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# Health Care Appropriations Subcommittee

## Meeting Packet

March 12, 2013  
1:00 PM—3:00 PM  
Webster Hall



# **The Florida House of Representatives**

## **Appropriations Committee**

### **Health Care Appropriations Subcommittee**

**Will Weatherford**  
**Speaker**

**Matt Hudson**  
**Chair**

#### **AGENDA**

**March 12, 2013**

**Webster Hall (212 Knott)**

- I. Call to Order/Roll Call
- II. CS/HB 83 Infant Death by Santiago
- III. CS/HB 115 Professional Licensure of Military Veterans by Department of Health by Santiago
- IV. Closing Remarks and Adjournment



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 83 Infant Death  
**SPONSOR(S):** Health Quality Subcommittee; Santiago  
**TIED BILLS:** IDEN./SIM. **BILLS:** SB 56

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	13 Y, 0 N, As CS	Holt	O'Callaghan
2) Health Care Appropriations Subcommittee		Rodriguez	Pridgeon
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

CS/HB 83 amends s. 383.3362, F.S., relating to Sudden Infant Death Syndrome (SIDS) to update the activities of the Department of Health (DOH) and the medical examiners when reporting and classifying the cause of death of an infant under 1 year of age who suddenly dies, when in apparent good health. The bill brings the law into conformity with current federal Centers for Disease Control and Prevention (CDC) standards of practice by redefining and using a category for infant death that is broader than SIDS called "Sudden Unexpected Infant Death (SUID)," which includes infant death resulting from: SIDS, accidental suffocation, metabolic errors, injury or trauma and unclassified or accidental causes.

The bill amends the legislative intent, definitions, training requirements for first responders, autopsy requirements performed by medical examiners, and the protocol for medical and legal investigations to reflect the new SUID standard. The bill requires the DOH to consult with child protection teams established in the Children's Medical Services program when developing training curriculum and all other DOH duties relating to SUID.

The bill amends current law which requires a medical examiner to perform an autopsy within 24-hours (or as soon as feasible) on an infant suspected to have died from SIDS, and makes the decision to perform an autopsy discretionary. Such discretion, allows a medical examiner to forgo an autopsy in cases that are deemed to have occurred due to an accidental cause, such as a motor vehicle accident.

Additionally, the bill deletes references to SIDS, and the SIDS hotline. The bill makes technical changes by restructuring the language to improve readability and deleting unnecessary words and an obsolete date.

This bill has an insignificant fiscal impact on state and local governments.

The bill provides an effective date of July 1, 2013.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

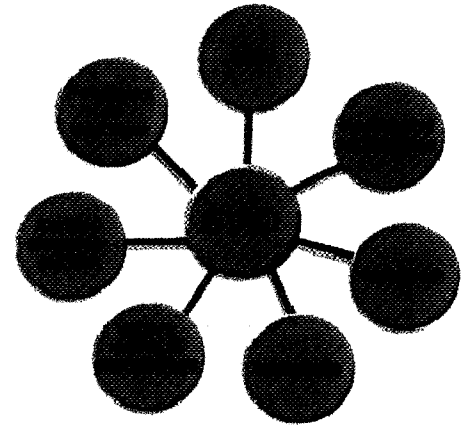
##### PRESENT SITUATION

##### **Sudden Infant Death Syndrome versus Sudden Unexpected Infant Death**

The federal Centers for Disease Control and Prevention (CDC) defines Sudden Infant Death Syndrome (SIDS) as the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted, including a completed autopsy, examination of the death scene, and review of the clinical history.<sup>1</sup> According to the CDC, SIDS is considered a diagnosis of exclusion and of unknown etiology. SIDS is a diagnosis that should be given only after all other possible causes of sudden, unexplained death have been ruled out through a careful case investigation, which includes a thorough examination of the death scene, a complete autopsy, and a review of the infant's medical history.<sup>2</sup>

SIDS is the leading cause of death among infants aged 1–12 months, and is the third leading cause overall of infant mortality in the United States.<sup>3</sup> SIDS most commonly occurs in infants from two to four months of age and rarely after eight months of age. SIDS also occurs more frequently in African Americans, American Indians, and Alaska Natives than in Caucasians.<sup>4</sup> Modifiable risk factors for SIDS include: overheating; stomach and side sleeping positions; soft sleeping surfaces; loose bedding; inappropriate sleep surface; sharing the same sleep surface; and maternal and secondhand smoking.<sup>5</sup> SIDS is not caused by suffocation, aspiration, abuse, or neglect. According to the National Institute of Child Health and Human Development, recent research suggests that certain infants may be highly susceptible to SIDS, due to an abnormality in a specific nerve cell in the brain.<sup>6</sup>

SIDS is a subset of SUID. In contrast to SIDS, SUID is defined as deaths in infants less than one year of age that occur suddenly and unexpectedly, and whose cause of death is not immediately obvious prior to investigation. The most common causes of SUID are: SIDS, accidental suffocation, metabolic errors, injury or trauma and unclassified causes (e.g., if the death scene investigation and/or autopsy were incomplete or not done and the death certifier has insufficient evidence to record a more specific cause of death).



##### **Federal Initiative for Sudden Unexpected Infant Death**

Since the early 1990s, SIDS rates have declined by 50 percent, in large part due to the national campaign to place infants on their backs to sleep (Back-to-Sleep Campaign). Two reports<sup>7</sup> conducted

<sup>1</sup>Centers for Disease Control and Prevention, Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. Available at: <http://www.cdc.gov/SIDS/index.htm> (last viewed Feb. 5, 2013).

<sup>2</sup>Centers for Disease Control, Guidelines for the Scene Investigator. Available at: [www.cdc.gov/sids/PDF/SUIDManual/Chapter1\\_tag508.pdf](http://www.cdc.gov/sids/PDF/SUIDManual/Chapter1_tag508.pdf) (last viewed Feb. 5, 2013).

<sup>3</sup>*Id.*

<sup>4</sup>*See* Supra note 2.

<sup>5</sup>*Id.*

<sup>6</sup>Eunice Kennedy Shriver, National Institute of Child Health & Human Development, "SIDS Linked to Low Levels of Serotonin". Available at: <http://www.nichd.nih.gov/news/releases/Pages/020310-SIDS-linked-serotonin.aspx> (last viewed Feb. 5, 2013).

