



Health Quality Subcommittee

**Tuesday, February 12, 2013
9:30 AM - 11:30 AM
306 HOB**

**Will Weatherford
Speaker**

**Kenneth L. "Ken" Roberson
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Quality Subcommittee

Start Date and Time: Tuesday, February 12, 2013 09:30 am
End Date and Time: Tuesday, February 12, 2013 11:30 am
Location: 306 HOB
Duration: 2.00 hrs

Consideration of the following bill(s):

HB 195 Emergency Medical Services by Perry
HB 413 Physical Therapy by Hutson
HB 463 Examination of Dentists by Rodríguez, J.


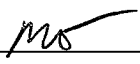
Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Monday, February 11, 2013.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Monday, February 11, 2013.

NOTICE FINALIZED on 02/05/2013 16:08 by Iseminger.Bobbye

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 195 Emergency Medical Services
SPONSOR(S): Perry
TIED BILLS: IDEN./SIM. BILLS:

| REFERENCE | ACTION | ANALYST | STAFF DIRECTOR or BUDGET/POLICY CHIEF |
|--|--------|--|---|
| 1) Health Quality Subcommittee | | Holt  | O'Callaghan  |
| 2) Health Care Appropriations Subcommittee | | | |
| 3) Health & Human Services Committee | | | |

SUMMARY ANALYSIS

In 2009, the U.S. Department of Transportation released the new National Emergency Medical Services Education Standards (National EMS Education Standards) for emergency medical technicians (EMTs) and paramedics. The bill updates Florida's EMT and paramedic training requirements to reflect the new 2009 national training standards.

HB 195 amends part III of ch. 401, F.S., to update the definitions and training standards to reflect the new EMT-Paramedic National Standard Curriculum or the National EMS Education Standards. The bill removes outdated competencies and makes conforming changes throughout the bill. The bill increases the timeframe within which EMTs and paramedics can take the state examination following successful completion of an approved training program from 1 to 2 years.

The bill amends s. 381.0034, F.S., to delete the requirement that EMTs and paramedics obtain HIV/AIDS continuing education instruction. The bill amends the timeline that the state emergency medical services plan is updated from biennially to every five years.

The bill has no fiscal impact on the state or local governments.

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

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

PRESENT SITUATION

The Department of Health (DOH), Division of Emergency Operations regulates emergency medical technicians (EMTs) and paramedics. EMTs and paramedics are regulated pursuant to ch. 401, Part III, F.S. As of November 1, 2012, there were 36,578 active in-state licensed EMTs and 26,989 active in-state licensed paramedics in Florida.¹

“Emergency Medical Technician” is defined under s. 401.23, F.S., to mean a person who is certified by the DOH to perform basic life support, which is the treatment of medical emergencies through the use of techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the U.S. Department of Transportation. “Paramedic” means a person who is certified by the DOH to perform basic and advanced life support.

“Basic life support” means treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation.² “Advanced life support” means the treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person.³

Currently, the DOH is responsible for the improvement and regulation of basic and advanced life support programs and is required to biennially develop and revise a comprehensive state plan for basic and advanced life support services.⁴

HIV and AIDS Training Requirements

In 2006, the Legislature revised the requirements for HIV/AIDS continuing education instruction in the general licensing provisions for health care practitioners⁵ regulated by s. 456.033, F.S.⁶ The law removed the requirement that the HIV/AIDS continuing education course be completed at each biennial license renewal. Instead, licensees are required to submit confirmation that he or she has completed a course in HIV/AIDS instruction at the time of the first licensure renewal or recertification.⁷

Section 381.0034, F.S., requires the following practitioner groups to complete an HIV/AIDS educational course at the time of biennial licensure renewal or recertification:

- EMTs and paramedics;
- Midwives;

¹ Florida Department of Health, Division of Medical Quality Assurance, Annual Report and Long Range Plan: 2011-2012, available at: <http://www.doh.state.fl.us/mqa/reports.htm> (last viewed February 6, 2013).

² S. 401.23(7), F.S.

³ S. 401.23(1), F.S.

⁴ S. 401.24, F.S.

⁵ Acupuncturist, physician, osteopathic physician, chiropractic physician, podiatric physician, certified optometrist, advanced registered nurse practitioner, registered nurse, clinical nurse specialist, pharmacist, dentist, nursing home administrator, occupational therapist, respiratory therapist, or nutritionist, and physical therapist.

⁶ See section 2, ch. 2006-251, L.O.F.

⁷ S. 456.033, F.S.

- Radiologic personnel; and
- Laboratory personnel.

Failure to complete the HIV/AIDS continuing education requirement is grounds for disciplinary action.⁸

National EMS Education Standards

In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration published the highly regarded consensus document titled the Emergency Medical Service (EMS) Agenda for the Future, commonly referred to as the Agenda.⁹ This was a federally funded position paper completed by the National Association of EMS Physicians in conjunction with the National Association of State EMS Directors. The intent of the Agenda was to create a common vision for the future of EMS. The Agenda addressed 14 attributes of EMS, including the EMS education system. Other components of the EMS national agenda included creating a single National EMS Accreditation Agency and a single National EMS Certification Agency to ensure consistency and quality of EMS personnel.¹⁰ In December 1996, NHTSA convened an EMS Education Conference with representatives of more than 30 EMS-related organizations to identify the next logical Agenda implementation steps for the EMS community. At the conclusion of the conference, a general outline of the proposed next steps was published. One recommendation was that the NHTSA support and facilitate the development of the National EMS Education Standards.¹¹

In 2009, the U.S. Department of Transportation released the new National Emergency Medical Services Education Standards (National EMS Education Standards), which replaces the National Highway Traffic Safety Administration, National Standard Curricula (or Emergency Medical Technician-Basic Standard Curriculum) at all licensure levels.¹²

The National EMS Education Standards define the minimal entry-level educational competencies, clinical behaviors, and judgments that must be met by Emergency Medical Service (EMS) personnel to meet national practice guidelines.¹³ The National EMS Education Standards provide guidance to instructors, regulators, and publishers to provide interim support as EMS programs across the nation transition from the National Standard Curricula to the National EMS Education Standards.

