



Health & Human Services Committee

**Monday, March 2, 2020
1:00 PM – 2:00 PM
Morris Hall (17 HOB)**

Meeting Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health & Human Services Committee

Start Date and Time: Monday, March 02, 2020 01:00 pm

End Date and Time: Monday, March 02, 2020 02:00 pm

Location: Morris Hall (17 HOB)

Duration: 1.00 hrs

Consideration of the following bill(s):

CS/HB 1143 Department of Health by Health Quality Subcommittee, Gregory

CS/HB 7063 Child Welfare by Ways & Means Committee, Children, Families & Seniors Subcommittee, Ponder

Pursuant to rule 7.11, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Sunday, March 1, 2020.

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., Sunday, March 1, 2020.

NOTICE FINALIZED on 02/28/2020 4:02PM by Dewees.Cheryl

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1143 Department of Health
SPONSOR(S): Health Quality Subcommittee, Gregory
TIED BILLS: HB 1269 **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N, As CS	Siples	McElroy
2) Health Care Appropriations Subcommittee	10 Y, 0 N	Mielke	Clark
3) Health & Human Services Committee		Siples	Calamas

SUMMARY ANALYSIS

CS/HB 1143 makes numerous changes to health care profession regulated by Medical Quality Assurance within the Department of Health (DOH).

The Interstate Medical Licensure Compact (Compact) is a multi-state agreement that creates an expedited path to licensure by setting qualifications for licensure and outlining a process for physicians to apply and receive licenses in states where they are not currently licensed. The Compact is not a mutual recognition agreement; rather, a physician must obtain a license from each state in which the physician plans to practice. Twenty-nine states have adopted the Compact.

The bill authorizes Florida to join the Compact. The bill allows a physician who is licensed through the Compact and whose license is suspended or revoked through the Compact, as a result of disciplinary action taken against the physician's license in another state, to have a formal hearing before the Florida Division of Administrative Hearings (DOAH).

The IMLC Commission (Commission) oversees the operations of the Compact, and is responsible for, among other things, adopting rules, issuing advisory opinions, and enforcing compliance. Each member state designates two individuals to serve as commissioners. The bill requires the Florida-appointed Compact commissioners to ensure the Commission complies with the state's laws on public records and open meetings.

The Florida Center for Nursing (Center) examines the supply and demand of nurses in the state, including issues of recruitment, retention, and utilization of nurse workforce resources. A 16-member board of directors oversees the work of the Center and implements its major functions. The bill revises the requirements for appointment to the Florida Center for Nursing Board of Directors.

DOH has the authority to certify master social workers. However, there is no statutory definition of the scope of practice for a certified master social worker. The bill establishes a scope of practice for a certified master social worker and aligns the application process with the process used for other licensed mental health professionals.

The bill also authorizes the Board of Clinical Social Work, Marriage and Family Therapists, and Mental Health Counseling to approve a one-time exception to the 60-month limit on an internship registration and revises the licensure requirements for licensed clinical social workers, marriage and family therapists, and licensed mental health counselors.

The bill has various positive and negative fiscal impacts on the DOH, which can be absorbed with existing resources. The bill has no fiscal impact on local governments.

The bill provides an effective date of July 1, 2020.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Interstate Medical Licensure Compact

Physician Licensure in Florida

The regulation of the practices of medicine and osteopathic medicine falls under chapters 458 and 459, F.S., respectively. The practice acts for both professions establish the regulatory boards, a variety of licenses, the application process with eligibility requirements, and financial responsibilities for the practicing physicians. The boards have the authority to establish, by rule, standards of practice and standards of care for particular settings.¹ Such standards may include education and training, medication including anesthetics, assistance of and delegation to other personnel, sterilization, performance of complex or multiple procedures, records, informed consent, and policy and procedures manuals.²

Licensure by Examination

The general requirements for licensure under both practice acts are very similar with the obvious differences found in the educational backgrounds of the applicants. Where the practice acts share the most similarities are the qualifications for licensure. Both the Board of Medicine and the Board of Osteopathic Medicine require their respective applicants to meet these minimum qualifications:³

- Complete an application form as designated by the appropriate regulatory board.
- Be at least 21 years of age.
- Be of good moral character.
- Have completed at least two years (medical) or three years (osteopathic) of pre-professional post-secondary education.
- Have not previously committed any act that would constitute a violation of this chapter or lead to regulatory discipline.
- Have not had an application for a license to practice medicine or osteopathic medicine denied or a license revoked, suspended or otherwise acted upon in another jurisdiction by another licensing authority.
- Must submit a set of fingerprints to DOH for a criminal background check.
- Demonstrate that he or she is a graduate of a medical college recognized and approved by the applicant's respective professional association.
- Demonstrate that she or he has successfully completed a resident internship (osteopathic medicine) or supervised clinical training (medical) of not less than 12 months in a hospital approved for this purpose by the applicant's respective professional association.
- Demonstrate that he or she has obtained a passing score, as established by the applicant's appropriate regulatory board, on all parts of the designated professional examination conducted by the regulatory board's approved medical examiners no more than five years before making application to this state; or, if holding a valid active license in another state, that the initial licensure in the other state occurred no more than five years after the applicant obtained a passing score on the required examination.

¹ Sections 458.331(1)(v) and 459.015(1)(z), F.S.

² Id.

³ Sections 458.311 and 459.0055, F.S.

The current licensure application fee for a medical doctor is \$350 and is non-refundable.⁴ Applications must be completed within one year. If a license is approved, the initial license fee is \$355. The entire process may take from two to six months from the time the application is received.⁵

For osteopathic physicians, the current application fee is non-refundable \$200, and if approved, the initial licensure fee is \$305.⁶ The same application validity provision of one year applies and the processing time of two to six months is the range of time that applicants should anticipate for a decision.⁷

Licensure by Endorsement

Florida does not recognize another state's medical license or provide licensure reciprocity.⁸ However, physicians may also obtain a license by endorsement. Licensure by endorsement is for physicians who already hold a valid, active license in another state or jurisdiction. This allows applicants to obtain licensure without sitting for the national licensure examination again. To qualify for licensure by endorsement a physician must:⁹

- Meet one of the following education and training requirements:
 - Be a graduate of an allopathic U.S. medical school recognized and approved by the U.S. Office of Education and completed at least one year of residency training;
 - Be a graduate of an allopathic international medical school and have a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate and completed an approved residency of at least two years in one specialty area; or
 - Be a graduate who has completed the formal requirements of an international medical school except the internship or social service requirements, passed parts I and II of the National Board of Medical Examiners (NBME) or ECFMG equivalent examination, and completed an academic year of supervised clinical training (5th pathway) and completed an approved residency of at least two years in one specialty area.
- Have passed all parts of a national examination (the NBME; the Federation Licensing Examination offered by the Federation of State Medical Boards of the United States, Inc.; or the United States Medical Licensing Exam); and
- Have actively practiced medicine in another jurisdiction for at least two of the immediately preceding four years; or passed a board-approved clinical competency examination within the year preceding filing of the application or; successfully completed a board approved postgraduate training program within two years preceding filing of the application.

There is no specific statutory authority for osteopathic medicine licensure by endorsement. However, if an applicant is licensed in another state, the applicant may request that Florida “endorse” those exam scores and demonstrate that the license was issued based on those exam scores. The applicant must also show that the exam was substantially similar to any exam that Florida allows for licensure.¹⁰

⁴ Florida Board of Medicine, *Medical Doctor - Fees*, available at <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (Last visited January 31, 2020).

⁵ Florida Board of Medicine, *Medical Doctor Unrestricted – Process*, available at <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (last visited January 31, 2020).

⁶ Florida Board of Osteopathic Medicine, *Osteopathic Medicine Full Licensure - Fees*, available at <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (last visited January 31, 2020).

⁷ Florida Board of Osteopathic Medicine, *Osteopathic Medicine Full Licensure - Process*, available at <https://floridasosteopathicmedicine.gov/licensing/osteopathic-medicine-full-licensure/> (last visited January 31, 2020)

⁸ Notwithstanding this lack of reciprocity, physicians and other health care practitioners licensed out-of-state who meet certain requirements may register with DOH under s. 456.47(4), F.S., and provide services to patients within Florida via telehealth.

⁹ Section 458.313 F.S. See also Florida Board of Medicine, *Medical Doctor-Unrestricted; Licensure by Endorsement*, available at <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (last visited January 31, 2020).

¹⁰ Florida Board of Osteopathic Medicine, *Osteopathic Medicine Full Licensure – Requirements*, available at <https://floridasosteopathicmedicine.gov/licensing/osteopathic-medicine-full-licensure/> (last visited January 31, 2020).

Financial Responsibility

Florida-licensed allopathic and osteopathic physicians are required to maintain professional liability insurance or other financial responsibility to cover potential claims for medical malpractice as a condition of licensure, with specified exemptions.¹¹ Physicians who perform surgeries in a certain setting or have hospital privileges must maintain professional liability insurance or other financial responsibility to cover an amount not less than \$250,000 per claim.¹² Physicians without hospital privileges must carry sufficient insurance or other financial responsibility in coverage amounts of not less than \$100,000 per claim.¹³ Certain physicians who are exempted from the requirement to carry professional liability insurance or other financial responsibility must provide notice to their patients.¹⁴ With specified exceptions, DOH must suspend, on an emergency basis, any licensed allopathic or osteopathic physician who fails to satisfy a medical malpractice claim against him or her within specified time frames.¹⁵

Licensure Discipline

Chapter 456, F.S., contains the general regulatory provisions for health care professions and occupations under the Division of Medical Quality Assurance (MQA) in DOH. Section 456.072, F.S., specifies acts that constitute grounds for which disciplinary actions may be taken against a health care practitioner. Section 458.331, F.S., identifies acts that constitute grounds for which disciplinary actions may be taken against an allopathic physician and s. 459.015, F.S., identifies acts specific to an osteopathic physician. Some portions of the licensure discipline process are public and some are confidential.¹⁶

MQA reviews complaints against licensees to determine if the complaint is legally sufficient.¹⁷ A determination of legal sufficiency is made if the ultimate facts show that a violation has occurred.¹⁸ The complaint is forwarded for investigation if it is found to be legally sufficient. MQA notifies the complainant by letter to advise whether the complaint will be investigated, additional information is needed, or the complaint is being closed because it is not legally sufficient.¹⁹ Complaints that involve an immediate threat to public safety are given the highest priority.

A probable cause panel of the appropriate board reviews all evidence and information gathered during the investigation and determine whether the case should be escalated to a formal administrative complaint, closed with a letter of guidance, or dismissed.²⁰ If a formal administrative complaint is filed, the case may be heard before an administrative law judge (ALJ) if it involves disputed issues of material fact and the ALJ will issue a recommended order.²¹ The issue of whether a licensee has violated the laws and rules regulating the profession, including determining the reasonable standard of

¹¹ Section 458.320, F.S.

¹² Section 458.320(2), F.S.

¹³ Section 458.320(1), F.S.

¹⁴ Section 458.320(5)(f) and (g), F.S.

¹⁵ Sections 458.320(8) and 459.0085(9), F.S.

¹⁶ Fla. Department of Health, Division of Medical Quality Assurance, *Enforcement Process*, (last rev. Nov. 2019), available at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/documents/enforcement-process-chart.pdf> (last visited January 31, 2020).

¹⁷ Section 456.073, F.S.

¹⁸ Fla. Department of Health, *Consumer Services – Administrative Complaint Process*, available at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/consumer-services.html> (last visited January 31, 2020).

¹⁹ *Id.*

²⁰ Fla. Department of Health, Medical Quality Assurance, *A Quick Guide to the MQA Disciplinary Process Probable Cause Panels*, available at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/documents/a-quick-guide-to-the-mqa-disciplinary-process.pdf> (last visited January 31, 2020).

²¹ Section 456.073(5), F.S.

care, is a conclusion of law determined by the board.²² The appropriate board will issue a final order in each disciplinary case.²³

Authorization for the discipline of allopathic and osteopathic physicians can be found in state law and administrative rule.²⁴ If held liable for one of the offenses, the fines and sanctions by category and by offense are based on whether it is the physician's first, second, or third offense.²⁵ The boards may issue a written notice of noncompliance for the first occurrence of a single minor violation.²⁶ The amount of fines assessed can vary depending on the severity of the situation, such as improper use of a substance to concealment of a material fact. A penalty may come in the form of a reprimand, a licensure suspension, or revocation followed by some designated period of probation if there is an opportunity for licensure reinstatement. Other sanctions may include supplemental continuing education requirements before the license can be reinstated.

Interstate Medical Licensure Compact

An interstate compact is an agreement between two or more states to address common problems or issues, create an independent, multistate governmental authority, or establish uniform guidelines, standards or procedures for the compact's member states.²⁷ Article 1, Section 10, Clause 3 (Compact Clause) of the U.S. Constitution authorizes states to enter into agreements with each other. Case law has provided that not all interstate agreements are subject to congressional approval, but only those that may encroach on the federal government's power.²⁸ There are currently more than 200 compacts between the states, including 50 national compacts of which six are for health professions.²⁹

In 2014, a group of state medical board executives, administrators, and attorneys created the model language of Interstate Medical Licensure Compact (Compact).³⁰ The Compact creates an expedited path to licensure by setting qualifications for licensure and outlining a process for physicians to apply and receive licenses in states where they are not currently licensed.³¹ Twenty-nine states, the District of Columbia, and the Territory of Guam have adopted the Compact.³²

²² Id.

²³ Section 456.073(6), F.S.

²⁴ See ss. 458.307 and 459.004, F.S., for the regulatory boards, and rules 64B8-8 and 64B15-19, F.A.C., for administrative rules relating to disciplinary procedures.

²⁵ Id.

²⁶ Rules 64B8-8.011 and 64B15-19.0065, F.A.C. A minor violation is deemed to not endanger the public health, safety, and welfare and does not demonstrate a serious inability to practice.

²⁷ Council of State Governments, Capitol Research, *Special Edition – Interstate Compacts*, available at <http://knowledgecenter.csg.org/kc/content/interstate-compacts-background-and-history> (last visited January 31, 2020).

