Agency*, *available at* http://www2.ed.gov/admins/finaid/accred/accreditation_pg7.html#health (last visited March 15, 2016). *See also* Commission on Accreditation in Physical Therapy Education, *What We Do*, *available at* http://www.capteonline.org/WhatWeDo/ (last visited March 15, 2016).
[80] CAPTE, *Welcome to CAPTE*, *available at* http://www.capteonline.org/home.aspx (last visited March 15, 2016).

require PTAs who treat Medicare patients to be graduate of a CAPTE-approved program.[81] There are approximately 27 CAPTE-accredited PTA programs in Florida.[82]

Patient Records

Upon the death or incapacitation of a practitioner or abandonment of medical records by a practitioner, the board, or the DOH if there is no board, may temporarily or permanently appoint a custodian of records.[83] The records custodian is required to comply with all recordkeeping requirements of s. 456.057, F.S., including maintaining the confidentiality of patient records except upon written authorization by the patient or by operation of law.[84]

According to the DOH, 10 times per year or more, patient records are abandoned, mostly due to the death or incarceration of a practitioner, and patients are unable to access their medical records.[85] The DOH attempts to secure the records but does not have the resources available to assume control and release the records to the patients.[86]

Dispensing Practitioner Facility Inspections

The DOH is required to inspect any facility where a dispensing practitioner dispenses medicinal drugs, in the same manner and frequency as it inspects pharmacies, to determine whether the practitioner is in compliance with all applicable statutes and rules.[87] In its annual inspection of the facility, the DOH reviews compliance with requirements related to registration, labeling and storing drugs, recordkeeping, and other safety, quality, and security requirements.[88]

Dispensing practitioners may not dispense Schedule II or Schedule III controlled substances, except:

- In the health care system of the Department of Corrections;
- In connection with a surgical procedure and limited to a 14-day supply;
- In an approved clinical trial;
- In a facility, licensed under s. 397.427, F.S., providing medication-assisted treatment for opiate addiction;
- In a hospice facility, licensed under part IV of chapter 400, F.S.[89]

The DOH indicates that during the last two fiscal years, it has conducted 15,062 dispensing practitioner inspections with a passing rate of 99 percent.[90]

Regulation of Pharmacies and Pharmacists

Pursuant to ch. 465, F.S., the Florida Board of Pharmacy, within the DOH, licenses and regulates the practice of pharmacy in this state. The term “pharmacy” includes a community pharmacy,[91] an

[81] 42 C.F.R. s. 484.4. There are additional provisions that apply to graduates of foreign PTA programs.
[82] CAPTE, *Master List of Accredited Education Programs for the Physical Therapist Assistant* (Jan. 2016), *available at* http://www.capteonline.org/uploadedFiles/CAPTEorg/State_Boards/MasterListofAccreditedPTAPrograms.pdf (last visited March 15, 2016).
[83] Section 456.057(20), F.S.
[84] Pursuant to s. 456.057(3), a records custodian is a person who acquires medical records from a record owner, which is a health care practitioner who generates a medical record after examining or administering treatment to a person or obtains such records pursuant to a transfer by a previous record owner.
[85] *Supra* note 46.
[86] *Id*.
[87] Section 465.0276(3), F.S.
[88] Florida Department of Health, *Inspection Forms*, *available at* http://www.floridahealth.gov/licensing-and-regulation/enforcement/inspection-program/inspection-forms.html (last visited March 15, 2016). Click on “Dispensing Practitioners” to view the inspection checklist; the form lists the legal authority for each item. The registration fee is $100 at the time of registration and upon the renewal of the license. *See* r. 64B8-3.006, F.A.C.
[89] Section 465.0276(1)(b), F.S.
[90] *Supra* note 46 at pg. 8.

institutional pharmacy,[92] a nuclear pharmacy,[93] a special pharmacy,[94] and an internet pharmacy.[95] The board regulates the operation of pharmacies and disciplines pharmacies for failure to comply with state and federal regulations.[96]

