

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: CS/SB 1270

INTRODUCER: Health Policy Committee and Senator Collins

SUBJECT: Department of Health

DATE: April 9, 2025

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Smith/Looke</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1270 revises statutes administered by the Department of Health (DOH), including provisions relating to medical marijuana regulation, health care practitioner licensure, patient rights, and public health mandates.

The bill reenacts ss. 381.00316(2)(g) and 381.00319(1)(e), F.S., and repeals section 9 of chapter 2023-43, L.O.F., to preserve the statutory definition of “messenger ribonucleic acid vaccine” (mRNA vaccine). These provisions collectively maintain statutory prohibitions against discrimination based on knowledge or belief of a person’s status relating to vaccination with any mRNA vaccine, including by governmental entities, business establishments, and educational institutions.

The bill amends s. 381.026, F.S., to prohibit health care providers and facilities from discriminating against a patient based solely on vaccination status and affirms a patient’s right to impartial access to treatment or accommodations regardless of vaccination status.

The bill amends ss. 381.986 and 381.988, F.S., to define “owner,” “manager,” and “employee” for purposes of background screening requirements applicable to medical marijuana treatment centers (MMTCs) and certified marijuana testing laboratories respectively. The bill requires MMTCs to report any actual or attempted theft, diversion, or loss of marijuana to local law enforcement and to notify the DOH by email.

The bill amends s. 456.0145, F.S., to establish that reported conduct in the National Practitioner Data Bank does not automatically disqualify an applicant from licensure as a health care practitioner under Florida's Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act if the conduct would not constitute a violation of Florida law or rule. In such cases, the bill authorizes the applicable regulatory board, or the DOH if there is no board, to approve the application, approve it with restrictions or conditions, or deny it.

The bill amends ss. 458.315 and 459.0076, F.S., to revise criteria for the issuance of temporary certificates for practice in areas of critical need by allopathic and osteopathic physician assistants. Under the bill, such temporary certificates are limited to physician assistants who are licensed in a U.S. state or the District of Columbia, thereby excluding those licensed only in U.S. territories.

The bill amends s. 486.112, F.S., to correct one material deviation to conform provisions of the Physical Therapy Licensure Compact model language by defining the term "party state."

The bill amends s. 766.1115, F.S., to add dental and dental hygiene students to the list of persons eligible for sovereign immunity when providing services to low-income individuals through qualified programs under the Access to Health Care Act.

The bill may have a significant, negative fiscal impact on the Division of Medical Quality Assurance (MQA). **See Section V., Fiscal Impact Statement.**

The bill takes effect July 1, 2025, except as otherwise expressly provided for provisions ensuring continuity of the statutory definition of "messenger ribonucleic acid vaccine," which shall take effect upon this act becoming a law and shall operate retroactively if this bill is enrolled but not yet enacted by that date.

II. Present Situation:

Department of Health

The Department of Health (DOH) is the state's primary public health agency, responsible for safeguarding the health and well-being of residents and visitors. Established in 1996, the DOH operates under the leadership of the State Surgeon General and encompasses various divisions, including Administration, Emergency Preparedness and Community Support, Disease Control and Health Protection, Community Health Promotion, and Medical Quality Assurance (MQA).¹ The DOH comprises a central state health office in Tallahassee, with statewide responsibilities; Florida's 67 county health departments (CHD); eight Children's Medical Services (CMS) area offices; 12 MQA regional offices; nine Disability Determinations regional offices; and three public health laboratories.²

The MQA within the DOH has general regulatory authority over health care practitioners. The MQA works in conjunction with 22 regulatory boards and four councils to license and regulate

¹ Section 20.42, F.S.

² Florida Department of Health, about the Florida Department of Health, *available at* <https://www.floridahealth.gov/about/index.html> (last visited Mar. 29, 2025).

over 1.5 million health care practitioners.³ Professions are generally regulated by individual practice acts and by ch. 456, F.S., which provides regulatory and licensure authority for the MQA.

Mobile Opportunity by Interstate Licensure Endorsement Act

The Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act, codified in s. 456.0145, F.S., establishes a pathway for expedited licensure of health care professionals who are licensed in good standing in another state. The MOBILE Act was designed to facilitate workforce mobility and expand access to care by allowing eligible out-of-state practitioners to obtain licensure in Florida without undergoing traditional initial licensure requirements, such as additional examinations or coursework.