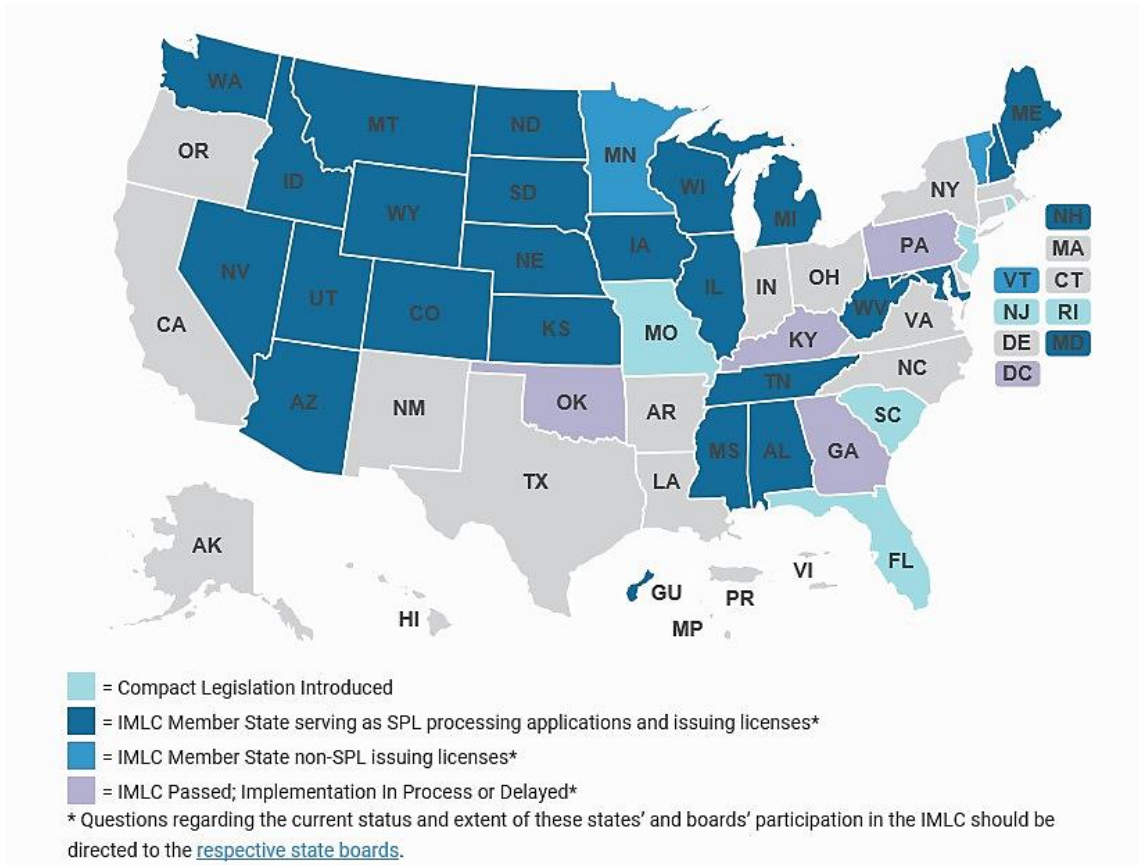
²⁸ For example, see *Virginia v. Tennessee*, 148 U.S. 503 (1893), *New Hampshire v. Maine*, 426 U.S. 363 (1976)

²⁹ Ann O'M. Bowman and Neal D. Woods, *Why States Join Interstate Compacts*, The Council of State Governments (March 2017) p. 19 and 20, available at <http://knowledgecenter.csg.org/kc/system/files/Bowman%202017.pdf>, (last visited January 31, 2020), and Federal Trade Commission, *Policy Perspectives: Options to Enhance Occupational License Portability* (September 2018), p. 9, available at https://www.ftc.gov/system/files/documents/reports/options-enhance-occupational-license-portability/license_portability_policy_paper.pdf (last visited January 31, 2020). The six health professions are nurses, medical, emergency medical services, physical therapy, psychology, and advanced registered nurse practitioners. The only two compacts currently operational are the Enhanced Nurse Compact and the physicians compacts as the others are awaiting the completion of an administrative structure.

³⁰ Interstate Medical Licensure Compact, *The Interstate Medical Licensure Compact: Frequently Asked Questions*, available at <https://imlcc.org/faqs/> (last visited January 31, 2020).

³¹ Id.

³² Interstate Medical Licensure Compact, *The IMLC*, available at <https://imlcc.org/> (last visited January 31, 2020).



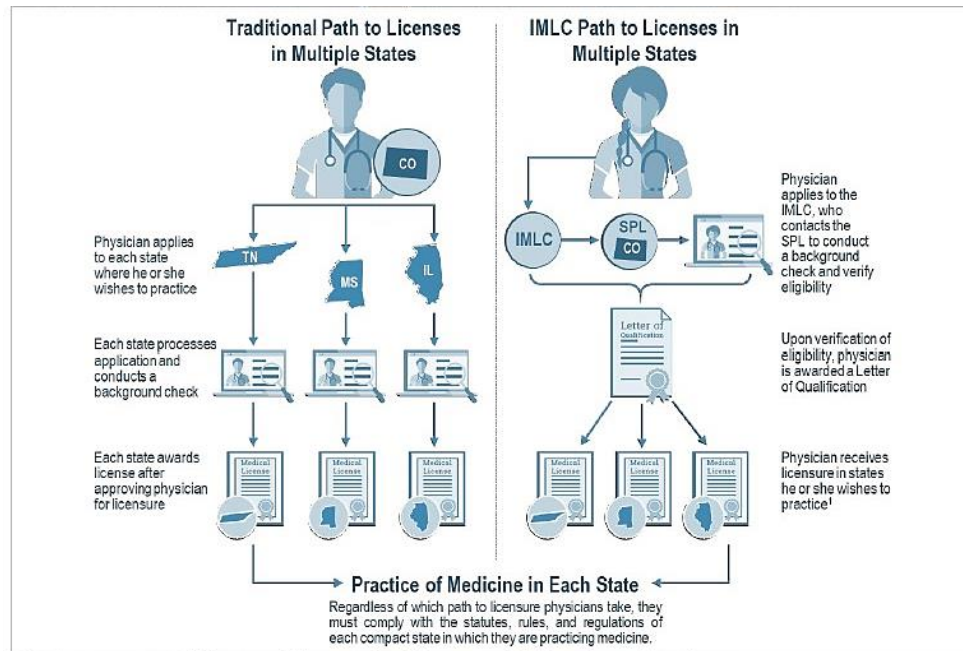
Physician Licensure under the Compact

Typically, if a physician wishes to be licensed in more than one state, the physician must separately apply to each state. The physician must submit documentation to verify qualification for licensure prior to the state issuing a license. However, under the Compact, the physician's home state or state of principal license (SPL) verifies the physician's qualifications for licensure by collecting and reviewing all required documents related to training and education and performing a background screening.³³ If the physician meets the required Compact qualifications, the SPL will issue a Letter of Qualification. The physician may then submit the Letter of Qualification, along with applicable fees, to the states in which the physicians wishes to be licensed. The Letter of Qualification is valid for 365 days.³⁴

³³ Interstate Medical Licensure Compact, *What is the Process?*, available at <https://imlcc.org/what-is-the-process/> (last visited February 29, 2020).

³⁴ *Id.*

Licensure under the Compact³⁵



¹ The physician is responsible for paying the licensing fees of the states in which he or she is seeking a license.

Model Compact Language

The Compact model language provides the framework under which party states must operate. The Compact has 24 sections that establish the Compact's administration and components and prescribe how the Interstate Medical Licensure Compact Commission (Commission) will oversee the Compact and conduct its business. Below, the provisions of the Compact are described by Compact section.³⁶

Section 1: Purpose

The purpose of the Compact is to provide a streamlined, comprehensive process that allows physicians to become licensed in multiple states. It allows physicians to become licensed without changing a state's medical practice act(s). The Compact also adopts the prevailing standard of care based on where the patient is located at the time of the patient-provider encounter. Jurisdiction for disciplinary action or any other adverse actions against a physician's license is retained in the jurisdiction where the license is issued to the physician.

Section 2: Definitions

The Compact provides definitions for terms used in the model legislation.

Section 3: Eligibility

To receive a license under the Compact, a physician must:

- Have graduated from a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;

³⁵ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature, *Florida's Participation in the Interstate Medical Licensure Compact Would Require Statutory Changes to Avoid Legal Conflicts*, Report No. 19-07, (Oct. 1, 2019) available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1907rpt.pdf> (last visited January 31, 2020).

³⁶ *Id.*

- Have passed each component of the USMLE or the COMPLEX-USA within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
- Have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;
- Hold a specialty certification or time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Board of Osteopathic Specialties; however, the times unlimited specialty certificate does not have to be maintained once the physician is initially determined through the expedited Compact process;
- Possess a full and unrestricted license to engage in the practice of medicine issued by a member board;
- Have never been convicted received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
- Have never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;
- Have never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and
- Not be under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

A physician who does not meet the above-listed criteria may still obtain a non-Compact license from a member state if the physician meets the requirements to practice in that state.

Section 4: Designation of State of Principal License

Each physician must designate a state of principal license (SPL) when registering for expedited licensure through the Compact. The physician must hold a full and unrestricted license to practice in that state and the state is:

- The physician's state of principal residence;
- The state where at least 25 percent of his/her practice occurs; or
- The state where the physician's employer is located.

If the physician does not have a state that can be designated as the SPL based on the criteria listed above, the physician may designate that state of residence used for federal income tax purposes.

A SPL may be re-designated at any time as long as the physician possesses a full and unrestricted license to practice medicine in that state. The Commission is authorized to develop rules to facilitate the re-designation process.

Section 5: Application and Issuance of Expedited Licensure

A physician must apply for expedited licensure through the Compact by filing an application with the member board in the physician's SPL. The member board must evaluate the application to determine whether the physician is eligible for the expedited licensure process and issue a letter of qualification, either verifying or denying eligibility, to the Commission.

The member board must verify static qualifications, which includes medical education, graduate medical educations, results of licensing examinations, and other qualifications as determined by the Commission by rule. Such static qualifications will not be subject to any other verification is they are verified by the SPL. The member board must also perform a criminal background check of the applicant, using fingerprints or other biometric data checks compliant with requirements of the Federal

Bureau of Investigations.³⁷ The member board must issue a letter of qualification verifying or denying the applicant's eligibility.³⁸ The member state handles any appeals on eligibility determinations and such appeals are subject to the law of that state.

Upon completion of eligibility verification process with member state, applicants suitable for an expedited license are directed to complete the registration process with the Commission, including the payment of any fees. After completing the registration process and paying the appropriate fees, the member board will issue an expedited license to the physician. The license authorizes the physician to practice medicine in the issuing state consistent with the laws and regulations of the issuing member board and member state.

An expedited license is valid for a period consistent with the member state licensure period and in the same manner as required for other physicians holding a full and unrestricted license. The expedited license must be terminated if a physician fails to maintain a license in the SPL for a non-disciplinary reason, without re-designation of a new SPL.

The Compact authorizes the Commission to adopt rules regarding the application process, including the payment of any applicable fees and the issuance of an expedited license. The Commission has established the following fees:³⁹

- A nonrefundable service fee of \$700.00 for an application for a letter of qualification;
 - \$300.00 of this fee is remitted to the applicant's SPL; and
 - \$400.00 of this fee is retained by the Commission;
- A nonrefundable service fee of \$100.00 is assessed each time the letter of qualification is disseminated after the initial letter of qualification is issued, which is retained by the Commission;
- A nonrefundable service fee of \$25.00 for each license renewed through the Compact, which is retained by the Commission.

Section 6: Fees for Expedited Licensure

The Compact authorizes a member state to impose a fee for a license issued or renewed through the Compact. The individual state fees currently vary from a low of \$75.00 in Alabama to a high of \$790 in Maryland.⁴⁰ The Commission has authority to adopt rules regarding fees for expedited licenses.

Section 7: Renewal and Continued Participation

A member board must notify a physician at least 90 days prior to the expiration of a license issued through the Compact.⁴¹ To renew a Compact license the physician must:

- Maintain a full and unrestricted license in a SPL;
- Not have been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

³⁷ The Compact excludes federal employees who have passed a background screening under 5 C.F.R. s. 731.202.

³⁸ The letter of eligibility is valid for 365 days from the date of issuance.

³⁹ Rule 3.4 of the IMLCC Rules, available at <https://imlcc.org/wp-content/uploads/2020/01/IMLCC-Rule-Chapter-3-Administrative-Rule-on-Fees-Amended-May-22-2017.pdf> (last visited February 24, 2020). The Commission has also established a \$100.00 fee for failed payments for insufficient funds, which is retained by the Commission to cover costs in attempting to process the failed payment transaction.

⁴⁰ Interstate Medical Licensure Compact, *What Does It Cost?*, available at <https://imlcc.org/what-does-it-cost/> (last visited February 24, 2020).

⁴¹ Rule 5.8 of the IMLCC Rules, available at <https://imlcc.org/wp-content/uploads/2018/02/IMLCC-Rule-Chapter-5-Expedited-Licensure-Amended-November-17-2017.pdf> (last visited February 24, 2020).

- Not have had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action relating to non-payment of fees related to a license; and
- Not have had a controlled substance license or permit suspended or revoked by a state or the United State Drug Enforcement Administration.

Physicians must also comply with all continuing education and professional development requirements for renewal of a license issued by a member state.

The Commission collects any renewal fees charged for the renewal of a license and distribute the fees to the appropriate member board. Upon payment of fees, a physician's license may be renewed. Any information collected during the renewal process shall also be shared with all member boards.

Section 8: Coordinated Information System

The Commission must establish a database of all physicians licensed, or who have applied for licensure under the Compact. Member boards must report disciplinary or investigatory actions as required by Commission rule. Member boards may also report any non-public complaint, disciplinary, or investigatory information not required to be reported to the Commission.

Each member board must report the name, National Provider Identifier (NPI) number, and all necessary and proper disciplinary or investigatory information of a public complaint or action on a form provided by the Commission within 10 business days after a public complaint or action has been entered.⁴² Member boards must submit updated reports to the Commission upon changes to the status of any reported action.

All information provided to the Commission or distributed by the member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters. Upon request, member boards may share complaint or disciplinary information about physicians to another member board.

Section 9: Joint Investigations

A member board may participate with other member boards in joint investigations of Compact, in addition to the authority granted by the member board's medical practice act or other respective state law. Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact. Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

A subpoena issued by a member state is enforceable in any other member state. Licensure and disciplinary records of physicians are deemed investigative.

Section 10: Disciplinary Actions

Any disciplinary action taken by any member board against a physician licensed through the Compact is deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the laws or regulations in that State.

If the physician's license is revoked, surrendered, or relinquished in lieu of discipline in the SPL, or suspended, then all licenses issued to the physician under the Compact are automatically placed in the

⁴² Rule 6.3 of the IMLCC Rules, available at <https://imlcc.org/wp-content/uploads/2018/12/IMLCC-Rule-Chapter-6-Coordinated-Information-System-Joint-Investigations-and-Disciplinary-Actions-Adopted-November-16-2018.pdf> (last visited February 24, 2020).

"Necessary and proper disciplinary and investigatory information" includes type of action, date action was taken, whether the action results in removal of the physician's Compact license, whether the action is to initiate a joint investigation, name of Board or entity that took action, and current status and changes in status of any action.

same status without further action necessary by a member board. If the SPL subsequently reinstates the physician's license, a license issued to the physician by any other member board remains encumbered until that respective board takes action to specifically reinstate the license in a manner consistent with the laws of that state.

A member state must notify the Commission within five days of the date of revocation, surrender, or relinquishment in lieu of discipline, or suspension and must send a copy of action to the Commission.⁴³ The Commission will notify all other member states in which the physician holds a license and send a copy of the action to those states. The member state must also notify the Commission in the same manner if the member state reinstates a physician's license.

If disciplinary action is taken against the physician in a member state that is not the SPL, other member states may deem the action conclusive as to matter of law and fact decided, and:

- Impose the same or lesser sanction or sanctions against the physician so long as such sanctions are consistent with the laws of that state;
- Pursue separate disciplinary action against the physician under its laws, regardless of the action taken in other member states; or
- Take no action.

If a license is revoked, surrendered, or relinquished in lieu of discipline, or suspended, then any license issued to the physician by any other member board is automatically suspended, without further action necessary by any other board for 90 days upon entry of the order by the disciplining board. During the 90-day suspension member board(s) may investigate the basis for the action under the laws of that state. A member board may terminate the automatic suspension of the license it issued prior to the completion of the 90-day suspension period in a manner consistent with the laws of that state.

Section 11: Interstate Medical Licensure Compact Commission

The Commission administers the Compact and has all the duties, powers, and responsibilities set forth in the Compact, plus any other powers conferred upon it by the member states through the Compact. Each member state has two voting representatives appointed by each member state to serve as Commissioners. For states with separate regulatory boards for allopathic and osteopathic regulatory boards, such as Florida, the member appoints one representative from each member board. A Commissioner must be:

- An allopathic or osteopathic physician appointed to a member board.
- An executive director, executive secretary, or similar executive or a member board, or
- A member of the public appointed to a member board.