Special Pharmacy Permits

The Board of Pharmacy recognizes six types of pharmacy permits, including Special Pharmacy - End Stage Renal Dialysis (ESRD).[97] The Special Pharmacy – ESRD is a special pharmacy, which is limited to the provision of dialysis[98] products and supplies to persons with chronic kidney failure[99] for self-administration at the person's home or specified address.[100] To be obtain a permit to operate a special pharmacy, the applicant must:

- Complete an application and pay a $250 initial payment fee;
- A legible set of fingerprint cards and $48 fee for each person having an ownership interest of at least 5 percent and any person who, directly or indirectly, manages, oversees, or controls the operation of the pharmacy, including officers and members of the board of directors, if the applicant is a corporation;
- Pass an on-site inspection;
- Provide written policies and procedures for preventing and controlled substance dispensing based on fraudulent representations or invalid practitioner-patient relationships; and
- Designate a prescription department manager or consultant pharmacist of record.[101]

Hemodialysis may be performed at a dialysis center or in the patient's home, and peritoneal dialysis is performed in the patient's home. Generally, a training nurse will teach the patient and his or her partner on how to properly care for the dialysis equipment, run the dialysis procedure, store and order supplies, and recognize and report problems, among other topics.[102]

Emergency Refills

Section 465.0275, F.S., authorizes a pharmacist to dispense an emergency refill of up to 72-hour supply, if the pharmacist is unable to readily obtain refill authorization from a prescriber. A pharmacist may dispense an emergency refill up to a 30-day supply if the Governor declares a state of emergency or issues an emergency order for the area or county in which the pharmacist is located and the

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[91] A community pharmacy includes every location where medicinal drugs are compounded, dispensed, stored, or sold, or where prescriptions are filled or dispensed on an outpatient basis. Section 465.003(10)(a)1., F.S.
[92] An institutional pharmacy includes every location in a hospital, clinic, nursing home, dispensary, sanitarium, extended care facility, or other facility where medicinal drugs are compounded, dispensed, stored, or sold.465.003(1)(a)2., F.S.
[93] A nuclear pharmacy includes every location were radioactive drugs and chemicals within the classification of medicinal drugs are compounded, dispensed, stored, or sold, but does not include hospitals or the nuclear medicine facilities of hospitals. Section 465.003(10) (a)3., F.S.
[94] A special pharmacy includes every location where medicinal drugs are compounded, dispensed, stored, or sold, if not otherwise classified as a community pharmacy, institutional pharmacy, nuclear pharmacy, or internet pharmacy. Section 465.003(10)(a)4., F.S.
[95] An internet pharmacy includes locations not otherwise licensed or issued a permit pursuant to statute, within or outside of this state, which use the Internet to communicate with or obtain information from consumers in this state and use such communication or information to fill or refill prescriptions or to dispense, distribute, or otherwise engage in the practice of pharmacy. Section
[96] *See* ss. 465.022 and 465.023, F.S.
[97] Rule 64B16-28.100(5)(d), F.A.C.
[98] Dialysis is a treatment employed to perform the work of kidneys that are no longer functioning properly. There are two types of dialysis – hemodialysis and peritoneal dialysis, both of which may be performed at home. National Kidney Foundation, *Dialysis*, *available at* https://www.kidney.org/atoz/content/dialysisinfo (last visited March 7, 2016).
[99] Chronic kidney disease is a condition in which a person gradually loses kidney function over time. The National Kidney Foundation divides kidney disease into five different stages representing progressively higher loss of kidney function. Two of the primary causes of chronic kidney disease are diabetes and high blood pressure, which account for nearly two-thirds of cases. National Kidney Foundation, *About Chronic Kidney Disease*, *available at* https://www.kidney.org/kidneydisease/aboutckd (last visited March 7, 2016).
[100] Rule 64B16-28.100(5)(d)4., F.A.C.
[101] Rule 64b16-28.100(1) and (5), F.A.C.
[102] Home Dialysis Central, *Daily Home Dialysis*, *available at* http://homedialysis.org/home-dialysis-basics/daily-home-hemodialysis, and *Peritoneal Dialysis*, *available at* http://homedialysis.org/home-dialysis-basics/peritoneal-dialysis (last visited March 15, 2016).

executive order authorizes such a refill. However, in a declared emergency, a pharmacist may only dispense an emergency refill if:

- The prescription is not for a medicinal drug listed in Schedule II of ch. 893;
- The medication is essential to the maintenance of life or to the continuation of therapy in a chronic condition;
- In the pharmacist's professional judgment, the interruption of therapy might reasonably produce undesirable health consequences or may cause physical or mental discomfort;
- The dispensing pharmacists creates a written order containing all the prescription required by law and signs that order; and
- The dispensing pharmacists notifies the prescriber of the emergency refill within a reasonable time after such dispensing.