<sup>7</sup>Shaprio-Mendoza CK, Tomashek KM, Anderson RN, and Wingo J, "Recent national trends in sudden, unexpected infant deaths: more evidence supporting a change in classification or reporting" *American Journal of Epidemiology* (2006 Apr 15; 163(8): 762-9),

in 2005 and 2006, provide evidence that cause-of-death reporting and classifying of SUID may be unreliable. The studies found that the decline in the SIDS rate since 1999 was offset by an increase in mortality rates for accidental suffocation and strangulation in bed and for unknown/unspecified causes. Some deaths that were previously reported as SIDS are now reported as deaths due to accidental suffocation or unknown cause. This finding suggests that changes in reporting of cause of death might account for part of the recent decrease in the rate of SIDS.<sup>8</sup>

To address these changes, the CDC began the SUID Initiative in order to improve investigation and reporting practices for SIDS and SUID. The SUID Initiative's goals include:

- Standardization and improvement of data collection at the death scene;
- Promotion of the consistent classification and reporting of the cause of death;
- Improving the national reporting of SUID; and
- Reducing SUID by using improved data to identify those at risk.

As a result, the CDC revised reporting forms, developed standardized training materials and implemented a state-based SUID case registry. In 2012, the CDC dispersed grants to 10 states to participate in the state-based SUID case registry.<sup>9</sup>

### Florida Infant Death Statistics

The DOH reports annually on infant deaths throughout the state in the Florida Vital Statistics Annual Report.<sup>10</sup> This report provides the number of fetal deaths per 1,000 live births, the number of deaths by race and compares that data to national figures. Additionally, specific information on infant mortality rates, including data on SIDS and SUID deaths by county may be queried in the FloridaCHARTS.com database.<sup>11</sup>

From 2011 to 2009, there were 610 SUID and 181 SIDS recorded infant deaths in Florida.<sup>12</sup>

Recorded Florida Infant Deaths		
Year	SUID	SIDS
2011	195	47
2010	207	62
2009	208	72

Source: FloridaCHARTS.com

### Florida Sudden Infant Death Syndrome

Florida law currently defines SIDS as the "sudden unexpected death of an infant under 1 year of age which remains unexplained after a complete autopsy, death-scene investigation, and review of case history. The term includes only those deaths for which, currently, there is no known cause or cure."<sup>13</sup>

Since 1993, the DOH has been statutorily tasked with oversight of the SIDS program in Florida.<sup>14</sup> The DOH is required to develop and adopt by rule a training curriculum in collaboration with the EMS

and Malloy MH, and MacDorman M., "Changes in the classification of sudden unexpected infant deaths: United States, 1992-2001," *Pediatrics* (2005 May; 115(5): 1247-53).

<sup>8</sup> See *Supra* note 2.

<sup>9</sup> The 10 state grantees are: Arizona, Colorado, Connecticut, Louisiana, Michigan, Minnesota, New Jersey, New Mexico, New Hampshire, and Wisconsin.

<sup>10</sup> See Florida Vital Statistics Annual Report 2011, <http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx>, (last visited Feb. 5, 2013).

<sup>11</sup> See Florida Department of Health, Division of Public Health Statistics & Performance Management, Infant Deaths Query. Available at: <http://www.floridacharts.com/FLQUERY/InfantMortality/InfantMortalityRpt.aspx> (last visited Feb. 5, 2013).

<sup>12</sup> *Id.*

<sup>13</sup> S. 383.3362(2), F.S.

<sup>14</sup> Ch. 93-182, L.O.F.

Advisory Council; Firefighters Employment, Standards, and Training Council; and the Criminal Justice Standards and Training Commission. The training targets first responders (or "emergency responders"<sup>15</sup>) and is directed to focus on the nature of SIDS, standard procedures to be followed by law enforcement investigating infant death cases that may implicate SIDS, and training on how to appropriately respond to families or caretakers at the time of the infant's death.<sup>16</sup>

The current rule requires that the SIDS Recognition and Response training program include, at a minimum, the following learning objectives:<sup>17</sup>

- Define SIDS.
- Describe the epidemiology of SIDS.
- Describe the physical features of an infant who has died of SIDS.
- Describe the circumstances associated with a SIDS death.
- Identify the activities the emergency responder initiates.
- Describe the varied responses of SIDS families to sudden infant death.
- Respond to SIDS families in a sensitive manner.
- Describe the varied emotional reactions of emergency responders to sudden infant death.
- Identify ways emergency responders may cope with their own critical incident stress.
- Identify the community resources available to SIDS families.

According to Florida Department of Law Enforcement, the training on the proper response in infant death cases is included in the Criminal Justice Standards and Training Commission approved curricula for basic and advanced training of law enforcement officers. Both the basic and advanced training curricula have been updated and now use the term SUID.<sup>18</sup>

Furthermore, the DOH is required to:<sup>19</sup>

- Collaborate with other agencies in the development and presentation of the SIDS training program for first responders, including emergency medical technicians and paramedics, firefighters, and law enforcement officers.
- Maintain a database of statistics on reported SIDS deaths, and analyze the data as funds allow.
- Serve as liaison and closely coordinate activities with the Florida SIDS Alliance<sup>20</sup>, including the services related to the SIDS hotline.
- Maintain a library reference list and materials about SIDS for public dissemination.
- Provide professional support to field staff.
- Coordinate the activities of, and promote a link between, the fetal and infant mortality review committees of the local healthy start coalitions, the local SIDS alliance, and other related support groups.

## **Florida Medical Examiners Commission**

Chapter 406, part I, F.S., creates the Medical Examiners Act and the Medical Examiners Commission. Florida law, under s. 383.3362, F.S., requires that an autopsy must be performed in all suspected SIDS

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<sup>15</sup> An emergency responder is defined in rule to mean the law enforcement officers, paramedics, firefighters, emergency medical technicians, or other medical personnel who respond to the initial report of an unresponsive infant. *See* Rule 64F-5.001, F.A.C.

<sup>16</sup> S. 383.3362(3), F.S.

<sup>17</sup> Rule 64F-5.002, F.A.C.

<sup>18</sup> Florida Department of Law Enforcement, Agency Analysis for HB 83, dated January 18, 2013, on file with the Health Quality Subcommittee.