The National EMS Education Standards assume there is a progression in practice from the entry-level Emergency Medical Responder level to the Paramedic level.¹⁴ That is, licensed personnel at each level are responsible for all knowledge, judgments, and behaviors at their level and at all levels preceding their level.¹⁵ According to the Standards, there are four licensure levels of EMS personnel: Emergency Medical Responder; Emergency Medical Technician; Advanced Emergency Medical Technician; and Paramedic.¹⁶ For example, a Paramedic is responsible for knowing and doing everything identified in that specific area, as well as knowing and doing all tasks in the three preceding levels.

⁸ S. 381.0034(2), F.S.

⁹ The EMS Agenda for the Future project was supported by the National Highway Traffic Safety Administration and the Health Resources and Services Administration, Maternal and Child Health Bureau. The project reviewed the lessons learned during the past 30 years in the field of emergency medical services (EMS) and provided direction to strengthen the EMS system, *available at*: <http://www.nhtsa.gov/people/injury/ems/agenda/emsman.html#SUMMARY> (last viewed February 8, 2013).

¹⁰ National EMS Research Agenda, *available at*: www.ems.gov/education/EducationAgenda.pdf (last viewed February 10, 2013).

¹¹ *Id.*

¹² National Highway Traffic Safety Administration, Emergency Medical Services, Educational Standards and NSC: National Emergency Medical Services Education Standards, *available at*: <http://www.ems.gov/EducationStandards.htm> (last viewed February 8, 2013).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.*

EFFECT OF PROPOSED CHANGES

The bill removes the requirement that EMTs and paramedics complete HIV/AIDS continuing education instruction. EMTs and paramedics currently employ “universal precautions” in the field. Under the concept of “universal precautions,” all patients are considered to be carriers of blood-borne pathogens, including HIV/AIDS. Therefore, additional continuing education regarding HIV/AIDS could be considered duplicative and unnecessary.¹⁷

The bill amends s.401.23, F.S., to update the definition of “advanced life support” providing that assessments are provided by a qualified person. Additionally, the bill adds to the definitions of “advanced life support” and “basic life support” the “EMT-Paramedic National Standard Curriculum or the National EMS Education Standards” and removes outdated competencies that are captured within the definitions to ensure that all techniques used by EMS personnel meet the national standards. The bill makes conforming changes throughout by removing “emergency medical technician basic training course” and replacing the phrase with “EMT-Basic National Standard Curriculum or the National EMS Education Standards,” to align with the new education program.

The bill amends s. 401.27, F.S., to increase the timeframe that EMTs and paramedics can take the state examination following successful completion of an approved training program from 1 to 2 years.

The bill amends the timeline that the state emergency medical services plan is updated from biennially to every five years. The bill makes technical changes by restructuring the language to improve readability and deleting unnecessary words.

B. SECTION DIRECTORY:

Section 1. Amends s. 381.0034, F.S., relating to the requirements for instruction on HIV and AIDS.

Section 2. Amends s. 401.23, F.S., relating to definitions.

Section 3. Amends s. 401.24, F.S., relating to emergency medical services state plan.

Section 4. Amends s. 401.27, F.S., relating to personnel standards and certification.

Section 5. Amends s. 401.2701, F.S., relating to emergency medical services training programs.

Section 6. Provides an effective date of July 1, 2013.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

¹⁷ DOH, Division of Emergency Operations, per telephone conversation with professional staff in February 2013.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None identified.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to: require counties or municipalities to spend funds or take an action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The department has sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

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

Section 1. Subsection (1) of section 381.0034, Florida Statutes, is amended to read:

381.0034 Requirement for instruction on HIV and AIDS.—

(1) The Department of Health shall require each person licensed or certified under ~~chapter 401,~~ chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current state Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed the said course, on a form provided by the department, when submitting fees or application for each biennial renewal.

Section 2. Subsections (1) and (7) of section 401.23, Florida Statutes, are amended to read:

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

(1) "Advanced life support" means assessment or treatment by a person qualified under this part ~~of life-threatening medical emergencies~~ through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, ~~and~~ cardiac

57 | defibrillation and other techniques described in the EMT-
 58 | Paramedic National Standard Curriculum or the National EMS
 59 | Education Standards ~~by a qualified person~~, pursuant to rules of
 60 | the department.

61 | (7) "Basic life support" means the assessment or treatment
 62 | by a person qualified under this part ~~of medical emergencies by~~
 63 | ~~a qualified person~~ through the use of techniques ~~such as patient~~
 64 | ~~assessment, cardiopulmonary resuscitation (CPR), splinting,~~
 65 | ~~obstetrical assistance, bandaging, administration of oxygen,~~
 66 | ~~application of medical antishock trousers, administration of a~~
 67 | ~~subcutaneous injection using a premeasured autoinjector of~~
 68 | ~~epinephrine to a person suffering an anaphylactic reaction, and~~
 69 | ~~other techniques~~ described in the EMT-Basic National Standard
 70 | ~~Emergency Medical Technician Basic Training Course Curriculum or~~
 71 | the National EMS Education Standards of the United States
 72 | Department of Transportation and approved by the department. The
 73 | term ~~"basic life support"~~ also includes the administration of
 74 | oxygen and other techniques that ~~which~~ have been approved and
 75 | are performed under conditions specified by rules of the
 76 | department.

