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A bill to be entitled An act relating to health care; amending s. 381.402, F.S.; revising eligibility requirements for the Florida Reimbursement Assistance for Medical Education Program; creating s. 381.403, F.S.; creating the Rural Access to Primary and Preventive Care Grant Program within the Department of Health for a specified purpose; creating s. 381.9856, F.S.; creating the Stroke, Cardiac, and Obstetric Response and Education Grant Program within the Department of Health; amending s. 395.6061, F.S.; providing that rural hospital capital grant improvement program funding may be awarded to rural hospitals to establish mobile care units and telehealth kiosks for specified purposes; amending s. 409.906, F.S.; authorizing Medicaid to reimburse for dental services provided in a mobile dental unit that is owned by, operated by, or contracted with a health access setting or another similar setting or program; amending s. 456.0575, F.S.; requiring a health care practitioner to notify a patient in writing upon referring the patient to certain providers; providing requirements for such notice; providing requirements for a practitioner to confirm network status; providing for health care practitioner disciplinary action under certain

Page 1 of 92

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conditions; amending s. 456.42, F.S.; revising health care practitioners who may only electronically transmit prescriptions for certain drugs; revising exceptions; providing construction; amending ss. 458.347 and 459.022, F.S.; conforming crossreferences; amending s. 627.6471, F.S.; requiring certain health insurers to apply payments for services provided by nonpreferred providers toward insureds' deductibles and out-of-pocket maximums if specified conditions are met; amending s. 466.001, F.S.; revising legislative purpose and intent; amending s. 466.002, F.S.; providing applicability; amending s. 466.003, F.S.; defining the terms "dental therapist" and "dental therapy"; amending s. 466.004, F.S.; requiring the chair of the Board of Dentistry to appoint a Council on Dental Therapy, effective after a specified timeframe; providing for membership, meetings, and the purpose of the council; amending s. 466.006, F.S.; revising the definitions of the terms "full-time practice" and "full-time practice of dentistry within the geographic boundaries of this state within 1 year" to include full-time faculty members of certain dental therapy schools; amending s. 466.009, F.S.; requiring the Department of Health to allow any person who fails the dental therapy

Page 2 of 92

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examination to retake the examination; providing that a person who fails a practical or clinical examination to practice dental therapy and who has failed one part or procedure of the examination may be required to retake only that part or procedure to pass the examination; amending s. 466.011, F.S.; requiring the board to certify an applicant for licensure as a dental therapist; creating s. 466.0136, F.S.; requiring the board to require each licensed dental therapist to complete a specified number of hours of continuing education; requiring the board to adopt rules and quidelines; authorizing the board to excuse licensees from continuing education requirements in certain circumstances; amending s. 466.016, F.S.; requiring a practitioner of dental therapy to post and display her or his license in each office where she or he practices; amending s. 466.017, F.S.; requiring the board to adopt certain rules relating to dental therapists; authorizing a dental therapist to administer local anesthesia under certain circumstances; authorizing a dental therapist under the direct supervision of a dentist to perform certain duties if specified requirements are met; authorizing a dental therapist providing services in a mobile dental unit under the general supervision of a dentist

Page 3 of 92

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to perform certain duties if specified requirements are met; requiring a dental therapist to notify the board in writing within a specified timeframe after specified adverse incidents; requiring a complete written report to be filed with the board within a specified timeframe; providing for disciplinary action of a dental therapist; amending s. 466.018, F.S.; providing that a dentist of record remains primarily responsible for the dental treatment of a patient regardless of whether the treatment is provided by a dental therapist; requiring that the initials of a dental therapist who renders treatment to a patient be placed in the record of the patient; creating s. 466.0225, F.S.; providing application requirements and examination and licensure qualifications for dental therapists; creating s. 466.0227, F.S.; authorizing a dental therapist to perform specified services under the general supervision of a dentist under certain conditions; requiring that a collaborative management agreement be signed by a supervising dentist and a dental therapist and to include certain information; requiring the supervising dentist to determine the number of hours of practice that a dental therapist must complete before performing certain authorized services; authorizing a supervising dentist to

Page 4 of 92

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restrict or limit the dental therapist's practice in a collaborative management agreement; providing that a supervising dentist may authorize a dental therapist to provide dental therapy services to a patient before the dentist examines or diagnoses the patient under certain conditions; requiring a supervising dentist to be licensed and practicing in this state; specifying that the supervising dentist is responsible for certain services; amending s. 466.023, F.S.; authorizing dental hygienists to use lasers in the practice of dental hygiene under certain circumstances; providing requirements for the use of lasers by dental hygienists; amending s. 466.026, F.S.; providing criminal penalties; amending s. 466.028, F.S.; revising grounds for denial of a license or disciplinary action to include the practice of dental therapy; amending s. 466.0285, F.S.; prohibiting persons other than licensed dentists from employing a dental therapist in the operation of a dental office and from controlling the use of any dental equipment or material in certain circumstances; amending s. 921.0022, F.S.; conforming a provision to changes made by the act; requiring the department, in consultation with the board and the Agency for Health Care Administration, to provide reports to the

Page 5 of 92

126 Legislature by specified dates; requiring that certain 127 information and recommendations be included in the 128 reports; providing an effective date. 129 130 Be It Enacted by the Legislature of the State of Florida: 131 132 Section 1. Paragraph (h) is added to subsection (2) of 133 section 381.402, Florida Statutes, and paragraph (b) of 134 subsection (3) of that section is amended, to read: 135 381.402 Florida Reimbursement Assistance for Medical 136 Education Program. -137 The following licensed or certified health care (2) 138 practitioners are eligible to participate in the program: 139 (h) Subject to specific appropriation, medical doctors or 140 doctors of osteopathic medicine who are board certified or board 141 eligible in emergency medicine and employed by or under contract 142 with a rural hospital as defined in s. 395.602(2)(b) or a rural 143 emergency hospital as defined in s. 395.607(1)(a) to provide 144 medical care in the rural hospital's or rural emergency 145 hospital's emergency department. 146 147 Primary care medical specialties for physicians include 148 obstetrics, gynecology, general and family practice, geriatrics, internal medicine, pediatrics, psychiatry, and other specialties 149

Page 6 of 92

which may be identified by the Department of Health.

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(3) From the funds available, the Department of Health shall make payments as follows:

- (b) All payments are contingent on continued proof of:
- 1.a. Primary care practice in a rural hospital as defined in s. 395.602(2) (b) or an underserved area designated by the Department of Health, provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement; $\frac{1}{100}$
- b. Subject to specific appropriation, emergency medicine practice in a rural hospital as defined in s. 395.602(2)(b) or rural emergency hospital as defined in s. 395.607(1)(a), provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement; or
- c.b. For practitioners other than physicians, practice in other settings, including, but not limited to, a nursing home facility as defined in s. 400.021, a home health agency as defined in s. 400.462, or an intermediate care facility for the developmentally disabled as defined in s. 400.960. Any such setting must be located in, or serve residents or patients in, an underserved area designated by the Department of Health and must provide services to Medicaid patients.
- 2. Providing 25 hours annually of volunteer primary care services within the practitioner's scope of practice in a free clinic as specified in s. 766.1115(3)(d)14. or through another volunteer program operated by the state pursuant to part IV of chapter 110 and approved by the department. In order to meet the

Page 7 of 92

requirements of this subparagraph, the volunteer hours must be verifiable in a manner determined by the department.

Section 2. Section 381.403, Florida Statutes, is created to read:

- Program.—The Legislature recognizes that access to primary and preventive health care is critical for the well-being of the residents of this state. The Legislature also recognizes that many rural areas of this state have significantly fewer available physicians, physician assistants, and autonomous advanced practice registered nurses who serve those areas. To increase the availability of health care in such underserved rural areas, there is created the Rural Access to Primary and Preventive Care Grant Program within the Department of Health to use grants to incentivize the creation or expansion of health care practices in those areas.
 - (1) As used in this section, the term:
- (a) "Autonomous advanced practice registered nurse" means an advanced practice registered nurse who is registered under s. 464.0123 to engage in autonomous practice.
- (b) "Majority ownership" means ownership of more than 50 percent of the interests in a private practice.
- (c) "Physician" means a physician licensed under chapter 458 or chapter 459.
 - (d) "Physician assistant" means a physician assistant

Page 8 of 92

2025 CS/HB 1427

201 licensed under chapter 458 or chapter 459 to perform medical services delegated by a supervising physician.

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- "Preventive care" means routine health care services designed to prevent illness. The term includes, but is not limited to, general physical examinations provided on an annual basis, screenings for acute or chronic illnesses, and patient counseling to promote overall wellness and avoid the need for emergency services.
- (f) "Primary care" means health care services focused primarily on preventive care, wellness care, and treatment for common illnesses. The term may include the health care provider serving as a patient's entry point into the overall health care system and coordinating a patient's care among specialists or acute care settings. The term does not include elective services provided solely for cosmetic purposes.
- (g) "Program" means the Rural Access to Primary and Preventive Care Grant Program.
- (h) "Qualifying rural area" means a rural community as defined in s. 288.0657 in this state which is also designated as a health professional shortage area by the Health Resources and Services Administration of the United States Department of Health and Human Services.
- The department shall award grants under the program to physicians, physician assistants, and autonomous advanced practice registered nurses who intend to open a new private

Page 9 of 92

practice in a qualifying rural area or who intend to open a new location within a qualifying rural area if the current private practice is located in a different county. To qualify for a grant, an applicant must meet all of the following criteria:

(a) The practice must:

- 1. Have majority ownership by physicians, physician assistants, or autonomous advanced practice registered nurses, or a combination thereof.
- 2. Be physically located in a qualifying rural area and serve at that location patients who live in that qualifying rural area or in other nearby qualifying rural areas. The practice may also serve patients who reside outside of a qualifying rural area. While the practice may use telehealth to supplement the services provided at the location, the majority of services provided by the practice must be provided in-person at the physical location.
 - 3. Accept Medicaid patients.
- 4. Provide services solely in primary care or preventative care, except that a physician, and any nurse licensed under chapter 464 or any physician assistant supervised by the physician, may provide services at the practice in primary care or preventative care, or services that are within the practitioner's scope of practice based on the physician's board-certified specialty in obstetrics, gynecology, general and family practice, geriatrics, internal medicine, pediatrics, or

Page 10 of 92

251 psychiatry.

