

Ways and Means Committee

Wednesday, April 5, 2017 9:00 a.m. – 2:00 p.m. Morris Hall

MEETING PACKET
Part II

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 7011 PCB HQS 17-01 Health Care Access

SPONSOR(S): Health Quality Subcommittee, Pigman

TIED BILLS: IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF			
Orig. Comm.: Health Quality Subcommittee	10 Y, 3 N	Siples	McElroy	0		
1) Ways & Means Committee		Aldridge W	Langston	15		
2) Health & Human Services Committee						

SUMMARY ANALYSIS

Florida, as well as the nation, is facing a shortage of health care practitioners. In order to broaden access to health care services, the bill seeks to eliminate unnecessary regulation and authorize and incentivize efficient methods of providing care.

The bill allows APRNs who meet certain criteria to practice advanced or specialized nursing without physician supervision or a protocol by registering with the Board of Nursing. In addition, the bill authorizes these "independent advanced practice registered nurses" to:

- · Act as a patient's primary care provider;
- Provide a signature, certification, stamp, verification, affidavit, or other endorsement currently required by law to be provided by a physician;
- Certify a cause of death and sign, correct, and file death certificates;
- Perform certain physical examinations currently reserved to physicians by Florida law, such as examinations of pilots, law enforcement officers, and suspected child abuse victims; and
- Be reimbursed under personal injury protection insurance for initial and follow-up medical services, consistent with current law applicable to physicians.

IAPRNs may be administratively disciplined if they commit specified prohibited acts related to unethical and substandard business practices. The bill also imposes additional requirements on IAPRNs for controlled substance prescribing. IAPRNs must complete 10 hours of continuing education related to pharmacology prior to biennial registration renewal and report controlled substance-related adverse incidents to the Board.

The bill changes the term "advanced registered nurse practitioner" to "advanced practice registered nurse" (APRN) throughout Florida Statutes. The bill authorizes an APRN or a physician assistant (PA) to certify a person for involuntary examination under the Baker Act.

The bill authorizes PAs to perform certain examinations that APRNs are authorized to perform under current law, such as those to detect child abuse and for the purpose of pilot certification. The bill authorizes PAs to file death registrations and certify a cause of death. The bill also authorizes PAs to participate in the Public School Volunteer Health Care Practitioner Program.

The bill creates s. 456.47, F.S., relating to the use of telehealth to provide health care services. Specifically, the bill:

- Authorizes Florida-licensed health care professionals to use telehealth and articulates a standard of care.
- Authorizes out-of-state health care professionals to use telehealth for Florida patients if they register with the Department of Health (DOH) or the applicable board, meet certain requirements, and pay a fee.
- Authorizes health care professionals who prescribe controlled substances to use telehealth to do so, with certain limited circumstances.
- Requires registered telehealth pharmacists to use only Florida-registered for Florida patients.
- Provides standards for record-keeping for those patients who are rendered health care services using telehealth.

For tax years beginning on or after January 1, 2018, the bill creates a tax credit for health insurers and health maintenance organizations (HMOs) that cover services provided by telehealth. A tax credit, in the amount of one tenth of one percent of total insurance premiums received on certain accident or health insurance policies issued or delivered in Florida in the previous calendar year, may be applied against the incurred corporate income tax or insurance premium tax. Any unused tax credit may be carried forward for up to 5 years. The bill authorizes the Department of Revenue to recoup any tax credit amounts for which it finds the health insurer or HMO was ineligible to receive.

The bill provides an appropriation of \$261,389 recurring and \$15,528 nonrecurring funds from the Medical Quality Assurance Trust Fund and four full time equivalent positions and \$145,870 in salary rate to utilize the funds generated from the registration fee to offset the workload increase anticipated from additional licenses. The Revenue Estimating Conference estimated that the tax provisions in the bill will have a recurring negative impact on General Revenue, though the first cash impacts of -\$30.8 million are delayed until FY 2019-20. The bill does not have a revenue impact on local government.

The bill provides an effective date of July 1, 2017, except as otherwise expressly provided in the bill.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: h7011.WMC.DOCX

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Health Care Professional Shortage

There is currently a health care provider shortage in the U.S.¹ For example, as of January 1, 2017, the U.S. Department of Health and Human Services has designated 6,626 Primary Care Health Professional Shortage Area (HPSA) (requiring 9,376 additional primary care physicians to eliminate the shortage), 5,493 Dental HPSAs (requiring 8,118 additional dentists to eliminate the shortage), and 4,627 Mental Health HPSAs (requiring 3,397 additional psychiatrists to eliminate the shortage). Similarly, according to a 2010 report prepared by the Florida Center for Nursing, Florida is projected to experience a shortage of more than 62,800 nurses by 2025.²

This shortage is predicted to continue into the foreseeable future and will likely worsen with the aging and growth of the U.S. population³ and the passage of the Patient Protection and Affordable Care Act.⁴ Aging populations create a disproportionately higher health care demand.⁵ 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. There are several other factors which will likely increase the demand for a larger health care workforce. These include: ⁶

- Shortage of health care professionals being educated, trained and licensed;
- Lack of specialists and health facilities in rural areas;
- · Adverse events, injuries and illness at hospitals and physician's offices; and
- Need to improve community and population health.

Florida is not immune to the national problem and is experiencing a health care provider shortage itself. This is evidenced by the fact that for just primary care, dental care and mental health there are 655 federally designated Health Professional Shortage Areas (HPSA) within the state. ⁷ It would take 1,010 primary care, 1,203 dental care, and 254 mental health practitioners to eliminate these shortage areas. ⁸

⁸ *Id*.

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¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, *Shortage Areas*, *available at* http://www.hrsa.gov/shortage/ (last visited January 6, 2017).

² Florida Center for Nursing, RN and LPN Supply and Demand Forecasts, 2010-2025: Florida's Projected Nursing Shortage in View of the Recession and Healthcare Reform (Oct. 2010), available at https://www.flcenterfornursing.org/ForecastsStrategies/FCNForecasts.aspx (last visited January 6, 2017).

³ There will be an increase in the U.S. population, estimated to grow from just under 319 million in 2014 to approximately 359.4 million in 2030, eventually reaching 417 million in 2060. See U.S. Census Bureau, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060* (March 2015), available at https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf (last visited January 6, 2017).

⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, *Projecting the Supply and Demand for Primary Care Practitioners Through 2020* (November 2013), *available at* https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projectingprimarycare.pdf (last visited on January 6, 2017). Changes to or repeal of

<u>nttps://bnw.nrsa.gov/sites/default/files/bnw/ncnwa/projectingprimarycare.pdf</u> (last visited on January 6, 2017). Changes to or repeal of the Affordable Care Act is likely.

⁵ One analysis measured current primary care utilization (office visits) and projected the impact of population increases, aging, and insured status changes. The study found that the total number of office visits to primary care physicians will increase from 462 million in 2008 to 565 million in 2025, and (because of aging) the average number of visits will increase from 1.60 to 1.66. The study concluded that the U.S. will require 51,880 additional primary care physicians by 2025. See Petterson, Stephen M., et al., "Projecting U.S. Primary Care Physician Workforce Needs: 2010-2025", Annals of Family Medicine, vol. 10, No. 6, Nov./Dec. 2012, available athttp://www.annfammed.org/content/10/6/503.full.pdf+html (last visited on January 6, 2017).

⁶ Matthew A. Hein, *Telemedicine: An Important Force in the Transformation of Healthcare*, (June 25, 2009), *available at* http://trade.gov/td/health/telemedicine_2009.pdf (last visited January 6, 2017).

Supra note 1.

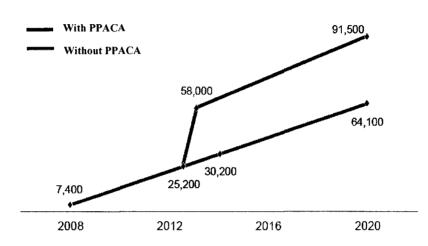
Physician Workforce Data

The Association of American Medical Colleges Center for Workforce Studies estimates that the U.S. will face a physician shortage of between 61,700 and 94,700 across all specialties by 2025. 9

In 2014, there were 265.5 physicians¹⁰ actively practicing per 100,000 population in the U.S., ranging from a high of 432.4 in Massachusetts to a low of 184.7 in Mississippi. The states with the highest number of physicians per 100,000 population are concentrated in the northeastern states.¹¹ Regarding primary care physicians, there were 91.1 per 100,000 population.¹²

The following chart illustrates the projected physician shortage, nationally, with and without full implementation of the PPACA.

National projected physician shortages



Source: Kirch DG, Henderson MK, Dill MJ (2011). "Physician Workforce Projections in an Era of Health Care Reform." Annual Review of Medicine.

Florida had 257.2 actively practicing physicians per 100,000 population in 2014. Although Florida is the third most populous state in the nation, ¹³ it ranks as having the 22nd highest physician to population ratio. ¹⁴ In 2014, Florida had a ratio of 86.4 primary care physicians per 100,000 population, ranking Florida 30th compared to other states. ¹⁵

In its 2016 Physician Workforce Annual Report, the Department of Health (DOH) indicated that 13.7 percent of Florida's physicians reported that they were planning to retire within the next five years, which will exacerbate Florida's shortage of physicians. ¹⁶ The following map ¹⁷ illustrates that not only

1' Id. at pg. 11.
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⁹ The Association of American Medical Colleges (AAMC), "The Complexities of Physician Supply and Demand: Projections Through 2025," available at: https://members.aamc.org/eweb/upload/The%20Complexities%20of%20Physician%20Supply.pdf (last visited February 2, 2017).

¹⁰ These totals include allopathic and osteopathic doctors.

AAMC, "2015 State Physician Workforce Data Book," November 2015, pg. 4, available at: http://members.aamc.org/eweb/upload/2015StateDataBook%20(revised).pdf (last visited on February 2, 2017).
12 /d. at pg. 5.

As of July 1, 2015, the U.S. Census Bureau estimated Florida to have 20,271,272 residents, behind California (39,144,818) and Texas (27,469,114). U.S. Census Bureau, "Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015: 2015 Population Estimates," available at:

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPANNRES&prodType=table (last visited on February 2, 2017).

¹⁴ Supra note 11, at pg. 9.

¹⁵ Supra note 11, at pg. 13.

¹⁶ Florida Department of Health, "2016 Physician Workforce Annual Report," available at: http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/2016%20DOH%20Physician%20Workforce%20Report.pdf (last visited on February 2, 2017).

does Florida have a shortage of physicians, but also there is a maldistribution of physicians and they are generally concentrated in urban areas.

Physicians Per 10,000 Population

OD - 100

10.1 - 200

20.1 - 300

30.1 - 500

Figure 7: Florida's Physician Workforce by County 2015 - 2016

This map illustrates a per capita distribution of licensed, practicing physicians at the county level. There were 45,746 licensed, practicing physicians who participated in the 2015-2016 survey cycle.

Nurse Workforce Data

In 2014, there were approximately 126,900 certified nurse practitioners (CNPs), 38,200 certified registered nurse anesthetists (CRNAs), 5,300 certified nurse midwives (CNMs), and 2,751,000 registered nurses (RNs) employed in the U.S. ¹⁸ There were approximately 40 CNPs, 12 CRNAs, 2 CNMs, and 863 RNs per 100,000 population in 2014. ¹⁹

As of February 2017, there were 27,881 advanced registered nurse practitioners (ARNPs) holding a certificate to practice in Florida, including 21,586 CNPs, 5,471 CRNAs, and 824 CNMs.²⁰ There were also 278,284 actively licensed registered nurses. Based on those figures, Florida has approximately the

¹⁸ U.S. Department of Labor, Bureau of Labor Statistics, "Employment Projections," *available at*: http://data.bls.gov/projections/occupationProj (last visited on February 2, 2017).

¹⁹ These ratios were calculated using the U.S. Census Bureau's total population estimate for 2014, which was 318,857,056, which is available at:

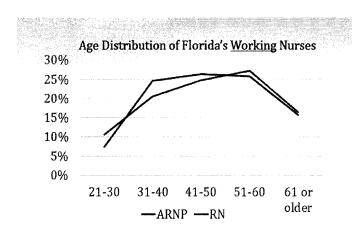
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP 2014 PEPANNRES&prodType=table (last visited on Nov. 10, 2016) and the U.S. Bureau of Labor Statistics 2012 data on employment projections available at: http://data.bls.gov/projections/occupationProj (last visited on February 2, 2017).

²⁰ E-mail correspondence with the Department of Health dated February 2, 2017, on file with the staff of the Health Quality Subcommittee.

following number of nurses per 100,000 population: 106.7 CNPs, 4.1 CNMs, 27.0 CRNAs, and 1,375.5 ${\rm RNs.}^{21,22}$

The Florida Center for Nursing (center) projects that there will be a shortage of approximately 20,600 RNs in 2025, and if PPACA were to be fully implemented Florida would have a shortage of approximately 50,300 RNs.²³

The center has also reported that almost 44 percent of Florida's RNs²⁴ and 41.5 percent of the state's ARNPs²⁵ are 51 years old or older, meaning there will be a large sector of Florida's nursing workforce retiring in the near future.²⁶



Advanced Practice Nurses

The term advanced practice nurse (APN) refers to registered nurses who have completed rigorous training and advanced education, usually resulting in a master's degree or higher. The titles of APNs vary from state to state. The National Council of State Boards of Nursing encourages states to use the term "advanced practice registered nurse" (APRN) to promote uniformity and title recognition across the nation.²⁷

²³ The estimates are based on full-time equivalent (FTE) registered nurses. The Florida Center for Nursing, "RN and LPN Supply and Demand Forecasts, 2010-2025: Florida's Projected Nursing Shortage in View of the Recession and Healthcare Reform," pg. 7, October 2010, available at:

http://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core Download&EntryId=17&PortaIId=0&TabId=151 (last visited February 2, 2017).

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²¹ These ratios were calculated using population estimates for FY 2015-2016 provided by the Florida Office of Economic & Demographic Research, which is 20,231,756, and available at:

http://edr.state.fl.us/Content/conferences/population/ComponentsofChange.pdf (last visited February 2, 2017).

22 Although it appears from this data that Florida has a higher ratio of nurses than the national ratio, the national data used to calculate the ratios only considers the number of nurses "employed" in the U.S. No similar employment data exists in Florida for 2014 to correlate with the national numbers. The numbers used to calculate Florida's ratios includes all active licensees, whom may not necessarily be employed, as well as out-of-state licensees that may or may not be actively practicing in this state, hence the larger ratios.

²⁴ Florida Center for Nursing, "Florida's Registered Nurse Supply: 2014-2015 Workforce Characteristics and Trends," pg. 10, May 2016, available at

https://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core Download&EntryId=1194&Port alld=0&TabId=151 (last visited February 2, 2017) Of working RNs in this state, 27.3 percent are 51 to 60 years old and 16.5 percent are 61 or older.

²⁵ Florida Center for Nursing, "Florida's Advanced Registered Nurse Practitioner Supply: 2014-2015 Workforce Characteristics and Trends, pg. 10, May 2016, available at

https://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core Download&EntryId=1196&Port alld=0&TabId=151 (last visited February 2, 2017). Of working ARNPs in this state, 25.8 percent are 51 to 60 years old and 15.7 percent are 61 or older.

²⁶ Florida Center for Nursing, Presentation on Florida's Nurse Workforce, February 8, 2017, available at:

http://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2918&Session=2017&DocumentType=Meeting%20Packets&FileName=hqs%202-8-17.pdf (last visited February 8, 2017).

²⁷ National Council of State Boards of Nursing, "Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators," available at https://www.ncsbn.org/2010 APRN HandbookforLegislators web.pdf (last visited February 2, 2017).

In Florida, an APN is titled as an "advanced registered nurse practitioner" (ARNP)²⁸ and is categorized as a certified nurse practitioner (CNP), certified nurse midwife (CNM), or certified registered nurse anesthetist (CRNA).²⁹ As of February 2017, Florida has 21,586 CNPs, 5,471 CRNAs, and 824 CNMs.³⁰

ARNPs are regulated under part I of ch. 464, F.S., the Nurse Practice Act. The Board of Nursing (Board), established under s. 464.004, F.S., provides by rule the eligibility criteria for applicants to be certified as ARNPs and the applicable regulatory standards for ARNP nursing practices. Additionally, the Board is responsible for administratively disciplining an ARNP who commits an act prohibited under ss. 464.018 or 456.072, F.S.

Section 464.003(2), F.S., defines the term "advanced or specialized nursing practice" to include, in addition to practices of professional nursing that registered nurses are authorized to perform, advanced-level nursing acts approved by the Board as appropriate for ARNPs to perform by virtue of their post-basic specialized education, training, and experience. Advanced or specialized nursing acts may only be performed if authorized under a supervising physician's protocol.³¹

In addition to advanced or specialized nursing practices, ARNPs are authorized to practice certain <u>medical</u> acts, as opposed to <u>nursing</u> acts, as authorized within the framework of an established supervisory physician's protocol. ³²

To be eligible to be certified as an ARNP, the applicant must be licensed as a registered nurse, have a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills, and submit proof that the applicant holds a current national advanced practice certification from a board-approved nursing specialty board.³³ A nursing specialty board must:

- Attest to the competency of nurses in a clinical specialty area;
- Require nurses to take a written examination prior to certification;
- Require nurses to complete a formal program prior to eligibility for examination;
- Maintain program accreditation or review mechanism that adheres to criteria which are substantially equivalent to requirements in Florida; and
- Identify standards or scope of practice statements appropriate for each nursing specialty.³⁴

Pursuant to s. 456.048, F.S., all ARNPs must carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for certification is required to submit proof of coverage or financial responsibility within sixty days of certification and prior to each biennial certification renewal. The ARNP must have professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary. By comparison, physicians are required by Florida law to establish some method of financial responsibility with the same coverage amounts, and can choose one of three options for doing so: malpractice insurance, an escrow account, or a letter of credit. However, physicians who agree to pay adverse judgments, up to certain statutory limits, are exempt from this requirement, but must notify patients that they have chosen not to carry malpractice insurance. An escrow account.

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²⁸ Section 464.003(3), F.S.

²⁹ Section 464.012(4), F.S.

³⁰ Email correspondence from DOH dated February 2, 2017, on file with committee staff.

³¹ Supra note 29.

³² Supra note 28.

³³ Section 464.012(1), F.S., and Rule 64B9-4.002, F.A.C.

³⁴ Rule 64B9-4.002(3), F.A.C.

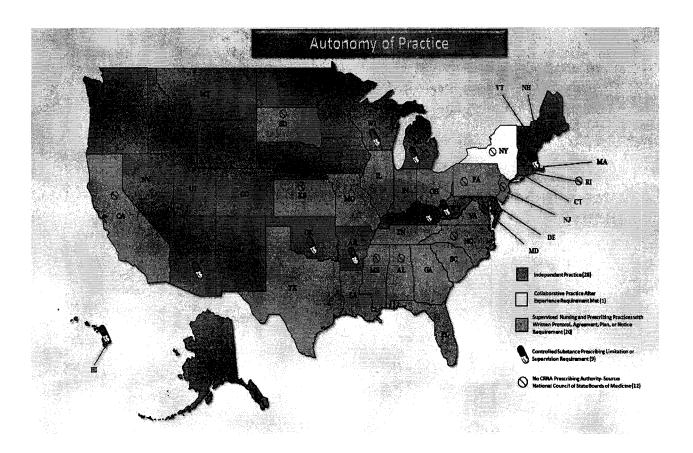
³⁵ Rule 64B9-4.002, F.A.C. DOH Form DH-MQA 1186, 01/09, "Financial Responsibility," is incorporated into the rule by reference. Certain licensees, such as those who practice exclusively for federal or state governments, only practice in conjunction with a teaching position, or can demonstrate no malpractice exposure in this state are exempt from the financial responsibility requirements.

³⁶ If allopathic and osteopathic physicians meet certain eligibility criteria and post signage at their medical office disclosing to the public that they do not carry medical malpractice insurance, they are exempt from medical malpractice or proof of financial responsibility requirements provided in ss. 458.320 and 459.0085, F.S., respectively.

Autonomy of Practice

APN autonomy of practice varies widely by state. Generally, states align with three types of autonomy:

- 1. Independent nursing practice;
- 2. Collaborative nursing practice that requires physician collaboration without a specific requirement for a written agreement; or
- 3. Supervised nursing practice that requires physician supervision with a written agreement, protocol, notice, or plan signed by the physician, who has discretion as to what practices are authorized, including controlled substance prescribing.³⁷



APN Autonomy in Veterans Health Administration Facilities

The U.S. Department of Veterans Affairs (VA) adopted a rule in December 2016, which amended its regulations to permit full practice authority of its APNs. ³⁸ Under the rule, an APN working within the scope of his or her VA employment is authorized to perform specified services within the scope of his or her training, education, and certification without the clinical oversight of a physician, regardless of state law restrictions. However, the rule expressly provides that the full practice of an APN is subject to state law with regard to the prescribing or administration of controlled substances. The provisions of the rule are limited to CNPs, CNMs, and clinical nurse specialists, and do not apply to CRNAs. In Florida, there are 58 VHA medical centers and health care clinics that are affected by this policy change. ³⁹

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³⁷ Findings based on research conducted by professional staff of the Health and Human Services Committee.

³⁸ U.S. Department of Veterans Affairs, Office of Public and Intergovernmental Affairs, "VA Grants Full Practice Authority to Advanced Practice Registered Nurses." December 14, 2016, available at https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2847 (last visited February 2, 2017). The final rule can be found at https://www.gpo.gov/fdsys/pkg/FR-2016-12-14/pdf/2016-29950.pdf (last visited February 2, 2017).

³⁹ U.S. Department of Veterans Affairs, Veterans Health Administration, "Locations: Florida," available at: http://www.va.gov/directory/guide/state.asp?STATE=FL&dnum=1 (last visited February 2, 2017).

APN Autonomy in Florida

Florida is a supervisory state. Under s. 464.012(3), F.S., APNs may only perform nursing practices delineated in a written physician protocol filed with the Board. 40

Florida law allows a physician providing primary health care services to supervise APNs in up to four medical offices, ⁴¹ in addition to the physician's primary practice location. If the physician provides specialty health care services, then only two medical offices in addition to the physician's primary practice location may be supervised. ⁴² Furthermore, a special limitation applies to dermatology services. If the physician offers services primarily related to dermatologic or skin care services (including aesthetic skin care services other than plastic surgery), at a medical office that is not the physician's primary practice location, then the physician may only supervise one medical office. ⁴³

Scope of Practice

State laws vary as to the scope within which an APN may practice, which is often determined by whether the APN is a CNP, CNM, or CRNA, and often relates to the authority to prescribe drugs and sign documents.

Twenty of the 29 independent practice states authorize an APN to prescribe controlled substances to a patient without physician supervision. Two of the 29 independent practice states, Kentucky and Michigan, require APNs to enter into a collaboration or delegation agreement with a physician in order to prescribe controlled substances. ⁴⁴ In 2016, the legislature passed the "Barbara Lumpkin Prescribing Act" which authorizes APNs in Florida to prescribe controlled substances beginning January 2017. The law maintained the existing supervisory structure and limited the prescribing authority, as well as required continuing education related to controlled substances prescribing. ⁴⁵ Ten states specifically prohibit CRNAs from prescribing drugs, and 17 authorize CRNAs to prescribe pursuant to a written protocol with a physician or under the supervision of physician. ⁴⁶ The map on p. 18 illustrates the varying controlled substance prescribing requirements throughout the U.S.

At least 12 states grant APNs have broad-based signature authority laws.⁴⁷ This authority is often referred to as "global signature authority." Many states specify in law the types of things an APN may sign, such as death certificates, handicapped license designations, and advanced directives.⁴⁸

Nineteen states statutorily recognize APNs as "primary care providers." Recognizing APNs as primary care providers assists them with being able to directly bill public or private payers for services provided,

⁴⁰ Allopathic and osteopathic physicians are also required to provide notice of the written protocol and the supervisory relationship to the Board of Medicine or Board of Osteopathic Medicine, respectively. Sections 458.348 and 459.025, F.S.

⁴¹ The supervision limitations do not apply in certain facilities such as hospitals, colleges of medicine or nursing, nonprofit family-planning clinics, rural and federally qualified health centers, nursing homes, assisted living facilities, continuing care facilities, retirement communities, clinics providing anesthesia services, rural health clinics, community-based health care settings, student health care centers, school health clinics, or other government facilities. Sections 458.348(4)(e), and 459.025(3)(e), F.S.

⁴² Sections 458.348, and 459.025, F.S.

⁴³ ld.

⁴⁴ Supra note 37. The remaining states have some type of restriction or limitation on prescribing controlled substances regardless of supervision.

¹⁵ Chapter 2016-224, L.O.F.

⁴⁶ National Council of State Boards of Nursing, *CRNA Independent Prescribing Map*, (August 2016), *available at* https://www.ncsbn.org/5408.htm (last visited February 2, 2017).

⁴⁷ American Association of Nurse Practitioners, *Issue-At-A-Glance: Signature Authority*, (April 2016), *available at* https://www.aanp.org/images/documents/policy-toolbox/signatureauthorityissue.pdf (last visited February 2, 2017). Those states include Colorado, Georgia, Hawaii, Maine, Massachusetts, New Mexico, North Carolina, Rhode Island, Vermont, Virginia, Washington, and West Virginia.

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⁴⁹ Office of Program Policy Analysis & Government Accountability, "States Vary in Their Treatment of Advanced Registered Nurse Practitioners as Primary Care Providers," October 2013, on file with committee staff.

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order certain tests, and establish independent primary care practices.⁵⁰ Insurers may be unwilling to contract directly with a provider who is supervised by another provider.⁵¹

APN Scope of Practice in Florida

Within the framework of the written protocol, an APN may:

- Prescribe, dispense, administer, or order any drug;⁵²;
- Initiate appropriate therapies for certain conditions;
- Perform additional functions as may be determined by Board rule;
- Order diagnostic tests and physical and occupational therapy;
- · Perform certain acts within his or her specialty; and
- Perform medical acts authorized by a joint committee.⁵³

APNs in Florida are not authorized to sign certain documents; rather, Florida law requires them to be signed by a physician. For example, APNs are not authorized to sign a certificate to initiate the involuntary examination of a person under the Baker Act, to sign for the release of persons in receiving facilities under the Baker Act, or to sign death certificates.⁵⁴

Reports and Studies Related to Advanced Practice Nurses

Patient Health Care Outcomes

Despite concerns that APNs provide a different quality of care than physicians,⁵⁵ a multitude of reports and studies suggest treatment by an APN is just as safe, if not safer, than treatment by a physician. In 2009, the Cochrane Collaboration published a review of the findings of 25 articles comparing physician and APN patient outcomes. The review found that, in general, there are no appreciable differences between physicians and APNs in health outcomes for patients, process of care, resource utilization, or cost ⁵⁶

Similar to the Cochrane review, the National Governors Association performed a review of various studies to determine whether there were differences in the quality of care provided by CNPs compared to physicians. The studies measured quality of care components such as patient satisfaction, time spent with patients, and prescribing accuracy. The review of those studies found that CNPs provided at least equal quality of care to patients as compared to physicians and, in fact, CNPs were found to have equal or higher patient satisfaction rates and tended to spend more time with patients during clinical visits.⁵⁷

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⁵⁰ National Nursing Centers Consortium, "Insurers' contracting policies on nurse practitioners as primary care providers: the current landscape and what needs to change," *Policy, Politics & Nursing Practice, 7*(3), 216-226, August 2006, *available at:* http://journals.sagepub.com/doi/pdf/10.1177/1527154406294339 (last visited on February 2, 2017).

⁵¹ ARNP services are required minimum services in the Managed Medical Assistance program. Sections 409.905 and 409.973, F.S. Florida law does not require Medicaid managed care plans to contract directly with ARNPs.

⁵² Controlled substances may only be prescribed or dispensed if the ARNP has graduated from a program leading to a master's or doctoral degree in a clinical specialty area with training in specialized practitioner skills.

⁵³ Sections 464.012(3),(4), and 464.003, F.S. Sections 394.463(2) and 382.008, F.S.

When 972 clinicians, including 467 nurse practitioners and 505 physicians, were surveyed in a study as to whether physicians provide a higher quality of examination and consultation, the respondents were diametrically opposed. Approximately 66.1% of physicians agreed with the statement and 75.3% of nurse practitioners disagreed with the statement. Donelan, K., Sc.D., DesRoches, C., Dr. P.H., Dittus, R., M.D., M.P.H., and Buerhaus, P., R.N., Ph.D., "Perspectives of Physicians and Nurse Practitioners on Primary Care Practice," N. Engl. J. Med. 2013, 368:1898-1906, available at http://www.nejm.org/doi/full/10.1056/NEJMsa1212938 (last visited February 2, 2017).

See Laurant, M., et al., The Cochrane Collaboration, "Substitution of doctors by nurses in primary care," October 18, 2004, abstract

Laurant, M., et al., The Cochrane Collaboration, "Substitution of doctors by nurses in primary care," October 18, 2004, abstract available at http://www.ncbi.nlm.nih.gov/pubmed/15846614 (last visited February 2, 2017); the full report is on file with committee staff. For National Governors Association, "The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care," December 2012, available at http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf (last visited February 2, 2017).

A 2013 study, found that allowing CNPs to practice and prescribe drugs without physician oversight leads to increased primary health care utilization and improvements in health outcomes.⁵⁸

Cost Savings

The rising cost of health care is a concern for individuals, families, businesses, government entities, and society as a whole. These rising costs will only be intensified by the increasing number of persons with health care coverage and the shortage of health care workers. ⁵⁹

In 2012, the Perryman Group conducted a study to determine whether Texas could achieve any cost-savings by increasing the utilization of APNs. A report of the study's findings concluded that greater utilization of APNs would improve patient outcomes, reduce overall health care costs, and increase access to health care. The estimated savings were \$16.1 billion in total expenditures and \$8 billion in output (gross product) each year. Additionally, it was estimated that 97,205 permanent jobs would be added to Texas' workforce. Finally, the report estimated that Texas would receive additional tax receipts of up to \$483.9 million to the state and \$233.2 million to local government entities each year. ⁶⁰

Another study found that states that allow APNs to practice and prescribe without physician supervision experience 16-35% increases in health care utilization, increases in care quality, and reductions in inappropriate emergency room use. The researchers concluded these advances were primarily due to elimination of supervision time (10%) and lower indirect costs (such as better appointment availability and lower patient travel costs).⁶¹

The U.S. Federal Trade Commission (FTC) has authored several letters to states regarding the negative effects of restrictive scope of practice laws for APNs. The main concern of the FTC is that scope of practice restrictions are anti-competitive and that they, in effect, reduce competitive market pressures, increase out-of-pocket prices, allow for more limited service hours, and reduce the distribution of services. The FTC poses that if such constraints were eliminated, not only would access to services be increased, but also there would be benefits to price competition that would help contain health care costs. ⁶²

Physician Assistants

Florida Licensure

Under Florida law, PAs are governed under the physician practice acts for medical doctors (MDs) and doctors of osteopathic medicine (DOs). PAs are regulated by the Florida Council on Physician Assistants (Council) in conjunction with either the Board of Medicine for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine for PAs licensed under ch. 459, F.S. As of February 2017, there are 7,527 active licensed PAs.⁶³

An applicant for a PA license must apply to the Department of Health (Department). The Department must issue a license to a person certified by the Council as having met all of the following requirements:

At least 18 years of age;

⁵⁸ Udalova, V., Traczynski, J., "Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes," May 4, 2014, available at http://www2.hawaii.edu/~itraczyn/paperdraft_050414_ASHE.pdf (last visited February 2, 2017).

⁵⁹ The Perryman Group, "The Economic Benefits of More Fully Utilizing Advanced Practice Registered Nurses in the Provision of Health Care in Texas," May 2012, *available at*

http://c.ymcdn.com/sites/www.texasnp.org/resource/resmgr/Advocacy/Perryman%20APRN%20Ultilization%20Economic%20Impact%2 OReport%20May%202012.pdf (last visited February 2, 2017).

⁶¹ Supra note 58.

⁶² U.S. Federal Trade Commission, Office of Policy Planning, Bureau of Competition and Bureau of Economics, letters to the Illinois State Senate, Connecticut House of Representatives, and Texas State Senate, on file with committee staff.

⁶³ E-mail correspondence with the Department of Health, dated February 2, 2017, on file with the staff of the Health Quality Subcommittee.

- Satisfactorily passes the National Commission on Certification of Physician Assistants exam:
- Completes an application form and remit the registration fee:
- Completes an approved PA training program
- Provides an acknowledgement of any prior felony convictions;
- Provides an acknowledgement of any revocation or denial of licensure or certification in any state: and
- If the applicant wishes to apply for prescribing authority, submits of a copy of course transcripts and a copy of the course description from a PA training program describing the course content in pharmacotherapy. 64

Licenses are renewed biennially. 65 A PA must complete 100 hours of continuing medical education (CME) during the two years prior to application for renewal or hold a current certificate issued by the National Commission on Certification of Physician Assistants.⁶⁶

PA Autonomy in Florida

In Florida, a PA practices under the delegated authority of a supervising physician. A physician supervising a PA must be qualified in the medical area in which the PA is practicing and is responsible and liable for the performance, acts, and omissions of the PA.67

The Boards have established by rule that "responsible supervision" of a PA means the ability of the supervising physician to exercise control and provide direction over the services or tasks performed by the PA. Whether the supervision of a PA is adequate, is dependent upon the:

- Complexity of the task;
- Risk to the patient:
- Background, training and skill of the PA;
- Adequacy of the direction in terms of its form;
- Setting in which the tasks are performed;
- Availability of the supervising physician;
- Necessity for immediate attention; and
- Number of other persons that the supervising physician must supervise.⁶⁸

The supervising physician is required to periodically review the PA's performance.

A supervising physician may only delegate tasks and procedures to the PA which are within the supervising physician's scope of practice. ⁶⁹ The decision to permit the PA to perform a task or procedure under direct or indirect supervision is made by the supervising physician based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. 70

A supervising physician may delegate the authority for a PA to:

Prescribe or dispense any medicinal drug used in the supervising physician's practice unless such medication is listed in the formulary established by the Council;7

⁶⁴ See s. 458.347 and s. 459.022, F.S.

⁶⁵ For timely renewed licenses, the renewal fee is \$275 and the prescribing registration is \$150. Additionally, at the time of renewal, the PA must pay an unlicensed activity fee of \$5. See Rules 64B8-30.019 and 64B15-6.013, F.A.C.

Sections 458.347(7)(b)-(c) and 459.022(7)(b)-(c), F.S.

⁶⁷ Sections 458.347(3), F.S., and 459.022(3), F.S.; and Rules 64B8-30.012, F.A.C., and 64B15-6.010, F.A.C.

⁶⁸ Rules 64B8-30.001, F.A.C., and 64B15-6.001, F.A.C.

⁶⁹ Supra note 64.

⁷⁰ "Direct supervision" refers to the physical presence of the supervising physician so that the physician is immediately available to the PA when needed. "Indirect supervision" refers to the reasonable physical proximity of the supervising physician to the PA or availability by telecommunication. Supra fn. 78.

Sections 458.347(4)(f), F.S., and 459.022(e), F.S., directs the Council to establish a formulary listing the medical drugs that a PA may not prescribe. The formulary in Rules 64B8-30.008, F.A.C., and 64B15-6.0038, F.A.C., prohibits PAs from prescribing controlled STORAGE NAME: h7011.WMC.DOCX PAGE: 11

- Order any medication for administration for administration to the supervising physician's patient in a facility licensed under chapter 395, F.S., or part II of chapter 400, F.S.;⁷² and
- Any other services that are not expressly prohibited in ch. 458, ch. 459, or the rules adopted thereunder.⁷³

Telehealth

There is no universally accepted definition of telehealth. In broad terms, telehealth is:

The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment⁷⁴ and prevention of disease and injuries⁷⁵, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.⁷⁶

More specific definitions vary by state and occasionally by profession.⁷⁷ There are, however, common elements among the varied definitions of telehealth.

Telehealth generally consists of synchronous and/or asynchronous transmittal of information. ⁷⁸ Synchronous refers to the live ⁷⁹ transmission of information between patient and provider during the same time period. ⁸⁰ Asynchronous telehealth is the transfer of data over a period of time, and typically in separate time frames. ⁸¹ This is commonly referred to as "store and forward." Definitions of telehealth also commonly contain restrictions related to the location where telehealth may be used. For example, the use of the "hub and spoke" model is a common location restriction. A hub site is the location from which specialty or consultative services originate, i.e., the provider. ⁸² A spoke site is a remote site where the patient is presented during the telehealth encounter. ⁸³ Under this model, health services may be provided through telehealth only if the patient is located at a designated spoke site and the provider is located at a designated hub site.

Telehealth includes telemedicine and telemonitoring. Telemedicine is focused on the delivery of traditional clinical services, like diagnosis and treatment. Telemonitoring is the process of using audio,

substances; general, spinal or epidural anesthetics; and radiographic contrast materials. However, the rules authorize physicians to delegate to PAs the authority to order controlled substances in facilities licensed under ch. 395, F.S..

⁷² Chapter 395, F.S., provides for the regulation and the licensure of hospitals and trauma centers, part II of ch. 400, F.S., provides for the regulation and licensure of nursing home facilities.

⁷³ Sections 458.347(4) and 459.022(e), F.S.

The University of Florida's Diabetes Center of Excellence utilizes telehealth to deliver treatment to children with diabetes and other endocrine problems who live in Volusia County. This allows the children to receive specialized treatment without the necessity of traveling from Volusia County to Gainesville. The Florida Department of Health's Children's Medical Services underwrites the program. See https://urhealth.org/diabetes-center-excellence/telemedicine (last visited on January 6, 2017).

⁷⁵ The University of South Florida has partnered with American Well to provide health care services to the residents of the Villages via telehealth. The goal is to reduce hospital admissions, readmission rates, and pharmacy costs, while maintaining Medicare beneficiaries in their homes rather than long-term care settings. http://hscweb3.hsc.usf.edu/blog/2012/06/22/usf-health-and-american-well-to-bring-telehealth-to-seniors-living-at-the-villages/ (last visited on January 6, 2017).

⁷⁶ World Health Organization, *Telemedicine: Opportunities and Developments in Member States, Global Observatory for Ehealth Series- Volume 2,* Section 1.2, page 9 (2010), *available at* http://www.who.int/goe/publications/goe_telemedicine_2010.pdf (last visited on January 6, 2017)...

⁷⁷ Center for Connected Health Policy, The National Telehealth Policy Resource Center, *State Telehealth Laws and Medicaid Program Policies*, (August 2016), *available at*

http://www.cchpca.org/sites/default/files/resources/50%20STATE%20COMPLETE%20REPORT%20PASSWORD%20AUG%202016_1
pdf (last visited January 6, 2017).

⁷⁸ The majority of telehealth definitions allow for both synchronous and asynchronous transmittal of information. Some definitions however omit asynchronous from the definition of telehealth.

⁷⁹ This is also referred to as "real time" or "interactive" telehealth.

American Telemedicine Association, *Telemedicine Glossary*, available at http://hub.americantelemed.org/resources/telemedicine-glossary (last visited on January 9, 2017). The use of live video to evaluate and diagnosis a patient would be considered synchronous telehealth.

⁸¹ *Id.* A common example of synchronous telehealth is the transfer of x-rays or MRI images from one health care provider to another health care provider for review in the future.

82 *Id.*

⁸³ *Id*.

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video, and other telecommunications and electronic information processing technologies to monitor the health status of a patient from a distance. Relebelith more broadly includes non-clinical services, such as patient and professional health-related education, public health, and health administration.

Telehealth is not a type of health care service but rather is a mechanism for delivery of health care services. Health care professionals use telehealth as a platform to provide traditional health care services in a non-traditional manner. These services include, among others, preventative medicine and the treatment of chronic conditions.⁸⁶

Telehealth, in its modern form, ⁸⁷ started in the 1960s in large part driven by the military and space technology sectors. ⁸⁸ Specifically, telehealth was used to remotely monitor physiological measurements of certain military and space program personnel. As this technology became more readily available to the civilian market, telehealth began to be used for linking physicians with patients in remote, rural areas. As advancements were made in telecommunication technology, the use of telehealth became more widespread to include not only rural areas but also urban communities. Due to recent technology advancements and general accessibility, the use of telehealth has spread rapidly and is now becoming integrated into the ongoing operations of hospitals, specialty departments, home health agencies, private physician offices as well as consumer's homes and workplaces. ⁸⁹ In fact, there are currently an estimated 200 telehealth networks, with 3,500 service sites in the U.S. ⁹⁰

Telehealth is used to address several problems in the current health care system. Inadequate access to care is one of the primary obstacles to obtaining quality health care. This occurs in both rural areas and urban communities. Telehealth reduces the impact of this issue by providing a mechanism to deliver quality health care, irrespective of the location of a patient or a health care professional. Cost is another barrier to obtaining quality health care. This includes the cost of travel to and from the health care facility, as well as related loss of wages from work absences. Costs are reduced through telehealth by decreasing the time and distance required to travel to the health care professional. Two more issues addressed through telehealth are the reutilization of health care services and hospital readmission. These often occur due to a lack of proper follow-up care by the patient or a chronic condition. These issues however can potentially be avoided through the use of telehealth and telemonitoring.

Telehealth and Federal Law

Several federal laws and regulations apply to the delivery of health care services through telehealth.

Prescribing Via the Internet

Federal law specifically prohibits prescribing controlled substances via the Internet without an in-person evaluation. The federal regulation under 21 CFR §829 specifically states:

For example, diabetes is a chronic condition which can benefit by treatment through telehealth.

⁸⁴ Id.

⁸⁵ Id.

⁸⁶ U.S. Department of Health and Human Services, What is Telehealth?, available at

http://www.hrsa.gov/healthit/toolbox/RuralHealthiTtoolbox/Telehealth/whatistelehealth.html (last visited January 9, 2017).

⁸⁷ Historically, telehealth can be traced back to the mid to late 19th century with one of the first published accounts occurring in the early 20th century when electrocardiograph data were transmitted over telephone wires. See *supra* note 76.

American Telemedicine Association, *About Telemedicine*, *available at* http://www.americantelemed.org/about/about-telemedicine (last visited on January 9, 2017).

⁹⁰ American Telemedicine Association, *Telemedicine Frequently Asked Questions*, available at http://www.americantelemed.org/main/about/telehealth-faqs-, (last visited January 9, 2017).

⁹¹ American Telemedicine Association, *Telemedicine Benefits*, available at http://www.americantelemed.org/main/about/about-telemedicine/telemedicine-benefits, (last visited January 9, 2017).

⁹² Id.

Post-surgical examination subsequent to a patient's release from a hospital is a prime example. Specifically, infection can occur without proper follow-up and ultimately leads to a readmission to the hospital.

No controlled substance that is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act may be delivered, distributed, or dispensed by means of the Internet without a valid prescription.

A valid prescription is further defined under the same regulation as one issued by a practitioner who has conducted an in-person evaluation. The in-person evaluation requires that the patient be in the physical presence of the provider without regard to the presence or conduct of other professionals. However, the Ryan Haight Online Pharmacy Consumer Protection Act, signed into law in October 2008, created an exception for the in-person medical evaluation for telehealth practitioners. The practitioner is still subject to the requirement that all controlled substance prescriptions be issued for a legitimate purpose by a practitioner acting in the usual course of professional practice.

Medicare Coverage

Specific telehealth⁹⁷ services delivered at designated sites are covered under Medicare. The Federal Centers for Medicare and Medicaid Services' regulations require both a distant site and a separate originating site (hub and spoke model) under their definition of telehealth. Asynchronous (store and forward) activities are only reimbursed under Medicare in federal demonstration projects. ⁹⁸ To qualify for Medicare reimbursement, the originating site must be:

- Located in a federally defined rural county;
- Located in a health professional shortage area that is outside a Metropolitan Statistical Area (MSA)⁹⁹ or in a rural census tract; or
- Identified as a participant in a federal telemedicine demonstration project as of December 21, 2000.¹⁰⁰

In addition, an originating site must be one of the following location types as further defined in federal law and regulation:

- The office of a physician or practitioner;
- A critical access hospital;
- A rural health clinic;
- A federally qualified health center:
- A hospital;
- A hospital-based or critical access hospital-based renal dialysis center (including satellites);
- A skilled nursing facility; or
- A community mental health center. 101

Protection of Personal Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects personal health information. Privacy rules were initially issued in 2000 by the U.S. Department of Health and Human

^{95 21} CFR §829(e)(2).

⁸ Ryan Haight Online Consumer Protection Act of 2008, Public Law 110-425 (H.R. 6353).

⁹⁷ Medicare covers a broader set of services using the term telehealth. Medicare defines telehealth as the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.

⁹⁸ Only two states have a federal demonstration project that meets these qualifications, Hawaii and Alaska.

A metropolitan statistical (MSA) is a core area containing a substantial population nucleus, as well as adjacent communities that have a high degree of economic and social integration with that core. Each MSA has at least one urbanized area with a population of at least 50,000. See U.S. Census Bureau, *About Metropolitan and Micropolitan Statistical Areas*, *available at* https://www.census.gov/population/metro/about/ (last visited January 9, 2017).

¹⁰⁰ See 42 U.S.C. sec. 1395(m)(m)(4)(C)(i).

101 See 42 U.S.C. sec. 1395(m)(m)(4)(C)(ii).

Services and later modified in 2002. 102 These rules address the use and disclosure of an individual's personal health information as well as create standards for information security. Only certain entities are subject to HIPAA's provisions. These "covered entities" include: 103:

- Health plans;
- Health care providers:
- Health care clearinghouses; and
- Business associates of any of the above.

Covered entities are obligated to meet HIPAA's requirements to ensure privacy and confidentiality personal health information, regardless of the method in which the medical service is delivered.

In 2009, the Health Information Technology for Economic Clinical Health (HITECH) Act was enacted as part of American Recovery and Reinvestment Act (ARRA). 104 The HITECH Act promoted electronic exchange and use of health information by investing \$20 billion in health information technology infrastructure and incentives to encourage doctors and hospitals to use health information technology. 105 HITECH was intended to strengthen existing HIPAA security and privacy rules. 106 It expanded HIPAA to entities not previously covered; specifically, "business associates" now includes Regional Health Information Organizations, and Health Information Exchanges. 107 Similarly, it made changes to the privacy rule to better protect personal health information held, transferred, or used by covered entities. 108

Under the provisions of HIPAA and the HITECH Act, a health care provider or other covered entity participating in the electronic exchange of personal health information are subject to HIPAA and HITECH. These federal laws apply to covered entities in Florida, regardless of whether there is an express reference to them in Florida law.

National Practitioner Data Bank

The National Practitioner Data Bank (NPDB) is a federal databank that serves as a repository of information about health care practitioners in the U.S. 109 Due to the perceived increase in medical malpractice litigation, Congress created the NPDB to improve the quality of medical care and restrict the ability of an incompetent physician or dentist to move from state to state without the disclosure or discovery of the physician's or dentist's previous damaging or incompetent performance. 110

The information collected in the NPDB includes:

- Medical malpractice payments;
- Adverse licensing actions;
- Adverse actions related to clinical privileges;
- Adverse actions taken by the Drug Enforcement Administration (DEA) against a practitioners controlled substance registration;
- Exclusions from participation in Medicare, Medicaid, and other federal health care programs:

¹⁰² U.S. Department of Health and Human Services, The Privacy Rule, available at. http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/ (last visited January 9, 2017). U.S. Department of Health and Human Services, For Covered Entities and Business Associates, available at http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/ (last visited January 9, 2017). U.S. Department of Health & Human Services, HITECH Act Enforcement Interim Final Rule, available at http://www.hhs.gov/hipaa/for-professionals/special-topics/HITECH-act-enforcement-interim-final-rule/index.html (last visited January 9, 2017). 105 *ld*. ¹⁰⁶ *Id*. ¹⁰⁷ *Id*.

¹⁰⁸ *Id*. 109 U.S. Department of Health and Human Services, National Practitioner Data Bank, *About Us, available at* https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp (last visited February 16, 2017).

110 U.S. Department of Health and Human Services, NPDB Guidebook, (April 2015), available at

https://www.npdb.hrsa.gov/resources/NPDBGuidebook.pdf (last visited February 16, 2017).

- Negative actions or findings by peer review and private accreditation organizations;
- Actions taken by certain state agencies, such as law enforcement, Medicaid Fraud Control Units, or state agencies administering state health care programs; and
- Health-care related criminal convictions and civil judgments.

Certain entities are required to submit the above-referenced actions to the NDPB. These include medical malpractice payers, hospitals and other health care entities, state licensing agencies, health plans, peer review and private accreditation organizations, federal government agencies, federal and state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering state health care programs. 112

The information in the NPDB is not available to the general public and is limited to certain entities. Entities that may access the NPDB include:

- Hospitals and other health care entities;
- State licensing and certification authorities;
- State Medicaid Fraud Control Units:
- State agencies administering or supervising the administration of state health care programs;
- Agencies administering federal health care programs;
- Health plans;
- Medical malpractice pavers:
- Health care practitioner or entities requesting information on themselves; and
- State and federal law enforcement agencies. 113

Although, the database initially only contained information related to physicians and dentists, it now includes many other types of other health care practitioners.¹¹⁴

As a part of the licensure process, DOH queries the database at the time of initial licensure and at each biennial renewal. 115

Telehealth Barriers

There are several barriers which impede the use of telehealth. These barriers include: 116

- Lack of a standard definition for telehealth;
- Lack of standard regulations for the practice of telehealth;
- Licensure requirements which prohibit cross-state practice; and
- Restrictions on the location where telehealth services may be provided.

Standardized Definition

Lack of a standard definition¹¹⁷ presents a barrier to the use of telehealth. As previously noted, there is no universally accepted definition. A health care professional is left to speculate as to whether the service he or she is providing constitutes telehealth. This can have far-reaching consequences which range from a denial of reimbursement for the services provided to an inquiry as to whether the services provided equate to the unlicensed practice of medicine. Florida law does not define telehealth.

¹¹² *Id* at E-1.

117 Id. No two states define telehealth exactly alike, although some similarities in language exist between certain states.

¹¹¹ *Id*.

¹¹³ Id at C-2 – C-6. In a medical malpractice action, and under certain circumstances, an attorney may request information from NPDB for use in litigation against a hospital.

¹¹⁵ Telephone conversation with DOH staff on February 20, 2017.

¹¹⁶ Center for Connected Health Policy, The National Telehealth Policy Resource Center, State Telehealth Laws and Medicaid Program Policies: A Comprehensive Scan of the 50 States and District of Columbia, (March 2016), available at http://www.cchpca.org/sites/default/files/resources/50%20State%20FINAL%20April%202016.pdf (last visited January 9, 2017).

Standardized Regulations

The absence of a uniform regulatory structure governing the use of telehealth presents another barrier to its use. Currently, seven states 118 do not have any statutory structure for the delivery of health care services through telehealth. 119 This absence places the burden upon individual professionals to determine what is appropriate, and invites health professional licensing boards to fill the regulatory gap. This can lead to inconsistent regulation of telehealth amongst the varying health care professions and impede the use of telehealth.

For example, a common telehealth regulation is the requirement that a health care professional conduct an in-person examination of the patient prior to providing services via telehealth. 120 Many times an exception is expressly contained within the regulation which allows the in-person requirement to be met through telehealth. 121 This exception, however, can vary by profession in the absence of a uniform regulation. For example, an audiologist may be authorized to conduct the initial evaluation through telehealth while a physical therapist is required to perform an in-person physical examination prior to providing services through telehealth. There may not be any reasonable justification for this disparate treatment.

Licensure

Licensure requirements present one of the greatest barriers to the use of telehealth. Currently, 30 states prohibit a health care professional from using telehealth to provide health care services unless the professional is licensed in the state where the patient is located. 122 Most states have exceptions to this requirement, applicable only in certain limited circumstances, which include: 123

- Physician-to-physician consultations (not between practitioner and patient);
- Educational purposes;
- Residency training;
- Licensure in a border state;
- U.S. Military;
- Public health services; and
- Medical emergencies (Good Samaritan) or natural disasters.

Nine states require out-of-state licensed health care professionals to acquire a special telehealth license or certificate to provide health care services through telehealth to patients in those states. 124 Two of these states (Tennessee and Texas), however, only offer the telehealth license to physicians who are board-eligible or board-certified specialists.

In the absence of an exception or a state regulation authorizing otherwise, it appears that a health care professional must be licensed in the state where the patient is located to provide health care services through telehealth. Requiring health care professionals to obtain multiple state licenses to provide health care services through telehealth may be burdensome and may inhibit the use of telehealth across state borders.

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¹¹⁸ Florida currently has no statutory framework for regulating health care services provided via telehealth. However, the Board of Medicine has promulgated rules establishing standards for telemedicine practice (see below).

¹¹⁹ Even amongst states with telehealth statutory regulations, no two states regulate telehealth in exactly the same manner. *Supra* note

^{116. &}lt;sup>120</sup> *Id*.

¹²¹ *Id*.

¹²² *Id.* This includes Florida.

Licensure and Scope of Practice FAQs, Telehealth Resource Centers, http://www.telehealthresourcecenter.org/toolboxmodule/licensure-and-scope-practice (last visited January 9, 2017).

These states are Alabama, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Oregon, Tennessee, and Texas. Additionally, there are 12 states who have adopted the Interstate Medical Licensure Compact which allows for expedited licensure for licensed physicians whose state is a member of the compact. Those states are Alabama, Idaho, Illinois, Iowa, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia, Wisconsin, and Wyoming. Supra note 116.

Location Restrictions

Generally, states impose two types of location restrictions. The first is a geographical restriction which limits the use of telehealth to certain designated areas within a state. For example, only individuals in areas designated as a rural area or a medically underserved area may be authorized to receive health care services through telehealth.

The second restriction relates to limitations on the specific location where telehealth services may be provided. The most common example of this type of limitation is the hub and spoke model. 125 Under this model. "hub" refers to the location to where the health care professional must be located while "spoke" refers to the location where the patient must be located.

The two types of restrictions are not mutually exclusive and are commonly used in conjunction. This presents a significant obstacle to access to care by placing arbitrary restrictions on the use of telehealth which inhibits the effectiveness, as well as the use of telehealth to deliver health care services.

Telehealth in Florida

Florida does not have a statutory structure for the delivery of health care services through telehealth. 126 References to telehealth in the Florida Administrative Code relate to the Board of Medicine, 127 the Board of Osteopathic Medicine, 128 the Child Protection Team program, 129 and the Florida Medicaid program. 130

Florida Board of Medicine

In 2003, the Florida Board of Medicine (Board) adopted Rule 64B8-9.014, F.A.C., "Standards for Telemedicine Prescribing Practice" (Rule). 131 The Rule sets forth requirements and restrictions for physicians and physician assistants prescribing medications. 132 The Rule also states that telemedicine "shall include, but is not limited to, prescribing legend drugs to patients through the following modes of communication: (a) Internet; (b) Telephone; and (c) Facsimile." ¹³³ The Rule, however, fails to fully define telemedicine and does not regulate its use in any other way. The Board only regulates allopathic physicians, so this rule does not apply to any other profession. 134

In 2014, the Board adopted a new rule 135 setting forth standards for telemedicine. 136 The new rule defines telemedicine as the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. 137 The definition could be

¹²⁵ Florida's Department of Health's Children's Medical Services Program (CMS) currently uses the hub and spoke model to provide services via telehealth to children enrolled in the program.

The only references to telehealth in the Florida Statutes are in ss. 364.0135, 381.885, and 394.453, F.S. Section 364.0135, F.S. relates to broadband internet services and does not define or regulate telehealth in any manner. Section 381.885, F.S., relates to epinephrine auto-injectors and expressly states that consultation for the use of the auto-injector through electronic means does not constitute the practice of telemedicine. Section 394.453, F.S., provides legislative intent for the Florida Mental Health Act, in which the Legislature finds that the use of telemedicine for patient evaluation, case management, and ongoing care will improve management of patient care and reduce costs of transportation.

Rule 64B8-9.0141, F.A.C.

¹²⁸ Rule 64B15-14.0081, F.A.C.

¹²⁹ Rule 64C-8.003, F.A.C.

¹³⁰ Rule 59G-1.057, F.A.C.

¹³¹ The current telemedicine rules and regulations for the Board of Medicine and the Board of Osteopathic Medicine are virtually identical. Rules 64B8-9.0141 and 64B15-14.0081, F.A.C.

Rule 64B8-9.0141, F.A.C.

¹³³ *ld*.

¹³⁴ The Board of Osteopathic Medicine rule only applies to osteopathic physicians.

¹³⁵ The Board of Medicine and the Board of Osteopathic Medicine rules for telemedicine are virtually identical.

¹³⁶ Rule 64B8-9.0141, F.A.C.

¹³⁷ *Id*.

interpreted to limit the use of telemedicine to physicians and physician assistants; however, the Board does not have the authority to regulate other professions. ¹³⁸ The new rule provides that: ¹³⁹

- The standard of care is the same as that required for services provided in person;
- A physician-patient relationship may be established through telemedicine;
- A physician or physician assistant is responsible for the quality and safety of the equipment and used to provide services through telemedicine; and
- The same patient confidentiality and record-keeping requirements applicable to in-person services are applicable to services provided through telemedicine.