77 | Section 3. Section 401.24, Florida Statutes, is amended to
 78 | read:

79 | 401.24 Emergency medical services state plan.—The
 80 | department is responsible, at a minimum, for the improvement and
 81 | regulation of basic and advanced life support programs. The
 82 | department shall develop, and ~~biennially~~ revise every 5 years, a
 83 | comprehensive state plan for basic and advanced life support
 84 | services, the emergency medical services grants program, trauma

85 centers, the injury control program, and medical disaster
 86 preparedness. The state plan shall include, but need not be
 87 limited to:

88 (1) Emergency medical systems planning, including the
 89 prehospital and hospital phases of patient care, and injury
 90 control effort and unification of such services into a total
 91 delivery system to include air, water, and land services.

92 (2) Requirements for the operation, coordination, and
 93 ongoing development of emergency medical services, which
 94 includes: basic life support or advanced life support vehicles,
 95 equipment, and supplies; communications; personnel; training;
 96 public education; state trauma system; injury control; and other
 97 medical care components.

98 (3) The definition of areas of responsibility for
 99 regulating and planning the ongoing and developing delivery
 100 service requirements.

101 Section 4. Subsections (4) and (12) of section 401.27,
 102 Florida Statutes, are amended to read:

103 401.27 Personnel; standards and certification.—

104 (4) An applicant for certification or recertification as
 105 an emergency medical technician or paramedic must:

106 (a) Have completed an appropriate training program ~~course~~
 107 as follows:

108 1. For an emergency medical technician, an emergency
 109 medical technician training program approved by the department
 110 as ~~course~~ equivalent to the most recent EMT-Basic National
 111 Standard Curriculum or the National EMS Education Standards
 112 ~~emergency medical technician basic training course~~ of the United

113 States Department of Transportation ~~as approved by the~~
 114 ~~department;~~

115 2. For a paramedic, a paramedic training program approved
 116 by the department as equivalent to the most recent EMT-Paramedic
 117 National Standard Curriculum or the National EMS Education
 118 Standards ~~paramedic course~~ of the United States Department of
 119 Transportation ~~as approved by the department;~~

120 (b) Certify under oath that he or she is not addicted to
 121 alcohol or any controlled substance;

122 (c) Certify under oath that he or she is free from any
 123 physical or mental defect or disease that might impair the
 124 applicant's ability to perform his or her duties;

125 (d) Within 2 years ~~1 year~~ after program ~~course~~ completion
 126 have passed an examination developed or required by the
 127 department;

128 (e)1. For an emergency medical technician, hold ~~either~~ a
 129 current American Heart Association cardiopulmonary resuscitation
 130 course card or an American Red Cross cardiopulmonary
 131 resuscitation course card or its equivalent as defined by
 132 department rule;

133 2. For a paramedic, hold a certificate of successful
 134 course completion in advanced cardiac life support from the
 135 American Heart Association or its equivalent as defined by
 136 department rule;

137 (f) Submit the certification fee and the nonrefundable
 138 examination fee prescribed in s. 401.34, which examination fee
 139 will be required for each examination administered to an
 140 applicant; and

141 (g) Submit a completed application to the department,
 142 which application documents compliance with paragraphs (a), (b),
 143 (c), (e), (f), (g), and, if applicable, (d). The application
 144 must be submitted so as to be received by the department at
 145 least 30 calendar days before the next regularly scheduled
 146 examination for which the applicant desires to be scheduled.

147 (12) An applicant for certification as who is an out-of-
 148 ~~state-trained~~ emergency medical technician or paramedic who is
 149 trained outside the state must provide proof of current
 150 emergency medical technician or paramedic certification or
 151 registration based upon successful completion of a training
 152 program approved by the department as equivalent to the most
 153 recent EMT-Basic or EMT-Paramedic National Standard Curriculum
 154 or the National EMS Education Standards of the United States
 155 Department of Transportation ~~emergency medical technician or~~
 156 ~~paramedic training curriculum~~ and hold a current certificate of
 157 successful course completion in cardiopulmonary resuscitation
 158 (CPR) or advanced cardiac life support for emergency medical
 159 technicians or paramedics, respectively, to be eligible for the
 160 certification examination. The applicant must successfully
 161 complete the certification examination within 2 years ~~1 year~~
 162 after the date of the receipt of his or her application by the
 163 department. After 2 years ~~1 year~~, the applicant must submit a
 164 new application, meet all eligibility requirements, and submit
 165 all fees to reestablish eligibility to take the certification
 166 examination.

167 Section 5. Paragraph (a) of subsection (1) and subsection
 168 (5) of section 401.2701, Florida Statutes, are amended to read:

169 401.2701 Emergency medical services training programs.—

170 (1) Any private or public institution in Florida desiring
 171 to conduct an approved program for the education of emergency
 172 medical technicians and paramedics shall:

173 (a) Submit a completed application on a form provided by
 174 the department, which must include:

175 1. Evidence that the institution is in compliance with all
 176 applicable requirements of the Department of Education.

177 2. Evidence of an affiliation agreement with a hospital
 178 that has an emergency department staffed by at least one
 179 physician and one registered nurse.

180 3. Evidence of an affiliation agreement with a current
 181 ~~Florida-licensed~~ emergency medical services provider that is
 182 licensed in this state. Such agreement shall include, at a
 183 minimum, a commitment by the provider to conduct the field
 184 experience portion of the education program.