- (b) The owners of the practice must commit to providing the following information to the department on an annual basis, and upon request by the department, for the duration of the contract entered into pursuant to subsection (6):
 - 1. Deidentified patient encounter data.
- 2. A detailed report on the use of grant funds until such funds are expended.
- application process for eligible physicians, physician assistants, and autonomous advanced practice registered nurses to apply for grants under the program. The application must require a detailed budget of anticipated use of grant funds and how the new or existing practice will meet the requirements of subsection (2). The department shall establish a ranking system to determine which applicants will be awarded grants if there are more applicants for the program than can be awarded grants with available appropriated funds.
- (4) Subject to specific appropriation, the department may award grants of up to \$250,000 to eligible applicants. Only one grant may be awarded per practice. Grant funds awarded for establishing a new private practice or a new practice location may be used for any of the following expenses:
- (a) Facility construction, acquisition, renovation, or lease.

Page 11 of 92

276	(b) Purchasing medical equipment.
277	(c) Purchasing or implementing information technology
278	equipment or services.
279	(d) Purchasing or implementing telehealth technology.
280	(e) Training on the use of medical equipment, information
281	technology, or telehealth technology implemented under paragraph
282	(b), paragraph (c), or paragraph (d), respectively.
283	(5) Grant funds may not be used for any of the following:
284	(a) Salaries.
285	(b) Utilities.
286	(c) Internet or telecommunications services other than
287	those necessary for implementing telehealth technology under
288	<pre>paragraph (4)(d).</pre>
289	(d) Insurance.
290	(e) Incidental maintenance and repairs.
291	(f) Disposable medical supplies.
292	(g) Medicines or vaccines.
293	(h) Licensing or certification fees, including costs for
294	continuing education other than training under paragraph (4)(e).
295	(6) The department shall enter into a contract with each
296	grant recipient which details the requirements for the
297	expenditure of grant funds for that recipient. The contract must
298	include, at a minimum, all of the following:
299	(a) The purpose of the contract.
300	(b) Specific performance standards and responsibilities

Page 12 of 92

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301	for the recipient under the contract, including penalties for
302	not meeting such performance standards and responsibilities.
303	(c) A detailed project or contract budget, if applicable.
304	(d) Reporting requirements for grant recipients to provide
305	information to the department under paragraph (2)(b) as well as
306	any additional information the department deems necessary for
307	the administration of the program.
308	(7) The department may adopt rules to implement the
309	program.
310	(8) Beginning July 1, 2026, and each year thereafter in
311	which there are outstanding contracts with grant recipients
312	under subsection (6), the department shall provide a report to
313	the Governor, the President of the Senate, and the Speaker of
314	the House of Representatives which includes, but need not be
315	limited to, all of the following:
316	(a) Each grant awarded, including the proposed uses for
317	each grant.
318	(b) The progress on each outstanding contract.
319	(c) The number of patients residing in rural areas who
320	were served by grant awardees.
321	(d) The number of Medicaid recipients who were served by
322	grant awardees.
323	(e) The number and types of services provided during
324	patient encounters in locations opened under the program.
325	(f) The number of health care practitioners, delineated by

Page 13 of 92

326	licensure type, providing services in locations opened under the
327	program.
328	(9) This section is repealed July 1, 2035, unless reviewed
329	and saved from repeal through reenactment by the Legislature.
330	Section 3. Section 381.9856, Florida Statutes, is created
331	to read:
332	381.9856 Stroke, Cardiac, and Obstetric Response and
333	Education Grant Program
334	(1) PROGRAM CREATION.—The Stroke, Cardiac, and Obstetric
335	Response and Education (SCORE) Grant Program is created within
336	the Department of Health.
337	(2) PURPOSE.—The purpose of the program is to improve
338	patient outcomes and the coordination of emergency medical care
339	in rural communities by increasing access to high-quality
340	stroke, cardiac, and obstetric care through the application of
341	technology and innovative training, such as blended learning
342	training programs. Blended learning training programs ensure
343	that participants gain both the theoretical foundations of
344	diagnosis and management as well as real-world clinical
345	experience through scenario-based learning, ultimately enhancing
346	decisionmaking and patient outcomes.
347	(3) DEFINITIONS.—As used in this section, the term:
348	(a) "Blended learning training program" means a structured
349	educational model that uses blended learning methodologies,
350	including simulation-based training, virtual reality, and

Page 14 of 92

351	distance learning technologies, in conjunction with hands-on
352	instruction, such as simulation-based practice, and in-person
353	skills sessions to provide comprehensive education.
354	(b) "High-risk care provider" means a licensed health care
355	facility or licensed ambulance service that regularly provides
356	emergency or ongoing care to patients experiencing a stroke,
357	heart attack, or pregnancy-related emergency.
358	(c) "Rural community" has the same meaning as provided in
359	s. 288.0657.
360	(4) GRANT PROGRAM REQUIREMENTS.—
361	(a) The department shall award grants to high-risk care
362	providers serving rural communities to accomplish at least one
363	of the following initiatives:
364	1. Implement a blended learning training program for
365	health care providers in stroke care protocols and best
366	practices.
367	2. Purchase simulation equipment and technology for
368	training.
369	3. Establish telehealth capabilities between prehospital
370	providers, such as paramedics or emergency medical technicians,
371	and in-hospital providers, such as neurologists, to expedite
372	emergency stroke care, emergency cardiac care, or emergency

Page 15 of 92

the following specialty areas: emergency stroke care, emergency

Develop quality improvement programs in one or more of

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obstetric care.

376	cardiac care, or emergency obstetric care.
377	(b) Priority must be given to proposals that:
378	1. Demonstrate collaboration between prehospital and in-
379	hospital providers; or
380	2. Show potential for significant improvement in patient
381	outcomes in rural communities.
382	(5) FUNDING LIMITS; REPORTING.—
383	(a) Individual grants may not exceed \$100,000 per year.
384	(b) Grant recipients must submit quarterly reports to the
385	department documenting program activities, expenditures, and
386	outcomes.
387	(6) ADMINISTRATION.—The department shall monitor program
388	implementation and outcomes. The department shall submit an
389	annual report to the Governor, the President of the Senate, and
390	the Speaker of the House of Representatives by December 1 of
391	each year, detailing program implementation and outcomes.
392	(7) RULEMAKING.—The department may adopt rules to
393	implement this section.
394	(8) IMPLEMENTATION.—This section may be implemented only
395	to the extent specifically funded by legislative appropriation.
396	(9) REPEAL.—This section is repealed July 1, 2030, unless
397	reviewed and saved from repeal through reenactment by the
398	Legislature.
399	Section 4. Subsection (2) of section 395.6061, Florida
400	Statutes, is amended to read:

Page 16 of 92

395.6061 Rural hospital capital improvement.—There is established a rural hospital capital improvement grant program.

- (2) (a) Each rural hospital as defined in s. 395.602 shall receive a minimum of \$100,000 annually, subject to legislative appropriation, upon application to the Department of Health, for projects to acquire, repair, improve, or upgrade systems, facilities, or equipment. Such projects may include, but are not limited to, the following:
- 1. Establishing mobile care units to provide primary care services, behavioral health services, or obstetric and gynecological services in rural health professional shortage areas.
- 2. Establishing telehealth kiosks to provide urgent care and primary care services remotely in rural health professional shortage areas.
 - (b) As used in this subsection, the term:
- 1. "Preventive care" means routine health care services designed to prevent illness. The term includes, but is not limited to, general physical examinations provided on an annual basis, screenings for acute or chronic illnesses, and patient counseling to promote overall wellness and avoid the need for emergency services.
- 2. "Primary care" means health care services focused primarily on preventive care, wellness care, and treatment for common illnesses. The term may include the health care provider

Page 17 of 92

serving as a patient's entry point into the overall health care

system and coordinating a patient's care among specialists or

acute care settings. The term does not include elective services

provided solely for cosmetic purposes.

3. "Rural health professional shortage area" means a rural community as defined in s. 288.0657 which is also designated as a health professional shortage area by the Health Resources and Services Administration of the United States Department of Health and Human Services.

Section 5. Paragraph (c) of subsection (1) of section 409.906, Florida Statutes, is amended, and paragraph (e) is added to subsection (6) of that section, to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to

comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(1) ADULT DENTAL SERVICES.-

- (c) However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:
- 1. Owned by, operated by, or having a contractual agreement with the Department of Health and complying with Medicaid's county health department clinic services program specifications as a county health department clinic services provider.
- 2. Owned by, operated by, or having a contractual arrangement with a federally qualified health center and complying with Medicaid's federally qualified health center specifications as a federally qualified health center provider.
- 3. Rendering dental services to Medicaid recipients, 21 years of age and older, at nursing facilities.
 - 4. Owned by, operated by, or having a contractual

Page 19 of 92

476 agreement with a state-approved dental educational institution.

- 5. Owned by, operated by, or having a contractual agreement with a health access setting as defined in s. 466.003 or a similar setting or program.
- (6) CHILDREN'S DENTAL SERVICES.—The agency may pay for diagnostic, preventive, or corrective procedures, including orthodontia in severe cases, provided to a recipient under age 21, by or under the supervision of a licensed dentist. The agency may also reimburse a health access setting as defined in s. 466.003 for the remediable tasks that a licensed dental hygienist is authorized to perform under s. 466.024(2). Services provided under this program include treatment of the teeth and associated structures of the oral cavity, as well as treatment of disease, injury, or impairment that may affect the oral or general health of the individual. However, Medicaid will not provide reimbursement for dental services provided in a mobile dental unit, except for a mobile dental unit:
- (e) Owned by, operated by, or having a contractual agreement with a health access setting as defined in s. 466.003 or a similar setting or program.
- Section 6. Subsection (2) of section 456.0575, Florida Statutes, is renumbered as subsection (3), and a new subsection (2) is added to that section to read:
 - 456.0575 Duty to notify patients.
 - (2) A health care practitioner shall notify a patient in

Page 20 of 92

writing upon referring the patient to a nonparticipating provider for nonemergency services, as those terms are defined in s. 627.64194(1), or to a provider, as defined in s. 641.47, that is not under contract with the patient's health maintenance organization. Such notice must state that the services will be provided on an out-of-network basis, which may result in additional cost-sharing responsibilities for the patient, and such notice must be documented in the patient's medical record. The practitioner or his or her employee may confirm the referral provider's participation by contacting the referral provider or the patient's health insurer or health maintenance organization, as necessary, or may rely on the online provider directory of the health insurer or health maintenance organization. Failure to comply with this subsection, without good cause, shall result in disciplinary action against the health care practitioner.