<sup>19</sup> S. 383.3362(5), F.S.

<sup>20</sup> The Florida SIDS Alliance formed in 1985 and its mission is to provide a reliable and continuous source of assistance to parents who have lost a child suddenly and unexpectedly, provide information and referral networking, sponsor educational campaigns, and promote and support research into the cause and possible prevention of SIDS through fundraising and public education. The Florida SIDS Alliance operates a hotline (1-800-SIDS-FLA) and a website. *See* <http://flasids.com/blog/florida-sids-alliance/> (last visited Feb. 5, 2013).

cases by a medical examiner within 24 hours, or as soon as feasible.<sup>21</sup> Section 383.3362(4)(d), F.S., cross-references s. 406.11, F.S., which provides the medical examiner authority, when deaths occur under certain circumstances, to examine, investigate, and perform autopsies as he or she deems necessary.

If the medical examiner's findings are consistent with SIDS, this condition must be listed as the cause of death on the death certificate. The Legislature granted medical examiners an exemption from civil action for any act or omission that may occur from complying with the law by conducting the required autopsy on the infant.<sup>22</sup>

Moreover, the Medical Examiners Commission within the Florida Department of Law Enforcement is required to develop a protocol for handling suspected SIDS autopsies.<sup>23</sup> The protocol was last updated on July 28, 2010.<sup>24</sup> All medical examiners are required to follow the protocol requiring familiarity with the circumstance and location of the body; review of the infant's clinical history to include determination of prenatal, delivery and postnatal medical information, which includes history of familial disease, mental illness and social setting pertinent to the exclusion of illnesses or child abuse; and a comprehensive autopsy. The comprehensive autopsy should include: x-rays; histology slides to exclude diagnosable disease processes; bacterial and viral cultures to exclude suspected infectious agents; and a toxicology study when indicated.<sup>25</sup>

## EFFECTS OF PROPOSED CHANGES

The bill amends the law relating to SIDS to update the activities of the DOH and the medical examiners when reporting and classifying the cause of death of an infant under 1 year of age who suddenly dies, when in apparent good health. The bill brings the law into conformity with current CDC standards of practice by redefining and using a category for infant death that is broader than SIDS called, "Sudden Unexpected Infant Death," which includes infant death resulting from: SIDS, accidental suffocation, metabolic errors, injury or trauma and unclassified or accidental causes.

The bill amends the legislative intent, definitions, training requirements for first responders, autopsy requirements performed by medical examiners, and the protocol for medical and legal investigations to reflect the new SUID standard. The bill requires that the child protection teams within DOH's Division of Children's Medical Services program be consulted on the development of the training curriculum and all other DOH duties relating to SUID. The bill amends current law, which requires a medical examiner to perform an autopsy within 24-hours (or as soon as feasible) on an infant suspected to have died from SIDS, to allow a medical examiner discretion to determine whether an autopsy is necessary. This discretion allows a medical examiner to forgo an autopsy in instances such as a known accidental death (e.g. when an infant dies in a motor vehicle accident).

Additionally, the bill deletes references to SIDS, and the SIDS hotline. The bill makes technical changes by restructuring the language to improve readability and deleting unnecessary words and an obsolete date.

### B. SECTION DIRECTORY:

**Section 1.** Amends s. 383.3362, F.S., relating to sudden infant death syndrome.

**Section 2.** Provides an effective date of July 1, 2013.

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<sup>21</sup> S. 383.3362(4), F.S.

<sup>22</sup> S. 383.3362(4)(c), F.S.

<sup>23</sup> S. 383.3364(4)(b), F.S. The Administrative Rule governing the SIDS Autopsy Protocol was repealed May 21, 2012. *See* ch. 11G-2.0031, F.A.C.

<sup>24</sup> Florida Department of Law Enforcement, Medical Examiners Commission, Practice Guidelines: Infant Deaths. Available at: <http://www.fdle.state.fl.us/Content/getdoc/916d04c4-f522-4d8a-b16b-15fe90a9b28e/Practice-Guidelines-2009-Adopted.aspx> (last viewed Feb. 5, 2013).

<sup>25</sup> *Id.*



## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

An insignificant increase in state expenditures is possible. This increase may be absorbed within agency existing resources associated with rule development and promulgation.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

An insignificant decrease in county expenditures is possible. This decrease is associated with the provision of the bill that provides medical examiners more discretion when deciding to perform an autopsy in cases that are deemed to have occurred due to an accidental cause of death.

### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

### D. FISCAL COMMENTS:

None.

## III. COMMENTS

### A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None Identified.

### B. RULE-MAKING AUTHORITY:

The Department of Health has sufficient authority to implement the provisions of the bill.

### C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

## IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 7, 2013, the Health Quality Subcommittee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The amendment:

- Requires the DOH to consult with the child protection teams under DOH's Children's Medical Services when developing training curricula for emergency medical service personnel.
- Requires the DOH to consult with the child protection teams when performing other SUID duties.
- Reinstates that the DOH is to coordinate with the Florida SIDS Alliance.

This analysis is drafted to the committee substitute.

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A bill to be entitled  
 An act relating to infant death; amending s. 383.3362,  
 F.S.; revising legislative findings and intent with  
 respect to the sudden unexpected death of an infant  
 under a specified age; defining the term "Sudden  
 Unexpected Infant Death" (SUID); revising provisions  
 relating to training requirements for first  
 responders; revising requirements relating to  
 autopsies performed by medical examiners; requiring  
 the Medical Examiners Commission to provide for the  
 development and implementation of a protocol for the  
 medicolegal investigation of SUID; requiring the  
 Department of Health to consult with certain child  
 protection teams in the performance of specified  
 duties with respect to SUID; providing an effective  
 date.