185 4. Documentation verifying faculty, including:

186 a. A medical director who is a licensed physician meeting
 187 the applicable requirements for emergency medical services
 188 medical directors as outlined in this chapter and rules of the
 189 department. The medical director shall have the duty and
 190 responsibility of certifying that graduates have successfully
 191 completed all phases of the education program and are proficient
 192 in basic or advanced life support techniques, as applicable.

193 b. A program director responsible for the operation,
 194 organization, periodic review, administration, development, and
 195 approval of the program.

196 5. Documentation verifying that the curriculum:

197 a. Meets the ~~course guides and instructor's lesson plans~~
 198 ~~in the~~ most recent Emergency Medical Technician-Basic National
 199 Standard Curriculum or the National EMS Education Standards
 200 approved by the department Curricula for emergency medical
 201 technician programs and Emergency Medical Technician-Paramedic
 202 National Standard Curriculum or the National EMS Education
 203 Standards approved by the department Curricula for paramedic
 204 programs.

205 b. Includes 2 hours of instruction on the trauma scorecard
 206 methodologies for assessment of adult trauma patients and
 207 pediatric trauma patients as specified by the department by
 208 rule.

209 ~~c. Includes 4 hours of instruction on HIV/AIDS training~~
 210 ~~consistent with the requirements of chapter 381.~~



211 6. Evidence of sufficient medical and educational
 212 equipment to meet emergency medical services training program
 213 needs.

214 (5) Each approved program must notify the department
 215 within 30 days after ~~of~~ any change in the professional or
 216 employment status of faculty. Each approved program must require
 217 its students to pass a comprehensive final written and practical
 218 examination evaluating the skills described in the current
 219 United States Department of Transportation EMT-Basic or EMT-
 220 Paramedic, National Standard Curriculum or the National EMS
 221 Education Standards and approved by the department. Each
 222 approved program must issue a certificate of completion to
 223 program graduates within 14 days after ~~of~~ completion.

224 Section 6. This act shall take effect July 1, 2013.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 413 Physical Therapy
SPONSOR(S): Hutson and others
TIED BILLS: IDEN./SIM. **BILLS:** SB 536

| REFERENCE | ACTION | ANALYST | STAFF DIRECTOR or BUDGET/POLICY CHIEF |
|--|--------|--|---|
| 1) Health Quality Subcommittee | | Holt  | O'Callaghan  |
| 2) Health Care Appropriations Subcommittee | | | |
| 3) Health & Human Services Committee | | | |

SUMMARY ANALYSIS

HB 413 amends s. 486.021(11), F.S., the definition of the practice of physical therapy, to authorize a physical therapist (PT) to implement a treatment plan for a patient provided by certain licensed and actively practicing health care practitioners or by an advanced registered nurse practitioner (ARNP).

The bill makes numerous technical changes by restructuring the definition to improve organizational structure and deletes unnecessary words to improve readability.

This bill does not appear to have a fiscal impact on state or local governments.

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

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Medical Quality Assurance

The Department of Health (DOH), Division of Medical Quality Assurance (MQA), regulates health care practitioners to ensure the health, safety and welfare of the public. Currently, MQA works in conjunction with 22 boards and 6 councils to regulate activities of 200-plus license types in 41 health care professions and 8 types of facilities. MQA's three core business processes are the licensure of and enforcement of laws and rules governing Florida's 1,059,958 health care practitioners and facilities, as well as providing information and data to the public.¹

Boards

A board is a statutorily created entity that is authorized to exercise regulatory or rulemaking functions within the MQA.² Boards are responsible for approving or denying applications for licensure and making disciplinary decisions on whether a practitioner practices within the authority of their practice act. Practice acts refer to the legal authority in state statute that grants a profession the authority to provide services to the public. The range of disciplinary actions taken by a board includes citations, suspensions, reprimands, probations, and revocations.

Physical Therapy Practice

Physical therapy is the performance of physical therapy assessments and treatment, or prevention of any disability, injury, disease, or other health condition of human beings and rehabilitation as it relates to the use of various modalities such as electricity, exercise, massage, ultrasound, and water.³

Physical therapy practitioners are regulated by ch. 486, F.S., the Physical Therapy Practice Act. A physical therapy practitioner is considered either a physical therapist (PT) or a physical therapist assistant (PTA) who is licensed and who practices physical therapy.⁴

As of November 1, 2012, there are 11,596 PTs, and 6,140 PTAs who hold active, in-state licenses to practice in Florida.⁵

To be licensed as a PT, an applicant must be at least 18 years old; be of good moral character; pay \$180 in fees⁶; pass the Laws and Rules Examination⁷ offered by the Federation of State Boards of Physical Therapy (FSBPT) within 5 years before the date of application for licensure;⁸ meet the general requirements for licensure of all health care practitioners in ch. 456, F.S.; and meet one of the following requirements:

¹ Florida Department of Health, Division of Medical Quality Assurance, *About Medical Quality Assurance*, available at: <http://doh.state.fl.us/mqa/wearemqa.htm> (last viewed February 10, 2013).

² Section 456.001, F.S.

³ Section 486.021(11), F.S.

⁴ Section 486.021(7), F.S.

⁵ Florida Department of Health, Division of Medical Quality Assurance, *2011-2012 MQA Annual Report*, pg. 39, available at: <http://doh.state.fl.us/mqa/reports.htm> (last viewed February 10, 2013).

⁶ See Section 486.041, F.S., and Rule 64B17-2.001, F.A.C.