The Commission must meet at least once per calendar year and at least a portion of the meeting shall be a business meeting which shall include the election of officers. The Chair may call additional meeting and shall call for all meeting upon the request of a majority of the member states. The Commission may hold meetings by telecommunication or electronic communication

Each Commissioner is entitled to one vote. A majority of Commissioners constitutes a quorum, unless a larger quorum is required by the Bylaws of the Commission. A Commissioner may not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who meets the requirements of being a Commissioner.

⁴³ Rule 6.5 of the IMLCC Rules, available at <https://imlcc.org/wp-content/uploads/2018/12/IMLCC-Rule-Chapter-6-Coordinated-Information-System-Joint-Investigations-and-Disciplinary-Actions-Adopted-November-16-2018.pdf> (last visited February 24, 2020).

The Commission must provide public notice of all meetings and all meetings shall be open to the public. A meeting may be closed to the public, in full or in portion, when it determines by a two-thirds vote of the Commissioners present, that an issue or matter would likely to:

- Relate solely to the internal personnel practices and procedures of the Interstate Commission.
- Discuss matters specifically exempted from disclosure by federal statute;
- Discuss trade secrets, commercial, or financial information that is privileged or confidential;
- Involve accusing a person of a crime, or formally censuring a person;
- Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- Discuss investigative records compiled for law enforcement purposes; or
- Specifically relate to the participation in a civil action or other legal proceeding.

The Commission must make its information and official records, to the extent, not otherwise designated in the Compact or by its rules, available to the public for inspection.

The Commission must establish an executive committee that has the power to act on behalf of the Commission, with the exception of rulemaking, when the Commission is not in session. The executive committee oversees the administration of the Compact, including enforcement and compliance with the Compact, its bylaws and rules, and other such duties as necessary. The Commission may establish other committees for governance and administration of the Compact.

Section 12: Powers and Duties of the Interstate Commission

The Commission has the powers and duties to:

- Oversee and administer the Compact;
- Promulgate rules which are binding;
- Issue advisory opinions upon the request of member states concerning the meaning or interpretation of the Compact or its bylaws, rules, and actions;
- Enforce compliance with the Compact, provisions, the rules, and the bylaws;
- Establish and appoint committees, including the executive committee, which has the power to act on behalf of the Interstate Commission;
- Pay, or provide for the payment of Commission expenses;
- Establish and maintain one or more offices;
- Borrow, accept, hire, or contract for services of personnel;
- Purchase and maintain insurance and bonds;
- Employ an executive director with power to employ, select, or appoint employees, agents, or consultants, determine their duties, and fix their compensation;
- Establish personnel policies and programs;
- Accept donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize and dispose of it consistent with conflict of interest policies as established by the Commission;
- Lease, purchase, accept contributions, or donation of, or otherwise own, hold, improve or use, any property, real, personal, or mixed;
- Establish a budget and make expenditures;
- Adopt a seal and bylaws governing the management and operation of the Commission;
- Report annually to the legislatures and governors of the members concerning the activities of the Commission during the preceding year, including reports of financial audits and any recommendations that may have been adopted by the Commission;
- Coordinate education, training, and public awareness regarding the Compact, its implementation and operation;
- Maintain records in accordance with bylaws;
- Seek and obtain trademarks, copyrights, and patents; and

- Perform such functions as may be necessary or appropriate to achieve the purpose of the Compact.

Section 13: Finance Powers

The Compact authorizes an annual assessment levied on each member state to cover the costs of operations and activities of the Commission and its staff. The assessment must be sufficient to cover the amount needed to cover the annual budget approved each year by the Commission and not provided by other sources. Such assessment must be based on a formula adopted in a rule that is binding on all the member states. The Commission has not adopted a rule establishing an annual assessment formula.

The Commission may not incur any obligation unless it first secure the funds to meet such obligation or pledge the credit of any of the member states, except by, and with the authority of, the member state. The Compact requires yearly financial audits conducted by a certified or licensed public accountant and the report is to be included in the Commission's annual report.

Section 14: Organization and Operation of the Interstate Commission

The Compact required the Commission to adopt bylaws within twelve months of the first meeting which has already occurred. The first Bylaws were adopted in October 2015.⁴⁴ The Commission must annually elect or appoint a chair, vice-chair, and a treasurer. Officers serve without remuneration.

Officers and employees are immune from suit and liability, either personally or in their professional capacity, for a claim for damage to or loss of property or personal injury or other civil liability cause or arising out of, or relating to, an actual or alleged act, error or omission that occurred with the scope of Commission employment, duties, or responsibilities. Such person is not protected from suit or liability for damage or loss, injury or liability caused by the intentional or willful and wanton conduct of such a person.

The liability of the executive director and Commission employees or representatives of the Commission, acting within the scope of their employment, may not exceed the limits set forth under the state's Constitution and laws for state officials, employees, and agents. The Compact provides that the Commission is considered an instrumentality of the state for this purpose.

The Commission must defend the executive director and its employees, subject to the approval of the state's attorney general or other appropriate legal counsel, in any civil action seeking to impose liability arising out of the performance of duties within such person's scope of employment. To the extent not covered by the state involved, the employees and representatives of the Commission shall be held harmless in the amount of any settlement or judgement, arising out of out of the performance of duties within such person's scope of employment and not a result of willful or wanton misconduct.

Section 15: Rulemaking Functions of the Interstate Commission

The Commission must promulgate reasonable rules in order to implement and operate the Compact and the Commission. The rules should substantially conform to the "Model State Administrative Procedures Act" of 2010 and subsequent amendments thereto. Any attempt to exercise rulemaking beyond the scope of the Compact renders the action invalid.

Any person may request a review of a rule 30 days after promulgation in the U.S. District Court in Washington, D.C., or the federal court where the Commission is located.⁴⁵ The Compact requests

⁴⁴ Interstate Medical Licensure Compact, *Annual Report 2017*, <https://imlcc.org/wp-content/uploads/2018/03/IMLCC-Annual-Report-2017-1.pdf> (last visited February 24, 2020).

⁴⁵ The Interstate Medical Licensure Compact Commission is currently headquartered in Littleton, Colorado. See Interstate Medical License Commission, Frequently Asked Questions (FAQS), available at <https://imlcc.org/faqs/> (last visited February 24, 2020).

deference to the Commission's action that are consistent with applicable law and represents a reasonable exercise of authority granted under the Compact.

Section 16: Oversight of Interstate Compact

Each member state's executive, legislative, and judicial branches must enforce the Compact and take necessary action to effectuate the Compact's purpose and intent. The provisions of the Compact and the rules adopted thereunder have standing as statutory law to the extent that it does not override the state's authority to regulate the practice of medicine.

All courts are to take judicial notice of the Compact and any adopted administrative rules in a proceeding involving Compact subject matter. The Commission is entitled to receive service of process and have standing in any proceeding. Failure to serve the Commission renders a judgment null and void as to the Commission, the Compact, or promulgated rule.

Section 17: Enforcement of Interstate Compact

The Commission, in reasonable exercise of its discretion, must enforce the provisions and rules of the Compact, including when and where to initiate legal action. The Commission is permitted to seek a range of remedies, including injunctive relief and damages.

Section 18: Default Procedures

The Compact provides a number of reasons a member state may default on the Compact, including failure to perform required duties and responsibilities imposed by the Compact, or the rules or bylaws of the Commission. If the Commission determines that a member state has defaulted on its obligations, the Commission must:

- Provide written notice to the defaulting state and all member states the nature of the default, the means of and conditions for curing the default, and any action taken by the Commission; and
- Provide remedial training and specific technical assistance regarding the default.

If the defaulting state fails to cure the default, the Commission must terminate the state from the Compact after all other means of securing compliance are exhausted. The Commission must notify the governor, the majority and minority leaders of the defaulting state's legislature, and each member state of its intent to terminate.

The Compact requires the Commission to promulgate rules to address how physician licenses are affected by the termination of a member state from the Compact. The rules must also ensure that a member state does not bear any costs when a state has been found to be in default. The rules of the Commission require the defaulting state to notify physicians licensed through the Compact within 90 days of the vote to terminate the membership of the defaulting state.⁴⁶ The notice must inform licensees that they will be unable to renew their licenses through the Compact.

A terminated state remains liable for all dues, obligations, and liabilities incurred through the effective date of the termination. A defaulting state is immune from liability from a physician claiming injury based on the state's termination from the Compact.⁴⁷ The Compact provides an appeal process for the terminating state and procedures for attorney's fees and costs.

⁴⁶ Rule 8.5 of the IMLCC Rules, available at <https://imlcc.org/wp-content/uploads/2019/12/IMLCC-Rule-Chapter-8-Rule-on-Notice-to-Licensees-Upon-Withdrawal-or-Termination-of-Membership-in-the-Compact-Adopted-11-19-2019.pdf> (last visited February 24, 2020).

⁴⁷ *Id.*

Section 19: Dispute Resolution

The Compact authorizes the Commission to use dispute resolution tools to resolve disputes between states, such as mediation and binding dispute resolution. The Commission must promulgate rules for the dispute resolution process.

The executive committee of the Commission must mediate disputes between member states on compliance and enforcement issues.⁴⁸ The executive committee will make a recommendation to the parties to resolve the issue based on written statements submitted by the parties and the mediation.

Section 20: Member States, Effective Date and Amendment

The Compact allows any state to become a member state and becomes binding upon the legislative enactment of the Compact by at least seven states.⁴⁹ For any subsequent state, it becomes effective and binding upon the enactment of the Compact into law by that state. If the Compact is amended, the amendment does not become effective and binding until all members states have enacted it into law.

Section 21: Withdrawal

A member state may withdraw from the Compact by repealing the law which enacted Compact into that state's law. A repeal of the Compact may not take effect for at least one year after the effective date of such action and written notice has been given by the withdrawing state to the governor of each other member state.

The withdrawing state must immediately notify the chair of the Commission, in writing, upon the introduction of legislation to repeal the Compact. The Commission must notify the other member states within 60 days of receipt of the withdrawing state's notification of the introduction of legislation repealing that state's participation in the Compact. The withdrawing state remains responsible for any dues, obligations, or liabilities incurred through the date of withdrawal. A state may be reinstated upon reenactment of the Compact.

The rules of the Commission require the defaulting state to notify physicians licensed through the Compact within 90 days of the enactment of the statute repealing the Compact that they will be unable to renew their licenses through the Compact.⁵⁰

Section 22: Dissolution

The Compact shall be dissolved when the membership of the Compact is reduced to one. Once dissolved, the Compact is null and any surplus funds of the Commission shall be distributed in accordance with the bylaws.

Section 23: Severability and Construction

The provisions of the Compact are severable, and if any part of the Compact is not enforceable, the remaining provisions are still enforceable. The provisions of the Compact are to be liberally construed, and not construed to prohibit the applicability of other interstate compacts to which member states may be members.

⁴⁸ Rule 7.2 of the IMLCC Rules, available at <https://imlcc.org/wp-content/uploads/2018/12/IMLCC-Rule-Chapter-7-Rule-on-Compliance-and-Enforcement-Adopted-November-16-2018.pdf> (last visited February 24, 2020).

⁴⁹ The Compact is in force now. The Commission was seated for the first time in October 2015 and issued its first letters of qualification to physicians in April 2017. See Interstate Medical Licensure Compact, available at <https://imlcc.org/faqs/> (last February 24, 2020).

⁵⁰ Rule 8.3 of the IMLCC Rules, available at <https://imlcc.org/wp-content/uploads/2019/12/IMLCC-Rule-Chapter-8-Rule-on-Notice-to-Licensees-Upon-Withdrawal-or-Termination-of-Membership-in-the-Compact-Adopted-11-19-2019.pdf> (last visited February 24, 2020).

Section 24: Binding Effect of Compact and Other Laws

The Compact does not prohibit the enforcement of other laws which are not in conflict with this Compact. The Compact supersedes any conflicting law of a member state to the extent of the conflict. If the Compact conflicts with a member state's constitution, the conflicting Compact provision is ineffective in that member state.

The actions of the Commission are binding on the member states, including all promulgated rules and the adopted bylaws of the Commission. All agreements between the Commission and the member state are binding in accordance with their terms.

OPPAGA Review of the Compact

To adopt the Compact, each state must enact the Compact model language into state law. Chapter 2019-138, Laws of Florida, directed the Office of Program Policy Analysis and Government Accountability (OPPAGA) to analyze the Compact and develop recommendations addressing Florida's prospective entry into the Compact. On October 1, 2019, OPPAGA published its report.⁵¹ OPPAGA identified several areas of possible legal conflict between the Compact terms and Florida law, both statutory and constitutional.

Conflicts Between the Compact and Florida Law

Florida does not license persons who are listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.⁵² The United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities is a list of individuals who are excluded from participation in Medicare, Medicaid, and all other federal health care programs.⁵³ Individuals may be placed on the list for a variety of reasons, such as defaulting on a federal student loan or conviction for Medicare or Medicaid fraud. The Compact has no comparable requirement. OPPAGA recommends the Legislature repeal this initial licensure provision that fall outside of the Compact's licensure requirements.

A Florida licensee who hold obtains a license through a traditional path is subject to disciplinary proceedings as outlined in ch. 456, F.S., and is afforded due process under the Florida Administrative Procedures Act.⁵⁴ Under the Compact, if a physician's SPL suspends or revokes the physician's license, then all of that physician's licenses through the Compact must be automatically suspended or revoked by those other states, but the Compact does not require or allow administrative appeals in other licensing states. The physician may appeal the member state suspension or revocation under the member's state due process procedure. OPPAGA recommends the Legislature enact statutory language providing a physician who practices in Florida whose license is revoked by his or her SPL an opportunity to administratively challenge the reason for the revocation or suspension in Florida.

The Florida Constitution and Sunshine Law guarantee public access to government meetings and records.⁵⁵ The Compact allows for certain meetings, or portions of meetings to be closed to the public, and provides that certain documents held by the Commission are not public. Because employees or agents of the state will be members of the Commission, they would violate the Florida Constitution and Sunshine Law if they participate in these closed meetings.⁵⁶ OPPAGA recommends the Legislature

⁵¹ Office of Program Policy Analysis and Gov't Accountability, Florida Legislature, *Florida's Participation in the Interstate Medical Licensure Compact Would Require Statutory Changes to Avoid Legal Conflicts*, Report No. 19-07, (Oct. 1, 2019) available at <http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/1907rpt.pdf> (last visited January 31, 2020).

⁵² Section 456.0635, F.S.

⁵³ U.S. Dep't of Health and Human Services, Office of Inspector General, *Exclusions Program*, available at <https://oig.hhs.gov/exclusions/index.asp> (last visited February 29, 2020).

⁵⁴ Chapter 120, F.S.

⁵⁵ Art. I, s. 24, Fla. Const., and ch. 119, F.S.

⁵⁶ Section 286.011, F.S., provides that a public officer who violates sunshine requirements commits a noncriminal action, punishable by a fine of up to \$500; and a person who is a member of a board of commission, or of any state agency or authority of a county,

provide an exemption from public meeting requirements to allow closed meetings of the Commission and an exemption from public records requirements to exempt application records received by the Commission from disclosure.