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

Section 1. Section 383.3362, Florida Statutes, is amended  
 to read:

383.3362 Sudden Unexpected Infant Death ~~Syndrome~~.—

(1) FINDINGS AND INTENT.—The Legislature recognizes that  
more than 4,500 infants in the United States die suddenly and  
unexpectedly of no immediate or obvious cause. According to  
statistics from the Department of Health, more than 200 infants  
in this state experienced Sudden Unexpected Infant Death in 2010  
~~Sudden Infant Death Syndrome, or SIDS, is a leading cause of~~

29 ~~death among children under the age of 1 year, both nationally~~  
 30 ~~and in this state.~~ The Legislature further recognizes that first  
 31 responders to emergency calls relating to such a death need  
 32 access to special training to better enable them to recognize  
 33 that such deaths may result from natural and accidental causes  
 34 or may be caused ~~distinguish SIDS from death caused~~ by criminal  
 35 acts and to appropriately interact with the deceased infant's  
 36 parents or caretakers. At the same time, the Legislature,  
 37 recognizing that the primary focus of first responders is to  
 38 carry out their assigned duties, intends to increase ~~the~~  
 39 awareness of the possible causes of Sudden Unexpected Infant  
 40 Death ~~SIDS by first responders,~~ but in no way expand or take  
 41 away from their duties. Further, the Legislature recognizes the  
 42 importance of a multidisciplinary investigation and standardized  
 43 investigative protocols in cases of Sudden Unexpected Infant  
 44 Death ~~standard protocol for review of SIDS deaths by medical~~  
 45 ~~examiners and the importance of appropriate followup in cases of~~  
 46 ~~certified or suspected SIDS deaths.~~ Finally, the Legislature  
 47 finds that it is desirable to analyze existing data<sup>7</sup> and ~~to~~  
 48 conduct further research on<sup>7</sup> the possible causes of Sudden  
 49 Unexpected Infant Death ~~SIDS~~ and on how to reduce its incidence  
 50 ~~lower the number of sudden infant deaths.~~

51 (2) DEFINITION.—As used in this section, the term "Sudden  
 52 Unexpected Infant Death Syndrome," or "SUID," "~~SIDS,~~" means the  
 53 sudden unexpected death of an infant under 1 year of age while  
 54 in apparent good health whose death may have been a result of  
 55 natural or unnatural causes ~~which remains unexplained after a~~  
 56 ~~complete autopsy, death scene investigation, and review of the~~

57 ~~case history. The term includes only those deaths for which,~~  
 58 ~~currently, there is no known cause or cure.~~

59 (3) TRAINING.—

60 (a) The Legislature finds that an emergency medical  
 61 technician, a paramedic, a firefighter, or a law enforcement  
 62 officer is likely to be the first responder to a request for  
 63 assistance which is made immediately after the sudden unexpected  
 64 death of an infant. The Legislature further finds that these  
 65 first responders should be trained in appropriate responses to  
 66 the sudden and unexpected death of an infant ~~death.~~

67 (b) ~~After January 1, 1995,~~ The basic training programs  
 68 required for certification as an emergency medical technician, a  
 69 paramedic, a firefighter, or a law enforcement officer as  
 70 defined in s. 943.10, other than a correctional officer or a  
 71 correctional probation officer, must include curriculum that  
 72 contains instruction on SUID ~~Sudden Infant Death Syndrome.~~

73 (c) The Department of Health, in consultation with the  
 74 Emergency Medical Services Advisory Council, the Firefighters  
 75 Employment, Standards, and Training Council, the child  
 76 protection teams established in the Children's Medical Services  
 77 program, and the Criminal Justice Standards and Training  
 78 Commission, shall develop and adopt, by rule, curriculum that,  
 79 at a minimum, includes training in the nature of SUID ~~SIDS,~~  
 80 standard procedures to be followed by law enforcement agencies  
 81 in investigating cases involving the sudden unexpected death of  
 82 an infant ~~deaths of infants,~~ and training in responding  
 83 appropriately to the parents or caretakers who have requested  
 84 assistance.

85 (4) AUTOPSIES.—

86 (a) The death of any infant younger than 1 year of age who  
 87 dies suddenly and unexpectedly while in apparent good health  
 88 falls under the jurisdiction of the medical examiner as provided  
 89 in s. 406.11. ~~The medical examiner must perform an autopsy upon~~  
 90 ~~any infant under the age of 1 year who is suspected to have died~~  
 91 ~~of Sudden Infant Death Syndrome. The autopsy must be performed~~  
 92 ~~within 24 hours after the death, or as soon thereafter as is~~  
 93 ~~feasible. When the medical examiner's findings are consistent~~  
 94 ~~with the definition of sudden infant death syndrome in~~  
 95 ~~subsection (2), the medical examiner must state on the death~~  
 96 ~~certificate that sudden infant death syndrome was the cause of~~  
 97 ~~death.~~

98 (b) The Medical Examiners Commission shall provide for the  
 99 development and implementation of ~~develop and implement~~ a  
 100 protocol for the medicolegal investigation of SUID ~~dealing with~~  
 101 ~~suspected sudden infant death syndrome. The protocol must be~~  
 102 ~~followed by all medical examiners when conducting the autopsies~~  
 103 ~~required under this subsection. The protocol may include~~  
 104 requirements and standards for scene investigations,  
 105 requirements for specific data, criteria for any specific tissue  
 106 sampling, and any other requirements that are deemed  
 107 ~~ascertaining cause of death based on the autopsy, criteria for~~  
 108 ~~any specific tissue sampling, and any other requirements that~~  
 109 ~~the commission considers necessary.~~

110 (c) A medical examiner is not liable for damages in a  
 111 civil action for any act or omission done in compliance with  
 112 this subsection.

113 ~~(d) An autopsy must be performed under the authority of a~~  
 114 ~~medical examiner under s. 406.11.~~

115 (5) DEPARTMENT DUTIES RELATING TO SUID ~~SUDDEN INFANT DEATH~~  
 116 ~~SYNDROME (SIDS).~~ The Department of Health, in consultation with  
 117 the child protection teams established in the Children's Medical  
 118 Services program, shall:

119 (a) Collaborate with other agencies in the development and  
 120 presentation of the SUID ~~Sudden Infant Death Syndrome (SIDS)~~  
 121 training programs for first responders, including those for  
 122 emergency medical technicians and paramedics, firefighters, and  
 123 law enforcement officers.

124 (b) Maintain a database of statistics on reported SUID  
 125 ~~SIDS~~ deaths, and analyze the data as funds allow.

126 (c) Serve as liaison and closely coordinate activities  
 127 with the Florida SIDS Alliance, ~~including the services related~~  
 128 ~~to the SIDS hotline.~~

129 (d) Maintain a library reference list and materials about  
 130 SUID ~~SIDS~~ for public dissemination.

131 (e) Provide professional support to field staff.

