

1 A bill to be entitled
2 An act relating to the Department of Health;
3 reenacting ss. 381.00316(2)(g) and 381.00319(1)(e),
4 F.S., relating to the prohibition on discrimination by
5 governmental and businesses entities based on health
6 care choices and the prohibition on mask mandates and
7 vaccination and testing mandates for educational
8 institutions, respectively, for purposes of preserving
9 the definition of the term "messenger ribonucleic acid
10 vaccine" notwithstanding its scheduled repeal;
11 repealing s. 9 of chapter 2023-43, Laws of Florida,
12 which provides for the repeal of the definition of the
13 term "messenger ribonucleic acid vaccine"; amending s.
14 381.026, F.S.; prohibiting a health care provider or
15 health care facility from discriminating against a
16 patient based solely upon the patient's vaccination
17 status; amending s. 381.986, F.S.; deleting the
18 requirement that all officers and board members of
19 medical marijuana treatment centers pass a background
20 screening; defining terms for purposes of background
21 screening requirements for persons affiliated with
22 medical marijuana treatment centers; requiring medical
23 marijuana treatment centers to notify the Department
24 of Health within a specified timeframe of an actual or
25 attempted theft, diversion, or loss of marijuana;

26 requiring medical marijuana treatment centers to
 27 report attempted thefts, in addition to actual thefts,
 28 to law enforcement within a specified timeframe;
 29 amending s. 381.988, F.S.; defining terms for purposes
 30 of background screening requirements for persons
 31 affiliated with medical marijuana testing
 32 laboratories; amending s. 456.0145, F.S.; revising
 33 eligibility criteria for licensure by endorsement
 34 under the MOBILE Act; amending s. 486.112, F.S.;
 35 defining the term "party state"; amending s. 766.1115,
 36 F.S.; revising the definition of the term "health care
 37 provider" or "provider" to include certain students;
 38 providing an effective date.

39

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

41

42 **Section 1. Notwithstanding the scheduled repeal in section**
 43 **9 of chapter 2023-43, Laws of Florida, paragraph (g) of**
 44 **subsection (2) of section 381.00316, Florida Statutes, is**
 45 **reenacted to read:**

46 381.00316 Discrimination by governmental and business
 47 entities based on health care choices; prohibition.—

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

49 (g) "Messenger ribonucleic acid vaccine" means any vaccine
 50 that uses laboratory-produced messenger ribonucleic acid to

51 trigger the human body's immune system to generate an immune
52 response.

53 **Section 2. Notwithstanding the scheduled repeal in section**
54 **9 of chapter 2023-43, Laws of Florida, paragraph (e) of**
55 **subsection (1) of section 381.00319, Florida Statutes, is**
56 **reenacted to read:**

57 381.00319 Prohibition on mask mandates and vaccination and
58 testing mandates for educational institutions.—

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

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

62 **Section 3. Section 9 of chapter 2023-43, Laws of Florida,**
63 **is repealed.**

64 **Section 4. Paragraphs (b) and (d) of subsection (4) and**
65 **subsection (6) of section 381.026, Florida Statutes, are amended**
66 **to read:**

67 381.026 Florida Patient's Bill of Rights and
68 Responsibilities.—

69 (4) RIGHTS OF PATIENTS.—Each health care facility or
70 provider shall observe the following standards:

71 (b) Information.—

72 1. A patient has the right to know the name, function, and
73 qualifications of each health care provider who is providing
74 medical services to the patient. A patient may request such
75 information from his or her responsible provider or the health

76 | care facility in which he or she is receiving medical services.

77 | 2. A patient in a health care facility has the right to
78 | know what patient support services are available in the
79 | facility.

80 | 3. A patient has the right to be given by his or her
81 | health care provider information concerning diagnosis, planned
82 | course of treatment, alternatives, risks, and prognosis, unless
83 | it is medically inadvisable or impossible to give this
84 | information to the patient, in which case the information must
85 | be given to the patient's guardian or a person designated as the
86 | patient's representative. A patient has the right to refuse this
87 | information.

88 | 4. A patient has the right to refuse any treatment based
89 | on information required by this paragraph, except as otherwise
90 | provided by law. The responsible provider shall document any
91 | such refusal.

92 | 5. A patient in a health care facility has the right to
93 | know what facility rules and regulations apply to patient
94 | conduct.

95 | 6. A patient has the right to express grievances to a
96 | health care provider, a health care facility, or the appropriate
97 | state licensing agency regarding alleged violations of patients'
98 | rights. A patient has the right to know the health care
99 | provider's or health care facility's procedures for expressing a
100 | grievance.

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

105 8. A health care provider or health care facility shall
106 respect a patient's right to privacy and should refrain from
107 making a written inquiry or asking questions concerning the
108 ownership of a firearm or ammunition by the patient or by a
109 family member of the patient, or the presence of a firearm in a
110 private home or other domicile of the patient or a family member
111 of the patient. Notwithstanding this provision, a health care
112 provider or health care facility that in good faith believes
113 that this information is relevant to the patient's medical care
114 or safety, or safety of others, may make such a verbal or
115 written inquiry.

116 9. A patient may decline to answer or provide any
117 information regarding ownership of a firearm by the patient or a
118 family member of the patient, or the presence of a firearm in
119 the domicile of the patient or a family member of the patient. A
120 patient's decision not to answer a question relating to the
121 presence or ownership of a firearm does not alter existing law
122 regarding a physician's authorization to choose his or her
123 patients.

124 10. A health care provider or health care facility may not
125 discriminate against a patient based solely upon the patient's

126 exercise of the constitutional right to own and possess firearms
127 or ammunition.

128 11. A health care provider or health care facility shall
129 respect a patient's legal right to own or possess a firearm and
130 should refrain from unnecessarily harassing a patient about
131 firearm ownership during an examination.

132 12. A health care provider or health care facility may not
133 discriminate against a patient based solely upon the patient's
134 vaccination status.

135 (d) Access to health care.—

136 1. A patient has the right to impartial access to medical
137 treatment or accommodations, regardless of race, national
138 origin, religion, handicap, vaccination status, or source of
139 payment.

140 2. A patient has the right to treatment for any emergency
141 medical condition that will deteriorate from failure to provide
142 such treatment.

143 3. A patient has the right to access any mode of treatment
144 that is, in his or her own judgment and the judgment of his or
145 her health care practitioner, in the best interests of the
146 patient, including complementary or alternative health care
147 treatments, in accordance with the provisions of s. 456.41.

148 (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health
149 care provider who treats a patient in an office or any health
150 care facility licensed under chapter 395 that provides emergency

151 services and care or outpatient services and care to a patient,
152 or admits and treats a patient, shall adopt and make available
153 to the patient, in writing, a statement of the rights and
154 responsibilities of patients, including the following:

155 SUMMARY OF THE FLORIDA PATIENT'S BILL
156 OF RIGHTS AND RESPONSIBILITIES

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

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

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

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

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

175 A patient has the right to bring any person of his or her

176 choosing to the patient-accessible areas of the health care
177 facility or provider's office to accompany the patient while the
178 patient is receiving inpatient or outpatient treatment or is
179 consulting with his or her health care provider, unless doing so
180 would risk the safety or health of the patient, other patients,
181 or staff of the facility or office or cannot be reasonably
182 accommodated by the facility or provider.

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

185 A patient has the right to be given by the health care
186 provider information concerning diagnosis, planned course of
187 treatment, alternatives, risks, and prognosis.

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

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

193 A patient who is eligible for Medicare has the right to
194 know, upon request and in advance of treatment, whether the
195 health care provider or health care facility accepts the
196 Medicare assignment rate.

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

199 A patient has the right to receive a copy of a reasonably
200 clear and understandable, itemized bill and, upon request, to

201 have the charges explained.

202 A patient has the right to impartial access to medical
203 treatment or accommodations, regardless of race, national
204 origin, religion, handicap, vaccination status, or source of
205 payment.

206 A patient has the right to treatment for any emergency
207 medical condition that will deteriorate from failure to provide
208 treatment.

209 A patient has the right to know if medical treatment is for
210 purposes of experimental research and to give his or her consent
211 or refusal to participate in such experimental research.

212 A patient has the right to express grievances regarding any
213 violation of his or her rights, as stated in Florida law,
214 through the grievance procedure of the health care provider or
215 health care facility which served him or her and to the
216 appropriate state licensing agency.

217 A patient is responsible for providing to the health care
218 provider, to the best of his or her knowledge, accurate and
219 complete information about present complaints, past illnesses,
220 hospitalizations, medications, and other matters relating to his
221 or her health.