Section 7. Subsections (1) and (2) of section 456.42,

Florida Statutes, are renumbered as subsections (2) and (3),

respectively, and present subsection (3) of that section is

renumbered as subsection (1) and amended, to read:

456.42 Written Prescriptions for medicinal drugs.-

(1)(3) A health care practitioner licensed by law to prescribe a medicinal drug who maintains a system of electronic health records as defined in s. 408.051(2)(c), or who prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains such a

Page 21 of 92

system of electronic health records as defined in s.
$\underline{408.051(2)(c)}$ and who is prescribing in his or her capacity as
such an owner, an employee, or a contractor $_{m{ au}}$ may only
electronically transmit prescriptions for such drugs. This
requirement applies to such a health care practitioner upon
renewal of the health care practitioner's license or by July 1,
2026 2021, whichever is earlier, but does not apply if:
(a) The practitioner prescribes fewer than 100 such
prescriptions annually;
(b) The practitioner is located in an area for which a
state of emergency is declared pursuant to s. 252.36;
(a) The practitioner and the dispenser are the same
entity;
(b) The prescription cannot be transmitted electronically
under the most recently implemented version of the National
Council for Prescription Drug Programs SCRIPT Standard;
(c) The practitioner has been issued a waiver by the
department, not to exceed 1 year in duration, from the
requirement to use electronic prescribing due to demonstrated
economic hardship, technological limitations that are not
reasonably within the control of the practitioner, or another
exceptional circumstance demonstrated by the practitioner; $\underline{\text{or}}$
(d) Electronic prescribing is not available due to a
temporary technological or electrical failure that is not in the
control of the prescribing practitioner, and such failure is

Page 22 of 92

551	documented in the patient record
552	(d) The practitioner reasonably determines that it would
553	be impractical for the patient in question to obtain a medicinal
554	drug prescribed by electronic prescription in a timely manner
555	and such delay would adversely impact the patient's medical
556	condition;
557	(c) The practitioner is prescribing a drug under a
558	research protocol;
559	(f) The prescription is for a drug for which the federal
560	Food and Drug Administration requires the prescription to
561	contain elements that may not be included in electronic
562	prescribing;
563	(g) The prescription is issued to an individual receiving
564	hospice care or who is a resident of a nursing home facility; or
565	(h) The practitioner determines that it is in the best
566	interest of the patient, or the patient determines that it is in
567	his or her own best interest, to compare prescription drug
568	prices among area pharmacies. The practitioner must document
569	such determination in the patient's medical record.
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571	The department, in consultation with the Board of Medicine, the
572	Board of Osteopathic Medicine, the Board of Podiatric Medicine,
573	the Board of Dentistry, the Board of Nursing, and the Board of
574	Optometry, may adopt rules to implement this subsection. $\underline{ ext{This}}$
575	subsection does not prohibit a pharmacist licensed in this state

Page 23 of 92

from filling or refilling a valid prescription submitted
electronically or in writing, or require or authorize a change
in prescription drug claims adjudication and review procedures
by payors related to filling or refilling a valid prescription
submitted electronically or in writing. This subsection does not
prohibit a pharmacist licensed in this state from filling or
refilling a valid prescription issued in writing by a prescriber
located in another state.

Section 8. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:
- 1. A physician assistant must clearly identify to the patient that he or she is a physician assistant.
- 2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to

Page 24 of 92

dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

- 3. A fully licensed physician assistant may procure medical devices and drugs unless the medication is listed on the formulary created pursuant to paragraph (f).
- 4. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, designated by the American Academy of Physician Assistants as a Category 1 credit, or designated by the American Osteopathic Association as a Category 1-A credit.
- 5. The prescription may be in paper or electronic form but must comply with ss. 456.0392(1) and 456.42(2) 456.42(1) and chapter 499 and must contain the physician assistant's name, address, and telephone number and the name of each of his or her supervising physicians. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be

dispensed in that pharmacy by a pharmacist licensed under chapter 465.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

Section 9. Paragraph (e) of subsection (4) of section 459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:
- 1. A physician assistant must clearly identify to the patient that she or he is a physician assistant.
- 2. The supervising physician must notify the department of her or his intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.
 - 3. A fully licensed physician assistant may procure

Page 26 of 92

medical devices and drugs unless the medication is listed on the formulary created pursuant to s. 458.347(4)(f).

- 4. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a provider that has been approved by the American Academy of Physician Assistants and which is designated for the American Medical Association Physician's Recognition Award Category 1 credit, designated by the American Academy of Physician Assistants as a Category 1 credit, or designated by the American Osteopathic Association as a Category 1-A credit.
- 5. The prescription may be in paper or electronic form but must comply with ss. 456.0392(1) and 456.42(2) 456.42(1) and chapter 499 and must contain the physician assistant's name, address, and telephone number and the name of each of his or her supervising physicians. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465, and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465.
- 6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

Page 27 of 92

Section 10. Section 466.001, Florida Statutes, is amended to read:

466.001 Legislative purpose and intent.—The legislative purpose for enacting this chapter is to ensure that every dentist, dental therapist, or dental hygienist practicing in this state meets minimum requirements for safe practice without undue clinical interference by persons not licensed under this chapter. It is the legislative intent that dental services be provided only in accordance with the provisions of this chapter and not be delegated to unauthorized individuals. It is the further legislative intent that dentists, dental therapists, and dental hygienists who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state. All provisions of this chapter relating to the practice of dentistry, dental therapy, and dental hygiene shall be liberally construed to carry out such purpose and intent.

Section 11. Subsections (5) and (6) of section 466.002, Florida Statutes, are amended to read:

466.002 Persons exempt from operation of chapter. Nothing in This chapter does not shall apply to the following practices, acts, and operations:

(5) Students in Florida schools of dentistry, dental therapy, and dental hygiene or dental assistant educational programs, while performing regularly assigned work under the

Page 28 of 92

curriculum of such schools or programs.

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Instructors in Florida schools of dentistry, instructors in dental programs that prepare persons holding D.D.S. or D.M.D. degrees for certification by a specialty board and that are accredited in the United States by January 1, 2005, in the same manner as the board recognizes accreditation for Florida schools of dentistry that are not otherwise affiliated with a Florida school of dentistry, or instructors in Florida schools of dental hygiene, dental therapy, or dental assistant educational programs, while performing regularly assigned instructional duties under the curriculum of such schools or programs. A full-time dental instructor at a dental school or dental program approved by the board may be allowed to practice dentistry at the teaching facilities of such school or program, upon receiving a teaching permit issued by the board, in strict compliance with such rules as are adopted by the board pertaining to the teaching permit and with the established rules and procedures of the dental school or program as recognized in this section.

Section 12. Section 466.003, Florida Statutes, is reordered and amended to read:

- 466.003 Definitions.—As used in this chapter, the term:
- (1) "Board" means the Board of Dentistry.
- $\underline{(2)}$ "Dental assistant" means a person, other than a dental hygienist, who, under the supervision and authorization

Page 29 of 92

of a dentist, provides dental care services directly to a patient. This term <u>does</u> shall not include a certified registered nurse anesthetist licensed under part I of chapter 464.

- (3) (4) "Dental hygiene" means the rendering of educational, preventive, and therapeutic dental services pursuant to ss. 466.023 and 466.024 and any related extra-oral procedure required in the performance of such services.
- (4) (5) "Dental hygienist" means a person licensed to practice dental hygiene pursuant to this chapter.
- (5) "Dental therapist" means a person licensed to practice dental therapy pursuant to s. 466.0225.
- (6) "Dental therapy" means the rendering of services pursuant to s. 466.0227 and any related extraoral services or procedures required in the performance of such services.
- $\underline{(7)}$ "Dentist" means a person licensed to practice dentistry pursuant to this chapter.
- (8) (3) "Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning, and care of conditions within the human oral cavity and its adjacent tissues and structures. It includes the performance or attempted performance of any dental operation, or oral or oral-maxillofacial surgery and any procedures adjunct thereto, including physical evaluation directly related to such operation or surgery pursuant to hospital rules and regulations. It also includes dental service of any kind gratuitously or for any

remuneration paid, or to be paid, directly or indirectly, to any person or agency. The term "dentistry" shall also includes
include the following:

- (a) The Taking of an impression of the human tooth, teeth, or jaws directly or indirectly and by any means or method.
- (b) Supplying artificial substitutes for the natural teeth or furnishing, supplying, constructing, reproducing, or repairing any prosthetic denture, bridge, appliance, or any other structure designed to be worn in the human mouth except on the written work order of a duly licensed dentist.
- (c) The Placing of an appliance or structure in the human mouth or the adjusting or attempting to adjust the same.
- (d) Delivering the same to any person other than the dentist upon whose work order the work was performed.
- (e) Professing to the public by any method to furnish, supply, construct, reproduce, or repair any prosthetic denture, bridge, appliance, or other structure designed to be worn in the human mouth.
- (f) Diagnosing, prescribing, or treating or professing to diagnose, prescribe, or treat disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws or oral-maxillofacial region.
 - (g) Extracting or attempting to extract human teeth.
- (h) Correcting or attempting to correct malformations of teeth or of jaws.

Page 31 of 92

(i) Repairing or attempting to repair cavities in the human teeth.

- (9) (7) "Department" means the Department of Health.
- (10) (8) "Digital scanning" means the use of digital technology that creates a computer-generated replica of the hard and soft tissue of the oral cavity using enhanced digital photography, lasers, or other optical scanning devices.
- (11) (9) "Direct supervision" means supervision whereby a dentist diagnoses the condition to be treated, a dentist authorizes the procedure to be performed, a dentist remains on the premises while the procedures are performed, and a dentist approves the work performed before dismissal of the patient.
- (12) (11) "General supervision" means supervision whereby a dentist authorizes the procedures which are being carried out but need not be present when the authorized procedures are being performed. The authorized procedures may also be performed at a place other than the dentist's usual place of practice. The issuance of a written work authorization to a commercial dental laboratory by a dentist does not constitute general supervision.
- (13) (15) "Health access setting" means a program or an institution of the Department of Children and Families, the Department of Health, the Department of Juvenile Justice, a nonprofit community health center, a Head Start center, a federally qualified health center or look-alike as defined by federal law, a school-based prevention program, a clinic

Page 32 of 92

operated by an accredited college of dentistry, or an accredited dental hygiene program in this state if such community service program or institution immediately reports to the Board of Dentistry all violations of s. 466.027, s. 466.028, or other practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such setting.

- (14) (10) "Indirect supervision" means supervision whereby a dentist authorizes the procedure and a dentist is on the premises while the procedures are performed.
- (15)(12) "Irremediable tasks" are those intraoral treatment tasks which, when performed, are irreversible and create unalterable changes within the oral cavity or the contiguous structures or which cause an increased risk to the patient. The administration of anesthetics other than topical anesthesia is considered to be an "irremediable task" for purposes of this chapter.
- (16) (14) "Oral and maxillofacial surgery" means the specialty of dentistry involving diagnosis, surgery, and adjunctive treatment of diseases, injuries, and defects involving the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. This term may not be construed to apply to any individual exempt under s. 466.002(1).