Effect of Bill

The bill revises the regulation of various health care practitioners and programs under the jurisdiction of the DOH.

Closing the Gap

The bill renames the Office of Minority Health as the Office of Minority Health and Health Equity, which will be headed by a Senior Health Equity Officer. The Senior Health Equity Officer is responsible for administering the Closing the Gap grant program in a manner to maximize its impact in achieving health equity. The Senior Health Equity Officer must evaluate awarded grants to assess the effectiveness and efficiency of the use of funds, which must inform future grant awards and determine best practices to be shared with stakeholders.

In addition to existing criteria that may be used to evaluate a project proposal for a Closing the Gap grant, the bill authorizes the DOH to consider neighborhood social determinants of health, as outlined by the Centers for Disease Control and Prevention's "Tools for Putting Social Determinants of Health into Action." The bill also provides that proposals incorporating policy approaches to achieve sustainable long-term improvement must be given priority.

Florida Biomedical Research Programs

The bill creates additional reporting requirements for the Biomedical Research Advisory Council (BRAC), which relate to any biomedical research grant awarded under the James and Esther King Biomedical Research Program or the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program, or to an appropriation made to an entity performing biomedical research from the General Appropriations Act. Specifically the BRAC must report to the Governor, the State Surgeon General, the President of the Senate, and the Speaker of the House of Representatives, by December 15 each year, the following additional information:

- The status of the research and whether it has concluded;
- The results or expected results of the research;
- The names of principal investigators performing the research;
- The title, citation, and summary of findings of a publication in a peer reviewed journal resulting from the research;
- The status of a patent, if any, generated from the research and an economic analysis of the impact of the resulting patent;
- A list of postsecondary educational institutions involved in the research, a description of each postsecondary educational institution's involvement in the research, and the number of students receiving training or performing research;

- A description of any fixed capital outlay project funded by the appropriation, the need for the project, how the project will be utilized, and the timeline for and status of the project, if applicable; and
- The identity of state or local government grants or donations generated as a result of the appropriation or activities funded by the appropriation, if applicable and traceable.

The bill also requires the Alzheimer's Disease Research Grant Advisory Board of the Ed and Ethel Moore Alzheimer's Disease Research Program to report the above information annually, by February 15, to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the State Surgeon General.

The bill also allows the balance of any appropriation from the General Revenue fund for the Ed and Ethel Moore Alzheimer's Disease Research Program, which has not been disbursed, but which is obligated by contract or otherwise, to be carried forward for up to 5 years after the initial appropriation. This would prevent the disruption of the funding of biomedical research that has been contractually obligated for more than a fiscal year.

Licensure of Health Care Practitioners

Military and Military Spouse Health Care Practitioners

The bill authorizes the DOH to waive fees and issue a health care practitioner license to an active duty member of the military, who applies 6 months before or after an honorable discharge, in a profession for which licensure is not required in another state.[103] However, the applicant must provide evidence of military training or experience substantially equal to the requirements for licensure in Florida, and proof of a passing score on the appropriate examination of a national or regional standards organization, if required for licensure in Florida.

The bill also authorizes the DOH to issue a health care practitioner license, except a dental license, to the spouse of an active duty military member and allow an applicant to apply in the same manner as those military members applying for a health care practitioner license within 6 months of an honorable discharge, meaning the military spouse applicant will not be subject to application fees and will have a truncated application process. As with military applicants, the military spouse who is applying for a health care license in a profession that does not require a license in another state, the applicant who is not licensed in another state must provide evidence of training or experience equivalent to the requirements for licensure in Florida and provide proof of a passing score on the appropriate exam of a national or regional standards organization, if required for licensure in Florida.