222 A patient is responsible for reporting unexpected changes
223 in his or her condition to the health care provider.

224 A patient is responsible for reporting to the health care
225 provider whether he or she comprehends a contemplated course of

226 action and what is expected of him or her.

227 A patient is responsible for following the treatment plan
228 recommended by the health care provider.

229 A patient is responsible for keeping appointments and, when
230 he or she is unable to do so for any reason, for notifying the
231 health care provider or health care facility.

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

235 A patient is responsible for assuring that the financial
236 obligations of his or her health care are fulfilled as promptly
237 as possible.

238 A patient is responsible for following health care facility
239 rules and regulations affecting patient care and conduct.

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

242 381.986 Medical use of marijuana.—

243 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

244 (b) An applicant for licensure as a medical marijuana
245 treatment center must ~~shall~~ apply to the department on a form
246 prescribed by the department and adopted in rule. The department
247 shall adopt rules pursuant to ss. 120.536(1) and 120.54
248 establishing a procedure for the issuance and biennial renewal
249 of licenses, including initial application and biennial renewal
250 fees sufficient to cover the costs of implementing and

251 administering this section, and establishing supplemental
252 licensure fees for payment beginning May 1, 2018, sufficient to
253 cover the costs of administering ss. 381.989 and 1004.4351. The
254 department shall identify applicants with strong diversity plans
255 reflecting this state's commitment to diversity and implement
256 training programs and other educational programs to enable
257 minority persons and minority business enterprises, as defined
258 in s. 288.703, and veteran business enterprises, as defined in
259 s. 295.187, to compete for medical marijuana treatment center
260 licensure and contracts. Subject to the requirements in
261 subparagraphs (a)2.-4., the department shall issue a license to
262 an applicant if the applicant meets the requirements of this
263 section and pays the initial application fee. The department
264 shall renew the licensure of a medical marijuana treatment
265 center biennially if the licensee meets the requirements of this
266 section and pays the biennial renewal fee. However, the
267 department may not renew the license of a medical marijuana
268 treatment center that has not begun to cultivate, process, and
269 dispense marijuana by the date that the medical marijuana
270 treatment center is required to renew its license. An individual
271 may not be an applicant, owner, officer, board member, or
272 manager on more than one application for licensure as a medical
273 marijuana treatment center. An individual or entity may not be
274 awarded more than one license as a medical marijuana treatment
275 center. An applicant for licensure as a medical marijuana

276 treatment center must demonstrate:

277 1. That, for the 5 consecutive years before submitting the
278 application, the applicant has been registered to do business in
279 this ~~the~~ state.

280 2. Possession of a valid certificate of registration
281 issued by the Department of Agriculture and Consumer Services
282 pursuant to s. 581.131.

283 3. The technical and technological ability to cultivate
284 and produce marijuana, including, but not limited to, low-THC
285 cannabis.

286 4. The ability to secure the premises, resources, and
287 personnel necessary to operate as a medical marijuana treatment
288 center.

289 5. The ability to maintain accountability of all raw
290 materials, finished products, and any byproducts to prevent
291 diversion or unlawful access to or possession of these
292 substances.

293 6. An infrastructure reasonably located to dispense
294 marijuana to registered qualified patients statewide or
295 regionally as determined by the department.

296 7. The financial ability to maintain operations for the
297 duration of the 2-year approval cycle, including the provision
298 of certified financial statements to the department.

299 a. Upon approval, the applicant must post a \$5 million
300 performance bond issued by an authorized surety insurance

301 company rated in one of the three highest rating categories by a
302 nationally recognized rating service. However, a medical
303 marijuana treatment center serving at least 1,000 qualified
304 patients is only required to maintain a \$2 million performance
305 bond.

306 b. In lieu of the performance bond required under sub-
307 subparagraph a., the applicant may provide an irrevocable letter
308 of credit payable to the department or provide cash to the
309 department. If provided with cash under this sub-subparagraph,
310 the department must ~~shall~~ deposit the cash in the Grants and
311 Donations Trust Fund within the Department of Health, subject to
312 the same conditions as the bond regarding requirements for the
313 applicant to forfeit ownership of the funds. If the funds
314 deposited under this sub-subparagraph generate interest, the
315 amount of that interest must ~~shall~~ be used by the department for
316 the administration of this section.

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

320 a. "Manager" means any person with the authority to
321 exercise or contribute to the operational control, direction, or
322 management of an applicant or a medical marijuana treatment
323 center or who has authority to supervise any employee of an
324 applicant or a medical marijuana treatment center. This includes
325 officers and board members.

326 b. "Owner" means any person who owns or controls a 5
327 percent or greater share of interests of the applicant or a
328 medical marijuana treatment center which include beneficial or
329 voting rights to interests. In the event that one person owns a
330 beneficial right to interests and another person holds the
331 voting rights with respect to such interests, then in such case,
332 both are considered the owner of such interests.

333 9. The employment of a medical director to supervise the
334 activities of the medical marijuana treatment center.

335 10. A diversity plan that promotes and ensures the
336 involvement of minority persons and minority business
337 enterprises, as defined in s. 288.703, or veteran business
338 enterprises, as defined in s. 295.187, in ownership, management,
339 and employment. An applicant for licensure renewal must show the
340 effectiveness of the diversity plan by including the following
341 with his or her application for renewal:

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

344 b. Efforts to recruit minority persons and veterans for
345 employment; and

346 c. A record of contracts for services with minority
347 business enterprises and veteran business enterprises.

348 (e) A licensed medical marijuana treatment center shall
349 cultivate, process, transport, and dispense marijuana for
350 medical use. A licensed medical marijuana treatment center may

351 not contract for services directly related to the cultivation,
352 processing, and dispensing of marijuana or marijuana delivery
353 devices, except that a medical marijuana treatment center
354 licensed pursuant to subparagraph (a)1. may contract with a
355 single entity for the cultivation, processing, transporting, and
356 dispensing of marijuana and marijuana delivery devices. A
357 licensed medical marijuana treatment center shall ~~must~~, at all
358 times, maintain compliance with the criteria demonstrated and
359 representations made in the initial application and the criteria
360 established in this subsection. Upon request, the department may
361 grant a medical marijuana treatment center a variance from the
362 representations made in the initial application. Consideration
363 of such a request must ~~shall~~ be based upon the individual facts
364 and circumstances surrounding the request. A variance may not be
365 granted unless the requesting medical marijuana treatment center
366 can demonstrate to the department that it has a proposed
367 alternative to the specific representation made in its
368 application which fulfills the same or a similar purpose as the
369 specific representation in a way that the department can
370 reasonably determine will not be a lower standard than the
371 specific representation in the application. A variance may not
372 be granted from the requirements in subparagraph 2. and
373 subparagraphs (b)1. and 2.

374 1. A licensed medical marijuana treatment center may
375 transfer ownership to an individual or entity who meets the

376 requirements of this section. A publicly traded corporation or
377 publicly traded company that meets the requirements of this
378 section is not precluded from ownership of a medical marijuana
379 treatment center. To accommodate a change in ownership:

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

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

387 c. Upon receipt of an application for a license, the
388 department shall examine the application and, within 30 days
389 after receipt, notify the applicant in writing of any apparent
390 errors or omissions and request any additional information
391 required.

392 d. Requested information omitted from an application for
393 licensure must be filed with the department within 21 days after
394 the department's request for omitted information or the
395 application will ~~shall~~ be deemed incomplete and ~~shall be~~
396 withdrawn from further consideration and the fees ~~shall be~~
397 forfeited.

398 e. Within 30 days after the receipt of a complete
399 application, the department shall approve or deny the
400 application.

401 2. A medical marijuana treatment center, and any
402 individual or entity who directly or indirectly owns, controls,
403 or holds with power to vote 5 percent or more of the voting
404 shares of a medical marijuana treatment center, may not acquire
405 direct or indirect ownership or control of any voting shares or
406 other form of ownership of any other medical marijuana treatment
407 center.

408 3. A medical marijuana treatment center may not enter into
409 any form of profit-sharing arrangement with the property owner
410 or lessor of any of its facilities where cultivation,
411 processing, storing, or dispensing of marijuana and marijuana
412 delivery devices occurs.

413 4. All employees of a medical marijuana treatment center
414 must be 21 years of age or older and have passed a background
415 screening pursuant to subsection (9). As used in this
416 subparagraph, the term "employee" means any person who is
417 employed by a medical marijuana treatment center licensee in any
418 capacity, including those whose duties involve any aspect of the
419 cultivation, processing, transportation, or dispensing of
420 marijuana. This requirement applies to all employees, regardless
421 of the compensation received.