(17) (13) "Remediable tasks" are those intraoral treatment tasks which are reversible and do not create unalterable changes within the oral cavity or the contiguous structures and which do not cause an increased risk to the patient. The use of a laser or laser device of any type is not a remediable task, unless used as an assessment device.

(18) (16) "School-based prevention program" means preventive oral health services offered at a school by one of the entities described defined in subsection (13) (15) or by a nonprofit organization that is exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c)(3) of the Internal Revenue Code.

Section 13. Subsection (2) of section 466.004, Florida Statutes, is amended to read:

466.004 Board of Dentistry.-

(2) To advise the board, it is the intent of the Legislature that councils be appointed as specified in paragraphs (a)-(d) (a), (b), and (c). The department shall provide administrative support to the councils and shall provide public notice of meetings and agendas agenda of the councils. Councils must shall include at least one board member, who shall serve as chair, the council and must shall include nonboard members. All council members shall be appointed by the board chair. Council members shall be appointed for 4-year terms, and all members are shall be eligible for reimbursement of expenses

Page 34 of 92

in the manner of board members.

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A Council on Dental Hygiene shall be appointed by the board chair and shall include one dental hygienist member of the board, who shall chair the council, one dental member of the board, and three dental hygienists who are actively engaged in the practice of dental hygiene in this state. In making the appointments, the chair shall consider recommendations from the Florida Dental Hygiene Association. The council shall meet at the request of the board chair, a majority of the members of the board, or the council chair; however, the council must meet at least three times a year. The council is charged with the responsibility of and shall meet for the purpose of developing rules and policies for recommendation to the board, which the board shall consider, on matters pertaining to that part of dentistry consisting of educational, preventive, or therapeutic dental hygiene services; dental hygiene licensure, discipline, or regulation; and dental hygiene education. Rule and policy recommendations of the council must shall be considered by the board at its next regularly scheduled meeting in the same manner in which it considers rule and policy recommendations from designated subcommittees of the board. Any rule or policy proposed by the board pertaining to the specified part of dentistry identified defined by this subsection must shall be referred to the council for a recommendation before final action by the board. The board may take final action on rules

Page 35 of 92

pertaining to the specified part of dentistry <u>identified</u> defined by this subsection without a council recommendation if the council fails to submit a recommendation in a timely fashion as prescribed by the board.

- (b) A Council on Dental Assisting shall be appointed by the board chair and shall include one board member who shall chair the council and three dental assistants who are actively engaged in dental assisting in this state. The council shall meet at the request of the board chair or a majority of the members of the board. The council shall meet for the purpose of developing recommendations to the board on matters pertaining to that part of dentistry related to dental assisting.
- (c) Effective 28 months after the first dental therapy license is granted by the board, the board chair shall appoint a Council on Dental Therapy, which must include one board member who shall chair the council and three dental therapists who are actively engaged in the practice of dental therapy in this state. The council shall meet at the request of the board chair, a majority of the members of the board, or the council chair; however, the council shall meet at least three times per year. The council is charged with the responsibility of, and shall meet for the purpose of, developing rules and policies for recommendation to the board on matters pertaining to that part of dentistry consisting of educational, preventive, or therapeutic dental therapy services; dental therapy licensure,

discipline, or regulation; and dental therapy education. Rule and policy recommendations of the council must be considered by the board at its next regularly scheduled meeting in the same manner in which it considers rule and policy recommendations from designated subcommittees of the board. Any rule or policy proposed by the board pertaining to the specified part of dentistry identified by this subsection must be referred to the council for a recommendation before final action by the board. The board may take final action on rules pertaining to the specified part of dentistry identified by this subsection without a council recommendation if the council fails to submit a recommendation in a timely fashion as prescribed by the board.

(d) (e) With the concurrence of the State Surgeon General, the board chair may create and abolish other advisory councils relating to dental subjects, including, but not limited to: examinations, access to dental care, indigent care, nursing home and institutional care, public health, disciplinary guidelines, and other subjects as appropriate. Such councils shall be appointed by the board chair and shall include at least one board member who shall serve as chair.

Section 14. Paragraph (b) of subsection (4) of section 466.006, Florida Statutes, is amended to read:

- 466.006 Examination of dentists.-
- (4) Notwithstanding any other provision of law in chapter 456 pertaining to the clinical dental licensure examination or

Page 37 of 92

national examinations, to be licensed as a dentist in this state, an applicant must successfully complete both of the following:

- (b) A practical or clinical examination, which must be the American Dental Licensing Examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if any, which is administered in this state, provided that the board has attained, and continues to maintain thereafter, representation on the board of directors of the American Board of Dental Examiners, the examination development committee of the American Board of Dental Examiners, and such other committees of the American Board of Dental Examiners as the board deems appropriate by rule to assure that the standards established herein are maintained organizationally.
- 1. As an alternative to such practical or clinical examination, an applicant may submit scores from an American Dental Licensing Examination previously administered in a jurisdiction other than this state after October 1, 2011, and such examination results are recognized as valid for the purpose of licensure in this state. A passing score on the American Dental Licensing Examination administered out of state is the same as the passing score for the American Dental Licensing Examination administered in this state. The applicant must have completed the examination after October 1, 2011. This subparagraph may not be given retroactive application.

2. If the date of an applicant's passing American Dental Licensing Examination scores from an examination previously administered in a jurisdiction other than this state under subparagraph 1. is older than 365 days, such scores are nevertheless valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional standards have been met:

- a. The applicant completed the American Dental Licensing Examination after October 1, 2011. This sub-subparagraph may not be given retroactive application.
- b. The applicant graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting organization recognized by the United States Department of Education. Provided, however, if the applicant did not graduate from such a dental school, the applicant may submit proof of having successfully completed a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation of at least 2 consecutive academic years at such accredited sponsoring institution. Such program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation. For purposes of this sub-subparagraph, a supplemental general dentistry program does not include an

976 advanced education program in a dental specialty.

- c. The applicant currently possesses a valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.
- d. The applicant must disclose to the board during the application process if he or she has been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse. This sub-subparagraph does not apply if the applicant successfully appealed to have his or her name removed from the data banks of these agencies.
- e.(I)(A) The applicant submits proof of having been consecutively engaged in the full-time practice of dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico in the 5 years immediately preceding the date of application for licensure in this state; or
- (B) If the applicant has been licensed in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico for less than 5 years, the applicant submits proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure.

Page 40 of 92

(II) As used in this section, "full-time practice" is defined as a minimum of 1,200 hours per year for each year in the consecutive 5-year period or, when applicable, the period since initial licensure, and must include any combination of the following:

- (A) Active clinical practice of dentistry providing direct patient care.
- (B) Full-time practice as a faculty member employed by a dental, dental therapy, or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.
- (C) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.
- (III) The board shall develop rules to determine what type of proof of full-time practice is required and to recoup the cost to the board of verifying full-time practice under this section. Such proof must, at a minimum, be:
- (A) Admissible as evidence in an administrative proceeding;
 - (B) Submitted in writing;

(C) Further documented by an applicant's annual income tax return filed with the Internal Revenue Service for each year in the preceding 5-year period or, if the applicant has been

Page 41 of 92

1026 practicing for less than 5 years, the period since initial licensure; and

- (D) Specifically found by the board to be both credible and admissible.
- (IV) The board may excuse applicants from the 1,200-hour requirement in the event of hardship, as defined by the board.
- f. The applicant submits documentation that he or she has completed, or will complete before he or she is licensed in this state, continuing education equivalent to this state's requirements for the last full reporting biennium.
- g. The applicant proves that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction.
- h. The applicant has successfully passed a written examination on the laws and rules of this state regulating the practice of dentistry and the computer-based diagnostic skills examination.
- i. The applicant submits documentation that he or she has successfully completed the applicable examination administered by the Joint Commission on National Dental Examinations or its successor organization.
- Section 15. Subsection (1) of section 466.009, Florida Statutes, is amended, and subsection (4) is added to that section, to read:

Page 42 of 92

1051 466.009 Reexamination.—

- (1) Any person who fails an examination that is required under s. 466.006, or s. 466.0025 may retake the examination.
- (4) If an applicant for a license to practice dental therapy fails the practical or clinical examination and she or he has failed only one part or procedure of such examination, she or he may be required to retake only that part or procedure to pass such examination. However, if any such applicant fails more than one part or procedure of any such examination, she or he must be required to retake the entire examination.

Section 16. Section 466.011, Florida Statutes, is amended to read:

466.011 Licensure.—The board shall certify for licensure by the department any applicant who satisfies the requirements of s. 466.006, s. 466.0067, or s. 466.007, or s. 466.0225. The board may refuse to certify an applicant who has violated any of the provisions of s. 466.026 or s. 466.028.

Section 17. Section 466.0136, Florida Statutes, is created to read:

466.0136 Continuing education; dental therapists.—In addition to any other requirements for relicensure for dental therapists specified in this chapter, the board shall require each licensed dental therapist to complete at least 24 hours, but not more than 36 hours, biennially of continuing education

Page 43 of 92

in dental subjects in programs approved by the board or in equivalent programs of continuing education. Programs of continuing education approved by the board must be programs of learning which, in the opinion of the board, contribute directly to the dental education of the dental therapist. An individual who is licensed as both a dental therapist and a dental hygienist may use 2 hours of continuing education that is approved for both dental therapy and dental hygiene education to satisfy both dental therapy and dental hygiene continuing education requirements. The board shall adopt rules and guidelines to administer and enforce this section. The dental therapist shall retain in her or his records any receipts, vouchers, or certificates necessary to document completion of the continuing education. Compliance with the continuing education requirements is mandatory for issuance of the renewal certificate. The board may excuse licensees, as a group or as individuals, from all or part of the continuing education requirements if an unusual circumstance, emergency, or hardship prevents compliance with this section.

Section 18. Subsection (1) of section 466.016, Florida Statutes, is amended to read:

466.016 License to be displayed.-

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(1) Every practitioner of dentistry, dental therapy, or dental hygiene within the meaning of this chapter shall post and keep conspicuously displayed her or his license in the office

Page 44 of 92

where wherein she or he practices, in plain sight of the practitioner's patients. Any dentist, dental therapist, or dental hygienist who practices at more than one location must display a copy of her or his license in each office where she or he practices.