The bill allows military health care practitioners who are practicing under a military platform, which is a training agreement with a nonmilitary health care provider, to be issued a temporary certificate from DOH, which authorizes the practitioner to practice in this state for up to 6 months. This would allow military health care practitioners to develop and maintain technical proficiency in their profession.

The bill includes certain safeguards to ensure military health care practitioners applying for a temporary certificate will competently and safely practice in nonmilitary health care settings. An applicant who has been convicted of a felony or misdemeanor related to the practice of a health care profession, who has had a health care provider license revoked or suspended in another jurisdiction, who has failed the Florida licensure examination for his or her profession, or who is under investigation in another jurisdiction for an act that constitutes a violation under a Florida practice act, is ineligible to apply for a temporary certificate. Upon application, the bill requires the military health care practitioner seeking a temporary certificate to:

[103] According to the DOH, professions not licensed in all states and jurisdictions, but are licensed in Florida, include: respiratory therapists and assistants, clinical laboratory personnel, medical physicists, opticians, athletic trainers, electrologists, nursing home administrators, midwives, orthotists and assistants, prosthetists and assistants, pedorthotists and assistants, orthotic fitters and assistants, certified chiropractic physician assistants, and pharmacy technicians. *Supra* note 46 at pg. 3.

- Submit proof that he or she will practice pursuant to a military platform;
- Submit a complete application and a nonrefundable application fee not to exceed $50;
- Hold a valid and unencumbered license to practice as a health care professional in another state, the District of Columbia, or a possession or territory of the United States, or is a military health care practitioner in a profession for which licensure in a state or jurisdiction is not required for practice in the military and who provides evidence of training and experience substantially equivalent to the requirements for licensure in this state for that profession;
- Attest that he or she is not, at the time of application, the subject of a disciplinary proceeding in another jurisdiction or by the United States Department of Defense for reasons related to the practice of the profession for which he or she is applying;
- Be determined to be competent in the profession for which they are applying for a temporary certificate; and
- Submit a set of fingerprints for a background screening, if required in this state for a profession for which he or she is applying for a temporary certificate.

Disqualification of Certain Applicants for Licensure

Current law requires the DOH to deny the initial licensure application or renewal application of any health care practitioner who has been convicted of certain felonies or excluded from participating in governmental health programs. The bill deletes a provision that allows certain felons, individuals terminated for cause from any state's Medicaid program, or individuals listed on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, to obtain a license in Florida. The deletion of this provision will prevent those denied licensure renewal based on one of these offenses from re-applying and obtaining a new license based on the exemption.

Continuing Education Requirements

The bill creates s. 456.0361, F.S., and relocates the requirement that DOH establish an electronic continuing education (CE) tracking system to the newly created section of law. The bill prohibits the DOH from issuing a license renewal if the licensee has not complied with applicable CE requirements. The boards and the DOH may impose additional penalties, as authorized by statute or rule, for noncompliance with CE requirements. The DOH is granted rulemaking authority for implementation of this provision.

The bill simplifies the CE reporting requirements for certain practitioners to conform with the electronic CE tracking system. For acupuncturists, physician assistants, optometrists, dentists, dental hygienists, dental laboratories, hearing aid specialists, and physical therapists, the bill eliminates procedures for proving compliance with CE requirements, such as the submission of an affidavit or written statement attesting to the completion of the required CEs. The bill also eliminates the DOH's authority to request that a licensee produce documentation of his or her CEs.

The bill repeals the requirement that radiological personnel, speech-language pathologists, and audiologists complete a course on HIV and AIDS prior to licensure. According to the DOH, this will accelerate the initial licensure process and reduce costs to licensees.[104] Midwives and clinical laboratory personnel must still meet this requirement for licensure.

The bill eliminates the requirement that health care practitioners complete a 2-hour course on medical errors before a license may be issued; but maintains the requirement for biennial renewal.

[104] *Supra* note 46 at pg. 9.