422 5. Each medical marijuana treatment center must adopt and
423 enforce policies and procedures to ensure employees and
424 volunteers receive training on the legal requirements to
425 dispense marijuana to qualified patients.

426 6. When growing marijuana, a medical marijuana treatment
427 center:

428 a. May use pesticides determined by the department, after
429 consultation with the Department of Agriculture and Consumer
430 Services, to be safely applied to plants intended for human
431 consumption, but may not use pesticides designated as
432 restricted-use pesticides pursuant to s. 487.042.

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

435 c. Must inspect seeds and growing plants for plant pests
436 that endanger or threaten the horticultural and agricultural
437 interests of the state in accordance with chapter 581 and any
438 rules adopted thereunder.

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

442 7. Each medical marijuana treatment center must produce
443 and make available for purchase at least one low-THC cannabis
444 product.

445 8. A medical marijuana treatment center that produces
446 edibles must hold a permit to operate as a food establishment
447 pursuant to chapter 500, the Florida Food Safety Act, and must
448 comply with all the requirements for food establishments
449 pursuant to chapter 500 and any rules adopted thereunder.
450 Edibles may not contain more than 200 milligrams of

451 tetrahydrocannabinol, and a single serving portion of an edible
452 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles
453 may not have a potency variance ~~of no~~ greater than 15 percent.
454 Marijuana products, including edibles, may not be attractive to
455 children; be manufactured in the shape of humans, cartoons, or
456 animals; be manufactured in a form that bears any reasonable
457 resemblance to products available for consumption as
458 commercially available candy; or contain any color additives. To
459 discourage consumption of edibles by children, the department
460 shall determine by rule any shapes, forms, and ingredients
461 allowed and prohibited for edibles. Medical marijuana treatment
462 centers may not begin processing or dispensing edibles until
463 after the effective date of the rule. The department shall also
464 adopt sanitation rules providing the standards and requirements
465 for the storage, display, or dispensing of edibles.

466 9. Within 12 months after licensure, a medical marijuana
467 treatment center must demonstrate to the department that all of
468 its processing facilities have passed a Food Safety Good
469 Manufacturing Practices, such as Global Food Safety Initiative
470 or equivalent, inspection by a nationally accredited certifying
471 body. A medical marijuana treatment center must immediately stop
472 processing at any facility which fails to pass this inspection
473 until it demonstrates to the department that such facility has
474 met this requirement.

475 10. A medical marijuana treatment center that produces

476 prerolled marijuana cigarettes may not use wrapping paper made
477 with tobacco or hemp.

478 11. When processing marijuana, a medical marijuana
479 treatment center must:

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

482 b. Comply with department rules when processing marijuana
483 with hydrocarbon solvents or other solvents or gases exhibiting
484 potential toxicity to humans. The department shall determine by
485 rule the requirements for medical marijuana treatment centers to
486 use such solvents or gases exhibiting potential toxicity to
487 humans.

488 c. Comply with federal and state laws and regulations and
489 department rules for solid and liquid wastes. The department
490 shall determine by rule procedures for the storage, handling,
491 transportation, management, and disposal of solid and liquid
492 waste generated during marijuana production and processing. The
493 Department of Environmental Protection shall assist the
494 department in developing such rules.

495 d. Test the processed marijuana using a medical marijuana
496 testing laboratory before it is dispensed. Results must be
497 verified and signed by two medical marijuana treatment center
498 employees. Before dispensing, the medical marijuana treatment
499 center must determine that the test results indicate that low-
500 THC cannabis meets the definition of low-THC cannabis, the

501 concentration of tetrahydrocannabinol meets the potency
502 requirements of this section, the labeling of the concentration
503 of tetrahydrocannabinol and cannabidiol is accurate, and all
504 marijuana is safe for human consumption and free from
505 contaminants that are unsafe for human consumption. The
506 department shall determine by rule which contaminants must be
507 tested for and the maximum levels of each contaminant which are
508 safe for human consumption. The Department of Agriculture and
509 Consumer Services shall assist the department in developing the
510 testing requirements for contaminants that are unsafe for human
511 consumption in edibles. The department shall also determine by
512 rule the procedures for the treatment of marijuana that fails to
513 meet the testing requirements of this section, s. 381.988, or
514 department rule. The department may select samples of marijuana
515 from a medical marijuana treatment center facility which shall
516 be tested by the department to determine whether the marijuana
517 meets the potency requirements of this section, is safe for
518 human consumption, and is accurately labeled with the
519 tetrahydrocannabinol and cannabidiol concentration or to verify
520 the result of marijuana testing conducted by a marijuana testing
521 laboratory. The department may also select samples of marijuana
522 delivery devices from a medical marijuana treatment center to
523 determine whether the marijuana delivery device is safe for use
524 by qualified patients. A medical marijuana treatment center may
525 not require payment from the department for the sample. A

526 | medical marijuana treatment center must recall marijuana,
527 | including all marijuana and marijuana products made from the
528 | same batch of marijuana, that fails to meet the potency
529 | requirements of this section, that is unsafe for human
530 | consumption, or for which the labeling of the
531 | tetrahydrocannabinol and cannabidiol concentration is
532 | inaccurate. The department shall adopt rules to establish
533 | marijuana potency variations of no greater than 15 percent using
534 | negotiated rulemaking pursuant to s. 120.54(2)(d) which accounts
535 | for, but is not limited to, time lapses between testing, testing
536 | methods, testing instruments, and types of marijuana sampled for
537 | testing. The department may not issue any recalls for product
538 | potency as it relates to product labeling before issuing a rule
539 | relating to potency variation standards. A medical marijuana
540 | treatment center must also recall all marijuana delivery devices
541 | determined to be unsafe for use by qualified patients. The
542 | medical marijuana treatment center must retain records of all
543 | testing and samples of each homogeneous batch of marijuana for
544 | at least 9 months. The medical marijuana treatment center must
545 | contract with a marijuana testing laboratory to perform audits
546 | on the medical marijuana treatment center's standard operating
547 | procedures, testing records, and samples and provide the results
548 | to the department to confirm that the marijuana or low-THC
549 | cannabis meets the requirements of this section and that the
550 | marijuana or low-THC cannabis is safe for human consumption. A

551 medical marijuana treatment center shall reserve two processed
552 samples from each batch and retain such samples for at least 9
553 months for the purpose of such audits. A medical marijuana
554 treatment center may use a laboratory that has not been
555 certified by the department under s. 381.988 until such time as
556 at least one laboratory holds the required certification, but in
557 no event later than July 1, 2018.

558 e. Package the marijuana in compliance with the United
559 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
560 1471 et seq.

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

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

565 (II) The name of the medical marijuana treatment center
566 from which the marijuana originates.

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

569 (IV) The name of the physician who issued the physician
570 certification.

571 (V) The name of the patient.

572 (VI) The product name, if applicable, and dosage form,
573 including concentration of tetrahydrocannabinol and cannabidiol.
574 The product name may not contain wording commonly associated
575 with products that are attractive to children or which promote

576 the recreational use of marijuana.

577 (VII) The recommended dose.

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

580 (IX) A marijuana universal symbol developed by the
581 department.

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

- 585 a. Clinical pharmacology.
- 586 b. Indications and use.
- 587 c. Dosage and administration.
- 588 d. Dosage forms and strengths.
- 589 e. Contraindications.
- 590 f. Warnings and precautions.
- 591 g. Adverse reactions.

592 13. In addition to the packaging and labeling requirements
593 specified in subparagraphs 11. and 12., marijuana in a form for
594 smoking must be packaged in a sealed receptacle with a legible
595 and prominent warning to keep away from children and a warning
596 that states marijuana smoke contains carcinogens and may
597 negatively affect health. Such receptacles for marijuana in a
598 form for smoking must be plain, opaque, and white without
599 depictions of the product or images other than the medical
600 marijuana treatment center's department-approved logo and the

601 marijuana universal symbol.

602 14. The department shall adopt rules to regulate the
603 types, appearance, and labeling of marijuana delivery devices
604 dispensed from a medical marijuana treatment center. The rules
605 must require marijuana delivery devices to have an appearance
606 consistent with medical use.

607 15. Each edible must be individually sealed in plain,
608 opaque wrapping marked only with the marijuana universal symbol.
609 Where practical, each edible must be marked with the marijuana
610 universal symbol. In addition to the packaging and labeling
611 requirements in subparagraphs 11. and 12., edible receptacles
612 must be plain, opaque, and white without depictions of the
613 product or images other than the medical marijuana treatment
614 center's department-approved logo and the marijuana universal
615 symbol. The receptacle must also include a list of all the
616 edible's ingredients, storage instructions, an expiration date,
617 a legible and prominent warning to keep away from children and
618 pets, and a warning that the edible has not been produced or
619 inspected pursuant to federal food safety laws.