Under 768.28, F.S., Florida allows lawsuits to be brought against the state by individuals for injuries resulting from the negligent actions of the state. By adopting the Compact, the Commission will be indemnified and immune from civil suit for non-negligent acts. OPPAGA recommends the Legislature enact statutory language clarifying that the Compact pays claims or judgments arising from the Commission’s employment-related actions in the state.

Additional OPPAGA Findings and Recommendations

OPPAGA also found that the average time to receive a license through the Compact is 55 days, while the average time to receive a license from the state of Florida is 10-15 days.⁵⁷ The average time to receive a license through the Compact is 19 days if the time for obtaining the Letter of Qualification is excluded.

While The Average Time to Receive a License Via the Compact Is Higher Than the Average Time to Receive a Florida License, Physicians May Receive Multiple Licenses Under the Compact Process

Licensure Process	Average Number of Days to Receive an LOQ	Average Number of Days to Receive a License	Total Time (In Average Number of Days) to Receive a License	Type of License Received
Florida Licensure	N/A	10-15 days ^{1,2}	10-15 days ^{1,2}	Florida License
Compact Licensure	36 days	19 days	55 days	One or more licenses in compact state(s) of physician’s choice

¹ The average number of days for licensure was 10 days for osteopathic physicians and 15 days for medical doctors.

² This is the average time to receive a license under circumstances where there are no complications or missing information from the applications.

Source: OPPAGA analysis of Florida Department of Health data and commission data.

Finally, OPPAGA recommends the Legislature set a Compact implementation date to ensure that the DOH would have adequate time to make required changes to rule, forms, and technological infrastructure in order to process licenses through the Compact.

Sovereign Immunity

Sovereign immunity generally bars lawsuits against the state or its political subdivisions for torts committed by an officer, employee, or agent of such governments unless the immunity is expressly waived. The Florida Constitution recognizes that the concept of sovereign immunity applies to the state, although the state may waive its immunity through the enactment of general law.⁵⁸

In 1973, the Legislature enacted s. 768.28, F.S., a partial waiver of sovereign immunity, allowing individuals to sue state government and its subdivisions.⁵⁹ According to subsection (1), individuals may sue the government under circumstances where a private person “would be liable to the claimant, in accordance with the general laws of [the] state . . .” Section 768.28(5), F.S., imposes a \$200,000 limit on the government’s liability to a single person, and a \$300,000 total limit on liability for claims arising out of a single incident.

municipality, or political subdivision who knowingly attends a meeting not held in compliance with Florida law commits a second degree misdemeanor. A second degree misdemeanor is punishable by a term of imprisonment of up to 60 days or fewer and a fine of up to \$500 (see ss. 775.082 and 775.083, F.S.)

⁵⁷ *Supra* note 51.

⁵⁸ FLA. CONST. art. X, s. 13.

⁵⁹ Chapter 73-313, L.O.F., codified at s. 768.28, F.S.

Florida Center for Nursing

The Legislature established the Florida Center for Nursing (Center) to address the supply and demand of nurses in the state, including issues of recruitment, retention, and utilization of nurse workforce resources.⁶⁰ The primary goals of the Center are to:

- Develop a strategic statewide plan for nursing manpower in this state by:
 - Establishing and maintaining a database on nursing supply and demand in the state, to include current supply and demand;
 - Analyzing the current supply and demand in the state and making future projections of such; and
 - Selecting priorities to be addressed.
- Convene various groups representative of nurses, other health care providers, business and industry, consumers, legislators, and educators to:
 - Review and comment on data analysis prepared for the center;
 - Recommend systemic changes, including strategies for implementation of recommended changes; and
 - Evaluate and report the results of these efforts to the Legislature and others.
- Enhance and promote recognition, reward, and renewal activities for nurses in the state by:
 - Promoting nursing excellence programs such as magnet recognition by the American Nurses Credentialing Center;
 - Proposing and creating additional reward, recognition, and renewal activities for nurses; and
 - Promoting media and positive image-building efforts for nursing.

The Center is governed by a 16-member board of directors, which includes:

- Four members recommended by the President of the Senate, at least one of whom shall be a registered nurse recommended by the Florida Organization of Nurse Executives and at least one other representative of the hospital industry recommended by the Florida Hospital Association;
- Four members recommended by the Speaker of the House of Representatives, at least one of whom shall be a registered nurse recommended by the Florida Nurses Association and at least one other representative of the long-term care industry;
- Four members recommended by the Governor, two of whom shall be registered nurses;
- One nurse educator recommended by the Board of Governors who is a dean of a College of Nursing at a state university; and
- Three nurse educators recommended by the State Board of Education, one of whom must be a director of a nursing program at a Florida College System institution.

The powers and duties of the board of directors include:

- Employing an executive director;
- Determining operational policy;
- Electing a chair and officers, to serve 2-year terms;
- Establishing committees of the board;
- Appoint a multidisciplinary advisory council for input and advice on policy matters;
- Implementing the major functions of the center as established in the goals; and
- Seeking and accepting non-state funds for sustaining the center and carrying out center policy.

Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

Intern Registration

To be licensed as a clinical social worker, marriage and family therapist, or mental health counselor, an applicant must meet educational requirements, complete at least 2 years of postgraduate or postmaster's clinical practice supervised by a licensed practitioner, and pass a theory and practice examination.⁶¹ During the time in which an applicant is completing the required supervised clinical experience or internship, he or she must register with the DOH as an intern.⁶² The supervised clinical experience may be met by providing at least 1,500 hours of face-to-face psychotherapy with clients, which may not be accrued in less than 100 weeks.⁶³

An applicant seeking registration as an intern must:⁶⁴

- Submit a completed application form and the nonrefundable fee to the DOH;
- Complete education requirements;
- Submit an acceptable supervision plan for meeting the practicum, internship, or field work required for licensure that was not satisfied by graduate studies; and
- Identify a qualified supervisor.

An intern registration expires 60 months after the date of issue and may only be renewed if the candidate has passed the theory and practice examination required for full licensure.⁶⁵ DOH has no authority to extend an intern registration beyond the 60 months if there are extenuating circumstances.

Certified Master Social Workers

Currently, an individual may be designated as a certified master social worker if the individual applies to DOH and submits an application fee of \$50 and an initial certification fee of \$150.⁶⁶ To qualify for certification, an applicant must:

- Possess a master's or doctoral degree from an accredited program; and
- Have at least three years' experience in clinical service or administrative activities, two of which must be at the post-master's level.

There is no defined scope of practice for certified master's social workers in statute or rule. However, statute expressly prohibits certified master social workers from providing clinical services.⁶⁷

Licensed Clinical Social Workers

Licensed clinical social work uses scientific and applied knowledge, theories, and methods for the purpose of describing, preventing, evaluating, and treating individual, couple, marital, family, or group behavior, based on the person-in-situation perspective of psychosocial development, normal and abnormal behavior, psychopathology, unconscious motivation, interpersonal relationships, environmental stress, differential assessment, differential planning, and data gathering to prevent and treat undesired behavior and enhance of mental health.⁶⁸ An applicant seeking licensure as a clinical social worker must:⁶⁹

⁶¹ Section 491.005, F.S. A procedure for licensure by endorsement is provided in s. 491.006, F.S.

⁶² Section 491.0045, F.S.

⁶³ Rule 64B4-2.001, F.A.C.

⁶⁴ Section 491.0045(2), F.S.

⁶⁵ Section 491.0045(6), F.S.

⁶⁶ Rule 64B25-28.002, F.A.C. Section 491.0145, F.S., authorizes an application fee of up to \$250 and an examination fee of up to \$250.

⁶⁷ Section 491.0145(6), F.S.

⁶⁸ Section 491.003(7), F.S.

⁶⁹ Section 491.005(1), F.S.

- Possess a master's or doctoral degree from an accredited program;
- Have a least two years' experience in clinical social work;
- Pass a theory and practice examination approved by DOH; and
- Demonstrate knowledge of laws and rules governing the practice.

Licensed Clinical Social Workers must pass an examination offered by the American Association of State Social Worker Boards.⁷⁰ In 1999, the American Association of State Social Worker Boards changed its name to the Association of Social Work Boards.⁷¹

Marriage and Family Therapists

Marriage and family therapy incorporates marriage and family therapy, psychotherapy, hypnotherapy, sex therapy, counseling, behavior modification, consultation, client-centered advocacy, crisis intervention, and the provision of needed information and education to clients.⁷² An applicant seeking licensure as a mental health counselor must:⁷³

- Possess a master's degree from an accredited program;
- Complete 36 semester hours of graduate coursework that includes a minimum of 3 semester hours of graduate-level coursework in:
 - The dynamics of marriage and family systems;
 - Marriage therapy and counseling theory;
 - Family therapy and counseling theory and techniques;
 - Individual human development theories throughout the life cycle;
 - Personality or general counseling theory and techniques;
 - Psychosocial theory; and
 - Substance abuse theory and counseling techniques.
- Complete at least one graduate-level course of 3 semester hours in legal, ethical, and professional standards;
- Complete at least one graduate-level course of 3 semester hours in diagnosis, appraisal, assessment, and testing for individual or interpersonal disorder or dysfunction;
- Complete at least one graduate-level course of 3 semester hours in behavioral research;
- Complete at least one supervised clinical practicum, internship, or field experience in a marriage and family counseling setting, during which the student provided 180 direct client contact hours of marriage and family therapy services;
- Complete two years of post-master's supervised experience under the supervision of a licensed marriage and family therapist with five years of experience or the equivalent who is a qualified supervisor as determined by the board;
- Pass a board-approved examination; and
- Demonstrate knowledge of laws and rules governing the practice.

DOH must verify that an applicant's education matches the specified courses and hours as outlined in statute. However, there are organizations that accredit marriage and family therapy education programs, including the Commission on Accreditation for Marriage and Family Therapy Education and the Council for the Accreditation of Counseling and Related Educational Programs that establish the minimum standards to meet the requirements to practice the profession.⁷⁴

⁷⁰ Id.

⁷¹ Association of Social Work Boards, *History*, available at <https://www.aswb.org/about/history/> (last visited January 31, 2020).

⁷² Id.

⁷³ Section 491.005(3), F.S. An individual may qualify for a dual license in marriage and family therapy if he or she passes an examination in marriage and family therapy and has held an active license for at least three years as a psychologist, clinical social worker, mental health counselor, or advanced registered nurse practitioner who is determined by the Board of Nursing to be a specialist in psychiatric mental health (s. 491.0057, F.S.)

⁷⁴ See Commission on Accreditation for Marriage and Family Therapy Education, *What Are the Benefits of COAMFTE Accreditation*, available at https://www.coamfte.org/COAMFTE/Accreditation/About_Accreditation.aspx (last visited December 2, 2019), and Council

Mental Health Counselors

A mental health counselor is an individual who uses scientific and applied behavioral science theories, methods, and techniques to describe, prevent, and treat undesired behavior and enhance mental health and human development and is based on research and theory in personality, family, group, and organizational dynamics and development, career planning, cultural diversity, human growth and development, human sexuality, normal and abnormal behavior, psychopathology, psychotherapy, and rehabilitation.⁷⁵ To qualify for licensure as a mental health counselor, an individual must:⁷⁶

- Have a master's degree from a mental health counseling program accredited by the Council of the Accreditation of Counseling and Related Educational Programs, or a program related to the practice of mental health counseling that includes coursework and a 1,000-hour practicum, internship, or fieldwork of at least 60 semester hours that meet certain requirements;
- Have at least two years of post-master's supervised clinical experience in mental health counseling;
- Pass an examination from the Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors; and
- Pass an eight-hour course on Florida laws and rules approved by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.⁷⁷

Currently, an applicant for a mental health counselor license must, by rule, pass the National Clinical Mental Health Counseling Examination. Current law refers to an outdated mental health counseling examination.

Licensure by Endorsement

To qualify for licensure or certification by endorsement as a licensed clinical social worker, marriage or family therapist, or mental health counselor, an individual must:⁷⁸

- Have knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling;
- Hold an active, valid license to practice in good standing and is not under investigation for and have been found to have committed an act that would constitute a licensure violation under Florida law;
- Have actively practiced the profession in another state for three of the five years immediately preceding licensure;
- Meet the education requirements of ch. 491, F.S., for the profession for which the applicant is seeking licensure; and
- Have passed a substantially equivalent licensure examination in another state or passed the licensure examination required in this state for the profession the applicant is seeking licensure;

Effect of Proposed Changes

Interstate Medical Licensure Compact

Effective July 1, 2021, the bill enacts the Interstate Medical Licensure Compact by adopting the entirety of the Compact terms into state law (see a description of the compact provisions in the Present

for the Accreditation of Counseling and Related Educational Programs, *About CACREP*, available at <https://www.cacrep.org/about-cacrep/> (last visited December 2, 2019).

⁷⁵ Sections 491.003(6) and (9), F.S.

⁷⁶ Section 491.005(4), F.S.

⁷⁷ Section 491.005(4), F.S., and r. 64B4-3.0035, F.A.C.

⁷⁸ Section 491.006, F.S.

Situation section). It authorizes Florida to enter into the Compact with all other jurisdictions that have legally joined the Compact, and authorizes DOH to adopt rules to implement the Compact.

The bill addresses several of the legal conflicts raised by OPPAGA. Under the bill, any physician licensed to practice medicine or osteopathic medicine under the Compact is deemed to be licensed under chapter 458 F.S., or chapter 459, F.S., respectively. The bill ensures that a Florida-licensed physician, licensed through the Compact, whose Florida license is suspended or revoked as result of licensure discipline by another state under the Compact, has the same administrative appeal rights under ch. 120, F.S., as any other Florida-licensed physician, as recommended by OPPAGA.

To address the conflicts with Florida law regarding public records and public meetings, the bill requires the appointed commissioners to ensure that the Commission complies with Florida laws on public records and open meetings.

Finally, to address OPPAGAs concern regarding the payment of claims or judgments arising out of Commission's employment-related action, the bill provides that commissioners and any administrator, officer, executive director, employee, or representative of the Commission, when acting within the scope of their employment or responsibilities in this state are considered agents of the state, and requires the Commission to pay any claims or judgments that arise. The bill authorizes the Commission to maintain insurance coverage to pay any such claims or judgments.

Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

Certified Master Social Workers

The bill requires DOH to license, as a certified master social worker (CMSW), an individual who applies to DOH and:

- Remits the appropriate fee as established by the Board;⁷⁹
- Submits proof of receipt of a doctoral degree in social work or a master's degree to the Board;
- Submits proof of two years' experience providing clinical services or performing administrative activities to the Board; and
- Passes the Board-designated licensure examination.

The bill defines the scope of practice for a certified master social worker as the application of social work theory, knowledge, methods, and ethics, and the professional use of the self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, or communities. This also includes the application of specialized knowledge and advanced practice skills in non-diagnostic assessment, treatment planning, implementation and evaluation, case management, information and referral, supervision, consultation, education, research, advocacy, community organization, and the development, implementation, and administration of policies, programs, and activities.

The bill requires CMSWs to use the title "certified master social worker" and the acronym "CMSW" on all promotional materials, including cards, brochures, stationery, advertisements, social media and signs on which the CMSW is named.

Mental Health Interns

The bill authorizes the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling to make a one-time exception to the 60-month limit on an internship registration. Such exceptions may only be granted in an emergency or hardship case, as defined by rule. The bill deletes obsolete language related to biennial renewals of intern registrations.

⁷⁹ Under current law, DOH is authorized to charge a nonrefundable application fee of up to \$250, as established by DOH rule.

Licensed Clinical Social Workers

The bill updates the name of the organization that administers the licensure examination for clinical social work licensure applicants to the Association of Social Work Boards, which was previously known as the American Association of State Social Work Boards.⁸⁰ The bill requires the Board, rather than DOH, to designate the theory and practice examination for licensure.