The new rule prohibits physicians and physician's assistants from providing treatment recommendations, including issuing a prescription, through telemedicine unless the following has occurred: 140

- A documented patient evaluation, including history and physical examination to establish the diagnosis for which any legend drug is prescribed;
- A discussion between the physician or the physician assistant and the patient regarding treatment options and the risks and benefits of treatment; and
- Contemporaneous medical records are maintained.

The new rule prohibits prescribing controlled substances through telemedicine except for the treatment of psychiatric disorders. 141 However, the new rule does not preclude physicians from ordering controlled substances through the use of telemedicine for patients hospitalized in a facility licensed pursuant to 395, F.S. 142

Telehealth Advisory Council

In 2016, the Legislature passed House Bill 7087, 143 which created a 15-member Telehealth Advisory Council to make recommendations to increase the use and accessibility of services provided via telehealth, as well as any implementation or access barriers, to the Legislature and the Governor. The recommendations are to be based on a report prepared by the Agency for Healthcare Administration (AHCA), along with the Department of Health (DOH), and the Office of Insurance Regulation (OIR) regarding telehealth utilization and coverage. The bill required the agencies to conduct a survey of health care practitioners, health care facilities, and insurers to collect the following information:

- The types of health care services provided via telehealth;
- The extent to which telehealth is used by telehealth is used by health care practitioners and health care facilities nationally and in the state:
- The estimated costs and cost savings to health care entities, health care practitioners, and the state associated with the use of telehealth to provide health care services; and
- Which health care insurers, health maintenance organizations, and managed care organizations cover health care services provide to patients in this state via telehealth, whether the coverage is restricted or limited, ad how such coverage compares to that insurer's coverage for services provided in person.

In December 2016, AHCA issued a report on the results of the surveys conducted that addressed accessibility and usage of telehealth services in this state, as well as research findings. 144 Of the 11,900 health care facilities surveyed by AHCA, 49 percent responded to the survey; all of the 54

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¹³⁸ The Board of Osteopathic Medicine definition only applies to osteopathic physicians.

¹³⁹ Supra note 136.

¹⁴⁰ *Id*.

¹⁴¹ *Id*. ¹⁴² *Id*.

¹⁴³ Chapter 2016-240, Laws of Fla.

¹⁴⁴ Agency for Health Care Administration, Florida Report on Telehealth Utilization and Accessibility, (December 2016), available at http://www.ahca.myflorida.com/SCHS/telehealth/docs/Telehealth_Report_Final.pdf (last visited January 10, 2017).

health plans surveyed by OIR responded to the survey; and DOH received 26,579 responses to its survey.

Among health care facilities surveyed by AHCA, approximately 45% of hospitals responding to the survey offer telehealth services through their facilities. The facilities indicated that the benefits of providing services using telehealth included patient convenience, better care coordination, better patient outcomes, and better access to specialists. Health care facilities use telehealth most often to diagnose and treat patients, provide emergency care, or to provide or obtain a second opinion. The health care facilities also identified the greatest barriers to services using telehealth. The ongoing challenges for offering telehealth include, among other things, lack of health insurance reimbursement for services provided using telehealth, lack of funding for telehealth equipment, and an inability to determine the return on investment.

Although a national survey of health care executives in 2016 reported 63 percent of health care practitioners provide some services via telehealth, the survey conducted by DOH found that only six percent of the responding health care practitioners in Florida use telehealth to provide health care services. The health care practitioners indicated that the major factors in adopting the use of telehealth in their private practice include the lack of insurance reimbursement for services provided using telehealth, lack of funding for telehealth equipment, and inability to determine return on investment. The provided is a service of the provided that the major factors in adopting the use of telehealth in their private practice include the lack of insurance reimbursement for services provided using telehealth, lack of funding for telehealth equipment, and inability to determine return on investment.

OIR found that 43 percent of Florida health insurers cover some form of telehealth services. ¹⁴⁸ However, that coverage is usually very limited. Unlike 29 other states, Florida does not have any statutory requirements that coverage and reimbursement for telehealth services be covered the same as face-to-face services. The surveyed health plans indicated that the greatest barriers to covering and reimbursing for services provided using telehealth include government regulation, ¹⁴⁹ concerns with liability, costs of the still evolving technology, and a need to significantly change payment and reimbursement guidelines.

The final report of the Telehealth Advisory Council of its recommendations is due to the Governor and Legislature on or before October 31, 2017.

Child Protection Teams

A Child Protection Team (CPT) is a medically directed multi-disciplinary group that works with local sheriffs' offices and the Department of Children and Families to supplement investigative activities in cases of child abuse and neglect. The CPT program within the Children's Medical Services (CMS) program utilizes a telehealth network to perform child assessments. The use of telemedicine under this program requires the presence of a CMS approved physician or advanced registered nurse practitioner at the hub site and a registered nurse at the remote site to facilitate the evaluation. In 2014, CPT telehealth services were available at nine sites and 667 children were provided medical or other assessments via telehealth technology.

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¹⁴⁵ *Id*.

¹⁴⁶ *Id*.

¹⁴⁷ Id.

¹⁴⁹ Id. This includes issues of interstate practice since each state is responsible for licensing the health care practitioners that provide services in its state.

services in its state.

150 Florida Department of Health, *Child Protection Teams*, available at http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/child_protection_teams.html (last visited February 2, 2017).

¹⁵¹ Rule 64C-8.001(5), F.A.C., defines telemedicine as "the use of telecommunication and information technology to provide clinical care to individuals at a distance and to transmit the information needed to provide that care."

¹⁵² Rule 64C-8.003(3), F.A.C.

Florida Department of Health, *Maternal and Child Health Block Grant Narrative for 2014, available at* http://www.floridahealth.gov/healthy-people-and-families/womens-health/pregnancy/mch-fl-2013-1narrative.pdf, p.21, (last visited: January 10, 2017).

Florida Emergency Trauma Telemedicine Network

Various designated trauma centers participate in the Florida Emergency Trauma Telemedicine Network (FETTN). Coordinated by the Department of Health (DOH), the FETTN facilitates the treatment of trauma patients between trauma centers and community or rural hospitals. ¹⁵⁴ The FETTN allows for multiple interface options and currently 7 out of 25 trauma centers are part of the network. ¹⁵⁵ In 2011-12, the seven Level 1 or Level 2 trauma centers that participated as a hub site, known as the location where the consulting physician is delivering the services, were Holmes Regional Medical Center, Tallahassee Memorial Hospital, Sacred Heart Hospital, University of Miami, Shands-Gainesville, Shands-Jacksonville, and Orlando Health. ¹⁵⁶

Tuberculosis Physician's Network

The DOH utilizes tele-radiology through the Tuberculosis Physician's Network. ¹⁵⁷ The ability to read electronic chest X-Rays remotely can lead to a faster diagnosis, treatment and a reduction in the spread of the disease, according to DOH. This service is not currently reimbursed by Medicaid.

Florida Medicaid Program

Under the Medicaid Medical Assistance (MMA) Program implemented in 2014, the vast majority of Medicaid recipients are covered through managed care. Florida Medicaid, in its fee-for-service delivery system, reimburses for telehealth services using interactive telecommunications equipment that includes, at a minimum audio and video equipment that permits two-way, real time, interactive communication between a patient and a practitioner. Not only may MMA plans use telehealth for behavioral health, dental, and physician services as before, but upon approval by AHCA, may also use telehealth to provide other covered services.

Jurisdiction and Venue

A Florida court has jurisdiction over a resident health care practitioner due to his or her presence in the state. For a nonresident health care profession, a Florida patient must establish in court that:

- 1. The health care practitioner subjected himself or herself to jurisdiction through Florida's longarm statute; and
- 2. The health care practitioner had sufficient minimum contacts with the state so that he or she could reasonably anticipate being haled into court in Florida. 160

Under the long-arm statute, any health care practitioner (irrespective of whether he or she is a resident of the state) who commits certain enumerated acts is subject to the jurisdiction of the courts of Florida. Such acts include:

- Operating, conducting, engaging in, or carrying on a business or business venture in this state or having an office or agency in this state;
- Committing a tortious act within this state;

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¹⁵⁴ Florida Department of Health, 2014 Agency Legislative Bill Analysis of HB 167, on file with the Florida House of Representative's Select Committee on Health Care Workforce Innovation (October 21, 2013).

¹⁵⁶ Florida Department of Health, *Long Range Program Plan* (September 28, 2012), on file with the Health and Human Services Committee.

157 Id.

¹⁵⁸ Rule 59G-1.057, F.A.C.

Agency for Health Care Administration, Model Contract, Attachment II, Exhibit II A, Medicaid Managed Medical Assistance Program, (November 2016), available at http://ahca.myflorida.com/Medicaid/statewide_mc/plans.shtml (last viewed February 2, 2017).

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¹⁶¹ Section 48.193(1), F.S.

- Causing injury to persons or property within this state arising out of an act or omission by the
 defendant outside this state, if, at or about the time of the injury, the health care practitioner was
 engaged in solicitation or service activities in this state; and
- Breaching a contract in this state by failing to perform act required by the contract to be performed in this state.¹⁶²

"Venue" refers to the geographical area, that is the county or district, where a cause may be heard or tried. 163 For Florida residents, actions may be brought in the county where the defendant resides, where the cause of action accrued, or where the property in litigation is located. 164 An action against a nonresident may be brought in any county of the state. 165

Service of process on a person outside of the state may be made by any officer authorized to serve process in the state where the person is served. 166

Insurance Premium Tax and Credits

Florida's insurance premium tax was established in 1895 as an annual tax of 1% of gross receipts of insurance premiums (except for life insurance) on each insurance company doing business within the state. Today, the insurance premium tax is set at 1.75% on insurance premiums written in Florida and paid by insurance companies to the Department of Revenue (DOR). It is estimated that DOR will collect \$739.5 million in insurance premium tax in FY 2016-17. This revenue is distributed to general revenue and various trust funds: Today

	Receipts			Distrib		
Fiscal Year	Collections	Annual Change	General Revenue	Insurance Regulatory Trust Fund	Police & Firefighters Premium Tax Trust Fund	Emergency Management Preparedness & Assistance Trust Fund
2016-17 [*]	\$739,500,000	1.29%	\$495,700,000	\$37,500,000	\$186,400,000	\$13,500,000
2015-16 [*]	\$730,100,000	5.98%	\$495,900,000	\$36,200,000	\$178,700,000	\$14,300,000
2014-15	\$688,898,528	-3.23%	\$466,500,000	\$39,400,000	\$181,100,000	\$14,800,000
2013-14	\$711,866,203	1.43%	\$470,500,000	\$39,700,000	\$173,100,000	\$13,600,000

^{*} Estimate

Section 624.5091, F.S., requires out of state insurance to pay retaliatory taxes to the state.¹⁷¹ These retaliatory taxes are levied in almost every state¹⁷² and help ensure a level playing field by preventing companies from choosing to locate in one state in order to lower their insurance premium taxes.¹⁷³ Insurance companies are permitted to receive an employees' salary credit and corporate income tax credit against insurance premium taxes.^{174,175}

[†] Distributions do not equal collections due to beginning and ending cash balances and refunds.

¹⁶² *Id*.

¹⁶³ Metnick & Levy, P.A. v. Seuling, 123 So.3d 639 (Fla. 4th DCA 2013).

¹⁶⁴ Section 47.011, F.S.

¹⁶⁵ Supra note 163. This is subject to the doctrine of forum non conveniens.

¹⁶⁶ Section 48.194, F.S.

¹⁶⁷ Chapter 4322, Laws of Fla., codified as Title VI, ch. 1, s. 464, F.S.

¹⁶⁸ Section 624.509, F.S.

¹⁶⁹ Florida Revenue Estimating Conference, "2016 Florida Tax Handbook," p. 112, *available at* http://edr.state.fl.us/content/revenues/reports/tax-handbook/taxhandbook2016.pdf (last visited February 2, 2017). ¹⁷⁰ Id.

¹⁷¹ Section 624.5091, F.S.

¹⁷² Supra note 169, at 115.

Office of Program Analysis and Government Accountability, *The Corporate Income Tax Credit Scholarship Program Saves the State Dollars*, Report No. 08-68, December 2008, *available at http://www.oppaga.state.fl.us/reports/pdf/0868rpt.pdf* (last visited January 26, 2017).

⁴ Section 624.509(4), F.S. Section 624.509(5), F.S.

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Florida Employee Salaries Credit

In 1985, the U.S. Supreme Court ruled in Metropolitan Life Insurance Company v. Ward 176 that a domestic preference provision in Alabama's insurance tax law similar to the preference provision in Florida at the time violated the Equal Protection Clause. Florida and other states looked for ways to provide tax breaks to their domestic insurance companies that would pass constitutional muster, and the Florida Legislature responded by repealing its own domestic preference provision and replacing it with an employees' salary credit equal to 15% of the amount of salaries paid to employees located in Florida. 177

In FY 2016-17 the employees' salary credit is estimated to reduce insurance premium tax revenue to DOR by \$297.38 million. 178

Corporate Income Tax and Credit

Florida imposes a 5.5% tax on the taxable income of all corporations doing business in the state. 179 The determination of taxable income for Florida tax purposes begins with the taxable income used for federal income tax purposes. 180 This means that a corporation paying taxes in Florida generally receives the same benefits from deductions allowed in determining its federal taxable income. With federal taxable income as a starting point, Florida law then requires a variety of additions and subtractions to reflect Florida-specific policies to determine Florida taxable income. The Florida corporate income tax uses a three-factor apportionment formula consisting of property, payroll, and sales (which is double-weighted) to measure the portion of a multistate corporation's business activities attributable to Florida. 181 Income that is apportioned to Florida using this formula is then subject to the Florida income tax.

Corporate income taxes paid by any insurer are credited against the liability for insurance premium tax for the annual period in which such tax payments are made. 182 The total of the credit granted for corporate income taxes 183 and the Florida employees salary credit may not exceed 65 percent of the insurance premium tax due after deducting taxes paid by the insurer for certain pension funds and assessments. 184

In FY 2016-17, the corporate income tax credit is estimated to reduce insurance premium tax revenue by \$157.6 million. 185

Effect of Proposed Changes

Advanced Practice Registered Nurses

The bill changes the term "advanced registered nurse practitioner" to "advanced practice registered nurse" (APRN) throughout Florida Statutes. The bill also authorizes an APRN to certify a person for involuntary examination under the Baker Act. 186

¹⁷⁶ 470 U.S. 869, 105 S.Ct. 1676.

¹⁷⁷ Supra note 175.

¹⁷⁸ Supra note 169, at 115.

¹⁷⁹ Section 220.11, F.S.

¹⁸⁰ Sections 220.12 and 220.13, F.S.

¹⁸¹ s. 220.15, F.S.

¹⁸² Florida Senate Committee on Finance and Tax, An Overview of Florida's Insurance Premium Tax, October 2006, available at http://archive.flsenate.gov/data/Publications/2007/Senate/reports/interim_reports/pdf/2007-122ftlong.pdf (last accessed January 26,

¹⁸³ Section 624.509(4), F.S. ¹⁸⁴ *Id*.

¹⁸⁵ Supra note 169, at 115.

¹⁸⁶ The Baker Act is also titled the "Florida Mental Health Act" under s. 394.451, F.S.

Independent Advanced Practice Registered Nurses

The bill allows an APRN who meets certain eligibility criteria to register as an "Independent Advanced Practice Registered Nurse." The bill establishes title protection for this new title.

To register as an Independent Advanced Practice Registered Nurse (IAPRN), the applicant must hold an active and unencumbered APRN certificate under s. 464.012, F.S., pay an application fee set by the Board (not to exceed \$100), and must have:

- Completed, in any U.S. jurisdiction, at least 4,000 clinical practice hours supervised by an actively licensed physician;
- Completed at least 2,000 clinical practice hours within the 3-year period immediately before submission of the application. If these hours are supervised, they may count toward meeting the requirement of completing 4,000 clinical practice hours supervised, as indicated above.
- Not been subject to any disciplinary action during the five years immediately preceding the application; and
- Completed a graduate level course in pharmacology.

To maintain their registration, IAPRNs must complete at least 10 hours of continuing education approved by the Board in pharmacology prior to biennial renewal, unless an exception applies for the first biennial renewal. APRNs registered as IAPRNs must also ensure that their practitioner profiles created by the Department of Health reflect their registration as an IARPN.

IAPRNs are authorized to perform any act currently authorized for APRNs, but may perform such acts without the supervision of a physician or a written protocol. In addition to those acts, an IAPRN may independently and without supervision or a written protocol perform the following acts:

- Admit, discharge, or manage the care of a patient requiring the services of a health care facility.
- Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.
- Certify causes of death and sign, correct, and file death certificates.
- Act as a patient's primary care provider.
- Execute a certificate to subject a person to involuntary examination under the Baker Act.
- Examine, and approve the release of, a person admitted into a receiving facility under the Baker Act, if the IAPRN holds a national certification as a psychiatric-mental health advanced practice nurse.
- Perform certain physical examinations currently reserved to physicians and physician assistants by Florida law, such as examinations of pilots, law enforcement officers, and suspected child abuse victims.

The bill imposes safeguards to ensure IAPRNs safely prescribe controlled substances and are held accountable if they do otherwise. Specifically, IAPRNs:

- Must report adverse incidents attributable to the prescription of a controlled substance. Adverse
 incidents are only those events that require the transfer of a patient to a hospital or cause
 permanent physical injury or death.
- May be administratively disciplined for several delineated prohibited acts related to inappropriate prescribing practices.
- Are required to register as prescribers of controlled substances for chronic nonmalignant pain, if they prescribe such substances, and must meet statutory requirements related to treatment plans, recordkeeping, patient examinations, written agreements, and referrals.
- Must comply with the prescribing and dispensing requirements and limitations under the Florida Comprehensive Drug Abuse Prevention and Control Act. 187

In addition, the bill provides for several other accountability measures for IAPRNs by:

- Requiring IAPRNs to maintain malpractice insurance or prove financial responsibility as provided by Board rule to ensure claims due to malpractice are covered;
- Authorizing the Board to administratively discipline IAPRNs for several delineated prohibited acts related to relationships with patients, business practices, and nursing practices; and
- Subjecting IAPRNs to accountability provisions included in the Florida Patient's Bill of Rights and Responsibilities.¹⁸⁸

Physician Assistants

The bill expands the scope of practice for PAs to authorize them to:

- Perform physical examinations to detect child abuse or neglect and for purposes of pilot certification;
- Certify a person for involuntary examination under the Baker Act; and
- File death certificates and certify a cause of death.

The bill also requires PAs to comply the Florida Patient's Bill of Rights and Responsibilities Act.

The bill also authorizes PAs to participate in the Public School Volunteer Health Care Practitioner Program. This program allows any participating health care practitioner who agrees to provide his or her services, without compensation, in a public school for at least 80 hours a year for each school year during the biennial licensure period to be eligible for waiver of the biennial license renewal fee for an active license and fulfillment of a maximum of 25 percent of the continuing education hours required for license renewal under s. 456.013(9), F.S.

Telehealth

The bill creates s. 456.47, F.S., relating to the use of telehealth to provide health care services.

"Telehealth" is defined in the bill to mean the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services including, but not limited to, patient assessment, diagnosis, consultation, and treatment, monitoring transfer of medical data, patient and professional health-related education, public health services, and health administration. The definition of telehealth does not include audio-only telephone calls, e-mail messages, or facsimile transmissions. Thus, health care professionals can use telehealth to provide services to patients through both "live" and "store and forward" methods. It also authorizes the use of telemonitoring. The definition does not place any additional limitations on the type of technology that can be used in telehealth. However, both HIPAA and HITECH continue to apply to covered entities.

Telehealth Providers

The bill defines "telehealth provider" as any person who provides health care related services using telehealth and who is licensed in Florida or is an out-of-state health care registered and is in compliance with the requirements of this bill. Florida licensed telehealth provides must be one of the following professionals: 189

- Behavior analyst;
- Acupuncturist;
- Allopathic physician;

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¹⁸⁸ Section 381.026, F.S., requires health care providers to provide patients with certain information related to qualifications, diagnosis, treatment, grievance procedures, and service charges. Also, health care providers are prohibited from discriminating against a patient for specified reasons and must respect a patient's privacy under this law.

¹⁸⁹ These are professionals licensed under s. 393.17; part III, ch. 401; ch. 457; ch. 458; ch. 459; ch. 460; ch. 461; ch. 463; ch. 464; ch. 465; ch. 466; ch. 467; part II, part IV, part V, part X, part XIII, and part XIV, ch. 468; ch. 478; ch. 480; part III, part IV, ch. 483; ch. 484; ch. 486; ch. 490; or ch. 491.

- Osteopathic physician;
- Chiropractor;
- Podiatrist:
- Optometrist;
- Nurse;
- Pharmacist;
- Dentist:
- Dental Hygienist;
- Midwife;
- Speech therapist;
- Occupational therapist;
- Radiology technician;
- Electrologist;
- Orthotist:
- Pedorthist:
- · Prosthetist;
- Medical physicist;
- Emergency Medical Technician;
- Paramedic:
- Massage therapist;
- Optician;
- · Hearing aid specialist;
- · Clinical laboratory personnel;
- Respiratory therapist;
- Physical therapist;
- Psychologist;
- Psychotherapist;
- Dietician/Nutritionist;
- Athletic trainer;
- Clinical social worker;
- Marriage and family therapist; or
- Mental health counselor.

Out-of-state telehealth providers must register biennially with DOH or the applicable board to provide telehealth services, within the relevant scope of practice established by Florida law and rule, to patients in this state. To register or renew registration as an out-of-state telehealth provider, the health care professional must:

- Submit an application to DOH;
- Pay a \$150 registration fee;
- Hold an active unencumbered license, consistent with the definition of "telehealth provider" listed above, in a U.S. state or jurisdiction and against whom no disciplinary action has been taken during the five years before submission of the application; and
- Never have had a license revoked in any U.S. state or jurisdiction.

The bill prohibits an out-of-state telehealth provider from opening an office in Florida and from providing in-person health care services to patients located in Florida.

The bill requires out-of-state telehealth providers to notify the applicable board or DOH of restrictions placed on the health care professional's license to practice or disciplinary actions taken against the health care practitioner within 5 days after such occurrence.

The bill authorizes a board, or DOH if there is no board, to revoke an out-of-state telehealth provider's registration if the registrant:

- Fails to notify DOH of any adverse actions taken against his or her license within 5 days after such adverse action;
- Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction; or
- Violates any of the requirements for the registration of out-of-state telehealth providers.

The bill requires DOH to publish on its website the name of each registered out-of-state telehealth provider. It must also include the following background information, to the extent applicable, for each registrant:

- Health care occupation;
- Completed health care training and education, including completion dates and any certificates or degrees obtained;
- Out-of-state health care license with license number;
- Florida telehealth provider registration number;
- Specialty;
- Board certification:
- 5 year disciplinary history, including sanctions and board actions; and
- Medical malpractice insurance provider and policy limits, including whether the policy covers claims which arise in this state.

Telehealth Provider Standards

The bill establishes that the standard of care for telehealth providers is the same 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 the bill a telehealth provider is not required to research a patient's medical history or conduct a physical examination of the patient before providing telehealth services to the patient if the telehealth provider is capable of conducting a patient evaluation in a manner consistent with the applicable standard of care sufficient to diagnose and treat the patient when using telehealth. The bill also allows the evaluation to be performed using telehealth.

The bill provides that a patient receiving telehealth services may be in any location at the time that the telehealth services are rendered and that a telehealth provider may be in any location when providing telehealth services to a patient.

The bill allows health care providers who are authorized to prescribe a controlled substance to use telehealth to prescribe controlled substances. Telehealth may not be used to prescribe a controlled substance to treat chronic nonmalignant pain, unless ordered by a physician for an inpatient admitted to a facility licensed under ch. 395, F.S., prescribed for a patient receiving hospice services as defined under s. 400.601, F.S., or prescribed for a resident of a nursing home facility as defined under s. 400.021(12), F.S.

The bill requires that a telehealth provider document the telehealth services rendered in the patient's medical records according to the same standard as that required for in-person services. The bill requires that such medical records be kept confidential consistent with ss. 395.3025(4) and 456.057, F.S. Section 456.057, F.S., relates to all licensed health care professionals while s. 395.3025(4), F.S., relates to all health care facilities licensed under ch. 395 (hospitals, ambulatory surgical centers, and mobile surgical centers). Thus, the same confidentiality requirements placed upon health care facilities and health care practitioners for medical records generated as part of in-person treatment apply to any medical records generated as part of treatment rendered through telehealth.

The bill provides that a non-physician telehealth provider using telehealth and acting within the applicable scope of practice, as established under Florida law, may not be interpreted as practicing medicine without a license.

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The bill establishes, for jurisdictional purposes, that any act that constitutes the delivery of health care services shall be deemed to occur at the place where the patient is located at the time the act is performed. This will assist a patient in establishing jurisdiction and venue in Florida in the event he or she pursues a legal action against the telehealth provider.

The bill provides exceptions to the registration requirement for emergencies or for consultations between health care practitioners.

The bill requires a registered telehealth provider, who is a pharmacist, to use a pharmacy holding a Florida permit, a nonresident pharmacy registered in Florida, or a nonresident pharmacy or outsourcing facility holding a nonresident sterile compounding permit to dispense medicinal drugs to Florida patients.

The bill authorizes DOH or an applicable board to adopt rules to administer the requirements related to telehealth set forth in the bill.

Telehealth Tax Credit

For tax years beginning on or after January 1, 2018, the bill creates a telehealth tax credit for any health insurer or health maintenance organization (HMO) that cover services provided by telehealth. The tax credit maybe taken against any corporate income tax or insurance premium tax liability incurred by a health insurer or HMO. The tax credit is one tenth of one percent of the total insurance premiums received on accident or health insurance policy or plans issued in Florida that provide medical, major medical, or similar comprehensive coverage. The Office of Insurance Regulation (OIR) must confirm the coverage to the Department of Revenue (DOR). The bill authorizes an unused tax credit or portion thereof to be carried forward for a period not to exceed five years.

The bill authorizes DOR, in addition to its existing audit and investigation authority, additional authority to perform financial and technical audits and investigations to verify eligibility for the telehealth tax credit. Such audits and investigations may include examining the accounts, books, and records of the health insurer or HMO. The bill also directs OIR to provide technical assistance upon request by DOR on any audits or investigations it performs. If DOR discover that a health insurer or health maintenance organization received a telehealth tax credit for which it was not entitle, DOR is authorized to pursue recovery of the funds in accordance to the law.

The bill authorizes a health insurer or HMO to transfer a telehealth tax credit in whole or in part to another insurer by written agreement. To perfect the transfer, the transferor must provide a written statement to DOR that states:

- The transferor's intent to transfer the tax credit to the transferee:
- The date the transfer is effective;
- The transferee's name, address, and federal taxpayer identification number;
- The tax period; and
- The amount the tax credit to be transferred.

Upon receipt of the transfer statement, DOR will issue a certificate reflecting the transferred credit amount, a copy of which must be attached to each tax return for which the transferee seeks to apply the credit.

An insurer that claims the telehealth tax credit is not required to pay any additional retaliatory tax, as a result of claiming such a credit.

DOR and the Office of Insurance Regulation are authorized to adopt rules to administer the telehealth tax credit, including rules regarding implementation and administration of the tax credit and forms needed to claim the telehealth tax credit.

The bill provides an effective date of July 1, 2017, except as otherwise expressly provided in the bill.

B. SECTION DIRECTORY:

- **Section 1:** Creates s. 456.47, F.S., relating to the use of telehealth to provide services.
- **Section 2:** Provides an appropriation.
- **Section 3:** Creates s. 220.197, F.S., relating to the telehealth tax credit.
- Section 4: Amends s. 624.509, F.S., relating to the premium tax; rate and computation.
- **Section 5:** Amends s. 464.003, F.S., relating to definitions.
- **Section 6:** Amends s. 464.012, F.S., relating to certification of advanced registered nurse practitioners; fees; and controlled substance prescribing.
- **Section 7:** Creates s. 464.0125, F.S., relating to registration of independent advanced practice registered nurses and fees.
- Section 8: Amends s. 464.015, F.S., relating to titles and abbreviations; restrictions; and penalty.
- **Section 9:** Creates s. 464.0155, F.S., relating to reports of adverse incidents by independent advanced practice registered nurses.
- **Section 10:** Amends s. 464.016, F.S., relating to violations and penalties.
- Section 11: Amends s. 464.018, F.S., relating to disciplinary actions.
- Section 12: Amends s. 39.303, F.S., relating to child protection teams; services; and eligible cases.
- **Section 13:** Amends s. 39.304, F.S., relating to photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.
- Section 14: Amends s. 90.503, F.S., relating to psychotherapist-patient privilege.
- **Section 15:** Amends s. 110.12315, F.S., relating to the prescription drug program.
- Section 16: Amends s. 112.0455, F.S., relating to the Drug-Free Workplace Act.
- Section 17: Amends s. 121.0515, F.S., relating to Special Risk Class.
- **Section 18:** Amends s. 252.515, F.S., relating to the Postdisaster Relief Assistance Ac; immunity from civil liability.
- Section 19: Amends s. 310.071, F.S., relating to deputy pilot certification.
- Section 20: Amends s. 310.073, F.S., relating to state pilot licensing.
- **Section 21:** Amends s. 310.081, F.S., relating to department to examine and license state pilots and certificate deputy pilots; vacancies.
- **Section 22:** Amends s. 320.0848, F.S., relating to persons who have disabilities, issuance of disabled parking permits, temporary permits, and permits for certain providers of transportation services to persons who have disabilities.
- **Section 23:** Amends s. 381.00315, F.S., relating to public health advisories, public health emergencies; isolation and quarantines.
- **Section 24:** Amends s. 381.00593, F.S., relating to public school volunteer health care practitioner program.
- Section 25: Amends s. 381.026, F.S., relating to Florida Patient's Bill of Rights and Responsibilities.
- Section 26: Amends s. 382.008, F.S., relating to death and fetal death registration.
- **Section 27:** Amends s. 383.14, F.S., relating to screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.
- **Section 28:** Amends s. 383.141, F.S., relating to prenatally diagnosed conditions; patient to be provided information; definitions; information clearinghouse; and advisory council.
- Section 29: Amends s. 384.27, F.S., relating to physical examination and treatment.
- Section 30: Amends s. 390.0111, F.S., relating to termination of pregnancies.
- **Section 31:** Amends s. 390.012, F.S., relating to powers of agency; rules; and disposal of fetal remains.
- Section 32: Amends s. 394.455, F.S., relating to definitions.
- **Section 33:** Amends s. 394.463, F.S., relating to involuntary examination.
- Section 34: Amends s. 395.0191, F.S., relating to staff membership and clinical privileges.
- Section 35: Amends s. 395.602, F.S., relating to rural hospitals.
- **Section 36:** Amends s. 395.605, F.S., relating to emergency care hospitals.
- Section 37: Amends s. 397.311, F.S., relating to definitions.
- Section 38: Amends s. 397.405, F.S., relating to exemptions from licensure.
- **Section 39:** Amends s. 397.427, F.S., relating to medication-assisted treatment service providers; rehabilitation program; needs assessment and provision of services; persons authorized to issue takeout medication; unlawful operation; and penalty.

- **Section 40:** Amends s. 397.501, F.S., relating to rights of individuals.
- Section 41: Amends s. 397.679, F.S., relating to emergency admission; circumstances justifying.
- Section 42: Amends s. 397.6793, F.S., relating to professional's certificate for emergency admission.
- Section 43: Amends s. 400.021, F.S., relating to definitions.
- **Section 44:** Amends s. 400.0255, F.S., relating to resident transfer or discharge; requirements and procedures; and hearings.
- Section 45: Amends s. 400.172, F.S., relating to respite care provided in nursing home facilities.
- Section 46: Amends s. 400.462, F.S., relating to definitions.
- **Section 47:** Amends s. 400.487, F.S., relating to home health service agreements; physician's, physician assistants, and advanced registered nurse practitioner's treatment orders; patient assessment; establishment and review of plan of care; provision of services, and orders not to resuscitate.
- **Section 48:** Amends s. 400.506, F.S., relating to licensure of nurse registries; requirements; and penalties.
- Section 49: Amends s. 400.9905, F.S., relating to definitions.
- Section 50: Amends s. 400.9973, F.S., relating to client admission, transfer, and discharge.
- **Section 51:** Amends s. 400.9974, F.S., relating to client comprehensive treatment plans; client services.
- **Section 52:** Amends s. 400.9976, F.S., relating to administration of medication.
- Section 53: Amends s. 400.9979, F.S., relating to restraint and seclusion; client safety.
- **Section 54:** Amends s. 401.445, F.S., relating to emergency examination and treatment of incapacitated persons.
- Section 55: Amends s. 409.905, F.S., relating to mandatory Medicaid services.
- **Section 56:** Amends s. 409.908, F.S., relating to reimbursement of Medicaid providers.
- Section 57: Amends s. 409.9081, F.S., relating to copayments.
- Section 58: Amends s. 409.973, F.S., relating to benefits.
- **Section 59:** Amends s. 429.26, F.S., relating to appropriateness of placements and examinations of residents.
- **Section 60:** Amends s. 429.918, F.S., relating to licensure designation as a specialized Alzheimer's services adult day care center.
- Section 61: Amends s. 440.102, F.S., relating to drug-free workplace program requirements.
- **Section 62:** Amends s. 456.0391, F.S., relating to advanced registered nurse practitioners; information required for certification.
- **Section 63:** Amends s. 456.0392, F.S., relating to prescription labeling.
- Section 64: Amends s. 456.041, F.S., relating to practitioner profile and creation.
- **Section 65:** Amends s. 456.048, F.S., relating to financial responsibility requirements for certain health care practitioners.
- **Section 66:** Amends s. 456.053, F.S., relating to financial arrangements between referring health care providers and providers of health care services.
- **Section 67:** Amends s. 456.072, F.S., relating to grounds for discipline; penalties; and enforcement.
- Section 68: Amends s. 456.44, F.S., relating to controlled substance prescribing.
- Section 69: Amends s. 458.3265, F.S., relating to pain-management clinics.
- **Section 70:** Amends s. 458.331, F.S., relating to grounds for disciplinary action; action by the board and department.
- **Section 71:** Amends s. 458.348, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 72: Amends s. 459.0137, F.S., relating to pain-management clinics.
- **Section 73:** Amends s. 459.015, F.S., relating to grounds for disciplinary action; action by the board and department.
- **Section 74:** Amends s. 459.025, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 75: Amends s. 464.004, F.S., relating to Board of Nursing; membership; appointment; and terms
- Section 76: Amends s. 464.0205, F.S., relating to retired volunteer nurse certificate.
- Section 77: Amends s. 467.003, F.S., relating to definitions.
- Section 78: Amends s. 480.0475, F.S., relating to massage establishments and prohibited practices.
- Section 79: Amends s. 483.041, F.S., relating to definitions.

- **Section 80:** Amends s. 483.181, F.S., relating to acceptance, collection, identification, and examination of specimens.
- Section 81: Amends s. 483.801, F.S., relating to exemptions.
- Section 82: Amends s. 486.021, F.S., relating to definitions.
- Section 83: Amends s. 490.012, F.S., relating to violations; penalties; and injunction.
- Section 84: Amends s. 491.0057, F.S., relating to dual licensure as a marriage and family therapist.
- Section 85: Amends s. 491.012, F.S., relating to violations; penalty; and injunction.
- **Section 86:** Amends s. 493.6108, F.S., relating to investigation of applicants by Department of Agriculture and Consumer Services.
- **Section 87:** Amends s. 626.9707, F.S., relating to disability insurance; discrimination on basis of sickle-cell trait prohibited.
- Section 88: Amends s. 627.357, F.S., relating to medical malpractice self-insurance.
- **Section 89:** Amends s. 627.6471, F.S., relating to contracts for reduced rates of payment; limitations; and coinsurance and deductibles.
- Section 90: Amends s. 627.6472, F.S., relating to exclusive provider organizations.
- **Section 91:** Amends s. 627.736, F.S., relating to required personal injury protection benefits; exclusions; priority; and claims.
- Section 92: Amends s. 633.412, F.S., relating to firefighters and qualifications for certification.
- **Section 93:** Amends s. 641.3923, F.S., relating to discrimination against providers prohibited.
- **Section 94:** Amends s. 641.495, F.S., relating to requirements for issuance and maintenance of certificate.
- **Section 95:** Amends s. 744.2006, F.S., relating to Office of Public and Professional Guardians; appointment, notification.
- **Section 96:** Amends s. 744.331, F.S., relating to procedures to determine incapacity.
- **Section 97:** Amends s. 766.102, F.S., relating to medical negligence; standards of recovery; and expert witness.
- Section 98: Amends s. 766.103, F.S., relating to Florida Medical Consent Law.
- **Section 99:** Amends s. 766.1115, F.S., relating to health care providers; creation of agency relationship with governmental contractors.
- **Section 100:** Amends s. 766.1116, F.S., relating to health care practitioner; waiver of license renewal fees and continuing education requirements.
- Section 101: Amends s. 766.118, F.S., relating to determination of noneconomic damages.
- Section 102: Amends s. 768.135, F.S., relating to volunteer team physicians and immunity.
- Section 103: Amends s. 782.071, F.S., relating to vehicular homicide.
- Section 104: Amends s. 794.08, F.S., relating to female genital mutilation.
- Section 105: Amends s. 893.02, F.S., relating to definitions.
- **Section 106:** Amends s. 893.05, F.S., relating to practitioners and persons administering controlled substances in their absence.
- **Section 107:** Amends s. 943.13, F.S., relating to officers' minimum qualifications for employment or appointment.
- Section 108: Amends s. 945.603, F.S., relating to powers and duties of authority.
- Section 109: Amends s. 948.03, F.S., terms and conditions of probation.
- **Section 110:** Amends s. 960.28, F.S., relating to payment for victims' initial forensic physical examinations.
- Section 111: Amends s. 1002.20, F.S., relating to K-12 student and parent rights.
- **Section 112:** Amends s. 1002.42, F.S., relating to private schools.
- **Section 113:** Amends s. 1006.062, F.S., relating to administration of medication and provision of medical services by district school board personnel.
- Section 114: Amends s. 1006.20, F.S., relating to athletics in public K-12 schools.
- **Section 115:** Amends s. 1009.65, F.S., relating to Medical Education Reimbursement and Loan Repayment Program.
- Section 116: Amends s. 1009.66, F.S., relating to Nursing Student Loan Forgiveness Program.
- Section 117: Amends s. 1009.67, F.S., relating to nursing scholarship program.
- **Section 118:** Provides an effective date of July 1, 2017, except as otherwise expressly provided in the bill.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The Revenue Estimating Conference estimated that the tax provisions in the bill will have a recurring negative impact on General Revenue of \$29.0 million in FY 2017-18 growing to \$32.7 million in FY 2021-22. The cash impacts on General Revenue begin in FY 2019-20 at \$30.8 million and grow to \$32.7 million in FY 2021-22.

Applicants for registration as an IAPRN will have to pay an initial application fee, and registered IAPRNs will have to pay a biennial renewal fee, to the Department of Health. The total amount the Department of Health will receive from such fees is indeterminate, because the number of APRNs who choose to register as IAPRNs is not predictable.

The bill authorizes DOH to assess a \$150 registration and registration renewal fee for out-of-state telehealth providers. The revenue generated is anticipated to be \$765,000 biennially, assuming that the number of out-of-state registrants will be comparable to the experience of a similar program in Texas. Utilizing the Texas Medical Board experience of a 0.54% licensure rate would generate approximately 5,100 Florida telehealth registrants. 190

2. Expenditures:

The bill requires out-of-state health care professionals to register with DOH prior to providing any health care services through telehealth to individuals located in Florida. The State of Texas offers a comparable telehealth license to physicians and physician's assistants out of state. There are currently 405 active telehealth licensed physicians in the state of Texas and a total 74,098 active licensed physicians licensed. Applying the ratio found in Texas of telehealth physicians compared to the total in-state physicians of 0.54% to the current active in-state physicians in the state of Florida, 56,060, an anticipated 303 physicians will seek telehealth licensure in Florida. Applying the same rate to the 820,248 additional medical professionals identified in the bill, an anticipated 4,743 will register as out-of-state telehealth providers in Florida. The Florida Medical Quality Assurance Division currently employs 570 positions to regulate 886,716 active in-state licenses.

The bill provides an appropriation of \$261,389 recurring and \$15,528 nonrecurring from the Medical Quality Assurance Trust Fund and four full time equivalent positions and \$145,870 in salary rate to utilize the funds generated from the bill's \$150 registration fee to offset the workload increase anticipated from an additional 5,128 licenses.

DOH, the affected regulatory boards within DOH, and the Department of Revenue may incur indeterminate, but nominal costs associated with rulemaking, which can be absorbed within existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:	
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2. Expenditures:

None.

None.

¹⁹⁰ Physician Statistics, Physicians In and Out of State Report, Texas Medical Board, September 2016, available at http://www.tmb.state.tx.us/dl/FA3E654D-B017-F10C-6F44-487DAE447A08 (last viewed February 2, 2017).

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C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Health insurers and health maintenance organizations that cover services provided by telehealth may be able to reduce their corporate income tax or insurance premium tax liability by utilizing the tax credit authorized in the bill.

Applicants for registration as an IAPRN will have to pay an application fee and IAPRNs renewing their registration will be subject to renewal fees. The bill authorizes the Board of Nursing to set the application and biennial renewal fees, but they may not exceed \$100 and \$50, respectively.

The bill requires IAPRNs to obtain medical malpractice insurance. The Board may require IARPNs to have more coverage and therefore a more expensive policy than what is required for APRNs.

APRNs who have paid physicians in order to be supervised under a protocol achieve some costsavings if they register as an IAPRN and practice without a written protocol.

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None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill authorizes Department of Health, or the applicable board, to adopt rules regarding the provision of telehealth services in this state.

The bill authorizes the Department of Revenue and the Office of Insurance Regulation to adopt rules related to the implementation and administration of the telehealth tax credits.

The Board of Nursing and the Department of Health have sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 15, 2017, the Health Quality Subcommittee adopted an amendment that increased the experience requirement for an advanced practice registered nurse (APRN) to practice independently in this state from 2,000 hours of clinical practice while practicing as an APRN to 4,000 hours of clinical practice supervised by an actively licensed supervised physician. The amendment requires an APRN to have completed at least 2,000 clinical practice hours within the 3-year period immediately preceding the submission of the application; if these hours are supervised, they may count toward meeting the requirement of 4,000 hours of supervised clinical practice.

The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute.

STORAGE NAME: h7011.WMC.DOCX

HB 7011 2017

A bill to be entitled 1 2 An act relating to health care access; creating s. 3 220.197, F.S.; providing a tax credit for eligible 4 taxpayers; authorizing an unused tax credit amount to 5 be carried forward for a certain period of time; 6 authorizing the Department of Revenue to perform 7 audits and investigations under certain circumstances; 8 authorizing the department to pursue recovery of tax 9 credits if the taxpayer received a tax credit for 10 which the taxpayer was not entitled; authorizing the transfer of a tax credit under certain circumstances; 11 12 authorizing the department and the Office of Insurance 13 Regulation to adopt rules; amending s. 624.509, F.S.; 14 providing that a health insurer or health maintenance 15 organization is allowed a tax credit against a 16 specified tax imposed if it covers services provided 17 by telehealth; authorizing an unused tax credit amount to be carried forward for a certain period of time; 18 19 authorizing the Department of Revenue to perform 20 audits and investigations under certain circumstances; 21 authorizing the Department of Revenue to pursue 22 recovery of tax credits if the taxpayer received a tax 23 credit for which the taxpayer was not entitled; 24 authorizing the transfer of a tax credit under certain 25 circumstances; authorizing the Department of Revenue

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CODING: Words stricken are deletions; words underlined are additions.

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and the Office of Insurance Regulation to adopt rules; providing that an insurer claiming the tax credit is not required to pay any additional retaliatory tax; providing definitions; creating s. 456.47, F.S.; providing definitions; establishing certain practice standards for telehealth providers; providing for the maintenance and confidentiality of medical records; providing registration requirements for out-of-state telehealth providers; requiring the Department of Health to publish certain information on its website; authorizing a board or the department if there is no board to revoke a telehealth provider's registration under certain circumstances; providing venue; providing exemptions to the registration requirement; providing rulemaking authority; providing an appropriation and authorizing positions; amending s. 464.003, F.S.; revising and providing definitions; redesignating advanced registered nurse practitioners as advanced practice registered nurses; providing for independent advanced practice registered nurses to practice advanced or specialized nursing and without the supervision of a physician or protocol; creating a joint committee to determine the medical acts that may be performed by independent advanced practice registered nurses and advanced practice registered

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nurses; providing for appointment and terms of committee members; requiring the Board of Nursing to adopt rules authorizing the performance of certain acts by an independent advanced practice registered nurse; amending s. 464.012, F.S.; revising advanced practice registered nurse certification requirements; creating s. 464.0125, F.S.; providing for the registration of an independent advanced practice registered nurse who meets certain clinical practice and educational requirements; specifying acts that independent advanced practice registered nurses are authorized to perform without physician supervision or protocol; requiring an independent advanced practice registered nurse to submit proof of registration to the department; authorizing the department to include the proof of registration in the advanced practice registered nurse's practitioner profile; providing for biennial renewal of registration, including continuing education requirements; providing for application and biennial renewal fees; providing rulemaking authority; amending s. 464.015, F.S.; providing title protection for independent advanced practice registered nurses, advanced practice registered nurses, and certified nurse practitioners; creating s. 464.0155, F.S.; requiring independent advanced practice registered

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nurses to report adverse incidents to the Department of Health in a certain manner; providing report requirements; defining the term "adverse incident"; providing for department review of adverse incidents; authorizing the department to take disciplinary action in cases of adverse incidents; amending s. 464.016, F.S.; providing penalties for illegally using certain titles; amending s. 464.018, F.S.; adding grounds for disciplinary actions against independent advanced practice registered nurses; amending s. 39.303, F.S.; revising requirements relating to review of certain cases of abuse or neglect and standards for face-toface medical evaluations by a child protection team; amending s. 39.304, F.S.; authorizing a physician assistant and an independent advanced practice registered nurse to perform or order an examination and diagnose a child without parental consent under certain circumstances; amending s. 90.503, F.S.; redefining the term "psychotherapist" to include an independent advanced practice registered nurse with a specified scope of practice; amending s. 112.0455, F.S.; authorizing an independent advanced practice registered nurse to collect specimens for drug testing; amending s. 121.0515, F.S.; designating an advanced practice registered nurse as a special risk

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101 member under certain conditions; amending ss. 310.071, 102 310.073, and 310.081, F.S.; authorizing a physician 103 assistant and an independent advanced practice 104 registered nurse to administer the physical 105 examination required for deputy pilot certification 106 and state pilot licensure; broadening an exception to 107 the prohibition against the use of controlled 108 substances by an applicant for a deputy pilot 109 certificate or a state pilot license to allow the use 110 of controlled substances prescribed by a physician 111 assistant, an independent advanced practice registered 112 nurse, or an advanced practice registered nurse; 113 requiring a physician assistant or an independent 114 advanced practice registered nurse performing the 115 physical examination to know the minimum licensure 116 standards and certify that such standards are met; 117 amending s. 320.0848, F.S.; authorizing an independent 118 advanced practice registered nurse to certify that a 119 person is disabled; amending s. 381.00315, F.S.; 120 authorizing the reactivation of an independent advanced practice registered nurse license in a public 121 122 health emergency; amending s. 381.00593, F.S.; 123 redefining the term "health care practitioner" to 124 include a physician assistant and an independent 125 advanced practice registered nurse; amending s.

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126 381.026, F.S.; revising the definition of the term 127 "health care provider" to include a physician 128 assistant and an independent advanced practice 129 registered nurse; amending s. 382.008, F.S.; 130 authorizing a physician assistant, an independent advanced practice registered nurse, or an advanced 131 practice registered nurse to file a certificate of 132 death or fetal death under certain circumstances; 133 134 authorizing a certified nurse midwife to provide 135 certain information to a funeral director within a specified time period; revising the definition of the 136 137 term "primary or attending physician"; amending s. 383.14, F.S.; authorizing the release of certain 138 139 newborn tests and screening results to an independent 140 advanced practice registered nurse; amending ss. 141 383.141, 627.357, and 766.1115, F.S.; revising the 142 definition of the term "health care provider" to 143 include an independent advanced practice registered 144 nurse; amending s. 384.27, F.S., authorizing an 145 independent advanced practice registered nurse to 146 provide expedited partner therapy; amending s. 147 390.0111, F.S.; including an independent advanced 148 practice registered nurse in a list of health care 149 practitioners authorized to review an ultrasound with 150 a woman prior to an abortion procedure; amending s.

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151 390.012, F.S.; including an independent advanced 152 practice registered nurse in a list of health care 153 practitioners authorized to provide postoperative 154 monitoring and required to be available throughout an 155 abortion procedure, remain at the abortion clinic 156 until all patients are discharged, and attempt to 157 assess the patient's recovery within a specified time; amending s. 394.455, F.S.; revising the definition of 158 159 the term "psychiatric nurse" to include an independent advanced practice registered nurse certified in a 160 161 specified specialty; amending s. 394.463, F.S.; 162 authorizing a physician assistant, an independent advanced practice registered nurse, or an advanced 163 164 practice registered nurse to initiate an involuntary examination for mental illness under certain 165 circumstances; providing for examination of a patient 166 167 by a physician assistant or psychiatric nurse; 168 authorizing a psychiatric nurse to approve the release 169 of a patient under certain conditions; amending s. 170 395.0191, F.S.; authorizing an independent advanced 171 practice registered nurse to apply for clinical 172 privileges; providing an exception to the requirement 173 for onsite medical direction for certain independent 174 advanced practice registered nurses; amending s. 175 395.605, F.S.; including independent advanced practice

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176 registered nurses in a list of health care practitioners who must supervise the care of a patient 177 178 or be on duty for a specified duration in an emergency 179 care setting; amending s. 397.311, F.S.; revising the definition of the term "qualified professional" to 180 include an independent advanced practice registered 181 nurse; conforming terminology; amending s. 397.405, 182 F.S.; providing that an independent advanced practice 183 registered nurse's practice may not be limited under 184 185 certain circumstances; amending s. 397.501, F.S.; 186 prohibiting the denial of certain services to an 187 individual who takes medication prescribed by a physician assistant, an independent advanced practice 188 registered nurse, or an advanced practice registered 189 190 nurse; amending ss. 397.679 and 397.6793, F.S.; 191 revising the list of persons authorized to initiate a 192 certificate for an emergency admission for a person 193 who is substance abuse impaired; amending s. 400.021, 194 F.S.; revising the definition of the term "geriatric outpatient clinic" to include a site staffed by an 195 196 independent advanced practice registered nurse; 197 amending s. 400.0255, F.S.; including independent 198 advanced practice registered nurses in a list of 199 health care practitioners who must sign a notice of 200 discharge or transfer; amending s. 400.172, F.S.;

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201 including independent advanced practice registered 202 nurses and advanced practice registered nurses in a 203 list of health care practitioners who may provide a 204 prospective respite care resident with certain medical 205 information; amending s. 400.462, F.S.; defining the 206 term "independent advanced practice registered nurse"; 207 amending s. 400.487, F.S.; including independent 208 advanced practice registered nurses in a list of 209 health care practitioners who must establish treatment 210 orders for certain patients under certain 211 circumstances; amending s. 400.506, F.S.; applying 212 medical treatment plan requirements to independent advanced practice registered nurses; amending s. 213 214 400.9905, F.S.; exempting entities where health care 215 services are provided by independent advanced practice 216 registered nurses from clinic licensure requirements; amending s. 400.9973, F.S.; revising the list of 217 218 professionals authorized to prescribe admission to a 219 transitional living facility; amending s. 400.9974, 220 F.S.; revising the criteria for the comprehensive 221 treatment plan; amending s. 400.9976, F.S.; revising 222 the list of professionals authorized to supervise and 223 record medications to be administered to a client; 224 amending s. 400.9979, F.S.; revising the list of 225 professionals that may order physical or chemical

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restraints for a client; amending s. 401.445, F.S.; prohibiting recovery of damages in court against an independent advanced practice registered nurse under certain circumstances; requiring an independent advanced practice registered nurse to attempt to obtain a person's consent prior to providing emergency services; amending ss. 409.905 and 409.908, F.S.; requiring the agency to reimburse independent advanced practice registered nurses for providing certain mandatory Medicaid services; amending s. 409.9081, F.S.; requiring copayments under the Medicaid program to be paid for independent advanced practice registered nurse services; amending s. 409.973, F.S.; requiring managed care plans to cover independent advanced practice registered nurse services; amending s. 429.26, F.S.; prohibiting independent advanced practice registered nurses from having a financial interest in the assisted living facility that employs them; including independent advanced practice registered nurses in a list of health care practitioners from whom an assisted living facility resident may obtain an examination prior to admission; amending s. 429.918, F.S.; revising the definition of the term "ADRD participant" to include participants who have a documented diagnosis of Alzheimer's disease

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251 or a dementia-related disorder from an independent 252 advanced practice registered nurse; including 253 independent advanced practice registered nurses in a 254 list of health care practitioners from whom an ADRD 255 participant may obtain signed medical documentation; 256 amending s. 440.102, F.S.; authorizing, for the 257 purpose of drug-free workforce program requirements, 258 an independent advanced practice registered nurse to 259 collect a specimen for a drug test; amending s. 260 456.048, F.S.; requiring independent advanced practice 261 registered nurses to maintain medical malpractice 262 insurance or provide proof of financial 263 responsibility; exempting independent advanced practice registered nurses from such requirements 264 265 under certain circumstances; amending s. 456.053, 266 F.S.; revising the definition of the term "board" to 267 include the Board of Nursing; revising the definitions 268 of the terms "health care provider" and "sole 269 provider" to include independent advanced practice 270 registered nurses; authorizing an independent advanced 271 practice registered nurse to make referrals under 272 certain circumstances; conforming a reference; 273 amending s. 456.072, F.S.; requiring the suspension 274 and fining of an independent advanced practice 275 registered nurse or an advanced practice registered

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276 nurse for prescribing or dispensing a controlled 277 substance in a certain manner; amending s. 456.44, 278 F.S.; providing certain requirements for independent 279 advanced practice registered nurses and advanced 280 practice registered nurses who prescribe controlled 281 substances for the treatment of chronic nonmalignant 282 pain; amending ss. 458.3265 and 459.0137, F.S.; 283 requiring an independent advanced practice registered 284 nurse to perform a physical examination of a patient 285 at a pain-management clinic under certain 286 circumstances; amending ss. 458.348 and 459.025, F.S.; 287 deleting obsolete provisions; conforming provisions; 288 amending s. 464.0205, F.S.; authorizing an independent 289 advanced practice registered nurse to directly 290 supervise a certified retired volunteer nurse; 291 amending s. 480.0475, F.S.; authorizing the operation 292 of a massage establishment during specified times if a 293 massage is prescribed by an independent advanced 294 practice registered nurse; amending s. 483.041, F.S.; 295 revising the definition of the term "licensed 296 practitioner" to include a physician assistant and an 297 independent advanced practice registered nurse; 298 amending s. 483.181, F.S.; requiring clinical 299 laboratories to accept a human specimen submitted by 300 an independent advanced practice registered nurse;

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amending s. 486.021, F.S.; authorizing a physical 301 302 therapist to implement a plan of treatment provided by 303 an independent advanced practice registered nurse; 304 amending s. 490.012, F.S.; allowing certain qualified 305 independent advanced practice registered nurses to use 306 the word, or a form of the word, "psychotherapy"; 307 amending s. 491.0057, F.S.; authorizing certain 308 qualified independent advanced practice registered 309 nurses to be licensed as marriage and family 310 therapists; amending s. 491.012, F.S.; authorizing 311 certain qualified independent advanced practice 312 registered nurses to use specified terms; amending s. 313 493.6108, F.S.; authorizing an independent advanced 314 practice registered nurse to certify the physical fitness of a certain class of applicants to bear a 315 316 weapon or firearm; amending s. 626.9707, F.S.; 317 including independent advanced practice registered 318 nurses in a list of entities and individuals that are 319 protected from insurer discrimination when providing 320 services to a person with the sickle-cell trait; 321 amending s. 627.6471, F.S.; requiring insurers to 322 provide eligibility criteria for certain qualified 323 independent advanced practice registered nurses under 324 certain circumstances; amending s. 627.6472, F.S.; 325 requiring insurers to provide eligibility criteria for

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326 certain qualified independent advanced practice 327 registered nurses under certain circumstances; 328 prohibiting an exclusive provider organization from 329 discriminating against participation by an independent 330 advanced practice registered nurse; amending s. 331 627.736, F.S.; requiring personal injury protection 332 insurance to cover a certain percentage of medical services and care provided by an independent advanced 333 practice registered nurse, a practitioner supervised 335 by an independent advanced practice registered nurse, 336 or an entity wholly owned by one or more independent 337 advanced practice registered nurses; providing for reimbursement of independent advanced practice registered nurses up to a specified amount for providing medical services and care; amending s. 633.412, F.S.; authorizing an independent advanced practice registered nurse to medically examine an 343 applicant for firefighter certification; amending s. 641.3923, F.S.; prohibiting a health maintenance organization from discriminating against the participation of a physician assistant or an independent advanced practice registered nurse; amending s. 641.495, F.S.; requiring a health maintenance organization to disclose in certain documents that certain services may be provided by

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CODING: Words stricken are deletions; words underlined are additions.