620 16. When dispensing marijuana or a marijuana delivery
621 device, a medical marijuana treatment center:

622 a. May dispense any active, valid order for low-THC
623 cannabis, medical cannabis and cannabis delivery devices issued
624 pursuant to former s. 381.986, Florida Statutes 2016, which was
625 entered into the medical marijuana use registry before July 1,

626 2017.

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

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

634 c. Must have the medical marijuana treatment center's
635 employee who dispenses the marijuana or a marijuana delivery
636 device enter into the medical marijuana use registry his or her
637 name or unique employee identifier.

638 d. Must verify that the qualified patient and the
639 caregiver, if applicable, each have an active registration in
640 the medical marijuana use registry and an active and valid
641 medical marijuana use registry identification card, the amount
642 and type of marijuana dispensed matches the physician
643 certification in the medical marijuana use registry for that
644 qualified patient, and the physician certification has not
645 already been filled.

646 e. May not dispense marijuana to a qualified patient who
647 is younger than 18 years of age. If the qualified patient is
648 younger than 18 years of age, marijuana may only be dispensed to
649 the qualified patient's caregiver.

650 f. May not dispense or sell any other type of cannabis,

651 alcohol, or illicit drug-related product, including pipes or
652 wrapping papers made with tobacco or hemp, other than a
653 marijuana delivery device required for the medical use of
654 marijuana and which is specified in a physician certification.

655 g. Must, upon dispensing the marijuana or marijuana
656 delivery device, record in the registry the date, time,
657 quantity, and form of marijuana dispensed; the type of marijuana
658 delivery device dispensed; and the name and medical marijuana
659 use registry identification number of the qualified patient or
660 caregiver to whom the marijuana delivery device was dispensed.

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

664 (f) To ensure the safety and security of premises where
665 the cultivation, processing, storing, or dispensing of marijuana
666 occurs, and to maintain adequate controls against the diversion,
667 theft, and loss of marijuana or marijuana delivery devices, a
668 medical marijuana treatment center shall:

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

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

675 (I) Cameras are fixed in a place that allows for the clear

676 identification of persons and activities in controlled areas of
677 the premises. Controlled areas include grow rooms, processing
678 rooms, storage rooms, disposal rooms or areas, and point-of-sale
679 rooms.

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

683 (III) Recorded images must clearly and accurately display
684 the time and date.

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

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

689 3. Ensure that the indoor premises where dispensing occurs
690 includes a waiting area with sufficient space and seating to
691 accommodate qualified patients and caregivers and at least one
692 private consultation area that is isolated from the waiting area
693 and area where dispensing occurs. A medical marijuana treatment
694 center may not display products or dispense marijuana or
695 marijuana delivery devices in the waiting area.

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

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

701 6. Require at least two of its employees, or two employees
702 of a security agency with whom it contracts, to be on the
703 premises at all times where cultivation, processing, or storing
704 of marijuana occurs.

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

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

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

710 10. Report to local law enforcement and notify the
711 department through electronic mail within 24 hours after the
712 medical marijuana treatment center is notified or becomes aware
713 of any actual or attempted ~~the~~ theft, diversion, or loss of
714 marijuana.

715 **Section 6. Paragraph (d) of subsection (1) of section**
716 **381.988, Florida Statutes, is amended to read:**

717 381.988 Medical marijuana testing laboratories; marijuana
718 tests conducted by a certified laboratory.—

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

721 (d) Require all employees, owners, and managers to submit
722 to and pass a level 2 background screening pursuant to chapter
723 435. The department shall deny certification if the person or
724 entity seeking certification has a disqualifying offense as
725 provided in s. 435.04 or has an arrest awaiting final

726 disposition for, has been found guilty of, or has entered a plea
727 of guilty or nolo contendere to, regardless of adjudication, any
728 offense listed in chapter 837, chapter 895, or chapter 896 or
729 similar law of another jurisdiction. Exemptions from
730 disqualification as provided under s. 435.07 do not apply to
731 this paragraph.

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

733 a. "Employee" means any person whose duties or activities
734 involve any aspect of regulatory compliance testing or research
735 and development testing of marijuana for a certified marijuana
736 testing laboratory, regardless of whether such person is
737 compensated for his or her work.

738 b. "Manager" means any person with authority to exercise
739 or contribute to the operational control, direction, or
740 management of an applicant or certified marijuana testing
741 laboratory or who has authority to supervise any employee of an
742 applicant or a certified marijuana testing laboratory. This
743 includes officers and board members.

744 c. "Owner" means any person who owns or controls a 5
745 percent or greater share of interests of the applicant or a
746 certified marijuana testing laboratory which include beneficial
747 or voting rights to interests. In the event that one person owns
748 a beneficial right to interests and another person holds the
749 voting rights with respect to such interests, then in such case,
750 both are considered the owner of such interests.

751 ~~2.1.~~ Such employees, owners, and managers must submit a
752 full set of fingerprints to the department or to a vendor,
753 entity, or agency authorized by s. 943.053(13). The department,
754 vendor, entity, or agency shall forward the fingerprints to the
755 Department of Law Enforcement for state processing, and the
756 Department of Law Enforcement shall forward the fingerprints to
757 the Federal Bureau of Investigation for national processing.

758 ~~3.2.~~ Fees for state and federal fingerprint processing and
759 retention must ~~shall~~ be borne by the certified marijuana testing
760 laboratory. The state cost for fingerprint processing is ~~shall~~
761 ~~be~~ as provided in s. 943.053(3)(e) for records provided to
762 persons or entities other than those specified as exceptions
763 therein.

764 ~~4.3.~~ Fingerprints submitted to the Department of Law
765 Enforcement pursuant to this paragraph must ~~shall~~ be retained by
766 the Department of Law Enforcement as provided in s. 943.05(2)(g)
767 and (h) and, when the Department of Law Enforcement begins
768 participation in the program, enrolled in the Federal Bureau of
769 Investigation's national retained print arrest notification
770 program. Any arrest record identified must ~~shall~~ be reported to
771 the department.

772 **Section 7. Paragraphs (a) and (c) of subsection (2) of**
773 **section 456.0145, Florida Statutes, are amended to read:**

774 456.0145 Mobile Opportunity by Interstate Licensure
775 Endorsement (MOBILE) Act.—

776 (2) LICENSURE BY ENDORSEMENT.—

777 (a) An applicable board, or the department if there is no
 778 board, shall issue a license to practice in this state to an
 779 applicant who meets all of the following criteria:

780 1. Submits a complete application.

781 2. Holds an active, unencumbered license issued by another
 782 state, the District of Columbia, or a territory of the United
 783 States in a profession with a similar scope of practice, as
 784 determined by the board or department, as applicable. The term
 785 "scope of practice" means the full spectrum of functions,
 786 procedures, actions, and services that a health care
 787 practitioner is deemed competent and authorized to perform under
 788 a license issued in this state.

789 3.a. Has obtained a passing score on a national licensure
 790 examination or holds a national certification recognized by the
 791 board, or the department if there is no board, as applicable to
 792 the profession for which the applicant is seeking licensure in
 793 this state; or

794 b. Meets the requirements of paragraph (b).

795 4. Has actively practiced the profession for which the
 796 applicant is applying for at least 2 ~~3~~ years during the 4-year
 797 period immediately preceding the date of submission of the
 798 application.

799 5. Attests that he or she is not, at the time of
 800 submission of the application, the subject of a disciplinary

801 proceeding in a jurisdiction in which he or she holds a license
802 or by the United States Department of Defense for reasons
803 related to the practice of the profession for which he or she is
804 applying.

805 6. Has not had disciplinary action taken against him or
806 her in the 5 years immediately preceding the date of submission
807 of the application.

808 7. Meets the financial responsibility requirements of s.
809 456.048 or the applicable practice act, if required for the
810 profession for which the applicant is seeking licensure.

811 8. Submits a set of fingerprints for a background
812 screening pursuant to s. 456.0135, if required for the
813 profession for which he or she is applying.

814

815 The department shall verify information submitted by the
816 applicant under this subsection using the National Practitioner
817 Data Bank, as applicable.

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

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

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

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

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

837 a. Approve the application;

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

840 c. Approve the application with placement of the licensee
841 on probation for a period of time and subject to such conditions
842 as the board, or the department when there is no board, may
843 specify, including, but not limited to, requiring the applicant
844 to submit to treatment, attend continuing education courses, or
845 submit to reexamination; or

846 d. Deny the application.