Under current law, applicants must have actively practiced their profession for the three years immediately preceding application. An applicant is ineligible for licensure under the MOBILE Act if he or she has a pending complaint or investigation in another jurisdiction, has been convicted or pled to an offense related to health care practice, has had a license revoked, suspended, or surrendered in another state, or has been reported to the National Practitioner Data Bank unless successfully removed through appeal.

As of January 6, 2025, the MQA has received 3,263 MOBILE applications and issued 769 licenses.⁴

Temporary Certificates for Practice in Areas of Critical Need

Both the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM) may issue temporary certificates to practice in areas of critical need to allopathic or osteopathic physicians and to allopathic and osteopathic physician assistants (PA) who agree to practice in those areas. An applicant for a temporary certificate must:⁵

- Be actively licensed to practice in any jurisdiction of the U.S.;
- Be employed by, or practice in, a county health department, correctional facility, Department of Veterans' Affairs clinic, federally-funded community health care center, or any other agency or institution designated by the State Surgeon General and provides health care to underserved populations; or
- Practice for a limited time to address critical physician-specialty, demographic, or geographic needs for this state's physician workforce as determined by the Surgeon General.

The BOM and the BOOM (the boards collectively) are authorized to administer an abbreviated oral examination to determine a physician's or PAs competency. A written examination is not required.⁶ The boards may deny the application, issue the temporary certificate with reasonable restrictions, or require the applicant to meet any reasonable conditions of the BOM or BOOM

³ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan: Fiscal Year 2023–2024*, available at <https://mqawebteam.com/annualreports/2324/8/> (last visited Mar. 29, 2025).

⁴ Department of Health, Senate Bill 1270 *Legislative Analysis* (Mar. 11, 2025) (on file with the Senate Committee on Health Policy).

⁵ Sections 458.315, and 459.0076, F.S.

⁶ *Id.*

prior to issuing the temporary certificate if it has been more than three years since the applicant has actively practiced and the respective board determines the applicant lacks clinical competency, adequate skills, necessary medical knowledge, or sufficient clinical decision-making.⁷

Physician fees for the temporary certificate for practice in areas of critical need include a \$300 application fee and \$429 initial licensure fee; however, these fees may be waived if the individual is not compensated for his or her practice.⁸ The temporary certificate is only valid for as long as the Surgeon General determines that critical need remains an issue in this state.⁹ However, the boards must review the temporary certificate holder at least annually to ensure that he or she is in compliance with the practice act and rules adopted thereunder.¹⁰ The BOM or BOOM may revoke or restrict the temporary certificate for practice in areas of critical need if noncompliance is found.¹¹

COVID-19 Vaccine and Testing Mandate Prohibitions

In 2023, CS/SB 252 was enacted to prohibit a business entity,¹² governmental entity,¹³ or educational institution¹⁴ from requiring any person to provide any documentation certifying vaccination with listed vaccines or postinfection recovery from COVID-19, or requiring a COVID-19 test, in order to gain access, entry upon, or service from, or admission to such entity or institution.

The 2023 bill, now codified in ss. 381.00316 and 381.00319, F.S., applies to the following vaccines:

- “COVID-19 vaccine” means a preparation designed to stimulate the human body’s immune response against COVID-19.
- “Emergency use authorization vaccine” means any vaccine that is authorized for emergency use under 21 U.S.C. 360bbb-3(a)(1) and qualifies as an unapproved product under 21 U.S.C. 360bbb-3(a)(2)(A).
- “Messenger ribonucleic acid vaccine” means any vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body’s immune system to generate an immune response.

Those statutes prohibit:

- Requiring such documentation or testing as a condition of contracting, hiring, promotion, or continued employment;

⁷ Sections 458.315(3)(b) and 459.0076(3)(b), F.S.

⁸ Fla. Admin. Code Rs. 64B8-3.003, and 64B15-10.002 (2025).

⁹ Sections 458.315(3), and 459.0076(3), F.S.

¹⁰ Sections 458.315(3)(c), and 459.0076(3)(c), F.S.

¹¹ *Id.*

¹² “Business entity” has the same meaning as in s. 606.03, F.S., and also includes a charitable organization as defined in s. 496.404, a corporation not for profit as defined in s. 617.01401, a private club, or any other business operating in this state.