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351 independent advanced practice registered nurses; 352 amending s. 744.2006, F.S.; adding independent 353 advanced practice registered nurses to a list of 354 authorized professionals with whom a public guardian 355 may contract to carry out quardianship functions; amending s. 744.331, F.S.; including a physician 356 357 assistant as an eligible member of an examining 358 committee; conforming terminology; amending s. 359 766.102, F.S.; providing requirements for 360 qualification as an expert witness in a medical 361 negligence case concerning the standard of care for an 362 independent advanced practice registered nurse and an 363 advanced practice registered nurse; amending s. 364 766.103, F.S.; prohibiting recovery of damages against 365 an independent advanced practice registered nurse 366 under certain conditions; amending s. 766.1116, F.S.; 367 revising the definition of the term "health care 368 practitioner" to include an independent advanced 369 practice registered nurse; amending s. 766.118, F.S.; 370 revising the definition of the term "practitioner" to 371 include an independent advanced practice registered 372 nurse; amending s. 768.135, F.S.; providing immunity 373 from liability for an independent advanced practice 374 registered nurse who provides volunteer services under 375 certain circumstances; amending s. 782.071, F.S.;

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376 allowing an independent advanced practice registered 377 nurse or an advanced practice registered nurse to 378 supervise a person who is completing community service 379 hours in a trauma center or hospital; amending s. 380 794.08, F.S.; providing that the section does not 381 apply to medical procedures conducted by an 382 independent advanced practice registered nurse under certain circumstances; amending s. 893.02, F.S.; 383 384 revising the definition of the term "practitioner" to 385 include an independent advanced practice registered 386 nurse and an advanced practice registered nurse; 387 amending s. 943.13, F.S.; authorizing a law 388 enforcement officer or correctional officer to satisfy 389 qualifications for employment or appointment by 390 passing a physical examination conducted by an 391 independent advanced practice registered nurse; 392 amending s. 945.603, F.S.; authorizing the Correctional Medical Authority to review and make 393 394 recommendations relating to the use of advanced 395 practice registered nurses as physician extenders; 396 amending s. 948.03, F.S.; revising the list of persons 397 who may prescribe drugs or narcotics to a probationer 398 to include an independent advanced practice registered 399 nurse; amending ss. 1002.20 and 1002.42, F.S.; 400 including independent advanced practice registered

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401 nurses in a list of individuals who have immunity 402 relating to the use of epinephrine auto-injectors in 403 public and private schools; amending s. 1006.062, 404 F.S.; authorizing nonmedical assistive personnel to 405 perform health services if trained by an independent advanced practice registered nurse; requiring the 406 407 monitoring of such personnel by an independent advanced practice registered nurse; including 408 409 independent advanced practice registered nurses in a 410 list of practitioners who must determine whether such 411 personnel may perform certain invasive medical 412 services; amending s. 1006.20, F.S.; authorizing an independent advanced practice registered nurse to 413 414 medically evaluate a student athlete; amending ss. 110.12315, 252.515, 395.602, 397.427, 456.0391, 415 416 456.0392, 456.041, 458.331, 459.015, 464.004, 417 464.0205, 467.003, 483.801, 893.05, 960.28, 1009.65, 418 1009.66, and 1009.67, F.S.; conforming terminology and 419 cross-references; providing effective dates. 420 421 Be It Enacted by the Legislature of the State of Florida: 422 423 Section 1. Effective upon this act becoming a law, section 424 220.197, Florida Statutes, is created to read: 425 220.197 Telehealth tax credit.-

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(1) For tax years beginning on or after January 1, 2018, for taxpayers eligible to receive the tax credit provided in s. 624.509(9)(a), but with insufficient tax liability under s. 624.509 to use such tax credit, a credit against the tax imposed by this chapter equal to the credit amount provided in s. 624.509(9)(a) is allowed.

- (2) If the credit allowed pursuant to this section is not fully used in any single year because of insufficient tax liability on the part of the taxpayer, the unused amount may be carried forward for a period not to exceed 5 years.
- (3) (a) In addition to its existing audit and investigation authority, the department may perform any additional financial and technical audits and investigations, including examining the accounts, books, and records of the taxpayer, which are necessary to verify eligibility for the credit authorized by this section and to ensure compliance with this section. The Office of Insurance Regulation shall provide technical assistance when requested by the department on any audits or examinations performed pursuant to this paragraph.
- (b) If the department determines, as a result of an audit or examination or from information received from the Office of Insurance Regulation, that a taxpayer received a tax credit pursuant to this subsection to which it was not entitled, the department shall pursue recovery of such funds pursuant to the laws and rules governing the assessment of taxes.

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(4) A taxpayer may transfer a credit for which it qualifies under subsection (1), in whole or in part, to any taxpayer by written agreement. In order to perfect the transfer, the transferor shall provide the department with a written transfer statement stating the transferor's intent to transfer the tax credit to the transferee; the date that the transfer is effective; the transferee's name, address, and federal taxpayer identification number; the tax period; and the amount of tax credit to be transferred. Upon receipt of the transfer statement, the department shall provide the transferee and the office with a certificate reflecting the transferred tax credit amount. A copy of the certificate must be attached to each tax return for which the transferee seeks to apply the credit. The department and the Office of Insurance Regulation may adopt rules to administer this section, including rules relating to:

- (a) The forms, if any, necessary to claim a tax credit under this section, the requirements and basis for establishing an entitlement to a credit, and the examination and audit procedures required to administer this section.
- (b) The implementation and administration of the provisions allowing a transfer of a tax credit, including rules prescribing forms, reporting requirements, and specific procedures, guidelines, and requirements necessary to transfer a tax credit.

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Section 2. Effective upon this act becoming a law, subsection (9) of section 624.509, Florida Statutes, is renumbered as subsection (10) and amended, and a new subsection (9) is added to that section, to read:

624.509 Premium tax; rate and computation.-

- (9) (a) For tax years beginning on or after January 1, 2018, any health insurer or health maintenance organization that covers services provided by telehealth shall be allowed a credit against the tax imposed by this section equal to 0.001 percent of total insurance premiums received on accident and health insurance policies or plans delivered or issued in this state in the previous calendar year that provide medical, major medical, or similar comprehensive coverage. The office shall confirm such coverage to the Department of Revenue following its annual rate and form review for each health insurance policy or plan.
- (b) If the credit allowed pursuant to this subsection is not fully used in any single year because of insufficient tax liability on the part of a health insurer or health maintenance organization and the same health insurer or health maintenance organization does not use the credit available pursuant to s. 220.197, the unused amount may be carried forward for a period not to exceed 5 years.
- (c)1. In addition to its existing audit and investigation authority, the Department of Revenue may perform any additional financial and technical audits and investigations, including

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examining the accounts, books, and records of the health insurer or health maintenance organization, which are necessary to verify eligibility for the credit authorized by this subsection and to ensure compliance with this subsection. The office shall provide technical assistance when requested by the Department of Revenue on any audits or examinations performed pursuant to this subparagraph.

- 2. If the Department of Revenue determines, as a result of an audit or examination or from information received from the office, that a taxpayer received a tax credit pursuant to this subsection to which it was not entitled, the Department of Revenue shall pursue recovery of such funds pursuant to the laws and rules governing the assessment of taxes.
- (d) A health insurer or health maintenance organization may transfer a credit for which it qualifies under paragraph (a), in whole or in part, to any insurer by written agreement. In order to perfect the transfer, the transferor shall provide the Department of Revenue with a written transfer statement stating the transferor's intent to transfer the tax credit to the transferee; the date that the transfer is effective; the transferee's name, address, and federal taxpayer identification number; the tax period; and the amount of tax credit to be transferred. Upon receipt of the transfer statement, the Department of Revenue shall provide the transferred and the office with a certificate reflecting the transferred tax credit

amount. A copy of the certificate must be attached to each tax return for which the transferee seeks to apply the credit.

- (e) The Department of Revenue and the office may adopt rules to administer this section, including rules relating to:
- 1. The forms, if any, necessary to claim a tax credit under this section, the requirements and basis for establishing an entitlement to a credit, and the examination and audit procedures required to administer this section.
- 2. The implementation and administration of the provisions allowing a transfer of a tax credit, including rules prescribing forms, reporting requirements, and specific procedures, guidelines, and requirements necessary to transfer a tax credit.
- (f) An insurer that claims a credit against tax liability under this subsection is not required to pay any additional retaliatory tax levied under s. 624.5091 as a result of claiming such a credit. Section 624.5091 does not limit such a credit in any manner.
 - (10) (9) As used in this section, the term:
- (a) "Health insurer" means an authorized insurer offering health insurance as defined in s. 624.603.
- (b) "Health maintenance organization" has the same meaning as provided in s. 641.19.
- (c) "Insurer" includes any entity subject to the tax imposed by this section.
 - (d) "Telehealth" means the use of synchronous or

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asynchronous telecommunications technology by a health care provider to provide health care services, including, but not limited to, patient assessment, diagnosis, consultation, treatment, and monitoring; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

Section 3. Section 456.47, Florida Statutes, is created to read:

456.47 Use of telehealth to provide services.—
(1) DEFINITIONS.—As used in this section, the term:
(a) "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth

- asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, patient assessment, diagnosis, consultation, treatment, and monitoring; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.
- (b) "Telehealth provider" means any individual who provides health care and related services using telehealth and who is licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part

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XIII, or part XIV of chapter 468; chapter 478; chapter 480; part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; or who is registered under and complies with subsection (4).

(2) PRACTICE STANDARD.-

- (a) The standard of care for telehealth providers who provide health care services is the same as the standard of care for health care professionals who provide in-person health care services to patients in this state. If the telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient's medical history or conduct a physical examination of the patient before using telehealth to provide services to the patient. The evaluation may be performed using telehealth.
- (b) A telehealth provider may not use telehealth to prescribe a controlled substance to treat chronic nonmalignant pain, as defined under s. 456.44, unless the controlled substance is ordered for inpatient treatment at a hospital licensed under chapter 395, is prescribed for a patient receiving hospice services, as defined under s. 400.601, or is prescribed for a resident of a nursing home facility as defined under s. 400.021(12).
- (c) A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to a patient.

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(d) A nonphysician telehealth provider using telehealth and acting within the relevant scope of practice, as established by Florida law and rule, is not a violation of s. 458.327(1)(a) or s. 459.013(1)(a).

- (3) RECORDS.—A telehealth provider shall document in the patient's medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4) and 456.057.
 - (4) REGISTRATION OF OUT-OF-STATE TELEHEALTH PROVIDERS.-
- (a) A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the telehealth provider registers with the applicable board, or the department if there is no board, and provides health care services within the relevant scope of practice established by Florida law or rule.
- (b) The board, or the department if there is no board,
 shall register a health care professional not licensed in this
 state as a telehealth provider if the health care professional:
- 1. Completes an application in the format prescribed by the department;
 - 2. Pays a \$150 registration fee; and
 - 3. Holds an active, unencumbered license for a profession

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listed in paragraph (1)(b) which is issued by another state, the District of Columbia, or a possession or territory of the United States and against whom no disciplinary action has been taken during the 5 years before submission of the application. The department shall use the National Practitioner Data Bank to verify information submitted by an applicant.

- (c) A telehealth provider registered pursuant to paragraph (b) must, as a condition of biennial registration renewal, complete a renewal application and pay a renewal registration fee of \$150.
- (d) A health care professional may not register under this subsection if his or her license to provide health care services is subject to a pending disciplinary investigation or action, or has been revoked in any state or jurisdiction. A health care professional registered under this section must notify the appropriate board, or the department if there is no board, of restrictions placed on the health care professional's license to practice, or disciplinary action taken or pending against the health care professional, in any state or jurisdiction. The notification must be provided within 5 business days after the restriction is placed or disciplinary action is initiated or taken.
- (e) A health care professional registered under this subsection may not open an office in this state and may not provide in-person health care services to patients located in

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651	this state.						
652	(f) A pharmacist registered under this subsection may only						
653	use a pharmacy permitted under chapter 465, a nonresident						
654	pharmacy registered under s. 465.0156, or a nonresident pharmacy						
655	or outsourcing facility holding an active permit pursuant to s.						
656	465.0158, to dispense medicinal drugs to patients located in						
657	this state.						
658	(g) The department shall publish on its website a list of						
659	all registrants and include, to the extent applicable, each						
660	registrant's:						
661	1. Name.						
662	2. Health care occupation.						
663	3. Completed health care training and education, including						
664	completion dates and any certificates or degrees obtained.						
665	4. Out-of-state health care license with the license						
666	number.						
667	5. Florida telehealth provider registration number.						
668	6. Specialty.						
669	7. Board certification.						
670	8. Five-year disciplinary history, including sanctions and						
671	board actions.						
672	9. Medical malpractice insurance provider and policy						
673	limits, including whether the policy covers claims which arise						
674	in this state.						
675	(h) The board, or the department if there is no board, may						

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revoke an out-of-state telehealth provider's registration if the registrant:

1. Fails to notify the applicable board, or the department, of any adverse actions taken against his or her license as required under paragraph (d).

- 2. Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction.
 - 3. Violates any of the requirements of this section.
- (5) VENUE.-For the purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed.
- (6) EXEMPTIONS.—A health care professional who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another state or jurisdiction, and who provides health care services using telehealth to a patient located in this state, is not subject to the registration requirement under this section if the services are provided:
- (a) In response to an emergency medical condition as defined in s. 395.002; or
- (b) In consultation with a health care professional licensed in this state and that health care professional retains ultimate authority over the diagnosis and care of the patient.
 - (7) RULEMAKING.—The applicable board, or the department if

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there is no board, may adopt rules to administer this section.

Section 4. For the 2017-2018 fiscal year, the sums of \$261,389 in recurring funds and \$15,528 in nonrecurring funds from the Medical Quality Assurance Trust Fund are appropriated to the Department of Health, and four full-time equivalent positions with associated salary rate of 145,870 are authorized, for the purpose of implementing s. 456.47, Florida Statutes, as created by this act.

Section 5. Subsections (2) and (3) of section 464.003, Florida Statutes, are amended, subsections (16) through (23) are renumbered as subsections (17) through (24), respectively, present subsections (20) and (22) are amended, and a new subsection (16) is added to that section, to read:

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

(2) "Advanced or specialized nursing practice" or "to practice advanced or specialized nursing" means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an independent advanced practice registered nurse or an advanced practice registered nurse practitioner. Within the context of advanced or specialized nursing practice, the independent advanced practice registered nurse and the advanced practice registered nurse practitioner may perform acts of nursing diagnosis and nursing

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treatment of alterations of the health status. The independent advanced practice registered nurse and the advanced practice registered nurse practitioner may also perform acts of medical diagnosis, and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, one of whom must be an independent advanced practice registered nurse and one of whom must be an advanced practice registered nurse; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced practice registered nurses; and the State Surgeon General or the State Surgeon General's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee and unless such acts are performed by an independent advanced practice nurse, such medical acts must be performed as authorized within the framework of an established supervisory protocol. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348 or s. 459.025.

(3) "Advanced <u>practice</u> registered nurse practitioner" means any person licensed in this state to practice professional

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nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and certified nurse practitioners.

- means an advanced practice registered nurse who maintains an active and unencumbered certification under s. 464.012(2) and registration under s. 464.0125 to practice advanced or specialized nursing independently and without the supervision of a physician or a protocol.
- (21)(20) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:
- (a) The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
- (b) The <u>prescribing and</u> administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
- (c) The supervision and teaching of other personnel in the theory and performance of any of the acts described in this

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776 subsection.

A professional nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

(23) (22) "Registered nurse" means any person licensed in this state to practice professional nursing, except such licensed person may only administer medications and treatments authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

Section 6. Section 464.012, Florida Statutes, is amended to read:

- 464.012 Certification of advanced <u>practice</u> registered <u>nurses</u> <u>nurse</u> practitioners; fees; controlled substance prescribing.—
- (1) Any nurse desiring to be certified as an advanced practice registered nurse practitioner shall apply to the board department and submit proof that the nurse he or she holds a current license to practice professional nursing and that the nurse he or she meets one or more of the following requirements as determined by the board:
- (a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.

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(a) (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist, psychiatric nurse, or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse practitioners, nurse anesthetists, psychiatric nurses, and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.

- (b) (c) Graduation from a program leading to a master's degree program in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a nurse practitioner under paragraph (4)(c). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).
- (2) The board shall provide by rule the appropriate requirements for advanced <u>practice</u> registered <u>nurses</u> nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and <u>certified</u> nurse practitioner.
 - (3) An advanced practice registered nurse practitioner

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shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced practice registered nurse practitioner may:

- (a) Prescribe, dispense, administer, or order any drug; however, an advanced <u>practice</u> registered nurse practitioner may prescribe or dispense a controlled substance as defined in s. 893.03 only if the advanced <u>practice</u> registered nurse practitioner has graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills.
 - (b) Initiate appropriate therapies for certain conditions.
- (c) Perform additional functions as may be determined by rule in accordance with s.~464.003(2).
- (d) Order diagnostic tests and physical and occupational therapy.

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(e) Order any medication for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893.

- (4) In addition to the general functions specified in subsection (3), an advanced <u>practice</u> registered nurse <u>practitioner</u> may perform the following acts within his or her specialty:
- (a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:
- 1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
- 2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
 - 3. Order under the protocol preanesthetic medication.
- 4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and

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techniques; intravenous agents and techniques; and techniques of hypnosis.

5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.

- 6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
- 7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
- 8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
- 9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
- 10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- (b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

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- 2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
- Order, initiate, and perform appropriate anesthetic 905 procedures.
 - 4. Perform postpartum examination.

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- 5. Order appropriate medications.
- 6. Provide family-planning services and well-woman care.
- Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
- The certified nurse practitioner may perform any or all of the following acts within the framework of established protocol:
 - 1. Manage selected medical problems.
 - Order physical and occupational therapy.
- 3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
- 4. Monitor and manage patients with stable chronic diseases.
- 5. Establish behavioral problems and diagnosis and make treatment recommendations.
- A psychiatric nurse, as defined in s. 394.455, within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

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(6) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.

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(7)(a) The board shall establish a committee to recommend a formulary of controlled substances that an advanced practice registered nurse practitioner may not prescribe or may prescribe only for specific uses or in limited quantities. The committee must consist of three advanced practice registered nurses nurse practitioners licensed under this section, recommended by the board; three physicians licensed under chapter 458 or chapter 459 who have work experience with advanced practice registered nurses nurse practitioners, recommended by the Board of Medicine; and a pharmacist licensed under chapter 465 who is a doctor of pharmacy, recommended by the Board of Pharmacy. The committee may recommend an evidence-based formulary applicable to all advanced practice registered nurses nurse practitioners which is limited by specialty certification, is limited to approved uses of controlled substances, or is subject to other similar restrictions the committee finds are necessary to protect the health, safety, and welfare of the public. The formulary must restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years

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of age to advanced <u>practice</u> registered <u>nurses</u> nurse practitioners who also are psychiatric nurses as defined in s. 394.455. The formulary must also limit the prescribing of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply, except that such restriction does not apply to controlled substances that are psychiatric medications prescribed by psychiatric nurses as defined in s. 394.455.

- (b) The board shall adopt by rule the recommended formulary and any revision to the formulary which it finds is supported by evidence-based clinical findings presented by the Board of Medicine, the Board of Osteopathic Medicine, or the Board of Dentistry.
- (c) The formulary required under this subsection does not apply to a controlled substance that is dispensed for administration pursuant to an order, including an order for medication authorized by subparagraph (4)(a)3., subparagraph (4)(a)4., or subparagraph (4)(a)9.
- (d) The board shall adopt the committee's initial recommendation no later than October 31, 2017 2016.
- (8) This section shall be known as "The Barbara Lumpkin Prescribing Act."
- Section 7. Section 464.0125, Florida Statutes, is created to read:
- 464.0125 Registration of independent advanced practice registered nurses; fees.—

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To be registered as an independent advanced practice 976 977 registered nurse, an applicant must hold an active and 978 unencumbered certificate under s. 464.012, and must have: (a) Completed, in any jurisdiction of the United States, 979 at least 4,000 clinical practice hours while practicing as an 980 advanced practice registered nurse under the supervision of an 981 982 allopathic or osteopathic physician holding an active, unencumbered license issued by any state, the District of 983 984 Columbia, or a possession or territory of the United States 985 during the period of supervision. 986 (b) Completed at least 2,000 clinical practice hours 987 within a 3-year period immediately preceding the submission of the application, which shall, if supervised pursuant to 988 989 paragraph (a), be counted as part of the requirement of that 990 paragraph. 991 (c) Not been subject to any disciplinary action under s. 992 464.018 or s. 456.072, or any similar disciplinary action in any 993 other jurisdiction, during the 5 years immediately preceding the 994 submission of the application. 995 (d) Completed a graduate-level course in pharmacology. 996 (2) The board may provide by rule additional requirements 997 appropriate for each applicant practicing in a specialty under 998 s. 464.012(4). 999 (3) An independent advanced practice registered nurse may

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perform, without physician supervision or a protocol, the

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functions authorized in s. 464.012(3), the acts within his or her specialty as described in s. 464.012(4), and any of the following:

- (a) For a patient who requires the services of a health care facility, as defined in s. 408.032(8):
 - 1. Admit the patient to the facility.

- 2. Manage the care that the patient receives in the facility.
 - 3. Discharge the patient from the facility.
- (b) Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.
- registered under this section must submit to the department proof of registration along with the information required under s. 456.0391, and the department shall include the registration in the independent advanced practice registered nurse's practitioner profile created pursuant to s. 456.041.
- (5) To be eligible for biennial renewal of registration, an independent advanced practice registered nurse must complete at least 10 hours of continuing education approved by the board in pharmacology in addition to completing the continuing education requirements established by board rule pursuant to s. 464.013. The biennial renewal for registration shall coincide with the independent advanced practice registered nurse's

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biennial renewal period for advanced practice registered nurse certification. If the initial renewal period occurs before

January 1, 2018, an independent advanced practice registered nurse is not required to complete the continuing education requirement under this subsection until the following biennial renewal period.

- (6) The board shall register any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt rules as necessary to implement this section.
- Section 8. Subsections (8) and (9) of section 464.015, Florida Statutes, are amended to read:
 - 464.015 Titles and abbreviations; restrictions; penalty.-
- (8) Only a person certified under s. 464.012 persons who hold valid certificates to practice as an advanced practice registered nurse practitioners in this state may use the title "Advanced Practice Registered Nurse Practitioner" and the abbreviation "A.P.R.N." Only a person registered under s. 464.0125 to practice as an independent advanced practice registered nurse in this state may use the title "Independent Advanced Practice Registered Nurse" and the abbreviation "I.A.P.R.N." "A.R.N.P."
- (9) A person may not practice or advertise as, or assume the title of, registered nurse, licensed practical nurse,

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clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, certified nurse practitioner, or advanced practice registered nurse, or independent advanced practice registered nurse practitioner or use the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," "C.N.P.," "A.P.R.N.," or "I.A.P.R.N."A.R.N.P." or take any other action that would lead the public to believe that person was certified or registered as such or is performing nursing services pursuant to the exception set forth in s. 464.022(8), unless that person is licensed, or certified, registered to practice as such.

Section 9. Effective January 1, 2018, section 464.0155, Florida Statutes, is created to read:

464.0155 Reports of adverse incidents by independent advanced practice registered nurses.—

- (1) An independent advanced practice registered nurse must report an adverse incident to the department in accordance with this section.
- (2) The report must be in writing, sent to the department by certified mail, and postmarked within 15 days after the adverse incident if the adverse incident occurs when the patient is at the office of the independent advanced practice registered nurse. If the adverse incident occurs when the patient is not at the office of the independent advanced practice registered nurse, the report must be postmarked within 15 days after the

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1076 independent advanced practice registered nurse discovers, or 1077 reasonably should have discovered, the occurrence of the adverse 1078 incident. 1079 (3) For the purpose of this section, the term "adverse 1080 incident" means any of the following events when it is 1081 reasonable to believe that the event is attributable to the 1082 prescription of a controlled substance by the independent 1083 advanced practice registered nurse: 1084 (a) A condition that requires the transfer of a patient to 1085 a hospital licensed under chapter 395. 1086 (b) Permanent physical injury to the patient. 1087 (c) Death of the patient. 1088 (4) The department shall review each adverse incident and determine whether the independent advanced practice registered 1089 nurse caused the adverse incident. The board may take 1090 1091 disciplinary action upon such a finding, in which case s. 1092 456.073 applies. 1093 Section 10. Paragraph (a) of subsection (2) of section 464.016, Florida Statutes, is amended to read: 1094 1095 464.016 Violations and penalties.-1096 Each of the following acts constitutes a misdemeanor 1097 of the first degree, punishable as provided in s. 775.082 or s. 1098 775.083: 1099 Using the name or title "Nurse," "Registered Nurse,"

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"Licensed Practical Nurse," "Clinical Nurse Specialist,"

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"Certified Registered Nurse Anesthetist," "Certified Nurse
Midwife," "Certified Nurse Practitioner," "Advanced Practice
Registered Nurse Practitioner ," <u>"Independent Advanced Practice</u>
Registered Nurse," or any other name or title that which implies
that a person was licensed, or registered as same,
unless such person is duly licensed, or certified, or
registered.

Section 11. Paragraph (p) of subsection (1) of section 464.018, Florida Statutes, is amended, and paragraph (r) is added to that subsection, to read:

464.018 Disciplinary actions.-

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- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (p) For an advanced <u>practice</u> registered nurse <u>or an</u> independent advanced practice registered nurse practitioner:
 - 1. Presigning blank prescription forms.
- 2. Prescribing for office use any medicinal drug appearing on Schedule II in chapter 893.
- 3. Prescribing, ordering, dispensing, administering, supplying, selling, or giving a drug that is an amphetamine, a sympathomimetic amine drug, or a compound designated in s. 893.03(2) as a Schedule II controlled substance, to or for any person except for:
- a. The treatment of narcolepsy; hyperkinesis; behavioral syndrome in children characterized by the developmentally

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inappropriate symptoms of moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain dysfunction.

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- b. The differential diagnostic psychiatric evaluation of depression or the treatment of depression shown to be refractory to other therapeutic modalities.
- c. The clinical investigation of the effects of such drugs or compounds when an investigative protocol is submitted to, reviewed by, and approved by the department before such investigation is begun.
- 4. Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance. As used in this subparagraph, the term "muscle building" does not include the treatment of injured muscle. A prescription written for the drug products identified in this subparagraph may be dispensed by a pharmacist with the presumption that the prescription is for legitimate medical use.
- 5. Promoting or advertising on any prescription form a community pharmacy unless the form also states: "This prescription may be filled at any pharmacy of your choice."
- 6. Prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including a controlled substance, other than in the course of his or her professional

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practice. For the purposes of this subparagraph, it is legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the advanced <u>practice</u> registered <u>nurse's nurse practitioner's</u> professional practice, without regard to his or her intent.

- 7. Prescribing, dispensing, or administering a medicinal drug appearing on any schedule set forth in chapter 893 to himself or herself, except a drug prescribed, dispensed, or administered to the advanced practice registered nurse or the independent advanced practice registered nurse practitioner by another practitioner authorized to prescribe, dispense, or administer medicinal drugs.
- 8. Prescribing, ordering, dispensing, administering, supplying, selling, or giving amygdalin (laetrile) to any person.
- 9. Dispensing a substance designated in s. 893.03(2) or (3) as a substance controlled in Schedule II or Schedule III, respectively, in violation of s. 465.0276.
- 10. Promoting or advertising through any communication medium the use, sale, or dispensing of a substance designated in s. 893.03 as a controlled substance.

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(r)	For	an	independent	advanced	practice	registered	nurse
register	ed un	der	s. 464.0125	:			

- 1. Paying or receiving any commission, bonus, kickback, or rebate, or engaging in any split-fee arrangement in any form whatsoever with a health care practitioner, organization, agency, or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. This subparagraph may not be construed to prevent an independent advanced practice registered nurse from receiving a fee for professional consultation services.
- 2. Exercising influence within a patient-independent advanced practice registered nurse relationship for purposes of engaging a patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to sexual activity with his or her independent advanced practice registered nurse.
- 3. Making deceptive, untrue, or fraudulent representations in or related to the practice of advanced or specialized nursing or employing a trick or scheme in the practice of advanced or specialized nursing.
- 4. Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A solicitation

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is any communication that directly or implicitly requests an immediate oral response from the recipient.

- 5. Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the independent advanced practice registered nurse by name and professional title who is responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations or referrals.
- 6. Exercising influence on a patient or client in a manner as to exploit the patient or client for the financial gain of the licensee or of a third party, which shall include, but not be limited to, the promoting or selling of services, goods, appliances, or drugs.
- 7. Performing professional services that have not been duly authorized by the patient or client, or his or her legal representative, except as provided in s. 766.103 or s. 768.13.
- 8. Performing any procedure or prescribing any therapy that, by the prevailing standards of advanced or specialized nursing practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed, and written consent.

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9. Delegating professional responsibilities to a person when the licensee delegating the responsibilities knows or has reason to know that the person is not qualified by training, experience, or licensure to perform such responsibilities.

- 10. Conspiring with another independent advanced practice registered nurse or with any other person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another independent advanced practice registered nurse from lawfully advertising his or her services.
- 11. Advertising or holding oneself out as having certification in a specialty that the independent advanced practice registered nurse has not received.
- 12. Failing to comply with the requirements of ss. 381.026 and 381.0261 to provide patients with information about their patient rights and how to file a patient complaint.
- 13. Providing deceptive or fraudulent expert witness testimony related to the advanced or specialized practice of nursing.
- Section 12. Paragraph (c) of subsection (5) and paragraph (a) of subsection (6) of section 39.303, Florida Statutes, are amended to read:
 - 39.303 Child protection teams; services; eligible cases.—
- (5) All abuse and neglect cases transmitted for investigation to a district by the hotline must be simultaneously transmitted to the Department of Health child

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protection team for review. For the purpose of determining whether face-to-face medical evaluation by a child protection team is necessary, all cases transmitted to the child protection team which meet the criteria in subsection (4) must be timely reviewed by:

- (c) An advanced <u>practice</u> registered nurse <u>certified or an</u> independent advanced <u>practice</u> registered nurse registered <u>practitioner licensed</u> under chapter 464 who has a specialty in pediatrics or family medicine and is a member of a child protection team;
- (6) A face-to-face medical evaluation by a child protection team is not necessary when:

neglect by a physician or an independent advanced practice registered nurse who is not a member of the child protection team, and a consultation between the child protection team board-certified pediatrician, advanced practice registered nurse practitioner, physician assistant working under the supervision of a child protection team board-certified pediatrician, or registered nurse working under the direct supervision of a child protection team board-certified pediatrician, and the examining practitioner physician concludes that a further medical evaluation is unnecessary;

Notwithstanding paragraphs (a), (b), and (c), a child protection

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team pediatrician, as authorized in subsection (5), may determine that a face-to-face medical evaluation is necessary.

Section 13. Paragraph (b) of subsection (1) of section 39.304, Florida Statutes, is amended to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

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(b) If the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused, the person required to investigate may cause the child to be referred for diagnosis to a licensed physician, a physician assistant, an independent advanced practice registered nurse, or an emergency department in a hospital without the consent of the child's parents or legal custodian. Such examination may be performed by a any licensed physician, a physician assistant, a registered independent advanced practice registered nurse, or a certified an advanced practice registered nurse practitioner licensed pursuant to part I of chapter 464. Any examining practitioner licensed physician, or advanced registered nurse practitioner licensed pursuant to part I of chapter 464, who has reasonable cause to suspect that an injury was the result of child abuse, abandonment, or neglect may authorize a radiological examination

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to be performed on the child without the consent of the child's parent or legal custodian.

Section 14. Paragraph (a) of subsection (1) of section 90.503, Florida Statutes, is amended to read:

90.503 Psychotherapist-patient privilege.-

- (1) For purposes of this section:
- (a) A "psychotherapist" is:

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- 1. A person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be, who is engaged in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 2. A person licensed or certified as a psychologist under the laws of any state or nation, who is engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 3. A person licensed or certified as a clinical social worker, marriage and family therapist, or mental health counselor under the laws of this state, who is engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 4. Treatment personnel of facilities licensed by the state pursuant to chapter 394, chapter 395, or chapter 397, of facilities designated by the Department of Children and Families pursuant to chapter 394 as treatment facilities, or of

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facilities defined as community mental health centers pursuant to s. 394.907(1), who are engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction; or

5. An <u>independent advanced practice registered nurse or</u> advanced <u>practice</u> registered nurse practitioner certified under s. 464.012, whose primary scope of practice is the diagnosis or treatment of mental or emotional conditions, including chemical abuse, and limited only to actions performed in accordance with part I of chapter 464.

Section 15. Subsection (7) of section 110.12315, Florida Statutes, is amended to read:

110.12315 Prescription drug program.—The state employees' prescription drug program is established. This program shall be administered by the Department of Management Services, according to the terms and conditions of the plan as established by the relevant provisions of the annual General Appropriations Act and implementing legislation, subject to the following conditions:

(7) The department shall establish the reimbursement schedule for prescription pharmaceuticals dispensed under the program. Reimbursement rates for a prescription pharmaceutical must be based on the cost of the generic equivalent drug if a generic equivalent exists, unless the physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant prescribing the

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pharmaceutical clearly states on the prescription that the brand name drug is medically necessary or that the drug product is included on the formulary of drug products that may not be interchanged as provided in chapter 465, in which case reimbursement must be based on the cost of the brand name drug as specified in the reimbursement schedule adopted by the department.

Section 16. Paragraph (e) of subsection (8) of section 112.0455, Florida Statutes, is amended to read:

112.0455 Drug-Free Workplace Act.-

- (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:
- (e) A specimen for a drug test may be taken or collected by any of the following persons:
- 1. A physician, a physician physician's assistant, an independent advanced practice registered nurse, an advanced practice registered nurse, a registered professional nurse, a licensed practical nurse, a nurse practitioner, or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.
- A qualified person employed by a licensed laboratory.
 Section 17. Paragraph (f) of subsection (3) of section
 121.0515, Florida Statutes, is amended to read:
 - 121.0515 Special Risk Class.-

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1375 CRITERIA.—A member, to be designated as a special risk (3) 1376 member, must meet the following criteria: 1377 Effective January 1, 2001, the member must be employed 1378 in one of the following classes and must spend at least 75 percent of his or her time performing duties which involve 1379 1380 contact with patients or inmates in a correctional or forensic facility or institution: 1381 1382 1. Dietitian (class codes 5203 and 5204); 2. 1383 Public health nutrition consultant (class code 5224); 1384 3. Psychological specialist (class codes 5230 and 5231); 1385 4. Psychologist (class code 5234); 1386 5. Senior psychologist (class codes 5237 and 5238); 1387 6. Regional mental health consultant (class code 5240); 1388 7. Psychological Services Director-DCF (class code 5242); 1389 8. Pharmacist (class codes 5245 and 5246); 1390 9. Senior pharmacist (class codes 5248 and 5249); 1391 10. Dentist (class code 5266); 1392 11. Senior dentist (class code 5269); Registered nurse (class codes 5290 and 5291); 1393 12. 1394 13. Senior registered nurse (class codes 5292 and 5293); 1395 14. Registered nurse specialist (class codes 5294 and 1396 5295); 1397 15. Clinical associate (class codes 5298 and 5299); 1398 Advanced practice registered nurse practitioner (class 1399 codes 5297 and 5300);

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1400	17. Advanced <u>practice</u> registered nurse practitioner						
1401	specialist (class codes 5304 and 5305);						
1402	18. Registered nurse supervisor (class codes 5306 and						
1403	5307);						
1404	19. Senior registered nurse supervisor (class codes 5308						
1405	and 5309);						
1406	20. Registered nursing consultant (class codes 5312 and						
1407	5313);						
1408	21. Quality management program supervisor (class code						
1409	5314);						
1410	22. Executive nursing director (class codes 5320 and						
1411	5321);						
1412	23. Speech and hearing therapist (class code 5406); or						
1413	24. Pharmacy manager (class code 5251);						
1414	Section 18. Paragraph (a) of subsection (3) of section						
1415	252.515, Florida Statutes, is amended to read:						
1416	252.515 Postdisaster Relief Assistance Act; immunity from						
1417	civil liability.—						
1418	(3) As used in this section, the term:						
1419	(a) "Emergency first responder" means:						
1420	1. A physician licensed under chapter 458.						
1421	2. An osteopathic physician licensed under chapter 459.						
1422	3. A chiropractic physician licensed under chapter 460.						
1423	4. A podiatric physician licensed under chapter 461.						
1424	5. A dentist licensed under chapter 466.						

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1425	6. An advanced <u>practice</u> registered nurse practitioner
1426	certified under s. 464.012.
1427	7. A physician assistant licensed under s. 458.347 or s.
1428	459.022.
1429	8. A worker employed by a public or private hospital in
1430	the state.
1431	9. A paramedic as defined in s. 401.23(17).
1432	10. An emergency medical technician as defined in s.
1433	401.23(11).
1434	11. A firefighter as defined in s. 633.102.
1435	12. A law enforcement officer as defined in s. 943.10.
1436	13. A member of the Florida National Guard.
1437	14. Any other personnel designated as emergency personnel
1438	by the Governor pursuant to a declared emergency.
1439	Section 19. Paragraph (c) of subsection (1) of section
1440	310.071, Florida Statutes, is amended to read:
1441	310.071 Deputy pilot certification
1442	(1) In addition to meeting other requirements specified in
1443	this chapter, each applicant for certification as a deputy pilot
1444	must:
1445	(c) Be in good physical and mental health, as evidenced by

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licensed physician assistant, or registered independent advanced

documentary proof of having satisfactorily passed a complete

practice registered nurse within the preceding 6 months. The

physical examination administered by a licensed physician,

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board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot, each certificated deputy pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse. The practitioner physician must know the minimum standards and certify that the certificateholder satisfactorily meets the standards. The standards for certificateholders shall include a drug test. Section 20. Subsection (3) of section 310.073, Florida Statutes, is amended to read: 310.073 State pilot licensing.—In addition to meeting other requirements specified in this chapter, each applicant for

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license as a state pilot must:

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(3) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant. To maintain eligibility as a licensed state pilot, each licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse. The examining practitioner physician must know the minimum standards and certify that the licensee satisfactorily meets the standards.

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The standards for licensees shall include a drug test.

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1523 1524 Section 21. Paragraph (b) of subsection (3) of section 310.081, Florida Statutes, is amended to read:

310.081 Department to examine and license state pilots and certificate deputy pilots; vacancies.—

- (3) Pilots shall hold their licenses or certificates pursuant to the requirements of this chapter so long as they:
- Are in good physical and mental health as evidenced by documentary proof of having satisfactorily passed a physical examination administered by a licensed physician, an independent advanced practice registered nurse, or a physician assistant within each calendar year. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot or a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each

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certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The examining practitioner physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test.

Upon resignation or in the case of disability permanently affecting a pilot's ability to serve, the state license or certificate issued under this chapter shall be revoked by the department.

Section 22. Paragraph (b) of subsection (1) of section 320.0848, Florida Statutes, is amended to read:

320.0848 Persons who have disabilities; issuance of disabled parking permits; temporary permits; permits for certain providers of transportation services to persons who have disabilities.—

(1)

- (b)1. The person must be currently certified as being legally blind or as having any of the following disabilities that render him or her unable to walk 200 feet without stopping to rest:
- a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive

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device, or without the assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.

- b. The need to permanently use a wheelchair.
- c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than 1 liter, or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
 - d. Use of portable oxygen.

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- e. Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- f. Severe limitation in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.
- 2. The certification of disability which is required under subparagraph 1. must be provided by a physician licensed under chapter 458, chapter 459, or chapter 460;, by a podiatric physician licensed under chapter 461;, by an optometrist licensed under chapter 463;, by an independent advanced practice registered nurse registered or an advanced practice registered nurse certified practitioner licensed under part I of chapter

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464; under the protocol of a licensed physician as stated in this subparagraph, by a physician assistant licensed under chapter 458 or chapter 459; or by a similarly licensed physician from another state if the application is accompanied by documentation of the physician's licensure in the other state and a form signed by the out-of-state physician verifying his or her knowledge of this state's eligibility guidelines.

Section 23. Paragraph (c) of subsection (1) of section 381.00315, Florida Statutes, is amended to read:

381.00315 Public health advisories; public health emergencies; isolation and quarantines.—The State Health Officer is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation or quarantines.

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

(c) "Public health emergency" means any occurrence, or threat thereof, whether natural or manmade, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters. Before declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no

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longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:

- 1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.
- 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.
 - 3. Notwithstanding s. 456.036, temporarily reactivating

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the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; independent advanced practice registered nurses registered, licensed practical nurses or registered nurses licensed, and advanced practice registered nurses certified nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or before the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.

4. Ordering an individual to be examined, tested, vaccinated, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and

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present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to isolation or quarantine.

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- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.
- b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to isolation or quarantine. If there is no practical method to isolate or quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. 381.0012.

Section 24. Subsection (3) of section 381.00593, Florida Statutes, is amended to read:

381.00593 Public school volunteer health care practitioner program.—

(3) For purposes of this section, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under

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chapter 461; an optometrist licensed under chapter 463; an independent advanced practice registered nurse registered, an advanced practice registered nurse certified practitioner, or a registered nurse, or licensed practical nurse licensed under part I of chapter 464; a pharmacist licensed under chapter 465; a dentist or dental hygienist licensed under chapter 466; a midwife licensed under chapter 467; a speech-language pathologist or audiologist licensed under part I of chapter 468; a dietitian/nutritionist licensed under part X of chapter 468; or a physical therapist licensed under chapter 486. Section 25. Paragraph (c) of subsection (2) of section 381.026, Florida Statutes, is amended to read: 381.026 Florida Patient's Bill of Rights and Responsibilities.-(2) DEFINITIONS.—As used in this section and s. 381.0261, the term: "Health care provider" means a physician or physician (C) assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, or a podiatric physician licensed under chapter 461, or an independent advanced practice registered nurse registered under part I of chapter 464. Section 26. Paragraph (a) of subsection (2) and subsections (3), (4), and (5) of section 382.008, Florida

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Statutes, are amended to read:

382.008 Death and fetal death registration.-

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- (2)(a) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician, physician assistant, independent advanced practice registered nurse, advanced practice registered nurse, or other person in attendance at or after the death or the district medical examiner of the county in which the death occurred or the body was found shall file the certificate of death or fetal death. The person who files the certificate shall obtain personal data from a legally authorized person as described in s. 497.005 or the best qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail or electronic transfer, by the physician, physician assistant, independent advanced practice registered nurse, advanced practice registered nurse, or medical examiner responsible for furnishing such information. For fetal deaths, the physician, certified nurse midwife, midwife, or hospital administrator shall provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.
- (3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the decedent's primary or

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attending <u>practitioner</u> <u>physician</u> or, if s. 382.011 applies, the district medical examiner of the county in which the death occurred or the body was found. The primary or attending <u>practitioner</u> <u>physician</u> or <u>the</u> medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief. As used in this section, the term "primary or attending <u>practitioner</u> <u>physician</u>" means a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse, who treated the decedent through examination, medical advice, or medication during the 12 months preceding the date of death.

- (a) The department may grant the funeral director an extension of time upon a good and sufficient showing of any of the following conditions:
 - 1. An autopsy is pending.

- 2. Toxicology, laboratory, or other diagnostic reports have not been completed.
- 3. The identity of the decedent is unknown and further investigation or identification is required.
- (b) If the decedent's primary or attending <u>practitioner</u> physician or the district medical examiner of the county in which the death occurred or the body was found indicates that he or she will sign and complete the medical certification of cause of death but will not be available until after the 5-day registration deadline, the local registrar may grant an

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extension of 5 days. If a further extension is required, the funeral director must provide written justification to the registrar.

- extension of time to provide the medical certification of cause of death, the funeral director shall file a temporary certificate of death or fetal death which shall contain all available information, including the fact that the cause of death is pending. The decedent's primary or attending practitioner physician or the district medical examiner of the county in which the death occurred or the body was found shall provide an estimated date for completion of the permanent certificate.
- (5) A permanent certificate of death or fetal death, containing the cause of death and any other information that was previously unavailable, shall be registered as a replacement for the temporary certificate. The permanent certificate may also include corrected information if the items being corrected are noted on the back of the certificate and dated and signed by the funeral director, physician, physician assistant, independent advanced practice registered nurse, advanced practice registered nurse, or district medical examiner of the county in which the death occurred or the body was found, as appropriate.

Section 27. Paragraph (c) of subsection (1) of section 383.14, Florida Statutes, is amended to read:

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383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

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- SCREENING REQUIREMENTS. To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all newborns in this state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other highrisk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.
 - (c) Release of screening results.-Notwithstanding any law

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advisory council.-

to the contrary, the State Public Health Laboratory may release, directly or through the Children's Medical Services program, the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner. As used in this paragraph, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; an independent advanced practice registered nurse registered, an advanced practice registered nurse certified practitioner, or a registered nurse, or licensed practical nurse licensed under part I of chapter 464; a midwife licensed under chapter 467; a speech-language pathologist or audiologist licensed under part I of chapter 468; or a dietician or nutritionist licensed under part X of chapter 468. Section 28. Paragraph (c) of subsection (1) of section 383.141, Florida Statutes, is amended to read: 383.141 Prenatally diagnosed conditions; patient to be

- (1) As used in this section, the term:
- (c) "Health care provider" means a practitioner licensed or registered under chapter 458 or chapter 459 or an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner certified under part I of chapter 464.

provided information; definitions; information clearinghouse;

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1825 Section 29. Paragraph (a) of subsection (7) of section 384.27, Florida Statutes, is amended to read: 1826 1827 Physical examination and treatment.-(7)(a) A health care practitioner licensed under chapter 1828 458 or chapter 459, registered under s. 464.0125, or certified 1829 1830 under s. 464.012 may provide expedited partner therapy if the 1831 following requirements are met: 1832 The patient has a laboratory-confirmed or suspected clinical diagnosis of a sexually transmissible disease. 1833 1834 The patient indicates that he or she has a partner with whom he or she engaged in sexual activity before the diagnosis 1835 of the sexually transmissible disease. 1836 1837 The patient indicates that his or her partner is unable 1838 or unlikely to seek clinical services in a timely manner. 1839 Section 30. Paragraph (a) of subsection (3) of section 390.0111, Florida Statutes, is amended to read: 1840 1841 390.0111 Termination of pregnancies.-1842 CONSENTS REQUIRED .- A termination of pregnancy may not 1843 be performed or induced except with the voluntary and informed 1844 written consent of the pregnant woman or, in the case of a mental incompetent, the voluntary and informed written consent 1845

- (a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:
 - 1. The physician who is to perform the procedure, or the

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of her court-appointed guardian.

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referring physician, has, at a minimum, orally, while physically present in the same room, and at least 24 hours before the procedure, informed the woman of:

- a. The nature and risks of undergoing or not undergoing the proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy.
- b. The probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.
- (I) The ultrasound must be performed by the physician who is to perform the abortion or by a person having documented evidence that he or she has completed a course in the operation of ultrasound equipment as prescribed by rule and who is working in conjunction with the physician.
- woman the opportunity to view the live ultrasound must offer the woman the opportunity to view the live ultrasound images and hear an explanation of them. If the woman accepts the opportunity to view the images and hear the explanation, a physician or a registered nurse, a licensed practical nurse, an advanced practice registered nurse practitioner, an independent advanced practice registered nurse, or a physician assistant working in conjunction with the physician must contemporaneously review and explain the images to the woman before the woman gives informed consent to having an abortion procedure

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1875 performed.

the explanation of the live ultrasound images after she is informed of her right and offered an opportunity to view the images and hear the explanation. If the woman declines, the woman shall complete a form acknowledging that she was offered an opportunity to view and hear the explanation of the images but that she declined that opportunity. The form must also indicate that the woman's decision was not based on any undue influence from any person to discourage her from viewing the images or hearing the explanation and that she declined of her own free will.

(IV) Unless requested by the woman, the person performing the ultrasound may not offer the opportunity to view the images and hear the explanation and the explanation may not be given if, at the time the woman schedules or arrives for her appointment to obtain an abortion, a copy of a restraining order, police report, medical record, or other court order or documentation is presented which provides evidence that the woman is obtaining the abortion because the woman is a victim of rape, incest, domestic violence, or human trafficking or that the woman has been diagnosed as having a condition that, on the basis of a physician's good faith clinical judgment, would create a serious risk of substantial and irreversible impairment of a major bodily function if the woman delayed terminating her

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1900 pregnancy.

c. The medical risks to the woman and fetus of carrying the pregnancy to term.

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The physician may provide the information required in this subparagraph within 24 hours before the procedure if requested by the woman at the time she schedules or arrives for her appointment to obtain an abortion and if she presents to the physician a copy of a restraining order, police report, medical record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.

- 2. Printed materials prepared and provided by the department have been provided to the pregnant woman, if she chooses to view these materials, including:
- a. A description of the fetus, including a description of the various stages of development.
- b. A list of entities that offer alternatives to terminating the pregnancy.
- c. Detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and neonatal care.
- 3. The woman acknowledges in writing, before the termination of pregnancy, that the information required to be provided under this subsection has been provided.

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Nothing in this paragraph is intended to prohibit a physician from providing any additional information which the physician deems material to the woman's informed decision to terminate her pregnancy.

Section 31. Paragraphs (c), (e), and (f) of subsection (3) of section 390.012, Florida Statutes, are amended to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

- (3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:
- (c) Rules relating to abortion clinic personnel. At a minimum, these rules shall require that:

1. The abortion clinic designate a medical director who is licensed to practice medicine in this state, and all physicians who perform abortions in the clinic have admitting privileges at a hospital within reasonable proximity to the clinic, unless the clinic has a written patient transfer agreement with a hospital within reasonable proximity to the clinic which includes the transfer of the patient's medical records held by both the clinic and the treating physician.

 2. If a physician is not present after an abortion is performed, a registered nurse, \underline{a} licensed practical nurse, \underline{an}

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<u>independent advanced practice registered nurse</u>, an advanced <u>practice</u> registered nurse practitioner, or <u>a</u> physician assistant be present and remain at the clinic to provide postoperative monitoring and care until the patient is discharged.

- 3. Surgical assistants receive training in counseling, patient advocacy, and the specific responsibilities associated with the services the surgical assistants provide.
- 4. Volunteers receive training in the specific responsibilities associated with the services the volunteers provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.
- (e) Rules relating to the abortion procedure. At a minimum, these rules shall require:
- 1. That a physician, <u>a</u> registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced <u>practice</u> registered nurse <u>practitioner</u>, <u>an independent advanced practice registered nurse</u>, or <u>a</u> physician assistant is available to all patients throughout the abortion procedure.
- 2. Standards for the safe conduct of abortion procedures that conform to obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule.
- 3. Appropriate use of general and local anesthesia, analgesia, and sedation if ordered by the physician.

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4. Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions.

- 5. Appropriate monitoring of the vital signs and other defined signs and markers of the patient's status throughout the abortion procedure and during the recovery period until the patient's condition is deemed to be stable in the recovery room.
- (f) Rules that prescribe minimum recovery room standards. At a minimum, these rules must require that:
- 1. Postprocedure recovery rooms be supervised and staffed to meet the patients' needs.
- 2. Immediate postprocedure care consist of observation in a supervised recovery room for as long as the patient's condition warrants.
- 3. A registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced <u>practice</u> registered nurse <u>practitioner</u>, <u>an independent</u> <u>advanced practice registered nurse</u>, or physician assistant who is trained in the management of the recovery area and is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remain on the premises of the abortion clinic until all patients are discharged.
- 4. A physician sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary.

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5. A physician discuss Rho(D) immune globulin with each patient for whom it is indicated and ensure that it is offered to the patient in the immediate postoperative period or will be available to her within 72 hours after completion of the abortion procedure. If the patient refuses the Rho(D) immune globulin, she and a witness must sign a refusal form approved by the agency which must be included in the medical record.

- 6. Written instructions with regard to postabortion coitus, signs of possible problems, and general aftercare which are specific to the patient be given to each patient. The instructions must include information regarding access to medical care for complications, including a telephone number for use in the event of a medical emergency.
- 7. A minimum length of time be specified, by type of abortion procedure and duration of gestation, during which a patient must remain in the recovery room.
- 8. The physician ensure that, with the patient's consent, a registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced practice registered nurse practitioner, <u>an independent advance</u> practice registered nurse, or <u>a</u> physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone within 24 hours after surgery to assess the patient's recovery.
- 9. Equipment and services be readily accessible to provide appropriate emergency resuscitative and life support procedures

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pending the transfer of the patient or viable fetus to the hospital.

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Section 32. Subsection (35) of section 394.455, Florida Statutes, is amended to read:

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

registered nurse practitioner certified or an independent advanced practice registered nurse registered under part I of chapter 464 s. 464.012 who has a master's or doctoral degree in psychiatric nursing, holds a national advanced practice certification as a psychiatric mental health advanced practice nurse, and has 2 years of post-master's clinical experience under the supervision of a physician, or an independent advanced practice registered nurse registered under, or an advanced practice registered nurse certified under, part I of chapter 464, who obtains national certification as a psychiatric-mental health advanced practice nurse.

Section 33. Paragraphs (a) and (f) of subsection (2) of section 394.463, Florida Statutes, are amended to read:

394.463 Involuntary examination.-

- (2) INVOLUNTARY EXAMINATION. -
- (a) An involuntary examination may be initiated by any one of the following means:
- 1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for

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involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient's clinical record. A fee may not be charged for the filing of an order under this subsection. A facility accepting the patient based on this order must send a copy of the order to the department the next working day. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If no time limit is specified in the order, the order shall be valid for 7 days after the date that the order was signed.

2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. The

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officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient's clinical record. Any facility accepting the patient based on this report must send a copy of the report to the department the next working day.

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A physician, a physician assistant, a clinical psychologist, a psychiatric nurse, an independent advanced practice registered nurse, an advanced practice registered nurse, a mental health counselor, a marriage and family therapist, or a clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take into custody the person named in the certificate and deliver him or her to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any facility accepting the patient based on this certificate must send a copy of the certificate to the department the next

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working day. The document may be submitted electronically through existing data systems, if applicable.

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(f) A patient shall be examined by a physician, a physician assistant, or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility without unnecessary delay to determine if the criteria for involuntary services are met. Emergency treatment may be provided upon the order of a physician if the physician determines that such treatment is necessary for the safety of the patient or others. The patient may not be released by the receiving facility or its contractor without the documented approval of a psychiatrist or a clinical psychologist or, if the receiving facility is owned or operated by a hospital or health system, the release may also be approved by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist, or an attending emergency department physician with experience in the diagnosis and treatment of mental illness after completion of an involuntary examination pursuant to this subsection. A psychiatric nurse may not approve the release of a patient if the involuntary examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist. Section 34. Paragraphs (a) and (b) of subsection (2) and

subsection (4) of section 395.0191, Florida Statutes, are amended to read:

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395.0191 Staff membership and clinical privileges.—
(2)(a) Each licensed facility shall establish rules and procedures for consideration of an application for clinical privileges submitted by an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner licensed and certified under part I of chapter 464, in accordance with the provisions of this section.

A No licensed facility may not shall deny such application solely because the applicant is registered or certified licensed under part I of chapter 464 or because the applicant is not a participant in the Florida Birth-Related Neurological Injury Compensation Plan.

- (b) An advanced <u>practice</u> registered nurse <u>practitioner</u> who is <u>a</u> certified as a registered nurse anesthetist licensed under part I of chapter 464 shall administer anesthesia under the onsite medical direction of a professional licensed under chapter 458, chapter 459, or chapter 466, and in accordance with an established protocol approved by the medical staff. The medical direction shall specifically address the needs of the individual patient. This paragraph does not apply to an independent advanced practice registered nurse who is a certified registered nurse anesthetist under part I of chapter 464.
- (4) Nothing herein shall restrict in any way the authority of the medical staff of a licensed facility to review for

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approval or disapproval all applications for appointment and reappointment to all categories of staff and to make recommendations on each applicant to the governing board, including the delineation of privileges to be granted in each case. In making such recommendations and in the delineation of privileges, each applicant shall be considered individually pursuant to criteria for a doctor licensed under chapter 458, chapter 459, chapter 461, or chapter 466; - or for an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner licensed and certified under part I of chapter 464; r or for a psychologist licensed under chapter 490, as applicable. The applicant's eligibility for staff membership or clinical privileges shall be determined by the applicant's background, experience, health, training, and demonstrated competency; the applicant's adherence to applicable professional ethics; the applicant's reputation; and the applicant's ability to work with others and by such other elements as determined by the governing board, consistent with this part.