⁷ A separate \$25 application fee is required per Rule 64B17-2.001 and Rule 64B-1.016, F.A.C., for the Laws and Rules Examination.

⁸ See Section 486.031, F.S., and Rules 64B17-3.001, 64B17-3.002, and 64B17-3.003, F.A.C.

- Have graduated from a PT training program in the United States accredited by the Commission on Accreditation for Physical Therapy Education (CAPTE)⁹ and have passed the National Physical Therapy Examination (NPTE) for PTs offered by the FSBPT within 5 years before the date of application for licensure.
- Have graduated from a PT training program in a foreign country, have had his or her credentials deemed by the Foreign Credentialing Commission on Physical Therapy or other board-approved credentialing agency to be equivalent to those of U.S.-educated PTs and have passed the NPTE for PTs within 5 years before the date of application for licensure.
- Have passed a board-approved examination and holds an active license to practice physical therapy in another state or jurisdiction if the board determines that the standards for licensure in that state or jurisdiction are as high as those of this state.¹⁰

Licenses must be renewed biennially for a \$75 fee.¹¹ Continuing education of 24 hours per biennium is also required. At least 1 hour of education must be on HIV/AIDS, and 2 hours must be on medical error prevention.¹²

Licensure requirements for PTAs are the same as those for PTs except that applicants must have graduated from an approved PTA training program, passed the NPTE for PTAs, or hold an active PTA license in another state or jurisdiction. Licensure fees and continuing education requirements are also the same.¹³

The physical therapist's professional responsibilities include:¹⁴

- Interpretation of the practitioner's referral.
- Delivery of the initial physical therapy assessment of the patient.
- Identification of and documentation of precautions, special problems, contraindications.
- Development of a treatment plan including the long and short term goals.
- Implementation of or directing implementation of the treatment plan.
- Delegation of appropriate tasks.
- Direction and supervision of supportive staff in a manner appropriate for the patient's individual needs.
- Reassessment of the patient in reference to goals and, when necessary, modification of the treatment plan.
- Collaboration with members of the health care team when appropriate.

Currently, PTs may implement a plan of treatment or a program plan¹⁵ for a patient, but the PT must refer a patient for a consultation with a health care practitioner¹⁶ if the patient's condition is found to be outside the scope of physical therapy.¹⁷ A PT is not allowed to implement any plan that, in the physical therapist's judgment, is contraindicated. If the plan was requested by a referring practitioner, the PT must immediately notify the referring practitioner that he or she is not going to follow the request and the reasons for such refusal.¹⁸

⁹ CAPTE primarily accredits U.S.-based schools, although it also provides accreditation to two programs in Canada and one in Scotland. See CAPTE, Directory of Programs, available at: <http://www.capteonline.org/Programs/> (last visited on February 9 2013).

¹⁰ Rule 64B17-3.003, F.A.C.

¹¹ Rule 64B17-2.005(1), F.A.C.

¹² Rules 64B17-8.001, and 64B17-8.002, F.A.C.

¹³ Rules 64B17-4.001, 64B17-4.002, and 64B17-4.003, F.A.C.

¹⁴ Rule 64B17-6.001, F.S.

¹⁵ A program plan establishes the objectives (goals) and specific remediation techniques. See Rule 64B17-6.001, F.A.C.

¹⁶ A "health care practitioner" is defined as an individual licensed under chapter 458 (Medical Doctor), 459 (Doctor of Osteopathic Medicine), 460 (Chiropractor), 461 (Podiatrist), or 466 (Dentist), F.S.

¹⁷ Section 486.021(11), F.S.

¹⁸ Rule 64B17-6.001, F.A.C.

Additionally, if the physical therapy plan requires treatment beyond 21 days for a condition not previously assessed by a practitioner of record, the PT must obtain a practitioner of record who will review and sign the new plan.¹⁹ Section 486.021(11), F.S., provides that a health care practitioner who is an allopathic or osteopathic physician, chiropractor, podiatrist, or dentist, that is actively engaged in practice is eligible to serve as a practitioner of record.

PTs are limited as to what treatment may be provided or what procedures may be performed for diagnosing a condition. For example, a PT may not use roentgen rays²⁰ and radium for diagnostic or therapeutic purposes or electricity for surgical purposes, including cauterization. In addition, a PT may not practice chiropractic medicine, including specific spinal manipulation.²¹ Moreover, PTs are not authorized to implement a plan for a patient being treated in a hospital or an ambulatory surgical center licensed under ch. 395, F.S.

Advanced Registered Nurse Practitioners

Part I of ch. 464, F.S., governs the licensure and regulation of nurses in Florida. Nurses are licensed by the DOH, and are regulated by the Board of Nursing.

Licensure requirements to practice professional nursing include completion of education and training requirements,²² demonstration of passage of a department-approved examination²³, a clean criminal background screening, and payment of applicable fees.²⁴ Renewal is biennial and is contingent upon completion of certain continuing medical education requirements.

A nurse who holds a license to practice professional nursing may be certified as an advanced registered nurse practitioner (ARNP) under s. 464.012, F.S., if the nurse meets one or more of the following requirements:

- Completion of a post-basic education program of at least one academic year that prepares nurses for advanced or specialized practice;
- Certification by a specialty board, including boards for registered nurse anesthetists or nurse midwives; or
- Possession of a master's degree in a nursing clinical specialty area.

Current law defines three categories of ARNPs: certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.²⁵ All ARNPs, regardless of practice category, may only practice within the framework of an established protocol and under the supervision of an allopathic or osteopathic physician or a dentist.