847 **Section 8. Section 486.112, Florida Statutes, is amended**
848 **to read:**

849 486.112 Physical Therapy Licensure Compact.—The Physical
850 Therapy Licensure Compact is hereby enacted into law and entered

851 into by this state with all other jurisdictions legally joining
852 therein in the form substantially as follows:

853 ARTICLE I

854 PURPOSE AND OBJECTIVES

855 (1) The purpose of the compact is to facilitate interstate
856 practice of physical therapy with the goal of improving public
857 access to physical therapy services. The compact preserves the
858 regulatory authority of member states to protect public health
859 and safety through their current systems of state licensure. For
860 purposes of state regulation under the compact, the practice of
861 physical therapy is deemed to have occurred in the state where
862 the patient is located at the time physical therapy is provided
863 to the patient.

864 (2) The compact is designed to achieve all of the
865 following objectives:

866 (a) Increase public access to physical therapy services by
867 providing for the mutual recognition of other member state
868 licenses.

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

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

873 (d) Support spouses of relocating military members.

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

876 (f) Allow a remote state to hold a provider of services
877 with a compact privilege in that state accountable to that
878 state's practice standards.

879

880 ARTICLE II

881 DEFINITIONS

882 As used in the compact, and except as otherwise provided,
883 the term:

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

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

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

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

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

901 participation in, and completion of, educational and
902 professional activities relevant to the practice of physical
903 therapy.

904 (6) "Data system" means the coordinated database and
905 reporting system created by the Physical Therapy Compact
906 Commission for the exchange of information between member states
907 relating to licensees or applicants under the compact, including
908 identifying information, licensure data, investigative
909 information, adverse actions, nonconfidential information
910 related to alternative program participation, any denials of
911 applications for licensure, and other information as specified
912 by commission rule.

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

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

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

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

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

926 (12) "Licensee" means an individual who currently holds an
 927 authorization from a state to practice as a physical therapist
 928 or physical therapist assistant.

929 (13) "Member state" means a state that has enacted the
 930 compact.

931 (14) "Party state" means any member state in which a
 932 licensee holds a current license or compact privilege or is
 933 applying for a license or compact.

934 ~~(15)-(14)~~ "Physical therapist" means an individual licensed
 935 by a state to practice physical therapy.

936 ~~(16)-(15)~~ "Physical therapist assistant" means an
 937 individual licensed by a state to assist a physical therapist in
 938 specified areas of physical therapy.

939 ~~(17)-(16)~~ "Physical therapy" or "the practice of physical
 940 therapy" means the care and services provided by or under the
 941 direction and supervision of a licensed physical therapist.

942 ~~(18)-(17)~~ "Physical Therapy Compact Commission" or
 943 "commission" means the national administrative body whose
 944 membership consists of all states that have enacted the compact.

945 ~~(19)-(18)~~ "Physical therapy licensing board" means the
 946 agency of a state which is responsible for the licensing and
 947 regulation of physical therapists and physical therapist
 948 assistants.

949 ~~(20)-(19)~~ "Remote state" means a member state other than
 950 the home state where a licensee is exercising or seeking to

951 exercise the compact privilege.

952 (21)~~(20)~~ "Rule" means a regulation, principle, or
953 directive adopted by the commission which has the force of law.

954 (22)~~(21)~~ "State" means any state, commonwealth, district,
955 or territory of the United States of America which regulates the
956 practice of physical therapy.

957 ARTICLE III

958 STATE PARTICIPATION IN THE COMPACT

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

961 (a) Participate fully in the commission's data system,
962 including using the commission's unique identifier, as defined
963 by commission rule.

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

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

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

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

975 (f) Use a recognized national examination as a requirement

1001 remote state in which the licensee is seeking a compact
1002 privilege.

1003 (g) Report to the commission adverse action taken by any
1004 nonmember state within 30 days after the date the adverse action
1005 is taken.

1006 (2) The compact privilege is valid until the expiration
1007 date of the home license. The licensee must continue to meet the
1008 requirements of subsection (1) to maintain the compact privilege
1009 in a remote state.

1010 (3) A licensee providing physical therapy in a remote
1011 state under the compact privilege must comply with the laws and
1012 rules of the remote state.

1013 (4) A licensee providing physical therapy in a remote
1014 state is subject to that state's regulatory authority. A remote
1015 state may, in accordance with due process and that state's laws,
1016 remove a licensee's compact privilege in the remote state for a
1017 specific period of time, impose fines, and take any other
1018 necessary actions to protect the health and safety of its
1019 citizens. The licensee is not eligible for a compact privilege
1020 in any member state until the specific period of time for
1021 removal has ended and all fines are paid.

1022 (5) If a home state license is encumbered, the licensee
1023 loses the compact privilege in any remote state until the
1024 following conditions are met:

1025 (a) The home state license is no longer encumbered.

1026 (b) Two years have elapsed from the date of the adverse
 1027 action.

1028 (6) Once an encumbered license in the home state is
 1029 restored to good standing, the licensee must meet the
 1030 requirements of subsection (1) to obtain a compact privilege in
 1031 any remote state.

1032 (7) If a licensee's compact privilege in any remote state
 1033 is removed, the licensee loses the compact privilege in all
 1034 remote states until all of the following conditions are met:

1035 (a) The specific period of time for which the compact
 1036 privilege was removed has ended.

1037 (b) All fines have been paid.

1038 (c) Two years have elapsed from the date of the adverse
 1039 action.

1040 (8) Once the requirements of subsection (7) have been met,
 1041 the licensee must meet the requirements of subsection (1) to
 1042 obtain a compact privilege in a remote state.

1043 ARTICLE V

1044 ACTIVE DUTY MILITARY PERSONNEL

1045 AND THEIR SPOUSES

1046 A licensee who is active duty military or is the spouse of
 1047 an individual who is active duty military may choose any of the
 1048 following locations to designate his or her home state:

1049 (1) Home of record.

1050 (2) Permanent change of station location.

1051 (3) State of current residence, if it is different from
 1052 the home of record or permanent change of station location.

1054 ARTICLE VI

1055 ADVERSE ACTIONS

1056 (1) A home state has exclusive power to impose adverse
 1057 action against a license issued by the home state.

1058 (2) A home state may take adverse action based on the
 1059 investigative information of a remote state, so long as the home
 1060 state follows its own procedures for imposing adverse action.

1061 (3) The compact does not override a member state's
 1062 decision that participation in an alternative program may be
 1063 used in lieu of adverse action and that such participation
 1064 remain nonpublic if required by the member state's laws. Member
 1065 states must require licensees who enter any alternative programs
 1066 in lieu of discipline to agree not to practice in any other
 1067 member state during the term of the alternative program without
 1068 prior authorization from such other member state.

1069 (4) A member state may investigate actual or alleged
 1070 violations of the laws and rules for the practice of physical
 1071 therapy committed in any other member state by a physical
 1072 therapist or physical therapist assistant practicing under the
 1073 compact who holds a license or compact privilege in such other
 1074 member state.

1075 (5) A remote state may do any of the following:

1076 (a) Take adverse actions as set forth in subsection (4) of
 1077 Article IV against a licensee's compact privilege in the state.

1078 (b) Issue subpoenas for both hearings and investigations
 1079 which require the attendance and testimony of witnesses and the
 1080 production of evidence. Subpoenas issued by a physical therapy
 1081 licensing board in a party ~~member~~ state for the attendance and
 1082 testimony of witnesses or for the production of evidence from
 1083 another party ~~member~~ state must be enforced in the latter state
 1084 by any court of competent jurisdiction, according to the
 1085 practice and procedure of that court applicable to subpoenas
 1086 issued in proceedings pending before it. The issuing authority
 1087 shall pay any witness fees, travel expenses, mileage, and other
 1088 fees required by the service laws of the state where the
 1089 witnesses or evidence is located.

1090 (c) If otherwise permitted by state law, recover from the
 1091 licensee the costs of investigations and disposition of cases
 1092 resulting from any adverse action taken against that licensee.

1093 (6) (a) In addition to the authority granted to a member
 1094 state by its respective physical therapy practice act or other
 1095 applicable state law, a member state may participate with other
 1096 member states in joint investigations of licensees.

1097 (b) Member states shall share any investigative,
 1098 litigation, or compliance materials in furtherance of any joint
 1099 or individual investigation initiated under the compact.

1100 ARTICLE VII

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ESTABLISHMENT OF THE
PHYSICAL THERAPY COMPACT COMMISSION

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

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

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

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

(2) MEMBERSHIP, VOTING, AND MEETINGS.—

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

(b) A delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring on the commission must be

1126 filled by the physical therapy licensing board of the member
 1127 state for which the vacancy exists.