Section 35. Subsection (3) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.-

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(3) USE OF FUNDS.—It is the intent of the Legislature that funds as appropriated shall be utilized by the department for the purpose of increasing the number of primary care physicians,

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physician assistants, certified nurse midwives, <u>certified</u> nurse practitioners, and nurses in rural areas, either through the Medical Education Reimbursement and Loan Repayment Program as defined by s. 1009.65 or through a federal loan repayment program which requires state matching funds. The department may use funds appropriated for the Medical Education Reimbursement and Loan Repayment Program as matching funds for federal loan repayment programs for health care personnel, such as that authorized in Pub. L. No. 100-177, s. 203. If the department receives federal matching funds, the department shall only implement the federal program. Reimbursement through either program shall be limited to:

- (a) Primary care physicians, physician assistants, certified nurse midwives, <u>certified</u> nurse practitioners, and nurses employed by or affiliated with rural hospitals, as defined in this act; and
- (b) Primary care physicians, physician assistants, certified nurse midwives, <u>certified</u> nurse practitioners, and nurses employed by or affiliated with rural area health education centers, as defined in this section. These personnel shall practice:
- 1. In a county with a population density of no greater than 100 persons per square mile; or
- 2. Within the boundaries of a hospital tax district which encompasses a population of no greater than 100 persons per

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If the department administers a federal loan repayment program, priority shall be given to obligating state and federal matching funds pursuant to paragraphs (a) and (b). The department may use federal matching funds in other health workforce shortage areas and medically underserved areas in the state for loan repayment programs for primary care physicians, physician assistants, certified nurse midwives, certified nurse practitioners, and nurses who are employed by publicly financed health care programs that serve medically indigent persons.

Section 36. Paragraphs (b) and (c) of subsection (8) of section 395.605, Florida Statutes, are amended to read:

395.605 Emergency care hospitals.-

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- (b) All patients shall be under the care of a physician <u>or</u> an independent advanced practice registered nurse or under the care of <u>an advanced practice registered</u> a nurse practitioner or <u>a</u> physician assistant supervised by a physician.
- (c) A physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant shall be on duty at all times, or a physician shall be on call and available within 30 minutes at all times.

Section 37. Subsection (33) of section 397.311, Florida

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2225 Statutes, is amended to read:

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- 397.311 Definitions.—As used in this chapter, except part VIII, the term:
- "Qualified professional" means a physician or a 2228 (33)2229 physician assistant licensed under chapter 458 or chapter 459; a 2230 professional licensed under chapter 490 or chapter 491; an 2231 independent advanced practice registered nurse registered or 2232 advanced practice registered nurse certified practitioner 2233 licensed under part I of chapter 464; or a person who is 2234 certified through a department-recognized certification process 2235 for substance abuse treatment services and who holds, at a 2236 minimum, a bachelor's degree. A person who is certified in 2237 substance abuse treatment services by a state-recognized 2238 certification process in another state at the time of employment 2239 with a licensed substance abuse provider in this state may 2240 perform the functions of a qualified professional as defined in 2241 this chapter but must meet certification requirements contained 2242 in this subsection no later than 1 year after his or her date of 2243 employment.

Section 38. Section 397.405, Florida Statutes, is amended to read:

- 397.405 Exemptions from licensure.—The following are exempt from the licensing provisions of this chapter:
- (1) A hospital or hospital-based component licensed under chapter 395.

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2250 (2) A nursing home facility as defined in s. 400.021.

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- (3) A substance abuse education program established pursuant to s. 1003.42.
- (4) A facility or institution operated by the Federal Government.
- (5) A physician or physician assistant licensed under chapter 458 or chapter 459.
 - (6) A psychologist licensed under chapter 490.
- (7) A social worker, marriage and family therapist, or mental health counselor licensed under chapter 491.
- (8) A legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, including prevention services, which are solely religious, spiritual, or ecclesiastical in nature. A church or nonprofit religious organization or denomination providing any of the licensed service components itemized under s. 397.311(25) is not exempt from substance abuse licensure but retains its exemption with respect to all services which are solely religious, spiritual, or ecclesiastical in nature.
- (9) Facilities licensed under chapter 393 which, in addition to providing services to persons with developmental disabilities, also provide services to persons developmentally at risk as a consequence of exposure to alcohol or other legal or illegal drugs while in utero.
 - (10) DUI education and screening services provided

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2275 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. 2276 Persons or entities providing treatment services must be 2277 licensed under this chapter unless exempted from licensing as 2278 provided in this section.

(11) A facility licensed under s. 394.875 as a crisis stabilization unit.

2282 The exemptions from licensure in this section do not apply to 2283 any service provider that receives an appropriation, grant, or 2284 contract from the state to operate as a service provider as 2285 defined in this chapter or to any substance abuse program 2286 regulated pursuant to s. 397.406. Furthermore, this chapter may 2287 2288 2289 2290 2291

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not be construed to limit the practice of a physician or physician assistant licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, a psychotherapist licensed under chapter 491, or an independent advanced practice registered nurse registered or an advanced practice registered nurse certified practitioner licensed under part I of chapter 464, who provides substance abuse treatment, unless a practitioner represents so long as the physician, physician assistant, psychologist, psychotherapist, or advanced registered nurse practitioner does not represent to the public that the practitioner he or she is a licensed service provider and provides does not provide services to individuals pursuant to part V of this chapter. Failure to comply with any requirement

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necessary to maintain an exempt status under this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 39. Subsections (4), (7), and (8) of section 397.427, Florida Statutes, are amended to read:

397.427 Medication-assisted treatment service providers; rehabilitation program; needs assessment and provision of services; persons authorized to issue takeout medication; unlawful operation; penalty.—

- (4) Notwithstanding s. 465.019(2), a physician assistant, a registered nurse, an advanced <u>practice</u> registered nurse <u>practitioner</u>, or a licensed practical nurse working for a licensed service provider may deliver takeout medication for opiate treatment to persons enrolled in a maintenance treatment program for medication-assisted treatment for opiate addiction if:
- (a) The medication-assisted treatment program for opiate addiction has an appropriate valid permit issued pursuant to rules adopted by the Board of Pharmacy;
- (b) The medication for treatment of opiate addiction has been delivered pursuant to a valid prescription written by the program's physician licensed pursuant to chapter 458 or chapter 459;
- (c) The medication for treatment of opiate addiction which is ordered appears on a formulary and is prepackaged and

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prelabeled with dosage instructions and distributed from a source authorized under chapter 499;

- (d) Each licensed provider adopts written protocols which provide for supervision of the physician assistant, registered nurse, advanced <u>practice</u> registered nurse <u>practitioner</u>, or licensed practical nurse by a physician licensed pursuant to chapter 458 or chapter 459 and for the procedures by which patients' medications may be delivered by the physician assistant, registered nurse, advanced <u>practice</u> registered nurse <u>practitioner</u>, or licensed practical nurse. Such protocols shall be signed by the supervising physician and either the administering registered nurse, the advanced <u>practice</u> registered nurse <u>practitioner</u>, or the licensed practical nurse.
- (e) Each licensed service provider maintains and has available for inspection by representatives of the Board of Pharmacy all medical records and patient care protocols, including records of medications delivered to patients, in accordance with the board.
- (7) A physician assistant, a registered nurse, an advanced practice registered nurse practitioner, or a licensed practical nurse working for a licensed service provider may deliver medication as prescribed by rule if:
- (a) The service provider is authorized to provide medication-assisted treatment;
 - (b) The medication has been administered pursuant to a

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valid prescription written by the program's physician who is licensed under chapter 458 or chapter 459; and

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- (c) The medication ordered appears on a formulary or meets federal requirements for medication-assisted treatment.
- Each licensed service provider that provides medication-assisted treatment must adopt written protocols as specified by the department and in accordance with federally required rules, regulations, or procedures. The protocol shall provide for the supervision of the physician assistant, registered nurse, advanced practice registered nurse practitioner, or licensed practical nurse working under the supervision of a physician who is licensed under chapter 458 or chapter 459. The protocol must specify how the medication will be used in conjunction with counseling or psychosocial treatment and that the services provided will be included on the treatment plan. The protocol must specify the procedures by which medication-assisted treatment may be administered by the supervised physician assistant, registered nurse, advanced registered nurse practitioner, or licensed practical nurse. These protocols shall be signed by the supervising physician and the supervised administering physician assistant, registered nurse, advanced registered nurse practitioner, or licensed practical nurse. Section 40. Paragraph (a) of subsection (2) of section

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CODING: Words stricken are deletions; words underlined are additions.

397.501, Florida Statutes, is amended to read:

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.-

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

Section 41. Section 397.679, Florida Statutes, is amended to read:

397.679 Emergency admission; circumstances justifying.—A person who meets the criteria for involuntary admission in s. 397.675 may be admitted to a hospital or to a licensed detoxification facility or addictions receiving facility for

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emergency assessment and stabilization, or to a less intensive component of a licensed service provider for assessment only, upon receipt by the facility of a certificate by a physician, an independent advanced practice registered nurse, an advanced practice registered nurse, a psychiatric nurse, a clinical psychologist, a clinical social worker, a marriage and family therapist, a mental health counselor, a physician assistant working under the scope of practice of the supervising physician, or a master's-level-certified addictions professional for substance abuse services, if the certificate is specific to substance abuse impairment, and the completion of an application for emergency admission.

Section 42. Subsection (1) of section 397.6793, Florida Statutes, is amended to read:

397.6793 Professional's certificate for emergency admission.—

(1) A physician, a clinical psychologist, a physician assistant working under the scope of practice of the supervising physician, a psychiatric nurse, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a mental health counselor, a marriage and family therapist, a master's-level-certified addictions professional for substance abuse services, or a clinical social worker may execute a professional's certificate for emergency admission. The professional's certificate must include the name of the

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person to be admitted, the relationship between the person and the professional executing the certificate, the relationship between the applicant and the professional, any relationship between the professional and the licensed service provider, a statement that the person has been examined and assessed within the preceding 5 days after the application date, and factual allegations with respect to the need for emergency admission, including:

- (a) The reason for the belief that the person is substance abuse impaired;
- (b) The reason for the belief that because of such impairment the person has lost the power of self-control with respect to substance abuse; and
- (c)1. The reason for the belief that, without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted or, unless admitted, is likely to inflict, physical harm on himself, herself, or another; or
- 2. The reason for the belief that the person's refusal to voluntarily receive care is based on judgment so impaired by

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reason of substance abuse that the person is incapable of appreciating his or her need for care and of making a rational decision regarding his or her need for care.

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Section 43. Subsection (8) of section 400.021, Florida Statutes, is amended to read:

400.021 Definitions.—When used in this part, unless the context otherwise requires, the term:

(8) "Geriatric outpatient clinic" means a site for providing outpatient health care to persons 60 years of age or older, which is staffed by a registered nurse, a physician assistant, or a licensed practical nurse under the direct supervision of a registered nurse, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a physician assistant, or a physician.

Section 44. Subsection (3) of section 400.0255, Florida Statutes, is amended to read:

400.0255 Resident transfer or discharge; requirements and procedures; hearings.—

(3) When a discharge or transfer is initiated by the nursing home, the nursing home administrator employed by the nursing home that is discharging or transferring the resident, or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administration, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge

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must either be signed by the resident's attending physician or the medical director of the facility, or include an attached written order for the discharge or transfer. The notice or the order must be signed by the resident's physician, medical director, treating physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant.

Section 45. Subsection (3) of section 400.172, Florida Statutes, is amended to read:

400.172 Respite care provided in nursing home facilities.-

medical information from a physician, <u>a</u> physician assistant, <u>an</u> independent advanced practice registered nurse, or <u>an</u> advanced practice registered nurse practitioner and any other information provided by the primary caregiver required by the facility before or when the person is admitted to receive respite care. The medical information must include a physician's <u>or an</u> independent advanced practice registered nurse's order for respite care and proof of a physical examination by a licensed physician, <u>a</u> physician assistant, <u>an</u> independent advanced practice registered nurse, or an advanced practice registered nurse practitioner. The physician's order and physical examination may be used to provide intermittent respite care for up to 12 months after the date the order is written.

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Section 46. Subsections (20) through (30) of section

400.462, Florida Statutes, are renumbered as subsections (21) through (31), respectively, subsection (3) is amended, and a new subsection (20) is added to that section, to read:

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

- (3) "Advanced <u>practice</u> registered nurse practitioner" means a person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, as defined in s. 464.003.
- means a person licensed in this state to practice professional nursing as defined in s. 464.003 and registered to practice advanced or specialized nursing independently and without physician supervision or a protocol.

Section 47. Subsection (2) of section 400.487, Florida Statutes, is amended to read:

400.487 Home health service agreements; physician's, physician assistant's, independent advanced practice registered nurse's and advanced practice registered nurse's nurse practitioner's treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate.—

(2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician assistant, <u>independent advanced</u> practice registered nurse, or advanced practice registered nurse

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practitioner, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner before a claim for payment for the skilled services is submitted by the home health agency. If the claim is submitted to a managed care organization, the treatment orders must be signed within the time allowed under the provider agreement. The treatment orders shall be reviewed, as frequently as the patient's illness requires, by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner in consultation with the home health agency.

Section 48. Paragraph (a) of subsection (13) of section 400.506, Florida Statutes, is amended to read:

400.506 Licensure of nurse registries; requirements; penalties.—

- (13) All persons referred for contract in private residences by a nurse registry must comply with the following requirements for a plan of treatment:
- (a) When, in accordance with the privileges and restrictions imposed upon a nurse under part I of chapter 464, the delivery of care to a patient is under the direction or supervision of a physician or when a physician is responsible

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for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. The original medical plan of treatment must be timely signed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner, acting within his or her respective scope of practice, and reviewed in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from, reduced to writing by, and timely signed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and reduced to writing and timely signed by the physician, physician assistant, or advanced registered nurse practitioner. The delivery of care under a medical plan of treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464.

Section 49. Paragraph (g) of subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.-

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(4) "Clinic" means an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. As used in this part, the term does

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not include and the licensure requirements of this part do not apply to:

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A sole proprietorship, group practice, partnership, or (q) corporation that provides health care services by licensed health care practitioners licensed, certified, or registered under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, $\frac{1}{2}$ s. 464.012, or s. 464.0125, and that is wholly owned by one or more licensed, certified, or registered health care practitioners, or the licensed health care practitioners set forth in this paragraph and the spouse, parent, child, or sibling of such a licensed health care practitioner if one of the owners who is a licensed, certified, or registered health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of the practitioner's license, certification, or registration, except that, for the purposes of this part, a clinic owned by a licensee in s. 456.053(3)(b) which provides only services authorized pursuant to s. 456.053(3)(b) may be supervised by a licensee specified in s. 456.053(3)(b).

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Notwithstanding this subsection, an entity shall be deemed a clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).

Section 50. Subsection (5) and paragraph (b) of subsection (7) of section 400.9973, Florida Statutes, are amended to read: 400.9973 Client admission, transfer, and discharge.—

- (5) A client admitted to a transitional living facility must be admitted upon prescription by a licensed physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and must remain under the care of a licensed physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner for the duration of the client's stay in the facility.
- (7) A person may not be admitted to a transitional living facility if the person:
- (b) Is a danger to himself or herself or others as determined by a physician, physician assistant, <u>independent</u> advanced practice registered nurse, or advanced practice registered nurse practitioner or a mental health practitioner licensed under chapter 490 or chapter 491, unless the facility provides adequate staffing and support to ensure patient safety;

 Section 51 Subsection (1) and paragraphs (a) and (b) of

Section 51. Subsection (1) and paragraphs (a) and (b) of subsection (2) of section 400.9974, Florida Statutes, are

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400.9974 Client comprehensive treatment plans; client services.—

- comprehensive treatment plan for each client as soon as practicable but no later than 30 days after the initial comprehensive treatment plan is developed. The comprehensive treatment plan must be developed by an interdisciplinary team consisting of the case manager, the program director, the advanced practice registered nurse practitioner, and appropriate therapists. The client or, if appropriate, the client's representative must be included in developing the comprehensive treatment plan. The comprehensive treatment plan must be reviewed and updated if the client fails to meet projected improvements outlined in the plan or if a significant change in the client's condition occurs. The comprehensive treatment plan must be reviewed and updated at least once monthly.
 - (2) The comprehensive treatment plan must include:
- (a) Orders obtained from the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and the client's diagnosis, medical history, physical examination, and rehabilitative or restorative needs.
- (b) A preliminary nursing evaluation, including orders for immediate care provided by the physician, physician assistant,

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<u>independent advanced practice registered nurse</u>, or advanced <u>practice</u> registered nurse practitioner, which shall be completed when the client is admitted.

Section 52. Section 400.9976, Florida Statutes, is amended to read:

400.9976 Administration of medication.

- (1) An individual medication administration record must be maintained for each client. A dose of medication, including a self-administered dose, shall be properly recorded in the client's record. A client who self-administers medication shall be given a pill organizer. Medication must be placed in the pill organizer by a nurse. A nurse shall document the date and time that medication is placed into each client's pill organizer. All medications must be administered in compliance with orders of a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse
- (2) If an interdisciplinary team determines that self-administration of medication is an appropriate objective, and if the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner does not specify otherwise, the client must be instructed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse, or advanced practice

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medication without the assistance of a staff person. All forms of self-administration of medication, including administration orally, by injection, and by suppository, shall be included in the training. The client's physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner must be informed of the interdisciplinary team's decision that self-administration of medication is an objective for the client. A client may not self-administer medication until he or she demonstrates the competency to take the correct medication in the correct dosage at the correct time, to respond to missed doses, and to contact the appropriate person with questions.

(3) Medication administration discrepancies and adverse drug reactions must be recorded and reported immediately to a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner.

Section 53. Subsections (2) through (5) of section 400.9979, Florida Statutes, are amended to read:

400.9979 Restraint and seclusion; client safety.-

(2) The use of physical restraints must be ordered and documented by a physician, physician assistant, <u>independent</u> advanced practice registered nurse, or advanced practice registered nurse practitioner and must be consistent with the policies and procedures adopted by the facility. The client or,

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if applicable, the client's representative shall be informed of the facility's physical restraint policies and procedures when the client is admitted.

- (3) The use of chemical restraints shall be limited to prescribed dosages of medications as ordered by a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and must be consistent with the client's diagnosis and the policies and procedures adopted by the facility. The client and, if applicable, the client's representative shall be informed of the facility's chemical restraint policies and procedures when the client is admitted.
- assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner, if a client exhibits symptoms that present an immediate risk of injury or death to himself or herself or others, a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner may issue an emergency treatment order to immediately administer rapid-response psychotropic medications or other chemical restraints. Each emergency treatment order must be documented and maintained in the client's record.
- (a) An emergency treatment order is not effective for more than 24 hours.

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(b) Whenever a client is medicated under this subsection, the client's representative or a responsible party and the client's physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner shall be notified as soon as practicable.

- (5) A client who is prescribed and receives a medication that can serve as a chemical restraint for a purpose other than an emergency treatment order must be evaluated by his or her physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner at least monthly to assess:
 - (a) The continued need for the medication.

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- (b) The level of the medication in the client's blood.
- (c) The need for adjustments to the prescription.

Section 54. Subsections (1) and (2) of section 401.445, Florida Statutes, are amended to read:

- 401.445 Emergency examination and treatment of incapacitated persons.—
- (1) No Recovery is not shall be allowed in any court in this state against any emergency medical technician, paramedic, or physician as defined in this chapter; any advanced practice registered nurse practitioner certified under s. 464.012; any independent advanced practice registered nurse registered under s. 464.0125; or any physician assistant licensed under s. 458.347 or s. 459.022, or any person acting under the direct

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medical supervision of a physician, in an action brought for examining or treating a patient without his or her informed consent if:

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- (a) The patient at the time of examination or treatment is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent as provided in s. 766.103;
- (b) The patient at the time of examination or treatment is experiencing an emergency medical condition; and
- (c) The patient would reasonably, under all the surrounding circumstances, undergo such examination, treatment, or procedure if the patient he or she were advised by the emergency medical technician, paramedic, physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant in accordance with s. 766.103(3).

Examination and treatment provided under this subsection shall be limited to reasonable examination of the patient to determine the medical condition of the patient and treatment reasonably necessary to alleviate the emergency medical condition or to stabilize the patient.

(2) In examining and treating a person who is apparently intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent, the emergency medical

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technician, paramedic, physician, independent advanced practice registered nurse practitioner, advanced practice registered nurse practitioner, or physician assistant, or any person acting under the direct medical supervision of a physician, shall proceed wherever possible with the consent of the person. If the person reasonably appears to be incapacitated and refuses his or her consent, the person may be examined, treated, or taken to a hospital or other appropriate treatment resource if he or she is in need of emergency attention, without his or her consent, but unreasonable force shall not be used.

Section 55. Subsections (1) and (11) of section 409.905, Florida Statutes, are amended to read:

409.905 Mandatory Medicaid services.—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law.

Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any

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limitations or directions provided for in the General Appropriations Act or chapter 216.

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- (1)INDEPENDENT ADVANCED PRACTICE REGISTERED NURSE AND ADVANCED PRACTICE REGISTERED NURSE PRACTITIONER SERVICES.-The agency shall pay for services provided to a recipient by a registered independent advanced practice registered nurse, a certified licensed advanced practice registered nurse practitioner who has a valid collaboration agreement with a licensed physician on file with the Department of Health, or a certified registered nurse anesthetist who provides anesthesia services in accordance with established protocol required by state law and approved by the medical staff of the facility in which the anesthetic service is performed. Reimbursement for such services must be provided in an amount that equals at least not less than 80 percent of the reimbursement to a physician who provides the same services, unless otherwise provided for in the General Appropriations Act.
- (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay for outpatient primary health care services for a recipient provided by a clinic certified by and participating in the Medicare program which is located in a federally designated, rural, medically underserved area and has on its staff one or more certified licensed primary care nurse practitioners or physician assistants, and a licensed staff supervising physician, or an

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independent advanced practice registered nurse.

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Section 56. Paragraph (a) of subsection (3) and subsection (8) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers. - Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent

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or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

- in the General Appropriations Act, the following Medicaid services and goods may be reimbursed on a fee-for-service basis. For each allowable service or goods furnished in accordance with Medicaid rules, policy manuals, handbooks, and state and federal law, the payment shall be the amount billed by the provider, the provider's usual and customary charge, or the maximum allowable fee established by the agency, whichever amount is less, with the exception of those services or goods for which the agency makes payment using a methodology based on capitation rates, average costs, or negotiated fees.
- (a) <u>Independent advanced practice registered nurse or</u> advanced practice registered nurse practitioner services.
- (8) A provider of family planning services shall be reimbursed the lesser of the amount billed by the provider or an all-inclusive amount per type of visit for physicians, independent advanced practice registered nurses, and advanced practice registered nurses nurse practitioners, as established by the agency in a fee schedule.

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2875 Section 57. Subsection (2) of section 409.9081, Florida 2876 Statutes, is amended to read: 2877 409.9081 Copayments.-2878 The agency shall, subject to federal regulations and 2879 any directions or limitations provided for in the General 2880 Appropriations Act, require copayments for the following 2881 additional services: hospital inpatient, laboratory and X-ray 2882 services, transportation services, home health care services, community mental health services, rural health services, 2883 2884 federally qualified health clinic services, and independent 2885 advanced practice registered nurse or advanced practice 2886 registered nurse practitioner services. The agency may only 2887 establish copayments for prescribed drugs or for any other 2888 federally authorized service if such copayment is specifically 2889 provided for in the General Appropriations Act or other law. 2890 Section 58. Paragraph (a) of subsection (1) of section 2891 409.973, Florida Statutes, is amended to read: 2892 409.973 Benefits.-2893 MINIMUM BENEFITS. - Managed care plans shall cover, at a 2894 minimum, the following services: 2895 Independent advanced practice registered nurse and 2896 advanced practice registered nurse practitioner services. 2897 Section 59. Subsections (2), (4), and (5) of section 2898 429.26, Florida Statutes, are amended to read:

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429.26 Appropriateness of placements; examinations of

CODING: Words stricken are deletions; words underlined are additions.

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- (2) A physician, <u>a</u> physician assistant, <u>an independent</u> advanced practice registered nurse, or <u>an advanced practice</u> registered nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.
- If possible, each resident shall have been examined by (4)a licensed physician, a licensed physician assistant, a registered independent advanced practice registered nurse, or a certified advanced practice registered licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.
- (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the

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admission of the resident to the facility, a licensed physician, licensed physician assistant, registered independent advanced practice registered nurse, or certified advanced practice licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.

Section 60. Paragraph (a) of subsection (2) and paragraph (a) of subsection (7) of section 429.918, Florida Statutes, are amended to read:

429.918 Licensure designation as a specialized Alzheimer's services adult day care center.—

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

- (a) "ADRD participant" means a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, registered independent advanced practice registered nurse, or certified a licensed advanced practice registered nurse practitioner.
- (7)(a) An ADRD participant admitted to an adult day care center having a license designated under this section, or the

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- 1. Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a demonstrated need for a responsible party to oversee his or her care.
- 2. Not actively demonstrate aggressive behavior that places himself, herself, or others at risk of harm.
- 3. Provide the following medical documentation signed by a licensed physician, licensed physician assistant, registered independent advanced practice registered nurse, or certified a licensed advanced practice registered nurse practitioner:
- a. Any physical, health, or emotional conditions that require medical care.
- b. A listing of the ADRD participant's current prescribed and over-the-counter medications and dosages, diet restrictions, mobility restrictions, and other physical limitations.
- 4. Provide documentation signed by a health care provider licensed in this state which indicates that the ADRD participant is free of the communicable form of tuberculosis and free of signs and symptoms of other communicable diseases.
- Section 61. Paragraph (e) of subsection (5) of section 440.102, Florida Statutes, is amended to read:
- 440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency

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2975 for Health Care Administration:

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- (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:
- (e) A specimen for a drug test may be taken or collected by any of the following persons:
- 1. A physician, a physician assistant, an independent advanced practice registered nurse, an advanced practice registered nurse, a registered professional nurse, a licensed practical nurse, or a nurse practitioner or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.
- 2. A qualified person employed by a licensed or certified laboratory as described in subsection (9).

Section 62. Subsection (2) and paragraph (d) of subsection (4) of section 456.0391, Florida Statutes, are amended to read:

456.0391 Advanced <u>practice</u> registered <u>nurses</u> nurse practitioners; information required for certification.—

(2) The Department of Health shall send a notice to each person certified under s. 464.012 at the certificateholder's last known address of record regarding the requirements for information to be submitted by advanced <u>practice</u> registered <u>nurses</u> <u>nurse practitioners</u> pursuant to this section in conjunction with the renewal of such certificate.

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Any applicant for initial certification or renewal of certification as an advanced practice registered nurse practitioner who submits to the Department of Health a set of fingerprints and information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Families for employment or licensure with such agency or department, if the applicant has undergone a criminal history check as a condition of initial certification or renewal of certification as an advanced practice registered nurse practitioner with the Department of Health, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Families shall obtain criminal history information for employment or licensure of persons certified under s. 464.012 by such agency or department from the Department of Health's health care practitioner credentialing system. Section 63. Subsection (2) of section 456.0392, Florida Statutes, is amended to read: 456.0392 Prescription labeling.-(2) A prescription for a drug that is not listed as a

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controlled substance in chapter 893 which is written by an advanced practice registered nurse practitioner certified under s. 464.012 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by a practitioner licensed under chapter 458, chapter 459, or chapter 466.

- Section 64. Paragraph (a) of subsection (1) and subsection (6) of section 456.041, Florida Statutes, are amended to read:
 456.041 Practitioner profile; creation.—
- (1)(a) The Department of Health shall compile the information submitted pursuant to s. 456.039 into a practitioner profile of the applicant submitting the information, except that the Department of Health shall develop a format to compile uniformly any information submitted under s. 456.039(4)(b). Beginning July 1, 2001, the Department of Health may compile the information submitted pursuant to s. 456.0391 into a practitioner profile of the applicant submitting the information. The protocol submitted pursuant to s. 464.012(3) must be included in the practitioner profile of the advanced practice registered nurse practitioner.
- (6) The Department of Health shall provide in each practitioner profile for every physician or advanced <u>practice</u> registered nurse practitioner terminated for cause from participating in the Medicaid program, pursuant to s. 409.913, or sanctioned by the Medicaid program a statement that the

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practitioner has been terminated from participating in the Florida Medicaid program or sanctioned by the Medicaid program.

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3073 3074 Section 65. Subsection (1) and paragraphs (a), (d), and (e) of subsection (2) of section 456.048, Florida Statutes, are amended to read:

456.048 Financial responsibility requirements for certain health care practitioners.—

- As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Medicine and the Board of Osteopathic Medicine shall, by rule, require that all anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023, and the Board of Nursing shall, by rule, require that independent advanced practice registered nurses registered under s. 464.0125 and advanced practice registered nurses nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical malpractice insurance or provide proof of financial responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising out of the rendering of or failure to render professional care and services in this state.
 - (2) The board or department may grant exemptions upon

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application by practitioners meeting any of the following criteria:

- (a) Any person licensed, certified, or registered under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(16) or who is a volunteer under s. 110.501(1).
- (d) Any person licensed, or certified, or registered under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who practices only in conjunction with his or her teaching duties at an accredited school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.
- (e) Any person holding an active license, or certification, or registration under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is not practicing in this state. If such person initiates or resumes practice in this state, he

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or she must notify the department of such activity.

Section 66. Paragraphs (a), (i), (o), and (r) of subsection (3) and paragraph (g) of subsection (5) of section 456.053, Florida Statutes, are amended to read:

456.053 Financial arrangements between referring health care providers and providers of health care services.—

- (3) DEFINITIONS.—For the purpose of this section, the word, phrase, or term:
- (a) "Board" means any of the following boards relating to the respective professions: the Board of Medicine as created in s. 458.307; the Board of Osteopathic Medicine as created in s. 459.004; the Board of Chiropractic Medicine as created in s. 460.404; the Board of Podiatric Medicine as created in s. 461.004; the Board of Optometry as created in s. 463.003; the Board of Nursing as created in s. 464.004; the Board of Pharmacy as created in s. 465.004; and the Board of Dentistry as created in s. 466.004.
- (i) "Health care provider" means <u>a</u> any physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461; an independent advanced practice registered nurse registered under <u>s</u>. 464.0125; or a, or any health care provider licensed under chapter 463 or chapter 466.
- (o) "Referral" means any referral of a patient by a health care provider for health care services, including, without limitation:

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1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or

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- 2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.
- 3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:
 - a. By a radiologist for diagnostic-imaging services.
- b. By a physician specializing in the provision of radiation therapy services for such services.
- c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.
 - d. By a cardiologist for cardiac catheterization services.
- e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.
- f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or

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provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, that effective July 1, 1999, a physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 or an independent advanced practice registered nurse registered under s. 464.0125 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician or independent advanced practice registered nurse has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services.

- g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 395.
 - h. By a urologist for lithotripsy services.
- i. By a dentist for dental services performed by an employee of or health care provider who is an independent

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contractor with the dentist or group practice of which the dentist is a member.

- j. By a physician for infusion therapy services to a patient of that physician or a member of that physician's group practice.
- k. By a nephrologist for renal dialysis services and supplies, except laboratory services.
- 1. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this subsubparagraph, the term "private residences" includes patients' private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.
 - m. By a health care provider for sleep-related testing.
- (r) "Sole provider" means one health care provider licensed under chapter 458, chapter 459, chapter 460, or chapter 461, or s. 464.0125, who maintains a separate medical office and a medical practice separate from any other health care provider and who bills for his or her services separately from the services provided by any other health care provider. A sole provider shall not share overhead expenses or professional income with any other person or group practice.
 - (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.-Except as

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provided in this section:

(g) A violation of this section by a health care provider shall constitute grounds for disciplinary action to be taken by the applicable board pursuant to s. 458.331(2), s. 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), <u>s. 464.018</u>, or s. 466.028(2). Any hospital licensed under chapter 395 found in violation of this section shall be subject to s. 395.0185(2).

Section 67. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.-

(7) Notwithstanding subsection (2), upon a finding that a physician has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), or that an independent advanced practice registered nurse or an advanced practice registered nurse practitioner has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 464.018(1)(n) or (p)6., the physician or advanced registered nurse practitioner shall be suspended for a period of at least not less than 6 months and pay a fine of at least not less than \$10,000 per count. Repeated violations shall result in increased penalties.

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Section 68. Subsection (2) of section 456.44, Florida

3226 Statutes, is amended to read:

456.44 Controlled substance prescribing.—

(2) REGISTRATION.—A physician licensed under chapter

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- (2) REGISTRATION.—A physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466; a physician assistant licensed under chapter 458 or chapter 459; or an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner certified under part I of chapter 464 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:
- (a) Designate himself or herself as a controlled substance prescribing practitioner on the his or her practitioner profile.
- (b) Comply with the requirements of this section and applicable board rules.

Section 69. Paragraph (c) of subsection (2) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.-

- (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- (c) A physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner must perform a physical

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examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a pain-management clinic. If the physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the physician must document in the patient's record the reason for prescribing that quantity.

Section 70. Paragraph (dd) of subsection (1) of section 458.331, Florida Statutes, is amended to read:

458.331 Grounds for disciplinary action; action by the board and department.—

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (dd) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced <u>practice</u> registered <u>nurses</u> nurse practitioners, or anesthesiologist assistants acting under the supervision of the physician.

Section 71. Paragraph (a) of subsection (1) and subsections (2) and (4) of section 458.348, Florida Statutes, are amended to read:

458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—

(1) NOTICE.—

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(a) When a physician enters into a formal supervisory relationship or standing orders with an emergency medical

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technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when a physician enters into an established protocol with an advanced <u>practice</u> registered nurse <u>practitioner</u>, which protocol contemplates the performance of medical acts set forth in s. 464.012(3) and (4), the physician shall submit notice to the board. The notice shall contain a statement in substantially the following form:

- I, ...(name and professional license number of physician)..., of ...(address of physician)... have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with ...(number of persons)... emergency medical technician(s), ...(number of persons)... paramedic(s), or ...(number of persons)... advanced practice registered nurse(s) nurse practitioner(s).
- joint committee shall determine minimum standards for the content of established protocols pursuant to which an advanced practice registered nurse practitioner may perform medical acts or acts set forth in s. 464.012(3) and (4) and shall determine minimum standards for supervision of such acts by the physician, unless the joint committee determines that any act set forth in s. 464.012(3) or (4) is not a medical act. Such standards shall be based on risk to the patient and acceptable standards of medical care and shall take into account the special problems of

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medically underserved areas. The standards developed by the joint committee shall be adopted as rules by the Board of Nursing and the Board of Medicine for purposes of carrying out their responsibilities pursuant to part I of chapter 464 and this chapter, respectively, but neither board shall have disciplinary powers over the licensees of the other board.

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- A physician who supervises an advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant at a medical office other than the physician's primary practice location, where the advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant is not under the onsite supervision of a supervising physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, a physician's "primary practice location" means the address reflected on the physician's profile published pursuant to s. 456.041.
- (a) A physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the physician's primary practice location. For the purpose of this subsection, "primary health care" means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

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(b) A physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the physician's primary practice location. For the purpose of this subsection, "specialty health care" means health care services that are commonly provided to patients with a referral from another practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

- registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced practice registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.
- 1. The physician shall submit to the board the addresses of all offices where he or she is supervising an advanced practice registered nurse practitioner or a physician assistant which are not the physician's primary

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3350 practice location.

- 2. The physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the board pursuant to s. 458.3312.
- 3. All such offices that are not the physician's primary place of practice must be within 25 miles of the physician's primary place of practice or in a county that is contiguous to the county of the physician's primary place of practice. However, the distance between any of the offices may not exceed 75 miles.
- 4. The physician may supervise only one office other than the physician's primary place of practice except that until July 1, 2011, the physician may supervise up to two medical offices other than the physician's primary place of practice if the addresses of the offices are submitted to the board before July 1, 2006. Effective July 1, 2011, the physician may supervise only one office other than the physician's primary place of practice, regardless of when the addresses of the offices were submitted to the board.
- (d) A physician who supervises an office in addition to the physician's primary practice location must conspicuously post in each of the physician's offices a current schedule of the regular hours when the physician is present in that office and the hours when the office is open while the physician is not present.

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This subsection does not apply to health care services provided in facilities licensed under chapter 395 or in conjunction with a college of medicine, a college of nursing, an accredited graduate medical program, or a nursing education program; not-for-profit, family-planning clinics that are not licensed pursuant to chapter 390; rural and federally qualified health centers; health care services provided in a nursing home licensed under part II of chapter 400, an assisted living facility licensed under part I of chapter 429, a continuing care facility licensed under chapter 651, or a retirement community consisting of independent living units and a licensed nursing home or assisted living facility; anesthesia services provided in accordance with law; health care services provided in a designated rural health clinic; health care services provided to persons enrolled in a program designed to maintain elderly persons and persons with disabilities in a home or communitybased setting; university primary care student health centers; school health clinics; or health care services provided in federal, state, or local government facilities. Subsection (3) and this subsection do not apply to offices at which the exclusive service being performed is laser hair removal by an advanced practice registered nurse practitioner or physician assistant. Section 72. Paragraph (c) of subsection (2) of section 459.0137, Florida Statutes, is amended to read:

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459.0137 Pain-management clinics.

- (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- independent advanced practice registered nurse, or an advanced practice registered nurse practitioner must perform a physical examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a painmanagement clinic. If the osteopathic physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the osteopathic physician must document in the patient's record the reason for prescribing that quantity.

Section 73. Paragraph (hh) of subsection (1) of section 459.015, Florida Statutes, is amended to read:

459.015 Grounds for disciplinary action; action by the board and department.—

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (hh) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced <u>practice</u> registered <u>nurses</u> nurse practitioners, anesthesiologist assistants, or other persons

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acting under the supervision of the osteopathic physician.

Section 74. Paragraph (a) of subsection (1) and subsection

- (3) of section 459.025, Florida Statutes, are amended to read:
- 459.025 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—
- 3430 (1) NOTICE.

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- (a) When an osteopathic physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when an osteopathic physician enters into an established protocol with an advanced practice registered nurse practitioner, which protocol contemplates the performance of medical acts or acts set forth in s. 464.012(3) and (4), the osteopathic physician shall submit notice to the board. The notice must contain a statement in substantially the following form:
- I, ... (name and professional license number of osteopathic physician)..., of ... (address of osteopathic physician)... have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with ... (number of persons)... emergency medical technician(s), ... (number of persons)... paramedic(s), or ... (number of persons)... advanced practice registered nurse(s) nurse practitioner(s).
 - (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.-

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An osteopathic physician who supervises an advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant at a medical office other than the osteopathic physician's primary practice location, where the advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant is not under the onsite supervision of a supervising osteopathic physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, an osteopathic physician's "primary practice location" means the address reflected on the physician's profile published pursuant to s. 456.041.

- (a) An osteopathic physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the osteopathic physician's primary practice location. For the purpose of this subsection, "primary health care" means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.
- (b) An osteopathic physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the osteopathic physician's primary practice location. For the purpose of this subsection, "specialty health care" means health care services that are commonly provided to patients with a referral from another

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practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

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- (c) An osteopathic physician who supervises an advanced practice registered nurse practitioner or physician assistant at a medical office other than the osteopathic physician's primary practice location, where the advanced practice registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising osteopathic physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(e)6., an osteopathic physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.
- 1. The osteopathic physician shall submit to the Board of Osteopathic Medicine the addresses of all offices where the osteopathic physician he or she is supervising or has a protocol with an advanced practice registered nurse practitioner or a physician physician's assistant which are not the osteopathic physician's primary practice location.
- 2. The osteopathic physician must be board certified or board eligible in dermatology or plastic surgery as recognized

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by the Board of Osteopathic Medicine pursuant to s. 459.0152.

- 3. All such offices that are not the osteopathic physician's primary place of practice must be within 25 miles of the osteopathic physician's primary place of practice or in a county that is contiguous to the county of the osteopathic physician's primary place of practice. However, the distance between any of the offices may not exceed 75 miles.
- 4. The osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice except that until July 1, 2011, the osteopathic physician may supervise up to two medical offices other than the osteopathic physician's primary place of practice if the addresses of the offices are submitted to the Board of Osteopathic Medicine before July 1, 2006. Effective July 1, 2011, the osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice, regardless of when the addresses of the offices were submitted to the Board of Osteopathic Medicine.
- (d) An osteopathic physician who supervises an office in addition to the osteopathic physician's primary practice location must conspicuously post in each of the osteopathic physician's offices a current schedule of the regular hours when the osteopathic physician is present in that office and the hours when the office is open while the osteopathic physician is not present.

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(e) This subsection does not apply to health care services
provided in facilities licensed under chapter 395 or in
conjunction with a college of medicine or college of nursing or
an accredited graduate medical or nursing education program;
offices where the only service being performed is hair removal
by an advanced <u>practice</u> registered nurse practitioner or
physician assistant; not-for-profit, family-planning clinics
that are not licensed pursuant to chapter 390; rural and
federally qualified health centers; health care services
provided in a nursing home licensed under part II of chapter
400, an assisted living facility licensed under part I of
chapter 429, a continuing care facility licensed under chapter
651, or a retirement community consisting of independent living
units and either a licensed nursing home or assisted living
facility; anesthesia services provided in accordance with law;
health care services provided in a designated rural health
clinic; health care services provided to persons enrolled in a
program designed to maintain elderly persons and persons with
disabilities in a home or community-based setting; university
primary care student health centers; school health clinics; or
health care services provided in federal, state, or local
government facilities.
Section 75. Subsection (2) of section 464.004, Florida
Statutes, is amended to read:
464.004 Board of Nursing; membership; appointment; terms

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Seven members of the board must be registered nurses who are residents of this state and who have been engaged in the practice of professional nursing for at least 4 years, including at least one advanced practice registered nurse practitioner, one nurse educator member of an approved program, and one nurse executive. These seven board members should be representative of the diverse areas of practice within the nursing profession. In addition, three members of the board must be licensed practical nurses who are residents of this state and who have been actively engaged in the practice of practical nursing for at least 4 years prior to their appointment. The remaining three members must be residents of the state who have never been licensed as nurses and who are in no way connected with the practice of nursing. No person may be appointed as a lay member who is in any way connected with, or has any financial interest in, any health care facility, agency, or insurer. At least one member of the board must be 60 years of age or older.

Section 76. Paragraph (a) of subsection (4) of section 464.0205, Florida Statutes, is amended to read:

464.0205 Retired volunteer nurse certificate.-

- (4) A retired volunteer nurse receiving certification from the board shall:
- (a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. 458.317 or s. 459.0075, a

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physician licensed under chapter 458 or chapter 459, an independent advanced practice registered nurse registered under s. 464.0125, an advanced practice registered nurse practitioner certified under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.

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Section 77. Subsection (2) of section 467.003, Florida Statutes, is amended to read:

467.003 Definitions.—As used in this chapter, unless the context otherwise requires:

(2) "Certified nurse midwife" means a person who is <u>certified licensed</u> as an advanced <u>practice</u> registered nurse practitioner under part I of chapter 464 and who is certified to practice midwifery by the American College of Nurse Midwives.

Section 78. Paragraph (b) of subsection (1) of section 480.0475, Florida Statutes, is amended to read:

480.0475 Massage establishments; prohibited practices.-

- (1) A person may not operate a massage establishment between the hours of midnight and 5 a.m. This subsection does not apply to a massage establishment:
- (b) In which every massage performed between the hours of midnight and 5 a.m. is performed by a massage therapist acting under the prescription of a physician or physician assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician

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licensed under chapter 461, an independent advanced practice

registered nurse registered or an advanced practice registered

nurse certified practitioner licensed under part I of chapter

464, or a dentist licensed under chapter 466; or

Section 79. Subsection (7) of section 483.041, Florida

Statutes, is amended to read:

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

under chapter 458, chapter 459, chapter 460, or chapter 461; a physician assistant licensed under chapter 458 or chapter 459; a certified optometrist licensed under chapter 463; a dentist licensed under chapter 463; a dentist licensed under chapter 466; a person licensed under chapter 462; a consultant pharmacist or doctor of pharmacy licensed under chapter 465; an independent advanced practice registered nurse registered or an advanced practice registered nurse certified practitioner licensed under part I of chapter 464; or a duly licensed practitioner from another state licensed under similar statutes who orders examinations on materials or specimens for nonresidents of the State of Florida, but who reside in the same state as the requesting licensed practitioner.

Section 80. Subsection (5) of section 483.181, Florida Statutes, is amended to read:

483.181 Acceptance, collection, identification, and examination of specimens.—

(5) A clinical laboratory licensed under this part must

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make its services available to a practitioner licensed, certified, or registered under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, s. 464.012, s. 464.0125, or chapter 466, or to a consultant pharmacist or doctor of pharmacy licensed under chapter 465. A clinical laboratory shall not charge different prices for its services based upon the chapter under which a practitioner is licensed.

Section 81. Subsection (5) of section 483.801, Florida Statutes, is amended to read:

- 483.801 Exemptions.—This part applies to all clinical laboratories and clinical laboratory personnel within this state, except:
- (5) Advanced <u>practice</u> registered <u>nurses certified</u> nurse practitioners licensed under part I of chapter 464 who perform provider-performed microscopy procedures (PPMP) in an exclusive-use laboratory setting.

Section 82. Paragraph (a) of subsection (11) of section 486.021, Florida Statutes, is amended to read:

- 486.021 Definitions.—In this chapter, unless the context otherwise requires, the term:
- (11) "Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related

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thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs; the use of radiant energy, including ultraviolet, visible, and infrared rays; ultrasound; water; the use of apparatus and equipment in the application of the foregoing or related thereto; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

(a) A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record, or by an independent advanced practice registered nurse registered under s. 464.0125, or an advanced practice registered nurse certified practitioner licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 30 days for a condition not previously assessed by a practitioner of record, the physical therapist shall have a practitioner of record review and sign the plan. The requirement that a physical therapist have a practitioner of record review

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and sign a plan of treatment does not apply when a patient has been physically examined by a physician licensed in another state, the patient has been diagnosed by the physician as having a condition for which physical therapy is required, and the physical therapist is treating the condition. For purposes of this paragraph, a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 and engaged in active practice is eligible to serve as a practitioner of record.

Section 83. Paragraph (d) of subsection (1) of section 490.012, Florida Statutes, is amended to read:

490.012 Violations; penalties; injunction.-

(1)

(d) No person shall hold herself or himself out by any title or description incorporating the word, or a permutation of the word, "psychotherapy" unless such person holds a valid, active license under chapter 458, chapter 459, chapter 490, or chapter 491, or such person is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse under practitioner, pursuant to s. 464.012, and who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health.

Section 84. Subsection (1) of section 491.0057, Florida Statutes, is amended to read:

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491.0057 Dual licensure as a marriage and family therapist.—The department shall license as a marriage and family therapist any person who demonstrates to the board that he or she:

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- (1) Holds a valid, active license as a psychologist under chapter 490 or as a clinical social worker or mental health counselor under this chapter, or is registered under s. 464.0125 as an independent advanced practice registered nurse or certified under s. 464.012 as an advanced practice registered nurse and practitioner who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health.
- Section 85. Paragraph (d) of subsection (1) and subsection (2) of section 491.012, Florida Statutes, are amended to read:
 491.012 Violations; penalty; injunction.—
- (1) It is unlawful and a violation of this chapter for any person to:
- (d) Use the terms psychotherapist, sex therapist, or juvenile sexual offender therapist unless such person is licensed pursuant to this chapter or chapter 490, or is registered under s. 464.0125 as an independent advanced practice registered nurse or certified under s. 464.012 as an advanced practice registered nurse and practitioner who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health and the use of such terms is within the scope of her or his practice based on education, training,

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3725l and licensure. 3726 It is unlawful and a violation of this chapter for any 3727 person to describe her or his services using the following terms 3728 or any derivative thereof, unless such person holds a valid, 3729 active license under this chapter or chapter 490, or is 3730 registered under s. 464.0125 as an independent advanced practice 3731 registered nurse or certified under s. 464.012 as an advanced 3732 practice registered nurse and practitioner who has been 3733 determined by the Board of Nursing to be as a specialist in 3734 psychiatric mental health and the use of such terms is within 3735 the scope of her or his practice based on education, training, 3736 and licensure: 3737 (a) "Psychotherapy." 3738 "Sex therapy." (b) 3739 (c) "Sex counseling." 3740 "Clinical social work." (d) 3741 "Psychiatric social work." (e) 3742 (f) "Marriage and family therapy." 3743 (q) "Marriage and family counseling." 3744 (h) "Marriage counseling." 3745 (i) "Family counseling." 3746 "Mental health counseling." (j) 3747 Section 86. Subsection (2) of section 493.6108, Florida 3748 Statutes, is amended to read: 3749 493.6108 Investigation of applicants by Department of

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Agriculture and Consumer Services.-

- (2) In addition to subsection (1), the department shall make an investigation of the general physical fitness of the Class "G" applicant to bear a weapon or firearm. Determination of physical fitness shall be certified by a physician or physician assistant currently licensed pursuant to chapter 458, chapter 459, or any similar law of another state or authorized to act as a licensed physician by a federal agency or department, or by an independent advanced practice registered nurse registered or an advanced practice registered nurse certified under part I of practitioner currently licensed pursuant to chapter 464. Such certification shall be submitted on a form provided by the department.
- Section 87. Subsection (1) of section 626.9707, Florida Statutes, is amended to read:
- 626.9707 Disability insurance; discrimination on basis of sickle-cell trait prohibited.—
- (1) An No insurer authorized to transact insurance in this state may not shall refuse to issue and deliver in this state any policy of disability insurance, whether such policy is defined as individual, group, blanket, franchise, industrial, or otherwise, which is currently being issued for delivery in this state and which affords benefits and coverage for any medical treatment or service authorized and permitted to be furnished by a hospital, a clinic, a health clinic, a neighborhood health

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3775	clinic, \underline{a} health maintenance organization, \underline{a} physician, \underline{a}
3776	physician physician's assistant, an independent advanced
3777	practice registered nurse, an advanced practice registered nurse
3778	$rac{ ext{practitioner}}{ ext{constant}}$, or $ar{ ext{a}}$ medical service facility or personnel solely
3779	because the person to be insured has the sickle-cell trait.
3780	Section 88. Paragraph (b) of subsection (1) of section
3781	627.357, Florida Statutes, is amended to read:
3782	627.357 Medical malpractice self-insurance
3783	(1) DEFINITIONS.—As used in this section, the term:
3784	(b) "Health care provider" means any:
3785	1. Hospital licensed under chapter 395.
3786	2. Physician licensed, or physician assistant licensed,
3787	under chapter 458.
3788	3. Osteopathic physician or physician assistant licensed
3789	under chapter 459.
3790	4. Podiatric physician licensed under chapter 461.
3791	5. Health maintenance organization certificated under part
3792	I of chapter 641.
3793	6. Ambulatory surgical center licensed under chapter 395.
3794	7. Chiropractic physician licensed under chapter 460.
3795	8. Psychologist licensed under chapter 490.
3796	9. Optometrist licensed under chapter 463.
3797	10. Dentist licensed under chapter 466.
3798	11. Pharmacist licensed under chapter 465.
3799	12. Registered nurse, licensed practical nurse,

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<u>independent advanced practice registered nurse</u>, or advanced <u>practice</u> registered nurse <u>practitioner</u> licensed, <u>or registered</u>, <u>or certified</u> under part I of chapter 464.

13. Other medical facility.

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14. Professional association, partnership, corporation, joint venture, or other association established by the individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9., 10., 11., and 12. for professional activity.

Section 89. Subsection (6) of section 627.6471, Florida Statutes, is amended to read:

- 627.6471 Contracts for reduced rates of payment; limitations; coinsurance and deductibles.—
- issued by the insurer, the insurer shall provide eligibility criteria for each group of health care providers licensed under chapter 458, chapter 459, chapter 490, or chapter 491, which include psychotherapy within the scope of their practice as provided by law, or for any person who is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse practitioner in psychiatric mental health under s. 464.012 and who specializes in psychiatric mental health. When psychotherapeutic services are covered, eligibility criteria shall be established by the insurer to be included in the insurer's criteria for selection of network providers. The

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insurer may not discriminate against a health care provider by excluding such practitioner from its provider network solely on the basis of the practitioner's license.

Section 90. Subsections (15) and (17) of section 627.6472, Florida Statutes, are amended to read:

627.6472 Exclusive provider organizations.-

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- If psychotherapeutic services are covered by a policy issued by the insurer, the insurer shall provide eligibility criteria for all groups of health care providers licensed under chapter 458, chapter 459, chapter 490, or chapter 491, which include psychotherapy within the scope of their practice as provided by law, or for any person who is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse practitioner in psychiatric mental health under s. 464.012 and who specializes in psychiatric mental health. When psychotherapeutic services are covered, eligibility criteria shall be established by the insurer to be included in the insurer's criteria for selection of network providers. The insurer may not discriminate against a health care provider by excluding such practitioner from its provider network solely on the basis of the practitioner's license.
- (17) An exclusive provider organization <u>may shall</u> not discriminate with respect to participation as to any <u>independent</u> advanced practice registered nurse registered pursuant to s.

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464.0125 or advanced practice registered nurse practitioner
licensed and certified pursuant to s. 464.012, who is acting
within the scope of such registration or license and
certification, solely on the basis of such registration license
or certification. This subsection may shall not be construed to
prohibit a plan from including providers only to the extent
necessary to meet the needs of the plan's enrollees or from
establishing any measure designed to maintain quality and
control costs consistent with the responsibilities of the plan.

Section 91. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

- 627.736 Required personal injury protection benefits; exclusions; priority; claims.—
- (1) REQUIRED BENEFITS.—An insurance policy complying with the security requirements of s. 627.733 must provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to subsection (2) and paragraph (4)(e), to a limit of \$10,000 in medical and disability benefits and \$5,000 in death benefits resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:
 - (a) Medical benefits.—Eighty percent of all reasonable

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expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care pursuant to subparagraph 1. within 14 days after the motor vehicle accident. The medical benefits provide reimbursement only for:

- 1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460, or an independent advance practice registered nurse registered under s. 464.0125, or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401 which provides emergency transportation and treatment.
- 2. Upon referral by a provider described in subparagraph 1., followup services and care consistent with the underlying medical diagnosis rendered pursuant to subparagraph 1. which may be provided, supervised, ordered, or prescribed only by a physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, a dentist licensed under chapter 466, an independent advance practice registered nurse registered under s. 464.0125, or, to the extent

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permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, or independent advanced practice registered nurse, by a physician assistant licensed under chapter 458 or chapter 459 or an advanced practice registered nurse certified practitioner licensed under s. 464.012 chapter 464. Followup services and care may also be provided by the following persons or entities:

- a. A hospital or ambulatory surgical center licensed under chapter 395.
- b. An entity wholly owned by one or more physicians licensed under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, independent advanced practice registered nurses registered under s. 464.0125, or dentists licensed under chapter 466 or by such practitioners and the spouse, parent, child, or sibling of such practitioners.
- c. An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.
- d. A physical therapist licensed under chapter 486, based upon a referral by a provider described in this subparagraph.
- e. A health care clinic licensed under part X of chapter 400 which is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state, or
- (I) Has a medical director licensed under chapter 458, chapter 459, or chapter 460;

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(II) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

- (III) Provides at least four of the following medical specialties:
 - (A) General medicine.
 - (B) Radiography.

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- (C) Orthopedic medicine.
 - (D) Physical medicine.
 - (E) Physical therapy.
 - (F) Physical rehabilitation.
- (G) Prescribing or dispensing outpatient prescription medication.
 - (H) Laboratory services.
 - 3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to \$10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, an independent advanced practice registered nurse registered under s. 464.0125, or an advanced practice registered nurse certified practitioner licensed under s. 464.012 chapter 464 has determined that the injured person had an emergency medical condition.

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4. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. is limited to \$2,500 if a provider listed in subparagraph 1. or subparagraph 2. determines that the injured person did not have an emergency medical condition.

- 5. Medical benefits do not include massage as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical benefits under this section.
- 6. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. to document that the health care provider meets the criteria of this paragraph. Such rule must include a requirement for a sworn statement or affidavit.

Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and such insurer may not require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be

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purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. An insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice violates part IX of chapter 626, and such violation constitutes an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. An insurer committing such violation is subject to the penalties provided under that part, as well as those provided elsewhere in the insurance code.

Section 92. Subsection (5) of section 633.412, Florida Statutes, is amended to read:

- 633.412 Firefighters; qualifications for certification.—A person applying for certification as a firefighter must:
- (5) Be in good physical condition as determined by a medical examination given by a physician, surgeon, or physician assistant licensed to practice in the state <u>under pursuant to</u> chapter 458; an osteopathic physician, surgeon, or physician assistant licensed to practice in the state <u>under pursuant to</u> chapter 459; or <u>an independent advanced practice registered nurse registered or an advanced practice registered nurse certified practitioner licensed to practice in the state <u>under part I of pursuant to</u> chapter 464. Such examination may include, but need not be limited to, the National Fire Protection</u>

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Association Standard 1582. A medical examination evidencing good physical condition shall be submitted to the division, on a form as provided by rule, before an individual is eligible for admission into a course under s. 633.408.