132 (f) Coordinate the activities of and promote a link  
 133 between the fetal and infant mortality review committees of the  
 134 local healthy start coalitions, the Florida ~~local~~ SIDS Alliance,  
 135 and other related support groups.

136 Section 2. This act shall take effect July 1, 2013.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
 ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
 ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
 FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
 WITHDRAWN \_\_\_\_\_ (Y/N)  
 OTHER

1 Committee/Subcommittee hearing bill: Health Care Appropriations  
 2 Subcommittee

3 Representative Santiago offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (f) of subsection (2) of section

8 383.311, Florida Statutes, is amended to read:

9 383.311 Education and orientation for birth center clients  
 10 and their families.—

11 (2) The clients shall be prepared for childbirth and  
 12 childbearing by education in:

13 (f) The care of the newborn to include safe sleep  
 14 practices and the possible causes of Sudden Unexpected Infant  
 15 Death.

16 Section 2. Paragraph (e) of subsection (3) of section  
 17 383.318, Florida Statutes, is amended to read:

18 383.318 Postpartum care for birth center clients and  
 19 infants.—



Amendment No. 1

20 (3) Postpartum evaluation and followup care shall be  
21 provided, which shall include:

22 (e) Instruction in child care, including immunization, and  
23 breastfeeding, safe sleep practices, and possible causes of  
24 Sudden Unexpected Infant Death.

25 Section 3. Section 383.3362, Florida Statutes, is amended  
26 to read:

27 383.3362 Sudden Unexpected Infant Death ~~Syndrome~~.—

28 (1) FINDINGS AND INTENT.—The Legislature recognizes that  
29 more than 4,500 infants in the United States die suddenly and  
30 unexpectedly of no immediate or obvious cause. According to  
31 statistics from the Department of Health, more than 200 infants  
32 in this state experienced Sudden Unexpected Infant Death in 2010  
33 ~~sudden Infant death Syndrome, or SIDS, is a leading cause of~~  
34 ~~death among children under the age of 1 year, both nationally~~  
35 ~~and in this state.~~ The Legislature further recognizes that first  
36 responders to emergency calls relating to such a death need  
37 access to special training to better enable them to recognize  
38 that such deaths may result from natural and accidental causes  
39 or may be caused ~~distinguish SIDS from death caused~~ by criminal  
40 acts and to appropriately interact with the deceased infant's  
41 parents or caretakers. At the same time, the Legislature,  
42 recognizing that the primary focus of first responders is to  
43 carry out their assigned duties, intends to increase the  
44 awareness of the possible causes of Sudden Unexpected Infant  
45 Death ~~SIDS by first responders~~, but in no way expand or take  
46 away from their duties. Further, the Legislature recognizes the  
47 importance of a multidisciplinary investigation and standardized

Amendment No. 1

48 investigative protocols in cases of Sudden Unexpected Infant  
49 Death standard protocol for review of SIDS deaths by medical  
50 examiners and the importance of appropriate followup in cases of  
51 certified or suspected SIDS deaths. Finally, the Legislature  
52 finds that it is desirable to analyze existing data, and to  
53 conduct further research on, the possible causes of Sudden  
54 Unexpected Infant Death SIDS and on how to reduce its incidence  
55 lower the number of sudden infant deaths.

56 (2) DEFINITION.—As used in this section, the term "Sudden  
57 Unexpected Infant Death Syndrome," or "SUID," "SIDS," means the  
58 sudden unexpected death of an infant under 1 year of age while  
59 in apparent good health whose death may have been a result of  
60 natural or unnatural causes which remains unexplained after a  
61 complete autopsy, death scene investigation, and review of the  
62 case history. The term includes only those deaths for which,  
63 currently, there is no known cause or cure.

64 (3) TRAINING.—

65 (a) The Legislature finds that an emergency medical  
66 technician, a paramedic, a firefighter, or a law enforcement  
67 officer is likely to be the first responder to a request for  
68 assistance which is made immediately after the sudden unexpected  
69 death of an infant. The Legislature further finds that these  
70 first responders should be trained in appropriate responses to  
71 sudden infant death.

72 (b) ~~After January 1, 1995,~~ The basic training programs  
73 required for certification as an emergency medical technician, a  
74 paramedic, a firefighter, or a law enforcement officer as  
75 defined in s. 943.10, other than a correctional officer or a

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76 correctional probation officer, must include curriculum that  
77 contains instruction on SUID ~~Sudden Infant Death Syndrome~~.

78 (c) The Department of Health, in consultation with the  
79 Emergency Medical Services Advisory Council, the Firefighters  
80 Employment, Standards, and Training Council, the child  
81 protection teams established in the Division of Children's  
82 Medical Services, and the Criminal Justice Standards and  
83 Training Commission, shall develop and adopt, by rule,  
84 curriculum that is as part of the Centers for Disease Control  
85 SUID Initiative which must that, at a minimum, includes training  
86 in the nature of SIDS, standard procedures to be followed by law  
87 enforcement agencies in investigating cases involving sudden  
88 deaths of infants, and training in responding appropriately to  
89 the parents or caretakers who have requested assistance.

90 (4) AUTOPSIES.—

91 (a) The death of any infant younger than 1 year of age who  
92 dies suddenly and unexpectedly while in apparent good health  
93 falls under the jurisdiction of the medical examiner as provided  
94 in s. 406.11 ~~The medical examiner must perform an autopsy upon~~  
95 ~~any infant under the age of 1 year who is suspected to have died~~  
96 ~~of Sudden Infant Death Syndrome. If an autopsy is performed, it~~  
97 ~~The autopsy must be performed within 48 24 hours after the death~~  
98 ~~or as soon thereafter as is feasible. When the medical~~  
99 ~~examiner's findings are consistent with the definition of sudden~~  
100 ~~infant death syndrome in subsection (2), the medical examiner~~  
101 ~~must state on the death certificate that sudden infant death~~  
102 ~~syndrome was the cause of death.~~

103 (b) The Medical Examiners Commission shall provide for the

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104 development and implementation of develop and implement a  
105 protocol for the medicolegal investigation of SUID dealing with  
106 suspected sudden infant death syndrome. The protocol must be  
107 followed by all medical examiners when conducting the autopsies  
108 required under this subsection. The protocol may include  
109 requirements and standards for scene investigations,  
110 requirements for specific data, criteria for any specific tissue  
111 sampling, and any other requirements that are deemed  
112 ascertaining cause of death based on the autopsy, criteria for  
113 any specific tissue sampling, and any other requirements that  
114 the commission considers necessary.