The bill also eliminates the specified coursework required for licensure that is currently enumerated in statute, and authorizes the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling adopt rules on the specific course requirements. This will simplify the education review process and expedite licensure.⁸¹

Marriage and Family Therapists

The bill requires that an applicant for licensure hold a master's degree with an emphasis in marriage and family therapy from a program accredited by the Commission of Accreditation for Marriage and Family Therapy Education or a Florida university program accredited by the Council for Accreditation of Counseling and Related Educational Programs. An applicant may also qualify for licensure if he or she holds a master's degree in a closely related field and has completed graduate courses approved by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling. The bill eliminates specified coursework and clinical experience required for licensure that is currently enumerated in statute.

To be licensed as a marriage and family therapist, s. 491.005(3), F.S., requires an applicant to complete two years of clinical experience. However, later in the same paragraph, it states the clinical experience required is three years. The bill corrects the scrivener's error in the paragraph to clarify that two years of clinical experience is required for licensure. The bill requires the Board, rather than DOH, to designate the theory and practice examination for licensure.

Licensed Mental Health Counselors

The bill updates the name of the organization that administers the licensure examination for mental health counseling licensure applicants to the National Board for Certified Counselors or its successor. The bill revises the content areas that must be included in educational programs used to qualify for licensure to include substance abuse; legal, ethical, and professional standards issues in the practice of mental health counseling; and diagnostic process.

The bill reduces the number of hours required for the clinical practicum or internship from 1,000 hours to 700 hours to conform the number of hours to the accreditation standards established by the Council for Accreditation of Counseling and Related Educational Programs. The bill requires the clinical practicum or internship to include at least 280 hours of direct client services. The bill requires the Board, rather than DOH, to designate the theory and practice examination for licensure.

The bill requires that applicants who apply for licensure after July 1, 2026, hold a master's degree from a program accredited by the Council for Accreditation of Counseling and Related Educational Programs.

Licensure by Endorsement

The bill repeals educational requirements for applicants for licensure by endorsement. Such applicant qualifies for licensure if he or she holds a valid, active license to practice in another state for three of

⁸⁰ See Association of Social Work Boards, *History*, available at <https://www.aswb.org/about/history/> (last visited January 30, 2020).

⁸¹ Fla. Department of Health, *2020 Agency Legislative Bill Analysis for HB 1143*, (Jan. 21, 2020), on filed with the Health Quality Subcommittee.

the five years preceding the date of application, passes an equivalent or the same licensure examination, and is not under investigation for and has not been found to have committed any act that would constitute a licensure violation in Florida.

Disciplinary Actions

The bill clarifies that DOH may deny or impose penalties on the license of a certified master social worker who violates the practice act or ch. 456, F.S., the general regulatory statute by deleting an inaccurate reference to psychologists. This will alleviate confusion regarding the authority of DOH to impose such discipline or deny a license.

The bill also adds social media to the list of promotional materials required to include the professional titles of all licensees, certificate holders, provisional licensees and interns in professions of clinical social work, marriage and family therapy, and mental health counseling.

The bill makes conforming changes and deletes obsolete provisions.

The bill provides an effective date of July 1, 2020.

B. SECTION DIRECTORY:

Section 1: Creates s. 456.4501, F.S., relating to Interstate Medical Licensure Compact.

Section 2: Creates s. 456.4502, F.S., relating to Interstate Medical Licensure Compact; disciplinary proceedings.

Section 3: Creates s. 456.4503, F.S., relating to Interstate Medical Licensure Compact Commissioners.

Section 4: Creates s. 456.4504, F.S., relating to Interstate Medical Licensure Compact rules.

Section 5: Creates s. 458.3129, F.S., relating to Interstate Medical Licensure Compact.

Section 6: Creates s. 459.074, F.S., relating to Interstate Medical Licensure Compact.

Section 7: Amends s. 464.0196, F.S., relating to Florida Center for Nursing; board of directors.

Section 8: Amends s. 491.003, F.S., relating to definitions.

Section 9: Amends s. 491.004, F.S., relating to Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.

Section 10: Amends s. 491.0045, F.S., relating to intern registration, requirements.

Section 11: Amends s. 491.005, F.S., relating to licensure by examination.

Section 12: Amends s. 491.0057, F.S., relating to dual licensure as a marriage and family therapist.

Section 13: Amends s. 491.006, F.S., relating to licensure or certification by endorsement.

Section 14: Amends s. 491.007, F.S., relating to renewal of license, registration, or certificate.

Section 15: Amends s. 491.009, F.S., relating to discipline.

Section 16: Amends s. 491.012, F.S., relating to violations; penalty; injunction.

Section 17: Amends s. 491.0145, F.S., relating to certified master social workers.

Section 18: Amends s. 491.0149, F.S., relating to display of license; use of professional title on promotional materials.

Section 19: Repeals s. 491.015, F.S., relating to duties of the department as to certified master social workers.

Section 20: Amends s. 768.28, F.S., relating to waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; risk management programs.

Section 21: Amends s. 414.065, F.S., relating to noncompliance with work requirements.

Section 22: Provides an effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

DOH may experience a recurring increase in revenue associated with the application and initial and renewal licensure fees under the Compact.⁸² It is unknown how many physicians may apply.

2. Expenditures:

DOH will incur rulemaking costs associated with implementing the bill provisions related to the Compact, certified master social workers, mental health interns, licensed clinical social workers, marriage and family therapists, licensed mental health counselors, and nursing education programs, which current resources are adequate to absorb.⁸³

DOH may experience additional workload related to a possible increase in the number of physicians licensed in Florida under the Compact and the preparation of letters of qualification for Florida licensees.⁸⁴ With an increase in licensees, costs associated with regulation and complaints and investigations will increase.⁸⁵ It is estimated the additional licensure fee revenue will offset these costs.

DOH will incur costs to update the LEIDS licensing system with Compact information and to create a process for sharing information with the Commission. This cost is currently unknown, however, it is estimated current resources are adequate to absorb.⁸⁶

Additionally, there may be a negative fiscal impact on DOH related to cases heard by the Division of Administrative Hearings for hearings requested by physician's whose licenses are disciplined. It is not known how many hearings there may be so the impact is indeterminate.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The Compact may lead to more physicians practicing in Florida, which may increase access for patients and create additional competition for existing physicians.

D. FISCAL COMMENTS:

None.

⁸² Id at p. 9.

⁸³ Id.

⁸⁴ Id.

⁸⁵ Id.

⁸⁶ Id.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

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

2. Other:

Delegation of Legislative Authority

The bill delegates authority to the commission to adopt rules that facilitate and coordinate the implementation and administration of the Compact.

If enacted into law, the state will effectively bind itself to rules not yet adopted by the Commission and future amendments to the Commission's rules. The Florida Supreme Court has held that while it is within the province of the Legislature to adopt federal statutes enacted by Congress and rules promulgated by federal administrative bodies that are in existence at the time the Legislature acts, it is an unconstitutional delegation of legislative power to prospectively adopt federal statutes not yet enacted by Congress and rules not yet promulgated by federal administrative bodies.^{87,88} Under this holding, the constitutionality of the bill's adoption of prospective rules might be questioned, and there does not appear to be binding Florida case law that squarely address this issue in the context of interstate compacts.

The most recent opportunity Florida courts have had to address this issue appears to be in *Department of Children and Family Services v. L.G.*, involving the Interstate Compact for the Placement of Children (ICPC).⁸⁹ The First District Court of Appeal considered an argument that the regulations adopted by the Association of Administrators of the Interstate Compact were binding and that the lower court's order permitting a mother and child to relocate to another state was in violation of the ICPC. The court denied the appeal and held that the Association's regulations did not apply as they conflicted with the ICPC and the regulations did not apply to the facts of the case.

The court also references language in the ICPC that confers to its compact administrators the "power to promulgate rules and regulations to carry out more effectively the terms and provisions of this compact."⁹⁰ The court states that "the precise legal effect of the ICPC compact administrators' regulations in Florida is unclear," but noted that it did not need to address the question to decide the case.⁹¹ However, in a footnote, the court provided:

Any regulations promulgated before Florida adopted the ICPC did not, of course, reflect the vote of a Florida compact administrator, and no such regulations were ever themselves enacted into law in Florida. When the Legislature did adopt the ICPC, it did not (and could not) enact as the law of Florida or adopt prospectively regulations then yet to be promulgated by an entity not even covered by the Florida Administrative Procedure Act. See *Freimuth v. State*, 272 So.2d 473, 476 (Fla.1972); *Fla. Indus. Comm'n v. State ex rel. Orange State Oil Co.*, 155 Fla. 772, 21 So.2d 599, 603 (1945) ("[I]t is within the province of the legislature to approve and adopt the provisions of federal statutes, and all of the administrative rules made by a federal administrative

⁸⁷ *Freimuth v. State*, 272 So.2d 473, 476 (Fla. 1972) (quoting *Fla. Ind. Comm'n v. State ex rel. Orange State Oil Co.*, 155 Fla. 772 (1945)).

⁸⁸ This prohibition is based on the separation of powers doctrine, set forth in Article II, Section 3 of the Florida Constitution, which has been construed in Florida to require the Legislature, when delegating the administration of legislative programs, to establish the minimum standards and guidelines ascertainable by reference to the enactment creating the program. See *Avatar Development Corp. v. State*, 723 So.2d 199 (Fla. 1998).

⁸⁹ 801 So.2d 1047 (Fla. 1st DCA 2001).

⁹⁰ *Id.* at 1052.

⁹¹ *Id.*

body, that are in existence and in effect at the time the legislature acts, but it would be an unconstitutional delegation of legislative power for the legislature to adopt in advance any federal act or the ruling of any federal administrative body that Congress or such administrative body might see fit to adopt in the future.”); *Brazil v. Div. of Admin.*, 347 So.2d 755, 757–58 (Fla. 1st DCA 1977), *disapproved on other grounds by LaPointe Outdoor Adver. v. Fla. Dep’t of Transp.*, 398 So.2d 1370, 1370 (Fla.1981). The ICPC compact administrators stand on the same footing as federal government administrators in this regard.⁹²

In accordance with the discussion provided by the court in this above-cited footnote, it may be argued that the bill’s delegation of rule-making authority to the Commission is similar to the delegation to the ICPC compact administrators, and thus, could constitute an unlawful delegation of legislative authority. This case, however, does not appear to be binding as precedent, as the court’s footnote discussion is dicta.⁹³

Public Records and Open Meetings

Provisions in the compact conflict with Florida’s public records and open meeting requirements. All or portions of a Commission meeting may be closed if the topic of the meeting is likely to involve certain matter, such as personnel matters or investigative records. Recordings, minutes, and records generated in such matter are also not publicly available.

Article I, s. 24(a) of the State Constitution sets forth the state’s public policy regarding access to government records. The section guarantees every person a right to inspect or copy any public record of the legislative, executive, and judicial branches of government.

Article I, s. 24(b) of the State Constitution sets forth the state’s public policy regarding access to government meetings. The section requires that all meetings of any collegial public body of the executive branch of state government or of any collegial public body of a county, municipality, school district, or special district, at which official acts are to be taken or at which public business of such body is to be transacted or discussed, be open and noticed to the public.

The Legislature may provide by general law for the exemption of records and meetings from the requirements of Article I, s. 24(a) and (b) of the State Constitution. The general law must state with specificity the public necessity justifying the exemption (public necessity statement) and must be no broader than necessary to accomplish its purpose.⁹⁴

B. RULE-MAKING AUTHORITY:

The bill authorizes the Commission to adopt rules to facilitate and coordinate the implementation and administration of the compact. The Compact specifies that the rules have the force and effect of law and are binding in all party states. If a party state fails to meet its obligations under the Compact or the promulgated rules, the state may be subject to remedial training, dispute resolution, suspension, termination, or legal action.

The Compact requires the Commission rulemaking comport with the Model State Administrative Procedures Act” of 2010 (Model Act), developed by the Uniform Law Commission.⁹⁵ The Model Act

⁹² *Id.*

⁹³ Dicta are statements of a court that are not essential to the determination of the case before it and are not a part of the law of the case. Dicta has no binding legal effect and is without force as judicial precedent. 12A FLA JUR. 2D *Courts and Judges* s. 191 (2015).

⁹⁴ Art. I, s. 24(c), Fla. Const.

⁹⁵ Uniform Law Commission, *Revised Model State Administrative Procedure Act*, (Oct. 15, 2010), available at <https://www.uniformlaws.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=3ab796d4-9636-d856-48e5-b638021eb54d&forceDialog=0> (last visited February 29, 2020). The Uniform Law Commission provides states with non-partisan legislation to bring clarity and stability to critical areas of state statutory law and is comprised of practicing lawyers, judges, legislators,

addresses such topics as rulemaking, public access, administrative hearings, ex parte communication, administration judicial review of final agency action, and legislative review of rules. All rules and amendments are binding on a party state as of the effective date specified.

The BON has sufficient rulemaking authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
2 An act relating to the Department of Health; creating
3 s. 456.4501, F.S.; implementing the Interstate Medical
4 Licensure Compact in this state; providing for an
5 interstate medical licensure process; providing
6 requirements for multistate practice; creating s.
7 456.4502, F.S.; establishing that a formal hearing
8 before the Division of Administrative Hearings must be
9 held if there are any disputed issues of material fact
10 when the licenses of certain physicians and
11 osteopathic physicians are suspended or revoked by
12 this state under the compact; requiring the department
13 to notify the division of a petition for a formal
14 hearing within a specified timeframe; requiring the
15 administrative law judge to issue a recommended order;
16 requiring the Board of Medicine or the Board of
17 Osteopathic Medicine, as applicable, to determine and
18 issue final orders in certain cases; providing the
19 department with standing to seek judicial review of
20 any final order of the boards; creating s. 456.4503,
21 F.S.; requiring the Interstate Medical Licensure
22 Compact Commissioners to ensure that the Interstate
23 Medical Licensure Compact Commission complies with
24 specified public records and public meetings laws;
25 creating s. 456.4504, F.S.; authorizing the department

26 | to adopt rules; creating s. 458.3129, F.S.;

27 | establishing that a physician licensed under the

28 | Interstate Medical Licensure Compact is deemed to be

29 | licensed as a physician under chapter 458, F.S.;

30 | creating s. 459.074, F.S.; establishing that an

31 | osteopathic physician licensed under the Interstate

32 | Medical Licensure Compact is deemed to be licensed as

33 | an osteopathic physician under chapter 459, F.S.;

34 | amending s. 464.0196, F.S.; revising the membership of

35 | the board of directors of the Florida Center for

36 | Nursing; deleting obsolete provisions; amending s.

37 | 491.003, F.S.; providing definitions; amending s.

38 | 491.004, F.S.; deleting an obsolete provision;

39 | amending s. 491.0045, F.S.; authorizing the Board of

40 | Clinical Social Work, Marriage and Family Therapy, and

41 | Mental Health Counseling to make a one-time exception

42 | to intern registration requirements under certain

43 | circumstances; amending s. 491.005, F.S.; revising the

44 | licensure requirements for clinical social workers,

45 | marriage and family therapists, and mental health

46 | counselors; amending s. 491.0057, F.S.; requiring that

47 | an applicant for dual licensure as a marriage and

48 | family therapist pass an examination designated by the

49 | Board of Clinical Social Work, Marriage and Family

50 | Therapy, and Mental Health Counseling; amending s.