Section 93. Section 641.3923, Florida Statutes, is amended to read:

health maintenance organization <u>may shall</u> not discriminate with respect to participation as to any <u>independent advanced practice</u> registered nurse registered under s. 464.0125, advanced practice registered nurse <u>practitioner licensed and</u> certified <u>under pursuant to</u> s. 464.012, <u>or physician assistant licensed under chapter 458 or chapter 459</u>, who is acting within the scope of such <u>registration</u>, <u>license and</u> certification, <u>or license</u>, solely on the basis of such <u>registration</u>, <u>license and</u> certification, or <u>license</u>. This section <u>may shall</u> not be construed to prohibit a plan from including providers only to the extent necessary to meet the needs of the plan's enrollees or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the plan.

Section 94. Subsection (8) of section 641.495, Florida Statutes, is amended to read:

641.495 Requirements for issuance and maintenance of certificate.—

(8) Each organization's contracts, certificates, and

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subscriber handbooks shall contain a provision, if applicable, disclosing that, for certain types of described medical procedures, services may be provided by physician assistants, independent advanced practice registered nurses, advanced practice registered nurses, or other individuals who are not licensed physicians.

Section 95. Subsection (1) of section 744.2006, Florida Statutes, is amended to read:

744.2006 Office of Public and Professional Guardians; appointment, notification.—

Professional Guardians, after consultation with the chief judge and other circuit judges within the judicial circuit and with appropriate advocacy groups and individuals and organizations who are knowledgeable about the needs of incapacitated persons, may establish, within a county in the judicial circuit or within the judicial circuit, one or more offices of public guardian and if so established, shall create a list of persons best qualified to serve as the public guardian, who have been investigated pursuant to s. 744.3135. The public guardian must have knowledge of the legal process and knowledge of social services available to meet the needs of incapacitated persons. The public guardian shall maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another

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person who has a master's degree in social work, or a gerontologist, <u>a</u> psychologist, <u>a</u> registered nurse, <u>an</u> independent advanced practice registered nurse, or <u>an</u> advanced practice registered nurse practitioner. A public guardian that is a nonprofit corporate guardian under s. 744.309(5) must receive tax-exempt status from the United States Internal Revenue Service.

Section 96. Paragraph (a) of subsection (3) of section 744.331, Florida Statutes, is amended to read:

744.331 Procedures to determine incapacity.-

(3) EXAMINING COMMITTEE.—

(a) Within 5 days after a petition for determination of incapacity has been filed, the court shall appoint an examining committee consisting of three members. One member must be a psychiatrist or other physician. The remaining members must be either a psychologist, a gerontologist, a another psychiatrist, a er other physician, a registered nurse, an advanced practice registered nurse practitioner, a physician assistant, a licensed social worker, a person with an advanced degree in gerontology from an accredited institution of higher education, or another other person who by knowledge, skill, experience, training, or education may, in the court's discretion, advise the court in the form of an expert opinion. One of three members of the committee must have knowledge of the type of incapacity alleged in the petition. Unless good cause is shown, the attending or

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family physician may not be appointed to the committee. If the attending or family physician is available for consultation, the committee must consult with the physician. Members of the examining committee may not be related to or associated with one another, with the petitioner, with counsel for the petitioner or the proposed guardian, or with the person alleged to be totally or partially incapacitated. A member may not be employed by any private or governmental agency that has custody of, or furnishes, services or subsidies, directly or indirectly, to the person or the family of the person alleged to be incapacitated or for whom a guardianship is sought. A petitioner may not serve as a member of the examining committee. Members of the examining committee must be able to communicate, either directly or through an interpreter, in the language that the alleged incapacitated person speaks or to communicate in a medium understandable to the alleged incapacitated person if she or he is able to communicate. The clerk of the court shall send notice of the appointment to each person appointed no later than 3 days after the court's appointment.

Section 97. Subsection (6) of section 766.102, Florida Statutes, is amended to read:

766.102 Medical negligence; standards of recovery; expert witness.—

(6) A physician licensed under chapter 458 or chapter 459 who qualifies as an expert witness under subsection (5) and who,

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by reason of active clinical practice or instruction of students, has knowledge of the applicable standard of care for nurses, independent advanced practice registered nurses, advanced practice registered nurses nurse practitioners, certified registered nurse anesthetists, certified registered nurse midwives, physician assistants, or other medical support staff may give expert testimony in a medical negligence action with respect to the standard of care of such medical support staff.

Section 98. Subsection (3) of section 766.103, Florida Statutes, is amended to read:

766.103 Florida Medical Consent Law.-

- this state against any physician licensed under chapter 458, osteopathic physician licensed under chapter 459, chiropractic physician licensed under chapter 460, podiatric physician licensed under chapter 461, dentist licensed under chapter 466, independent advanced practice registered nurse registered under s. 464.0125, advanced practice registered nurse practitioner certified under s. 464.012, or physician assistant licensed under s. 458.347 or s. 459.022 in an action brought for treating, examining, or operating on a patient without his or her informed consent when:
- (a)1. The action of the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist,

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independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant in obtaining the consent of the patient or another person authorized to give consent for the patient was in accordance with an accepted standard of medical practice among members of the medical profession with similar training and experience in the same or similar medical community as that of the person treating, examining, or operating on the patient for whom the consent is obtained; and

- 2. A reasonable individual, from the information provided by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, independent advanced practice registered nurse advanced practice registered nurse practitioner, or physician assistant, under the circumstances, would have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures, which are recognized among other physicians, osteopathic physicians, chiropractic physicians, podiatric physicians, or dentists in the same or similar community who perform similar treatments or procedures; or
- (b) The patient would reasonably, under all the surrounding circumstances, have undergone such treatment or procedure had he or she been advised by the physician, osteopathic physician, chiropractic physician, podiatric

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4150	physician, dentist, independent advanced practice registered
4151	nurse, advanced practice registered nurse practitioner, or
4152	physician assistant in accordance with the provisions of
4153	paragraph (a).
4154	Section 99. Paragraph (d) of subsection (3) of section
4155	766.1115, Florida Statutes, is amended to read:
4156	766.1115 Health care providers; creation of agency
4157	relationship with governmental contractors
4158	(3) DEFINITIONS.—As used in this section, the term:
4159	(d) "Health care provider" or "provider" means:
4160	1. A birth center licensed under chapter 383.
4161	2. An ambulatory surgical center licensed under chapter
4162	395.
4163	3. A hospital licensed under chapter 395.
4164	4. A physician or physician assistant licensed under
4165	chapter 458.
4166	5. An osteopathic physician or osteopathic physician
4167	assistant licensed under chapter 459.
4168	6. A chiropractic physician licensed under chapter 460.
4169	7. A podiatric physician licensed under chapter 461.
4170	8. A registered nurse, nurse midwife, <u>a</u> licensed practical
4171	nurse, an independent advanced practice registered nurse, or an
4172	advanced <u>practice</u> registered nurse practitioner licensed,
4173	registered, or certified registered under part I of chapter 464
4174	or any facility which employs nurses licensed or registered

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4175 under part I of chapter 464 to supply all or part of the care 4176 delivered under this section.

9. A midwife licensed under chapter 467.

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- 4178 10. A health maintenance organization certificated under 4179 part I of chapter 641.
 - 11. A health care professional association and its employees or a corporate medical group and its employees.
 - 12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.
 - 13. A dentist or dental hygienist licensed under chapter 466.
 - 14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.
 - 15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue

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Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services. Section 100. Subsection (1) of section 766.1116, Florida Statutes, is amended to read: 766.1116 Health care practitioner; waiver of license renewal fees and continuing education requirements.-As used in this section, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under chapter 461; an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a registered

nurse, or <u>a</u> licensed practical nurse licensed, registered, or

certified under part I of chapter 464; a dentist or dental

hygienist licensed under chapter 466; or a midwife licensed

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Section 101. Paragraph (c) of subsection (1) of section 766.118, Florida Statutes, is amended to read:

under chapter 467, who participates as a health care provider

766.118 Determination of noneconomic damages.

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

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(c) "Practitioner" means any person licensed, registered, or certified under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, or chapter 486; s. 464.0125; or certified under s. 464.012.

"Practitioner" also means any association, corporation, firm, partnership, or other business entity under which such practitioner practices or any employee of such practitioner or entity acting in the scope of his or her employment. For the purpose of determining the limitations on noneconomic damages set forth in this section, the term "practitioner" includes any person or entity for whom a practitioner is vicariously liable and any person or entity whose liability is based solely on such person or entity being vicariously liable for the actions of a practitioner.

Section 102. Subsection (3) of section 768.135, Florida Statutes, is amended to read:

768.135 Volunteer team practitioner physicians; immunity.-

(3) A practitioner licensed, certified, or registered under chapter 458, chapter 459, chapter 460, or s. 464.012, or s. 464.0125 who gratuitously and in good faith conducts an evaluation pursuant to s. 1006.20(2)(c) is not liable for any civil damages arising from that evaluation unless the evaluation was conducted in a wrongful manner.

Section 103. Subsection (4) of section 782.071, Florida Statutes, is amended to read:

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782.071 Vehicular homicide.—"Vehicular homicide" is the killing of a human being, or the killing of an unborn child by any injury to the mother, caused by the operation of a motor vehicle by another in a reckless manner likely to cause the death of, or great bodily harm to, another.

- order the person to serve 120 community service hours in a trauma center or hospital that regularly receives victims of vehicle accidents, under the supervision of an independent advanced practice registered nurse, an advanced practice registered nurse, an emergency room physician, or an emergency medical technician pursuant to a voluntary community service program operated by the trauma center or hospital.
- Section 104. Subsection (5) of section 794.08, Florida Statutes, is amended to read:
 - 794.08 Female genital mutilation.-

or under the direction of a physician licensed under chapter 458; an osteopathic physician licensed under chapter 459; a registered nurse licensed under part I of chapter 464, a practical nurse licensed under part I of chapter 464, an independent advanced practice registered nurse, or an advanced practice registered nurse, registered, or certified under part I of chapter 464; a midwife licensed under

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chapter 467; or a physician assistant licensed under chapter 458 or chapter 459, when necessary to preserve the physical health of a female person. This section also does not apply to any autopsy or limited dissection conducted pursuant to chapter 406.

Section 105. Subsection (23) of section 893.02, Florida Statutes, is amended to read:

893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:

chapter 458, a dentist licensed under chapter 466, a veterinarian licensed under chapter 474, an osteopathic physician licensed under chapter 459, an independent advanced practice registered nurse registered under s. 464.0125, an advanced practice registered nurse practitioner certified under s. 464.012 chapter 464, a naturopath licensed under chapter 462, a certified optometrist licensed under chapter 463, a psychiatric nurse as defined in s. 394.455, a podiatric physician licensed under chapter 461, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.

Section 106. Paragraph (b) of subsection (1) of section 893.05, Florida Statutes, is amended to read:

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893.05 Practitioners and persons administering controlled substances in their absence.—

(1)

(b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or certified advanced practice registered nurse practitioner may authorize the licensed physician assistant or certified advanced practice registered nurse practitioner to order controlled substances for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400.

Section 107. Subsection (6) of section 943.13, Florida Statutes, is amended to read:

943.13 Officers' minimum qualifications for employment or appointment.—On or after October 1, 1984, any person employed or appointed as a full-time, part-time, or auxiliary law enforcement officer or correctional officer; on or after October 1, 1986, any person employed as a full-time, part-time, or auxiliary correctional probation officer; and on or after October 1, 1986, any person employed as a full-time, part-time, or auxiliary correctional officer by a private entity under contract to the Department of Corrections, to a county commission, or to the Department of Management Services shall:

(6) Have passed a physical examination by a licensed physician, a physician assistant, a registered independent

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advanced practice registered nurse, or a certified advanced practice registered nurse practitioner, based on specifications established by the commission. In order to be eligible for the presumption set forth in s. 112.18 while employed with an employing agency, a law enforcement officer, correctional officer, or correctional probation officer must have successfully passed the physical examination required by this subsection upon entering into service as a law enforcement officer, correctional officer, or correctional probation officer with the employing agency, which examination must have failed to reveal any evidence of tuberculosis, heart disease, or hypertension. A law enforcement officer, correctional officer, or correctional probation officer may not use a physical examination from a former employing agency for purposes of claiming the presumption set forth in s. 112.18 against the current employing agency.

Section 108. Subsection (2) of section 945.603, Florida Statutes, is amended to read:

945.603 Powers and duties of authority.—The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the Secretary of Corrections on the professional conduct of primary, convalescent, dental, and mental health care and the management of costs consistent with quality care, by advising the Governor and the Legislature on the status of the Department of

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Corrections' health care delivery system, and by assuring that adequate standards of physical and mental health care for inmates are maintained at all Department of Corrections institutions. For this purpose, the authority has the authority to:

- (2) Review and make recommendations regarding health care for the delivery of health care services including, but not limited to, acute hospital-based services and facilities, primary and tertiary care services, ancillary and clinical services, dental services, mental health services, intake and screening services, medical transportation services, and the use of advanced practice registered nurses nurse practitioner and physician assistants assistant personnel to act as physician extenders as these relate to inmates in the Department of Corrections.
- Section 109. Paragraph (n) of subsection (1) of section 948.03, Florida Statutes, is amended to read:
 - 948.03 Terms and conditions of probation.
- (1) The court shall determine the terms and conditions of probation. Conditions specified in this section do not require oral pronouncement at the time of sentencing and may be considered standard conditions of probation. These conditions may include among them the following, that the probationer or offender in community control shall:
 - (n) Be prohibited from using intoxicants to excess or

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possessing any drugs or narcotics unless prescribed by a physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant. The probationer or community controllee may not knowingly visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used.

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Section 110. Subsection (2) of section 960.28, Florida Statutes, is amended to read:

960.28 Payment for victims' initial forensic physical examinations.—

(2) The Crime Victims' Services Office of the department shall pay for medical expenses connected with an initial forensic physical examination of a victim of sexual battery as defined in chapter 794 or a lewd or lascivious offense as defined in chapter 800. Such payment shall be made regardless of whether the victim is covered by health or disability insurance and whether the victim participates in the criminal justice system or cooperates with law enforcement. The payment shall be made only out of moneys allocated to the Crime Victims' Services Office for the purposes of this section, and the payment may not exceed \$500 with respect to any violation. The department shall develop and maintain separate protocols for the initial forensic physical examination of adults and children. Payment under this section is limited to medical expenses connected with the initial forensic physical examination, and payment may be made

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to a medical provider using an examiner qualified under part I of chapter 464, excluding s. 464.003(17) 464.003(16); chapter 458; or chapter 459. Payment made to the medical provider by the department shall be considered by the provider as payment in full for the initial forensic physical examination associated with the collection of evidence. The victim may not be required to pay, directly or indirectly, the cost of an initial forensic physical examination performed in accordance with this section.

Section 111. Paragraph (i) of subsection (3) of section 1002.20, Florida Statutes, is amended to read:

1002.20 K-12 student and parent rights.—Parents of public school students must receive accurate and timely information regarding their child's academic progress and must be informed of ways they can help their child to succeed in school. K-12 students and their parents are afforded numerous statutory rights including, but not limited to, the following:

(3) HEALTH ISSUES.-

- (i) Epinephrine use and supply.-
- 1. A student who has experienced or is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer epinephrine by auto-injector while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization. The State Board of Education, in cooperation with

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the Department of Health, shall adopt rules for such use of epinephrine auto-injectors that shall include provisions to protect the safety of all students from the misuse or abuse of auto-injectors. A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified by the parent of a student authorized to carry an epinephrine auto-injector for any and all liability with respect to the student's use of an epinephrine auto-injector pursuant to this paragraph.

- 2. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor as defined in s. 499.003 or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. 499.003 for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. The supply of epinephrine auto-injectors may be provided to and used by a student authorized to self-administer epinephrine by auto-injector under subparagraph 1. or trained school personnel.
 - 3. The school district and its employees, agents, and the

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physician who provides the standing protocol for school epinephrine auto-injectors are not liable for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:

- a. Unless the trained school personnel's action is willful and wanton;
- b. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and
- c. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, a physician physician's assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner.

Section 112. Paragraph (b) of subsection (17) of section 1002.42, Florida Statutes, is amended to read:

1002.42 Private schools.-

- (17) EPINEPHRINE SUPPLY.-
- (b) The private school and its employees, agents, and the physician who provides the standing protocol for school epinephrine auto-injectors are not liable for any injury arising from the use of an epinephrine auto-injector administered by

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trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:

- 1. Unless the trained school personnel's action is willful and wanton;
- 2. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and
- 3. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, a physician physician's assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner.

Section 113. Subsections (4) and (5) of section 1006.062, Florida Statutes, are amended to read:

1006.062 Administration of medication and provision of medical services by district school board personnel.—

(4) Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by a registered nurse, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner licensed, registered, or certified under part I of chapter 464; a physician licensed pursuant to chapter 458 or chapter 459; or a physician assistant licensed

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pursuant to chapter 458 or chapter 459. All procedures shall be monitored periodically by a nurse, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a physician assistant, or a physician, including, but not limited to:

- (a) Intermittent clean catheterization.
- (b) Gastrostomy tube feeding.

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- (c) Monitoring blood glucose.
- (d) Administering emergency injectable medication.
- this subsection, a registered nurse, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner licensed, registered, or certified under part I of chapter 464; a physician licensed pursuant to chapter 458 or chapter 459; or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical district school board personnel shall be allowed to perform such service.

Section 114. Paragraph (c) of subsection (2) of section 1006.20, Florida Statutes, is amended to read:

1006.20 Athletics in public K-12 schools.

- (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.-
- (c) The FHSAA shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to

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satisfactorily pass a medical evaluation each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team. Such medical evaluation may be administered only by a practitioner licensed, certified, or registered under chapter 458, chapter 459, chapter 460, or s. 464.012, or s. 464.0125, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was

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referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. A student is not eligible to participate, as provided in s. 1006.15(3), in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.

Section 115. Subsection (1) and paragraph (a) of subsection (2) of section 1009.65, Florida Statutes, are amended to read:

1009.65 Medical Education Reimbursement and Loan Repayment Program.—

(1) To encourage qualified medical professionals to practice in underserved locations where there are shortages of such personnel, there is established the Medical Education Reimbursement and Loan Repayment Program. The function of the program is to make payments that offset loans and educational expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced practice registered nurse practitioner certification or

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physician assistant licensure. The following licensed or certified health care professionals are eligible to participate in this program: medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, physician physician's assistants, licensed practical nurses and registered nurses, and advanced practice registered nurses nurse practitioners with primary care specialties such as certified nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health.

- (2) From the funds available, the Department of Health shall make payments to selected medical professionals as follows:
- (a) Up to \$4,000 per year for licensed practical nurses and registered nurses, up to \$10,000 per year for advanced practice registered nurses nurse practitioners and physician physician's assistants, and up to \$20,000 per year for physicians. Penalties for noncompliance shall be the same as those in the National Health Services Corps Loan Repayment Program. Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by the Department of Health.

Section 116. Subsection (2) of section 1009.66, Florida

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4600 Statutes, is amended to read:

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1009.66 Nursing Student Loan Forgiveness Program.-

(2) To be eligible, a candidate must have graduated from an accredited or approved nursing program and have received a Florida license as a licensed practical nurse or a registered nurse or a Florida certificate as an advanced <u>practice</u> registered nurse <u>practitioner</u>.

Section 117. Subsection (3) of section 1009.67, Florida Statutes, is amended to read:

1009.67 Nursing scholarship program.-

(3) A scholarship may be awarded for no more than 2 years, in an amount not to exceed \$8,000 per year. However, registered nurses pursuing a graduate degree for a faculty position or to practice as an advanced practice registered nurse practitioner may receive up to \$12,000 per year. These amounts shall be adjusted by the amount of increase or decrease in the Consumer Price Index for All Urban Consumers published by the United States Department of Commerce.

Section 118. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2017.

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HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #:

PCS for CS/HB 1231

Agricultural Practices

SPONSOR(S): Ways & Means Committee

HED BILLS:	IDEN./SIM. BILLS:			
REFERENCE		ACTION	ANALYST	STAFF I
				DUDGE

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Ways & Means Committee		Dugan RV	Langston

SUMMARY ANALYSIS

The proposed committee substitute amends laws relating to registration fees and license taxes in the agricultural industry.

The bill revises eligibility requirements for restricted license plates for certain not-for-hire trucks used only for transporting raw, unprocessed, and non-manufactured agricultural and horticultural products within 150 miles of the truck owner's home address. The bill removes the 150 mile restriction.

The bill also eliminates supplemental fees required each year for certain brands of pesticide delivered, sold, or transported in the state.

The Revenue Estimating Conference estimated the following fiscal impacts from the provisions of the proposed committee substitute:

- The provisions related to the agricultural restricted license plate have a negative insignificant fiscal impact on state trust funds; and
- The provisions related to the pesticide fee have a negative recurring impact of \$1.7 million on the General Inspection Trust Fund and a negative recurring impact of \$0.2 million on the General Revenue Fund.

The proposed committee substitute has an effective date of July 1, 2017.

DATE: 3/29/2017

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Agricultural Restricted License Plate

Current Situation

Florida law imposes annual license taxes and one-time registration fees for the operation of motor vehicles, mopeds, motorized bicycles, tri-vehicles, trailers, and mobile homes. The amount of the fee depends of the type and size of the vehicle. For example, a truck tractor or heavy truck with a gross vehicle weight less than 44,000 pounds is required to pay a license tax up to \$405 on an annual basis.2 A truck tractor or heavy truck with a gross vehicle weight of 44,000 pounds or more will pay, at a minimum, \$773 in license taxes each year.3

In addition, current law provides a restricted license plate for an eligible truck tractor or heavy truck, not operated as a for-hire vehicle, which is engaged exclusively in transporting raw, unprocessed, and nonmanufactured agricultural or horticultural products, within a 150 mile radius of its home address. 4 The annual license tax for a vehicle that acquires this restricted license plate is a reduced amount compared to a vehicle with a comparable weight that does not engage in such transportation activities. The law sets forth the following fees for the restricted license plate:

- \$87.75 flat, if the vehicle's declared gross vehicle weight is less than 44,000 pounds.
- \$324 flat, if the vehicle's declared gross vehicle weight is 44,000 pounds or more and such vehicle only transports from the point of production to:
 - The point of primary manufacture;
 - The point of assembling the same; or
 - A shipping point by rail, water or motor transportation company.⁵

In this context "not-for-hire" means that the owner of the motor vehicle must also be the owner of the raw unprocessed, and non-manufactured agricultural or horticultural product, or the user of farm implements and fertilizer being delivered.⁶

Proposed Changes

The proposed committee substitute revises the eligibility requirement for the agricultural restricted license plate by removing the 150 mile radius of its home address restriction, and instead allows truck tractors or heavy tracks that operate within the state of Florida to be eligible for the restricted license plate.

Pesticide Registration

Current Situation

Effective January 1, 2009, each brand of pesticide distributed, sold, or offered for sale, except as otherwise provided, within the state or delivered for transportation or transported in intrastate

DATE: 3/29/2017

¹ s. 320.08, F.S.

² s. 320.08(4)(h), F.S.

³ s. 320.08(4)(i), F.S.

⁴ s. 320.08(4)(n), F.S.

⁵ s. 320.08(4)(n), F.S.

⁶ s. 320.08(4)(n), F.S.

⁷ Section 487.021(49), F.S., defines the term "pesticide" as any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any insects, rodents, nematodes, fungi, weeds, or other forms of plant or animal life or viruses, except viruses, bacteria, or fungi on or in living humans or other animals, which the department by rule declares to be a pest, and any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant. The term does not include any article STORAGE NAME: pcs1231.WMC.DOCX

commerce or between points within this state through any point outside this state, must be registered with the Department of Agriculture and Consumer Services (department) and is subject to a biennial registration fee. The department assesses each pesticide registration beginning in an odd-numbered year a fee of \$700 per brand of pesticide, and a fee of \$200 for each special local need label and experimental use permit. The registration expires on December 31 of the following year. The department assesses each pesticide registration beginning in an even-numbered year a fee of \$350 per brand of pesticide, and fee of \$100 for each special local need label and experimental use permit. That registration expires on December 31 of that year.

In 2009, the Legislature defrayed the expense of the Chemical Residue Laboratory by creating a supplemental biennial registration fee (supplemental fee) for each registered brand of pesticide that contains an active ingredient for which the United States Environmental Protection Agency (EPA) has established a food tolerance limit in 40 C.F.R. part 180.¹³ The law requires the department to biennially publish by rule a list of the pesticide active ingredients for which a brand of pesticide is subject to the supplemental fee.¹⁴ The department assesses each registration beginning in an odd-numbered year a supplemental registration fee of \$630 per brand of pesticide that is subject to the supplemental fee.¹⁵ and assesses each registration beginning a supplemental registration fee of \$315 in an even-numbered year per brand of pesticide that is subject to the supplemental fee.¹⁶

The revenue from these two fees, less those costs determined by the department to be nonrecurring or one-time costs, must be deferred over the two year registration period, deposited in the General Inspection Trust Fund, and used by the department to carry out the provisions of the Florida Pesticide Law.¹⁷ Revenues collected from the supplemental fee may also be used by the department to test pesticides for food safety.¹⁸

The Bureau of Chemical Residue Laboratories within the Division of Food Safety is responsible for the chemical analysis of poisonous or deleterious chemical residues remaining in or on human food produced or marketed in Florida. For food safety purposes, the Chemical Residue Laboratory uses the laboratory for the regulatory enforcement of federal pesticide and antibiotic residue tolerances and guidelines adopted by the state for raw agricultural produce. The department operates the Chemical Residue Laboratory in Tallahassee. This is the only state laboratory in Florida dedicated to chemical residue analysis in foods.

Proposed Changes

The bill eliminates the supplemental fee for each registered brand of pesticide that contains an active ingredient for which the EPA has established a food tolerance limit in 40 C.F.R. part 180 by repealing

that is a "new animal drug" within the meaning of s. 201(w) of the Federal Food, Drug, and Cosmetic Act, has been determined by the Secretary of the US Department of Health and Human Services not to be a new animal drug by a regulation establishing conditions of use for the article; or is an animal feed within the meaning of s. 201(x) of the Federal Food, Drug, and Cosmetic Act.

²² DACS, Agency Analysis of 2016 House Bill 4035, p. 1 (February 21, 2017).

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DATE: 3/29/2017

⁸ s. 487.041(1), F.S.

⁹ s. 487.041(1)(c), F.S.

¹⁰ s. 487.041(1)(c), F.S.

¹¹ s. 487.041(1)(c), F.S.

¹² s. 487.041(1)(c), F.S.

¹³ s. 32, ch. 2009-66, Laws of Fla.

¹⁴ s. 487.041(1)(d)1., F.S.

¹⁵ s. 487.041(1)(d)2., F.S.

¹⁶ s. 487.041(1)(d)2., F.S.

¹⁷ s. 487.041(1)(e), F.S.

¹⁸ s. 487.041(1)(e), F.S.

¹⁹ DACS, *Bureau of Chemical Residue Laboratory*, http://www.freshfromflorida.com/Divisions-Offices/Food-Safety/Bureaus-and-Sections/Bureau-of-Chemical-Residue-Laboratory (last visited February 21, 2017).

²⁰ DACS, Bureau of Chemical Residue Laboratory, http://www.freshfromflorida.com/Divisions-Offices/Food-Safety/Bureaus-and-Sections/Bureau-of-Chemical-Residue-Laboratory (last visited February 21, 2017).

²¹ DACS, Bureau of Chemical Residue Laboratory, http://www.freshfromflorida.com/Divisions-Offices/Food-Safety/Bureaus-and-Sections/Bureau-of-Chemical-Residue-Laboratory (last visited February 21, 2017).

paragraph 487.041(1)(d), F.S., and removing references to the supplemental fee throughout the section.

Effective Date

The proposed committee substitute has an effective date of July 1, 2017.

B. SECTION DIRECTORY:

Section 1 Amends s. 320.08, F.S., related to license taxes.

Section 2 Amends s. 487.041, F.S., related to pesticide registration.

Section 3 Provides an effective date of July 1, 2017.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

The Revenue Estimating Conference estimated the following fiscal impacts from the provisions of the proposed committee substitute:

- The provisions related to the agricultural restricted license plate have an insignificant fiscal impact; and
- The provisions related to the pesticide fee have a negative recurring impact of \$1.7 million on the General Inspection Trust Fund and a negative recurring impact of \$0.2 million on the General Revenue Fund.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Expanding the distance that the agricultural restricted license plates are authorized to travel may reduce the costs associated with shipping agricultural products outside of the 150 mile radius.

According to the Department Agriculture and Consumer Services, removal of the supplemental pesticide fee will produce an average recurring savings of \$1,919,337.84 affecting 1,478 pesticide registrants in the private sector.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This proposed committee substitute does not appear to require counties or municipalities to spend funds or take action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

STORAGE NAME: pcs1231.WMC.DOCX DATE: 3/29/2017

A bill to be entitled

An act relating to agricultural practic

An act relating to agricultural practices; amending s. 320.08, F.S.; revising the circumstances under which a truck tractor or heavy truck engaged in transporting certain agricultural or horticultural products is eligible for a restricted license plate for a fee; amending s. 487.041, F.S.; deleting a requirement that registrants pay a supplemental fee for pesticides that contain an active ingredient for which the United States Environmental Protection Agency has established a food tolerance limit; conforming provisions to changes made by the act; deleting obsolete provisions; providing an effective date.

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

Section 1. Paragraph (n) of subsection (4) of section 320.08, Florida Statutes, is amended to read:

320.08 License taxes.—Except as otherwise provided herein, there are hereby levied and imposed annual license taxes for the operation of motor vehicles, mopeds, motorized bicycles as defined in s. 316.003(2), tri-vehicles as defined in s. 316.003, and mobile homes as defined in s. 320.01, which shall be paid to and collected by the department or its agent upon the registration or renewal of registration of the following:

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(4) HEAVY TRUCKS, TRUCK TRACTORS, FEES ACCORDING TO GROSS VEHICLE WEIGHT.—

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- (n) A truck tractor or heavy truck, not operated as a forhire vehicle, which is engaged exclusively in transporting raw, unprocessed, and nonmanufactured agricultural or horticultural products within the state a 150-mile radius of its home address, is eligible for a restricted license plate for a fee of:
- 1. If such vehicle's declared gross vehicle weight is less than 44,000 pounds, \$87.75 flat, of which \$22.75 shall be deposited into the General Revenue Fund.
- 2. If such vehicle's declared gross vehicle weight is 44,000 pounds or more and such vehicle only transports from the point of production to the point of primary manufacture; to the point of assembling the same; or to a shipping point of a rail, water, or motor transportation company, \$324 flat, of which \$84 shall be deposited into the General Revenue Fund.

Such not-for-hire truck tractors and heavy trucks used exclusively in transporting raw, unprocessed, and

nonmanufactured agricultural or horticultural products may be incidentally used to haul farm implements and fertilizers

delivered direct to the groups. The descriptions are

delivered direct to the growers. The department may require any

documentation deemed necessary to determine eligibility prior to

issuance of this license plate. For the purpose of this

paragraph, "not-for-hire" means the owner of the motor vehicle

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51 must also be the owner of the raw, unprocessed, and nonmanufactured agricultural or horticultural product, or the 52 user of the farm implements and fertilizer being delivered. 53 Section 2. Paragraphs (d) through (j) of subsection (1) 54 55 and subsection (2) of section 487.041, Florida Statutes, are 56 amended to read: 57 487.041 Registration.-58 (1)59 (d) 1. Effective January 1, 2009, in addition to the fees assessed pursuant to paragraphs (b) and (c), for the purpose of 60 defraying the expenses of the department for testing pesticides 61 for food safety, each registrant shall pay a supplemental 62 biennial registration fee for each registered brand of pesticide 63 64 that contains an active ingredient for which the United States 65 Environmental Protection Agency has established a food tolerance limit in 40 C.F.R. part 180. The department shall biennially 66 publish by rule a list of the pesticide active ingredients for 67 68 which a brand of pesticide is subject to the supplemental registration fee. 69 70 2. Each registration issued by the department to a 71 registrant for a period beginning in an odd-numbered year shall 72 be assessed a supplemental registration fee of \$630 per brand of

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pesticide that is subject to the fee pursuant to subparagraph 1.

Each registration issued by the department to a registrant for a

period beginning in an even-numbered year shall be assessed a

CODING: Words stricken are deletions; words underlined are additions.

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supplemental registration fee of \$315 per brand of pesticide that is subject to the fee pursuant to subparagraph 1. The department shall retroactively assess the supplemental registration fee for each brand of pesticide that registered on or after January 1, 2009, and that is subject to the fee pursuant to subparagraph 1.

(d)(e) All revenues collected, less those costs determined by the department to be nonrecurring or one-time costs, shall be deferred over the 2-year registration period, deposited in the General Inspection Trust Fund, and used by the department in carrying out the provisions of this chapter. Revenues collected from the supplemental registration fee may also be used by the department for testing pesticides for food safety.

(e) (f) If the renewal of a brand of pesticide, including the special local need label and experimental use permit, is not filed by January 31 of the renewal year, an additional fee of \$25 per brand of pesticide shall be assessed per month and added to the original fee. This additional fee may not exceed \$250 per brand of pesticide. The additional fee must be paid by the registrant before the renewal certificate for the registration of the brand of pesticide is issued. The additional fee shall be deposited into the General Inspection Trust Fund.

 $\underline{\text{(f)}}$ This subsection does not apply to distributors or retail dealers selling brands of pesticide if such brands of pesticide are registered by another person.

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 $\underline{(g)}$ (h) All registration fees, including supplemental fees and late fees, are nonrefundable.

(h)(i) For any currently registered pesticide product brand that undergoes labeling revisions during the registration period, the registrant shall submit to the department a copy of the revised labeling along with a cover letter detailing such revisions before the sale or distribution in this state of the product brand with the revised labeling. If the labeling revisions require notification of an amendment review by the United States Environmental Protection Agency, the registrant shall submit an additional copy of the labeling marked to identify those revisions.

- (i)(j) Effective January 1, 2013, All payments of any pesticide registration fees, including supplemental fees and late fees, shall be submitted electronically using the department's Internet website for registration of pesticide product brands.
- (2) The department shall adopt rules governing the procedures for the registration of a brand of pesticide and for the review of data submitted by an applicant for registration of the brand of pesticide, and for biennially publishing the list of active ingredients for which a brand of pesticide is subject to the supplemental registration fee pursuant to subparagraph (1)(d)1. The department shall determine whether the brand of pesticide should be registered, registered with conditions, or

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tested under field conditions in this state. The department shall determine whether each request for registration of a brand of pesticide meets the requirements of current state and federal law. The department, whenever it deems it necessary in the administration of this part, may require the manufacturer or registrant to submit the complete formula, quantities shipped into or manufactured in the state for distribution and sale, evidence of the efficacy and the safety of any pesticide, and other relevant data. The department may review and evaluate a registered pesticide if new information is made available that indicates that use of the pesticide has caused an unreasonable adverse effect on public health or the environment. Such review shall be conducted upon the request of the State Surgeon General in the event of an unreasonable adverse effect on public health or the Secretary of Environmental Protection in the event of an unreasonable adverse effect on the environment. Such review may result in modifications, revocation, cancellation, or suspension of the registration of a brand of pesticide. The department, for reasons of adulteration, misbranding, or other good cause, may refuse or revoke the registration of the brand of any pesticide after notice to the applicant or registrant giving the reason for the decision. The applicant may then request a hearing, pursuant to chapter 120, on the intention of the department to refuse or revoke registration, and, upon his or her failure to do so, the refusal or revocation shall become final without

Page 6 of 7

further procedure. The registration of a brand of pesticide may not be construed as a defense for the commission of any offense prohibited under this part.

Section 3. This act shall take effect July 1, 2017.

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HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #:

PCB WMC 17-04 Homestead Exemption

SPONSOR(S): Ways & Means Committee

TIED BILLS:

IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Ways & Means Committee		Dobson MO	Langston

SUMMARY ANALYSIS

The Florida Constitution requires all property to be assessed at just value (i.e. market value) as of January 1 of each year for purposes of ad valorem taxation. Ad valorem assessments are used to calculate property taxes that fund counties, municipalities, district school boards and special districts. The taxable value against which local governments levy tax rates each year reflects the just value as reduced by applicable exceptions and exemptions allowed by the Florida Constitution. One such exemption is on the first \$25,000 of assessed value of a homestead property, which is exempt from all taxes. A second homestead exemption is on the assessed value between \$50,000 and \$75,000, which is exempt from all taxes other than school district taxes.

This joint resolution proposes an amendment to the Florida Constitution to increase by up to \$25,000 the current homestead exemption from non-school property taxes by exempting the assessed value between \$75,000 and up to \$100,000.

Subject to approval by 60 percent of voters during the 2018 general election or earlier special election, the amendment proposed in the joint resolution will take effect on January 1, 2019. The joint resolution is not subject to the governor's veto powers.

The Revenue Estimating Conference has determined that if the constitutional amendment is approved by the voters, non-school property tax revenues could be reduced by -\$752.7 million annually, assuming current tax rates. Revenue impacts would not begin until fiscal year 2019-20.

DATE: 4/3/2017

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES

Present Situation

Calculating Ad Valorem Taxes

The Florida Constitution reserves ad valorem taxation to local governments and prohibits the state from levying ad valorem taxes on real and tangible personal property. Ad valorem taxes are annual taxes levied by counties, cities, school districts and certain special districts. These taxes are based on the "just" or fair market value of real and tangible property as determined by county property appraisers on January 1 of each year.² Fair market value is then adjusted by any applicable exceptions to the just value requirement such as the annual "save our homes" limitation on homestead property assessment increases.3 The value arrived at after accounting for just value exceptions is known as the assessed value. Property Appraisers then calculate taxable value by reducing the assessed value in accordance with any applicable exemption(s), such as the exemptions for homestead property. Each year, local governing boards levy millage rates (i.e. tax rates) on taxable value to generate the property tax revenue contemplated in their annual budgets.

Homestead Exemptions

The homestead exemption is specified in Article VII, Section 6 of the Florida Constitution, which provides that every person who holds legal or equitable title to real estate and uses said real estate as a permanent residence for themselves or a legal or natural dependent is entitled to exemption from taxes on the first \$25,000 in assessed value. In 2008, Florida voters amended this provision to include an additional \$25,000 exemption from all taxes other than school district taxes on assessed value greater than \$50,000.6 The constitution also vests the legislature with authority to enact general law establishing the manner in which individuals qualify for exemption. Accordingly, s. 196.031(1)(b), F.S. automatically grants the additional, non-school homestead exemption to every individual who qualifies for the initial homestead exemption on the first \$25,000 in assessed value.

Effect of Proposed Changes

This joint resolution proposes to amend Article VII. Section 6(a) of the Florida Constitution to increase by up to \$25,000 the current homestead exemption from non-school property taxes by exempting the assessed value between \$75,000 and up to \$100,000. Approving the joint resolution will place the amendment on the ballot during either the 2018 general election or an earlier special election held for the purpose of proposing this amendment to the voters. Pending voter approval, the amendment will take effect on January 1, 2019.

STORAGE NAME: pcb04.WMC **DATE: 4/3/2017**

¹ Fla. Const. art. VII, s. 1(a).

See Fla. Const. art. VII, s. 4.

³ See s. 193.155(3), F.S.

⁴ See generally, s. 196.031, F.S.

⁵ Fla. Const. art. VII s. 6.

⁶ *Id*.

⁷ Note: Pursuant to article XI, Section 5 of the Florida Constitution, placing the joint resolution on a special election ballot would require the legislature to pass a general law by 3/4ths vote of each house.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

Article XI, Section 5(d) of the Florida Constitution requires proposed amendments or constitutional revisions to be published in a newspaper of general circulation in each county where a newspaper is published. The amendment or revision must be published once in the 10th week and again in the sixth week immediately preceding the week the election is held. The division of Elections within the Department of State has not estimated the publication costs for advertising the joint resolution.

However, based on 2016 advertising costs, staff estimates full publication costs for advertising the proposed constitutional amendment to be approximately \$133,783.28. This would be paid from non-recurring General Revenue Funds.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

The Revenue Estimating Conference determined that because the constitutional amendment must first be approved by the voters, the joint resolution will have either a zero or negative indeterminate impact. However, the conference has determined that if the constitutional amendment is approved by the voters, non-school property tax revenues could be reduced by -\$752.7 million annually, assuming current tax rates.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

If the amendment is adopted, staff estimates that beginning in fiscal year 2019-20, homestead property owners will realize lower property taxes than would otherwise occur.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None.

2. Other:	
None.	

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

House Joint Resolution

A joint resolution proposing an amendment to Section 6 of Article VII and the creation of Section 37 of Article XII of the State Constitution to increase the homestead exemption by exempting the assessed valuation of homestead property greater than \$75,000 and up to \$100,000 for all levies other than school district levies, and to provide an effective date.

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

That the following amendment to Section 6 of Article VII and the creation of Section 37 of Article XII of the State Constitution are agreed to and shall be submitted to the electors of this state for approval or rejection at the next general election or at an earlier special election specifically authorized by law for that purpose:

ARTICLE VII

FINANCE AND TAXATION

SECTION 6. Homestead exemptions.-

(a) Every person who has the legal or equitable title to real estate and maintains thereon the permanent residence of the owner, or another legally or naturally dependent upon the owner, shall be exempt from taxation thereon, except assessments for special benefits, up to the assessed valuation of twenty-five

Page 1 of 6

thousand dollars and, for all levies other than school district levies, on the assessed valuation greater than fifty thousand dollars and up to one hundred seventy-five thousand dollars, upon establishment of right thereto in the manner prescribed by law. The real estate may be held by legal or equitable title, by the entireties, jointly, in common, as a condominium, or indirectly by stock ownership or membership representing the owner's or member's proprietary interest in a corporation owning a fee or a leasehold initially in excess of ninety-eight years. The exemption shall not apply with respect to any assessment roll until such roll is first determined to be in compliance with the provisions of section 4 by a state agency designated by general law. This exemption is repealed on the effective date of any amendment to this Article which provides for the assessment of homestead property at less than just value.

- (b) Not more than one exemption shall be allowed any individual or family unit or with respect to any residential unit. No exemption shall exceed the value of the real estate assessable to the owner or, in case of ownership through stock or membership in a corporation, the value of the proportion which the interest in the corporation bears to the assessed value of the property.
- (c) By general law and subject to conditions specified therein, the Legislature may provide to renters, who are permanent residents, ad valorem tax relief on all ad valorem tax

Page 2 of 6

levies. Such ad valorem tax relief shall be in the form and amount established by general law.

- (d) The legislature may, by general law, allow counties or municipalities, for the purpose of their respective tax levies and subject to the provisions of general law, to grant either or both of the following additional homestead tax exemptions:
- (1) An exemption not exceeding fifty thousand dollars to a person who has the legal or equitable title to real estate and maintains thereon the permanent residence of the owner, who has attained age sixty-five, and whose household income, as defined by general law, does not exceed twenty thousand dollars; or
- (2) An exemption equal to the assessed value of the property to a person who has the legal or equitable title to real estate with a just value less than two hundred and fifty thousand dollars, as determined in the first tax year that the owner applies and is eligible for the exemption, and who has maintained thereon the permanent residence of the owner for not less than twenty-five years, who has attained age sixty-five, and whose household income does not exceed the income limitation prescribed in paragraph (1).

The general law must allow counties and municipalities to grant these additional exemptions, within the limits prescribed in this subsection, by ordinance adopted in the manner prescribed

by general law, and must provide for the periodic adjustment of

Page 3 of 6

the income limitation prescribed in this subsection for changes in the cost of living.

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- (e) Each veteran who is age 65 or older who is partially or totally permanently disabled shall receive a discount from the amount of the ad valorem tax otherwise owed on homestead property the veteran owns and resides in if the disability was combat related and the veteran was honorably discharged upon separation from military service. The discount shall be in a percentage equal to the percentage of the veteran's permanent, service-connected disability as determined by the United States Department of Veterans Affairs. To qualify for the discount granted by this subsection, an applicant must submit to the county property appraiser, by March 1, an official letter from the United States Department of Veterans Affairs stating the percentage of the veteran's service-connected disability and such evidence that reasonably identifies the disability as combat related and a copy of the veteran's honorable discharge. If the property appraiser denies the request for a discount, the appraiser must notify the applicant in writing of the reasons for the denial, and the veteran may reapply. The Legislature may, by general law, waive the annual application requirement in subsequent years. This subsection is self-executing and does not require implementing legislation.
- (f) By general law and subject to conditions and limitations specified therein, the Legislature may provide ad

Page 4 of 6

valorem tax relief equal to the total amount or a portion of the ad valorem tax otherwise owed on homestead property to:

- (1) The surviving spouse of a veteran who died from service-connected causes while on active duty as a member of the United States Armed Forces.
- (2) The surviving spouse of a first responder who died in the line of duty.
- (3) A first responder who is totally and permanently disabled as a result of an injury or injuries sustained in the line of duty. Causal connection between a disability and service in the line of duty shall not be presumed but must be determined as provided by general law. For purposes of this paragraph, the term "disability" does not include a chronic condition or chronic disease, unless the injury sustained in the line of duty was the sole cause of the chronic condition or chronic disease.

As used in this subsection and as further defined by general law, the term "first responder" means a law enforcement officer, a correctional officer, a firefighter, an emergency medical technician, or a paramedic, and the term "in the line of duty" means arising out of and in the actual performance of duty required by employment as a first responder.

ARTICLE XII
SCHEDULE

Page 5 of 6

SECTION 37. Increased homestead exemption.—This section and the amendment to Section 6 of Article VII increasing the homestead exemption by exempting the assessed valuation of homestead property greater than \$75,000 and up to \$100,000 for all levies other than school district levies shall take effect January 1, 2019.

BE IT FURTHER RESOLVED that the following statement be placed on the ballot:

CONSTITUTIONAL AMENDMENT
ARTICLE VII, SECTION 6
ARTICLE XII, SECTION 37

INCREASED HOMESTEAD PROPERTY TAX EXEMPTION.—Proposing an amendment to the State Constitution to increase the homestead exemption by exempting the assessed valuation of homestead property greater than \$75,000 and up to \$100,000 for all levies other than school district levies. The amendment shall take effect January 1, 2019.

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HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #:

PCB WMC 17-06 Taxation

SPONSOR(S): Ways & Means Committee

TIED BILLS:

IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIF	RECTOR or POLICY CHIEF
Orig. Comm.: Ways & Means Committee		Aldridge 🖟	Langston	15

SUMMARY ANALYSIS

Proposed committee bill 17-06 (PCB) provides for a wide range of tax reductions and modifications designed to directly impact both households and businesses, and to improve tax administration.

The PCB contains several provisions related to sales tax. The PCB:

- Reduces the state sales tax rate on rental of commercial real estate (business rent tax) from 6% to 4.5% for two years, beginning January 1, 2018, then maintains a permanent tax rate reduction from 6% to 5.5% beginning January 1, 2020.
- includes new, extended, or expanded sales tax exemptions for:
 - Diapers and incontinence products;
 - Feminine hygiene products;
 - o Certain animal health products and other agricultural related items;
 - o Certain resales of admissions;
 - o Certain sales made between certain financial institutions and related parties; and
 - Sales of college textbooks and instructional materials for one year.
- The PCB includes the following sales tax holidays:
 - o A ten-day "back-to-school" holiday for clothing, footwear, school supplies, and computers;
 - o A nine-day "disaster preparedness" holiday for certain items related to disaster preparedness; and
 - o An annual one-day "veterans" holiday for purchases of clothing and footwear.

For property tax purposes, the PCB provides property tax relief for certain property used to provide affordable housing, amends the definition of inventory to include certain construction and agricultural equipment, and clarifies the documentation required to obtain an exemption for certain nonprofit homes for the aged.

For corporate income tax, the PCB:

- Increases the annual tax credits available for voluntary brownfields clean-up from \$5 million per year to \$10 million per year and provides an additional \$15 million for FY 2017-18 and increases the amount available for research and development tax credits in calendar year 2018 from \$9 million to \$20 million.
- Extends the Community Contribution Tax Credit program by one year, through FY 2018-19, while maintaining the current funding level of \$24.9 million in tax credits (also may be taken against sales tax and insurance premiums tax).
- Changes filing dates for certain income tax returns and certain estimated tax payments.

Further changes in the PCB include: various changes to accomplish general tax administration improvements; elimination of several tax registration fees; exempting highway safety taxes and fees for certain marine boat trailers owned by ch. 501(c)(3) organizations; amending the definition of "beer" and "malt beverage"; and the repeal of certain distributions from the cigarette tax.

The total impact of the PCB in fiscal year 2017-2018 is -\$296.3 million (-\$276.0 million recurring). See FISCAL COMMENTS section for details.

This bill may be a county or municipality mandate requiring a two-thirds vote of the membership of the House. See Section III.A.1 of the analysis.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: pcb06.WMC.DOCX

DATE: 4/4/2017

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Sales Tax

Florida's sales and use tax is a six percent levy on retail sales of a wide array of tangible personal property, admissions, transient lodgings, and commercial real estate rentals, unless expressly exempted. In addition, Florida authorizes several local option sales taxes that are levied at the county level on transactions that are subject to the state sales tax. Generally, the sales tax is added to the price of a taxable good and collected from the purchaser at the time of sale. Sales tax represents the majority of Florida's general revenue stream (78.5 percent for FY 2016-17)¹ and is administered by the Department of Revenue (DOR) under chapter 212, F.S.

Sales Tax on Rental of Commercial Real Estate (Business Rent Tax)

Current Situation

Since 1969, Florida has imposed a sales tax on the total rent charged under a commercial lease of real property. Sales tax is due at the rate of six percent on the total rent paid for the right to use or occupy commercial real property and county sales surtax can also be levied on total rent. If the tenant makes payments such as mortgage, ad valorem taxes, or insurance on behalf of the property owner, such payments are also classified as rent and are subject to the tax.

Commercial real property includes land, buildings, office or retail space, convention or meeting rooms, airport tie-downs, and parking and docking spaces. It may also involve the granting of a license to use real property for placement of vending, amusement, or newspaper machines. However, there are numerous commercial rentals that are not subject to sales tax, including:

- Rentals of real property assessed as agricultural;
- Rentals to nonprofit organizations that hold a current Florida consumer's certificate of exemption:
- Rentals to federal, state, county, or city government agencies;
- Properties used exclusively as dwelling units; and
- Public streets or roads used for transportation purposes.

Florida is the only state to charge sales tax on commercial rentals of real property. The Legislature's Office of Economic and Demographic Research reviewed and issued a report on the business rent tax in 2014.⁴

Proposed Changes

The PCB reduces the state sales tax rate on rental of commercial real estate (business rent tax) from 6% to 4.5% for two years, beginning January 1, 2018, then maintains a permanent tax rate reduction from 6% to 5.5% beginning January 1, 2020.

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¹ Florida Revenue Estimating Conference, 2017 Florida Tax Handbook (2017).

² Ch. 1969-222, Laws of Fla.

³ s. 212.031, F.S., and Rule 12A-1.070, F.A.C.

⁴ Office of Economic and Demographic Research, Economic Impact: Sales Tax on the Rental of Real Property (Nov. 15, 2014). STORAGE NAME: pcb06.WMC.DOCX

Sales Tax on Admissions

Current Situation

Section 212.04, F.S., governs the state sales tax on admissions. Sales tax is levied at the rate of six percent of sales price or the actual value received from admissions. Admissions are defined⁵ as the net sum of money after deduction of any federal taxes for admitting a person or vehicle or persons to any:

- Place of amusement, sport, or recreation including, but not limited to, theaters, shows, exhibitions, games, races;
- Place where charge is made by way of sale of tickets, gate charges, and similar fees or charges;
- Receipts of anything of value measured on an admission or entrance or length of stay or seat box accommodations in any place where there is any exhibition, amusement, sport, or recreation; and
- All dues and fees paid to private clubs and membership clubs providing recreational or physical fitness facilities, including, but not limited to, golf, tennis, swimming, yachting, boating, athletic, exercise, and fitness facilities.

Several exceptions and exemptions exist, 6 such as:

- Memberships for physical fitness facilities owned or operated by any hospital;
- Admissions to athletic or other events sponsored by a school;
- Fees or charges imposed by certain not-for-profit organizations;
- Events sponsored by a governmental entity, nonprofit sports authority, or nonprofit sports commission under certain circumstances;
- Admissions to certain professional and collegiate sports all-star and championship games;
- Entry fees for freshwater fishing tournaments;
- Participation or entry fees charged to participants in a game, race, or other sport or recreational event if spectators are charged a taxable admission to such event;
- Admissions to any postseason collegiate football game sanctioned by the National Collegiate
 Athletic Association.

Generally, sales of tangible personal property made for resale are exempt from sales tax. This treatment does not apply to sales of taxable admissions. 8

Proposed Changes

The PCB provides an exemption for certain resales of admissions to a purchaser that is eligible for an exemption from sales tax. The PCB allows a person who has purchased a taxable admission and resells that admission to an entity with a valid exemption certificate from the DOR to seek a refund or credit of the tax paid on its initial purchase of the admission from the vendor of the initial sale. The vendor may then seek a refund or credit of the tax from the DOR.

College or University Textbooks Sales Tax Exemption

<u>Current Situation</u>

In 2015, the Legislature created a one-year sales tax exemption⁹ for textbooks and printed and digital materials required or recommended for a course offered by a public postsecondary educational

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⁵ s. 212.02(1), F.S.

⁶ See s. 212.04(2)(a), F.S.

⁷ See the definition of "retail sale" in s. 212.02(14), F.S. Also see s. 212.07, F.S.

⁸ s. 212.04(1)(c), F.S.

⁹ s. 29, ch. 2015-221, Laws of Fla.

institution or a nonpublic postsecondary educational institution that is eligible to participate in the tuition assistance programs.

To obtain the tax exemption, a student must provide either a physical or an electronic copy of the following to the vendor:

- His or her student identification number; and
- Either an applicable course syllabus or list of required and recommended textbooks and instructional materials.

The vendor must maintain proper documentation, as prescribed by rule, to identify either complete transactions or the portion of a transaction which involves the sale of tax-exempted textbooks.

Proposed Changes

The PCB exempts the sale of textbooks and instructional materials from July 1, 2017 through June 30, 2018.

Diapers and Incontinence Products Sales Tax Exemption

Current Situation

Certain medical products and supplies are exempt from sales and use tax, including supplies or medicine dispensed according to a prescription and other non-prescription common household remedies used in the cure, mitigation, treatment, or prevention of illness or disease.¹⁰

Alcohol wipes, bandages, and gauze are examples of common household remedies. Cosmetics¹¹ and toilet articles¹² are specifically excluded from the common household remedy exemption, notwithstanding the presence of medicinal ingredients therein. The Department of Business and Professional Regulation (DBPR) is responsible for prescribing and approving a list of common household remedies that qualify for the exemption, which is certified by the DOR from time to time and included in the rules promulgated by the DOR.¹³ Additional items can be added to the list at the discretion of the DBPR or through a process involving a Technical Assistance Advisory Committee.¹⁴

Certain products relating to infants are also exempt, including baby food, formulas, and teething lotion. ¹⁵ However, diapers are not currently exempt from sales and use tax in Florida. ¹⁶

Proposed Changes

Effective January 1, 2018, the PCB creates a sales tax exemption for the following items:

Diapers;

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¹⁰ See s. 212.08(2)(a), F.S.

¹¹ Section 212.08(2)(b)2., F.S., defines "cosmetics" as articles intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance and also means articles intended for use as a compound of any such articles, including, but not limited to, cold creams, suntan lotions, makeup, and body lotions.

¹² Section 212.08(2)(b)3., F.S., defines "toilet articles" as any article advertised or held out for sale for grooming purposes and those articles that are customarily used for grooming purposes, regardless of the name by which they may be known, including, but not limited to, soap, toothpaste, hair spray, shaving products, colognes, perfumes, shampoo, deodorant, and mouthwash.

¹³ Rule 12A-1.020, F.A.C.; Form DR-46NT, Nontaxable Medical Items and General Grocery List (R. 01/16), available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06368 (last visited February 8, 2017).

¹⁴ s. 212.08(14), F.S.

¹⁵ Rule 12A-1.020, F.A.C.; Form DR-46NT, Nontaxable Medical Items and General Grocery List (R. 01/16), available at http://www.flrules.org/Gateway/reference.asp?No=Ref-06368 (last visited February 8, 2017).

¹⁶ However, diapers for children and adults, diaper bags, and diaper inserts have been temporarily exempt from sales tax during sales tax holidays. See e.g. Rule 12AER16-01, F.A.C.

- Incontinence undergarments;
- · Incontinence pads; and
- Incontinence liners.

Products Used to Control Menstrual Flow Sales Tax Exemption

Current Situation

Products used to absorb menstrual flow are currently subject to state sales and use tax. These products include tampons, sanitary napkins, panty liners, and menstrual cups.