ARNPs may carry out treatments as specified in statute, including:²⁶

- Monitoring and altering drug therapies;
- Initiating appropriate therapies for certain conditions;
- Performing additional functions as may be determined by rule in accordance s. 464.003(2), F.S., which provides for such advanced or specialized nursing practices;²⁷ and

¹⁹ Section 486.021, F.S.

²⁰ Roentgen rays can penetrate most substances and are used to investigate the integrity of certain structures, to therapeutically destroy diseased tissue, and to make radiographic images for diagnostic purposes, as in radiography and fluoroscopy. Mosby's Medical Dictionary, 8th edition, (2009).

²¹ *Id.*

²² Rule 64B9-4.003, F.A.C., provides that an Advanced Nursing Program shall be at least one year long and shall include theory in the biological, behavioral, nursing and medical sciences relevant to the area of advanced practice in addition to clinical expertise with a qualified preceptor.

²³ Section 464.008, F.S.

²⁴ Section 464.009, F.S., provides an alternative to licensure by examination for nurses through licensure by endorsement.

²⁵ Section 464.012(2), F.S.

²⁶ Section 464.012(3), F.S.

- Ordering diagnostic tests and physical and occupational therapy.

In addition to the above permitted acts, ARNPs may perform other acts as permitted in statute within the specialty.²⁸ If it is within an established protocol, an ARNP may also diagnose behavioral problems and make treatment recommendations.²⁹

There are 14,440 active, licensed ARNPs in Florida.³⁰

Effect of Proposed Changes

The bill amends s. 486.0219(11), F.S., the definition of the practice of physical therapy, to authorize a PT to implement a plan of treatment provided for a patient by a currently licensed and actively practicing practitioner of record³¹ or by a licensed ARNP. Currently, a PT may implement a plan of treatment for any patient as long as the patient's condition is within the scope of physical therapy practice and the treatment timeframe is under 21 days.

The bill makes numerous technical changes by restructuring the definition to improve organizational structure and deletes unnecessary words to improve readability.

B. SECTION DIRECTORY:

Section 1. Amends s. 486.021, F.S., relating to definitions.

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

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Because the bill appears to restrict a PT's scope of practice and only authorizes the PT to implement a plan of treatment provided by a practitioner of record or an ARNP, the cost to secure treatment plans from such professionals may be passed on to the patient.

²⁷ Section 464.003(2), F.S., defines "Advanced or Specialized Nursing Practice" to include additional activities that an ARNP may perform as approved by the Board of Nursing.

²⁸ Section 464.012(4), F.S.

²⁹ Section 464.012(4)(c)5, F.S.

³⁰ *Supra* note 5.

³¹ *Supra* note 16.

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:

The board has sufficient authority in s. 486.025, F.S., to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Although the bill explicitly authorizes a PT to implement a plan of treatment provided for a patient by a practitioner of record or by an ARNP, it is unclear whether the bill would, in effect, still authorize a PT to implement his or her own plan of treatment. If the intent of the bill is not to restrict a PT's scope of practice, the bill should be amended to clarify such intent.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to physical therapy; amending s.
 3 486.021, F.S.; authorizing physical therapists to
 4 implement physical therapy treatment plans of a
 5 specified duration which are provided by advanced
 6 registered nurse practitioners; providing an effective
 7 date.

8

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

10

11 Section 1. Subsection (11) of section 486.021, Florida
 12 Statutes, is amended to read:

13 486.021 Definitions.—In this chapter, unless the context
 14 otherwise requires, the term:

15 (11) "Practice of physical therapy" means the performance
 16 of physical therapy assessments and the treatment of any
 17 disability, injury, disease, or other health condition of human
 18 beings, or the prevention of such disability, injury, disease,
 19 or other condition of health, and rehabilitation as related
 20 thereto by the use of the physical, chemical, and other
 21 properties of air; electricity; exercise; massage; the
 22 performance of acupuncture only upon compliance with the
 23 criteria set forth by the Board of Medicine, when no penetration
 24 of the skin occurs; the use of radiant energy, including
 25 ultraviolet, visible, and infrared rays; ultrasound; water; the
 26 use of apparatus and equipment in the application of the
 27 foregoing or related thereto; the performance of tests of
 28 neuromuscular functions as an aid to the diagnosis or treatment

29 of any human condition; or the performance of electromyography
 30 as an aid to the diagnosis of any human condition only upon
 31 compliance with the criteria set forth by the Board of Medicine.

32 (a) A physical therapist may implement a plan of treatment
 33 provided for a patient by a practitioner of record or by an
 34 advanced registered nurse practitioner licensed under s.
 35 464.012. The physical therapist shall refer the patient to or
 36 consult with a ~~health care practitioner of record licensed under~~
 37 ~~chapter 458, chapter 459, chapter 460, chapter 461, or chapter~~
 38 ~~466,~~ if the patient's condition is found to be outside the scope
 39 of physical therapy. If physical therapy treatment for a patient
 40 is required beyond 21 days for a condition not previously
 41 assessed by a practitioner of record, the physical therapist
 42 shall obtain a practitioner of record who will review and sign
 43 the plan. For purposes of this paragraph, a health care
 44 practitioner licensed under chapter 458, chapter 459, chapter
 45 460, chapter 461, or chapter 466 and engaged in active practice
 46 is eligible to serve as a practitioner of record.

47 (b) The use of roentgen rays and radium for diagnostic and
 48 therapeutic purposes and the use of electricity for surgical
 49 purposes, including cauterization, are not ~~authorized under the~~
 50 ~~term "physical therapy"~~ for purposes of as used in this chapter.