115 (c) A medical examiner is not liable for damages in a  
116 civil action for any act or omission done in compliance with  
117 this subsection.

118 ~~(d) An autopsy must be performed under the authority of a~~  
119 ~~medical examiner under s. 406.11.~~

120 (5) DEPARTMENT DUTIES RELATING TO SUDDEN UNEXPECTED INFANT  
121 DEATH (SUID) SYNDROME (SIDS). The Department of Health, in  
122 consultation with the child protection teams established in the  
123 Division of Children's Medical Services, shall:

124 (a) Collaborate with other agencies in the development and  
125 presentation of the SUID Sudden Infant Death Syndrome (SIDS)  
126 training programs for first responders, including those for  
127 emergency medical technicians and paramedics, firefighters, and  
128 law enforcement officers.

129 (b) Maintain a database of statistics on reported SUID  
130 SIDS deaths, and analyze the data as funds allow.

131 (c) Serve as liaison and closely coordinate activities

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132 with the Florida SIDS Alliance, ~~including the services related~~  
133 ~~to the SIDS hotline.~~

134 (d) Maintain a library reference list and materials about  
135 SUID SIDS for public dissemination.

136 (e) Provide professional support to field staff.

137 (f) Coordinate the activities of and promote a link  
138 between the fetal and infant mortality review committees of the  
139 local healthy start coalitions, the Florida ~~local~~ SIDS Alliance,  
140 and other related support groups.

141 Section 4. Section 395.1053, Florida Statutes, is created  
142 to read:

143 395.1053 Postpartum education.—A hospital that provides  
144 birthing services shall incorporate information on safe sleep  
145 practices and the possible causes of Sudden Unexpected Infant  
146 Death into the hospital's postpartum instruction on the care of  
147 newborns.

148 Section 5. This act shall take effect July 1, 2013.

149

150

151 **T I T L E A M E N D M E N T**

152 Remove everything before the enacting clause and insert:

153 A bill to be entitled

154 An act relating to infant death; amending s. 383.311,

155 F.S.; revising the education and orientation

156 requirements for birth centers and their families to

157 incorporate safe sleep practices and causes of Sudden

158 Unexpected Infant Death; amending s. 383.318, F.S.;

159 revising the postpartum care for birth center clients

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 83 (2013)

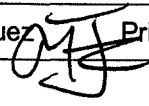
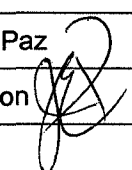
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160 and infants to incorporate instruction on safe sleep  
161 practices and causes of Sudden Unexpected Infant  
162 Death; amending s. 383.3362, F.S.; revising  
163 legislative findings and intent with respect to the  
164 sudden unexpected death of an infant under a specified  
165 age; defining the term "Sudden Unexpected Infant  
166 Death"; revising provisions relating to training  
167 requirements for first responders; revising  
168 requirements relating to autopsies performed by  
169 medical examiners; requiring the Medical Examiners  
170 Commission to provide for the development and  
171 implementation of a protocol for the medicolegal  
172 investigation of Sudden Unexpected Infant Death;  
173 creating s. 395.1053, F.S.; requiring a hospital that  
174 provides birthing services to incorporate information  
175 on safe sleep practices and the possible causes of  
176 Sudden Unexpected Infant Death into the hospital's  
177 postpartum instruction on the care of newborns;  
178 providing an effective date.



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 115 Professional Licensure of Military Veterans by Department of Health  
**SPONSOR(S):** Health Quality Subcommittee; Santiago  
**TIED BILLS:** IDEN./SIM. **BILLS:** SB 160

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	13 Y, 0 N, As CS	O'Callaghan	O'Callaghan
2) Veteran & Military Affairs Subcommittee	12 Y, 0 N	Thompson	De La Paz
3) Health Care Appropriations Subcommittee		Rodriguez 	Pridgeon 
4) Health & Human Services Committee			

### SUMMARY ANALYSIS

CS/HB 115 requires the Department of Health (DOH) to waive initial licensure and certificate fees for military veterans who apply for a fee waiver using a DOH form and who provide supporting documentation required by DOH. A military veteran is only eligible for the fee waiver if the veteran has been honorably discharged from any branch of the United States Armed Forces within 24 months from the application. Current law does not allow the DOH or its regulatory boards to distinguish applicants for initial licensure based on military service.

The bill has an insignificant, negative fiscal impact on state government and no fiscal impact on local government.

The bill provides an effective date of July 1, 2013.



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Present Situation

###### Military and Veteran Presence in Florida

The United States currently has 1.4 million people serving in the United States Armed Forces,<sup>1</sup> over 23 million veterans living in the United States, and over 200 military installations in 46 states, the District of Columbia, and Puerto Rico.<sup>2</sup>

Florida, with its 20 major military installations, is home to a large population of active duty and reserve military members, as well as veterans. Currently, there are over 61,000 active duty military members<sup>3</sup> and 12,000 National Guard members<sup>4</sup> in Florida. The number of veterans living in Florida is over 1.6 million, the third highest in the nation behind California and Texas.<sup>5</sup>

While the majority of programs and benefits for military personnel and veterans are administered by the Federal Government, states and state legislatures are playing an increasingly larger role in military issues.

###### Professional Licensure Benefits for Military Members, Veterans, and Spouses

In recent years, the Florida Legislature has enacted laws to assist current military personnel, their spouses, and veterans in obtaining and renewing professional licensure in Florida.

In 2011, the Legislature created the Florida Defense Support Task Force (FDSTF) under s. 288.987, F.S.,<sup>6</sup> with a defined mission to:

- Make recommendations to preserve and protect military installations.
- Support the state's position in research and development related to or arising out of military missions and contracting.
- Improve the state's military-friendly environment for service members, military dependents, military retirees and businesses that bring military and base-related jobs to the state.

One of the FDSTF's long-range goals is to strengthen state support for military families and veterans with a focus on education, health care, employment and family programs.<sup>7</sup>

Current law<sup>8</sup> exempts military personnel from license renewal requirements for the duration of active duty while absent from the state of Florida, and for a period of six months after discharge or return to

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<sup>1</sup> Section 250.01, F.S., concerning Military Affairs in Florida, defines "Armed Forces" to mean the United States Army, Navy, Air Force, Marine Corps, and Coast Guard.