From 1977 through 1986, the sales of products used to absorb menstrual flow in Florida were specifically exempt from sales and use tax.¹⁷ However, the Legislature repealed various sales tax exemptions in 1986, including products used to absorb menstrual flow.¹⁸ The 1986 legislation also created a commission to review the changes made by ch. 1986-166, L.O.F., and to recommend prior to the subsequent legislative session whether to allow the repeal to remain effective. The commission's findings did not specifically address the repeal of the exemption for products used to absorb menstrual flow, but it recommended that all sales tax exemptions not specifically recommended in the report should be repealed.¹⁹

In 2016, a class action lawsuit was filed in Leon County, Florida to challenge the state sales tax levied on the sale of products used to absorb menstrual flow. The plaintiffs argue that such products are necessary for women's health and should be exempt as common household remedies. The plaintiffs also argue that the taxation of products used to absorb menstrual flow violates the Equal Protection Clauses of both the Florida and United States Constitutions. The plaintiffs seek declaratory and injunctive relief, along with a refund of taxes. The case is currently pending in circuit court.

Of the 45 states²¹ that currently levy sales and use tax, eight states do not impose the tax on the sale of products used to absorb menstrual flow. Illinois,²² Maryland,²³ Massachusetts,²⁴ Pennsylvania,²⁵ Minnesota,²⁶ New Jersey,²⁷ Connecticut,²⁸ and New York²⁹ have passed legislation to specifically exempt these products from sales and use tax.

Proposed Changes

Effective January 1, 2018, the PCB creates a sales tax exemption for products used to absorb menstrual flow.

¹⁷ Ch. 77-193, Laws of Fla.

¹⁸ Ch. 86-166, Laws of Fla.

¹⁹ Sales Tax Exemption Study Commission, Report and Recommendations of the Sales Tax Exemption Study Commission (April, 1987).

²⁰ Wendell v. Florida Dep't. of Rev., No. 2016 CA 001526 (Fla. Leon Cty. Ct. July 7, 2016).

²¹ Alaska, Delaware, Montana, New Hampshire, and Oregon do not impose state sales tax.

²² 35 Ill. Comp. Stat. 110/3-5 (2016).

²³ Md. Tax-Gen. Code Ann., §11-211 (2016).

²⁴ Mass. Gen. Laws ch. 64H, § 6 (2016).

²⁵ 72 Pa. Cons. Stat. § 7204 (2016).

²⁶ Minn. Stat. §297A.67 (2016).

²⁷ N.J. Stat. Ann. § 54:32B-8.1 (2016).

²⁸ Conn. Gen. Stat. § 12-412 (2016).

²⁹ N.Y. Tax Law §1115 (2016).

Agriculture-Related Sales Tax Exemptions

Current Situation

Current law exempts specified items for agricultural use from sales and use tax.³⁰ For example, disinfectants, fertilizers, insecticides, pesticides, herbicides, fungicides, and weed killers used for application on crops or groves, including commercial nurseries and home vegetable gardens, used in dairy barns or on poultry farms for the purpose of protecting poultry or livestock, or used directly on poultry or livestock are exempt. To obtain the exemption, the purchaser must sign a certificate stating that the item to be exempted is for the exclusive use designated in statute.³¹

In addition, current law exempts the purchase by a veterinarian of commonly recognized substances possessing curative or remedial properties which are ordered and dispensed as treatment for a diagnosed health disorder by or on the prescription of a duly licensed veterinarian, and which are applied to or consumed by animals for alleviation of pain or the cure or prevention of sickness, disease, or suffering are exempt. However, the exemption is not allowed if these health products are not purchased by a veterinarian. It is common in the livestock and poultry industry for such health products to be purchased from farm supply stores or directly from the manufacturer.

Further, current law exempts from sales tax the portion of the sales price below \$20,000 for a trailer that weighs 12,000 pounds or less that is purchased by a farmer. The trailer must be used exclusively in agricultural production or to transport farm products from the farm to the place where the farmer transfers ownership of the product or products.³³

Proposed Changes

Effective July 1, 2017, the PCB adds the following to the list of items in agricultural use that are exempt from the sales and use tax:

- Hog wire and nylon mesh netting used on a farm for protection from predatory or destructive animals;
- Barbed wire fencing, including gates and materials used to construct or repair such fencing, used on a beef or dairy cattle farm;
- Compressed or liquefied oxygen used in aquaculture production;
- Aquaculture health products; and
- Animal health products which are applied to, administered to, or consumed by livestock or poultry for alleviation of pain or the cure or prevention of sickness, disease, or suffering, including:
 - o Antiseptics.
 - Absorbent cotton,
 - Gauze for bandages.
 - o Lotions,
 - o Vaccines.
 - o Vitamins, and
 - Worm remedies.

For purposes of the exemptions for animal health products and aquaculture health products, the PCB provides that this exemption is remedial in nature and applies retroactively, but does not create a right to a refund or credit of any tax paid before the effective date of the PCB.

³⁰ s. 212.08(5)(a), F.S.

³¹ s. 212.08(5)(a), F.S.

³² s. 212.08(2)(h), F.S.

³³ s. 212.08(3)(b), F.S.

The PCB also increases from \$20,000 to \$25,000 the portion of the sales price that tax may not be imposed on for certain farm trailers purchased by a farmer. The trailer must be used exclusively in agricultural production or to transport farm products from the farm to the place where the farmer transfers ownership of the product or products.

Sales Tax Holidays

Current Situation

Since 1998, the Legislature has enacted 20 temporary periods (commonly called "sales tax holidays") during which certain household items, household appliances, clothing, footwear, books, and/or school supply items were exempted from the state sales tax and county discretionary sales surtaxes.

Back-to-School Holidays--Florida has enacted a "back to school" sales tax holiday 15 times since 1998. The length of the exemption periods has varied from three to 10 days. The type and value of exempt items has also varied. Clothing and footwear have always been exempted at various thresholds, most recently \$60. Books valued at \$50 or less were exempted in six periods. School supplies have been included starting in 2001, with the value threshold increasing from \$10 to \$15. In 2013, personal computers and related accessories purchased for noncommercial home or personal use with a sales price of \$750 or less were exempted. In 2014, the first \$750 of the sales price of personal computers and related accessories purchased for noncommercial home or personal use were exempted. The following table describes the history of back-to-school sales tax holidays in Florida:

	Length	TAX EXEMPTION THRESHOLDS					
Dates		Clothing/ Footwear	Wallets/ Bags	Books	Computers	School Supplies	
August 15-21, 1998	7 days	\$50 or less	N/A	N/A	N/A	N/A	
July 31-August 8, 1999	9 days	\$100 or less	\$100 or less	N/A	N/A	N/A	
July 29-August 6, 2000	9 days	\$100 or less	\$100 or less	N/A	N/A	N/A	
July 28-August 5, 2001	9 days	\$50 or less	\$50 or less	N/A	N/A	\$10 or less	
July 24-August 1, 2004	9 days	\$50 or less	\$50 or less	\$50 or less	N/A	\$10 or less	
July 23-31, 2005	9 days	\$50 or less	\$50 or less	\$50 or less	N/A	\$10 or less	
July 22-30, 2006	9 days	\$50 or less	\$50 or less	\$50 or less	N/A	\$10 or less	
August 4-13, 2007	10 days	\$50 or less	\$50 or less	\$50 or less	N/A	\$10 or less	
August 13-15, 2010	3 days	\$50 or less	\$50 or less	\$50 or less	N/A	\$10 or less	
August 12-14, 2011	3 days	\$75 or less	\$75 or less	N/A	N/A	\$15 or less	
August 3-5, 2012	3 days	\$75 or less	\$75 or less	N/A	N/A	\$15 or less	
August 2-4, 2013	3 days	\$75 or less	\$75 or less	N/A	\$750 or less	\$15 or less	
August 1-3, 2014	3 days	\$100 or less	\$100 or less	N/A	First \$750 of the sales price	\$15 or less	
August 7 - 16, 2015	10 days	\$100 or less	\$100 or less	N/A	First \$750 of the sales price	\$15 or less	
August 5 - 7, 2016	3 days	\$60 or less	\$60 or less	N/A	N/A	\$15 or less	

Hurricanes and Disasters in Florida--In 2016, the Florida Office of Insurance Regulation estimated a gross probable loss of over \$1 billion due to hurricanes Hermine and Mathew in 2016,³⁴ \$25 billion due to four hurricanes in 2004, and \$10.8 billion due to four in 2005.³⁵ Tropical Storm Fay was estimated to have resulted in \$242 million of damage in 2008.³⁶ The Florida Division of Emergency Management (DEM) recommends having a disaster supply kit with items such as a battery operated radio, flashlight, batteries, and first-aid kit.³⁷

Veterans in Florida—Florida is home to almost 1.6 million veterans.³⁸ Florida also has 20 major military installations, with eight having a Military Exchange on base.³⁹ Military Exchanges sell consumer goods and services tax free. However, not every veteran can shop at Exchanges. Generally, only retirees and 100 percent disabled veterans have Exchange privileges. Recently, the Department of Defense announced a policy change in January, 2017, that will extend limited online military exchange shopping privileges to all honorably discharged veterans starting on November 11, 2017.⁴⁰

Proposed Changes

The PCB establishes a temporary disaster preparedness sales tax holiday in fiscal year (FY) 2016-17, a temporary back-to-school sales tax holiday in FY 2017-18, and an annual sales tax holiday for clothing purchased by veterans beginning in FY 2017-18.

Back-to-School Holiday--The PCB provides for a ten-day sales tax holiday from August 4, 2017, through August 13, 2017. During the holiday, the following items that cost \$100 or less are exempt from the state sales tax and county discretionary sales surtaxes:

- Clothing (defined as an "article of wearing apparel intended to be worn on or about the human body," but excluding watches, watchbands, jewelry, umbrellas, and handkerchiefs);
- Footwear (excluding skis, swim fins, roller blades, and skates);
- Wallets; and
- Bags (including handbags, backpacks, fanny packs, and diaper bags, but excluding briefcases, suitcases, and other garment bags).

The PCB also exempts "school supplies" that cost \$15 or less per item during the holiday.

Also exempt will be the first \$1,000 of the sales price for personal computers and related accessories purchased for noncommercial home or personal use. This would include tablets, laptops, monitors, input devices, and non-recreational software. Cell phones, furniture and devices or software intended primarily for recreational use are not exempted.

Disaster Preparedness Sales Tax Holiday-- The PCB provides for a nine day sales tax holiday from May 27, 2017, through June 4, 2017, for specified items related to disaster preparedness. During the holiday, the following items are exempt from the state sales tax and county discretionary sales surtaxes:

A portable self-powered light source selling for \$20 or less;

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³⁴ Florida Office of Insurance Regulation, Florida Office of Insurance Regulation Catastrophe Report, http://www.floir.com/Sections/PandC/ProductReview/CatastropheReporting.aspx (last visited March 17, 2017).

Florida Office of Insurance Regulation, *Florida Office of Insurance Regulation Hurricane Summary Data*, http://www.floir.com/siteDocuments/HurricaneSummary20042005.pdf (last visited March 17, 2017).

³⁶ Florida Office of Insurance Regulation, *Florida Office of Insurance Regulation Hurricane Summary Data*, http://www.floir.com/siteDocuments/HurricaneSummary2008.pdf (last visited March 17, 2017)

³⁷ Florida Division of Emergency Management, *Disaster Supply Kit*, http://www.floridadisaster.org/supplykit.htm (last visited Jan. 22, 2014).

³⁸ https://www.va.gov/vetdata/docs/SpecialReports/State Summaries Florida.pdf

³⁹ Military Exchange store locator, available at: https://www.shopmyexchange.com/exchange-stores (last visited January 30, 2017).

⁴⁰ U.S. Department of Defense press release, *Department of Defense Extends Online Military Exchange Shopping Privileges to Veterans*, available at https://www.defense.gov/News/News-Releases/News-Release-View/Article/1049503/department-of-defense-extends-online-military-exchange-shopping-privileges-to-v (last visited January 30, 2017).

- A portable self-powered radio, two-way radio, or weather band radio selling for \$50 or less;
- A tarpaulin or other flexible waterproof sheeting selling for \$50 or less;
- A self-contained first-aid kit selling for \$30 or less;
- A ground anchor system or tie-down kit selling for \$50 or less;
- A gas or diesel fuel tank selling for \$25 or less;
- A package of AA-cell, C-cell, D-cell, 6-volt, or 9-volt batteries, excluding automobile and boat batteries, selling for \$30 or less;
- A nonelectric food storage cooler selling for \$30 or less;
- A portable generator that is used to provide light or communications or preserve food in the event of a power outage selling for \$750 or less; and
- Reusable ice selling for \$10 or less.

Veterans' Sales Tax Holiday-- The PCB provides an annual one-day sales tax holiday on November 11 of each year, beginning in FY 2017-18. During the holiday, the following items that cost \$60 or less are exempt from the state sales tax and county discretionary sales surtaxes when sold to a veteran:

- Clothing (defined as an "article of wearing apparel intended to be worn on or about the human body," but excluding watches, watchbands, jewelry, umbrellas, and handkerchiefs); and
- Footwear (excluding skis, swim fins, roller blades, and skates).

The PCB defines a veteran as any person who served in the active military, naval, or air service and who was honorably discharged or who later received an upgraded honorable discharge. To be eligible for the sales tax holiday, a veteran must show proof of military status at the time he or she purchases the eligible items by presenting a DD Form 2, DD Form 2765, DD Form 214, veteran identification card, veteran health identification card, a valid driver license with the "V" or word "veteran" designation on it, or any other proof of veteran status issued by the Department of Highway Safety and Motor Vehicles.

The sales tax holidays in the PCB do not apply to the following sales:

- Sales within a theme park or entertainment complex, as defined in s. 509.013(9), F.S.;
- Sales within a public lodging establishment, as defined in s. 509.013(4), F.S.; and
- Sales within an airport, as defined in s. 330.27(2), F.S.

The PCB allows the "back to school" and "veterans" sales tax holidays to apply at the option of the dealer if less than five percent of the dealer's gross sales of tangible personal property in the prior calendar year are comprised of items that would be exempt under the holiday. If a qualifying dealer chooses not to participate in the tax holiday, by November 1 each year for the veterans' holiday, and by August 1, 2017 for the back to school tax holiday, the dealer must notify the DOR in writing of its election to collect sales tax during the holiday and must post a copy of that notice in a conspicuous location at its place of business. The PCB authorizes the DOR to adopt emergency rules to implement the provisions of each holiday.

Sales Tax on Certain Related Party Sales

Current Situation

Generally speaking, there is no exemption for sales of taxable tangible personal property or services from a dealer to a related party.

The Dodd-Frank Wall Street Reform and Consumer Protection Act of 2010⁴¹ (Dodd-Frank) requires that certain large banks and insurers ("systemically important financial institutions")(hereinafter referred to as financial institutions) periodically submit recovery & resolution plans to the Federal Reserve and the Federal Deposit Insurance Corporation.⁴² Each plan must describe the financial institution's strategy for

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⁴¹ Pub.L. 111–203, H.R. 4173.

⁴² 12 U.S.C. s. 5365(d)(1).

recovery from a financial crisis, as well as its rapid and orderly resolution in the event of material financial distress or failure of the financial institution.

Under most plans, the financial institution is required to create a Shared Services Entity (SSE) to provide all of the support services that are currently provided by employees of the financial institution.⁴³ The purpose of an SSE is to separate and insulate these support services, including customer support functions, from the investment and asset management side of the financial institution, thus ensuring that these support services will continue to be provided despite major losses elsewhere in the business.

Because SSE's will be separate legal entities from the affected financial institutions, sales of taxable tangible personal property or services by SSEs to affected financial institutions will be subject to sales tax in Florida.

Proposed Changes

The PCB provides an exemption for sales of tangible personal property or services otherwise taxable under ch. 212, F.S. by a dealer to a related party where the purchaser can show that:

- The vendor and the purchaser are either:
 - Referenced as either a "covered company," as described in 12 C.F.R. s. 243.2(f), or a
 "material entity," as described in 12 C.F.R. s. 243.2(l), in a resolution plan that has been
 submitted to an agency of the United States for the purpose of satisfying the Dodd Frank
 Act or any successor law, or
 - Separate legal entities pursuant to a divestiture directed pursuant to the Dodd Frank Act or any successor law; and
- The sale would not have occurred between such related entities were it not for such resolution plan or divestiture;
- The services sold by the vendor to the purchaser are performed by an employee of the vendor, or by an independent contractor hired by the vendor where the vendor paid the tax imposed under this chapter; and
- In acquiring such property or services, the vendor did not claim an exemption from the tax imposed under this chapter or by another state.

Corporate Income Tax

Florida levies corporate income tax on corporations of 5.5 percent for income earned in Florida.⁴⁴ The calculation of Florida corporate income tax starts with a corporation's federal taxable income.⁴⁵ After certain addbacks and subtractions to federal taxable income required by chapter 220, F.S., the amount of adjusted federal income attributable to Florida is determined by the application of an apportionment formula.⁴⁶ The Florida corporate income tax uses a three-factor apportionment formula consisting of property, payroll, and sales (which is double-weighted) to measure the portion of a multistate corporation's business activities attributable to Florida.⁴⁷ Income that is apportioned to Florida using this formula is then subject to the Florida income tax. The first \$50,000 of net income is exempt.⁴⁸

⁴³ U.S.C. s. 5365(d)(5).

⁴⁴ s. 220.11, F.S.

⁴⁵ s. 220.12, F.S.

⁴⁶ s. 220.15, F.S.

⁴⁷ s. 220.15, F.S.

⁴⁸ s. 220.14, F.S.

Estimated Payments

Current Situation

Section 220.24, F.S., requires each corporate income taxpayer to declare its estimated tax for the taxable year, if the amount payable as estimated tax can be expected to be more than \$2,500. Section 220.33, F.S., requires these taxpayers to pay estimated taxes in equal installments, depending upon when they are required to file their declarations of estimated taxes. The payments are due before the first day of specified months, including the 7th month of the taxable year, which for calendar-year corporations is also the first month of the state's fiscal year. Most taxpayers choose to use the calendar year as their "taxable year." In 2014⁴⁹, 84.4 percent of corporate income tax filers were calendar year taxpayers. In that same year, 76.5 percent of total corporate income tax collections were from calendar year taxpayers.

If the day on which an estimated payment due is a Saturday, Sunday, or legal holiday, payments made on that day will not be credited to the state until the following business day. Under this circumstance, estimated payments due before July 1 will fall into the next state fiscal year. Such a circumstance will occur at the end of state FYs 2017-18 and 2018-19.

Proposed Changes

The PCB provides that any estimated tax payment which would otherwise be due on the last Saturday or Sunday of June shall be paid on or before the last Friday of June.

Corporate Income Tax Returns

Current Situation

On July 31, 2015, the federal government passed the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015, 50 which contains amendments to the Internal Revenue Code (IRC) regarding the due date for federal corporate income tax returns. Among other things, the federal change amended IRC section 6081(b) to provide that, beginning after 2015, a calendar year Ccorporation may extend the time to file its federal corporate income tax return for 5 months.

On February 8, 2017, the Internal Revenue Service revised the instructions for Form 7004 (Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns). The revision reflects a clarification of the length of time a calendar year C-corporation may extend the due date for its federal income tax return. Although the 2015 federal law change to IRC section 6081(b) provides a 5-month extension period for calendar year C-corporations, the 2017 revision to the instructions for Form 7004 clarifies that under IRC section 6081(a) such taxpayer may receive a 6-month extension period.

Under Florida law, the due dates to file corporate income tax returns are generally aligned with federal income tax filing timeframes. When a Florida corporation or partnership is granted an extension of time to file its federal return, the taxpayer may file for an extension of time to file its Florida return.⁵¹ If granted, the extended Florida due date will generally be the 15th day after the expiration of the federal extension, or until the expiration of 6 months from the original due date, whichever occurs first.⁵² For taxable years beginning before January 1, 2026, for taxpayers with a taxable year ending on June 30, the extension is the 15th day after the expiration of the federal extension, or until the expiration of 7 months from the original due date; and for taxpayers with a taxable year ending December 31

⁵² Section 220.222(2), F.S.

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⁴⁹ 2014 is the most recent year for which complete corporate income tax return data is available.

⁵⁰ Pub.L. No. 114-41, H.R. 3236 (July 31, 2015).

⁵¹ If a taxpayer extends the time to file its Florida return, the taxpayer must file a tentative tax return pursuant to s. 220.32, F.S.

(calendar year taxpayers), the extension is the 15th day after the expiration of the federal extension, or until the expiration of 5 months from the original due date.

Proposed Changes

The PCB amends s. 220.222(2), F.S., to provide that for taxpayers with a taxable year ending December 31 (calendar year taxpayers), the extension is until the expiration of 6 months from the original due date. This change aligns with the IRS allowance for calendar year taxpayers to receive a 6 month extension to file their federal income tax returns described above.

Corporate Income Tax: Research and Development Credits

Current Situation

Federal Tax Credit— The "U.S. Research and Experimentation Tax Credit" was created in 1981 as part of the Economic Recovery Tax Act, a comprehensive package of initiatives designed to boost U.S. business competitiveness and encourage investment and savings by American taxpayers during a period of economic recession.⁵³ For the 2013 federal tax year, 16,624 companies claimed \$11.3 billion in R&D tax credits, including \$177.1 million claimed via "pass-through" entities.⁵⁴ At \$97.8 billion, manufacturing companies claimed the largest portion of research tax credits.⁵⁵

Florida Tax Credit--Section 220.196, F.S., authorizes an R&D tax credit against state corporate income taxes for certain businesses with qualified research expenses that received the federal credit. The tax credit is 10 percent of the difference between the current tax year's research and development expenditures in Florida and the average of R&D expenditures over the previous four tax years. However, if the business has existed fewer than four years, then the credit amount is reduced by 25 percent for each year the business or predecessor corporation did not exist.

The state tax credit taken in any taxable year may not exceed 50 percent of the company's remaining net corporate income tax liability under ch. 220, F.S., after all other credits to which the business is entitled have been applied. Any unused credits may be carried forward by the business that originally earned them for up to five years following the year in which the qualified research expenses were incurred.

The maximum amount of research and development credits that may be approved by the DOR during any calendar year is \$9 million. Applications for the credit may be filed with the DOR between March 20th and March 27th for qualified research expenses incurred within the preceding calendar year. If the total amount of credits applied for exceeds the annual cap, credits are allocated on a prorated basis.

The Legislature passed a one-time increase in the \$9 million cap for research and development tax credits to \$23 million for calendar year 2016.⁵⁶ This cap amount was allocated as follows:

- The DOR received 131 applications during the one week application window, requesting a total of \$52,481,052 in credits.
- 118 applications were approved. Each applicant received approximately 46 percent of the amount of credit determined in their application. These 118 applications requested \$50,447,562 in credit.

⁵³ "The U.S. Research and Experimentation Tax Credit in the 1990s" by Francisco Moris. National Science Foundation Report #NSF05-316 published July 2005. Retrieved at http://www.nsf.gov/statistics/infbrief/nsf05316/ and "The Prospects for Economic Recovery," prepared by the Congressional Budget Office. Published February 1982. Pertinent information on pages 87-93. Retrieved at http://www.cbo.gov/ftpdocs/51xx/doc5135/doc03b-Part8.pdf. (last visited on March 22, 2017)

⁵⁴ Internal Revenue Service, Statistics of Income Division, available at: http://www.irs.gov/uac/SOI-Tax-Stats-Corporation-Research-Credit, (last visited March 22, 2017).

⁵⁵ Internal Revenue Service, Statistics of Income Division, available at: http://www.irs.gov/uac/SOI-Tax-Stats-Corporation-Research-Credit, (last visited March 22, 2017).

⁵⁶ See s. 21, ch. 2015-221, Laws of Fla.

• 13 applications were denied for various reasons, including withdrawal by the taxpayer, duplicate applications, application figures resulting in zero credit requested, and failure to include a required certification letter from the Department of Economic Opportunity (DEO). These 13 applications requested \$2,003,490 in credit.

Proposed Changes

The PCB increases the maximum amount of credits that may be granted in calendar year 2018 from \$9 million to \$20 million.

Voluntary Cleanup Tax Credit Program - Brownfields Tax Credit

Current Situation

In 1998, the Legislature provided the Department of Environmental Protection (DEP) the direction and authority to issue tax credits as an additional incentive to encourage site rehabilitation in brownfield areas and to encourage voluntary cleanup of certain other types of contaminated sites. This corporate income tax credit may be taken in the amount of 50 percent of the costs of voluntary cleanup activity that is integral to site rehabilitation at the following sites:

- A site eligible for state-funded cleanup under the Drycleaning Solvent Cleanup Program;⁵⁷
- A drycleaning solvent contaminated site at which the real property owner undertakes voluntary cleanup, provided that the real property owner has never been the owner or operator of the drycleaning facility; or
- A brownfield site in a designated brownfield area.⁵⁸

Eligible tax credit applicants may receive up to \$500,000 per site per year in tax credits. Due to concern that some participants in a voluntary cleanup might only conduct enough work to eliminate or minimize their exposure to third party lawsuits, current law also provides a completion incentive in the form of an additional 25 percent supplemental tax credit for those applicants that completed site rehabilitation and received a Site Rehabilitation Completion Order from the DEP. This additional supplemental credit has a \$500,000 cap. Businesses are also allowed a one-time application for an additional 25 percent of the total site rehabilitation costs, up to \$500,000, for brownfield sites at which the land use is restricted to affordable housing. They may also submit a one-time application claiming 50 percent of the costs, up to \$500,000, for removal, transportation and disposal of solid waste at a brownfield site.

Site rehabilitation tax credit applications must be complete and submitted by January 31 of each year. The total amount of tax credits for all sites that may be granted by the DEP is \$5 million annually. In the event that approved tax credit applications exceed the \$5 million annual authorization, the statute provides for remaining applications to roll over into the next FY to receive tax credits in first come, first served order from the next year's authorization. These tax credits may be applied toward corporate income tax in Florida. The tax credits may be transferred one time, although they may succeed to a surviving or acquiring entity after merger or acquisition.

Since 1998, the VCTC Program has awarded \$66.9 million in VCTCs. Total requests for tax credits have met or exceeded the annual authorization since 2007. Since 2012, the approved tax credits have averaged more than \$8.3 million per year. In 2015, the Legislature approved a one-time tax credit authorization of \$21.6 million, which allowed the DEP to issue certificates for all tax credits that were approved but had not received funding. In 2016, DEP received 99 tax credit applications and approved

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⁵⁷ s. 376.30781, F.S.

⁵⁸ s. 220.1845, F.S.

⁵⁹ DEP, Florida Brownfields Redevelopment Program, 2016 Annual Report, available at: http://www.dep.state.fl.us/Waste/quick_topics/publications/wc/brownfields/AnnualReport/2016/2015-16_FDEP_Annual.pdf (last visited March 22, 2017).

\$10.8 million in VCTCs for site rehabilitation work completed in 2015. However, some of the tax credit recipients will not receive their certificates until 2018 because the total eligible requests received for 2015 site rehabilitation work exceeded the \$5 million authorization by \$5.8 million. In 2017, DEP received 133 tax credit applications in the amount of \$14.8 million in requested tax credits for site rehabilitation work completed in 2016.⁶⁰

Proposed Changes

The PCB provides the amount of credits that may be awarded in FY 2017-18 is \$20 million, and increases the annual amount of credits that may be awarded from \$5 million to \$10 million in each fiscal year thereafter.

Sales/Corporate/Ins. Premiums Tax: Community Contribution Tax Credit Program

Current Situation

In 1980, the Legislature established the Community Contribution Tax Credit Program ("CCTCP") to encourage private sector participation in community revitalization and housing projects. ⁶¹ Broadly, the CCTCP offers tax credits to businesses or persons ("taxpayers") anywhere in Florida that contribute ⁶² to certain projects undertaken by approved CCTCP sponsors. ⁶³

Eligible sponsors under the CCTCP include a wide variety of community organizations, housing organizations, historic preservation organizations, units of state and local government, and regional workforce boards.⁶⁴ As of November, 2016, the CCTCP had 119 approved sponsors.⁶⁵

Eligible projects include activities undertaken by an eligible sponsor that are designed to accomplish one of the following purposes:

- To construct, improve, or substantially rehabilitate housing that is affordable to low-income households or very-low-income households as those terms are defined in s. 420.9071;
- To provide commercial, industrial, or public resources and facilities; or
- To improve entrepreneurial and job-development opportunities for low-income persons. 66

In addition, eligible projects must be located in an area that was designated as an enterprise zone as of May 1, 2015⁶⁷ or a Front Porch Florida Community, with two exceptions. First, any project designed to construct or rehabilitate housing for low-income households or very-low-income households as those terms are defined in s. 420.9071, F.S., is exempt from the area requirement. Second, any project designed to provide increased access to high-speed broadband capabilities that includes coverage in a rural community that had an enterprise zone designation as of May 1, 2015, may locate the project's infrastructure in any area of a rural county (inside or outside of the zone).

The DEO administers the CCTCP, and its responsibilities include reviewing sponsor project proposals and tax credit applications, periodically monitoring projects, and marketing the CCTCP in consultation with the Florida Housing Finance Corporation and other statewide and regional housing and financial

⁶⁰ DEP, Agency Analysis of 2017 HB 753, p. 5 (March 3, 2017).

⁶¹ Ch. 80-249, Laws of Fla. The CCTCP is one of the state incentives available under the Florida Enterprise Zone Act, which is scheduled to be repealed on December 31, 2015. Sections 290.007(3) and 290.016, F.S.

⁶² Sections 212.08(5)(p)2.a., 220.183(2)(a), and 624.5105(5)(a), F.S require community contributions to be in the form of cash or other liquid assets, real property, goods or inventory, or other physical resources.

⁶³ See ss. 212.08(5)(p); 220.183; and 624.5105, F.S.

⁶⁴ See ss. 212.08(5)(p)2.c.; 220.183(2)(c); and 624.5105(2)(c), F.S.

⁶⁵ DEO, Division of Community Development, Email to House Ways & Means staff, Nov. 8, 2016. Email on file with the Ways & Means Committee.

⁶⁶ ss. 212.08(5)(p)2.b.; 220.183(2)(d); 624.5105(2)(b); and 220.03(1)(t), F.S.

⁶⁷ The Florida Enterprise Zone Act was partially repealed as of December 31, 2015- see ch. 2015-221, L.O.F.; s. 290.016, F.S. STORAGE NAME: pcb06.WMC.DOCX

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intermediaries.⁶⁸ Once approved by the DEO, the taxpayer must claim the community contribution tax credit from the DOR.

The credit is calculated as 50 percent of the taxpayer's annual contribution, but a taxpayer may not receive more than \$200,000 in credits in any one year. The taxpayer may use the credit against corporate income tax, insurance premiums tax, or as a refund against sales tax. Unused credits against corporate income taxes and insurance premium taxes may be carried forward for five years. Unused credits against sales taxes may be carried forward for three years.

DOR may approve \$21.4 million in annual funding for projects that provide homeownership opportunities for low-income and very-low-income households or housing opportunities for persons with special needs and \$3.5 million for all other projects. "Persons with special needs" is defined in current statute to include adults requiring independent living services, young adults formerly in foster care, survivors of domestic violence, and people receiving Social Security Disability Insurance, Supplemental Security Income, or veterans' disability benefits. During FY 2015-2016, the DEO approved 430 tax credit applications submitted by 60 eligible sponsors for eligible projects located in 32 counties. For FY 2016-17, as of March 16, 2017, the DEO has approved 349 tax credit applications. For FY 2014-15, as of December 31, 2014, the DEO has approved 383 tax credit applications.

The Legislature extended the CCTCP in 1984, 1994, 2005, 2014, and 2015.⁷⁶ It has also amended the annual tax credit allocation of the CCTCP on numerous occasions.⁷⁷ The CCTCP cap, which started at \$3 million annually, is currently set at \$24.9 million. The cap has been reached every FY since FY 2001-02.

The CCTCP expires June 30, 2018.78

Proposed Changes

The PCB extends the expiration date of the CCTCP to June 30, 2019 at current funding levels.

Cigarette Tax: Biomedical Research

Current Situation

Chapter 210, F.S., governs taxes on tobacco products. Cigarette tax collections received by the Division of Alcoholic Beverages and Tobacco (division) in the DBPR are deposited into the Cigarette Tax Collection Trust Fund. Section 210.20, F.S., provides for the payment of monthly distributions as follows:

From the total amount of cigarette tax collections:⁷⁹

• 8.0 percent service charge to the General Revenue Fund; 80 and

⁶⁸ ss. 212.08(5)(p)4.; 220.183(4); and 624.5105(4), F.S.

⁶⁹ ss. 212.08(5)(p)1.; 220.183 (1)(a) and (b); and 624.5105(1), F.S.

⁷⁰ See ss. 212.08(5)(p); 220.183; and 624.5105, F.S.

⁷¹ ss. 220.183(1)(e) and (g); and 624.5105, F.S.

⁷² s. 212.08(5)(p)1.b. and f., F.S.

⁷³ s. 420.0004(13), F.S.

⁷⁴ Email correspondence with DEO staff, March 22, 2017, on file with House Ways & Means Committee.

⁷⁵ Florida Legislature, Office of Economic and Demographic Research, Revenue Estimating Conference, Community Contribution Tax Credits Extension, HB 311/SB 302, p. 19, January 26, 2015 Revenue Impact Results,

http://edr.state.fl.us/Content/conferences/revenueimpact/archives/2015/ pdf/impact0126.pdf.

⁷⁶ Chs. 84-356, 94-136, 2005-282, 2014-38, and 2015-221 Laws of Fla.

⁷⁷ See Chs. 94-136, 98-219, 99-265, 2005-282, 2006-78, 2008-153, and 2015-221 Laws of Fla.

⁷⁸ Ch. 2014-038, s. 15 Laws of Fla.

⁷⁹ See s. 210.20(2)(a), F.S.

0.9 percent to the Alcoholic Beverage and Tobacco Trust Fund.

From the remaining net collections:81

- 2.9 percent to the Revenue Sharing Trust Fund for Counties;
- 29.3 percent to the Public Medical Assistance Trust Fund;
- 4.04 percent to the Moffitt Center;82 and
- 1.0 percent to the Biomedical Research Trust Fund in the Department of Health (DOH).⁸³

After the above distributions are made, the remaining balance of net cigarette tax collections is deposited in the General Revenue Fund.⁸⁴

The funds deposited into the Biomedical Research Trust Fund are appropriated annually in an amount not to exceed \$3 million for the purpose of establishing activities and grant opportunities in relation to biomedical research.⁸⁵ The Department of Health and the Sanford-Burnham Medical Research Institute are required to use the funding to work in conjunction for these purposes.

Proposed Changes

The PCB repeals the 1.0 percent distribution to the Biomedical Research Trust Fund. Upon this PCB becoming a law, those funds will instead go to the General Revenue Fund.

Highway Safety Fees: Boat Trailers Fees for ch. 501 (c)(3) Organizations

Current Situation

Florida law imposes annual license taxes and one-time registration fees for the operation of motor vehicles, mopeds, motorized bicycles, tri-vehicles, trailers, and mobile homes. The amount of the fee depends of the type and size of the vehicle.

Proposed Changes

The PCB provides an exemption from the annual license tax and surcharges for any marine boat trailer owned and operated by a nonprofit organization that is exempt under s. 501(c)(3) of the Internal Revenue Code and which is used exclusively in carrying on their customary nonprofit activities. The annual tax and surcharge savings on a trailer weighing 500 lbs. or less would be \$21.10.

Alcoholic Beverages Excise Taxes

Current Situation

Section 563.01, F.S., defines "beer" and "malt beverage" to mean all brewed beverages containing malt. Section 534.01, F.S., defines "wine," in part, to mean all beverages made from fresh fruits, berries, or grapes, either by natural fermentation or by natural fermentation with brandy added, in the

⁸⁰ See s 215.20(1), F.S. concerning the appropriation of the eight percent service charge to the General Revenue Fund.

⁸¹ See s. 210.20(2)(a), F.S.

⁸² See s. 210.20(2)(b), F.S. The distribution of cigarette tax funds to the Moffitt Center was initiated in 1998, using 2.59 percent for the calculation on net cigarette tax collections. See ch. 98-286, Laws of Fla. The last adjustment to the percentage for the calculation occurred in 2014, when the percentage was set at the current 4.04 percent from July 1, 2014 through June 30, 2017. See s. 8 of ch. 2014-38., Laws of Fla.

⁸³ Pursuant to s. 210.20(2)(c), F.S. these funds (constituting 1.0 percent of net collections) are appropriated in an amount up to \$3 million annually during the period of July 1, 2013 to June 30, 2033, to the DOH and the Sanford-Burnham Medical Research Institute for the purpose of those entities working to establish activities and grant opportunities relating to biomedical research.

⁸⁴ See s. 210.20(b), F.S.

⁸⁵ s. 210.20(1)(c), F.S.

⁸⁶ s. 320.08, F.S.

manner required by the laws and regulations of the United States, and includes all sparkling wines, champagnes, combination of the aforesaid beverages, vermouths, and like products. Section 565.01, F.S., defines "liquor" to mean that substance known as ethyl alcohol, ethanol, or spirits of wine in any form, including all dilutions and mixtures thereof from whatever source or by whatever process produced.

Excise taxes are imposed upon the manufacturers and distributors of beer, wine and liquor.87

Beer	**************************************
Pints or less	\$0.06 each
Quarts	\$0.12 each
Bulk Gallons	\$0.48 per gallon
Wine (% alcohol by volume)	The second secon
Less than 17.259%	\$2.25 per gallon
17.259% or more	\$3.00 per gallon
Natural Sparkling	\$3.50 per gallon
Cider	\$0.89 per gallon
Liquor (% alcohol by volume)	
Less than 17.259%	\$2.25 per gallon
17.259% to 55.780%	\$6.50 per gallon
More than 55.780%	\$9.53 per gallon

There are some products that meet the federal definition of "beer," but are not beer under current Florida law because they do not contain malt. Consequently, they are taxed at the \$2.25 per gallon liquor tax rate.

On January 17, 2017, the DBPR's Division of Alcoholic Beverages and Tobacco published Industry Notice 2017-001.88 The notice provided, in pertinent part:

The Division of Alcoholic Beverages and Tobacco has recently reviewed the brand registration and excise tax classification for several alcoholic beverage brands comprising a product variety commonly known as non-malt spirituous seltzer beverages. The Division's review has determined that clarification regarding this product variety may be needed to ensure the consistent and compliant registration and reporting of these particular products within the industry in Florida.

The alcoholic beverage products regulated by the Florida Beverage Law are classified in three primary beverage types – beer or malt beverages, wine, and liquor. The Division relies on this statutory delineation of the alcoholic beverage product types in the licensing, auditing, and enforcement of regulated entities engaged in the manufacturing, distribution, or retail sale of alcoholic beverages in Florida.

Section 563.01, Florida Statutes, defines "beer" and "malt beverages" to mean all brewed beverages containing malt. Section 564.01, Florida Statutes, defines "wine," in part, to mean all beverages made from fresh fruits, berries, or grapes, either by natural fermentation or by natural fermentation with brandy added, in the manner required by the laws and regulations of the United States, and includes all sparkling wines, champagnes, combination of the aforesaid beverages, vermouths, and like products. Section 565.01, Florida Statutes, defines "liquor" to mean that

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⁸⁷ See ss. 563.05, F.S., 564.06, F.S., and 565.12, F.S.

http://www.myfloridalicense.com/dbpr/abt/documents/2017.01.17%20Industry%20Notice%202017-

substance known as ethyl alcohol, ethanol, or spirits of wine in any form, including all dilutions and mixtures thereof from whatever source or by whatever process produced.

By definition, alcoholic beverages not containing malt do not qualify to be registered as beer or malt beverage. Similarly, alcoholic beverages not made from fresh fruits, berries, or grapes do not qualify to be registered as wine. If unable to qualify as beer or wine, an alcoholic beverage may be categorized as liquor. Pursuant to the Florida Beverage Law, spirituous seltzer beverages and similar products that do not contain malt and are not made from fresh fruits are classified as liquor for the purpose of brand registration in Florida. (emphasis supplied)

Alcoholic beverages that are not classified as a malt beverage or as wine, which contain less than 17.259 percent alcohol by volume, are subject to alcoholic beverage excise taxes at a rate of \$2.25 per gallon. The Florida Beverage Law requires that this rate be computed and remitted with the monthly report for all spirituous seltzer beverages or similar alcoholic beverages sold during the previous calendar month.

Proposed Changes

The PCB amends the definition of "beer" and "malt beverage" to more closely align with the federal definition of beer set forth in 27-CFR 25.11, but limits the alignment to beverages that are under six percent alcohol by volume. The federal definition of beer appears to encompass non-malt spirituous seltzer type beverages, although specific determinations would depend on the specific formulation of the beverage in guestion.

Property Taxation in Florida

Local governments, including counties, school districts, and municipalities have the constitutional authority to levy ad valorem taxes. Special districts may also be given this authority by law. 89 Ad valorem taxes are collected on the fair market value of the property, adjusting for any exclusions. differentials or exemptions.

All ad valorem taxation must be at a uniform rate within each taxing unit, subject to certain exceptions with respect to intangible personal property.90 However, the Florida constitutional provision requiring that taxes be imposed at a uniform rate refers to the application of a common rate to all taxpayers within each taxing unit – not variations in rates between taxing units. 91

Federal, state, and county governments are immune from taxation but municipalities are not subdivisions of the state and may be subject to taxation absent an express exemption. 92 The Florida Constitution grants property tax relief in the form of certain valuation differentials. 93 assessment limitations, 94 and exemptions, 95 including the exemptions relating to municipalities and exemptions for educational, literary, scientific, religious or charitable purposes.

⁸⁹ FLA. CONST. art VII, s. 9,

⁹⁰ FLA. CONST. art VII, s. 2.

⁹¹ See, for example, Moore v. Palm Beach County, 731 So. 2d 754 (Fla. 4th DCA 1999) citing W. J. Howey Co. v. Williams, 142 Fla. 415, 195 So. 181, 182 (1940).

^{92 &}quot;Exemption" presupposes the existence of a power to tax, while "immunity" implies the absence of it. See Turner v. Florida State Fair Authority, 974 So. 2d 470 (Fla. 2d DCA 2008); Dept. of Revenue v. Gainesville, 918 So. 2d 250, 257-59 (Fla. 2005).

⁹³ FLA. CONST. art VII, s. 4, authorizes valuation differentials, which are based on character or use of property.

⁹⁴ FLA. CONST. art VII, s. 4(c), authorizes the "Save Our Homes" property assessment limitation, which limits the increase in assessment of homestead property to the lesser of 3 percent or the percentage change in the Consumer Price Index. S. 4(e) authorizes counties to provide for a reduction in the assessed value of homestead property to the extent of any increase in the assessed value of that property which results from the construction or reconstruction of the property for the purpose of providing living quarters for one or more natural or adoptive grandparents or parents of the owner of the property or of the owner's spouse if at least one of the STORAGE NAME: pcb06.WMC.DOCX

Ad Valorem: Inventory Definition

Current Situation

Current law exempts from ad valorem taxation all items of inventory. ⁹⁶ "Inventory" is defined as chattels consisting of items commonly referred to as goods, wares, and merchandise (as well as inventory) which are held for sale or lease to customers in the ordinary course of business. ⁹⁷ Supplies and raw materials are considered to be inventory only to the extent that they are acquired for sale or lease to customers in the ordinary course of business or will physically become a part of merchandise intended for sale or lease to customers in the ordinary course of business. Partially finished products which when completed will be held for sale or lease to customers in the ordinary course of business are deemed items of inventory. All livestock is considered inventory.

Items of inventory held for lease to customers in the ordinary course of business, rather than for sale, are deemed inventory only prior to the initial lease of such items. Current administration of the law by property appraisers in most counties is to treat such property as taxable tangible personal property once in the hands of a lessee. Should the property be back in the hands of the lessor, the property appraiser will look to the intent of the lessor and determine whether the lessor intends to sell or lease the property. If the intent is to lease the property, it remains taxable. If the intent is to sell the property, it is again treated as inventory. However, the property is never considered inventory when it is in the hands of a lessee.

Proposed Changes

The PCB amends the definition of inventory to explicitly include construction and agricultural equipment weighing 1,000 pounds or more that is returned to a dealership under a rent to purchase option and held for sale to customers in the ordinary course of business.

Ad Valorem: Affordable Housing Agreements

Current Situation

The Florida Constitution requires that all property be assessed at just value for ad valorem tax purposes, and it provides for specified assessment limitations, property classifications and exemptions. Such exemptions include, but are not limited to, exemptions for such portions of property used predominately for educational, literary, scientific, religious or charitable purposes.

In 1999,¹⁰¹ the Legislature authorized a property tax exemption for property owned by certain exempt entities which provide affordable housing under the charitable purposes exemption. The property must be owned entirely by a not for profit corporation, used to provide affordable housing through any state

grandparents or parents for whom the living quarters are provided is 62 years of age or older. This provision is known as the "Granny Flats" assessment limitation.

⁹⁵ FLA. CONST. art VII, s. 3, provides authority for the various property tax exemptions. The statutes also clarify or provide property tax exemptions for certain licensed child care facilities operating in an enterprise zone, properties used to provide affordable housing, educational facilities, charter schools, property owned and used by any labor organizations, community centers, space laboratories, and not-for-profit sewer and water companies.

⁹⁶ s. 196.185, F.S.

⁹⁷ s. 192.001(11)(c), F.S.

⁹⁸ Fla. Const., art. VII, s. 4.

⁹⁹ Fla. Const., art. VII, ss. 3, 4, and 6.

¹⁰⁰ Fla. Const., art. VII, s. 3.

¹⁰¹ s. 15, ch. 99-378, Laws of Fla., codified at s. 196.1978, F.S.

housing program under ch. 420, F.S., and serving low-income and very-low-income persons. ¹⁰² In order to qualify for the exemption, the property must comply with ss. 196.195 for determining non-profit status of the property owner and s. 196.196 for determining exempt status of the use of the property.

In determining whether an applicant is a nonprofit or profit-making venture, s. 196.195 outlines the statutory criteria that a property appraiser must consider. The applicant must show that no part of the subject property, or the proceeds of the sale, lease, or other disposition thereof, will inure to the benefit of its members, directors, or officers or any person or firm operating for profit or for a nonexempt purpose. The purpose of the sale, lease, or other disposition thereof, will inure to the benefit of its members, directors, or officers or any person or firm operating for profit or for a nonexempt purpose.

In determining whether the use of a property qualifies as charitable, s. 196.196 requires the property appraiser to consider the nature and extent of the qualifying activity compared to other activities performed by the organization owning the property, and the availability of the property for use by other qualifying entities. ¹⁰⁵

The Florida Housing Finance Corporation (FHFC) was created by the Legislature to administer the governmental function of financing or refinancing housing and related facilities, and is described as an "entrepreneurial public corporation" that is housed in, but not controlled by, the DEO. The FHFC programming provides numerous financing resources, such as loans and tax credits, to real estate developers who build certain low-income housing projects. Rental property developers who receive financing from the FHFC must agree to enter a Land Use Restrictive Agreement (LURA), which subjects the rental property to certain limitations in exchange for preferable financing, in the way of low-interest loans or tax credits. The purpose of a LURA is to ensure FHFC-financed housing remains affordable by limiting the maximum rent that can be charged for a unit and by requiring that some or all of the units be made available only to households with specified lower income. The land use restrictions are documented in the LURA, and recorded in the public record. Recording the LURA means its restrictions run with the land, so that if the property is sold during the term of the agreement, then the buyer must also abide by the terms of the LURA. Depending on applicable federal and state program requirements, the restriction period for the property may be as short as 10 years or as long as 50 years.

Proposed Changes

Effective January 1, 2018, the PCB provides that certain property used to provide affordable housing will be considered a charitable purpose and qualify for a 50 percent property tax discount, notwithstanding the requirements of ss. 196.195 and 196.196, F.S.

In order to qualify for the discount, the property must:

- Provide affordable housing to natural persons or families meeting the extremely low, very low, or low-income limits specified in s. 420.0004, F.S.;
- Provide the housing in a multifamily project in which at least 70 units are providing affordable housing to the above group; and

¹⁰² The not for profit corporation must qualify as charitable under s. 501(c)(3) of the Internal Revenue Code and other federal regulations. See 26 U.S.C. § 501(c)(3) ("charitable purposes" include relief of the poor, the distressed or the underprivileged, the advancement of religion, and lessening the burdens of government).

¹⁰³ s. 196.195, F.S.

¹⁰⁴ s. 196.195(3), F.S.

¹⁰⁵ s. 196.196(1)(a)-(b), F.S.

¹⁰⁶ s. 420.504(1), F.S.

¹⁰⁷ Correspondence with Florida Housing Finance Corporation Staff, on file with the House Ways and Means Committee.

¹⁰⁸ Correspondence with Florida Housing Finance Corporation Staff, on file with the House Ways and Means Committee.

¹⁰⁹ See. s. 420.504(46), F.S.

¹¹⁰Correspondence with Florida Housing Finance Corporation Staff, on file with the House Ways and Means Committee. **STORAGE NAME**: pcb06.WMC.DOCX

 Be subject to an agreement with the Florida Housing Finance Corporation to provide affordable housing to the above group, recorded in the official records of the county in which the property is located.

The discount will begin in the 16th year of the term of the agreement on those portions of the affordable housing property that provide the housing as described above. The discount will terminate when the property is no longer serving extremely low, very low, or low-income persons pursuant to the recorded agreement. The discount is applied to taxable value prior to tax rolls being reported to taxing authorities and tax rates being set in the annual local government budgeting process.

Ad Valorem: Homes for the Aged

Current Situation

Florida law exempts from ad valorem taxation property used as a home for the aged by certain nonprofit corporations. ¹¹¹ In order to qualify for the exemption, the following criteria must be met:

- The applicant for exemption must be qualified as a 501(c)(3) exempt charitable organization under federal law by January 1 of the year it requests to be exempt from Florida ad valorem taxation; and either:
 - o A corporation not for profit pursuant to ch. 17, F.S.; or
 - A Florida limited partnership, the sole general partner of which is a corporation not for profit pursuant to ch. 17; and
- Seventy-five percent of the occupants of the facility must be over the age of 62 years or be totally and permanently disabled;
- Certain facilities must also acquire licensing by the Agency for Health Care Administration. 112

Upon sufficient proof that the applicant meets the above criteria, the property appraiser will exempt the portions of the facility which are devoted exclusively to the conduct religious services or the rendering of nursing or medical services. In addition, the property appraiser may exempt individual units or apartments in the facility if residency in those units or apartments is restricted to or occupied by certain persons who are either low income or disabled as specified below:

- Persons who have gross incomes¹¹³ of not more than \$7,200¹¹⁴ per year and who are 62 years of age or older.
- Couples, one of whom must be 62 years of age or older, having a combined gross income of not more than \$8,000 per year, or the surviving spouse thereof, who lived with the deceased at the time of the deceased's death in a home for the aged.
- Persons who are totally and permanently disabled and who have gross incomes of not more than \$7,200 per year.¹¹⁵
- Couples, one or both of whom are totally and permanently disabled, having a combined gross income of not more than \$8,000 per year, or the surviving spouse thereof, who lived with the deceased at the time of the deceased's death in a home for the aged.

Any portion of the facility used for nonexempt purposes may be valued and placed upon the tax rolls separately from any portion entitled to the exemption.

STORAGE NAME: pcb06.WMC.DOCX

¹¹¹ Fla. Const. ss. 3(a), 6(c), art. VII, implemented by s. 196.1975, F.S.

¹¹² Facilities that furnish medical facilities or nursing services, or qualifies as an assisted living facility under ch. 429. See s. 196 1975(2) F.S.

¹¹³ Includes social security benefits for purposes of this exemption. See s. 196.1975(6), F.S.

Section 196.1975(4)(b), F.S., provides all of the income limitations are annually adjusted by the percentage change in the average cost-of-living index.

¹¹⁵ Section 196.1975(4)(a), F.S., provides the income limitations do not apply to totally and permanently disabled veterans that meet the requirements of s. 196.081, F.S.

In order to demonstrate to the property appraiser the facility is qualified for the exemption, the facility must annually file an application for exemption with the property appraiser (DR-504HA). Section 196.1975(9)(b) also requires the facility to file with the application an affidavit from each person residing in a unit or apartment in the facility that meets the disability or income requirements described above (DR-504S). Paragraph (9)(b) provides that the person signing the affidavit attests that he or she resides in the unit or apartment claiming the exemption and, in good faith, makes that unit or apartment his or her permanent residence. The application notifies the facility that it may be required to provide supplemental information other than the application upon a reasonable request by the property appraiser.

Proposed Changes

The PCB provides that each facility applying for an exemption must file with the annual application for exemption an affidavit approved by the Department of Revenue from each person who occupies a unit or apartment stating the person's income and provides that the affidavit is prima facie evidence of the person's income. However, if the property appraiser determines, at a later time, that additional documentation proving an affiant's income is necessary, the property appraiser may request such documentation. The PCB provides that the facility is not required to provide an income affidavit from a resident who is a totally and permanently disabled veteran who meets the requirements of s. 196.081, F.S.

DOR Tax Administration

This PCB contains recommendations for general tax administration improvements, primarily consisting of legislative concepts submitted by the DOR following approval by the Governor and Cabinet. The PCB includes numerous statutory changes intended to reduce the burden of compliance on taxpayers, reduce the DOR's costs, increase efficiency in tax administration, and improve enforcement of tax laws.

Estate Administration Reporting

Current Situation

Current law requires each circuit judge of this state to notify the DOR and the Agency for Healthcare Administration on a monthly basis of names and certain other information related to all estates of decedents that commenced estate administration during the preceding month. Due to changes in estate and intangible tax law, the DOR no longer uses or needs this information.

In addition, the personal representative of an estate generally must notify the creditors of the decedent that estate administration proceedings have commenced. If the DOR has not previously been served with a copy of the notice to creditors, then the personal representative is also required to provide the DOR with a copy of the estate's inventory, even when the DOR is not a creditor.

Proposed Changes

The PCB removes the DOR from the monthly reporting requirement for circuit court judges.

In addition, the PCB provides that the personal representative has to provide the DOR with a copy of the notice of creditors only when the DOR is a creditor.

STORAGE NAME: pcb06.WMC.DOCX

¹¹⁶ s. 196.1975(9)(b), F.S.

¹¹⁷ DOR, Ad Valorem Tax Exemption Application and Return, Homes for the Aged, DR-504HA, available at: http://floridarevenue.com/Pages/forms index.aspx (last visited April 1, 2017).

¹¹⁸ s. 198.30, F.S.

¹¹⁹ s. 733.2121, F.S.

¹²⁰ s. 733.2121(3)(e), F.S.

Registration Fees

Current Situation

Under current law, the following registration and licensing fees must be paid to the DOR:

- Terminal supplier, importer, exporter, blender, biodiesel manufacturer, or wholesaler of motor fuel license tax (\$30 annually); 121
- Private or common carrier of motor fuel license tax (\$30 annually);¹²²
- Terminal operator license tax (\$30 annually);¹²³
- Any person who is not otherwise licensed pursuant to ch. 206 (fuel taxes) and who produces, imports, or causes to be imported pollutants, a temporary license fee (\$30 annually);¹²⁴
- Commercial air carrier license application fee (\$30 annually); 125
- Natural gas fuel retailer license fee (\$5 annually);¹²⁶
- Unregistered persons who but for their mail order purchases would not be required to remit sales or use tax directly to the DOR (unspecified amount);¹²⁷
- Most sales tax dealers (one time \$5 registration fee for paper return filers);¹²⁸
- Drycleaning facility or drycleaning drop-off facility registration fee (\$30 annually);¹²⁹ and
- Any person producing in, importing into, or causing to be imported into, or selling in, this state perchloroethylene registration fee (e.g., chemical sold to drycleaning facilities). 130

In addition, when motor fuel or diesel fuel is sold by a retail dealer to a person who claims to be entitled to a refund, such person may file a refund claim pursuant to s. 206.41, F.S., and is charged \$2 per refund claim.

Proposed Changes

The PCB eliminates the license registration fees described above, as well has the \$2 per refund charge.

Vending Machine Operators

Current Situation

An operator of a vending machine may not operate or cause to be operated in this state any vending machine until the operator has registered with the DOR, has obtained a separate registration certificate for each county in which such machines are located, and has affixed a notice to each vending machine selling food or beverages. The penalty for noncompliance with the notice requirement is \$250 per machine. The notice is intended to notify customers that each vending machine must contain the required notice, and if a machine does not have such notice the customer may report the noncompliance to the DOR and potentially receive a cash reward. The notice is intended to notify customers that each vending machine must contain the required notice, and if a machine does not have such notice the customer may report the

¹²¹ s. 206.02, F.S.

¹²² s. 206.021, F.S.

¹²³ s. 206.022, F.S.

¹²⁴ s. 206.9943, F.S.

¹²⁵ s. 206.9865, F.S.

¹²⁶ s. 206.9952, F.S.

¹²⁷ s. 212.0596, F.S.

s. 212.0336, F.S.