¹³ “Governmental entity” means the state or any political subdivision thereof, including the Executive, Legislative, and Judicial branches of government; the independent establishments of the state, counties, municipalities, districts, authorities, boards, or commissions; or any agencies that are subject to chapter 286, F.S.

¹⁴ “Educational institution” means a public or private school, including a preschool, elementary school, middle school, junior high school, secondary school, career center, or postsecondary school.

- Using a knowledge or belief of a person’s vaccination with any of the listed vaccines or COVID-19 postinfection status, or a person’s failure to take a COVID-19 test, to:
 - Refuse to hire, or discharge, the person;
 - Deprive or attempt to deprive the person of employment opportunities;
 - Adversely affect the person’s status as an employee or as an applicant; or
 - Otherwise discriminate against the person.

Current law also provides that if a governmental entity fails to comply with the above provisions, an employee terminated based on such noncompliance is eligible for reemployment assistance under ch. 443, F.S., in addition to any other remedies available for such violation.

Additionally, for matters related to any vaccine other than a defined vaccine, a defined entity or institution must provide for reasonable religious and medical accommodations in compliance with federal law.

The definitions for “messenger ribonucleic acid vaccine” in ss. 381.00316 and 381.00319, F.S., will automatically expire on June 1, 2025, effectively eliminating the prohibitions relating to that type of vaccine on that date.

Messenger Ribonucleic Acid Vaccines

Messenger Ribonucleic Acid (mRNA) is a molecule that contains the instructions or recipe that directs cells in the human body to make a protein using their natural machinery. To enter cells smoothly, mRNA travels within a protective bubble called a Lipid Nanoparticle. Once inside, mRNA causes cells to read the mRNA as a set of instructions, building proteins that match parts of the pathogen called antigens. The immune system sees these foreign antigens as invaders, dispatching defenders called antibodies and T-cells, and training the immune system for potential future attacks. So, if and when the real virus comes along, the body might recognize it, sounding the alarm to help defend against infection and illness.

Though many people first became aware of mRNA technology because of COVID-19 vaccines, the technology is not new to the scientific community. For decades, scientists have studied mRNA, looking for ways to unlock its potential to prevent and treat disease. While the mechanism of action for mRNA technology is relatively simple, researchers have worked for years to develop technologies to allow mRNA to work in the real world.¹⁵

Current research is ongoing for mRNA vaccines for various infectious diseases, including human immunodeficiency virus (HIV), Hepatitis C, Influenza, Malaria, and Tuberculosis. Additionally, researchers are working on mRNA vaccines for cancer and genetic diseases as well as treatments for food and environmental allergies.¹⁶

¹⁵ Pfizer, *Harnessing the Potential of mRNA*, available at <https://www.pfizer.com/science/innovation/mrna-technology>, (last visited Mar. 30, 2025).

¹⁶ Penn Medicine, *The Future of mRNA Vaccines*, available at <https://www.pennmedicine.org/mrna>, (last visited Mar. 30, 2025).

Florida Patient’s Bill of Rights and Responsibilities

The Patient’s Bill of Rights and Responsibilities, codified in s. 381.026, F.S., was created for the purpose of promoting better communication among patients and health care providers. The Legislature intends for the bill of rights to give patients an understanding of their rights and responsibilities to enable them to make informed decisions concerning their health.

The Patient’s Bill of Rights and Responsibilities applies to health care facilities licensed under ch. 395, F.S., (hospitals, ambulatory surgical centers, and mobile surgical facilities), physicians licensed under chs. 458, 459, and 461, F.S., (allopathic, osteopathic, and podiatric physicians), and advanced practice registered nurses licensed under ch. 464, F.S.

Section 381.0261(1), F.S., requires the DOH to provide a summary of the Patient’s Bill of Rights on its website. The summary is codified in subsection (6) of that section. Subsection (6) also requires that health care facilities and health care providers provide a patient with a summary of these rights if the patient requests a copy.

Enforcement

The Agency for Health Care Administration (AHCA) may impose an administrative fine against a health care facility when a health care facility fails to make the summary of rights available to its patients. For a first unintentional violation, the health care facility would not receive an administrative fine but would be subject to corrective action. The AHCA may impose a fine against a health care facility of up to \$5,000 for unintentional violations and a fine of up to \$25,000 for willful and intentional violations.