51 491.006, F.S.; revising requirements for licensure or
52 certification by endorsement for certain professions;
53 amending s. 491.007, F.S.; deleting a provision
54 providing certified master social workers an exemption
55 from continuing education requirements; deleting a
56 provision requiring the board to establish a procedure
57 for the biennial renewal of intern registrations;
58 amending s. 491.009, F.S.; revising who may enter an
59 order denying licensure or imposing penalties against
60 an applicant for licensure under certain
61 circumstances; amending s. 491.012, F.S.; providing
62 that using the title "certified master social worker"
63 without a valid, active license is unlawful; amending
64 s. 491.0145, F.S.; requiring the department to license
65 an applicant for designation as a certified master
66 social worker under certain circumstances; providing
67 that applicants for designation as a certified master
68 social worker submit their application to the board;
69 deleting a provision relating to the nonrefundable fee
70 for examination set by department rule; authorizing
71 the board to adopt rules; amending s. 491.0149, F.S.;
72 requiring the use of applicable professional titles by
73 specified licensees and registrants on social media
74 and other specified materials; repealing s. 491.015,
75 F.S., relating to duties of the department as to

76 certified master social workers; amending s. 768.28,
 77 F.S.; designating the state commissioners of the
 78 Interstate Medical Licensure Compact Commission and
 79 other members or employees of the commission as state
 80 agents for the purpose of applying sovereign immunity
 81 and waivers of sovereign immunity; requiring the
 82 commission to pay certain claims or judgments;
 83 authorizing the commission to maintain insurance
 84 coverage to pay such claims or judgments; amending s.
 85 414.065, F.S.; conforming a cross-reference; providing
 86 an effective date.

87

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

89

90 Section 1. Section 456.4501, Florida Statutes, is created
 91 to read:

92 456.4501 Interstate Medical Licensure Compact.—The
 93 Interstate Medical Licensure Compact is hereby enacted into law
 94 and entered into by this state with all other jurisdictions
 95 legally joining therein in the form substantially as follows:

96

97 SECTION 1

98 PURPOSE

99

100 In order to strengthen access to health care, and in

101 recognition of the advances in the delivery of health care, the
102 member states of the Interstate Medical Licensure Compact have
103 allied in common purpose to develop a comprehensive process that
104 complements the existing licensing and regulatory authority of
105 state medical boards, provides a streamlined process that allows
106 physicians to become licensed in multiple states, thereby
107 enhancing the portability of a medical license and ensuring the
108 safety of patients. The Compact creates another pathway for
109 licensure and does not otherwise change a state's existing
110 Medical Practice Act. The Compact also adopts the prevailing
111 standard for licensure and affirms that the practice of medicine
112 occurs where the patient is located at the time of the
113 physician-patient encounter, and therefore, requires the
114 physician to be under the jurisdiction of the state medical
115 board where the patient is located. State medical boards that
116 participate in the Compact retain the jurisdiction to impose an
117 adverse action against a license to practice medicine in that
118 state issued to a physician through the procedures in the
119 Compact.

121 SECTION 2

122 DEFINITIONS

123
124 In this Compact:

125 (1) "Bylaws" means those bylaws established by the

126 Interstate Commission pursuant to section 11 for its governance,
127 or for directing and controlling its actions and conduct.

128 (2) "Commissioner" means the voting representative
129 appointed by each member board pursuant to section 11.

130 (3) "Conviction" means a finding by a court that an
131 individual is guilty of a criminal offense through adjudication,
132 or entry of a plea of guilt or no contest to the charge by the
133 offender. Evidence of an entry of a conviction of a criminal
134 offense by the court shall be considered final for purposes of
135 disciplinary action by a member board.

136 (4) "Expedited license" means a full and unrestricted
137 medical license granted by a member state to an eligible
138 physician through the process set forth in the Compact.

139 (5) "Interstate Commission" means the Interstate Medical
140 Licensure Compact Commission created pursuant to section 11.

141 (6) "License" means authorization by a state for a
142 physician to engage in the practice of medicine, which would be
143 unlawful without the authorization.

144 (7) "Medical Practice Act" means laws and regulations
145 governing the practice of allopathic and osteopathic medicine
146 within a member state.

147 (8) "Member board" means a state agency in a member state
148 that acts in the sovereign interests of the state by protecting
149 the public through licensure, regulation, and education of
150 physicians as directed by the state government.

151 (9) "Member state" means a state that has enacted the
152 Compact.

153 (10) "Practice of medicine" means the diagnosis,
154 treatment, prevention, cure, or relieving of a human disease,
155 ailment, defect, complaint, or other physical or mental
156 condition, by attendance, advice, device, diagnostic test, or
157 other means, or offering, undertaking, attempting to do, or
158 holding oneself out as able to do, any of these acts.

159 (11) "Physician" means any person who:

160 (a) Is a graduate of a medical school accredited by the
161 Liaison Committee on Medical Education, the Commission on
162 Osteopathic College Accreditation, or a medical school listed in
163 the International Medical Education Directory or its equivalent;

164 (b) Passed each component of the United States Medical
165 Licensing Examination (USMLE) or the Comprehensive Osteopathic
166 Medical Licensing Examination (COMLEX-USA) within three
167 attempts, or any of its predecessor examinations accepted by a
168 state medical board as an equivalent examination for licensure
169 purposes;

170 (c) Successfully completed graduate medical education
171 approved by the Accreditation Council for Graduate Medical
172 Education or the American Osteopathic Association;

173 (d) Holds specialty certification or a time-unlimited
174 specialty certificate recognized by the American Board of
175 Medical Specialties or the American Osteopathic Association's

176 Bureau of Osteopathic Specialists; however, the specialty
177 certification or a time-unlimited specialty certificate does not
178 have to be maintained once a physician is initially determined
179 to be eligible for expedited licensure through the Compact;

180 (e) Possesses a full and unrestricted license to engage in
181 the practice of medicine issued by a member board;

182 (f) Has never been convicted, received adjudication,
183 deferred adjudication, community supervision, or deferred
184 disposition for any offense by a court of appropriate
185 jurisdiction;

186 (g) Has never held a license authorizing the practice of
187 medicine subjected to discipline by a licensing agency in any
188 state, federal, or foreign jurisdiction, excluding any action
189 related to non-payment of fees related to a license;

190 (h) Has never had a controlled substance license or permit
191 suspended or revoked by a state or the United States Drug
192 Enforcement Administration; and

193 (i) Is not under active investigation by a licensing
194 agency or law enforcement authority in any state, federal, or
195 foreign jurisdiction.

196 (12) "Offense" means a felony, high court misdemeanor, or
197 crime of moral turpitude.

198 (13) "Rule" means a written statement by the Interstate
199 Commission promulgated pursuant to section 12 of the Compact
200 that is of general applicability, implements, interprets, or

201 prescribes a policy or provision of the Compact, or an
 202 organizational, procedural, or practice requirement of the
 203 Interstate Commission, and has the force and effect of statutory
 204 law in a member state, if the rule is not inconsistent with the
 205 laws of the member state. The term includes the amendment,
 206 repeal, or suspension of an existing rule.

207 (14) "State" means any state, commonwealth, district, or
 208 territory of the United States.

209 (15) "State of principal license" means a member state
 210 where a physician holds a license to practice medicine and which
 211 has been designated as such by the physician for purposes of
 212 registration and participation in the Compact.

214 SECTION 3

215 ELIGIBILITY

216
 217 (1) A physician must meet the eligibility requirements as
 218 defined in subsection (11) of section 2 to receive an expedited
 219 license under the terms and provisions of the Compact.

220 (2) A physician who does not meet the requirements of
 221 subsection (11) of section 2 may obtain a license to practice
 222 medicine in a member state if the individual complies with all
 223 laws and requirements, other than the Compact, relating to the
 224 issuance of a license to practice medicine in that state.
 225

SECTION 4

DESIGNATION OF STATE OF PRINCIPAL LICENSE

(1) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(a) The state of primary residence for the physician, or

(b) The state where at least 25% of the practice of medicine occurs, or

(c) The location of the physician's employer, or

(d) If no state qualifies under paragraph (a), paragraph (b), or paragraph (c), the state designated as state of residence for purpose of federal income tax.

(2) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements in subsection (1).

(3) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5

APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

251 (1) A physician seeking licensure through the Compact
252 shall file an application for an expedited license with the
253 member board of the state selected by the physician as the state
254 of principal license.

255 (2) Upon receipt of an application for an expedited
256 license, the member board within the state selected as the state
257 of principal license shall evaluate whether the physician is
258 eligible for expedited licensure and issue a letter of
259 qualification, verifying or denying the physician's eligibility,
260 to the Interstate Commission.

261 (a) Static qualifications, which include verification of
262 medical education, graduate medical education, results of any
263 medical or licensing examination, and other qualifications as
264 determined by the Interstate Commission through rule, shall not
265 be subject to additional primary source verification where
266 already primary source verified by the state of principal
267 license.

268 (b) The member board within the state selected as the
269 state of principal license shall, in the course of verifying
270 eligibility, perform a criminal background check of an
271 applicant, including the use of the results of fingerprint or
272 other biometric data checks compliant with the requirements of
273 the Federal Bureau of Investigation, with the exception of
274 federal employees who have suitability determination in
275 accordance with U.S. 5 C.F.R. s. 731.202.

276 (c) Appeal on the determination of eligibility shall be
277 made to the member state where the application was filed and
278 shall be subject to the law of that state.

279 (3) Upon verification in subsection (2), physicians
280 eligible for an expedited license shall complete the
281 registration process established by the Interstate Commission to
282 receive a license in a member state selected pursuant to
283 subsection (1), including the payment of any applicable fees.

284 (4) After receiving verification of eligibility under
285 subsection (2) and any fees under subsection (3), a member board
286 shall issue an expedited license to the physician. This license
287 shall authorize the physician to practice medicine in the
288 issuing state consistent with the Medical Practice Act and all
289 applicable laws and regulations of the issuing member board and
290 member state.

291 (5) An expedited license shall be valid for a period
292 consistent with the licensure period in the member state and in
293 the same manner as required for other physicians holding a full
294 and unrestricted license within the member state.

295 (6) An expedited license obtained through the Compact
296 shall be terminated if a physician fails to maintain a license
297 in the state of principal licensure for a non-disciplinary
298 reason, without redesignation of a new state of principal
299 licensure.

300 (7) The Interstate Commission is authorized to develop

301 rules regarding the application process, including payment of
302 any applicable fees, and the issuance of an expedited license.

304 SECTION 6

305 FEEES FOR EXPEDITED LICENSURE

306
307 (1) A member state issuing an expedited license
308 authorizing the practice of medicine in that state, or the
309 regulating authority of the member state, may impose a fee for a
310 license issued or renewed through the Compact.

311 (2) The Interstate Commission is authorized to develop
312 rules regarding fees for expedited licenses. However, those
313 rules shall not limit the authority of a member state, or the
314 regulating authority of the member state, to impose and
315 determine the amount of a fee under subsection (1).

316
317 SECTION 7

318 RENEWAL AND CONTINUED PARTICIPATION

319
320 (1) A physician seeking to renew an expedited license
321 granted in a member state shall complete a renewal process with
322 the Interstate Commission if the physician:

323 (a) Maintains a full and unrestricted license in a state
324 of principal license;

325 (b) Has not been convicted, received adjudication,

326 deferred adjudication, community supervision, or deferred
327 disposition for any offense by a court of appropriate
328 jurisdiction;

329 (c) Has not had a license authorizing the practice of
330 medicine subject to discipline by a licensing agency in any
331 state, federal, or foreign jurisdiction, excluding any action
332 related to non-payment of fees related to a license; and

333 (d) Has not had a controlled substance license or permit
334 suspended or revoked by a state or the United States Drug
335 Enforcement Administration.

336 (2) Physicians shall comply with all continuing
337 professional development or continuing medical education
338 requirements for renewal of a license issued by a member state.

339 (3) The Interstate Commission shall collect any renewal
340 fees charged for the renewal of a license and distribute the
341 fees to the applicable member board.

342 (4) Upon receipt of any renewal fees collected in
343 subsection (3), a member board shall renew the physician's
344 license.

345 (5) Physician information collected by the Interstate
346 Commission during the renewal process will be distributed to all
347 member boards.

348 (6) The Interstate Commission is authorized to develop
349 rules to address renewal of licenses obtained through the
350 Compact.

SECTION 8

COORDINATED INFORMATION SYSTEM

351
352
353
354
355 (1) The Interstate Commission shall establish a database
356 of all physicians licensed, or who have applied for licensure,
357 under section 5.

358 (2) Notwithstanding any other provision of law, member
359 boards shall report to the Interstate Commission any public
360 action or complaints against a licensed physician who has
361 applied or received an expedited license through the Compact.

362 (3) Member boards shall report disciplinary or
363 investigatory information determined as necessary and proper by
364 rule of the Interstate Commission.

365 (4) Member boards may report any non-public complaint,
366 disciplinary, or investigatory information not required by
367 subsection (3) to the Interstate Commission.

368 (5) Member boards shall share complaint or disciplinary
369 information about a physician upon request of another member
370 board.

371 (6) All information provided to the Interstate Commission
372 or distributed by member boards shall be confidential, filed
373 under seal, and used only for investigatory or disciplinary
374 matters.

375 (7) The Interstate Commission is authorized to develop

376 rules for mandated or discretionary sharing of information by
377 member boards.

379 SECTION 9

380 JOINT INVESTIGATIONS

381
382 (1) Licensure and disciplinary records of physicians are
383 deemed investigative.

384 (2) In addition to the authority granted to a member board
385 by its respective Medical Practice Act or other applicable state
386 law, a member board may participate with other member boards in
387 joint investigations of physicians licensed by the member
388 boards.

389 (3) A subpoena issued by a member state shall be
390 enforceable in other member states.

391 (4) Member boards may share any investigative, litigation,
392 or compliance materials in furtherance of any joint or
393 individual investigation initiated under the Compact.

394 (5) Any member state may investigate actual or alleged
395 violations of the statutes authorizing the practice of medicine
396 in any other member state in which a physician holds a license
397 to practice medicine.

398
399 SECTION 10

400 DISCIPLINARY ACTIONS

401
402 (1) Any disciplinary action taken by any member board
403 against a physician licensed through the Compact shall be deemed
404 unprofessional conduct which may be subject to discipline by
405 other member boards, in addition to any violation of the Medical
406 Practice Act or regulations in that state.

407 (2) If a license granted to a physician by the member
408 board in the state of principal license is revoked, surrendered
409 or relinquished in lieu of discipline, or suspended, then all
410 licenses issued to the physician by member boards shall
411 automatically be placed, without further action necessary by any
412 member board, on the same status. If the member board in the
413 state of principal license subsequently reinstates the
414 physician's license, a license issued to the physician by any
415 other member board shall remain encumbered until that respective
416 member board takes action to reinstate the license in a manner
417 consistent with the Medical Practice Act of that state.

418 (3) If disciplinary action is taken against a physician by
419 a member board not in the state of principal license, any other
420 member board may deem the action conclusive as to matter of law
421 and fact decided, and:

422 (a) Impose the same or lesser sanction(s) against the
423 physician so long as such sanctions are consistent with the
424 Medical Practice Act of that state; or

425 (b) Pursue separate disciplinary action against the

426 physician under its respective Medical Practice Act, regardless
 427 of the action taken in other member states.