Section 19. Section 466.017, Florida Statutes, is amended, to read:

466.017 Prescription of drugs; anesthesia.-

- (1) A dentist shall have the right to prescribe drugs or medicine, subject to limitations imposed by law; perform surgical operations within the scope of her or his practice and training; administer general or local anesthesia or sedation, subject to limitations imposed by law; and use such appliances as may be necessary to the proper practice of dentistry.
- (2) Pharmacists licensed pursuant to chapter 465 may fill prescriptions of legally licensed dentists in this state for any drugs necessary for the practice of dentistry.
 - (3) The board shall adopt rules which:
 - (a) Define general anesthesia.

- (b) Specify which methods of general or local anesthesia or sedation, if any, are limited or prohibited for use by dentists.
- (c) Establish minimal training, education, experience, or certification for a dentist to use general anesthesia or sedation, which rules may exclude, in the board's discretion,

Page 45 of 92

those dentists using general anesthesia or sedation in a competent and effective manner as of the effective date of the rules.

- (d) Establish further requirements relating to the use of general anesthesia or sedation, including, but not limited to, office equipment and the training of dental assistants, dental therapists, or dental hygienists who work with dentists using general anesthesia or sedation.
- (e) Establish an administrative mechanism enabling the board to verify compliance with training, education, experience, equipment, or certification requirements of dentists, <u>dental</u> therapists, dental hygienists, and dental assistants adopted pursuant to this subsection. The board may charge a fee to defray the cost of verifying compliance with requirements adopted pursuant to this paragraph.
- (4) A dentist, dental therapist, or dental hygienist who administers or employs the use of any form of anesthesia must possess a certification in either basic cardiopulmonary resuscitation for health professionals or advanced cardiac life support approved by the American Heart Association or the American Red Cross or an equivalent agency-sponsored course with recertification every 2 years. Each dental office that which uses any form of anesthesia must have immediately available and in good working order such resuscitative equipment, oxygen, and other resuscitative drugs as are specified by rule of the board

in order to manage possible adverse reactions.

- (5) A dental hygienist under the direct supervision of a dentist may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, to a nonsedated patient who is 18 years of age or older, if the following criteria are met:
- (a) The dental hygienist has successfully completed a course in the administration of local anesthesia which is offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the board. The course must include a minimum of 30 hours of didactic instruction and 30 hours of clinical experience, and instruction in:
 - 1. Theory of pain control.
 - 2. Selection-of-pain-control modalities.
 - 3. Anatomy.

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- 4. Neurophysiology.
 - 5. Pharmacology of local anesthetics.
 - 6. Pharmacology of vasoconstrictors.
- 7. Psychological aspects of pain control.
- 8. Systematic complications.
 - 9. Techniques of maxillary anesthesia.
 - 10. Techniques of mandibular anesthesia.
 - 11. Infection control.
- 1175 12. Medical emergencies involving local anesthesia.

Page 47 of 92

(b) The dental hygienist presents evidence of current certification in basic or advanced cardiac life support.

- (c) The dental hygienist possesses a valid certificate issued under subsection (8) $\frac{(6)}{(6)}$.
- (6) A dental therapist, under the direct supervision of a dentist may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, if the following criteria are met:
- (a) The dental therapist has successfully completed a course in the administration of local anesthesia that meets the requirements described in paragraph (5)(a).
- (b) The dental therapist presents evidence of current certification in basic or advanced cardiac life support.
- (c) The dental therapist possesses a valid certificate issued under subsection (8).
- (7) A dental therapist providing services in a mobile dental unit may administer local anesthesia, including intraoral block anesthesia, soft tissue infiltration anesthesia, or both, under the general supervision of a dentist, if she or he meets the criteria described in subsection (6).
- (8)(6) Any dental therapist or dental hygienist seeking a certificate to administer local anesthesia must apply to the department, remit an application fee, and submit proof of successful completion of a course in the administration of local anesthesia pursuant to subsection (5). The board shall certify,

Page 48 of 92

and the department shall issue a certificate to, any <u>dental</u> therapist or dental hygienist who fulfills the qualifications of subsection (5). The board shall establish a one-time application fee not to exceed \$35. The certificate is not subject to renewal but is part of the <u>dental therapist's or</u> dental hygienist's permanent record and must be prominently displayed at the location where the <u>dental therapist or</u> dental hygienist is authorized to administer local anesthesia. The board shall adopt rules necessary to administer <u>subsections</u> subsection (5), (6), and (7) and this subsection.

authorized by her or his supervising dentist, may operate utilize an X-ray machine, expose dental X-ray films, and interpret or read such films. Notwithstanding The provisions of part IV of chapter 468 to the contrary notwithstanding, a licensed dentist, or a dental therapist who is authorized by her or his supervising dentist, may authorize or direct a dental assistant to operate such equipment and expose such films under her or his direction and supervision, pursuant to rules adopted by the board in accordance with s. 466.024 which ensure that the said assistant is competent by reason of training and experience to operate the X-ray said equipment in a safe and efficient manner. The board may charge a fee not to exceed \$35 to defray the cost of verifying compliance with requirements adopted pursuant to this section.

(10) (8) Notwithstanding The provisions of s. 465.0276 notwithstanding, a dentist need not register with the board or comply with the continuing education requirements of that section if the dentist confines her or his dispensing activity to the dispensing of fluorides and chlorhexidine chlorohexidine rinse solutions; provided that the dentist complies with and is subject to all laws and rules applicable to pharmacists and pharmacies, including, but not limited to, chapters 465, 499, and 893, and all applicable federal laws and regulations, when dispensing such products.

(11) (9) Any adverse incident that occurs in an office maintained by a dentist must be reported to the department. The required notification to the department must be submitted in writing by certified mail and postmarked within 48 hours after the incident occurs.

(12)(10) A dentist practicing in this state must notify the board in writing by certified mail within 48 hours after any adverse incident that occurs in the dentist's outpatient facility. A complete written report must be filed with the board within 30 days after the incident occurs.

(13)(11) Any certified registered dental hygienist administering local anesthesia must notify the board in writing by registered mail within 48 hours after any adverse incident that was related to or the result of the administration of local anesthesia. A complete written report must be filed with the

Page 50 of 92

board within 30 days after the mortality or other adverse incident.

- (14) A dental therapist must notify the board in writing by registered mail within 48 hours after any adverse incident related to or resulting from the administration of local anesthesia. A complete written report must be filed with the board within 30 days after the mortality or other adverse incident.
- (15) (12) A failure by the dentist, dental therapist, or dental hygienist to timely and completely comply with all the reporting requirements in this section is the basis for disciplinary action by the board pursuant to s. 466.028(1).
- (16) (13) The department shall review each adverse incident and determine whether it involved conduct by a health care professional subject to disciplinary action, in which case s. 456.073 applies. Disciplinary action, if any, shall be taken by the board under which the health care professional is licensed.
- (17) (14) As used in subsections (11) (16) (9) (13), the term "adverse incident" means any mortality that occurs during or as the result of a dental procedure, or an incident that results in a temporary or permanent physical or mental injury that requires hospitalization or emergency room treatment of a dental patient which occurs during or as a direct result of the use of general anesthesia, deep sedation, moderate sedation, pediatric moderate sedation, oral sedation, minimal sedation

1276 (anxiolysis), nitrous oxide, or local anesthesia.

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 $\underline{\text{(18)}}$ (15) The board may adopt rules to administer this section.

Section 20. Subsection (1) of section 466.018, Florida Statutes, is amended to read:

466.018 Dentist of record; patient records.-

Each patient must shall have a dentist of record. The dentist of record shall remain primarily responsible for all dental treatment on such patient regardless of whether the treatment is rendered by that the dentist or by another dentist, a dental therapist, a dental hygienist, or a dental assistant rendering such treatment in conjunction with, at the direction or request of, or under the supervision of such dentist of record. The dentist of record must shall be identified in the record of the patient. If treatment is rendered by a dentist other than the dentist of record or by a dental hygienist, dental therapist, or dental assistant, the name or initials of such person must shall be placed in the record of the patient. In any disciplinary proceeding brought pursuant to this chapter or chapter 456, it must shall be presumed as a matter of law that treatment was rendered by the dentist of record unless otherwise noted on the patient record pursuant to this section. The dentist of record and any other treating dentist are subject to discipline pursuant to this chapter or chapter 456 for treatment rendered to the patient and performed in violation of

Page 52 of 92

such chapter. One of the purposes of this section is to ensure that the responsibility for each patient is assigned to one dentist in a multidentist practice of any nature and to assign primary responsibility to the dentist for treatment rendered by a dental hygienist, dental therapist, or dental assistant under her or his supervision. This section may shall not be construed to assign any responsibility to a dentist of record for treatment rendered pursuant to a proper referral to another dentist who does not in practice with the dentist of record or to prohibit a patient from voluntarily selecting a new dentist without permission of the dentist of record.

Section 21. Section 466.0225, Florida Statutes, is created to read:

- 466.0225 Examination of dental therapists; licensing.-
- (1) (a) Any person desiring to be licensed as a dental therapist must apply to the department.
- (b) Applicants for licensure must also submit to background screening in accordance with s. 456.0135.
- (2) The department shall issue a license to an applicant who the board certifies meets all of the following criteria:
 - (a) Is 18 years of age or older.

(b) Is a graduate of a dental therapy college or school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental therapy accrediting entity recognized by the United

Page 53 of 92

States Department of Education. For applicants applying for a dental therapy license before January 1, 2030, the board must approve the applicant's dental therapy education program if the program was administered by a college or school that operates an accredited dental or dental hygiene program and the college or school certifies to the board that the applicant's education substantially conformed to the education standards established by the American Dental Association Commission on Dental Accreditation or its successor entity.

- c) Has successfully completed a dental therapy practical or clinical examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if any, if the board finds that the successor entity's examination meets or exceeds the requirements of this section. If an applicant fails to pass such an examination in three attempts, the applicant is not eligible to retake the examination unless the applicant completes additional education requirements as specified by the board.
- (d) Has successfully completed a written examination on the laws and rules of this state regulating the practice of dental therapy.
- (e) Has not been disciplined by a board, except for citation offenses or minor violations.
- (f) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to

Page 54 of 92

1351 the practice of a health care profession.

(3) An applicant who meets the requirements of this section and who has successfully completed an examination identified in paragraph (2)(c) in a jurisdiction other than this state, or who has successfully completed a comparable examination administered or approved by the licensing authority in a jurisdiction other than this state, shall be licensed to practice dental therapy in this state if the board determines that the other jurisdiction's examination is substantially similar to those identified in paragraph (2)(c).