Regulatory boards may fine physicians when they fail to make the summary of rights available to their patients. For initial unintentional violations, a health care provider would not receive an administrative fine but would be subject to corrective action. A regulatory board or the DOH may impose a fine of up to \$100 against a health care provider for unintentional violations and a fine of up to \$500 for willful violations.¹⁷

Sovereign Immunity for Charitable Care

Section 766.1115, F.S., also known as the “Access to Health Care Act,” provides protections against liability for health care providers who offer free quality medical services to underserved populations in Florida. The act provides that a health care provider that executes a contract with a governmental contractor¹⁸ to provide health care services is considered an agent of the state for sovereign immunity purposes when acting under the scope of duties under the contract and may not be named as a defendant in any action arising out of medical care or treatment provided under the contracts entered into.

For the purposes of the Access to Health Care Act, a health care provider includes:

- A birth center.

¹⁷ Section 381.0261(4) and (5), F.S.

¹⁸ “Governmental contractor” is defined as the DOH, county health departments, a special taxing district with health care responsibilities, or a hospital owned and operated by a governmental entity.

- An ambulatory surgical center.
- A hospital.
- A medical doctor, osteopathic physician, or PA.
- A chiropractic physician.
- A podiatric physician.
- A registered nurse, nurse midwife, licensed practical nurse (LPN), or Advanced Practice Registered Nurse (APRN) or any facility which employs nurses to supply all or part of the care delivered.
- A midwife.
- A health maintenance organization.
- A health care professional association and its employees or a corporate medical group and its employees.
- Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.
- A dentist or dental hygienist.
- A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.¹⁹
- Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as a physician or physician assistant, osteopathic physician or osteopathic physician assistant, chiropractic physician, podiatric physician, registered nurse, midwife, licensed practical nurse, or advanced practice registered nurse licensed, or midwife.

Medical Marijuana Treatment Center and Certified Marijuana Testing Laboratory Requirements

Background Screening Requirements

Because Medical Marijuana Treatment Centers (MMTC) and Certified Marijuana Testing Laboratories (CMTL) handle medical marijuana, they are required to ensure that all owners, managers, and employees of the MMTC or CMTL have passed a level II background screening pursuant to the requirements specified in ss. 381.986(9) and 381.988(1)(d), F.S., respectively.

Federal Bureau of Investigation Requirements for MMTC and CMTL Background Screening Statutes

According to the DOH, background screenings are conducted using information systems controlled by the Federal Bureau of Investigation (FBI). Through the Florida Department of Law Enforcement (FDLE), the FBI has communicated that the department may not use the FBI's background check system to perform this regulatory requirement for certain categories of CMTL personnel until the DOH defines the terms "owner," "manager," and "employee" in statute, rather than rule. The FBI's basis for the need to define said terms in statute is that the terms fail

¹⁹ "Low-Income" is defined as A person who is Medicaid-eligible under Florida law; a person who is without health insurance and whose family income does not exceed 300 percent of the federal poverty level as defined annually by the federal Office of Management and Budget; or any client of the department who voluntarily chooses to participate in a program offered or approved by the department and meets the program eligibility guidelines of the department.

to comply with Pub. L. 92-544.²⁰ Failure to update statutory language could result in loss of access to background screening tools necessary to perform background screenings required by ss. 381.986 and 381.988, F.S. The DOH has been given a grace period to effectuate these changes through July 1, 2026.²¹

Diversion Reporting Requirements

Section 381.986(8)(f)10, F.S., requires MMTCs to report to local law enforcement within 24 hours after the MMTC is notified of or becomes aware of actual theft, diversion, or loss of marijuana. Current law does not require the MMTC to report *attempted* theft, diversion, or loss of marijuana nor does it require the MMTC to notify the DOH of either attempted or actual theft, diversion, or loss of marijuana.

III. Effect of Proposed Changes:

Section 1 reenacts s. 381.00316(2)(g), F.S., to preserve the statutory definition of “messenger ribonucleic acid vaccine.”²² This reenactment maintains the operative provisions of s. 381.00316, F.S., which prohibits discrimination by governmental and business entities based on a person’s vaccination status, including such status relating to an messenger ribonucleic acid (mRNA) vaccine, beyond the scheduled repeal date of June 1, 2025, and provides for retroactive application to June 1, 2025, if this bill is enrolled, but not enacted before that date.