1128 (c) Each delegate is entitled to one vote with regard to
 1129 the adoption of rules and bylaws and shall otherwise have an
 1130 opportunity to participate in the business and affairs of the
 1131 commission.

1132 (d) A delegate shall vote in person or by such other means
 1133 as provided in the bylaws. The bylaws may provide for delegates'
 1134 participation in meetings by telephone or other means of
 1135 communication.

1136 (e) The commission shall meet at least once during each
 1137 calendar year. Additional meetings may be held as set forth in
 1138 the bylaws.

1139 (f) All meetings must be open to the public, and public
 1140 notice of meetings must be given in the same manner as required
 1141 under the rulemaking provisions in Article IX.

1142 (g) The commission or the executive board or other
 1143 committees of the commission may convene in a closed, nonpublic
 1144 meeting if the commission or executive board or other committees
 1145 of the commission must discuss any of the following:

1146 1. Noncompliance of a member state with its obligations
 1147 under the compact.

1148 2. The employment, compensation, or discipline of, or
 1149 other matters, practices, or procedures related to, specific
 1150 employees or other matters related to the commission's internal

1151 personnel practices and procedures.

1152 3. Current, threatened, or reasonably anticipated
 1153 litigation against the commission, executive board, or other
 1154 committees of the commission.

1155 4. Negotiation of contracts for the purchase, lease, or
 1156 sale of goods, services, or real estate.

1157 5. An accusation of any person of a crime or a formal
 1158 censure of any person.

1159 6. Information disclosing trade secrets or commercial or
 1160 financial information that is privileged or confidential.

1161 7. Information of a personal nature where disclosure would
 1162 constitute a clearly unwarranted invasion of personal privacy.

1163 8. Investigatory records compiled for law enforcement
 1164 purposes.

1165 9. Information related to any investigative reports
 1166 prepared by or on behalf of or for use of the commission or
 1167 other committee charged with responsibility for investigation or
 1168 determination of compliance issues pursuant to the compact.

1169 10. Matters specifically exempted from disclosure by
 1170 federal or member state statute.

1171 (h) If a meeting, or portion of a meeting, is closed
 1172 pursuant to this subsection, the commission's legal counsel or
 1173 designee must certify that the meeting may be closed and must
 1174 reference each relevant exempting provision.

1175 (i) The commission shall keep minutes that fully and

1176 clearly describe all matters discussed in a meeting and shall
1177 provide a full and accurate summary of actions taken and the
1178 reasons therefor, including a description of the views
1179 expressed. All documents considered in connection with an action
1180 must be identified in the minutes. All minutes and documents of
1181 a closed meeting must remain under seal, subject to release only
1182 by a majority vote of the commission or order of a court of
1183 competent jurisdiction.

1184 (3) DUTIES.—The commission shall do all of the following:

1185 (a) Establish the fiscal year of the commission.

1186 (b) Establish bylaws.

1187 (c) Maintain its financial records in accordance with the
1188 bylaws.

1189 (d) Meet and take such actions as are consistent with the
1190 provisions of the compact and the bylaws.

1191 (4) POWERS.—The commission may do any of the following:

1192 (a) Adopt uniform rules to facilitate and coordinate
1193 implementation and administration of the compact. The rules have
1194 the force and effect of law and are binding in all member
1195 states.

1196 (b) Bring and prosecute legal proceedings or actions in
1197 the name of the commission, provided that the standing of any
1198 state physical therapy licensing board to sue or be sued under
1199 applicable law is not affected.

1200 (c) Purchase and maintain insurance and bonds.

1201 (d) Borrow, accept, or contract for services of personnel,
 1202 including, but not limited to, employees of a member state.

1203 (e) Hire employees and elect or appoint officers; fix the
 1204 compensation of, define the duties of, and grant appropriate
 1205 authority to such individuals to carry out the purposes of the
 1206 compact; and establish the commission's personnel policies and
 1207 programs relating to conflicts of interest, qualifications of
 1208 personnel, and other related personnel matters.

1209 (f) Accept any appropriate donations and grants of money,
 1210 equipment, supplies, materials, and services and receive, use,
 1211 and dispose of the same, provided that at all times the
 1212 commission avoids any appearance of impropriety or conflict of
 1213 interest.

1214 (g) Lease, purchase, accept appropriate gifts or donations
 1215 of, or otherwise own, hold, improve, or use any property, real,
 1216 personal, or mixed, provided that at all times the commission
 1217 avoids any appearance of impropriety or conflict of interest.

1218 (h) Sell, convey, mortgage, pledge, lease, exchange,
 1219 abandon, or otherwise dispose of any property, real, personal,
 1220 or mixed.

1221 (i) Establish a budget and make expenditures.

1222 (j) Borrow money.

1223 (k) Appoint committees, including standing committees
 1224 composed of members, state regulators, state legislators or
 1225 their representatives, and consumer representatives, and such

1226 other interested persons as may be designated in the compact and
1227 the bylaws.

1228 (l) Provide information to, receive information from, and
1229 cooperate with law enforcement agencies.

1230 (m) Establish and elect an executive board.

1231 (n) Perform such other functions as may be necessary or
1232 appropriate to achieve the purposes of the compact consistent
1233 with the state regulation of physical therapy licensure and
1234 practice.

1235 (5) THE EXECUTIVE BOARD.—

1236 (a) The executive board may act on behalf of the
1237 commission according to the terms of the compact.

1238 (b) The executive board shall be composed of the following
1239 nine members:

1240 1. Seven voting members who are elected by the commission
1241 from the current membership of the commission.

1242 2. One ex officio, nonvoting member from the recognized
1243 national physical therapy professional association.

1244 3. One ex officio, nonvoting member from the recognized
1245 membership organization of the physical therapy licensing
1246 boards.

1247 (c) The ex officio members shall be selected by their
1248 respective organizations.

1249 (d) The commission may remove any member of the executive
1250 board as provided in its bylaws.

- 1251 (e) The executive board shall meet at least annually.
- 1252 (f) The executive board shall do all of the following:
- 1253 1. Recommend to the entire commission changes to the rules
- 1254 or bylaws, compact legislation, fees paid by compact member
- 1255 states, such as annual dues, and any commission compact fee
- 1256 charged to licensees for the compact privilege.
- 1257 2. Ensure compact administration services are
- 1258 appropriately provided, contractually or otherwise.
- 1259 3. Prepare and recommend the budget.
- 1260 4. Maintain financial records on behalf of the commission.
- 1261 5. Monitor compact compliance of member states and provide
- 1262 compliance reports to the commission.
- 1263 6. Establish additional committees as necessary.
- 1264 7. Perform other duties as provided in the rules or
- 1265 bylaws.
- 1266 (6) FINANCING OF THE COMMISSION.—
- 1267 (a) The commission shall pay, or provide for the payment
- 1268 of, the reasonable expenses of its establishment, organization,
- 1269 and ongoing activities.
- 1270 (b) The commission may accept any appropriate revenue
- 1271 sources, donations, and grants of money, equipment, supplies,
- 1272 materials, and services.
- 1273 (c) The commission may levy and collect an annual
- 1274 assessment from each member state or impose fees on other
- 1275 parties to cover the cost of the operations and activities of

1276 the commission and its staff. Such assessments and fees must
1277 total to an amount sufficient to cover the commission's annual
1278 budget as approved each year for which revenue is not provided
1279 by other sources. The aggregate annual assessment amount must be
1280 allocated based upon a formula to be determined by the
1281 commission, which shall adopt a rule binding upon all member
1282 states.

1283 (d) The commission may not incur obligations of any kind
1284 before securing the funds adequate to meet such obligations; nor
1285 may the commission pledge the credit of any of the member
1286 states, except by and with the authority of the member state.

1287 (e) The commission shall keep accurate accounts of all
1288 receipts and disbursements. The receipts and disbursements of
1289 the commission are subject to the audit and accounting
1290 procedures established under its bylaws. However, all receipts
1291 and disbursements of funds handled by the commission must be
1292 audited yearly by a certified or licensed public accountant, and
1293 the report of the audit must be included in and become part of
1294 the annual report of the commission.