Emergency Medical Technicians and Paramedics

The bill permits the certificates for emergency medical technicians (EMTs) and paramedics to remain in an inactive status for up to two renewal periods (4 years) rather than expiring after 180 days. The EMT or paramedic must successfully complete a certification exam during the second renewal period to reactive the license. Additionally, the bill exempts out-of-state or military-trained EMTs or paramedics from the certification examination required by the DOH if the EMT or paramedic is nationally certified or registered.

Chiropractors

The bill exempts a chiropractic physician who is licensed in another state and performs chiropractic procedures or demonstrates equipment or supplies as a part of a board- approved continuing education program from the licensure requirements of this state.

Certified Nursing Assistants

The bill repeals s. 464.2085, F.S., to abolish the Council on Certified Nursing Assistants, under the Board of Nursing. The Council currently meets by telephone conference call, on an as needed basis. Historically, the Board met bimonthly, in conjunction with Board of Nursing meetings, at an estimated cost of $40,000 per year. According to the DOH, the Board of Nursing, in conjunction with stakeholders, has the knowledge and experience to undertake the promulgation of rules for the CNAs. The Board of Nursing and the Council on Certified Nursing Assistants support this repeal.[105]

The bill also amends the reporting schedule for CE for CNAs from annual to biennial to align the renewal cycle for the profession.

Medical Physicists

The bill abolishes the Advisory Council of Medical Physicists (council), which was created to advise the DOH in the regulation of the practice of medical physics. The council fulfilled its initial statutory duties by making recommendations for the initial development of rules, practice standards, and CE requirements. The State Surgeon General appointed new members to the council in 2015 and council met for the first time in 17 years. The DOH estimates that the cost of a face-to-face meeting of the council is $3,535 per meeting. The DOH advises that an Advisory Council on Radiation Protection includes medical physicists among its members and that group may be used for guidance on matters of practice and public safety.[106]

The bill authorizes the DOH to issue one-year temporary licenses to medical physicists upon proof that the applicant has completed a residency program and paid a fee, as determined by rule.

Dispensing Practitioner

The bill eliminates the inspection by the DOH of the facilities of a dispensing practitioner. The dispensing practitioner must continue to comply with all applicable statutes and rules. However, a dispensing practitioner will not be subject to an inspection by the DOH within specified timeframes. The DOH retains the authority to inspect the facilities of a dispensing practitioner at such time as the DOH determines it is necessary.[107]

[105] *Supra* note 46 at pg. 8.
[106] *Supra* note 46.
[107] *See* s. 456.069, F.S.

Patient Records

The bill permits the DOH to contract with a third party to become the custodian of medical records in the event of a practitioner's death, incapacitation, or abandonment of the medical records, under the same confidentiality and disclosure requirements imposed on a licensee. The bill requires board-appointed medical records custodians to be approved by the DOH.

Physical Therapist Assistant Programs

The bill repeals a provision that allows physical therapist assistant programs to be regionally accredited by an organization approved by CAPTE and deletes a redundant reference to the U.S. Department of Education. All Florida PTA programs will be standardized and graduates of such programs will meet the standards established for eligibility to provide services to Medicare patients.

Pharmacies and Pharmacists

The bill exempts from pharmacy permitting requirements, a manufacturer, or its agent, holding an active permit as a manufacturer under ch. 499, F.S., and engaged solely in the manufacturer or distribution of dialysate, drugs, or devices necessary to perform home renal dialysis on patients with chronic kidney failure. The dialysate, drugs, or devices must be approved by the U.S. Food and Drug Administration, and must be delivered in the original, sealed packaging to the patient for self-administration or to a health care practitioner or an institution.

The bill also permits a pharmacist to provide a one-time emergency refill of up to one vial of insulin to treat diabetes mellitus, if the pharmacist receives a request for a refill and is unable to readily obtain authorization from the prescriber.

The bill makes other technical and conforming changes.