Section 2 reenacts s. 381.00319(1)(e), F.S., which cross-references the definition of “messenger ribonucleic acid vaccine” in s. 381.00316, F.S., as applied to educational institutions. This reenactment maintains the operative provisions of s. 381.00319, F.S., to ensure continuity of statutory prohibitions on COVID-19 testing, mask, and vaccination mandates for schools and universities, beyond the scheduled repeal date of June 1, 2025, and provides for retroactive application to June 1, 2025, if this bill is enrolled, but not enacted before that date.

Section 3 repeals section 9 of chapter 2023-43, L.O.F., which is the scheduled repeal of the statutory definition of “messenger ribonucleic acid vaccine” in both s. 381.00316(2)(g) and s. 381.00319(1)(e), F.S., on June 1, 2025. This repeal would ensure the continued enforceability of the statutory definition and, like with sections 1 and 2 of the bill, this section also provides for retroactive application to June 1, 2025, if this bill is enrolled, but not enacted before that date.

Section 4 amends s. 381.026, F.S., the Florida Patient’s Bill of Rights and Responsibilities, to prohibit a health care provider²³ or health care facility²⁴ from discriminating against a patient based solely upon the patient’s vaccination status.

²⁰ For more info see <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/public-law-92-544>, (last visited Mar. 28, 2025).

²¹ Department of Health, Senate Bill 1270 *Legislative Analysis* (Mar. 11, 2025) (on file with the Senate Committee on Health Policy).

²² “Messenger ribonucleic acid vaccine” means any vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body’s immune system to generate an immune response.

²³ “Health care provider” means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a podiatric physician licensed under chapter 461, or an advanced practice registered nurse registered under s. [464.0123](#). Section 381.026(2)(c), F.S.

²⁴ “Health care facility” means a facility licensed under chapter 395. See s. 381.026(2)(b), F.S.

It also establishes that a patient has the right to impartial access to medical treatment or accommodations, regardless of vaccination status.

Section 5 amends s. 381.986, F.S., to define, related to background screening requirements for Medical Marijuana Treatment Centers (MMTC), the terms:

- “Owner” to mean any person who owns or controls a five percent or greater share of interests of the applicant or MMTC which include beneficial or voting rights to interests. In the event that one person owns a beneficial right to interests and another person holds the voting rights with respect to such interests, then in such case, both are considered the owner of such interests.
- “Manager” to mean any person with the authority to exercise or contribute to the operational control, direction, or management of an applicant or MMTC or who has authority to supervise any employee of an applicant or MMTC. This includes officers and board members.
- “Employee” to mean any person who is employed by a MMTC licensee in any capacity, including those whose duties involve any aspect of the cultivation, processing, transportation, or dispensing of marijuana. This requirement applies to all employees, regardless of the compensation received.

The bill also requires MMTCs to report any actual or *attempted* theft, diversion, or loss of marijuana to local law enforcement and notify the Department of Health (DOH) of the actual or attempted theft, diversion, or loss of marijuana by email.

Section 6 amends s. 381.988, F.S., to define, related to background screening requirements for Certified Marijuana Testing Laboratories (CMTL), the terms:

- “Owner” to mean any person who owns or controls a five percent or greater share of interests of the applicant or CMTL which include beneficial or voting rights to interests. In the event that one person owns a beneficial right to interests and another person holds the voting rights with respect to such interests, then in such case, both are considered the owner of such interests.
- “Manager” to mean any person with authority to exercise or contribute to the operational control, direction, or management of an applicant or CMTL or who has authority to supervise any employee of an applicant or a CMTL. This includes officers and board members.
- “Employee” to mean any person whose duties or activities involve any aspect of regulatory compliance testing or research and development testing of marijuana for a CMTL, regardless of whether such person is compensated for his or her work.