428 (4) If a license granted to a physician by a member board
 429 is revoked, surrendered or relinquished in lieu of discipline,
 430 or suspended, then any license(s) issued to the physician by any
 431 other member board(s) shall be suspended, automatically and
 432 immediately without further action necessary by the other member
 433 board(s), for ninety (90) days upon entry of the order by the
 434 disciplining board, to permit the member board(s) to investigate
 435 the basis for the action under the Medical Practice Act of that
 436 state. A member board may terminate the automatic suspension of
 437 the license it issued prior to the completion of the ninety (90)
 438 day suspension period in a manner consistent with the Medical
 439 Practice Act of that state.

440
 441 SECTION 11

442 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

443
 444 (1) The member states hereby create the "Interstate
 445 Medical Licensure Compact Commission."

446 (2) The purpose of the Interstate Commission is the
 447 administration of the Interstate Medical Licensure Compact,
 448 which is a discretionary state function.

449 (3) The Interstate Commission shall be a body corporate
 450 and joint agency of the member states and shall have all the

451 responsibilities, powers, and duties set forth in the Compact,
452 and such additional powers as may be conferred upon it by a
453 subsequent concurrent action of the respective legislatures of
454 the member states in accordance with the terms of the Compact.

455 (4) The Interstate Commission shall consist of two voting
456 representatives appointed by each member state who shall serve
457 as Commissioners. In states where allopathic and osteopathic
458 physicians are regulated by separate member boards, or if the
459 licensing and disciplinary authority is split between multiple
460 member boards within a member state, the member state shall
461 appoint one representative from each member board. A
462 Commissioner shall be a(n):

463 (a) Allopathic or osteopathic physician appointed to a
464 member board;

465 (b) Executive director, executive secretary, or similar
466 executive of a member board; or

467 (c) Member of the public appointed to a member board.

468 (5) The Interstate Commission shall meet at least once
469 each calendar year. A portion of this meeting shall be a
470 business meeting to address such matters as may properly come
471 before the Commission, including the election of officers. The
472 chairperson may call additional meetings and shall call for a
473 meeting upon the request of a majority of the member states.

474 (6) The bylaws may provide for meetings of the Interstate
475 Commission to be conducted by telecommunication or electronic

476 communication.

477 (7) Each Commissioner participating at a meeting of the
478 Interstate Commission is entitled to one vote. A majority of
479 Commissioners shall constitute a quorum for the transaction of
480 business, unless a larger quorum is required by the bylaws of
481 the Interstate Commission. A Commissioner shall not delegate a
482 vote to another Commissioner. In the absence of its
483 Commissioner, a member state may delegate voting authority for a
484 specified meeting to another person from that state who shall
485 meet the requirements of subsection (4).

486 (8) The Interstate Commission shall provide public notice
487 of all meetings and all meetings shall be open to the public.
488 The Interstate Commission may close a meeting, in full or in
489 portion, where it determines by a two-thirds vote of the
490 Commissioners present that an open meeting would be likely to:

491 (a) Relate solely to the internal personnel practices and
492 procedures of the Interstate Commission;

493 (b) Discuss matters specifically exempted from disclosure
494 by federal statute;

495 (c) Discuss trade secrets, commercial, or financial
496 information that is privileged or confidential;

497 (d) Involve accusing a person of a crime, or formally
498 censuring a person;

499 (e) Discuss information of a personal nature where
500 disclosure would constitute a clearly unwarranted invasion of

501 personal privacy;

502 (f) Discuss investigative records compiled for law
503 enforcement purposes; or

504 (g) Specifically relate to the participation in a civil
505 action or other legal proceeding.

506 (9) The Interstate Commission shall keep minutes which
507 shall fully describe all matters discussed in a meeting and
508 shall provide a full and accurate summary of actions taken,
509 including record of any roll call votes.

510 (10) The Interstate Commission shall make its information
511 and official records, to the extent not otherwise designated in
512 the Compact or by its rules, available to the public for
513 inspection.

514 (11) The Interstate Commission shall establish an
515 executive committee, which shall include officers, members, and
516 others as determined by the bylaws. The executive committee
517 shall have the power to act on behalf of the Interstate
518 Commission, with the exception of rulemaking, during periods
519 when the Interstate Commission is not in session. When acting on
520 behalf of the Interstate Commission, the executive committee
521 shall oversee the administration of the Compact including
522 enforcement and compliance with the provisions of the Compact,
523 its bylaws and rules, and other such duties as necessary.

524 (12) The Interstate Commission may establish other
525 committees for governance and administration of the Compact.

SECTION 12

POWERS AND DUTIES OF THE INTERSTATE COMMISSION

The Interstate Commission shall have the duty and power to:

- 531 (1) Oversee and maintain the administration of the
532 Compact;
- 533 (2) Promulgate rules which shall be binding to the extent
534 and in the manner provided for in the Compact;
- 535 (3) Issue, upon the request of a member state or member
536 board, advisory opinions concerning the meaning or
537 interpretation of the Compact, its bylaws, rules, and actions;
- 538 (4) Enforce compliance with Compact provisions, the rules
539 promulgated by the Interstate Commission, and the bylaws, using
540 all necessary and proper means, including but not limited to the
541 use of judicial process;
- 542 (5) Establish and appoint committees including, but not
543 limited to, an executive committee as required by section 11,
544 which shall have the power to act on behalf of the Interstate
545 Commission in carrying out its powers and duties;
- 546 (6) Pay, or provide for the payment of the expenses
547 related to the establishment, organization, and ongoing
548 activities of the Interstate Commission;
- 549 (7) Establish and maintain one or more offices;
- 550 (8) Borrow, accept, hire, or contract for services of

551 personnel;
 552 (9) Purchase and maintain insurance and bonds;
 553 (10) Employ an executive director who shall have such
 554 powers to employ, select or appoint employees, agents, or
 555 consultants, and to determine their qualifications, define their
 556 duties, and fix their compensation;
 557 (11) Establish personnel policies and programs relating to
 558 conflicts of interest, rates of compensation, and qualifications
 559 of personnel;
 560 (12) Accept donations and grants of money, equipment,
 561 supplies, materials and services, and to receive, utilize, and
 562 dispose of it in a manner consistent with the conflict of
 563 interest policies established by the Interstate Commission;
 564 (13) Lease, purchase, accept contributions or donations
 565 of, or otherwise to own, hold, improve or use, any property,
 566 real, personal, or mixed;
 567 (14) Sell, convey, mortgage, pledge, lease, exchange,
 568 abandon, or otherwise dispose of any property, real, personal,
 569 or mixed;
 570 (15) Establish a budget and make expenditures;
 571 (16) Adopt a seal and bylaws governing the management and
 572 operation of the Interstate Commission;
 573 (17) Report annually to the legislatures and governors of
 574 the member states concerning the activities of the Interstate
 575 Commission during the preceding year. Such reports shall also

576 include reports of financial audits and any recommendations that
 577 may have been adopted by the Interstate Commission;

578 (18) Coordinate education, training, and public awareness
 579 regarding the Compact, its implementation, and its operation;

580 (19) Maintain records in accordance with the bylaws;

581 (20) Seek and obtain trademarks, copyrights, and patents;

582 and

583 (21) Perform such functions as may be necessary or
 584 appropriate to achieve the purposes of the Compact.

585
 586 SECTION 13

587 FINANCE POWERS

588
 589 (1) The Interstate Commission may levy on and collect an
 590 annual assessment from each member state to cover the cost of
 591 the operations and activities of the Interstate Commission and
 592 its staff. The total assessment, subject to appropriation, must
 593 be sufficient to cover the annual budget approved each year for
 594 which revenue is not provided by other sources. The aggregate
 595 annual assessment amount shall be allocated upon a formula to be
 596 determined by the Interstate Commission, which shall promulgate
 597 a rule binding upon all member states.

598 (2) The Interstate Commission shall not incur obligations
 599 of any kind prior to securing the funds adequate to meet the
 600 same.

601 (3) The Interstate Commission shall not pledge the credit
602 of any of the member states, except by, and with the authority
603 of, the member state.

604 (4) The Interstate Commission shall be subject to a yearly
605 financial audit conducted by a certified or licensed public
606 accountant and the report of the audit shall be included in the
607 annual report of the Interstate Commission.

608
609 SECTION 14

610 ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

611
612 (1) The Interstate Commission shall, by a majority of
613 Commissioners present and voting, adopt bylaws to govern its
614 conduct as may be necessary or appropriate to carry out the
615 purposes of the Compact within twelve (12) months of the first
616 Interstate Commission meeting.

617 (2) The Interstate Commission shall elect or appoint
618 annually from among its Commissioners a chairperson, a vice-
619 chairperson, and a treasurer, each of whom shall have such
620 authority and duties as may be specified in the bylaws. The
621 chairperson, or in the chairperson's absence or disability, the
622 vice-chairperson, shall preside at all meetings of the
623 Interstate Commission.

624 (3) Officers selected in subsection (2) shall serve
625 without remuneration from the Interstate Commission.

626 (4) The officers and employees of the Interstate
627 Commission shall be immune from suit and liability, either
628 personally or in their official capacity, for a claim for damage
629 to or loss of property or personal injury or other civil
630 liability caused or arising out of, or relating to, an actual or
631 alleged act, error, or omission that occurred, or that such
632 person had a reasonable basis for believing occurred, within the
633 scope of Interstate Commission employment, duties, or
634 responsibilities; provided that such person shall not be
635 protected from suit or liability for damage, loss, injury, or
636 liability caused by the intentional or willful and wanton
637 misconduct of such person.

638 (a) The liability of the executive director and employees
639 of the Interstate Commission or representatives of the
640 Interstate Commission, acting within the scope of such person's
641 employment or duties for acts, errors, or omissions occurring
642 within such person's state, may not exceed the limits of
643 liability set forth under the constitution and laws of that
644 state for state officials, employees, and agents. The Interstate
645 Commission is considered to be an instrumentality of the states
646 for the purposes of any such action. Nothing in this subsection
647 shall be construed to protect such person from suit or liability
648 for damage, loss, injury, or liability caused by the intentional
649 or willful and wanton misconduct of such person.

650 (b) The Interstate Commission shall defend the executive

651 director, its employees, and subject to the approval of the
652 attorney general or other appropriate legal counsel of the
653 member state represented by an Interstate Commission
654 representative, shall defend such Interstate Commission
655 representative in any civil action seeking to impose liability
656 arising out of an actual or alleged act, error or omission that
657 occurred within the scope of Interstate Commission employment,
658 duties or responsibilities, or that the defendant had a
659 reasonable basis for believing occurred within the scope of
660 Interstate Commission employment, duties, or responsibilities,
661 provided that the actual or alleged act, error, or omission did
662 not result from intentional or willful and wanton misconduct on
663 the part of such person.

664 (c) To the extent not covered by the state involved,
665 member state, or the Interstate Commission, the representatives
666 or employees of the Interstate Commission shall be held harmless
667 in the amount of a settlement or judgment, including attorney's
668 fees and costs, obtained against such persons arising out of an
669 actual or alleged act, error, or omission that occurred within
670 the scope of Interstate Commission employment, duties, or
671 responsibilities, or that such persons had a reasonable basis
672 for believing occurred within the scope of Interstate Commission
673 employment, duties, or responsibilities, provided that the
674 actual or alleged act, error, or omission did not result from
675 intentional or willful and wanton misconduct on the part of such

676 persons.

677
678 SECTION 15

679 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

680
681 (1) The Interstate Commission shall promulgate reasonable
682 rules in order to effectively and efficiently achieve the
683 purposes of the Compact. Notwithstanding the foregoing, in the
684 event the Interstate Commission exercises its rulemaking
685 authority in a manner that is beyond the scope of the purposes
686 of the Compact, or the powers granted hereunder, then such an
687 action by the Interstate Commission shall be invalid and have no
688 force or effect.

689 (2) Rules deemed appropriate for the operations of the
690 Interstate Commission shall be made pursuant to a rulemaking
691 process that substantially conforms to the "Model State
692 Administrative Procedure Act" of 2010, and subsequent amendments
693 thereto.

694 (3) Not later than thirty (30) days after a rule is
695 promulgated, any person may file a petition for judicial review
696 of the rule in the United States District Court for the District
697 of Columbia or the federal district where the Interstate
698 Commission has its principal offices, provided that the filing
699 of such a petition shall not stay or otherwise prevent the rule
700 from becoming effective unless the court finds that the

701 petitioner has a substantial likelihood of success. The court
702 shall give deference to the actions of the Interstate Commission
703 consistent with applicable law and shall not find the rule to be
704 unlawful if the rule represents a reasonable exercise of the
705 authority granted to the Interstate Commission.

706
707 SECTION 16

708 OVERSIGHT OF INTERSTATE COMPACT

709
710 (1) The executive, legislative, and judicial branches of
711 state government in each member state shall enforce the Compact
712 and shall take all actions necessary and appropriate to
713 effectuate the Compact's purposes and intent. The provisions of
714 the Compact and the rules promulgated hereunder shall have
715 standing as statutory law but shall not override existing state
716 authority to regulate the practice of medicine.

717 (2) All courts shall take judicial notice of the Compact
718 and the rules in any judicial or administrative proceeding in a
719 member state pertaining to the subject matter of the Compact
720 which may affect the powers, responsibilities or actions of the
721 Interstate Commission.

722 (3) The Interstate Commission shall be entitled to receive
723 all service of process in any such proceeding, and shall have
724 standing to intervene in the proceeding for all purposes.
725 Failure to provide service of process to the Interstate

726 Commission shall render a judgment or order void as to the
727 Interstate Commission, the Compact, or promulgated rules.

728
729 SECTION 17

730 ENFORCEMENT OF INTERSTATE COMPACT

731
732 (1) The Interstate Commission, in the reasonable exercise
733 of its discretion, shall enforce the provisions and rules of the
734 Compact.

735 (2) The Interstate Commission may, by majority vote of the
736 Commissioners, initiate legal action in the United States
737 District Court for the District of Columbia, or, at the
738 discretion of the Interstate Commission, in the federal district
739 where the Interstate Commission has its principal offices, to
740 enforce compliance with the provisions of the Compact, and its
741 promulgated rules and bylaws, against a member state in default.
742 The relief sought may include both injunctive relief and
743 damages. In the event judicial enforcement is necessary, the
744 prevailing party shall be awarded all costs of such litigation
745 including reasonable attorney's fees.

746 (3) The remedies herein shall not be the exclusive
747 remedies of the Interstate Commission. The Interstate Commission
748 may avail itself of any other remedies available under state law
749 or the regulation of a profession.

SECTION 18

DEFAULT PROCEDURES

751
752
753
754 (1) The grounds for default include, but are not limited
755 to, failure of a member state to perform such obligations or
756 responsibilities imposed upon it by the Compact, or the rules
757 and bylaws of the Interstate Commission promulgated under the
758 Compact.

759 (2) If the Interstate Commission determines that a member
760 state has defaulted in the performance of its obligations or
761 responsibilities under the Compact, or the bylaws or promulgated
762 rules, the Interstate Commission shall:

763 (a) Provide written notice to the defaulting state and
764 other member states, of the nature of the default, the means of
765 curing the default, and any action taken by the Interstate
766 Commission. The Interstate Commission shall specify the
767 conditions by which the defaulting state must cure its default;
768 and

769 (b) Provide remedial training and specific technical
770 assistance regarding the default.

771 (3) If the defaulting state fails to cure the default, the
772 defaulting state shall be terminated from the Compact upon an
773 affirmative vote of a majority of the Commissioners and all
774 rights, privileges, and benefits conferred by the Compact shall
775 terminate on the effective date of termination. A cure of the

776 default does not relieve the offending state of obligations or
777 liabilities incurred during the period of the default.