¹²⁹ s. 376.70, F.S.

¹³⁰ s. 376.75(2), F.S.

¹³¹ s. 212.0515(3)(a), F.S.

¹³² s. 212.0515(4), F.S.

¹³³ s. 212.0515(3)(b), F.S.

The DOR estimates that they receive approximate 100-150 calls per year on the toll free number provided on the notice related to vending machines, but almost all of those calls are individuals complaining that the machine does not work. The DOR has never issued the \$250 penalty, nor the reward for reporting noncompliance.

Proposed Changes

The PCB removes the notice requirement, the associated penalty, and the customer reward for reporting noncompliance.

Local Option Fuel Taxes

Current Situation

Counties may levy a "ninth-cent fuel tax" (one cent per net gallon) on motor fuel and diesel fuel if approved by extraordinary vote of its governing board or by voter referendum.¹³⁴ Counties also may levy a "local option fuel tax" on motor fuel (between one cent and 11 cents per net gallon) and diesel fuel (six cents per net gallon).

All impositions of the ninth-cent fuel tax or the local option fuel tax must be levied before October 1 of each year to be effective January 1 of the following year. This timing allows the DOR sufficient time to implement necessary changes in distribution programs and other administrative changes needed to implement the tax levy. However, levies of the tax which were in effect on July 1, 2002, and which expire on August 31 of any year may be re-imposed at the current authorized rate to be effective September 1 of the year of expiration. Current law does not specify when the re-imposition of the tax must be levied, which has resulted in some confusion and administrative challenges for implementing such re-impositions of tax.

Proposed Changes

The PCB provides that levies of the ninth-cent fuel tax or the local option fuel tax which were in effect on July 1, 2002, and which expire on August 31 of any year may be re-imposed at the current authorized rate provided that the imposition of the tax is levied before July 1 to be effective September 1 of that year.

Tax Remittance Due Dates

Current Situation

Employers in Florida required to remit reemployment assistance contributions must do so on a quarterly basis, except that they may remit annually between January 1 and February 1 for employees performing domestic services, as defined in s. 443.1216(6), F.S.¹³⁵

For an annual administrative fee not to exceed \$5, employers can remit the quarterly contributions in equal installments according to specified due dates for each installment. 136

Any employer who employed 10 or more employees in any quarter during the preceding state FY must file the Employers Quarterly Reports (UCT-6) for the current calendar year and remit the contributions and reimbursements due by electronic means approved by the tax collection service provider. An employer who is required file a UCT-6 report by approved electronic means, but who files the report by

¹³⁴ s. 336.021(1)(a), F.S.

¹³⁵ s. 443.131, F.S.

¹³⁶ s. 443.141, F.S.

¹³⁷ s. 443.161(1), F.S.

a means other than approved electronic means, is liable for a penalty of \$50 for that report and \$1 for each employee. 138

Proposed Changes

The PCB provides that employers of employees performing domestic services described above must remit no later than January 31, or if that day is a Saturday, Sunday, or holiday, then on the next day that is not a Saturday, Sunday, or holiday.

Further, if any of the quarterly due dates for employers remitting contributions on an installment basis fall on a Saturday, Sunday, or holiday, then the due date will be the next day that is not a Saturday, Sunday, or holiday.

For purposes of these changes, holidays are those dates designated by ss. 110.117(1) and (2), F.S., and any other day that the offices of the United States Postal Service are closed.

Lastly, the tax collection service provider (i.e., DOR) may waive the penalty for reporting by a means other than approved electronic means if a written request for waiver is filed that establishes that imposition would be inequitable. Examples of inequity include, but are not limited to, situations where the failure to e-file was caused by one of the following factors:

- Death or serious illness of the person responsible for the preparation and filing of the report.
- Destruction of the business records by fire or other casualty.
- Unscheduled and unavoidable computer down time.

B. SECTION DIRECTORY:

- Section 1. Amends s. 196.1975(4), F.S., to clarify the documentation needed to be submitted by certain nonprofit homes for the aged to obtain a property tax exemption.
- Section 2. Amends s. 196.1978, F.S., to create a property tax discount on certain property used for charitable affordable housing.
- Section 3. Amends s. 198.30, F.S., to eliminate the requirement that judges to report names of decedents to DOR.
- Section 4. Amends s. 192.001(11)(c), to clarify the definition of "inventory" for ad valorem tax purposes.
- Section 5. Amends ss. 206.02(2)(c), (3)(c), (4)(c), F.S., to remove the \$30 annual registration fee for a license to be a motor fuel supplier, importer, exporter, blender, or wholesaler.
- Section 6. Amends s. 206.021(3), F.S., to remove the \$30 annual registration fee for a license to be a motor fuel common carrier.
- Section 7. Amending s. 206.022(2), F.S., to remove the \$30 annual registration fee for a license to be a motor fuel terminal operator.
- Section 8. Amends s. 206.03(1), F.S., to conform to changes made to s. 206.02, F.S., by the PCB.
- Section 9. Amends s. 206.045, F.S., to conform to changes made to ch. 206, F.S., by the PCB.
- Section 10. Repeals ss. 206.405 and 206.406, F.S., to conform to changes made to ch. 206, F.S., by the PCB.

- Section 11. Amends s. 206.41(5)(c)(2), F.S., to remove the \$2 fee for each motor fuel tax refund claim.
- Section 12. Amends s. 206.9943(3), F.S., to remove the \$30 annual registration fee for a pollutant tax license.
- Section 13. Amends s. 206.9952(9), F.S. to remove the \$5 annual registration fee for a natural gas retailer license.
- Section 14. Amends s. 206.9865(3), F.S., to remove the \$30 annual registration fee for a license to be a commercial air carrier.
- Section 15. Repeals s. 210.20(2)(c), F.S., to redirect the distribution of certain cigarette tax collections.
- Section 16. Amends 212.031(1)(a)(4), F.S., to exempt a portion of the sales and use tax on commercial real estate rentals.
- Section 17. Amends s. 212.04(1)(c), F.S., to exempt certain resales of admissions to exempt entities.
- Section 18. Amends ss. 212.0515(3)(a), (4), F.S., to remove a notice requirement for vending machine operators, the associated penalty for noncompliance, and the reward for reporting noncompliance.
- Section 19. Amends s. 212.0596(I)(7), F.S., to remove a reference to registration fees for unregistered persons who make mail order sales in Florida.
- Section 20. Amends s. 212.08(5)(p), F.S., to extend the CCTC for one year and set the tax credit cap at \$24.9 million; amends s. 212.08(5)(a), F.S., and adds (7)(ooo),(ppp), (19), and (20) to that section to provide the following sales tax exemptions:
 - · certain animal health products,
 - diapers and incontinence products,
 - feminine hygiene products,
 - annual sales tax holiday for certain purchases of by eligible military veterans, and
 - certain sales made between certain financial institutions and related parties.
- Section 21. Amends s. 212.18(3)(a), F.S., to remove the \$5 registration fee for sales and use tax dealers.
- Section 22. Amends s. 220.03(t), F.S., to conform to provisions in the PCB that extend the CCTCP for one year and set the tax credit cap at \$24.9 million.
- Section 23. Amends s. 220.183(5), F.S, to extend the CCTC for one year and set the tax credit cap at \$24.9 million.
- Section 24. Amends s. 220.1845(2)(f), F.S., to set the cap for the Brownfields Redevelopment Program Tax Credit at \$20 million for 2017-2018 and \$10 million thereafter
- Section 25. Amends s. 220.196(3)(e), F.S., to increase the cap for the Research and Development Tax Credit to \$20 million for calendar year 2018.

- Section 26. Amends s. 220.222(2)(d) to change the filing date for certain income tax returns of calendar year taxpayers.
- Section 27. Amends s. 220.33(1), F.S., to change the filing date for estimated tax for corporate income tax to be due on the last Friday in June if the last day in June is a Saturday or Sunday.
- Section 28. Amends s. 320.08(13), F.S., to conform to changes made to s. 320.10, F.S., by the PCB.
- Section 29. Adds new paragraph (k) to s. 320.10, F.S., to provide an exemption for motor vehicle license taxes on marine boat trailers owned by s. 501(c)(3) organizations.
- Section 30. Creates s. 320.102, F.S., to exempt certain marine boat trailers owned by s. 501(c)(3) organizations from motor vehicle fees.
- Section 31. Amends s. 336.021(5), F.S., to provide that levies of the ninth-cent fuel which expire on August 31 of any year may be re-imposed at the current authorized rate provided that the imposition of the tax is levied before July 1.
- Section 32. Amends s. 336.025(1)(b)(1), F.S., to provide that levies of the local option fuel tax which expire on August 31 of any year may be re-imposed at the current authorized rate provided that the imposition of the tax is levied before July 1.
- Section 33. Amends s. 376.30781(4), F.S., to set the cap for the Brownfields Redevelopment Program Tax Credit at \$20 million for 2017-2018 and \$10 million thereafter.
- Section 34. Amends s. 376.70(2), F.S., to remove the \$30 registration fee for dry cleaning facilities operators.
- Section 35. Amends s. 376.71, F.S., to conform to changes made to s. 376.70, F.S., by the PCB.
- Section 36. Amends s. 376.75(2), F.S., to remove the \$30 registration fee for persons producing or importing perchloroethylene.
- Section 37. Amends s. 443.131(1), F.S., to clarify the reemployment assistance contributions remittance due date for certain employers is no later than January 31, or the next day that is not a Saturday, Sunday, or holiday.
- Section 38. Amends s. 443.141(1)(a), F.S., to clarify that, for employers who remit reemployment assistance contributions remittance on an installment basis, the due date for any installment payment that falls on a Saturday, Sunday, or holiday will be the next day that is not a Saturday, Sunday, or holiday.
- Section 39. Amends s. 443.163, F.S., to allow tax collection service providers the option to waive penalties for incorrectly filed reports for specified reasons.
- Section 40. Amends s. 563.01, to amend the definitions of "beer" and "malt beverage."
- Section 41. Amends s. 624.5105(6), F.S., to extend the CCTCP for one year and set the tax credit cap at \$24.9 million.
- Section 42. Amends s. 733.2121, F.S., to clarify a decedent's personal representative needs to serve the DOR with a notice of creditors only when the DOR is a creditor.

- Section 43. Provides an exemption from the sales and use tax for the retail sale of certain clothes, school supplies, and personal computers and personal computer-related accessories during a specified period; provides emergency rulemaking authority; provides an appropriation.
- Section 44. Provides an exemption from the sales and use tax for the retail sale of certain supplies related to disaster preparedness during a specified period; provides emergency rulemaking authority; provides an appropriation.
- Section 45. Provides an exemption from the sales and use tax for the retail sale of certain textbooks during the 2017-18 fiscal year; provides emergency rulemaking authority.
- Section 46. Provides the DOR with emergency rulemaking authority to implement the amendments made to s. 212.08(19), F.S.
- Section 47. Amends s. 206.998, F.S., to conform to changes made to ch. 206, F.S., by the PCB.
- Section 48. Provides an appropriation.
- Section 49. Provides that the amendments made by the PCB to s. 212.08(5)(a), F.S., are remedial in nature and retroactive, but do not provide the basis for an assessment or refund of taxes.
- Section 50. Provides that the amendments made to s. 220.222, F.S., by the PCB apply to taxable years beginning on or after January 1, 2016.
- Section 51. Provides an appropriation.
- Section 52. Provides effective dates.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

See Fiscal Comments.

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

See Fiscal Comments.

2. Expenditures:

See Fiscal Comments.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The PCB will remove, either during specific periods of time or on an ongoing basis, the sales tax on various purchases of tangible personal property, and reduce the sales tax on the rental of commercial real estate.

The PCB is expected to reduce the corporate income tax liability for certain taxpayers that utilize the tax credit programs affected by the PCB.

D. FISCAL COMMENTS:

The total impact of the PCB in FY 2017-2018 is -\$296.3 million (-\$276.0 million recurring) of which -\$238.2 million (-\$212.0 million recurring) is on General Revenue, -\$2.6 million is on state trust funds, and -\$55.5 million (-\$61.4 million recurring) is on local government (see table below). Non-recurring General Revenue and local government impacts in years beyond FY 2017-18, total -\$480.2 million and -\$61.1 million, respectively. Total tax reductions proposed by the PCB are represented by the sum of the recurring impacts, reflecting the annual value of permanent tax cuts when fully implemented, and the pure nonrecurring impacts, reflecting temporary tax reductions. The total of -\$953.9 million in tax reductions proposed by the PCB is the sum of -\$275.9 million (recurring, excluding appropriations), -\$136.7 million (pure nonrecurring in FY 2017-18), and -\$541.3 million (pure nonrecurring after FY 2017-18).

Appropriations Detail—The \$814,726 appropriated in the PCB consists of \$241,200 to implement the "back-to-school" sales tax holiday, \$290,580 to implement the disaster preparedness sales tax holiday, \$149,818 to implement the business rent tax rate reduction and the new exemptions for diapers, incontinence products, and feminine hygiene products, and \$133,128 to administer the annual veterans' clothing holiday. Most of the above appropriations are needed to pay the cost of notifying several hundred thousand sales tax dealers of either the temporary or permanent law changes.

	General Revenue		State Trust Funds		Local		Total	
Issue	1st Yr	Recur.	1st Yr	Recur.	1st Yr	Recur.	1st Yr	Recur.
Sales Tax: Business Rent/1.5% for 2 yrs/0.5% Perm.	(168.9)	(135.1)	(*)	(*)	(21.8)	(17.5)	(190.7)	(152.6)
Sales Tax: Tax Holiday/"Back-to-School" [Aug 4-13]	(56.0)		(*)	· - ·	(14.3)		(70.3)	
Sales Tax: Tax Holiday/Disaster Preparedness	(5.3)		(*)		(1.4)	-	(6.7)	
Sales Tax: Veterans' Tax Holiday/Annual	(1.4)	(1.4)	(*)	(*)	(0.3)	(0.3)	(1.7)	(1.7)
Sales Tax: Diapers & Incontinence Products	(18.0)	(43.1)	(*)	(*)	(4.6)	(11.0)	(22.6)	(54.1)
Sales Tax: Hygiene Products	(3.8)	(8.9)	(*)	(*)	(1.0)	(2.3)	(4.8)	(11.2)
Sales Tax: College Textbooks (1 Yr)	(33.3)		(*)		(8.5)	_	(41.8)	
Sales Tax: Agriculture/Animal Health & Other	(10.3)	(10.9)		- 175,000000	(2.7)	(2.7)	(13.0)	(13.6)
Sales Tax: Admissions Resales	(2.2)	(2.4)	(*)	(*)	(0.6)	(0.6)	(2.8)	(3.0)
Sales Tax: Dodd-Frank Exemption	(1.6)	(7.5)	(*)	(*)	(0.3)	(1.0)	(1.9)	(8.5)
Ad Valorem: Inventory Definition (1)	-	-	-		-	(0.2)	-	(0.2)
Ad Valorem: Affordable Housing (1)	-	-	-	_	- :	(25.8)	-	(25.8)
Beverage Tax: Beer/Malt Beverage Definitions	(**)	(**)	(**)	(**)	(**)	(**)	(**)	(**)
Corp Income Tax: Brownfields Credit Increase	(15.0)	(5.0)		-	· · · · · · · · · · · · ·	-	(15.0)	(5.0)
Corp Income Tax: R&D Credit Increase	(7.9)		- ·-·	-	-	-	(7.9)	-
HSMV Fees: Boat Trailers Fees for 501(c)(3)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)
DOR Registration Fees and Administration	(0.2)	(0.2)	-	: : :	- .	-	(0.2)	(0.2)
Appropriations: Tax Holidays & Admin	(0.7)		(0.1)	(0.1)	-	-	(0.8)	(0.1)
Corp Income Tax: Payment Due Date	83.9	-	-	<u>-</u>	-	- Address from	83.9	-
Cigarette Tax: Biomedical Research	2.5	2.5	(2.5)	(2.5)	-	-	-	-
2017-18 Total	(238.2)	(212.0)	(2.6)	(2,6)	(55.5)	(61.4)	(296.3)	(276.0)
Non-recurring Impacts After FY 2017-18	Cash		Cash	De 11 d	Cash		Cash	
Sales/Corporate/Ins. Prem.: Comm Cont Tax Credit Extension (1 Yr)	(22.5)	-	(*)	-	(2.4)	-	(24.9)	-
Corp Income Tax: R&D Credit Increase	(3.1)	-	- took waters on				(3.1)	- · · · · · · · · · · · · · · · · · · ·
Sales Tax: Business Rent/1.5% for 2 yrs	(454.6)	We consider a constant	A maked William		(58.7)	ann agus 2, poutopagage	(513.3)	-
Bill Total	(718.4)	(212.0)	(2.6)	(2.6)	(116.6)	(61.4)	(837.6)	(276.0)

^(*) Impact less than \$50,000; (**) Impact is indeterminate.

Recurring + Pure Nonrecurring (2) =

⁽¹⁾ Ad valorem tax impacts assume current tax rates.

⁽²⁾ Recurring tax cut total (excl. appropriations) = -\$275.9 million
Pure nonrecurring tax cuts in FY 2017-18 = -\$136.7 million
Pure nonrecurring tax cuts after FY 2017-18 = -\$541.3 million
-\$953.9 million

I. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The county/municipality mandates provision of Art. VII, section 18(b), of the Florida Constitution may apply because the provision in the PCB that provides a property tax discount for certain property used to provide affordable housing may reduce county and municipal government authority to raise revenue. The bill does not appear to qualify under any exemption or exception. If the bill does qualify as a mandate, final passage must be approved by two-thirds of the membership of each house of the Legislature.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The DOR has general rulemaking authority to create rules governing the taxes it administers. The PCB authorizes DOR to adopt emergency rules to implement the changes in the related to the back to school sales tax holiday, the disaster preparedness sales tax holiday, and the veterans' sales tax holiday. The PCB also provides a grant of rulemaking authority to implement the veterans' sales tax holiday.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

STORAGE NAME: pcb06.WMC.DOCX DATE: 4/4/2017

A bill to be entitled 1 An act relating to taxation; amending s. 196.1975, 2 3 F.S.; requiring certain corporations that provide 4 homes for the aged to file specified affidavits with 5 their annual tax exemption applications; providing an 6 exemption; authorizing the property appraiser to 7 request specified additional documentation under 8 certain conditions; amending s. 196.1978, F.S.; 9 discounting property taxes for properties that offer affordable housing to specified low-income persons and 10 11 families; providing requirements for such discount; 12 amending s. 198.30, F.S.; removing a requirement for 13 circuit judges to report certain information regarding a decedent's estate to the Department of Revenue; 14 amending s. 192.001, F.S.; revising the definition of 15 the term "inventory" to include specified construction 16 17 and agricultural equipment under certain circumstances; amending s. 206.02, F.S.; deleting 18 19 license application and renewal taxes for terminal supplier and motor fuel importer, exporter, blender, 20 and wholesaler licenses; amending s. 206.021, F.S.; 21 deleting license application and renewal taxes for 22 private or common carrier of motor fuel licenses; 23 amending s. 206.022, F.S.; deleting license 24 25 application and renewal taxes for terminal operator

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licenses; amending ss. 206.03 and 206.045, F.S.; conforming provisions to changes made by this act; repealing ss. 206.405 and 206.406, F.S., relating to the receipt and deposit of funds received from the payment of certain motor fuel license taxes; amending s. 206.41, F.S.; deleting the fee deducted from quarterly motor fuel refund claims to qualified taxpayers; amending ss. 206.9943, 206.9952, and 206.9865, F.S.; deleting application and renewal fees for pollutant tax, natural gas fuel retailer, and aviation fuel tax licenses; amending 210.20, F.S.; deleting specified cigarette taxes from being deposited into a specified trust fund for biomedical research purposes; amending s. 212.031, F.S.; reducing the tax levied on the renting, leasing, letting, and granting of a license for the use of real property; providing applicability; amending s. 212.04, F.S.; authorizing refunds or credits of taxes paid on admissions subsequently resold to exempt entities; amending s. 212.0515, F.S.; deleting provisions relating to required notice by vending machine operators, awards for reporting certain violations, and penalties for certain violations; amending s. 212.0596, F.S.; deleting authority for the department to establish a waiver for certain registration fees;

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amending s. 212.08, F.S.; revising the sales and use tax exemption for certain farm trailers; exempting certain animal and aquaculture health products, fencing materials, and oxygen products from the sales and use tax; specifying the total amount of community contribution tax credits that may be granted for contributions made to eligible sponsors of specified projects; extending the expiration date of the community contribution tax credit program; providing sales tax exemptions for products used to absorb menstrual flow, diapers, and incontinence products; providing an annual sales tax holiday for purchases of certain clothing and footwear by eligible military veterans; authorizing certain dealers to opt out of participating in such tax exemption; providing requirements to opt out of participation; authorizing the department to adopt rules; providing a sales tax exemption for certain sales between related persons as described under specified federal laws and regulations; providing requirements for such exemption; providing definitions; amending s. 212.18, F.S.; deleting the application fees to obtain a certificate of registration as a sales tax dealer; amending s. 220.03, F.S.; extending the expiration date for the definitions of the terms "community

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contribution" and "project" in the income tax code; amending s. 220.183, F.S.; specifying the total amount of community contribution tax credits that may be granted for contributions made to eligible sponsors of specified projects; extending the expiration date of specified provisions relating to community contribution tax credits; amending s. 220.1845, F.S.; specifying the tax credits available for contaminated site rehabilitation in a specified year and annually thereafter; amending s. 220.196, F.S.; specifying the amount of research and development tax credits that may be granted to business enterprises in a specified year; amending s. 220.222, F.S.; deleting a provision that limits the time period for filing certain corporate income tax filings; amending s. 220.33, F.S.; specifying filing days for estimated payments for corporate income tax purposes; amending s. 320.10, F.S.; exempting certain marine boat trailers from license taxes; amending s. 336.021, F.S.; authorizing a county to reimpose a current local option fuel tax rate under certain circumstances; amending 336.025, F.S.; authorizing a county to reimpose a current local option fuel tax rate under certain circumstances; requiring the rescission of such rate on a specified date; amending s. 376.30781, F.S.; revising the total

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amount of tax credits that may be granted for the rehabilitation of drycleaning-solvent-contaminated sites and brownfield sites in a specified year and annually thereafter; amending s. 376.70, F.S.; deleting provisions relating to drycleaning facility registration fees; amending s. 376.71, F.S.; conforming provisions to changes made by this act; amending s. 376.75, F.S.; deleting the registration fee for a certain pollutant tax license to import perchloroethylene; amending ss. 443.131 and 443.141, F.S.; revising the date on which certain employer contributions are due; providing a definition; amending s. 443.163, F.S.; authorizing the tax collection service provider to waive penalties for late-filed returns under certain circumstances; amending s. 563.01, F.S.; revising the definitions of the terms "beer" and "malt beverage" for purposes of the Beverage Law; amending s. 624.5105, F.S.; specifying the total amount of community contribution tax credits that may be granted each fiscal year; extending the expiration date of specified provisions relating to community contribution tax credits; amending s. 733.2121, F.S.; requiring a personal representative to serve notice of creditors on the department only if the department is a creditor;

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providing sales tax exemptions for the retail sale of certain clothing, school supplies, personal computers, personal computer-related accessories, disaster preparedness supplies, and educational textbooks and instructional materials during specified periods; providing exceptions; authorizing, and providing requirements for, certain dealers to opt out of participating in such tax exemption; authorizing the department to adopt emergency rules; amending s. 206.998, F.S.; conforming provisions to changes made by this act; providing repeal dates; providing for retroactive application; providing applicability; providing appropriations; providing effective dates.

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

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Section 1. Paragraph (c) is added to subsection (4) of section 196.1975, Florida Statutes, to read:

196.1975 Exemption for property used by nonprofit homes for the aged.—Nonprofit homes for the aged are exempt to the extent that they meet the following criteria:

(4)

(c) Each not-for-profit corporation applying for an exemption under paragraph (a) must file with its annual application for exemption an affidavit approved by the

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Department of Revenue from each person who occupies a unit or apartment stating the person's income. The affidavit is prima facie evidence of the person's income. The corporation is not required to provide an affidavit from a resident who is a totally and permanently disabled veteran who meets the requirements of s. 196.081. If, at a later time, the property appraiser determines that additional documentation proving an affiant's income is necessary, the property appraiser may request such documentation.

Section 2. Effective January 1, 2018, section 196.1978, Florida Statutes, is amended to read:

196.1978 Affordable housing property exemption.-

(1) Property used to provide affordable housing to eligible persons as defined by s. 159.603 and natural persons or families meeting the extremely-low-income, very-low-income, low-income, or moderate-income limits specified in s. 420.0004, which is owned entirely by a nonprofit entity that is a corporation not for profit, qualified as charitable under s. 501(c)(3) of the Internal Revenue Code and in compliance with Rev. Proc. 96-32, 1996-1 C.B. 717, is considered property owned by an exempt entity and used for a charitable purpose, and those portions of the affordable housing property that provide housing to natural persons or families classified as extremely low income, very low income, low income, or moderate income under s. 420.0004 are exempt from ad valorem taxation to the extent

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authorized under s. 196.196. All property identified in this section must comply with the criteria provided under s. 196.195 for determining exempt status and applied by property appraisers on an annual basis. The Legislature intends that any property owned by a limited liability company which is disregarded as an entity for federal income tax purposes pursuant to Treasury Regulation 301.7701-3(b)(1)(ii) be treated as owned by its sole member.

- (2) (a) Notwithstanding ss. 196.195 and 196.196, property in a multifamily project that meets the requirements of this paragraph is considered property used for a charitable purpose and shall receive a 50 percent discount from the amount of ad valorem tax otherwise owed beginning in the 16th year of the term of the recorded agreement on those portions of the affordable housing property that provide housing to natural persons or families meeting the extremely-low-income, very-low-income, or low-income limits specified in s. 420.0004. The multifamily project must:
- 1. Contain more than 70 units that are used to provide affordable housing to natural persons or families meeting the extremely-low-income, very-low-income, or low-income limits specified in s. 420.0004; and
- 2. Be subject to an agreement with the Florida Housing Finance Corporation recorded in the official records of the county in which the property is located to provide affordable

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201 housing to natural persons or families meeting the extremely-202 low-income, very-low-income, or low-income limits specified in 203 s. 420.0004. 204 205 This discount terminates if the property no longer serves 206 extremely-low-income, very-low-income, or low-income persons 207 pursuant to the recorded agreement. 208 To receive the discount under paragraph (a), a (b) 209 qualified applicant must submit an application to the county 210 property appraiser by March 1. 211 The property appraiser shall apply the discount by 212 reducing the taxable value on those portions of the affordable housing property that provide housing to natural persons or 213 214 families meeting the extremely-low-income, very-low-income, or 215 low-income limits specified in s. 420.0004 before certifying the 216 tax roll to the tax collector. 217 1. The property appraiser shall first ascertain all other 218 applicable exemptions, including exemptions provided pursuant to 219 local option, and deduct all other exemptions from the assessed 220 value. 221

- 2. Fifty percent of the remaining value shall be subtracted to yield the discounted taxable value.
- 3. The resulting taxable value shall be included in the certification for use by taxing authorities in setting millage.
 - 4. The property appraiser shall place the discounted

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CODING: Words stricken are deletions; words underlined are additions.

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amount on the tax roll when it is extended.

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Section 3. Effective upon this act becoming a law, section 198.30, Florida Statutes, is amended to read:

198.30 Circuit judge to report names of decedents, etc.-Each circuit judge of this state shall, on or before the 10th day of every month, notify the Agency for Health Care Administration department of the names of all decedents; the names and addresses of the respective personal representatives, administrators, or curators appointed; the amount of the bonds, if any, required by the court; and the probable value of the estates, in all estates of decedents whose wills have been probated or propounded for probate before the circuit judge or upon which letters testamentary or upon whose estates letters of administration or curatorship have been sought or granted, during the preceding month; and such report shall contain any other information which the circuit judge may have concerning the estates of such decedents. In addition, a copy of this report shall be provided to the Agency for Health Care Administration. A circuit judge shall also furnish forthwith such further information, from the records and files of the circuit court in regard to such estates, as the department may from time to time require.

Section 4. Paragraph (c) of subsection (11) of section 192.001, Florida Statutes, is amended to read:

192.001 Definitions.—All definitions set out in chapters 1

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and 200 that are applicable to this chapter are included herein. In addition, the following definitions shall apply in the imposition of ad valorem taxes:

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- (11) "Personal property," for the purposes of ad valorem taxation, shall be divided into four categories as follows:
- (c)1. "Inventory" means only those chattels consisting of items commonly referred to as goods, wares, and merchandise (as well as inventory) which are held for sale or lease to customers in the ordinary course of business. Supplies and raw materials shall be considered to be inventory only to the extent that they are acquired for sale or lease to customers in the ordinary course of business or will physically become a part of merchandise intended for sale or lease to customers in the ordinary course of business. Partially finished products which when completed will be held for sale or lease to customers in the ordinary course of business shall be deemed items of inventory. All livestock shall be considered inventory. Items of inventory held for lease to customers in the ordinary course of business, rather than for sale, shall be deemed inventory only prior to the initial lease of such items. For the purposes of this section, fuels used in the production of electricity shall be considered inventory.
- 2. "Inventory" also means construction and agricultural equipment weighing 1,000 pounds or more that is returned to a dealership under a rent-to-purchase option and held for sale to

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customers in the ordinary course of business. This subparagraph may not be considered in determining whether property that is not construction and agricultural equipment weighing 1,000 pounds or more that is returned under a rent-to-purchase option is inventory under subparagraph 1.

Section 5. Effective January 1, 2018, subsections (2), (3), and (4), and paragraph (b) of subsection (8) of section 206.02, Florida Statutes, are amended to read:

206.02 Application for license; temporary license; terminal suppliers, importers, exporters, blenders, biodiesel manufacturers, and wholesalers.—

- (2) To procure a terminal supplier license, a person shall file with the department an application under oath, and in such form as the department may prescribe, setting forth:
- (a) The name under which the person will transact business within the state and that person's registration number under s. 4101 of the Internal Revenue Code.
- (b) The location, with street number address, of his or her principal office or place of business and the location where records will be made available for inspection.
- (c) The name and complete residence address of the owner or the names and addresses of the partners, if such person is a partnership, or of the principal officers, if such person is a corporation or association; and, if such person is a corporation organized under the laws of another state, territory, or

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country, he or she shall also indicate the state, territory, or country where the corporation is organized and the date the corporation was registered with the Department of State as a foreign corporation authorized to transact business in the state.

- The application shall require a \$30 license tax. Each license shall be renewed annually through application, including an annual \$30 license tax.
- (3) To procure an importer, exporter, or blender of motor fuels license, a person shall file with the department an application under oath, and in such form as the department may prescribe, setting forth:
- (a) The name under which the person will transact business within the state.
- (b) The location, with street number address, of his or her principal office or place of business and the location where records will be made available for inspection.
- (c) The name and complete residence address of the owner or the names and addresses of the partners, if such person is a partnership, or of the principal officers, if such person is a corporation or association; and, if such person is a corporation organized under the laws of another state, territory, or country, he or she shall also indicate the state, territory, or country where the corporation is organized and the date the

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corporation was registered with the Department of State as a foreign corporation authorized to transact business in the state.

- The application shall require a \$30 license tax. Each license shall be renewed annually through application, including an annual \$30 license tax.
- (4) To procure a wholesaler of motor fuel license, a person shall file with the department an application under oath and in such form as the department may prescribe, setting forth:
- (a) The name under which the person will transact business within the state.
- (b) The location, with street number address, of his or her principal office or place of business within this state and the location where records will be made available for inspection.
- (c) The name and complete residence address of the owner or the names and addresses of the partners, if such person is a partnership, or of the principal officers, if such person is a corporation or association; and, if such person is a corporation organized under the laws of another state, territory, or country, he or she shall also indicate the state, territory, or country where the corporation is organized and the date the corporation was registered with the Department of State as a foreign corporation authorized to transact business in the

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The application shall require a \$30 license tax. Each license shall be renewed annually through application, including an annual \$30 license fee.

(8)

- (b) Notwithstanding the provisions of this chapter requiring a license tax and a bond or criminal background check, the department may issue a temporary license as an importer or exporter to a person who holds a valid Florida wholesaler license or to a person who is an unlicensed dealer. A license may be issued under this subsection only to a business that has a physical location in this state and holds a valid Florida sales and use tax certificate of registration or that holds a valid fuel license issued by another state.
- Section 6. Effective January 1, 2018, subsection (3) and paragraph (b) of subsection (5) of section 206.021, Florida Statutes, are amended to read:

206.021 Application for license; carriers.-

(3) The application shall require a \$30 license tax. Each license shall be renewed annually through application, including an annual \$30 license tax.

(5)

(b) Notwithstanding the provisions of this chapter requiring a license tax and a bond or criminal background check,

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the department may issue a temporary license as a carrier to a person who holds a valid Florida wholesaler, importer, exporter, or blender license or to a person who is an unlicensed dealer. A license may be issued under this subsection only to a business that has a physical location in this state and holds a valid Florida sales and use tax certificate of registration or that holds a valid fuel license issued by another state.

Section 7. Effective January 1, 2018, subsection (2) of section 206.022, Florida Statutes, is amended to read:

206.022 Application for license; terminal operators.-

(2) The application shall require a \$30 license tax. Each license shall be renewed annually through application, including an annual \$30 license tax.

Section 8. Effective January 1, 2018, subsection (1) of section 206.03, Florida Statutes, is amended to read:

206.03 Licensing of terminal suppliers, importers, exporters, and wholesalers.—

(1) The application in proper form having been accepted for filing, the filing fee paid, and the bond accepted and approved, except as provided in s. 206.05(1), the department shall issue to such person a license to transact business in the state, subject to cancellation of such license as provided by law.

Section 9. Effective January 1, 2018, section 206.045, Florida Statutes, is amended to read:

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206.045 Licensing period; cost for license issuance.—

Beginning January 1, 1998, The licensing period under this chapter shall be a calendar year, or any part thereof. The cost of any such license issued pursuant to this chapter shall be \$30.

Section 10. <u>Effective January 1, 2018, sections 206.405</u> and 206.406, Florida Statutes, are repealed.

Section 11. Effective January 1, 2018, paragraph (c) of subsection (5) of section 206.41, Florida Statutes, is amended to read:

206.41 State taxes imposed on motor fuel.—

412 (5)

- application therefor containing such information as the department may determine is filed with the department not later than the last day of the month following the quarter for which the refund is claimed. However, when a justified excuse for late filing is presented to the department and the last preceding claim was filed on time, the deadline for filing may be extended an additional month. No refund will be authorized unless the amount due is for \$5 or more for any refund period and unless application is made upon forms prescribed by the department.
- 2. Claims made for refunds provided pursuant to subsection (4) shall be paid quarterly. The department shall deduct a fee of \$2 for each claim, which fee shall be deposited in the

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426	General Revenue Fund.
427	Section 12. Effective January 1, 2018, subsection (3) of
428	section 206.9943, Florida Statutes, is amended to read:
429	206.9943 Pollutant tax license
430	(3) The license must be renewed annually, and the fee for
431	original application or renewal is \$30.
432	Section 13. Effective January 1, 2018, subsection (9) of
433	section 206.9952, Florida Statutes, is amended to read:
434	206.9952 Application for license as a natural gas fuel
435	retailer.—
436	(9) The license application requires a license fee of \$5.
437	Each license shall be renewed annually by submitting a
438	reapplication and the license fee to the department. The license
439	fee shall be paid to the department for deposit into the General
440	Revenue Fund.
441	Section 14. Effective January 1, 2018, subsection (3) of
442	section 206.9865, Florida Statutes, is amended to read:
443	206.9865 Commercial air carriers; registration;
444	reporting.—
445	(3) The application must be renewed annually and the fee
446	for application or renewal is \$30.
447	Section 15. Paragraph (c) of subsection (2) of section
448	210.20, Florida Statutes, is amended to read:
449	210.20 Employees and assistants; distribution of funds
450	(2) As collections are received by the division from such
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cigarette taxes, it shall pay the same into a trust fund in the State Treasury designated "Cigarette Tax Collection Trust Fund" which shall be paid and distributed as follows:

(c) Beginning July 1, 2013, and continuing through June 30, 2033, the division shall from month to month certify to the Chief Financial Officer the amount derived from the eigarette tax imposed by s. 210.02, less the service charges provided for in s. 215.20 and less 0.9 percent of the amount derived from the eigarette tax imposed by s. 210.02, which shall be deposited into the Alcoholic Beverage and Tobacco Trust Fund, specifying an amount equal to 1 percent of the net collections, and that amount shall be deposited into the Biomedical Research Trust Fund in the Department of Health. These funds are appropriated annually in an amount not to exceed \$3 million from the Biomedical Research Trust Fund for the Department of Health and the Sanford Burnham Medical Research Institute to work in conjunction for the purpose of establishing activities and grant opportunities in relation to biomedical research.

Section 16. Effective January 1, 2018, paragraphs (c) and (d) of subsection (1) of section 212.031, Florida Statutes, are amended, and paragraph (e) is added to that subsection, to read:

212.031 Tax on rental or license fee for use of real property.—

(1)

(c) For the exercise of such privilege, a tax is levied at

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the rate of 5.5 in an amount equal to 6 percent, except for the period beginning January 1, 2018, and ending December 31, 2019, during which period the tax shall be levied at the rate of 4.5 percent, of and on the total rent or license fee charged for such real property by the person charging or collecting the rental or license fee. The total rent or license fee charged for such real property shall include payments for the granting of a privilege to use or occupy real property for any purpose and shall include base rent, percentage rents, or similar charges. Such charges shall be included in the total rent or license fee subject to tax under this section whether or not they can be attributed to the ability of the lessor's or licensor's property as used or operated to attract customers. Payments for intrinsically valuable personal property such as franchises, trademarks, service marks, logos, or patents are not subject to tax under this section. In the case of a contractual arrangement that provides for both payments taxable as total rent or license fee and payments not subject to tax, the tax shall be based on a reasonable allocation of such payments and shall not apply to that portion which is for the nontaxable payments.

(d) When the rental or license fee of any such real property is paid by way of property, goods, wares, merchandise, services, or other thing of value, the tax shall be at the rate of 5.5 6 percent, except for the period beginning January 1, 2018, and ending December 31, 2019, during which period the tax

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shall be levied at the rate of 4.5 percent, of the value of the property, goods, wares, merchandise, services, or other thing of value.

- (e) The tax rate in effect at the time that the tenant or person occupies, uses, or is entitled to occupy or use the real property is the tax rate applicable to the transaction taxable under this section, regardless of when a rent or license fee payment is due or paid. The applicable tax rate may not be avoided by delaying or accelerating rent or license fee payments.
- Section 17. Paragraph (c) of subsection (1) of section 212.04, Florida Statutes, is amended to read:
 - 212.04 Admissions tax; rate, procedure, enforcement.—
 (1)
- (c) 1. The provisions of this chapter that authorize a tax-exempt sale for resale do not apply to sales of admissions. However, if a purchaser of an admission subsequently resells the admission for more than the amount paid, the purchaser shall collect tax on the full sales price and may take credit for the amount of tax previously paid. If the purchaser of the admission subsequently resells it for an amount equal to or less than the amount paid, the purchaser $\underline{\text{may}}$ $\underline{\text{shall}}$ not collect any additional tax $\underline{\text{or}}$, $\underline{\text{nor}}$ $\underline{\text{shall}}$ the $\underline{\text{purchaser}}$ $\underline{\text{be}}$ allowed to take credit for the amount of tax previously paid.
 - 2. If a purchaser subsequently resells an admission to an

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entity that has a valid sales tax exemption certificate from the department, excluding an annual resale certificate, the purchaser may seek from the vendor a refund or credit for the amount of tax paid. Upon an adequate showing of the ultimate exempt nature of the transaction, the vendor shall refund or credit the tax paid by the purchaser and may then seek a refund or credit of the tax from the department based on the ultimate exempt nature of the transaction. The refund or credit is allowable only if the vendor can show that the tax on the exempt transaction has been remitted to the department. If the tax has not yet been remitted to the department, the vendor may retain the exemption documentation in lieu of remitting tax to the department.

Section 18. Effective January 1, 2018, subsections (5) through (7) of section 212.0515, Florida Statutes, are renumbered as subsections (4) through (6), respectively, and current subsections (3), (4), and (7) of that section are amended to read:

212.0515 Sales from vending machines; sales to vending machine operators; special provisions; registration; penalties.—

(3)(a) An operator of a vending machine may not operate or cause to be operated in this state any vending machine until the operator has registered with the department $\underline{\text{and}}_{\tau}$ has obtained a separate registration certificate for each county in which such machines are located, and has affixed a notice to each vending

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machine selling food or beverages. The notice must be conspicuously displayed on the vending machine when it is being operated in this state and shall contain the following language in conspicuous type: NOTICE TO CUSTOMER: FLORIDA LAW REQUIRES THIS NOTICE TO BE POSTED ON ALL FOOD AND BEVERAGE VENDING MACHINES. REPORT ANY MACHINE WITHOUT A NOTICE TO (TOLL-FREE NUMBER). YOU MAY BE ELIGIBLE FOR A CASH REWARD. DO NOT USE THIS NUMBER TO REPORT PROBLEMS WITH THE VENDING MACHINE SUCH AS LOST MONEY OR OUT-OF-DATE PRODUCTS.

- (b) The department shall establish a toll-free number to report any violations of this section. Upon a determination that a violation has occurred, the department shall pay the informant a reward of up to 10 percent of previously unpaid taxes recovered as a result of the information provided. A person who receives information concerning a violation of this section from an employee as specified in s. 213.30 is not eligible for a cash reward.
- (4) A penalty of \$250 per machine is imposed on an operator who fails to properly obtain and display the required notice on any machine. Penalties accrue interest as provided for delinquent taxes under this chapter and apply in addition to all other applicable taxes, interest, and penalties.
- (6) (7) The department may adopt rules necessary to administer the provisions of this section and may establish a schedule for phasing in the requirement that existing notices be

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replaced with revised notices displayed on vending machines.

Section 19. Effective January 1, 2018, subsection (7) of section 212.0596, Florida Statutes, is amended to read:

212.0596 Taxation of mail order sales.-

(7) The department may establish by rule procedures for collecting the use tax from unregistered persons who but for their mail order purchases would not be required to remit sales or use tax directly to the department. The procedures may provide for waiver of registration and registration fees, provisions for irregular remittance of tax, elimination of the collection allowance, and nonapplication of local option surtaxes.

Section 20. Paragraph (b) of subsection (3) and paragraphs (a) and (p) of subsection (5) of section 212.08, Florida Statutes, are amended, paragraphs (ooo) and (ppp) are added to subsection (7), and subsections (19) and (20) are added to that section, to read:

212.08 Sales, rental, use, consumption, distribution, and storage tax; specified exemptions.—The sale at retail, the rental, the use, the consumption, the distribution, and the storage to be used or consumed in this state of the following are hereby specifically exempt from the tax imposed by this chapter.

- (3) EXEMPTIONS; CERTAIN FARM EQUIPMENT.-
- (b) The tax may not be imposed on that portion of the

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sales price below \$25,000 \$20,000 for a trailer weighing 12,000 pounds or less and purchased by a farmer for exclusive use in agricultural production or to transport farm products from his or her farm to the place where the farmer transfers ownership of the farm products to another. This exemption is not forfeited by using a trailer to transport the farmer's farm equipment. The exemption provided under this paragraph does not apply to the lease or rental of a trailer.

(5) EXEMPTIONS; ACCOUNT OF USE.-

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Items in agricultural use and certain nets.—There are exempt from the tax imposed by this chapter nets designed and used exclusively by commercial fisheries; disinfectants, fertilizers, insecticides, pesticides, herbicides, fungicides, and weed killers used for application on crops or groves, including commercial nurseries and home vegetable gardens, used in dairy barns or on poultry farms for the purpose of protecting poultry or livestock, or used directly on poultry or livestock; animal health products that are administered to, applied to, or consumed by livestock or poultry to alleviate pain or cure or prevent sickness, disease, or suffering, including antiseptics, absorbent cotton, gauze for bandages, lotions, vaccines, vitamins, and worm remedies; aquaculture health products; portable containers or movable receptacles in which portable containers are placed, used for processing farm products; field and garden seeds, including flower seeds; nursery stock,

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seedlings, cuttings, or other propagative material purchased for growing stock; seeds, seedlings, cuttings, and plants used to produce food for human consumption; cloth, plastic, and other similar materials used for shade, mulch, or protection from frost or insects on a farm; hog wire and nylon mesh netting used on a farm for protection from predatory or destructive animals; barbed wire fencing, including gates and materials used to construct or repair such fencing, used on a beef or dairy cattle farm; compressed or liquefied oxygen used in aquaculture production; stakes used by a farmer to support plants during agricultural production; generators used on poultry farms; and liquefied petroleum gas or other fuel used to heat a structure in which started pullets or broilers are raised; however, such exemption is not allowed unless the purchaser or lessee signs a certificate stating that the item to be exempted is for the exclusive use designated herein. Also exempt are cellophane wrappers, glue for tin and glass (apiarists), mailing cases for honey, shipping cases, window cartons, and baling wire and twine used for baling hay, when used by a farmer to contain, produce, or process an agricultural commodity.

- (p) Community contribution tax credit for donations.-
- 1. Authorization.—Persons who are registered with the department under s. 212.18 to collect or remit sales or use tax and who make donations to eligible sponsors are eligible for tax credits against their state sales and use tax liabilities as

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provided in this paragraph:

- a. The credit shall be computed as 50 percent of the person's approved annual community contribution.
- b. The credit shall be granted as a refund against state sales and use taxes reported on returns and remitted in the 12 months preceding the date of application to the department for the credit as required in sub-subparagraph 3.c. If the annual credit is not fully used through such refund because of insufficient tax payments during the applicable 12-month period, the unused amount may be included in an application for a refund made pursuant to sub-subparagraph 3.c. in subsequent years against the total tax payments made for such year. Carryover credits may be applied for a 3-year period without regard to any time limitation that would otherwise apply under s. 215.26.
- c. A person may not receive more than \$200,000 in annual tax credits for all approved community contributions made in any one year.
- d. All proposals for the granting of the tax credit require the prior approval of the Department of Economic Opportunity.
- e. The total amount of tax credits which may be granted for all programs approved under this paragraph, s. 220.183, and s. 624.5105 is \$18.4 million in the 2015-2016 fiscal year, \$21.4 million in the 2016-2017 fiscal year, and \$21.4 million each fiscal year in the 2017-2018 fiscal year for projects that

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provide housing opportunities for persons with special needs or homeownership opportunities for low-income households or very-low-income households and \$3.5 million each fiscal year for all other projects. As used in this paragraph, the term "person with special needs" has the same meaning as in s. 420.0004 and the terms "low-income person," "low-income household," "very-low-income person," and "very-low-income household" have the same meanings as in s. 420.9071.

- f. A person who is eligible to receive the credit provided in this paragraph, s. 220.183, or s. 624.5105 may receive the credit only under one section of the person's choice.
 - 2. Eligibility requirements.-

- a. A community contribution by a person must be in the following form:
 - (I) Cash or other liquid assets;
- (II) Real property, including 100 percent ownership of a real property holding company;
 - (III) Goods or inventory; or
- (IV) Other physical resources identified by the Department of Economic Opportunity.

For purposes of this subparagraph, the term "real property holding company" means a Florida entity, such as a Florida limited liability company, that is wholly owned by the person; is the sole owner of real property, as defined in s.

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192.001(12), located in the state; is disregarded as an entity for federal income tax purposes pursuant to 26 C.F.R. s. 301.7701-3(b)(1)(ii); and at the time of contribution to an eligible sponsor, has no material assets other than the real property and any other property that qualifies as a community contribution.

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All community contributions must be reserved exclusively for use in a project. As used in this subsubparagraph, the term "project" means activity undertaken by an eligible sponsor which is designed to construct, improve, or substantially rehabilitate housing that is affordable to lowincome households or very-low-income households; designed to provide housing opportunities for persons with special needs; designed to provide commercial, industrial, or public resources and facilities; or designed to improve entrepreneurial and jobdevelopment opportunities for low-income persons. A project may be the investment necessary to increase access to high-speed broadband capability in a rural community that had an enterprise zone designated pursuant to chapter 290 as of May 1, 2015, including projects that result in improvements to communications assets that are owned by a business. A project may include the provision of museum educational programs and materials that are directly related to a project approved between January 1, 1996, and December 31, 1999, and located in an area which was in an enterprise zone designated pursuant to s. 290.0065 as of May 1,

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2015. This paragraph does not preclude projects that propose to construct or rehabilitate housing for low-income households or very-low-income households on scattered sites or housing opportunities for persons with special needs. With respect to housing, contributions may be used to pay the following eligible special needs, low-income, and very-low-income housing-related activities:

- (I) Project development impact and management fees for special needs, low-income, or very-low-income housing projects;
- (II) Down payment and closing costs for persons with special needs, low-income persons, and very-low-income persons;
- (III) Administrative costs, including housing counseling and marketing fees, not to exceed 10 percent of the community contribution, directly related to special needs, low-income, or very-low-income projects; and
- (IV) Removal of liens recorded against residential property by municipal, county, or special district local governments if satisfaction of the lien is a necessary precedent to the transfer of the property to a low-income person or very-low-income person for the purpose of promoting home ownership. Contributions for lien removal must be received from a nonrelated third party.
- c. The project must be undertaken by an "eligible sponsor," which includes:
 - (I) A community action program;

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751	(II) A nonprofit community-based development organization
752	whose mission is the provision of housing for persons with
753	specials needs, low-income households, or very-low-income
754	households or increasing entrepreneurial and job-development
755	opportunities for low-income persons;
756	(III) A neighborhood housing services corporation;
757	(IV) A local housing authority created under chapter 421;
758	(V) A community redevelopment agency created under s.
759	163.356;
760	(VI) A historic preservation district agency or
761	organization;
762	(VII) A local workforce development board;
763	(VIII) A direct-support organization as provided in s.
764	1009.983;
765	(IX) An enterprise zone development agency created under
766	s. 290.0056;
767	(X) A community-based organization incorporated under
768	chapter 617 which is recognized as educational, charitable, or
769	scientific pursuant to s. 501(c)(3) of the Internal Revenue Code
770	and whose bylaws and articles of incorporation include
771	affordable housing, economic development, or community
772	development as the primary mission of the corporation;
773	(XI) Units of local government;
774	(XII) Units of state government; or
775	(XIII) Any other agency that the Department of Economic

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Opportunity designates by rule.

A contributing person may not have a financial interest in the eligible sponsor.

- d. The project must be located in an area which was in an enterprise zone designated pursuant to chapter 290 as of May 1, 2015, or a Front Porch Florida Community, unless the project increases access to high-speed broadband capability in a rural community that had an enterprise zone designated pursuant to chapter 290 as of May 1, 2015, but is physically located outside the designated rural zone boundaries. Any project designed to construct or rehabilitate housing for low-income households or very-low-income households or housing opportunities for persons with special needs is exempt from the area requirement of this sub-subparagraph.
- e.(I) If, during the first 10 business days of the state fiscal year, eligible tax credit applications for projects that provide housing opportunities for persons with special needs or homeownership opportunities for low-income households or very-low-income households are received for less than the annual tax credits available for those projects, the Department of Economic Opportunity shall grant tax credits for those applications and grant remaining tax credits on a first-come, first-served basis for subsequent eligible applications received before the end of the state fiscal year. If, during the first 10 business days of

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the state fiscal year, eligible tax credit applications for projects that provide housing opportunities for persons with special needs or homeownership opportunities for low-income households or very-low-income households are received for more than the annual tax credits available for those projects, the Department of Economic Opportunity shall grant the tax credits for those applications as follows:

- (A) If tax credit applications submitted for approved projects of an eligible sponsor do not exceed \$200,000 in total, the credits shall be granted in full if the tax credit applications are approved.
- (B) If tax credit applications submitted for approved projects of an eligible sponsor exceed \$200,000 in total, the amount of tax credits granted pursuant to sub-sub-sub-subparagraph (A) shall be subtracted from the amount of available tax credits, and the remaining credits shall be granted to each approved tax credit application on a pro rata basis.
- (II) If, during the first 10 business days of the state fiscal year, eligible tax credit applications for projects other than those that provide housing opportunities for persons with special needs or homeownership opportunities for low-income households or very-low-income households are received for less than the annual tax credits available for those projects, the Department of Economic Opportunity shall grant tax credits for

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those applications and shall grant remaining tax credits on a first-come, first-served basis for subsequent eligible applications received before the end of the state fiscal year. If, during the first 10 business days of the state fiscal year, eligible tax credit applications for projects other than those that provide housing opportunities for persons with special needs or homeownership opportunities for low-income households or very-low-income households are received for more than the annual tax credits available for those projects, the Department of Economic Opportunity shall grant the tax credits for those applications on a pro rata basis.

3. Application requirements.-

- a. An eligible sponsor seeking to participate in this program must submit a proposal to the Department of Economic Opportunity which sets forth the name of the sponsor, a description of the project, and the area in which the project is located, together with such supporting information as is prescribed by rule. The proposal must also contain a resolution from the local governmental unit in which the project is located certifying that the project is consistent with local plans and regulations.
- b. A person seeking to participate in this program must submit an application for tax credit to the Department of Economic Opportunity which sets forth the name of the sponsor, a description of the project, and the type, value, and purpose of

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the contribution. The sponsor shall verify, in writing, the terms of the application and indicate its receipt of the contribution, and such verification must accompany the application for tax credit. The person must submit a separate tax credit application to the Department of Economic Opportunity for each individual contribution that it makes to each individual project.

- c. A person who has received notification from the Department of Economic Opportunity that a tax credit has been approved must apply to the department to receive the refund. Application must be made on the form prescribed for claiming refunds of sales and use taxes and be accompanied by a copy of the notification. A person may submit only one application for refund to the department within a 12-month period.
 - 4. Administration.

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- a. The Department of Economic Opportunity may adopt rules necessary to administer this paragraph, including rules for the approval or disapproval of proposals by a person.
- b. The decision of the Department of Economic Opportunity must be in writing, and, if approved, the notification shall state the maximum credit allowable to the person. Upon approval, the Department of Economic Opportunity shall transmit a copy of the decision to the department.
- c. The Department of Economic Opportunity shall periodically monitor all projects in a manner consistent with

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available resources to ensure that resources are used in accordance with this paragraph; however, each project must be reviewed at least once every 2 years.

- d. The Department of Economic Opportunity shall, in consultation with the statewide and regional housing and financial intermediaries, market the availability of the community contribution tax credit program to community-based organizations.
- 5. Expiration.—This paragraph expires June 30, 2019 2018; however, any accrued credit carryover that is unused on that date may be used until the expiration of the 3-year carryover period for such credit.
- entity by this chapter do not inure to any transaction that is otherwise taxable under this chapter when payment is made by a representative or employee of the entity by any means, including, but not limited to, cash, check, or credit card, even when that representative or employee is subsequently reimbursed by the entity. In addition, exemptions provided to any entity by this subsection do not inure to any transaction that is otherwise taxable under this chapter unless the entity has obtained a sales tax exemption certificate from the department or the entity obtains or provides other documentation as required by the department. Eligible purchases or leases made with such a certificate must be in strict compliance with this

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subsection and departmental rules, and any person who makes an exempt purchase with a certificate that is not in strict compliance with this subsection and the rules is liable for and shall pay the tax. The department may adopt rules to administer this subsection.

- January 1, 2018, products used to absorb menstrual flow are exempt from the tax imposed by this chapter. As used in this paragraph, the term "products used to absorb menstrual flow" means products used to absorb or contain menstrual flow, including, but not limited to, tampons, sanitary napkins, pantiliners, and menstrual cups.
- (ppp) Diapers and incontinence products.—Effective January 1, 2018, diapers, incontinence undergarments, incontinence pads, and incontinence liners for use by humans are exempt from the tax imposed by this chapter.
- (19) SALES TAX HOLIDAY FOR VETERANS OF THE UNITED STATES
 ARMED FORCES.-
- (a) The tax levied under chapter 212, Florida Statutes, may not be collected from a veteran, as defined in paragraph (b), during the period from 12:01 a.m. on November 11 through 11:59 p.m. on November 11, annually, on the retail sale, as defined in s. 212.02(14), of clothing with a sales price of \$60 or less per item. As used in this paragraph, the term "clothing" means:

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926 1. Any article of wearing apparel intended to be worn on 927 or about the human body, excluding watches, watchbands, jewelry, 928 umbrellas, and handkerchiefs. 929 2. All footwear, excluding skis, swim fins, roller blades, 930 and skates. 931 (b) Notwithstanding any action by the United States 932 Department of Veterans Affairs relating to dishonorable 933 discharges, the term "veteran" means a person who served in the 934 active military, naval, or air service who was honorably 935 discharged or released or who later received an upgraded 936 honorable discharge or release. To be eligible for the sales tax 937 holiday, a veteran must show proof of military status at the 938 time he or she purchases the eligible items. The veteran may 939 show proof of military status by presenting his or her: 940 1. DD Form 2, Uniformed Services Identification Card, 941 issued by the United States Department of Defense; 942 2. DD Form 2765, Uniformed Services Identification and 943 Privilege Card, issued by the United States Department of

- Defense;
 3. DD Form 214, displaying the term "Honorable," issued by
 the United States Department of Defense;
- 4. Veteran identification card, issued to a veteran with a 100-percent disability by the Department of Veterans' Affairs under s. 295.17;
 - 5. Veteran health identification card, issued by the

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United States Department of Veterans Affairs;

- 6. Valid driver license or identification card, displaying the letter "V" or the term "Veteran," issued by the Department of Highway Safety and Motor Vehicles; or
- 7. Any other proof of veteran status issued by the Department of Highway Safety and Motor Vehicles.
- (c) A retailer making tax-exempt sales under this subsection shall report to the Department of Revenue the amount of its gross sales on the retailer's sales and use tax return.
- (d) The tax exemptions provided in this subsection do not apply to sales within a theme park or entertainment complex as defined in s. 509.013(9), within a public lodging establishment as defined in s. 509.013(4), or within an airport as defined in s. 330.27(2).
- (e) The tax exemptions provided in this subsection apply at the option of a retailer if less than 5 percent of the retailer's gross sales of tangible personal property in the prior calendar year are comprised of clothing as defined in paragraph (a) with a sales price of \$60 or less per item. If a qualifying retailer chooses not to participate in the sales tax holiday, the retailer must notify the Department of Revenue in writing, by November 1, annually, of its election to collect sales tax during the holiday and must post a copy of that notice in a conspicuous location at its place of business.
 - (f) The Department of Revenue may adopt rules to

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administer this subsection.