Section 7 amends s. 456.0145, F.S., to provide that an applicant who has had his or her conduct reported in the National Practitioner Data Bank may be eligible for licensure under the MOBILE (Mobile Opportunity by Interstate Licensure Endorsement) Act if the reported conduct would not constitute a violation of Florida law or rule. If the reported conduct would not constitute a violation of any law or rule in Florida, the applicable board, or the DOH, if there is no board, may:

- Approve the application;
- Approve the application with restrictions on the licensee’s scope of practice;

- Approve the application for a probationary period subject to conditions; or
- Deny the application.

Sections 8 and 9 amend ss. 458.315 and 459.0076, F.S., to revise the standards for which the Board of Medicine and Board of Osteopathic Medicine, respectively, may issue temporary certificates to allopathic and osteopathic physician assistants (PAs) for practice in areas of critical need, limiting these temporary certificates to PAs who are licensed to practice in any state of the United States or the District of Columbia. In effect, this would exclude PAs who are licensed in other jurisdictions of the U.S., such as those licensed in U.S. territories such as Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, and the Northern Mariana Islands.

Section 10 amends s. 486.112, F.S., to conform provisions of the Physical Therapy Licensure Compact to cure one material deviation by conforming to the compact model language relating to the term “party state.”

Section 11 amends s. 766.1115, F.S., to add dental and dental hygiene students to the list of persons eligible for sovereign immunity under the Access to Health Care Act.

The bill takes effect July 1, 2025, except as otherwise expressly provided in sections 1, 2, and 3 of the bill which shall take effect upon this act becoming a law and shall operate retroactively if this bill is enrolled but not yet enacted by that date.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

Section 6 of Article III of the State Constitution, requires every law to “embrace but one subject and matter properly connected therewith, and the subject shall be briefly expressed in the title.” The subject as expressed in the title circumscribes the one subject to which the act must relate. CS/SB 1270 is titled “An act relating to the Department of Health.” Section 4 of the bill amends the Florida Patient’s Bill of Rights and Responsibilities to prohibit a health care facility licensed under ch. 395, F.S., including

hospitals, ambulatory surgical centers, and mobile surgical facilities, from discriminating against a patient based solely upon the patient's vaccination status. These health care facilities are regulated by the Agency for Health Care Administration and not the department. It is unclear whether a court would find that this section of the bill is "properly connected therewith" an Act relating to the Department of Health.

Similarly, section 11 of the bill amends the Access to Health Care Act, which applies to a "health care provider" that executes a contract with a governmental contractor. The definition of the term "health care provider" as written in s. 766.115(3)(d), F.S., both in current law and as amended by this bill, includes specified licensed practitioners regulated by the department, as well as numerous other entities, many of which are not regulated by the department. Some of the entities, including students preparing for licensure as specified health care practitioners, aren't regulated by the state at all. The bill specifically adds dental and dental hygiene students to the list of persons eligible for sovereign immunity. It is unclear whether a court would find that the addition made by the bill relates to the Department of Health.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill may have a significant negative fiscal impact on the Division of Medical Quality Assurance (MQA) related to the revised criteria for licensure by endorsement (Section 7) and the issuance of certain temporary certificates (Sections 8 and 9). The MQA may experience a temporary increase in workload if rules need to be revised and systems updated to conform to provisions in the bill. It is likely that the costs can be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.026, 381.986, 381.988, 456.0145, 458.315, 459.0076, 486.112, and 766.1115.

This bill reenacts the following sections of the Florida Statutes: 381.00316 and 381.00319.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on April 1, 2025:

The CS expands the Patient’s Bill of Rights and Responsibilities to prohibit discrimination based on vaccination status. The CS revises standards for issuing temporary certificates to PAs for practice in areas of critical need by excluding Physician’s Assistants who are not licensed by a U.S. state or the District of Columbia. The CS also adds dental and dental hygiene students to the list of persons eligible for sovereign immunity under the Access to Health Care Act.

The CS removes provisions in the underlying bill that would have eliminated certain regulatory boards and councils. It also removes a provision that would have required the department to conduct a study on the efficiency of its boards and councils. Additionally, the amendment preserves the statutorily required three-year duration of active practice for applicants under the Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act.

The CS revises the effective date of the bill for bill sections 1, 2, and 3, to ensure the continuity of the statutory definition of “messenger ribonucleic acid vaccine,” which shall take effect upon this act becoming a law and shall operate retroactively if this bill is enrolled but not yet enacted by that date.

- B. **Amendments:**

None.