Section 22. Section 466.0227, Florida Statutes, is created to read:

466.0227 Dental therapists; scope and area of practice.-

- (1) Except as otherwise provided in this chapter, a dental therapist may perform the dental therapy services specified in subsection (2) under the general supervision of a dentist if providing services in a mobile dental unit and under direct supervision of a dentist in all other service scenarios to the extent authorized by the supervising dentist and provided within the terms of a written collaborative management agreement signed by the dental therapist and the supervising dentist which meets the requirements of subsection (3).
- (2) The scope of practice of a dental therapist, subject to the terms of a written collaborative management agreement, includes all of the following:

Page 55 of 92

1376	(a) Oral evaluation and assessment of dental disease and							
1377	formulation of an individualized treatment plan.							
1378	(b) Identification of oral and systemic conditions							
1379	requiring evaluation or treatment by dentists, physicians, or							
1380	other health care providers and managing referrals.							
1381	(c) Comprehensive charting of the oral cavity.							
1382	(d) Oral health instruction and disease prevention							
1383	education, including, but not limited to, nutritional counseling							
1384	and dietary analysis.							
1385	(e) Exposure and evaluation of radiographic images.							
1386	(f) Dental prophylaxis, including, but not limited to,							
1387	subgingival scaling and polishing procedures.							
1388	(g) Dispensing and administration via the oral or topical							
1389	route of nonnarcotic analgesic, anti-inflammatory, and							
1390	antibiotic medications as prescribed by a licensed health care							
1391	provider.							
1392	(h) Application of topical preventive or prophylactic							
1393	agents, including, but not limited to, fluoride varnish,							
1394	antimicrobial agents, caries arresting medicaments, and pit and							
1395								
1396	(i) Pulp vitality testing.							
1397	(j) Application of desensitizing medications or resins.							
1398	(k) Fabrication of athletic mouth guards and soft occlusal							
1399	guards.							

Page 56 of 92

Changing of periodontal dressings.

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

1400

<u>(l</u>)

1401	(m) Administration of local anesthetic and nitrous oxide.
1402	(n) Simple extraction of erupted primary teeth.
1403	(o) Nonsurgical extraction of periodontally diseased
1404	permanent teeth with tooth mobility of +3 to +4 to the extent
1405	authorized in the dental therapist's collaborative management
1406	agreement, except for the extraction of a tooth that is
1407	unerupted, impacted, or fractured or that needs to be sectioned
1408	for removal.
1409	(p) Emergency palliative treatment of dental pain limited
1410	to the procedures in this subsection.
1411	(q) Preparation and placement of direct restoration in
1412	primary and permanent teeth.
1413	(r) Fabrication and placement of single-tooth temporary
1414	crowns.
1415	(s) Preparation and placement of preformed crowns on
1416	<pre>primary teeth.</pre>
1417	(t) Indirect and direct pulp capping on permanent teeth.
1418	(u) Indirect pulp capping on primary teeth.
1419	(v) Intraoral suture placement and removal.
1420	(w) Minor adjustment and repair of removable prostheses.
1421	(x) Placement and removal of space maintainers.
1422	(y) Pulpotomy on primary teeth.
1423	(z) Tooth reimplantation and stabilization.
1424	(aa) Recementing of a permanent crown.
1425	(bb) Additional services, treatments, or procedures as the

Page 57 of 92

1426 board deems appropriate by rule.

- (3) Before performing any of the services authorized in subsection (2), a dental therapist must enter into a written collaborative management agreement with a supervising dentist. The agreement must be signed by the dental therapist and the supervising dentist and must include all of the following information:
- (a) Practice settings where services may be provided by the dental therapist and the populations to be served by the dental therapist.
- (b) Any limitations on the services that may be provided by the dental therapist, including the level of supervision required by the supervising dentist. This may include telehealth.
- (c) Age-specific and procedure-specific practice protocols for the dental therapist, including case selection criteria, assessment guidelines, and imaging frequency.
- (d) A procedure for creating and maintaining dental records for the patients who are treated by the dental therapist.
- (e) A plan to manage medical emergencies in each practice setting where the dental therapist provides care.
- (f) A quality assurance plan for monitoring care provided by the dental therapist, including patient care review, referral follow-up, and a quality assurance chart review.

Page 58 of 92

	(g)	Prot	cocols	for	the	den	tal ·	therap.	ist	to	admi	nist	cer	and
dispe	ense	medio	cations	s, ir	ncluc	ding	the	speci	fic	con	diti	ons	and	<u>l</u>
circu	ımsta	ances	under	whic	ch th	ne m	edica	ations	are	to	be	disp	oens	ed
and a	admir	niste	red.											

- (h) Criteria relating to the provision of care by the dental therapist to patients with specific medical conditions or complex medication histories, including requirements for consultation before the initiation of care.
 - (i) Supervision criteria of dental therapists.
- (j) A plan for the provision of clinical resources and referrals in situations that are beyond the capabilities of the dental therapist.
- (4) A supervising dentist shall determine the number of hours of practice that a dental therapist must complete under direct or indirect supervision of the supervising dentist before the dental therapist may perform any of the services authorized in subsection (2) under general or direct supervision.
- (5) A supervising dentist may restrict or limit the dental therapist's practice in the written collaborative management agreement to be less than the full scope of practice for dental therapists which is authorized in subsection (2).
- (6) A supervising dentist may authorize a dental therapist to provide dental therapy services to a patient before the supervising dentist examines or diagnoses the patient if the authority, conditions, and protocols are established in a

Page 59 of 92

written collaborative management agreement and if the patient is subsequently referred to a dentist for any needed additional services that exceed the dental therapist's scope of practice or authorization under the collaborative management agreement.

in this state. The supervising dentist is responsible for all services authorized and performed by the dental therapist pursuant to the collaborative management agreement and for providing or arranging followup services to be provided by a dentist for any additional services that exceed the dental therapist's scope of practice or authorization under the collaborative management agreement.

Section 23. Subsection (8) is added to section 466.023, Florida Statutes, to read:

466.023 Dental hygienists; scope and area of practice.-

- (8) Dental hygienists may use lasers in the practice of dental hygiene under the general supervision of a dentist, so long as he or she does not perform any procedure that is irreversible or involves the intentional cutting of soft or hard tissue.
- (a) Before using a laser for nondiagnostic purposes, dental hygienists must complete no less than 12 hours of inperson continuing education in laser use specific to the procedures to be performed by the dental hygienist using the laser, and of the 12 required hours, 3 hours must include

Page 60 of 92

clinical simulation laser training similar to the procedures to
be performed by the dental hygienist. The continuing education
must be provided by an educational course provider recognized by
the board. Dental hygienists must maintain documentation of the
satisfactory completion of the required continuing education
courses.

- (b) Laser use by a dental hygienist must be in accordance with the minimum standards of care and limited to the dental hygienist's scope of practice.
- (c) A dentist who supervises a dental hygienist in the use of lasers must have laser education and training sufficient to adequately supervise the dental hygienist, including, but not limited to, meeting the continuing education requirements provided in paragraph (b). Pursuant to s. 466.024, the delegating dentist is primarily responsible for all procedures delegated to the dental hygienist, including the use of lasers.

Section 24. Section 466.026, Florida Statutes, is amended to read:

466.026 Prohibitions; penalties.-

- (1) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:
- (a) Practicing dentistry, dental therapy, or dental hygiene unless the person has an appropriate, active license issued by the department pursuant to this chapter.

Page 61 of 92

(b) Using or attempting to use a license issued pursuant to this chapter which license has been suspended or revoked.

- (c) Knowingly employing any person to perform duties outside the scope allowed such person under this chapter or the rules of the board.
- (d) Giving false or forged evidence to the department or board for the purpose of obtaining a license.
- (e) Selling or offering to sell a diploma conferring a degree from a dental college, or dental hygiene school or college, or dental therapy school or college, or a license issued pursuant to this chapter, or procuring such diploma or license with intent that it will shall be used as evidence of that which the document stands for, by a person other than the one upon whom it was conferred or to whom it was granted.
- (2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:
- (a) Using the name or title "dentist," the letters
 "D.D.S." or "D.M.D.", or any other words, letters, title, or
 descriptive matter which in any way represents a person as being
 able to diagnose, treat, prescribe, or operate for any disease,
 pain, deformity, deficiency, injury, or physical condition of
 the teeth or jaws or oral-maxillofacial region unless the person
 has an active dentist's license issued by the department
 pursuant to this chapter.

Page 62 of 92

(b) Using the name "dental hygienist" or the initials
"R.D.H." or otherwise holding herself or himself out as an
actively licensed dental hygienist or implying to any patient or
consumer that she or he is an actively licensed dental hygienist
unless that person has an active dental hygienist's license
issued by the department pursuant to this chapter.

- (c) Using the name "dental therapist" or the initials
 "D.T." or otherwise holding herself or himself out as an
 actively licensed dental therapist or implying to any patient or
 consumer that she or he is an actively licensed dental therapist
 unless that person has an active dental therapist's license
 issued by the department pursuant to this chapter.
- $\underline{\text{(d)}}$ Presenting as her or his own the license of another.
- $\underline{\text{(e)}}$ (d) Knowingly concealing information relative to violations of this chapter.
- <u>(f)(e)</u> Performing any services as a dental assistant as defined herein, except in the office of a licensed dentist, unless authorized by this chapter or by rule of the board.
- Section 25. Paragraphs (b), (c), (g), (s), and (t) of subsection (1) of section 466.028, Florida Statutes, are amended to read:
- 466.028 Grounds for disciplinary action; action by the board.—
 - (1) The following acts constitute grounds for denial of a

Page 63 of 92

1576 license or disciplinary action, as specified in s. 456.072(2):

- (b) Having a license to practice dentistry, dental therapy, or dental hygiene revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
- (c) Being convicted or found guilty of or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of dentistry, dental therapy, or dental hygiene. A plea of nolo contendere creates shall create a rebuttable presumption of guilt to the underlying criminal charges.
- (g) Aiding, assisting, procuring, or advising any unlicensed person to practice dentistry, dental therapy, or dental hygiene contrary to this chapter or to a rule of the department or the board.
- (s) Being unable to practice her or his profession with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or her or his designee that probable cause exists to believe that the licensee is unable to practice dentistry, dental therapy, or dental hygiene because of the reasons stated in this paragraph, has the authority to issue an order to compel a licensee to submit to a mental or physical

Page 64 of 92

examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed may shall not be named or identified by initials in any public court records or documents, and the proceedings must shall be closed to the public. The department is shall be entitled to the summary procedure provided in s. 51.011. A licensee affected under this paragraph must shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of her or his profession with reasonable skill and safety to patients.

(t) Fraud, deceit, or misconduct in the practice of dentistry, dental therapy, or dental hygiene.