51 (c) The practice of physical therapy ~~as defined in this~~
 52 ~~chapter~~ does not authorize a physical therapy practitioner to
 53 practice chiropractic medicine as defined in chapter 460,
 54 including specific spinal manipulation. For the performance of
 55 specific chiropractic spinal manipulation, a physical therapist
 56 shall refer the patient to a health care practitioner licensed

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57 | under chapter 460.

58 | (d) Nothing in This subsection does not authorize
59 | ~~authorizes~~ a physical therapist to implement a plan of treatment
60 | for a patient currently being treated in a facility licensed
61 | pursuant to chapter 395.

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



Amendment No.

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 Quality
 2 Subcommittee

3 Representative Hutson offered the following:

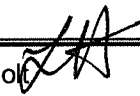

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Amendment

Remove line 33 and insert:
developed by the physical therapist for a patient or provided
for a patient by a practitioner of record or by an

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 463 Examination of Dentists
SPONSOR(S): Rodriguez
TIED BILLS: IDEN./SIM. BILLS:

| REFERENCE | ACTION | ANALYST | STAFF DIRECTOR or BUDGET/POLICY CHIEF |
|--|--------|--|---|
| 1) Health Quality Subcommittee | | Holt  | O'Callaghan  |
| 2) Health Care Appropriations Subcommittee | | | |
| 3) Health & Human Services Committee | | | |

SUMMARY ANALYSIS

In 2012, the Legislature changed the educational standards for graduates of dental schools not accredited by American Dental Association Commission on Dental Accreditation (e.g. foreign-trained dentists) and specified that the required 2-year supplemental educational program must be in general dentistry, not a specialty program. The new requirement became effective on March 3, 2012. At that time, the Board of Dentistry had approximately 25 applicants who had completed a 2-year specialty program and there were other individuals enrolled in a specialty program at the time the bill became effective. The new law did not include a grandfather clause for these applicants or students.

The bill amends s. 466.006(3)(b), F.S., to allow individuals enrolled in a accredited 2-year supplemental education specialty program in Dentistry on March 23, 2012, to sit for the national examination. The bill authorizes the exception until October 1, 2014. The bill also clarifies what types of programs fulfill the 2-year supplemental program requirements.

This bill does not appear to have a fiscal impact on state or local governments.

The bill provides an effect date of upon becoming a law.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

BACKGROUND

Accredited Dental Schools

The American Dental Association, Commission on Dental Accreditation (CODA), established in 1975, is nationally recognized by the United States Department of Education to accredit dental and dental-related education programs conducted at the post-secondary level. The CODA functions independently and autonomously in matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process.¹

Dental education, dental assisting, dental hygiene, dental laboratory technology, and advanced dental education programs, including dental specialties, general practice residencies, and advanced education in general dentistry are evaluated in accordance with published accreditation standards by the CODA.²

Florida Dental Exam

Each applicant applying for a Florida dental license is required to successfully pass three examinations. The examinations consist of a Written Examination, a Practical or Clinical Examination, and a Diagnostic Skills Examination. All three examinations are required to be conducted in English. The practical or clinical examination and the diagnostic skills examination covering the full scope of the practice of dentistry are included in the American Dental Licensing Examination (ADLEX).³ The ADLEX is administered by the State of Florida and graded by Florida licensed dentists. All parts of the ADLEX are required to be completed within 18 months from the initial start of any portion of the examination.⁴

An applicant seeking a Florida dental license is permitted to sit to take the ADLEX if the applicant is at least 18 years of age or older and:⁵

- Is a graduate of a CODA accredited dental school; or
- Is a dental student in the final year of a program at an accredited dental school and has completed all the coursework necessary to successfully pass the examinations;
or
- Has successfully completed the National Board of Dental Examiners dental examination⁶.
or
- Has an active health access dental license in this state; and
- Has at least 5,000 hours within 4 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; the applicant is a retired veteran dentist of any branch of the United States Armed Services who has practiced dentistry while on active duty and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; or the applicant has provided a portion of his or her salaried time teaching health profession students in any public education setting, including, but not limited to, a community college,

¹ America Dental Association, Dental Education: Schools & Programs, available at: <http://www.ada.org/103.aspx> (last viewed February 10, 2013).

² *Id.*

³ Rule 64B5-2.013, F.A.C.

⁴ *Id.*

⁵ S. 466.006(2), F.S.

⁶ Prior to October 1, 2011, the National Board of Dental Examiners dental examination was required for Florida licensure. See Rule 64B5-2.013, F.A.C.

college, or university, and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003;

- Has not been disciplined by the board, except for citation offenses or minor violations;
- Has not filed a report pursuant to s. 456.049; and
- Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.

Foreign Trained Dentists

Section 466.08, F.S., provides guidelines for certifying foreign dental schools. The foreign schools must prove that their educational program is reasonably comparable to that of similar accredited institutions in the United States and that the program adequately prepares its students for the practice of dentistry.⁷

In Florida, any dentist who did not attend a CODA accredited dental program (e.g., foreign trained dentists) are required to complete a 2-year supplemental education program at a CODA accredited dental school before they can sit for the Florida dental licensure examinations.⁸ The 2-year supplemental program must provide didactic and clinical education at the level of a D.D.S. or D.M.D.