1295 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

1296 (a) The members, officers, executive director, employees,
1297 and representatives of the commission are immune from suit and
1298 liability, whether personally or in their official capacity, for
1299 any claim for damage to or loss of property or personal injury
1300 or other civil liability caused by or arising out of any actual

1301 or alleged act, error, or omission that occurred, or that the
 1302 person against whom the claim is made had a reasonable basis for
 1303 believing occurred, within the scope of commission employment,
 1304 duties, or responsibilities. However, this paragraph may not be
 1305 construed to protect any such person from suit or liability for
 1306 any damage, loss, injury, or liability caused by the
 1307 intentional, willful, or wanton misconduct of that person.

1308 (b) The commission shall defend any member, officer,
 1309 executive director, employee, or representative of the
 1310 commission in any civil action seeking to impose liability
 1311 arising out of any actual or alleged act, error, or omission
 1312 that occurred within the scope of commission employment, duties,
 1313 or responsibilities, or that the person against whom the claim
 1314 is made had a reasonable basis for believing occurred within the
 1315 scope of commission employment, duties, or responsibilities.
 1316 However, this subsection may not be construed to prohibit any
 1317 member, officer, executive director, employee, or representative
 1318 of the commission from retaining his or her own counsel or to
 1319 require the commission to defend such person if the actual or
 1320 alleged act, error, or omission resulted from that person's
 1321 intentional, willful, or wanton misconduct.

1322 (c) The commission shall indemnify and hold harmless any
 1323 member, officer, executive director, employee, or representative
 1324 of the commission for the amount of any settlement or judgment
 1325 obtained against that person arising out of any actual or

1326 | alleged act, error, or omission that occurred within the scope
1327 | of commission employment, duties, or responsibilities, or that
1328 | such person had a reasonable basis for believing occurred within
1329 | the scope of commission employment, duties, or responsibilities,
1330 | provided that the actual or alleged act, error, or omission did
1331 | not result from the intentional, willful, or wanton misconduct
1332 | of that person.

1333

1334 | ARTICLE VIII

1335 | DATA SYSTEM

1336 | (1) The commission shall provide for the development,
1337 | maintenance, and use of a coordinated database and reporting
1338 | system containing licensure, adverse action, and investigative
1339 | information on all licensees in member states.

1340 | (2) Notwithstanding any other provision of state law to
1341 | the contrary, a member state shall submit a uniform data set to
1342 | the data system on all individuals to whom the compact is
1343 | applicable as required by the rules of the commission, which
1344 | data set must include all of the following:

1345 | (a) Identifying information.

1346 | (b) Licensure data.

1347 | (c) Investigative information.

1348 | (d) Adverse actions against a license or compact
1349 | privilege.

1350 | (e) Nonconfidential information related to alternative

1351 program participation.

1352 (f) Any denial of application for licensure, and the
1353 reason for such denial.

1354 (g) Other information that may facilitate the
1355 administration of the compact, as determined by the rules of the
1356 commission.

1357 (3) Investigative information in the system pertaining to
1358 a licensee in any party ~~member~~ state must be available only to
1359 other member states.

1360 (4) The commission shall promptly notify all member states
1361 of any adverse action taken against a licensee or an individual
1362 applying for a license in a member state. Adverse action
1363 information pertaining to a licensee in any member state must be
1364 available to all other member states.

1365 (5) Member states contributing information to the data
1366 system may designate information that may not be shared with the
1367 public without the express permission of the contributing state.

1368 (6) Any information submitted to the data system which is
1369 subsequently required to be expunged by the laws of the member
1370 state contributing the information must be removed from the data
1371 system.

1372 ARTICLE IX

1373 RULEMAKING

1374 (1) The commission shall exercise its rulemaking powers
1375 pursuant to the criteria set forth in this article and the rules

1376 adopted thereunder. Rules and amendments become binding as of
 1377 the date specified in each rule or amendment.

1378 (2) If a majority of the legislatures of the member states
 1379 rejects a rule by enactment of a statute or resolution in the
 1380 same manner used to adopt the compact within 4 years after the
 1381 date of adoption of the rule, such rule does not have further
 1382 force and effect in any member state.

1383 (3) Rules or amendments to the rules must be adopted at a
 1384 regular or special meeting of the commission.

1385 (4) Before adoption of a final rule by the commission, and
 1386 at least 30 days before the meeting at which the rule will be
 1387 considered and voted upon, the commission must file a notice of
 1388 proposed rulemaking on all of the following:

1389 (a) The website of the commission or another publicly
 1390 accessible platform.

1391 (b) The website of each member state physical therapy
 1392 licensing board or another publicly accessible platform or the
 1393 publication in which each state would otherwise publish proposed
 1394 rules.

1395 (5) The notice of proposed rulemaking must include all of
 1396 the following:

1397 (a) The proposed date, time, and location of the meeting
 1398 in which the rule or amendment will be considered and voted
 1399 upon.

1400 (b) The text of the proposed rule or amendment and the

1401 reason for the proposed rule.

1402 (c) A request for comments on the proposed rule or
1403 amendment from any interested person.

1404 (d) The manner in which interested persons may submit
1405 notice to the commission of their intention to attend the public
1406 hearing and any written comments.

1407 (6) Before adoption of a proposed rule or amendment, the
1408 commission must allow persons to submit written data, facts,
1409 opinions, and arguments, which must be made available to the
1410 public.

1411 (7) The commission must grant an opportunity for a public
1412 hearing before it adopts a rule or an amendment if a hearing is
1413 requested by any of the following:

1414 (a) At least 25 persons.

1415 (b) A state or federal governmental subdivision or agency.

1416 (c) An association having at least 25 members.

1417 (8) If a scheduled public hearing is held on the proposed
1418 rule or amendment, the commission must publish the date, time,
1419 and location of the hearing. If the hearing is held through
1420 electronic means, the commission must publish the mechanism for
1421 access to the electronic hearing.

1422 (a) All persons wishing to be heard at the hearing must
1423 notify the executive director of the commission or another
1424 designated member in writing of their desire to appear and
1425 testify at the hearing at least 5 business days before the

1426 | scheduled date of the hearing.

1427 | (b) Hearings must be conducted in a manner providing each
1428 | person who wishes to comment a fair and reasonable opportunity
1429 | to comment orally or in writing.

1430 | (c) All hearings must be recorded. A copy of the recording
1431 | must be made available on request.

1432 | (d) This article may not be construed to require a
1433 | separate hearing on each rule. Rules may be grouped for the
1434 | convenience of the commission at hearings required by this
1435 | article.

1436 | (9) Following the scheduled hearing date, or by the close
1437 | of business on the scheduled hearing date if the hearing was not
1438 | held, the commission shall consider all written and oral
1439 | comments received.

1440 | (10) If no written notice of intent to attend the public
1441 | hearing by interested parties is received, the commission may
1442 | proceed with adoption of the proposed rule without a public
1443 | hearing.

1444 | (11) The commission shall, by majority vote of all
1445 | members, take final action on the proposed rule and shall
1446 | determine the effective date of the rule, if any, based on the
1447 | rulemaking record and the full text of the rule.

1448 | (12) Upon determination that an emergency exists, the
1449 | commission may consider and adopt an emergency rule without
1450 | prior notice, opportunity for comment, or hearing, provided that

1451 the usual rulemaking procedures provided in the compact and in
1452 this article are retroactively applied to the rule as soon as
1453 reasonably possible, in no event later than 90 days after the
1454 effective date of the rule. For the purposes of this subsection,
1455 an emergency rule is one that must be adopted immediately in
1456 order to do any of the following:

1457 (a) Meet an imminent threat to public health, safety, or
1458 welfare.

1459 (b) Prevent a loss of commission or member state funds.

1460 (c) Meet a deadline for the adoption of an administrative
1461 rule established by federal law or rule.

1462 (d) Protect public health and safety.

1463 (13) The commission or an authorized committee of the
1464 commission may direct revisions to a previously adopted rule or
1465 amendment for purposes of correcting typographical errors,
1466 errors in format, errors in consistency, or grammatical errors.
1467 Public notice of any revisions must be posted on the website of
1468 the commission. The revision is subject to challenge by any
1469 person for a period of 30 days after posting. The revision may
1470 be challenged only on grounds that the revision results in a
1471 material change to a rule. A challenge must be made in writing
1472 and delivered to the chair of the commission before the end of
1473 the notice period. If a challenge is not made, the revision
1474 takes effect without further action. If the revision is
1475 challenged, the revision may not take effect without the

1476 approval of the commission.

1477 ARTICLE X

1478 OVERSIGHT, DISPUTE RESOLUTION,

1479 AND ENFORCEMENT

1480 (1) OVERSIGHT.—

1481 (a) The executive, legislative, and judicial branches of
 1482 state government in each member state shall enforce the compact
 1483 and take all actions necessary and appropriate to carry out the
 1484 compact's purposes and intent. The provisions of the compact and
 1485 the rules adopted pursuant thereto shall have standing as
 1486 statutory law.