<sup>2</sup> National Conference of State Legislatures, *Military and Veterans Affairs*, available at: <http://www.ncsl.org/issues-research/env-res/military-and-veterans-affairs.aspx> (last visited on Feb. 5, 2013).

<sup>3</sup> University of West Florida: *Florida Defense Industry, Economic Impact Analysis*, pg. 14, 2013 Draft Report, on file with the Health Quality Subcommittee.

<sup>4</sup> Florida Department of Military Affairs, *Department of Military Affairs Mission*, available at: [http://dma.myflorida.com/?page\\_id=2](http://dma.myflorida.com/?page_id=2) (last visited on Feb. 5, 2013).

<sup>5</sup> California has approximately 2 million veterans and Texas has approximately 1.6 million veterans. United States Census Bureau, *A Snapshot of Our Nation's Veterans*, available at: [http://www.census.gov/how/pdf/census\\_veterans.pdf](http://www.census.gov/how/pdf/census_veterans.pdf) (last visited on Feb. 5, 2013). See also, Department of Veterans Affairs, *Texas and the U.S. Department of Veteran Affairs*, and *Florida and the U.S. Department of Veteran Affairs*, November 2010, on file with the Health Quality Subcommittee.

<sup>6</sup> The Florida Defense Support Task Force replaced the Florida Council on Military Base and Mission Support, which was dismantled when s. 288.984, F.S., was repealed in 2011. See s. 38, ch. 2011-76, L.O.F.

<sup>7</sup> The Florida Defense Support Task Force, *2011 Annual Report and 2012 Work Plan*, available at: <http://www.eflorida.com/fdstf/about.html> (last visited on Feb. 5, 2013).

<sup>8</sup> Sections 455.02(1) and 456.024(1), F.S.

the state. This benefit applies to military members who hold certain professional licenses regulated by the Department of Business and Professional Regulation (DBPR) or the DOH, who are not practicing their profession in the private sector.<sup>9</sup> This benefit is also available to the spouses of active duty military members.<sup>10</sup>

To address the obstacles military families face due to frequent moves, the Legislature enacted CS/CS/CS/HB 713 in 2010<sup>11</sup> and CS/CS/CS/HB 1319<sup>12</sup> in 2011 to allow the DBPR and the DOH, respectively, to issue a temporary professional license to the spouse of an active duty military member. To obtain a temporary license, the spouse must submit proof of marriage to the military member, proof that he or she holds an active license in another state or jurisdiction, and proof that the military member is assigned to a duty station in Florida.<sup>13</sup> In addition, the spouse must submit a complete set of his or her fingerprints to the Department of Law Enforcement for a statewide criminal history check.

Most recently, in 2012, the Legislature enacted CS/CS/HB 887,<sup>14</sup> which waives the initial licensing fee, the initial application fee, and the initial unlicensed activity fee for a military veteran who applies to the DBPR for a license within 24 months of being honorably discharged. These licensure fee waivers apply only to professions regulated by the DBPR and does not apply to health professions under the DOH.

#### Department of Health Regulated Professions

Section 20.43, F.S., creates several divisions under the DOH, including the Division of Medical Quality Assurance (division), which is responsible for the following boards established within the division:

- The Board of Acupuncture, created under chapter 457.
- The Board of Medicine, created under chapter 458.
- The Board of Osteopathic Medicine, created under chapter 459.
- The Board of Chiropractic Medicine, created under chapter 460.
- The Board of Podiatric Medicine, created under chapter 461.
- The Board of Optometry, created under chapter 463.
- The Board of Nursing, created under part I of chapter 464.
- The Board of Pharmacy, created under chapter 465.
- The Board of Dentistry, created under chapter 466.
- The Board of Speech-Language Pathology and Audiology, created under part I of chapter 468.
- The Board of Nursing Home Administrators, created under part II of chapter 468.
- The Board of Occupational Therapy, created under part III of chapter 468.
- The Board of Athletic Training, created under part XIII of chapter 468.
- The Board of Orthotists and Prosthetists, created under part XIV of chapter 468.
- The Board of Massage Therapy, created under chapter 480.
- The Board of Clinical Laboratory Personnel, created under part III of chapter 483.
- The Board of Opticianry, created under part I of chapter 484.
- The Board of Hearing Aid Specialists, created under part II of chapter 484.
- The Board of Physical Therapy Practice, created under chapter 486.
- The Board of Psychology, created under chapter 490.
- The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under chapter 491.

In addition to the professions regulated by the various aforementioned boards, the DOH also regulates the following professions:

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<sup>9</sup> See also, s. 401.271, F.S., relating to certification of emergency medical technicians and paramedics who are on active duty with the United States Armed Forces.

<sup>10</sup> Sections 455.02(2) and 456.024(2), F.S.

<sup>11</sup> Section 5, ch. 2010-106, L.O.F.

<sup>12</sup> Section 1, ch. 2011-95, L.O.F.

<sup>13</sup> Sections 455.02(3) and 456.024(3), F.S.

<sup>14</sup> Section 3, ch. 2012-72, L.O.F.

- Naturopathy, as provided under chapter 462.
- Nursing assistants, as provided under part II of chapter 464.
- Midwifery, as provided under chapter 467.
- Respiratory therapy, as provided under part V of chapter 468.
- Dietetics and nutrition practice, as provided under part X of chapter 468.
- Electrolysis, as provided under chapter 478.
- Medical physicists, as provided under part IV of chapter 483.
- School psychologists, as provided under chapter 490.
- Emergency medical technicians and paramedics, as provided under chapter 490.
- Radiological personnel, as provided under part IV of chapter 468.

Typical fees associated with obtaining an initial license include an initial licensing fee,<sup>15</sup> an initial application fee,<sup>16</sup> and an initial unlicensed activity fee.<sup>17</sup> Each board within the jurisdiction of the DOH, or the DOH when there is no board, determines by rule the amount of license fees for the profession it regulates.<sup>18</sup>

### Effect of Proposed Changes

CS/HB 115 requires the DOH to waive the initial licensing fee, initial application fee, and initial unlicensed activity fee for a military veteran who applies to the DOH for a license within 24 months after being honorably discharged from any branch of the United States Armed Forces. Additionally, the DOH must waive the initial application fee for a military veteran who applies for certification in the radiological profession<sup>19</sup> within 24 months after honorable discharge. However, the applicant for certification is still required to pay the fee for purchasing the examination from a national organization required for certification as a radiological professional.