- (20) DODD-FRANK EXEMPTION.—Tangible personal property or services otherwise taxable under this chapter and sold by a vendor to a related person, as described in 26 U.S.C. s. 267(b), are exempt from the tax imposed by this chapter, except for the taxes imposed by s. 212.031, if the purchaser can show that the following conditions have been met:
- (a)1. The vendor and the purchaser are referenced as a "covered company," as defined in 12 C.F.R. s. 243.2(f), or a "material entity," as defined in 12 C.F.R. s. 243.2(l), in a resolution plan that has been submitted to an agency of the United States to satisfy 12 U.S.C. s. 5365(d)(1) or any successor law; or
- 2. The vendor and the purchaser are separate legal entities pursuant to a divestiture directed pursuant to 12 U.S.C. s. 5365(d)(5) or any successor law; and
- (b) The sale would not have occurred between such related entities were it not for such resolution plan or divestiture;
- c) The services sold by the vendor to the purchaser are performed by an employee of the vendor or by an independent contractor hired by the vendor, if the vendor paid the tax imposed under this chapter; and
- (d) In acquiring such property or services, the vendor did not claim an exemption from the tax imposed under this chapter or by another state.

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Section 21. Effective January 1, 2018, paragraphs (a) and (c) of subsection (3) of section 212.18, Florida Statutes, are amended to read:

212.18 Administration of law; registration of dealers; rules.—

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(3)(a) A person desiring to engage in or conduct business in this state as a dealer, or to lease, rent, or let or grant licenses in living quarters or sleeping or housekeeping accommodations in hotels, apartment houses, roominghouses, or tourist or trailer camps that are subject to tax under s. 212.03, or to lease, rent, or let or grant licenses in real property, and a person who sells or receives anything of value by way of admissions, must file with the department an application for a certificate of registration for each place of business. The application must include the names of the persons who have interests in such business and their residences, the address of the business, and other data reasonably required by the department. However, owners and operators of vending machines or newspaper rack machines are required to obtain only one certificate of registration for each county in which such machines are located. The department, by rule, may authorize a dealer that uses independent sellers to sell its merchandise to remit tax on the retail sales price charged to the ultimate consumer in lieu of having the independent seller register as a dealer and remit the tax. The department may appoint the county

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tax collector as the department's agent to accept applications for registrations. The application must be submitted to the department before the person, firm, copartnership, or corporation may engage in such business, and it must be accompanied by a registration fee of \$5. However, a registration fee is not required to accompany an application to engage in or conduct business to make mail order sales. The department may waive the registration fee for applications submitted through the department's Internet registration process.

- (c)1. A person who engages in acts requiring a certificate of registration under this subsection and who fails or refuses to register commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. Such acts are subject to injunctive proceedings as provided by law. A person who engages in acts requiring a certificate of registration and who fails or refuses to register is also subject to a \$100 initial registration fee in lieu of the \$5 registration fee required by paragraph (a). However, the department may waive the increase in the registration fee if it finds that the failure to register was due to reasonable cause and not to willful negligence, willful neglect, or fraud.
- 2.a. A person who willfully fails to register after the department provides notice of the duty to register as a dealer commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

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b. The department shall provide written notice of the duty to register to the person by personal service or by sending notice by registered mail to the person's last known address. The department may provide written notice by both methods described in this sub-subparagraph.

Section 22. Paragraphs (d) and (t) of subsection (1) of section 220.03, Florida Statutes, are amended to read:

220.03 Definitions.-

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- (1) SPECIFIC TERMS.—When used in this code, and when not otherwise distinctly expressed or manifestly incompatible with the intent thereof, the following terms shall have the following meanings:
- (d) "Community Contribution" means the grant by a business firm of any of the following items:
 - 1. Cash or other liquid assets.
- 2. Real property, which for purposes of this subparagraph includes 100 percent ownership of a real property holding company. The term "real property holding company" means a Florida entity, such as a Florida limited liability company, that:
 - a. Is wholly owned by the business firm.
- b. Is the sole owner of real property, as defined in s.192.001(12), located in the state.
- c. Is disregarded as an entity for federal income tax purposes pursuant to 26 C.F.R. s. 301.7701-3(b)(1)(ii).

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d. At the time of contribution to an eligible sponsor, has no material assets other than the real property and any other property that qualifies as a community contribution.

3. Goods or inventory.

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4. Other physical resources as identified by the department.

This paragraph expires June 30, 2019 2018.

"Project" means any activity undertaken by an eligible sponsor, as defined in s. 220.183(2)(c), which is designed to construct, improve, or substantially rehabilitate housing that is affordable to low-income or very-low-income households as defined in s. 420.9071(19) and (28); designed to provide housing opportunities for persons with special needs as defined in s. 420.0004; designed to provide commercial, industrial, or public resources and facilities; or designed to improve entrepreneurial and job-development opportunities for low-income persons. A project may be the investment necessary to increase access to high-speed broadband capability in a rural community that had an enterprise zone designated pursuant to chapter 290 as of May 1, 2015, including projects that result in improvements to communications assets that are owned by a business. A project may include the provision of museum educational programs and materials that are directly related to any project approved between January 1, 1996, and December 31, 1999, and located in

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an area that was in an enterprise zone designated pursuant to s. 290.0065 as of May 1, 2015. This paragraph does not preclude projects that propose to construct or rehabilitate low-income or very-low-income housing on scattered sites or housing opportunities for persons with special needs as defined in s. 420.0004. With respect to housing, contributions may be used to pay the following eligible project-related activities:

- 1. Project development, impact, and management fees for special needs, low-income, or very-low-income housing projects;
- 2. Down payment and closing costs for eligible persons, as defined in s. 420.9071(19) and (28);
- 3. Administrative costs, including housing counseling and marketing fees, not to exceed 10 percent of the community contribution, directly related to special needs, low-income, or very-low-income projects; and
- 4. Removal of liens recorded against residential property by municipal, county, or special-district local governments when satisfaction of the lien is a necessary precedent to the transfer of the property to an eligible person, as defined in s. 420.9071(19) and (28), for the purpose of promoting home ownership. Contributions for lien removal must be received from a nonrelated third party.

This paragraph expires June 30, 2019 2018.

Section 23. Paragraph (c) of subsection (1) and subsection

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1126	(5) of section 220.183, Florida Statutes, are amended to read:
1127	220.183 Community contribution tax credit
1128	(1) AUTHORIZATION TO GRANT COMMUNITY CONTRIBUTION TAX
1129	CREDITS; LIMITATIONS ON INDIVIDUAL CREDITS AND PROGRAM
1130	SPENDING
1131	(c) The total amount of tax credit which may be granted
1132	for all programs approved under this section, s. 212.08(5)(p),
1133	and s. 624.5105 is \$18.4 million in the 2015-2016 fiscal year,
1134	\$21.4 million in the 2016-2017 fiscal year, and \$21.4 million
1135	each fiscal year in the 2017-2018 fiscal year for projects that
1136	provide housing opportunities for persons with special needs as
1137	defined in s. 420.0004 and homeownership opportunities for low-
1138	income households or very-low-income households as defined in s
1139	420.9071 and \$3.5 million each fiscal year annually for all
1140	other projects.
1141	(5) EXPIRATION.—The provisions of this section, except
1142	paragraph (1)(e), expire June 30, $2019 2018$.
1143	Section 24. Paragraph (f) of subsection (2) of section
1144	220.1845, Florida Statutes, is amended to read:
1145	220.1845 Contaminated site rehabilitation tax credit
1146	(2) AUTHORIZATION FOR TAX CREDIT; LIMITATIONS
1147	(f) The total amount of the tax credits which may be

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Section 25. Paragraph (e) of subsection (2) of section

granted under this section is $\frac{$20}{$21.6}$ million in the $\frac{2017-2018}{$21.6}$

2015-2016 fiscal year and \$10 \$5 million annually thereafter.

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1151 220.196, Florida Statutes, is amended to read: 1152 220.196 Research and development tax credit.-1153 (2) TAX CREDIT.-1154 The combined total amount of tax credits which may be (e) granted to all business enterprises under this section during 1155 1156 any calendar year is \$9 million, except that the total amount that may be awarded in the 2018 $\frac{2016}{2016}$ calendar year is \$20 $\frac{201}{2016}$ 1157 1158 million. Applications may be filed with the department on or after March 20 and before March 27 for qualified research 1159 1160 expenses incurred within the preceding calendar year. If the 1161 total credits for all applicants exceed the maximum amount allowed under this paragraph, the credits shall be allocated on 1162 1163 a prorated basis. 1164 Section 26. Paragraph (d) of subsection (2) of section 220.222, Florida Statutes, is amended to read: 1165 1166 220.222 Returns; time and place for filing.-1167 (2)1168 (d) For taxable years beginning before January 1, 2026, 1169 the 6-month time period in paragraphs (a) and (b) shall be 7 1170 months for taxpayers with a taxable year ending June 30 and 1171 shall be 5 months for taxpayers with a taxable year ending

Section 27. Subsection (7) of section 220.33, Florida Statutes, is renumbered as subsection (8), and a new subsection (7) is added to that section to read:

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December 31.

220.33 Payments of estimated tax.—A taxpayer required to file a declaration of estimated tax pursuant to s. 220.24 shall pay such estimated tax as follows:

determination of the department that authorizes estimated payments otherwise due on a Saturday, Sunday, or legal holiday to be paid on the next succeeding day that is not a Saturday, Sunday, or legal holiday, any estimated tax payment required under this section that would otherwise be due on the last Saturday or Sunday of June shall be paid on or before the last Friday of June.

Section 28. Subsection (13) of section 320.08, Florida Statutes, is amended to read:

320.08 License taxes.—Except as otherwise provided herein, there are hereby levied and imposed annual license taxes for the operation of motor vehicles, mopeds, motorized bicycles as defined in s. 316.003(2), tri-vehicles as defined in s. 316.003, and mobile homes as defined in s. 320.01, which shall be paid to and collected by the department or its agent upon the registration or renewal of registration of the following:

official license plate: \$4 flat, of which \$1 shall be deposited into the General Revenue Fund, except that the registration or renewal of registration of marine boat trailers exempt under 320.10(k) is not subject to any license tax.

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Section 29. Paragraphs (i) and (j) of subsection (1) of section 320.10, Florida Statutes, are amended, and paragraph (k) is added to that subsection, to read:

320.10 Exemptions.—

(1) The provisions of s. 320.08 do not apply to:

- (i) Any vehicle used by any of the various search and rescue units of the several counties for exclusive use as a search and rescue vehicle; $\frac{\partial}{\partial x}$
- (j) Any motor vehicle used by a community transportation coordinator or a transportation operator as defined in part I of chapter 427, and which is used exclusively to transport transportation disadvantaged persons; or
- (k) Any marine boat trailer owned and operated by a nonprofit organization that is exempt from federal income tax under s. 501(c)(3) of the Internal Revenue Code and which is used exclusively in carrying on its customary nonprofit activities.

Section 30. Section 320.102, Florida Statutes, is created to read:

320.102 Certain marine boat trailers; exemption. — The registration or renewal of registration of any marine boat trailer owned and operated by a nonprofit organization that is exempt under s. 501(c)(3) of the Internal Revenue Code and which is used exclusively in carrying on their customary nonprofit activities, is exempt from paying the fees in ss. 320.03(5),

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1226 320.03(6), 320.03(9), 320.031(2), 320.04(1)(a), 320.04(1)(b), 320.04(1)(c), 320.06(1)(b), 320.06(3)(b), 320.0801, 320.0802, 1227 1228 320.0804, and 320.08046. 1229 Section 31. Effective upon this act becoming a law, 1230 subsection (5) of section 336.021, Florida Statutes, is amended 1231 to read: 1232 336.021 County transportation system; levy of ninth-cent 1233 fuel tax on motor fuel and diesel fuel.-All impositions of the tax shall be levied before 1234 1235 October 1 of each year to be effective January 1 of the 1236 following year. However, levies of the tax which were in effect 1237 on July 1, 2002, and which expire on August 31 of any year may 1238 be reimposed at the current authorized rate provided the tax is 1239 levied before July 1 and is to be effective September 1 of the 1240 year of expiration. All impositions shall be required to end on 1241 December 31 of a year. A decision to rescind the tax shall not take effect on any date other than December 31 and shall require 1242 1243 a minimum of 60 days' notice to the department of such decision. 1244 Section 32. Effective upon this act becoming a law, 1245 paragraphs (a) and (b) of subsection (1) and paragraph (a) of 1246 subsection (5) of section 336.025, Florida Statutes, are amended 1247 to read: 1248 336.025 County transportation system; levy of local option

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(1)(a) In addition to other taxes allowed by law, there

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fuel tax on motor fuel and diesel fuel.-

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may be levied as provided in ss. 206.41(1)(e) and 206.87(1)(c) a 1-cent, 2-cent, 3-cent, 4-cent, 5-cent, or 6-cent local option fuel tax upon every gallon of motor fuel and diesel fuel sold in a county and taxed under the provisions of part I or part II of chapter 206.

- 1. All impositions and rate changes of the tax shall be levied before October 1 to be effective January 1 of the following year for a period not to exceed 30 years, and the applicable method of distribution shall be established pursuant to subsection (3) or subsection (4). However, levies of the tax which were in effect on July 1, 2002, and which expire on August 31 of any year may be reimposed at the current authorized rate provided the tax is levied before July 1 and is effective September 1 of the year of expiration. Upon expiration, the tax may be relevied provided that a redetermination of the method of distribution is made as provided in this section.
- 2. County and municipal governments shall utilize moneys received pursuant to this paragraph only for transportation expenditures.
- 3. Any tax levied pursuant to this paragraph may be extended on a majority vote of the governing body of the county. A redetermination of the method of distribution shall be established pursuant to subsection (3) or subsection (4), if, after July 1, 1986, the tax is extended or the tax rate changed, for the period of extension or for the additional tax.

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(b) In addition to other taxes allowed by law, there may be levied as provided in s. 206.41(1)(e) a 1-cent, 2-cent, 3-cent, 4-cent, or 5-cent local option fuel tax upon every gallon of motor fuel sold in a county and taxed under the provisions of part I of chapter 206. The tax shall be levied by an ordinance adopted by a majority plus one vote of the membership of the governing body of the county or by referendum.

- 1. All impositions and rate changes of the tax shall be levied before October 1, to be effective January 1 of the following year. However, levies of the tax which were in effect on July 1, 2002, and which expire on August 31 of any year may be reimposed at the current authorized rate provided that the tax is levied before July 1 and is effective September 1 of the year of expiration.
- 2. The county may, prior to levy of the tax, establish by interlocal agreement with one or more municipalities located therein, representing a majority of the population of the incorporated area within the county, a distribution formula for dividing the entire proceeds of the tax among county government and all eligible municipalities within the county. If no interlocal agreement is adopted before the effective date of the tax, tax revenues shall be distributed pursuant to the provisions of subsection (4). If no interlocal agreement exists, a new interlocal agreement may be established prior to June 1 of any year pursuant to this subparagraph. However, any interlocal

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agreement agreed to under this subparagraph after the initial levy of the tax or change in the tax rate authorized in this section shall under no circumstances materially or adversely affect the rights of holders of outstanding bonds which are backed by taxes authorized by this paragraph, and the amounts distributed to the county government and each municipality shall not be reduced below the amount necessary for the payment of principal and interest and reserves for principal and interest as required under the covenants of any bond resolution outstanding on the date of establishment of the new interlocal agreement.

3. County and municipal governments shall use moneys received pursuant to this paragraph for transportation expenditures needed to meet the requirements of the capital improvements element of an adopted comprehensive plan or for expenditures needed to meet immediate local transportation problems and for other transportation-related expenditures that are critical for building comprehensive roadway networks by local governments. For purposes of this paragraph, expenditures for the construction of new roads, the reconstruction or resurfacing of existing paved roads, or the paving of existing graded roads shall be deemed to increase capacity and such projects shall be included in the capital improvements element of an adopted comprehensive plan. Expenditures for purposes of this paragraph shall not include routine maintenance of roads.

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(5)(a) By October 1 of each year, the county shall notify the Department of Revenue of the rate of the taxes levied pursuant to paragraphs (1)(a) and (b), and of its decision to rescind or change the rate of a tax, if applicable, and shall provide the department with a certified copy of the interlocal agreement established under subparagraph (1)(b)2. or subparagraph (3)(a)1. with distribution proportions established by such agreement or pursuant to subsection (4), if applicable. A decision to rescind a tax may not take effect on any date other than December 31, regardless of when the tax was originally imposed, and requires a minimum of 60 days' notice to the Department of Revenue of such decision.

Section 33. Subsection (4) of section 376.30781, Florida Statutes, is amended to read:

376.30781 Tax credits for rehabilitation of drycleaning-solvent-contaminated sites and brownfield sites in designated brownfield areas; application process; rulemaking authority; revocation authority.—

(4) The Department of Environmental Protection is responsible for allocating the tax credits provided for in s. 220.1845, which may not exceed a total of $\frac{$20}{500}$ million in tax credits in the $\frac{2017-2018}{500}$ $\frac{2015-2016}{500}$ fiscal year and $\frac{$10}{500}$ million in tax credits annually thereafter.

Section 34. Effective January 1, 2018, subsection (2) of section 376.70, Florida Statutes, is amended to read:

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376.70 Tax on gross receipts of drycleaning facilities. Each drycleaning facility or dry drop-off facility imposing a charge for the drycleaning or laundering of clothing or other fabrics is required to register with the Department of Revenue and become licensed for the purposes of this section. The owner or operator of the facility shall register the facility with the Department of Revenue. Drycleaning facilities or dry drop-off facilities operating at more than one location are only required to have a single registration. The fee for registration is \$30. The owner or operator of the facility shall pay the registration fee to the Department of Revenue. The department may waive the registration fee for applications submitted through the department's Internet registration process. Section 35. Effective upon this act becoming a law, section 376.71, Florida Statutes, is amended to read: 376.71 Registration fee and Gross receipts tax; exemption

376.71 Registration fee and Gross receipts tax; exemption exemptions.—The registration fee and the gross receipts tax imposed under $\underline{s.}$ $\underline{ss.}$ 376.303(1)(d) \underline{does} and 376.70 do not apply to uniform rental companies or linen supply companies.

Section 36. Effective upon this act becoming a law, subsection (2) of section 376.75, Florida Statutes, is amended to read:

376.75 Tax on production or importation of perchloroethylene.—

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(2) Any person producing in, importing into, or causing to be imported into, or selling in, this state perchloroethylene must register with the Department of Revenue and become licensed for the purposes of remitting the tax pursuant to, or providing information required by, this section. Such person must register as a seller of perchloroethylene, a user of perchloroethylene in drycleaning facilities, or a user of perchloroethylene for purposes other than drycleaning. Persons operating at more than one location are only required to have a single registration.

The fee for registration is \$30. Failure to timely register is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 37. Effective upon this act becoming a law, subsection (1) of section 443.131, Florida Statutes, is amended to read:

443.131 Contributions.-

(1) PAYMENT OF CONTRIBUTIONS.—Contributions accrue and are payable by each employer for each calendar quarter he or she is subject to this chapter for wages paid during each calendar quarter for employment. Contributions are due and payable by each employer to the tax collection service provider, in accordance with the rules adopted by the Department of Economic Opportunity or the state agency providing tax collection services. This subsection does not prohibit the tax collection service provider from allowing, at the request of the employer,

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employers of employees performing domestic services, as defined in s. 443.1216(6), to pay contributions or report wages at intervals other than quarterly when the nonquarterly payment or reporting assists the service provider and when nonquarterly payment and reporting is authorized under federal law. Employers of employees performing domestic services may report wages and pay contributions annually, with a due date of no later than January 31 unless the 31st is a Saturday, Sunday, or holiday in which event the due date will be the next day that is not a Saturday, Sunday, or holiday January 1 and a delinquency date of February 1. For purposes of this subsection, the term "holiday" has the same meaning as set forth in s. 110.117(1) and (2) and includes any day on which the United States Postal Service offices are closed. To qualify for this election, the employer must employ only employees performing domestic services, be eligible for a variation from the standard rate computed under subsection (3), apply to this program no later than December 1 of the preceding calendar year, and agree to provide the department or its tax collection service provider with any special reports that are requested, including copies of all federal employment tax forms. An employer who fails to timely furnish any wage information required by the department or its tax collection service provider loses the privilege to participate in this program, effective the calendar quarter immediately after the calendar quarter the failure occurred. The

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employer may reapply for annual reporting when a complete calendar year elapses after the employer's disqualification if the employer timely furnished any requested wage information during the period in which annual reporting was denied. An employer may not deduct contributions, interests, penalties, fines, or fees required under this chapter from any part of the wages of his or her employees. A fractional part of a cent less than one-half cent shall be disregarded from the payment of contributions, but a fractional part of at least one-half cent shall be increased to 1 cent.

Section 38. Effective upon this act becoming a law, paragraph (d) of subsection (1) of section 443.141, Florida Statutes, is amended to read:

443.141 Collection of contributions and reimbursements.-

- (1) PAST DUE CONTRIBUTIONS AND REIMBURSEMENTS; DELINQUENT, ERRONEOUS, INCOMPLETE, OR INSUFFICIENT REPORTS.—
- (d) Payments for contributions.—For an annual administrative fee not to exceed \$5, a contributing employer may pay its quarterly contributions due for wages paid in the first three quarters of each year in equal installments if those contributions are paid as follows:
- 1. For contributions due for wages paid in the first quarter of each year, one-fourth of the contributions due must be paid on or before April 30, one-fourth must be paid on or before July 31, one-fourth must be paid on or before October 31,

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and one-fourth must be paid on or before December 31.

- 2. In addition to the payments specified in subparagraph 1., for contributions due for wages paid in the second quarter of each year, one-third of the contributions due must be paid on or before July 31, one-third must be paid on or before October 31, and one-third must be paid on or before December 31.
- 3. In addition to the payments specified in subparagraphs 1. and 2., for contributions due for wages paid in the third quarter of each year, one-half of the contributions due must be paid on or before October 31, and one-half must be paid on or before December 31.
- 4. If any of the due dates listed in this paragraph fall on a Saturday, Sunday, or holiday, the due date will be the next day that is not a Saturday, Sunday, or holiday. For purposes of this paragraph, the term "holiday" has the same meaning as set forth in s. 110.117(1) and (2) and includes any day on which the United States Postal Service offices are closed.
- 5.4. The annual administrative fee assessed for electing to pay under the installment method shall be collected at the time the employer makes the first installment payment each year. The fee shall be segregated from the payment and deposited into the Operating Trust Fund of the Department of Revenue.
- $\underline{6.5.}$ Interest does not accrue on any contribution that becomes due for wages paid in the first three quarters of each year if the employer pays the contribution in accordance with

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subparagraphs 1.-5. 1.-4. Interest and fees continue to accrue on prior delinquent contributions and commence accruing on all contributions due for wages paid in the first three quarters of each year which are not paid in accordance with subparagraphs 1.-4. 1.-3. Penalties may be assessed in accordance with this chapter. The contributions due for wages paid in the fourth quarter are not affected by this paragraph and are due and payable in accordance with this chapter.

Section 39. Effective upon this act becoming a law, section 443.163, Florida Statutes, is amended to read:

443.163 Electronic reporting and remitting of contributions and reimbursements.—

 (1) An employer may file any report and remit any contributions or reimbursements required under this chapter by electronic means. The Department of Economic Opportunity or the state agency providing reemployment assistance tax collection services shall adopt rules prescribing the format and instructions necessary for electronically filing reports and remitting contributions and reimbursements to ensure a full collection of contributions and reimbursements due. The acceptable method of transfer, the method, form, and content of the electronic means, and the method, if any, by which the employer will be provided with an acknowledgment shall be prescribed by the department or its tax collection service provider. However, any employer who employed 10 or more

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employees in any quarter during the preceding state fiscal year must file the Employers Quarterly Reports (UCT-6) for the current calendar year and remit the contributions and reimbursements due by electronic means approved by the tax collection service provider. A person who prepared and reported for 100 or more employers in any quarter during the preceding state fiscal year must file the Employers Quarterly Reports (UCT-6) for each calendar quarter in the current calendar year, beginning with reports due for the second calendar quarter of 2003, by electronic means approved by the tax collection service provider.

- (2)(a) An employer who is required by law to file an Employers Quarterly Report (UCT-6) by approved electronic means, but who files the report by a means other than approved electronic means, is liable for a penalty of \$50 for that report and \$1 for each employee. This penalty is in addition to any other penalty provided by this chapter. However, the penalty does not apply if the tax collection service provider waives the electronic filing requirement in advance. An employer who fails to remit contributions or reimbursements by approved electronic means as required by law is liable for a penalty of \$50 for each remittance submitted by a means other than approved electronic means. This penalty is in addition to any other penalty provided by this chapter.
 - (b) A person who prepared and reported for 100 or more

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employers in any quarter during the preceding state fiscal year, but who fails to file an Employers Quarterly Report (UCT-6) for each calendar quarter in the current calendar year by approved electronic means, is liable for a penalty of \$50 for that report and \$1 for each employee. This penalty is in addition to any other penalty provided by this chapter. However, the penalty does not apply if the tax collection service provider waives the electronic filing requirement in advance.

- (3) The tax collection service provider may waive the requirement to file an Employers Quarterly Report (UCT-6) by electronic means for employers that are unable to comply despite good faith efforts or due to circumstances beyond the employer's reasonable control.
- (a) As prescribed by the Department of Economic Opportunity or its tax collection service provider, grounds for approving the waiver include, but are not limited to, circumstances in which the employer does not:
- 1. Currently file information or data electronically with any business or government agency; or
- 2. Have a compatible computer that meets or exceeds the standards prescribed by the department or its tax collection service provider.
- (b) The tax collection service provider shall accept other reasons for requesting a waiver from the requirement to submit the Employers Quarterly Report $\frac{\text{(UCT-6)}}{\text{(UCT-6)}}$ by electronic means,

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1551 including, but not limited to:

- 1. That the employer needs additional time to program his or her computer;
- 2. That complying with this requirement causes the employer financial hardship; or
- 3. That complying with this requirement conflicts with the employer's business procedures.
- (c) The department or the state agency providing reemployment assistance tax collection services may establish by rule the length of time a waiver is valid and may determine whether subsequent waivers will be authorized, based on this subsection.
- (4) As used in this section, the term "electronic means" includes, but is not limited to, electronic data interchange; electronic funds transfer; and use of the Internet, telephone, or other technology specified by the Department of Economic Opportunity or its tax collection service provider.
- (5) The tax collection service provider may waive the penalty imposed by this section if a written request for waiver is filed that establishes that imposition of the penalty would be inequitable. Examples of inequity include, but are not limited to, situations in which the failure to electronically file was caused by:
- (a) Death or serious illness of the person responsible for preparing and filing the report;

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1576	(b) Destruction of the business records by fire or other
1577	casualty; or
1578	(c) Unscheduled and unavoidable computer down time.
1579	Section 40. Section 563.01, Florida Statutes, is amended
1580	to read:
1581	563.01 <u>Definitions</u> Definition . The <u>term:</u> terms
1582	(1) "Beer" means a brewed beverage that meets the federal
1583	definition of beer in 27 C.F.R. s. 25.11 and contains less than
1584	6 percent alcohol by volume. and
1585	(2) "Malt beverage" means any mean all brewed beverage
1586	beverages containing malt.
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1588	The terms "beer" and "malt beverage" have the same meaning when
1589	either term is used in the Beverage Law. The terms do not
1590	include alcoholic beverages that require a certificate of label
1591	approval by the Federal Government as wine or as distilled
1592	spirits.
1593	Section 41. Paragraph (c) of subsection (1) and subsection
1594	(6) of section 624.5105, Florida Statutes, are amended to read:
1595	624.5105 Community contribution tax credit; authorization;
L596	limitations; eligibility and application requirements;
L597	administration; definitions; expiration
1598	(1) AUTHORIZATION TO GRANT TAX CREDITS; LIMITATIONS
L599	(c) The total amount of tax credit which may be granted
L600	for all programs approved under this section and ss.

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212.08(5)(p) and 220.183 is \$18.4 million in the 2015-2016

fiscal year, \$21.4 million in the 2016-2017 fiscal year, and

\$21.4 million each fiscal year in the 2017-2018 fiscal year for

projects that provide housing opportunities for persons with

special needs as defined in s. 420.0004 or homeownership

opportunities for low-income or very-low-income households as

defined in s. 420.9071 and \$3.5 million each fiscal year

annually for all other projects.

(6) EXPIRATION.—The provisions of this section, except paragraph (1)(e), expire June 30, 2019 2018.

Section 42. Effective upon this act becoming a law, subsection (3) of section 733.2121, Florida Statutes, is amended to read:

733.2121 Notice to creditors; filing of claims.

- (3) (a) The personal representative shall promptly make a diligent search to determine the names and addresses of creditors of the decedent who are reasonably ascertainable, even if the claims are unmatured, contingent, or unliquidated, and shall promptly serve a copy of the notice on those creditors. Impracticable and extended searches are not required. Service is not required on any creditor who has filed a claim as provided in this part, whose claim has been paid in full, or whose claim is listed in a personal representative's timely filed proof of claim.
 - (b) The personal representative is not individually liable

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to any person for giving notice under this section, even if it is later determined that notice was not required. The service of notice to creditors in accordance with this section shall not be construed as admitting the validity or enforceability of a claim.

- (c) If the personal representative in good faith fails to give notice required by this section, the personal representative is not liable to any person for the failure. Liability, if any, for the failure is on the estate.
- (d) If a decedent at the time of death was 55 years of age or older, the personal representative shall promptly serve a copy of the notice to creditors and provide a copy of the death certificate on the Agency for Health Care Administration within 3 months after the first publication of the notice to creditors, unless the agency has already filed a statement of claim in the estate proceedings.
- (e) The personal representative shall only serve a notice of creditors on the Department of Revenue if the department is determined to be a creditor under paragraph (a) If the Department of Revenue has not previously been served with a copy of the notice to creditors, then service of the inventory on the Department of Revenue shall be the equivalent of service of a copy of the notice to creditors.
- Section 43. <u>Clothing, school supplies, personal computers,</u> and personal computer-related accessories; sales tax holiday.-

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(1) The tax levied under chapter 212, Florida Statutes,
may not be collected during the period from 12:01 a.m. on August
4, 2017, through 11:59 p.m. on August 13, 2017, on the retail
sale of:

(a) Clothing, wallets, or bags, including handbags,
backpacks, fanny packs, and diaper bags, but excluding

- briefcases, suitcases, and other garment bags, having a sales price of \$100 or less per item. As used in this paragraph, the term "clothing" means:
- 1. Any article of wearing apparel intended to be worn on or about the human body, excluding watches, watchbands, jewelry, umbrellas, and handkerchiefs; and
- 2. All footwear, excluding skis, swim fins, roller blades, and skates.
- (b) School supplies having a sales price of \$15 or less per item. As used in this paragraph, the term "school supplies" means pens, pencils, erasers, crayons, notebooks, notebook filler paper, legal pads, binders, lunch boxes, construction paper, markers, folders, poster board, composition books, poster paper, scissors, cellophane tape, glue or paste, rulers, computer disks, protractors, compasses, and calculators.
- (2) The tax levied under chapter 212, Florida Statutes, may not be collected during the period from 12:01 a.m. on August 4, 2017, through 11:59 p.m. on August 13, 2017, on the first \$1,000 of the sales price of personal computers or personal

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computer-related accessories purchased for noncommercial home or personal use. For purposes of this subsection, the term:

- (a) "Personal computers" includes electronic book readers, laptops, desktops, handhelds, tablets, and tower computers. The term does not include cellular telephones, video game consoles, digital media receivers, or devices that are not primarily designed to process data.
- (b) "Personal computer-related accessories" includes keyboards, mice, personal digital assistants, monitors, other peripheral devices, modems, routers, and nonrecreational software, regardless of whether the accessories are used in association with a personal computer base unit. The term does not include furniture or systems, devices, software, or peripherals that are designed or intended primarily for recreational use.
- (c) "Monitors" does not include devices that include a television tuner.
- (3) The tax exemptions provided in this section do not apply to sales within a theme park or entertainment complex as defined in s. 509.013(9), Florida Statutes, within a public lodging establishment as defined in s. 509.013(4), Florida Statutes, or within an airport as defined in s. 330.27(2), Florida Statutes.
- (4) The tax exemptions provided in this section apply at the option of a dealer if less than 5 percent of the dealer's

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gross sales of tangible personal property in the prior calendar year are comprised of items that would be exempt under this section. If a qualifying dealer chooses not to participate in the tax holiday, the dealer must notify the Department of Revenue in writing, by August 1, 2017, of its election to collect sales tax during the holiday and must post a copy of that notice in a conspicuous location at its place of business. The Department of Revenue may, and all conditions are (5) deemed met to, adopt emergency rules pursuant to ss. 120.536(1) and 120.54(4), Florida Statutes, to administer this section. (6) For the 2017-2018 fiscal year, the sum of \$241,200 in nonrecurring funds is appropriated from the General Revenue Fund to the Department of Revenue for the purpose of implementing this section. Section 44. Disaster preparedness supplies; sales tax holiday.-(1) The tax levied under chapter 212, Florida Statutes, may not be collected during the period from 12:01 a.m. on May 27, 2017, through 11:59 p.m. on June 4, 2017, on the retail sale of: (a) A portable self-powered light source selling for \$20 or less. (b) A portable self-powered radio, two-way radio, or weatherband radio selling for \$50 or less.

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A tarpaulin or other flexible waterproof sheeting

1/26	selling for \$50 or less.
1727	(d) A self-contained first-aid kit selling for \$30 or
1728	<u>less.</u>
1729	(e) A ground anchor system or tie-down kit selling for \$50
1730	or less.
1731	(f) A gas or diesel fuel tank selling for \$25 or less.
1732	(g) A package of AA-cell, C-cell, D-cell, 6-volt, or 9-
1733	volt batteries, excluding automobile and boat batteries, selling
1734	for \$30 or less.
1735	(h) A nonelectric food storage cooler selling for \$30 or
1736	<u>less.</u>
1737	(i) A portable generator used to provide light or
1738	communications or preserve food in the event of a power outage
1739	selling for \$750 or less.
1740	(j) Reusable ice selling for \$10 or less.
1741	(2) The Department of Revenue may, and all conditions are
1742	deemed met to, adopt emergency rules pursuant to ss. 120.536(1)
1743	and 120.54, Florida Statutes, to administer this section.
1744	(3) The tax exemptions provided in this section do not
1745	apply to sales within a theme park or entertainment complex as
1746	defined in s. 509.013(9), Florida Statutes, within a public
1747	<pre>lodging establishment as defined in s. 509.013(4), Florida</pre>
1748	Statutes, or within an airport as defined in s. 330.27(2),
1749	Florida Statutes.
1750	(4) For the 2016-17 fiscal year, the sum of \$290,580 in

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CODING: Words $\underline{\text{stricken}}$ are deletions; words $\underline{\text{underlined}}$ are additions.

1751 nonrecurring funds is appropriated from the General Revenue Fund 1752 to the Department of Revenue for the purpose of implementing 1753 this section. 1754 This section is effective upon this act becoming a (5) law. 1755 1756 Section 45. Educational textbooks and instructional 1757 materials; sales tax exemption.-1758 The tax levied under chapter 212, Florida Statutes, (1)may not be collected on the retail sale of textbooks that are 1759 1760 required or recommended for use in a course offered by a public 1761 postsecondary educational institution as described in s. 1762 1000.04, Florida Statutes, or a nonpublic postsecondary 1763 educational institution that is eligible to participate in a 1764 tuition assistance program authorized by s. 1009.89, Florida 1765 Statutes, or s. 1009.891, Florida Statutes. As used in this 1766 section, the term "textbook" means any required or recommended 1767 manual of instruction or any instructional materials for a 1768 course in any field of study. As used in this section, the term 1769 "instructional materials" means any educational materials, in 1770 printed or digital format, that are required or recommended for use in a course in any field of study. To demonstrate that a 1771 1772 sale is not subject to tax, the student must provide a physical 1773 or an electronic copy of the following to the vendor:

(b) An applicable course syllabus or list of required and

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(a) His or her student identification number; and

CODING: Words stricken are deletions; words underlined are additions.

1774

1775

1776 recommended textbooks and instructional materials that meet the 1777 criteria in s. 1004.085(3), Florida Statutes. 1778 1779 The vendor must maintain proper documentation, as prescribed by 1780 department rule, to identify the complete transaction or portion 1781 of the transaction that involves the sale of textbooks that are 1782 not subject to tax. 1783 The tax exemptions provided in this section do not (2) 1784 apply to sales within a theme park or entertainment complex as 1785 defined in s. 509.013(9), Florida Statutes, within a public 1786 lodging establishment as defined in s. 509.013(4), Florida Statutes, or within an airport as defined in s. 330.27(2), 1787 1788 Florida Statutes. 1789 (3)(a) The Department of Revenue may, and all conditions 1790 are deemed met to, adopt emergency rules pursuant to ss. 1791 120.536(1) and 120.54, Florida Statutes, to administer this 1792 section. 1793 (b) Notwithstanding any other provision of law, emergency 1794 rules adopted pursuant to paragraph (a) are effective for 6 1795 months after adoption and may be renewed during the pendency of 1796 procedures to adopt permanent rules addressing the subject of 1797 the emergency rules. (4) This section is repealed June 30, 2018. 1798

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conditions are deemed met to, adopt emergency rules pursuant to

Section 46. (1) The Department of Revenue may, and all

CODING: Words stricken are deletions; words underlined are additions.

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ss. 120.536(1) and 120.54, Florida Statutes, for the purpose of
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1802
      implementing the amendments made by this act to s. 212.08(19),
1803
      Florida Statutes.
1804
           (2) Notwithstanding any other provision of law, emergency
1805
      rules adopted pursuant to subsection (1) are effective for 6
1806
      months after adoption and may be renewed during the pendency of
1807
      procedures to adopt permanent rules addressing the subject of
1808
      the emergency rules.
1809
                This section is repealed January 1, 2019.
1810
           Section 47. Section 206.998, Florida Statutes, is amended
1811
      to read:
           206.998 Applicability of specified sections of parts I and
1812
      II.—The provisions of ss. 206.01, 206.02, 206.025, 206.026,
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1814
      206.027, 206.028, 206.03, 206.05, 206.055, 206.06, 206.07,
      206.075, 206.09, 206.10, 206.11, 206.12, 206.13, 206.14, 206.15,
1815
      206.16, 206.17, 206.175, 206.18, 206.199, 206.20, 206.204,
1816
      206.205, 206.21, 206.215, 206.22, 206.23, 206.24, 206.25,
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      206.27, 206.28, <del>206.405, 206.406,</del> 206.41, 206.413, 206.43,
1818
      206.44, 206.48, 206.485, 206.49, 206.56, 206.59, 206.606,
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1820
      206.608, and 206.61 of part I of this chapter and ss. 206.86,
1821
      206.872, 206.874, 206.8745, 206.88, 206.90, and 206.93 of part
      II of this chapter shall, as far as lawful or practicable, be
1822
      applicable to the tax levied and imposed and to the collection
1823
1824
      thereof as if fully set out in this part. However, any provision
1825
      of any such section does not apply if it conflicts with any
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1826 provision of this part. 1827 Section 48. For the 2017-2018 fiscal year, the sums of 1828 \$121,398 in recurring funds and \$11,730 in nonrecurring funds 1829 are appropriated from the Operating Trust Fund to the Department 1830 of Revenue to implement the amendments made by this act to s. 1831 212.08(19), Florida Statutes. 1832 Section 49. The amendments made by this act to s. 212.08(5)(a), Florida Statutes, that exempt certain animal 1833 1834 health products and aquaculture health products, are intended to 1835 be remedial in nature and apply retroactively, but do not 1836 provide a basis for an assessment of any tax or create a right to a refund or credit of any tax paid before the effective date 1837 1838 of this act. 1839 Section 50. The amendments made by this act to s. 220.222, 1840 Florida Statutes, apply to taxable years beginning on or after 1841 January 1, 2016. 1842 Section 51. For the 2017-2018 fiscal year, the sum of 1843 \$149,818 in nonrecurring funds is appropriated from the General 1844 Revenue Fund to the Department of Revenue to implement the 1845 amendments made by this act to ss. 212.08(7) and 212.031, 1846 Florida Statutes. 1847 Section 52. Except as otherwise expressly provided in this 1848 act and except for this section, which shall take effect upon 1849 this act becoming a law, this act shall take effect July 1, 1850 2017.

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HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCB WMC 17-07 Homestead Exemption Implementation

SPONSOR(S): Ways & Means Committee TIED BILLS: IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or	
			BUDGET/POLICY CHIEF	
Orig. Comm.: Ways & Means Committee		Dobson $m heta$	Langston	

SUMMARY ANALYSIS

The Florida Constitution requires all property to be assessed at just value (i.e. market value) as of January 1 of each year for purposes of ad valorem taxation. Ad valorem assessments are used to calculate property taxes that fund counties, municipalities, district school boards and some special districts. The taxable value against which local governments levy tax rates each year reflects the just value as reduced by applicable exceptions and exemptions allowed by the Florida Constitution. One such exemption is on the first \$25,000 of assessed value of a homestead property, which is exempt from all taxes. A second homestead exemption is on the assessed value between \$50,000 and \$75,000, which is exempt from all taxes other than school district taxes.

This bill implements the amendment to Article VII, Section 6(a) of the state constitution, as proposed in PCB WMC 17-04, which increases the exemption from all taxes other than school district taxes by up to \$25,000, by exempting assessed value greater than \$75,000 and up to \$100,000.

The bill changes statutory dollar thresholds for the homestead exemption in order to conform with those in the constitutional amendment. Additionally, the bill provides that the rolled back rate used by local governments in FY 2019-2018 must be calculated as if the tax base not had been reduced by the increased homestead exemption. This provision also applies to the calculation of higher millage rates that may be levied with either a 2/3 or unanimous vote by a local governing board.

This bill also directs the legislature to appropriate funds to offset ad valorem tax revenue losses in fiscally constrained counties, as defined in s. 218.67(1), F.S., attributable to the reduction in property tax base caused by the increased homestead exemption. There are presently 29 fiscally constrained counties within the state.

The bill takes effect on the same day that the constitutional amendment in PCB WMC 17-04 or similar legislation takes effect, which is January 1, 2019.

This bill may be a county or municipality mandate requiring a two-thirds vote of the membership of the House. See Section III.A.1 of the analysis.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: pcb07.WMC

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #:

PCB WMC 17-07

Homestead Exemption Implementation

SPONSOR(S): Ways & Means Committee

TIED BILLS:

IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
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FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Calculating Ad valorem Taxes

Current Situation:

The Florida Constitution reserves ad valorem taxation to local governments and prohibits the state from levying ad valorem taxes on real and tangible personal property. Ad valorem taxes are annual taxes levied by counties, cities, school districts and certain special districts. These taxes are based on the "just" or fair market value of real and tangible property as determined by county property appraisers on January 1 of each year. Fair market value is then adjusted by any applicable exceptions to the just value requirement such as the annual "save our homes" limitation on homestead property assessment increases. The value arrived at after accounting for just value exceptions is known as the assessed value. Property Appraisers then calculate taxable value by reducing the assessed value in accordance with any applicable exemption(s), such as the exemptions for homestead property. Each year, local governing boards levy millage rates (i.e. tax rates) on taxable value to generate the property tax revenue contemplated in their annual budgets.

The homestead exemption is specified in Article VII, Section 6 of the Florida Constitution, which provides that every person who holds legal or equitable title to real estate and uses said real estate as a permanent residence for themselves or a legal or natural dependent is entitled to exemption from taxes on the first \$25,000 in assessed value. In 2008, Florida voters amended this provision to include an additional \$25,000 exemption from all taxes other than school district taxes on assessed value greater than \$50,000. The constitution also vests the legislature with authority to enact general law establishing the manner in which individuals qualify for exemption. Accordingly, s. 196.031(1)(b), F.S. automatically grants the additional, non-school homestead exemption to every individual who qualifies for the initial homestead exemption on the first \$25,000 in assessed value.

Effect of Proposed Changes

This bill implements the proposed constitutional amendment in PCB WMC 17-04 by increasing the homestead exemption amount from \$25,000 to \$50,000 on the assessed value greater than \$50,000 for all taxes other than school district taxes.

Calculating Millage Rates

Current Situation

The "rolled back rate" is the millage rate which, exclusive of new construction, additions to structures, deletions, increases in the value of improvements that have undergone a substantial rehabilitation which increased the assessed value of such improvements by at least 100 percent, property added due to geographic boundary changes, total taxable value of tangible personal property within the jurisdiction in excess of 115 percent of the previous year's total taxable value, and any dedicated increment value, will provide the same ad valorem tax revenue for each taxing authority as was levied during the prior year less the amount, if any, paid or applied as a consequence of an obligation measured by the dedicated increment value.

Fla. Const. art. VII, s. 1(a).

² See Fla. Const. art. VII, s. 4.

³ See s. 193.155(3), F.S.

⁴ See generally, s. 196.031, F.S.

⁵ Fla. Const. art. VII s. 6.

⁶ *Id*.

⁷Note: pursuant to section. 200.001(h), F.S., "dedicated increment value" means the proportion of the cumulative increase in taxable value within a defined geographic area used to determine a tax increment amount to be paid to a redevelopment trust fund pursuant to STORAGE NAME: pcb07.WMC

PAGE: 2

Florida law utilizes the rolled back rate as a benchmark for determining whether a proposed millage rate is considered a tax increase. Local governing boards who chose to set their annual millage rate higher than the roll back rate must advertise the new rate as a tax increase.⁹

Section 200.065, F.S. provides criteria for determining the maximum millage rates that may be levied by a county, municipality, special district or municipal service taxing unit. The maximum rate that may be levied by simple majority vote is the rolled back rate that would have been attained had the board levied the highest millage rate allowed in the prior year, adjusted for change in per capita Florida personal income. Local governing boards may exceed this amount by up to 10% with consent from two-thirds of board members, or an amount greater than 10% with consent from all board members. Boards who wish to exceed the rolled-back rate by any amount must provide notice and comment to affected taxpayers before taking a vote on the issue.¹⁰

Effect of Proposed Changes

The bill provides that taxable values used in the calculation of rolled-back rates for purposes of the 2019 tax roll shall be increased by an amount equal to the reduction in taxable value that will occur if the amendment is adopted. Consequently, rolled back rates used by local governments in their FY 2019-20 tax rate determinations will not automatically increase in response to the tax base reductions associated with the higher homestead exemption.

Fiscally Constrained Counties

Current Situation

Fiscally Constrained Counties are counties entirely within a Rural Opportunity Area or where a 1 mill levy would raise no more than \$5 million in annual tax revenue. A rural opportunity area is a rural community or region, that has been adversely affected by extraordinary economic event, severe distress, natural disaster or that presents a unique economic development opportunity of regional impact, as designated by the Governor. Florida's fiscally constrained counties are: Baker, Bradford, Calhoun, Columbia, Desoto, Dixie, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Highlands, Holmes, Jackson, Jefferson, Lafayette, Liberty, Madison, Okeechobee, Putnam, Suwannee, Taylor, Union, Wakulla and Washington. Under current law, the legislature annually appropriates money to these counties to offset ad valorem tax revenue reductions caused by various amendments in the Florida Constitution. In order to receive an offset distribution, fiscally constrained counties must annually provide the Department of Revenue with an estimate of the expected reduction in ad valorem tax revenues that are directly attributable to specified revisions of Article VII of the state

STORAGE NAME: pcb07.WMC

s. 163.387(2)(a) or to be paid or applied pursuant to an ordinance, resolution, or agreement to fund a project or to finance essential infrastructure. Upon creating any obligation for payment to a redevelopment trust fund or otherwise pursuant to an ordinance, resolution, or agreement to fund a project or to finance essential infrastructure based on an increase in assessed value, the taxing authority shall certify to the property appraiser the boundaries of the designated geographic area and the date of the most recent assessment roll used in connection with the taxation of such property prior to creation of the obligation. If the increment amount payment is not based on a specific proportion of the cumulative increase in taxable value within a defined geographic area, such value shall be reduced by multiplying by a proportion calculated by dividing the payment in the prior year, if any, by the product of the millage rate in the prior year and the cumulative increase in taxable value within the defined geographic area in the prior year. For tax years beginning on or after January 1, 2008, information provided to the property appraiser after May 1 of any year may not be used for the current year's certification.

⁸ Section 200.065(1), F.S.

⁹ Section 200.065(3)(g), F.S.

¹⁰ See s. 200.065,(2)-(3), F.S.

¹¹ Section 218.67(1), F.S.

¹² A "rural community" as the term relates to counties means a county with a population of 75,000 or fewer, or a county with a population of 125,000 or fewer which is contiguous to a county with a population of 75,000 or fewer. *See* s. 288.0656(1)(e), F.S. ¹³ Section 288.0656(1)(d), F.S.

¹⁴ Florida Department of Revenue, List of Fiscally Constrained Counties,

http://floridarevenue.com/dor/property/cofficials/fiscalc/pdf/fcco081210.pdf (last visited 03/30/2017).

¹⁵ See generally s. 218.125, F.S.

constitution.¹⁶ This legislation is designed to prevent various constitutional amendments related to property tax from negatively impacting fiscally constrained county tax revenues.

Effect of Proposed Changes

Beginning in Fiscal Year 2019-2020, the bill directs the legislature to annually appropriate funds to fiscally constrained counties for the purpose of offsetting the decrease in ad valorem tax revenues they would otherwise experience as a result of the amendment to Article VII, Section 6(b). The method for applying and calculating distributions is the same as that used in section 218.125, F.S.

B. SECTION DIRECTORY:

Section 1: Amends s. 196.031, F.S. increasing the homestead exemption from non-school taxes.

Section 2: Amends s. 200.065, F.S. specifying the calculation of the rolled-back rate for purposes of the 2019 tax roll.

Section 3: Amends s. 218.125, F.S. requiring the legislature to appropriate moneys to offset reductions in tax revenue in fiscally constrained counties resulting from increased exemptions.

Section 4: Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

If the bill becomes effective and the legislature makes appropriations as directed by the bill, staff estimates that state expenditures sufficient to fully offset the impacts to fiscally constrained counties of the higher homestead exemption will be approximately \$15 million annually.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None

D. FISCAL COMMENTS:

None

¹⁶ Section 218.125(2), F.S. **STORAGE NAME**: pcb07.WMC **DATE**: 4/3/2017

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The county/municipality mandates provision of Art. VII, subsection 18(b), of the Florida Constitution may apply because this bill will reduce certain statutory maximum millage rates, above which a local government may not levy property tax except by extraordinary votes of the governing board. It is unclear whether this constitutes a reduction of revenue raising authority as contemplated by subsection 18(b). If the bill does qualify as a mandate, final passage must be approved by two-thirds of the membership of each house of the Legislature.

2	Other	٠.
۷.	Outer	

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

STORAGE NAME: pcb07.WMC DATE: 4/3/2017

A bill to be entitled 1 2 An act relating to homestead exemption implementation; 3 amending s. 196.031, F.S.; increasing the homestead exemption from all taxes other than school district 4 5 taxes; amending s. 200.065, F.S.; specifying 6 calculation of the rolled-back rate for purposes of 7 the 2019 tax roll; providing a repeal date; amending 8 s. 218.125, F.S.; requiring the Legislature to 9 appropriate moneys to offset reductions in tax revenues in certain fiscally constrained counties 10 11 resulting from increased exemptions; providing an effective date. 12 13 Be It Enacted by the Legislature of the State of Florida: 14 15 16 Section 1. Paragraph (b) of subsection (1) of section 17 196.031, Florida Statutes, is amended to read: 196.031 Exemption of homesteads.-18 19 (1)20 Every person who qualifies to receive the exemption provided in paragraph (a) is entitled to an additional exemption 21 of up to \$50,000 \$25,000 on the assessed valuation greater than 22 \$50,000 for all levies other than school district levies. 23 24 Section 2. Subsection (15) of section 200.065, Florida 25 Statutes, is renumbered as subsection (16), and a new subsection

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(15) is added to that section to read:
 200.065 Method of fixing millage.-

- rolled-back rate in subsection (1), the taxable value that is used in computing the rolled-back rate in subsection (1) and the maximum millage rate under subsection (5), shall be increased by an amount equal to the reduction in taxable value occurring as a result of the revision to s. 6(a) of Art. VII of the State Constitution approved in November 2018 which authorizes an additional exemption of up to \$25,000 for all levies other than school district levies. For purposes of this paragraph, the taxable value shall be based on value as of January 1, 2019, within each taxing authority.
- (b) This subsection is repealed on December 31, 2019.

 Section 3. Section 218.125, Florida Statutes, is amended to read:
- $218.125\,$ Offset for tax loss associated with certain constitutional amendments affecting fiscally constrained counties.—
- (1) (a) Beginning in the 2010-2011 fiscal year, the Legislature shall appropriate moneys to offset the reductions in ad valorem tax revenue experienced by fiscally constrained counties, as defined in s. 218.67(1), which occur as a direct result of the implementation of revisions of ss. 3(f) and 4(b) of Art. VII of the State Constitution which were approved in the

Page 2 of 5

general election held in November 2008. The moneys appropriated for this purpose shall be distributed in January of each fiscal year among the fiscally constrained counties based on each county's proportion of the total reduction in ad valorem tax revenue resulting from the implementation of the revisions.

51:

- Legislature shall appropriate moneys to offset reductions in ad valorem tax revenue experienced by fiscally constrained counties, as defined in s. 218.67(1), which occur as a direct result of implementation of the revision to s. 6(a) of Art. VII of the State Constitution approved in November 2018 which authorizes an additional exemption of up to \$25,000 for all levies other than school district levies. The moneys appropriated for this purpose shall be distributed in January of each fiscal year among the fiscally constrained counties based on each county's proportion of the total reduction in ad valorem tax revenue resulting from the implementation of the revisions.
- (2) On or before November 15 of each year, each fiscally constrained county shall apply to the Department of Revenue to participate in the distribution of the appropriation and provide documentation supporting the county's estimated reduction in ad valorem tax revenue in the form and manner prescribed by the department of Revenue. The documentation must include an estimate of the reduction in taxable value directly attributable to revisions of Art. VII of the State Constitution for all

Page 3 of 5

county taxing jurisdictions within the county and shall be prepared by the property appraiser in each fiscally constrained county. The documentation must also include the county millage rates applicable in all such jurisdictions for the current year and the prior year, rolled-back rates determined as provided in s. 200.065 for each county taxing jurisdiction, and maximum millage rates that could have been levied by majority vote pursuant to s. 200.065(5).

- (a) For purposes of paragraph (1)(a) this section, each fiscally constrained county's reduction in ad valorem tax revenue shall be calculated as 95 percent of the estimated reduction in taxable value multiplied by the lesser of the 2010 applicable millage rate or the applicable millage rate for each county taxing jurisdiction in the current year. If a fiscally constrained county fails to apply for the distribution, its share shall revert to the fund from which the appropriation was made.
- (b) For purposes of paragraph (1)(b), each fiscally constrained county's reduction in ad valorem tax revenue shall be calculated as 95 percent of the estimated reduction in taxable value multiplied by the lesser of the 2017 applicable millage rate or the applicable millage rate for each county taxing jurisdiction in the current year. If a fiscally constrained county fails to apply for the distribution, its share shall revert to the fund from which the appropriation was

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101	made.
102	Section 4. This act shall take effect on the effective
103	date of the amendment to the State Constitution proposed by HJR
104	or a similar joint resolution having substantially the
105	same specific intent and purpose, if such amendment to the State
106	Constitution is approved at the general election held in
107	November 2018 and shall apply to the 2019 tax roll.

Page 5 of 5