1487 (b) All courts shall take judicial notice of the compact
 1488 and the rules in any judicial or administrative proceeding in a
 1489 member state pertaining to the subject matter of the compact
 1490 which may affect the powers, responsibilities, or actions of the
 1491 commission.

1492 (c) The commission is entitled to receive service of
 1493 process in any such proceeding and has standing to intervene in
 1494 such a proceeding for all purposes. Failure to provide service
 1495 of process to the commission renders a judgment or an order void
 1496 as to the commission, the compact, or the adopted rules.

1497 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

1498 (a) If the commission determines that a member state has
 1499 defaulted in the performance of its obligations or
 1500 responsibilities under the compact or the adopted rules, the

1501 commission must do all of the following:

1502 1. Provide written notice to the defaulting state and
1503 other member states of the nature of the default, the proposed
1504 means of curing the default, and any other action to be taken by
1505 the commission.

1506 2. Provide remedial training and specific technical
1507 assistance regarding the default.

1508 (b) If a state in default fails to cure the default, the
1509 defaulting state may be terminated from the compact upon an
1510 affirmative vote of a majority of the member states, and all
1511 rights, privileges, and benefits conferred by the compact may be
1512 terminated on the effective date of termination. A cure of the
1513 default does not relieve the offending state of obligations or
1514 liabilities incurred during the period of default.

1515 (c) Termination of membership in the compact may be
1516 imposed only after all other means of securing compliance have
1517 been exhausted. The commission shall give notice of intent to
1518 suspend or terminate a defaulting member state to the governor
1519 and majority and minority leaders of the defaulting state's
1520 legislature and to each of the member states.

1521 (d) A state that has been terminated from the compact is
1522 responsible for all assessments, obligations, and liabilities
1523 incurred through the effective date of termination, including
1524 obligations that extend beyond the effective date of
1525 termination.

1526 (e) The commission does not bear any costs related to a
1527 state that is found to be in default or that has been terminated
1528 from the compact, unless agreed upon in writing between the
1529 commission and the defaulting state.

1530 (f) The defaulting state may appeal the action of the
1531 commission by petitioning the United States District Court for
1532 the District of Columbia or the federal district where the
1533 commission has its principal offices. The prevailing member
1534 shall be awarded all costs of such litigation, including
1535 reasonable attorney fees.

1536 (3) DISPUTE RESOLUTION.—

1537 (a) Upon request by a member state, the commission must
1538 attempt to resolve disputes related to the compact which arise
1539 among member states and between member and nonmember states.

1540 (b) The commission shall adopt a rule providing for both
1541 mediation and binding dispute resolution for disputes as
1542 appropriate.

1543 (4) ENFORCEMENT.—

1544 (a) The commission, in the reasonable exercise of its
1545 discretion, shall enforce the compact and the commission's
1546 rules.

1547 (b) By majority vote, the commission may initiate legal
1548 action in the United States District Court for the District of
1549 Columbia or the federal district where the commission has its
1550 principal offices against a member state in default to enforce

1551 compliance with the provisions of the compact and its adopted
 1552 rules and bylaws. The relief sought may include both injunctive
 1553 relief and damages. In the event judicial enforcement is
 1554 necessary, the prevailing member shall be awarded all costs of
 1555 such litigation, including reasonable attorney fees.

1556 (c) The remedies under this article are not the exclusive
 1557 remedies of the commission. The commission may pursue any other
 1558 remedies available under federal or state law.

1559 ARTICLE XI
 1560 DATE OF IMPLEMENTATION OF THE
 1561 PHYSICAL THERAPY COMPACT
 1562 AND ASSOCIATED RULES; WITHDRAWAL;
 1563 AND AMENDMENTS

1564 (1) The compact becomes effective on the date that the
 1565 compact statute is enacted into law in the tenth member state.
 1566 The provisions that become effective at that time are limited to
 1567 the powers granted to the commission relating to assembly and
 1568 the adoption of rules. Thereafter, the commission shall meet and
 1569 exercise rulemaking powers necessary for the implementation and
 1570 administration of the compact.

1571 (2) Any state that joins the compact subsequent to the
 1572 commission's initial adoption of the rules is subject to the
 1573 rules as they exist on the date that the compact becomes law in
 1574 that state. Any rule that has been previously adopted by the
 1575 commission has the full force and effect of law on the day the

1576 compact becomes law in that state.

1577 (3) Any member state may withdraw from the compact by
 1578 enacting a statute repealing the same.

1579 (a) A member state's withdrawal does not take effect until
 1580 6 months after enactment of the repealing statute.

1581 (b) Withdrawal does not affect the continuing requirement
 1582 of the withdrawing state's physical therapy licensing board to
 1583 comply with the investigative and adverse action reporting
 1584 requirements of this act before the effective date of
 1585 withdrawal.

1586 (4) The compact may not be construed to invalidate or
 1587 prevent any physical therapy licensure agreement or other
 1588 cooperative arrangement between a member state and a nonmember
 1589 state which does not conflict with the provisions of the
 1590 compact.

1591 (5) The compact may be amended by the member states. An
 1592 amendment to the compact does not become effective and binding
 1593 upon any member state until it is enacted into the laws of all
 1594 member states.

1596 ARTICLE XII

1597 CONSTRUCTION AND SEVERABILITY

1598 The compact must be liberally construed so as to carry out
 1599 the purposes thereof. The provisions of the compact are
 1600 severable, and if any phrase, clause, sentence, or provision of

1601 the compact is declared to be contrary to the constitution of
 1602 any party ~~member~~ state or of the United States or the
 1603 applicability thereof to any government, agency, person, or
 1604 circumstance is held invalid, the validity of the remainder of
 1605 the compact and the applicability thereof to any government,
 1606 agency, person, or circumstance is not affected thereby. If the
 1607 compact is held contrary to the constitution of any party ~~member~~
 1608 state, the compact remains in full force and effect as to the
 1609 remaining party ~~member~~ states and in full force and effect as to
 1610 the party ~~member~~ state affected as to all severable matters.

1611 **Section 9. Paragraph (d) of subsection (3) of section**
 1612 **766.1115, Florida Statutes, is amended to read:**

1613 766.1115 Health care providers; creation of agency
 1614 relationship with governmental contractors.—

1615 (3) DEFINITIONS.—As used in this section, the term:

1616 (d) "Health care provider" or "provider" means:

- 1617 1. A birth center licensed under chapter 383.
- 1618 2. An ambulatory surgical center licensed under chapter
 1619 395.
- 1620 3. A hospital licensed under chapter 395.
- 1621 4. A physician or physician assistant licensed under
 1622 chapter 458.
- 1623 5. An osteopathic physician or osteopathic physician
 1624 assistant licensed under chapter 459.
- 1625 6. A chiropractic physician licensed under chapter 460.

- 1626 7. A podiatric physician licensed under chapter 461.
- 1627 8. A registered nurse, nurse midwife, licensed practical
1628 nurse, or advanced practice registered nurse licensed or
1629 registered under part I of chapter 464 or any facility which
1630 employs nurses licensed or registered under part I of chapter
1631 464 to supply all or part of the care delivered under this
1632 section.
- 1633 9. A midwife licensed under chapter 467.
- 1634 10. A health maintenance organization certificated under
1635 part I of chapter 641.
- 1636 11. A health care professional association and its
1637 employees or a corporate medical group and its employees.
- 1638 12. Any other medical facility the primary purpose of
1639 which is to deliver human medical diagnostic services or which
1640 delivers nonsurgical human medical treatment, and which includes
1641 an office maintained by a provider.
- 1642 13. A dentist or dental hygienist licensed under chapter
1643 466.
- 1644 14. A free clinic that delivers only medical diagnostic
1645 services or nonsurgical medical treatment free of charge to all
1646 low-income recipients.
- 1647 15. Any other health care professional, practitioner,
1648 provider, or facility under contract with a governmental
1649 contractor, including a student enrolled in an accredited
1650 program that prepares the student for licensure as any one of

1651 the professionals listed in subparagraphs 4.-9. and 13.

1652

1653 The term includes any nonprofit corporation qualified as exempt
1654 from federal income taxation under s. 501(a) of the Internal
1655 Revenue Code, and described in s. 501(c) of the Internal Revenue
1656 Code, which delivers health care services provided by licensed
1657 professionals listed in this paragraph, any federally funded
1658 community health center, and any volunteer corporation or
1659 volunteer health care provider that delivers health care
1660 services.

1661 **Section 10.** This act shall take effect July 1, 2025.