The bill requires the application for both fee waivers to be submitted on a form prepared and furnished by the DOH and to include supporting documentation required by the DOH. The supporting documentation may be used to verify that the military veteran was honorably discharged.

### B. SECTION DIRECTORY:

**Section 1:** Amends s. 456.013, F.S., relating to the DOH's general licensing provisions.

**Section 2:** Amends s. 468.304, F.S., relating to certification.

**Section 3:** Provides an effective date of July 1, 2013.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

The number of military veterans that will apply for licensure or certification, who have been honorably discharged from the United States Armed Forces within 24 months of applying for licensure or certification is unknown. Therefore, the actual fiscal impact cannot be determined at

<sup>15</sup> Pursuant to s. 456.013(2), F.S., before the issuance of any license, the DOH shall charge an initial license fee as determined by the applicable board or, if there is no board, by rule of the DOH.

<sup>16</sup> Each DOH board, or the DOH when there is no board, determines by rule the amount of initial application fees for the profession it regulates pursuant to each practice act. See e.g., ss. 458.311(1)(a), 459.0055(1)(a), and 460.406, F.S.

<sup>17</sup> Pursuant to s. 456.065, F.S., the DOH imposes upon initial licensure and each licensure renewal, a special fee of \$5 per license to fund efforts to combat unlicensed activity.

<sup>18</sup> Section 456.025(3), F.S.

<sup>19</sup> Certified radiological professionals include basic X-ray machine operators, basic X-ray machine operators in podiatric medicine, general radiographers, nuclear medicine technologists, radiologist assistants, and specialty technologists. Section 468.304, F.S.

this time. However, it is anticipated that the bill will have an insignificant negative impact on the Medical Quality Assurance Trust Fund revenues related to the potential reduction in licensing fees.<sup>20</sup>

Similarly, the bill grants a waiver to applicable military veterans that may seek a radiological personnel certification. The fee for radiological certification may not exceed \$100 and the proceeds are deposited into the Radiation Protection Trust Fund. This provision will have an insignificant negative impact on the revenues deposited into the Radiation Protection Trust Fund.<sup>20</sup>

A similar law enacted last year affected professions licensed by the DPBR. From July 1, 2012, to January 1, 2013, DBPR granted 38 military fee waivers and the fiscal impact to DBPR was \$5,830.

2. Expenditures:

According to the DOH, there will be a non-recurring increase in work associated with the modification of the Customer Oriented Medical Practitioner Administration System (COMPAS) licensure system to accommodate the new requirements in the bill. The DOH states that current resources are adequate to absorb this one-time workload increase.<sup>21</sup>

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill eliminates fees associated with initial health care licensure or certification for military veterans who have been honorably discharged from the United States Armed Forces within 24 months prior to applying for licensure or certification.

D. FISCAL COMMENTS:

None.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

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<sup>20</sup> Florida Department of Health, CS/HB 115 Agency Bill Analysis, February 19, 2013, on file with the Health Care Appropriations Subcommittee.

<sup>21</sup> *Id.*

Sufficient rule-making authority currently exists under ss. 456.004(5) and 468.303, F.S., to implement the provisions of this bill.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

On February 7, 2013, the Health Quality Subcommittee adopted one amendment and reported the bill favorably as a committee substitute. The amendment:

- Requires supporting documentation for an application to waive initial licensure fees to demonstrate the applicant was honorably discharged.
- Requires the DOH to waive initial fees for applicants seeking certification in a radiology profession if the applicant is a military veteran who was honorably discharged within 24 months from the application. The applicant must use a form prescribed by the DOH, submit supporting documentation, and still pay the fee for purchasing the examination from a national organization.

This analysis is drafted to the committee substitute as passed by the Health Quality Subcommittee.

1 A bill to be entitled

2 An act relating to professional licensure of military  
 3 veterans by the Department of Health; amending ss.  
 4 456.013 and 468.304, F.S.; requiring the Department of  
 5 Health to waive specified fees relating to licensure  
 6 and certification of professions within the  
 7 jurisdiction of the department for honorably  
 8 discharged military veterans; providing for  
 9 application and waiver requirements; providing an  
 10 effective date.

11  
 12 Be It Enacted by the Legislature of the State of Florida:

13  
 14 Section 1. Subsection (13) is added to section 456.013,  
 15 Florida Statutes, to read:

16 456.013 Department; general licensing provisions.—

17 (13) The department shall waive the initial licensing fee,  
 18 initial application fee, and initial unlicensed activity fee for  
 19 a military veteran who applies to the department for an initial  
 20 license within 24 months after being honorably discharged from  
 21 any branch of the United States Armed Forces. The applicant must  
 22 apply for the fee waiver using a form prescribed by the  
 23 department and must submit supporting documentation as required  
 24 by the department.

25 Section 2. Subsection (1) of section 468.304, Florida  
 26 Statutes, is amended to read:

27 468.304 Certification.—The department shall certify any  
 28 applicant who meets the following criteria:

29           (1) Pays to the department a nonrefundable fee that may  
30 not exceed \$100, plus the actual per-applicant cost to the  
31 department for purchasing the examination from a national  
32 organization. The department shall waive the initial application  
33 fee for a military veteran who applies to the department for an  
34 initial certification within 24 months after being honorably  
35 discharged from any branch of the United States Armed Forces.  
36 The applicant must apply for the fee waiver using a form  
37 prescribed by the department and must submit supporting  
38 documentation as required by the department. This waiver does  
39 not include the fee for purchasing the examination from a  
40 national organization.

41

42 The department may not certify any applicant who has committed  
43 an offense that would constitute a violation of any of the  
44 provisions of s. 468.3101 or applicable rules if the applicant  
45 had been certified by the department at the time of the offense.  
46 An application for a limited computed tomography certificate may  
47 not be accepted. A person holding a valid computed tomography  
48 certificate as of October 1, 1984, is subject to s. 468.309.

49           Section 3. This act shall take effect July 1, 2013.