Four states and the U.S. Virgin Islands do not grant an unrestricted dental license by credentials (grant reciprocity): Delaware, Florida, Hawaii, and Nevada.⁹

PRESENT SITUATION

In Florida prior to 2012, graduates of dental schools not accredited by CODA were required to complete a 2-year supplemental program at an accredited dental school and receive a dental diploma as evidence of program completion in order to sit for the ADLEX.¹⁰ The Board of Dentistry (board), by rule, defined the supplemental dental education program as any American Dental Association (ADA) recognized dental specialty program.¹¹

The 9 ADA recognized specialties are: dental public health, endodontics, periodontics, pediatric dentistry, orthodontics and dentofacial orthopedics, prosthodontics, oral and maxillofacial surgery, oral and maxillofacial pathology, and oral and maxillofacial radiology.¹² The board permitted applicants, who filed for a variance of and waiver to this rule¹³, to sit for the ADLEX with the completion of 2 one-year accredited programs in an ADA specialty.¹⁴

In 2012, the Legislature passed SB 1040, specifying that the 2-year supplemental educational program must be in General Dentistry.¹⁵ The bill became a law March 3, 2012. At that time, the board had approximately 25 applications of individuals who had completed a 2-year specialty program and there were other individuals enrolled in a specialty program at the time the bill became effective. The bill did not include a grandfather clause for these applicants or students.¹⁶

⁷ S. 466.008(4), F.S.

⁸ S. 466.006(3), F.S. and ch. 64B5-2.0146, F.A.C.

⁹ American Dental Association, Department of State Government Affairs, April 6, 2011, available at: http://www.ada.org/sections/advocacy/pdfs/licensure_recognition.pdf (last viewed February 10, 2013).

¹⁰ S. 466.006(3)(b), F.S. (2011)

¹¹ Rule 64B5-2.0146(2)(a), F.A.C.

¹² American Dental Association, Definitions of Recognized Dental Specialties. Available at: <http://www.ada.org/495.aspx> (last viewed February 10, 2013).

¹³ Rule 64B5-2.0146(2)(a), F.A.C.

¹⁴ Department of Health, Bill Analysis HB 463 relating to the Examination of Dentists, dated January 25, 2013, on file with the Health Quality Subcommittee staff.

¹⁵ Section 1, Ch. 2012-14, L.O.F.

¹⁶ *Supra* at note 4.

The board has discussed this issue and the members are in agreement that any applicants that were "in the pipeline" at the time of the effective date of the law should be permitted to sit for the ADLEX upon completion of their specialty program.¹⁷

EFFECTS OF PROPOSED CHANGES

The bill amends s. 466.006(3)(b), F.S., to provide a grandfather clause for individuals continually enrolled in a CODA accredited dental specialty program on March 23, 3012, if they:

- Complete a full-time, matriculated specialty training program accredited by CODA in an approved specialty area; and
- Present to the board official transcripts that verify completion of all didactic and clinical requirements, and an official certificate from the sponsoring institution indicating successful completion of the program.

The bill provides that the grandfather clause expires on October 1, 2014.

The bill provides further clarification that a supplemental general dentistry does not include a dental specialty program, but may include a 2-year advanced education in general dentistry or a 2-year general practice residency. But, the program must be specifically designed as a supplemental general dentistry program that provides didactic and clinical education at the level of a D.D.S. or D.M.D. program.

B. SECTION DIRECTORY:

Section 1. Amends s. 466.006, F.S., relating to examination of dentists.

Section 2. Provides an effective date of becoming a law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

¹⁷ *Ibid.*

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:

The board has sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

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A bill to be entitled
 An act relating to examination of dentists; amending
 s. 466.006, F.S.; revising the eligibility
 requirements for taking examinations required to
 practice dentistry; authorizing applicants enrolled in
 a recognized dental specialty program on a specified
 date to take the examinations if specified conditions
 are met; providing for future expiration of such
 authorization; providing an effective date.

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

Section 1. Subsection (3) of section 466.006, Florida
 Statutes, is amended to read:

466.006 Examination of dentists.—

(3) If an applicant is a graduate of a dental college or
 school not accredited in accordance with paragraph (2)(b) or of
 a dental college or school not approved by the board, the
 applicant is not entitled to take the examinations required in
 this section to practice dentistry unless the applicant until
~~she or he~~ satisfies one of the following requirements:

(a) Completes a program of study, as defined by the board
 by rule, at an accredited American dental school and
 demonstrates receipt of a D.D.S. or D.M.D. from that said
 school; ~~or~~

(b) Submits proof of having successfully completed at
 least 2 consecutive academic years in at a full-time
 supplemental general dentistry program taught at an institution

29 | accredited by the ~~American Dental Association~~ Commission on
 30 | Dental Accreditation. This program must provide didactic and
 31 | clinical education at the level of a D.D.S. or D.M.D. program
 32 | ~~accredited by the American Dental Association Commission on~~
 33 | ~~Dental Accreditation.~~ For purposes of this paragraph, a
 34 | supplemental general dentistry program does not include dental
 35 | specialty programs. A supplemental general dentistry program may
 36 | include a 2-year advanced education in general dentistry program
 37 | or a 2-year general practice residency program if the program is
 38 | specifically designed as a supplemental general dentistry
 39 | program that provides didactic and clinical education at the
 40 | level of a D.D.S. or D.M.D. program; or

41 | (c) Was enrolled on March 23, 2012, in a dental specialty
 42 | program recognized by the American Dental Association,
 43 | maintained continuous enrollment until successfully completing
 44 | the program, and meets the following requirements:

45 | 1. Completes a full-time, matriculated specialty training
 46 | program accredited by the Commission on Dental Accreditation in
 47 | a specialty area recognized by the American Dental Association.

48 | 2. Presents to the board official transcripts that verify
 49 | completion of all didactic and clinical requirements and an
 50 | official certificate from the sponsoring institution indicating
 51 | successful completion of the program.

52 |
 53 | This paragraph expires October 1, 2014.

54 | Section 2. This act shall take effect upon becoming a law.