Section 26. Paragraphs (a) and (b) of subsection (1) of section 466.0285, Florida Statutes, are amended to read:

466.0285 Proprietorship by nondentists.-

- (1) No person other than a dentist licensed pursuant to this chapter, nor any entity other than a professional corporation or limited liability company composed of dentists, may:
- (a) Employ a dentist, a dental therapist, or <u>a</u> dental hygienist in the operation of a dental office.
 - (b) Control the use of any dental equipment or material

Page 65 of 92

while such equipment or material is being used for the provision of dental services, whether those services are provided by a dentist, <u>a dental therapist</u>, a dental hygienist, or a dental assistant.

- Any lease agreement, rental agreement, or other arrangement between a nondentist and a dentist whereby the nondentist provides the dentist with dental equipment or dental materials shall contain a provision whereby the dentist expressly maintains complete care, custody, and control of the equipment or practice.
- Section 27. Subsection (7) of section 627.6471, Florida Statutes, is renumbered as subsection (8), and a new subsection (7) is added to that section to read:
- 627.6471 Contracts for reduced rates of payment; limitations; coinsurance and deductibles.—
- (7) Any insurer issuing a policy of health insurance in this state shall apply the payment for a service provided to an insured by a nonpreferred provider toward the insured's deductible and out-of-pocket maximum as if the service had been provided by a preferred provider if all of the following apply:
- (a) The insured requests that the insurer apply the payment for the service provided to the insured by the nonpreferred provider toward the insured's deductible and out-of-pocket maximum.

Page 66 of 92

2025 CS/HB 1427

(b) The service provided to the insured by the						
nonpreferred provider is within the scope of services covered						
1653 <u>under the insured's policy.</u>						
(c) The amount that the nonpreferred provider charged the						
insured for the service is the same as or less than:						
1. The average amount that the insured's preferred						
provider network charges for the service; or						
2. The statewide average amount for the service based on						
data reported on the Florida Health Price Finder website.						
1660						
Section 28. Paragraph (g) of subsection (3) of section						
921.0022, Florida Statutes, is amended to read:						
921.0022 Criminal Punishment Code; offense severity						
1664 ranking chart.—						
1665 (3) OFFENSE SEVERITY RANKING CHART						
1666 (g) LEVEL 7						
1667						
Florida Felony						
Statute Degree Description						
1668						
316.027(2)(c) 1st Accident involving death,						
failure to stop; leaving scene.						
1669						
316.193(3)(c)2. 3rd DUI resulting in serious bodily						
injury.						
Page 67 of 92						

1670			
	316.1935(3)(b)	1st	Causing serious bodily injury
			or death to another person;
			driving at high speed or with
			wanton disregard for safety
			while fleeing or attempting to
			elude law enforcement officer
			who is in a patrol vehicle with
			siren and lights activated.
1671			
	327.35(3)(c)2.	3rd	Vessel BUI resulting in serious
			bodily injury.
1672			
	402.319(2)	2nd	Misrepresentation and
			negligence or intentional act
			resulting in great bodily harm,
			permanent disfiguration,
			permanent disability, or death.
1673			
	409.920	3rd	Medicaid provider fraud;
	(2)(b)1.a.		\$10,000 or less.
1674			
	409.920	2nd	Medicaid provider fraud; more
	(2) (b) 1.b.		than \$10,000, but less than
			\$50,000.

Page 68 of 92

1675			
	456.065(2)	3rd	Practicing a health care
			profession without a license.
1676			
	456.065(2)	2nd	Practicing a health care
			profession without a license
			which results in serious bodily
			injury.
1677			
	458.327(1)	3rd	Practicing medicine without a
			license.
1678			
	459.013(1)	3rd	Practicing osteopathic medicine
			without a license.
1679	460 411 (1)	2 1	
	460.411(1)	3rd	Practicing chiropractic
1680			medicine without a license.
1000	461.012(1)	3rd	Practicing podiatric medicine
	401.012(1)	SIU	without a license.
1681			without a literise.
1001	462.17	3rd	Practicing naturopathy without
	102.17	31 a	a license.
1682			
	463.015(1)	3rd	Practicing optometry without a
	, ,		<i>y</i> 1 1

Page 69 of 92

			license.
1683	464.016(1)	3rd	Practicing nursing without a
1684			license.
1001	465.015(2)	3rd	Practicing pharmacy without a
1685			license.
	466.026(1)	3rd	Practicing dentistry, dental
			<pre>therapy, or dental hygiene without a license.</pre>
1686			
	467.201	3rd	Practicing midwifery without a license.
1687	450.055	2 1	
	468.366	3rd	Delivering respiratory care services without a license.
1688			
	483.828(1)	3rd	Practicing as clinical laboratory personnel without a
1.600			license.
1689	483.901(7)	3rd	Practicing medical physics
1.600			without a license.
1690			

Page 70 of 92

	484.013(1)(c)	3rd	Preparing or dispensing optical
			devices without a prescription.
1691			
	484.053	3rd	Dispensing hearing aids without
			a license.
1692			
	494.0018(2)	1st	Conviction of any violation of
			chapter 494 in which the total
			money and property unlawfully
			obtained exceeded \$50,000 and
			there were five or more
			victims.
1693			
	560.123(8)(b)1.	3rd	Failure to report currency or
			payment instruments exceeding
			\$300 but less than \$20,000 by a
			money services business.
1694			
	560.125(5)(a)	3rd	Money services business by
			unauthorized person, currency
			or payment instruments
			exceeding \$300 but less than
			\$20,000.
1695			
	655.50(10)(b)1.	3rd	Failure to report financial
			Page 71 of 92

Page 71 of 92

			transactions exceeding \$300 but
			less than \$20,000 by financial
			institution.
1696			
	775.21(10)(a)	3rd	Sexual predator; failure to
			register; failure to renew
			driver license or
			identification card; other
			registration violations.
1697			
	775.21(10)(b)	3rd	Sexual predator working where
			children regularly congregate.
1698			
	775.21(10)(g)	3rd	Failure to report or providing
			false information about a
			sexual predator; harbor or
			conceal a sexual predator.
1699			
	782.051(3)	2nd	Attempted felony murder of a
			person by a person other than
			the perpetrator or the
			perpetrator of an attempted
			felony.
1700			
	782.07(1)	2nd	Killing of a human being by the
			Page 72 of 02

Page 72 of 92

1701			act, procurement, or culpable negligence of another (manslaughter).
	782.071	2nd	Killing of a human being or unborn child by the operation of a motor vehicle in a reckless manner (vehicular
1702			homicide).
	782.072	2nd	Killing of a human being by the operation of a vessel in a reckless manner (vessel homicide).
1703	784.045(1)(a)1.	2nd	Aggravated battery; intentionally causing great bodily harm or disfigurement.
1704			-
	784.045(1)(a)2.	2nd	Aggravated battery; using deadly weapon.
1705			
	784.045(1)(b)	2nd	Aggravated battery; perpetrator aware victim pregnant.
1706			

Page 73 of 92

	784.048(4)	3rd	Aggravated stalking; violation of injunction or court order.
1707			
	784.048(7)	3rd	Aggravated stalking; violation
			of court order.
1708			
	784.07(2)(d)	1st	Aggravated battery on law
			enforcement officer.
1709			
	784.074(1)(a)	1st	Aggravated battery on sexually
			violent predators facility
			staff.
1710			
	784.08(2)(a)	1st	Aggravated battery on a person
			65 years of age or older.
1711			
	784.081(1)	1st	Aggravated battery on specified
			official or employee.
1712			
	784.082(1)	1st	Aggravated battery by detained
			person on visitor or other
			detainee.
1713			
	784.083(1)	1st	Aggravated battery on code
			inspector.
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Page 74 of 92

1714			
	787.06(3)(a)2.	1st	Human trafficking using
			coercion for labor and services
			of an adult.
1715			
	787.06(3)(e)2.	1st	Human trafficking using
			coercion for labor and services
			by the transfer or transport of
			an adult from outside Florida
			to within the state.
1716			
	790.07(4)	1st	Specified weapons violation
			subsequent to previous
			conviction of s. 790.07(1) or
			(2).
1717			
	790.16(1)	1st	Discharge of a machine gun
			under specified circumstances.
1718			
	790.165(2)	2nd	Manufacture, sell, possess, or
			deliver hoax bomb.
1719			
	790.165(3)	2nd	Possessing, displaying, or
			threatening to use any hoax
			bomb while committing or
			Page 75 of 02

Page 75 of 92

			attempting to commit a felony.
1720			
	790.166(3)	2nd	Possessing, selling, using, or
			attempting to use a hoax weapon
			of mass destruction.
1721			
	790.166(4)	2nd	Possessing, displaying, or
			threatening to use a hoax
			weapon of mass destruction
			while committing or attempting
			to commit a felony.
1722			
	790.23	1st,PBL	Possession of a firearm by a
			person who qualifies for the
			penalty enhancements provided
			for in s. 874.04.
1723			
	794.08(4)	3rd	Female genital mutilation;
			consent by a parent, guardian,
			or a person in custodial
			authority to a victim younger
			than 18 years of age.
1724			
	796.05(1)	1st	Live on earnings of a
			prostitute; 2nd offense.
			Page 76 of 92

Page 76 of 92

1725	796.05(1)	1st	Live on earnings of a
1726			prostitute; 3rd and subsequent offense.
	800.04(5)(c)1.	2nd	Lewd or lascivious molestation; victim younger than 12 years of age; offender younger than 18 years of age.
1727	800.04(5)(c)2.	2nd	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years of age; offender 18 years of age or older.
1729	800.04(5)(e)	1st	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years; offender 18 years or older; prior conviction for specified sex offense.
1 / 2 /	806.01(2)	2nd	Maliciously damage structure by fire or explosive.

Page 77 of 92

1730			
	810.02(3)(a)	2nd	Burglary of occupied dwelling;
			unarmed; no assault or battery.
1731			
	810.02(3)(b)	2nd	Burglary of unoccupied
			dwelling; unarmed; no assault
			or battery.
1732			
	810.02(3)(d)	2nd	Burglary of occupied
			conveyance; unarmed; no assault
			or battery.
1733			
	810.02(3)(e)	2nd	Burglary of authorized
			emergency vehicle.
1734			
	812.014(2)(a)1.	1st	Property stolen, valued at
			\$100,000 or more or a
			semitrailer deployed by a law
			enforcement officer; property
			stolen while causing other
			property damage; 1st degree
			grand theft.
1735			
	812.014(2)(b)2.	2nd	Property stolen, cargo valued
			at less than \$50,000, grand

Page 78 of 92

1726			theft in 2nd degree.
1736	812.014(2)(b)3.	2nd	Property stolen, emergency medical equipment; 2nd degree grand theft.
1737	010 014 (0) (1) (4	0 1	
	812.014(2)(b)4.	2nd	Property stolen, law enforcement equipment from
1738			authorized emergency vehicle.
	812.014(2)(g)	2nd	Grand theft; second degree; firearm with previous conviction of s. 812.014(2)(c)5.
1739			012.011(2)(0)0.
	812.0145(2)(a)	1st	Theft from person 65 years of age or older; \$50,000 or more.
1740			
	812.019(2)	1st	Stolen property; initiates, organizes, plans, etc., the theft of property and traffics in stolen property.
1741			
1742	812.131(2)(a)	2nd	Robbery by sudden snatching.