The bill provides an effective date of July 1, 2016

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

Military Health Care Practitioners

The revenues from health care practitioner licensure fees will be reduced due to the expansion of fee waivers for military spouses applying for licensure. The bill also allows the DOH to assess up to a $50 application fee and renewal fee for temporary certificates for active duty military health care professionals. The DOH has the authority to waive the fee, yet if assessed, the fee revenues generated would support the regulatory expenses of the licenses. Since the implementation of current legislation granting fee waivers for honorably discharged veterans, the DOH has issued 150 licenses for a total of $55,017 in unrealized revenue. Since implementation of legislation granting temporary licenses for military spouses, the DOH has issued 112 temporary licenses.[108]

Dispensing Practitioner Facility Inspections

The bill amends the requirement for inspecting a dispensing practitioner's location and instead allows the DOH to inspect at such times as the DOH determines it is necessary as a random,

[108] *Supra* note 46.

unannounced inspection or during the course of an investigation. Each registered dispensing practitioner is assessed a $100 fee at the time of registration and again upon the renewal of their license to cover the cost of inspections. The loss of revenue would be the result of 2,984 dispensing practitioners not being assessed the biannual fee for a calculated total annual loss in revenue of $149,200.[109]

2. Expenditures:

Military Health Care Practitioners

The DOH may experience a recurring increase in workload associated with the expanded eligibility criteria of the military fee waiver for health care professional licensure. The number of qualified applicants who will apply for licensure is indeterminate however, it is anticipated that current resources are adequate to absorb the impact.

Dispensing Practitioner Facility Inspections

The bill is anticipated to have an insignificant, positive fiscal impact on the DOH with the elimination of annual inspections of the facilities of dispensing practitioners. In Fiscal Year 2014-2015, the DOH conducted 7,800 inspections of dispensing practitioner locations at an estimated cost of approximately $75 per inspection with an annual cost savings of $597,706.[110]

Advisory Councils

The DOH may realize costs savings resulting from the elimination of the Council on Certified Nursing Assistants and the Advisory Council of Medical Physicists. The annual cost of face-to-face meetings of the Council on Certified Nursing Assistants is approximately $40,000. The per-meeting cost of the Advisory Council of Medical Physicists is $3,535.[111]

DOH Record Retention

The bill will have an insignificant, negative fiscal impact on the DOH, to pay for annual storage costs for medical records the DOH would have to retain in the event of a practitioner's death, incapacitation, or abandonment of medical records. The annual contractual cost is estimated to be $4,020 which current resources are adequate to absorb.[112]

Electronic Continuing Education Tracking System

The bill may have an insignificant, negative fiscal impact on the DOH, associated with the promulgation of rules to implement its electronic continuing education tracking system.

Reporting Requirements of Biomedical Research Grants

The DOH may incur a negative fiscal impact associated with providing administrative support to the BRAC to comply with the bill's new reporting requirements pertaining to biomedical research grants.

[109] E-mail Correspondence with the Department of Health, (January 29, 2016), on file with the Health Care Appropriations Subcommittee.
[110] *Supra* note 46.
[111] *Id*.
[112] *Id*.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Military Health Care Practitioners

The bill expands fee waivers for military spouses and military health care practitioners who will incur less expense when applying for permanent medical professional licensure.

Active duty military health care professionals may incur an additional cost if the DOH implements a $50 application fee and renewal fee for temporary health care licensure.

HIV and AIDS and Medical Errors Course Requirements

With the elimination of the requirement to complete an HIV/AIDS course and medical errors course prior to licensure, affected licensees may incur less expense when applying for licensure. The course for these professions costs approximately $135 and the total cost savings to applicants in Fiscal Year 2014-2015 was $145,800 for Clinical Laboratory Personnel, $3,375 for Midwives, and $295,065 for Radiologic Technologists and Radiologist Assistants.[113]

Dispensing Practitioner

A medical practitioner will experience a cost savings due to the bill eliminating the $100 fee assessed at the time of registration and again upon the renewal of the dispensing practitioner license.

Medical Research Grants

The bill allows the Ed and Ethel Moore Alzheimer's Disease Research Program to carry forward unspent general revenue appropriations up to five years allowing research projects to span multiple years. This will enable the department to offer longer grant periods, thus enabling researchers to benefit from having access to allocated grant funds over the course of a five-year period.

D. FISCAL COMMENTS:

[113] *Supra* note 46.