Page 79 of 92

	812.133(2)(b)	1st	Carjacking; no firearm, deadly
			weapon, or other weapon.
1743			
	817.034(4)(a)1.	1st	Communications fraud, value
			greater than \$50,000.
1744			
	817.234(8)(a)	2nd	Solicitation of motor vehicle
			accident victims with intent to
			defraud.
1745			
	817.234(9)	2nd	Organizing, planning, or
			participating in an intentional
			motor vehicle collision.
1746			
	817.234(11)(c)	1st	Insurance fraud; property value
			\$100,000 or more.
1747			
	817.2341	1st	Making false entries of
	(2) (b) &		material fact or false
	(3) (b)		statements regarding property
			values relating to the solvency
			of an insuring entity which are
			a significant cause of the
			insolvency of that entity.
1748			

Page 80 of 92

	817.418(2)(a)	3rd	Offering for sale or advertising personal protective equipment with intent to defraud.
1749			
	817.504(1)(a)	3rd	Offering or advertising a
1750			vaccine with intent to defraud.
1/30	817.535(2)(a)	3rd	Filing false lien or other
	017:000 (2) (4)	31 a	unauthorized document.
1751			
	817.611(2)(b)	2nd	Traffic in or possess 15 to 49
			counterfeit credit cards or
1750			related documents.
1752	825.102(3)(b)	2nd	Neglecting an elderly person or disabled adult causing great bodily harm, disability, or disfigurement.
1753	825.103(3)(b)	2nd	Exploiting an elderly person or
	023.103(3)(0)	2110	disabled adult and property is
			valued at \$10,000 or more, but
			less than \$50,000.
1754			

Page 81 of 92

	827.03(2)(b)	2nd	Neglect of a child causing great bodily harm, disability,
			or disfigurement.
1755			
	827.04(3)	3rd	Impregnation of a child under
			16 years of age by person 21
			years of age or older.
1756			
	827.071(2) & (3)	2nd	Use or induce a child in a
			sexual performance, or promote
			or direct such performance.
1757			
	827.071(4)	2nd	Possess with intent to promote
			any photographic material,
			motion picture, etc., which
			includes child pornography.
1758			
	837.05(2)	3rd	Giving false information about
			alleged capital felony to a law
			enforcement officer.
1759			
	838.015	2nd	Bribery.
1760			
	838.016	2nd	Unlawful compensation or reward
			for official behavior.
			Dama 90 of 00

Page 82 of 92

1761			
	838.021(3)(a)	2nd	Unlawful harm to a public
			servant.
1762			
	838.22	2nd	Bid tampering.
1763			
	843.0855(2)	3rd	Impersonation of a public
			officer or employee.
1764	0.40, 0.055 (0.)	2 1	
	843.0855(3)	3rd	Unlawful simulation of legal
1765			process.
1/63	843.0855(4)	3rd	Intimidation of a public
	040.0000(4)	Jiu	officer or employee.
1766			officer of employee.
	847.0135(3)	3rd	Solicitation of a child, via a
			computer service, to commit an
			unlawful sex act.
1767			
	847.0135(4)	2nd	Traveling to meet a minor to
			commit an unlawful sex act.
1768			
	872.06	2nd	Abuse of a dead human body.
1769			
	874.05(2)(b)	1st	Encouraging or recruiting
			Dama 02 af 02

Page 83 of 92

			person under 13 to join a
			criminal gang; second or
			subsequent offense.
1770			
	874.10	1st,PBL	Knowingly initiates, organizes,
			plans, finances, directs,
			manages, or supervises criminal
			gang-related activity.
1771			
	893.13(1)(c)1.	1st	Sell, manufacture, or deliver
			cocaine (or other drug
			prohibited under s.
			893.03(1)(a), (1)(b), (1)(d),
			(2)(a), (2)(b), or (2)(c)5.)
			within 1,000 feet of a child
			care facility, school, or
			state, county, or municipal
			park or publicly owned
			recreational facility or
			community center.
1772			
	893.13(1)(e)1.	1st	Sell, manufacture, or deliver
			cocaine or other drug
			prohibited under s.
			893.03(1)(a), (1)(b), (1)(d),
			Page 84 of 92

Page 84 of 92

1773			(2)(a), (2)(b), or (2)(c)5., within 1,000 feet of property used for religious services or a specified business site.
	893.13(4)(a)	1st	Use or hire of minor; deliver to minor other controlled substance.
1774			
	893.135(1)(a)1.	1st	Trafficking in cannabis, more than 25 lbs., less than 2,000 lbs.
1775			
1776	893.135 (1)(b)1.a.	1st	Trafficking in cocaine, more than 28 grams, less than 200 grams.
	893.135	1st	Trafficking in illegal drugs,
	(1)(c)1.a.		more than 4 grams, less than 14 grams.
1777			
	893.135 (1)(c)2.a.	1st	Trafficking in hydrocodone, 28 grams or more, less than 50 grams.
1778			

Page 85 of 92

	893.135	1st	Trafficking in hydrocodone, 50
	(1) (c) 2.b.		grams or more, less than 100
			grams.
1779			
	893.135	1st	Trafficking in oxycodone, 7
	(1)(c)3.a.		grams or more, less than 14
			grams.
1780			
	893.135	1st	Trafficking in oxycodone, 14
	(1) (c) 3.b.		grams or more, less than 25
			grams.
1781			
	893.135	1st	Trafficking in fentanyl, 4
	(1)(c)4.b.(I)		grams or more, less than 14
			grams.
1782			
	893.135	1st	Trafficking in phencyclidine,
	(1)(d)1.a.		28 grams or more, less than 200
			grams.
1783			
	893.135(1)(e)1.	1st	Trafficking in methaqualone,
			200 grams or more, less than 5
			kilograms.
1784			
	893.135(1)(f)1.	1st	Trafficking in amphetamine, 14
			Davis 90 of 90

Page 86 of 92

1.505			grams or more, less than 28 grams.
1785	002 125	1	mus 66' ala'u u da 61 uudhus asaa 4
	893.135	1st	Trafficking in flunitrazepam, 4
	(1)(g)1.a.		grams or more, less than 14
			grams.
1786			
	893.135	1st	Trafficking in gamma-
	(1)(h)1.a.		hydroxybutyric acid (GHB), 1
			kilogram or more, less than 5
			kilograms.
1787			
	893.135	1st	Trafficking in 1,4-Butanediol,
	(1)(j)1.a.		1 kilogram or more, less than 5
			kilograms.
1788			
	893.135	1st	Trafficking in Phenethylamines,
	(1)(k)2.a.		10 grams or more, less than 200
			grams.
1789			
	893.135	1st	Trafficking in synthetic
	(1) (m)2.a.		cannabinoids, 280 grams or
			more, less than 500 grams.
1790			
	893.135	1st	Trafficking in synthetic

Page 87 of 92

	(1) (m) 2.b.		cannabinoids, 500 grams or
			more, less than 1,000 grams.
1791			
	893.135	1st	Trafficking in n-benzyl
	(1) (n) 2.a.		phenethylamines, 14 grams or
			more, less than 100 grams.
1792			
	893.1351(2)	2nd	Possession of place for
			trafficking in or manufacturing
			of controlled substance.
1793			
	896.101(5)(a)	3rd	Money laundering, financial
			transactions exceeding \$300 but
			less than \$20,000.
1794			
	896.104(4)(a)1.	3rd	Structuring transactions to
			evade reporting or registration
			requirements, financial
			transactions exceeding \$300 but
			less than \$20,000.
1795			
	943.0435(4)(c)	2nd	Sexual offender vacating
			permanent residence; failure to
			comply with reporting
			requirements.

Page 88 of 92

1796			
	943.0435(8)	2nd	Sexual offender; remains in
			state after indicating intent
			to leave; failure to comply
			with reporting requirements.
1797			
	943.0435(9)(a)	3rd	Sexual offender; failure to
			comply with reporting
			requirements.
1798			
	943.0435(13)	3rd	Failure to report or providing
			false information about a
			sexual offender; harbor or
			conceal a sexual offender.
1799			
	943.0435(14)	3rd	Sexual offender; failure to
			report and reregister; failure
			to respond to address
			verification; providing false
			registration information.
1800			
	944.607(9)	3rd	Sexual offender; failure to
			comply with reporting
			requirements.
1801			

Page 89 of 92

	944.607(10)(a)	3rd	Sexual offender; failure to
			submit to the taking of a
			digitized photograph.
1802			
	944.607(12)	3rd	Failure to report or providing
			false information about a
			sexual offender; harbor or
			conceal a sexual offender.
1803			
	944.607(13)	3rd	Sexual offender; failure to
			report and reregister; failure
			to respond to address
			verification; providing false
			registration information.
1804			
	985.4815(10)	3rd	Sexual offender; failure to
			submit to the taking of a
			digitized photograph.
1805			
	985.4815(12)	3rd	Failure to report or providing
			false information about a
			sexual offender; harbor or
			conceal a sexual offender.
1806			
	985.4815(13)	3rd	Sexual offender; failure to
			Dama 00 of 00

Page 90 of 92

report and reregister; failure to respond to address verification; providing false registration information.

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- Section 29. The Department of Health, in consultation with the Board of Dentistry and the Agency for Health Care

 Administration, shall submit a progress report to the President of the Senate and the Speaker of the House of Representatives by July 1, 2028, and a final report 4 years after the first dental therapy license is issued. The reports must include all of the following information and recommendations:
- (1) The progress that has been made in this state to implement dental therapy training programs, licensing, and Medicaid reimbursement.
- (2) Data demonstrating the effects of dental therapy in this state on all of the following:
 - (a) Patient access to dental services.
- (b) Costs to dental providers, patients, dental insurance carriers, and the state.
 - (c) The quality and safety of dental services.
- (3) Specific recommendations for any necessary legislative, administrative, or regulatory reform relating to the practice of dental therapy.

Page 91 of 92

1828		(4)	Any	other	inf	forma	ation	the	departmer	nt de	ems	
1829	appro	pria	te.									
1830		Sect	ion 3	30. T	nis	act	shall	tak	e effect	July	1,	2025.

Page 92 of 92