778 (4) Termination of membership in the Compact shall be
779 imposed only after all other means of securing compliance have
780 been exhausted. Notice of intent to terminate shall be given by
781 the Interstate Commission to the governor, the majority and
782 minority leaders of the defaulting state's legislature, and each
783 of the member states.

784 (5) The Interstate Commission shall establish rules and
785 procedures to address licenses and physicians that are
786 materially impacted by the termination of a member state, or the
787 withdrawal of a member state.

788 (6) The member state which has been terminated is
789 responsible for all dues, obligations, and liabilities incurred
790 through the effective date of termination including obligations,
791 the performance of which extends beyond the effective date of
792 termination.

793 (7) The Interstate Commission shall not bear any costs
794 relating to any state that has been found to be in default or
795 which has been terminated from the Compact, unless otherwise
796 mutually agreed upon in writing between the Interstate
797 Commission and the defaulting state.

798 (8) The defaulting state may appeal the action of the
799 Interstate Commission by petitioning the United States District
800 Court for the District of Columbia or the federal district where

801 the Interstate Commission has its principal offices. The
802 prevailing party shall be awarded all costs of such litigation
803 including reasonable attorney's fees.

805 SECTION 19

806 DISPUTE RESOLUTION

807
808 (1) The Interstate Commission shall attempt, upon the
809 request of a member state, to resolve disputes which are subject
810 to the Compact and which may arise among member states or member
811 boards.

812 (2) The Interstate Commission shall promulgate rules
813 providing for both mediation and binding dispute resolution as
814 appropriate.

815
816 SECTION 20

817 MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

818
819 (1) Any state is eligible to become a member state of the
820 Compact.

821 (2) The Compact shall become effective and binding upon
822 legislative enactment of the Compact into law by no less than
823 seven (7) states. Thereafter, it shall become effective and
824 binding on a state upon enactment of the Compact into law by
825 that state.

826 (3) The governors of non-member states, or their
827 designees, shall be invited to participate in the activities of
828 the Interstate Commission on a non-voting basis prior to
829 adoption of the Compact by all states.

830 (4) The Interstate Commission may propose amendments to
831 the Compact for enactment by the member states. No amendment
832 shall become effective and binding upon the Interstate
833 Commission and the member states unless and until it is enacted
834 into law by unanimous consent of the member states.

835
836 SECTION 21

837 WITHDRAWAL

838
839 (1) Once effective, the Compact shall continue in force
840 and remain binding upon each and every member state; provided
841 that a member state may withdraw from the Compact by
842 specifically repealing the statute which enacted the Compact
843 into law.

844 (2) Withdrawal from the Compact shall be by the enactment
845 of a statute repealing the same, but shall not take effect until
846 one (1) year after the effective date of such statute and until
847 written notice of the withdrawal has been given by the
848 withdrawing state to the governor of each other member state.

849 (3) The withdrawing state shall immediately notify the
850 chairperson of the Interstate Commission in writing upon the

851 introduction of legislation repealing the Compact in the
852 withdrawing state.

853 (4) The Interstate Commission shall notify the other
854 member states of the withdrawing state's intent to withdraw
855 within sixty (60) days of its receipt of notice provided under
856 subsection (3).

857 (5) The withdrawing state is responsible for all dues,
858 obligations and liabilities incurred through the effective date
859 of withdrawal, including obligations, the performance of which
860 extend beyond the effective date of withdrawal.

861 (6) Reinstatement following withdrawal of a member state
862 shall occur upon the withdrawing state reenacting the Compact or
863 upon such later date as determined by the Interstate Commission.

864 (7) The Interstate Commission is authorized to develop
865 rules to address the impact of the withdrawal of a member state
866 on licenses granted in other member states to physicians who
867 designated the withdrawing member state as the state of
868 principal license.

869
870 SECTION 22

871 DISSOLUTION

872
873 (1) The Compact shall dissolve effective upon the date of
874 the withdrawal or default of the member state which reduces the
875 membership in the Compact to one (1) member state.

876 (2) Upon the dissolution of the Compact, the Compact
877 becomes null and void and shall be of no further force or
878 effect, and the business and affairs of the Interstate
879 Commission shall be concluded and surplus funds shall be
880 distributed in accordance with the bylaws.

882 SECTION 23

883 SEVERABILITY AND CONSTRUCTION

884
885 (1) The provisions of the Compact shall be severable, and
886 if any phrase, clause, sentence, or provision is deemed
887 unenforceable, the remaining provisions of the Compact shall be
888 enforceable.

889 (2) The provisions of the Compact shall be liberally
890 construed to effectuate its purposes.

891 (3) Nothing in the Compact shall be construed to prohibit
892 the applicability of other interstate compacts to which the
893 states are members.

895 SECTION 24

896 BINDING EFFECT OF COMPACT AND OTHER LAWS

897
898 (1) Nothing herein prevents the enforcement of any other
899 law of a member state that is not inconsistent with the Compact.

900 (2) All laws in a member state in conflict with the

901 Compact are superseded to the extent of the conflict.

902 (3) All lawful actions of the Interstate Commission,
 903 including all rules and bylaws promulgated by the Commission,
 904 are binding upon the member states.

905 (4) All agreements between the Interstate Commission and
 906 the member states are binding in accordance with their terms.

907 (5) In the event any provision of the Compact exceeds the
 908 constitutional limits imposed on the legislature of any member
 909 state, such provision shall be ineffective to the extent of the
 910 conflict with the constitutional provision in question in that
 911 member state.

912 Section 2. Section 456.4502, Florida Statutes, is created
 913 to read:

914 456.4502 Interstate Medical Licensure Compact;
 915 disciplinary proceedings.—A physician licensed pursuant to
 916 chapter 458, chapter 459, or s. 456.4501 whose license is
 917 suspended or revoked by this state pursuant to the Interstate
 918 Medical Licensure Compact as a result of disciplinary action
 919 taken against the physician's license in another state shall be
 920 granted a formal hearing before an administrative law judge from
 921 the Division of Administrative Hearings held pursuant to chapter
 922 120 if there are any disputed issues of material fact. In such
 923 proceedings:

924 (1) Notwithstanding s. 120.569(2), the department shall
 925 notify the division within 45 days after receipt of a petition

926 | or request for a formal hearing.

927 | (2) The determination of whether the physician has
 928 | violated the laws and rules regulating the practice of medicine
 929 | or osteopathic medicine, as applicable, including a
 930 | determination of the reasonable standard of care, is a
 931 | conclusion of law that is to be determined by appropriate board,
 932 | and is not a finding of fact to be determined by an
 933 | administrative law judge.

934 | (3) The administrative law judge shall issue a recommended
 935 | order pursuant to chapter 120.

936 | (4) The Board of Medicine or the Board of Osteopathic
 937 | Medicine, as applicable, shall determine and issue the final
 938 | order in each disciplinary case. Such order shall constitute
 939 | final agency action.

940 | (5) Any consent order or agreed-upon settlement is subject
 941 | to the approval of the department.

942 | (6) The department shall have standing to seek judicial
 943 | review of any final order of the board, pursuant to s. 120.68.

944 | Section 3. Section 456.4503, Florida Statutes, is created
 945 | to read:

946 | 456.4503 Interstate Medical Licensure Compact
 947 | Commissioners.—The duly appointed commissioners to the
 948 | Interstate Medical Licensure Compact Commission under s.
 949 | 456.4501 shall ensure that the Interstate Medical Licensure
 950 | Compact Commission complies with the requirements of chapter 119

951 and s. 24, Art. I of the State Constitution.

952 Section 4. Section 456.4504, Florida Statutes, is created
953 to read:

954 456.4504 Interstate Medical Licensure Compact Rules.—The
955 department may adopt rules to implement the Interstate Medical
956 Licensure Compact.

957 Section 5. Section 458.3129, Florida Statutes, is created
958 to read:

959 458.3129 Interstate Medical Licensure Compact.—A physician
960 licensed to practice medicine under s. 456.4501 is deemed to be
961 licensed as a physician under this chapter.

962 Section 6. Section 459.074, Florida Statutes, is created
963 to read:

964 459.074 Interstate Medical Licensure Compact.—A physician
965 licensed to practice osteopathic medicine under s. 456.4501 is
966 deemed to be licensed as an osteopathic physician under this
967 chapter.

968 Section 7. Subsections (1) and (2) of section 464.0196,
969 Florida Statutes, are amended to read:

970 464.0196 Florida Center for Nursing; board of directors.—

971 (1) The Florida Center for Nursing shall be governed by a
972 policy-setting board of directors. The board shall consist of 16
973 members, with a simple majority of the board being nurses
974 representative of various practice areas. Other members shall
975 include representatives of other health care professions,

976 business and industry, health care providers, and consumers. The
 977 members of the board shall be appointed by the Governor as
 978 follows:

979 (a) Four members recommended by the President of the
 980 Senate, ~~at least one of whom shall be a registered nurse~~
 981 ~~recommended by the Florida Organization of Nurse Executives and~~
 982 ~~at least one other representative of the hospital industry~~
 983 ~~recommended by the Florida Hospital Association;~~

984 (b) Four members recommended by the Speaker of the House
 985 of Representatives, ~~at least one of whom shall be a registered~~
 986 ~~nurse recommended by the Florida Nurses Association and at least~~
 987 ~~one other representative of the long-term care industry;~~

988 (c) Four members recommended by the Governor, ~~two of whom~~
 989 ~~shall be registered nurses;~~

990 (d) One nurse educator recommended by the Board of
 991 Governors ~~who is a dean of a College of Nursing at a state~~
 992 ~~university; and~~

993 (e) Three nurse educators recommended by the State Board
 994 of Education, ~~one of whom must be a director of a nursing~~
 995 ~~program at a Florida College System institution.~~

996 (2) ~~The initial terms of the members shall be as follows:~~

997 ~~(a) Of the members appointed pursuant to paragraph (1) (a),~~
 998 ~~two shall be appointed for terms expiring June 30, 2005, one for~~
 999 ~~a term expiring June 30, 2004, and one for a term expiring June~~
 1000 ~~30, 2003.~~

1001 ~~(b) Of the members appointed pursuant to paragraph (1) (b),~~
1002 ~~one shall be appointed for a term expiring June 30, 2005, two~~
1003 ~~for terms expiring June 30, 2004, and one for a term expiring~~
1004 ~~June 20, 2003.~~

1005 ~~(c) Of the members appointed pursuant to paragraph (1) (c),~~
1006 ~~one shall be appointed for a term expiring June 30, 2005, one~~
1007 ~~for a term expiring June 30, 2004, and two for terms expiring~~
1008 ~~June 30, 2003.~~

1009 ~~(d) Of the members appointed pursuant to paragraph (1) (d),~~
1010 ~~the terms of two members recommended by the State Board of~~
1011 ~~Education shall expire June 30, 2005; the term of the member who~~
1012 ~~is a dean of a College of Nursing at a state university shall~~
1013 ~~expire June 30, 2004; and the term of the member who is a~~
1014 ~~director of a state community college nursing program shall~~
1015 ~~expire June 30, 2003.~~

1016
1017 ~~After the initial appointments expire,~~ The terms of all the
1018 members shall be for 3 years, with no member serving more than
1019 two consecutive terms.

1020 Section 8. Subsections (2) through (7) of section 491.003,
1021 Florida Statutes, are renumbered as subsections (3) through (8),
1022 respectively, present subsections (8) through (17) are
1023 renumbered as subsections (10) through (19), respectively, and
1024 new subsections (2) and (9) are added to that section to read:

1025 491.003 Definitions.—As used in this chapter:

1026 (2) "Certified master social worker" means a person
 1027 licensed under this chapter to practice generalist social work.

1028 (9) "Practice of generalist social work" means the
 1029 application of social work theory, knowledge, methods, and
 1030 ethics, and the professional use of self to restore or enhance
 1031 social, psychosocial, or biopsychosocial functioning of
 1032 individuals, couples, families, groups, organizations, and
 1033 communities. The term includes the application of specialized
 1034 knowledge and advanced practice skills in nondiagnostic
 1035 assessment, treatment planning, implementation and evaluation,
 1036 case management, information and referral, supervision,
 1037 consultation, education, research, advocacy, community
 1038 organization, and the development, implementation, and
 1039 administration of policies, programs, and activities.

1040 Section 9. Subsections (4) through (7) of section 491.004,
 1041 Florida Statutes, are renumbered as subsections (3) through (6),
 1042 respectively, and present subsections (3) and (4) of that
 1043 section are amended to read:

1044 491.004 Board of Clinical Social Work, Marriage and Family
 1045 Therapy, and Mental Health Counseling.—

1046 ~~(3) No later than January 1, 1988, the Governor shall~~
 1047 ~~appoint nine members of the board as follows:~~

1048 ~~(a) Three members for terms of 2 years each.~~

1049 ~~(b) Three members for terms of 3 years each.~~

1050 ~~(c) Three members for terms of 4 years each.~~

1051 ~~(3)-(4)~~ As the terms of the ~~initial~~ members expire, the
1052 Governor shall appoint successors for terms of 4 years; and
1053 those members shall serve until their successors are appointed.

1054 Section 10. Subsection (6) of section 491.0045, Florida
1055 Statutes, is amended to read:

1056 491.0045 Intern registration; requirements.—

1057 (6) A registration issued on or before March 31, 2017,
1058 expires March 31, 2022, and may not be renewed or reissued. Any
1059 registration issued after March 31, 2017, expires 60 months
1060 after the date it is issued. The board may make a one-time
1061 exception from the requirements of this section in emergency or
1062 hardship cases, as defined by board rule, if ~~A subsequent intern~~
1063 ~~registration may not be issued unless~~ the candidate has passed
1064 the theory and practice examination described in s.
1065 491.005(1)(d), (3)(d), and (4)(d).

1066 Section 11. Subsection (1), paragraph (b) of subsection
1067 (2), and subsections (3) and (4) of section 491.005, Florida
1068 Statutes, are amended to read:

1069 491.005 Licensure by examination.—

1070 (1) CLINICAL SOCIAL WORK.—Upon verification of
1071 documentation and payment of a fee not to exceed \$200, as set by
1072 board rule, plus the actual per applicant cost ~~to the department~~
1073 for purchase of the examination from the ~~American~~ Association of
1074 State Social Work Worker's Boards or its successor ~~a similar~~
1075 ~~national organization~~, the department shall issue a license as a

1076 clinical social worker to an applicant who the board certifies:
 1077 (a) Has submitted an application and paid the appropriate
 1078 fee.
 1079 (b)1. Has received a doctoral degree in social work from a
 1080 graduate school of social work which at the time the applicant
 1081 graduated was accredited by an accrediting agency recognized by
 1082 the United States Department of Education or has received a
 1083 master's degree in social work from a graduate school of social
 1084 work which at the time the applicant graduated:
 1085 a. Was accredited by the Council on Social Work Education;
 1086 b. Was accredited by the Canadian Association of Schools
 1087 of Social Work; or
 1088 c. Has been determined to have been a program equivalent
 1089 to programs approved by the Council on Social Work Education by
 1090 the Foreign Equivalency Determination Service of the Council on
 1091 Social Work Education. An applicant who graduated from a program
 1092 at a university or college outside of the United States or
 1093 Canada must present documentation of the equivalency
 1094 determination from the council in order to qualify.
 1095 2. The applicant's graduate program must have emphasized
 1096 direct clinical patient or client health care services,
 1097 including, but not limited to, coursework in clinical social
 1098 work, psychiatric social work, medical social work, social
 1099 casework, psychotherapy, or group therapy. The applicant's
 1100 graduate program must have included all of the following

1101 coursework:

1102 a. A supervised field placement which was part of the
1103 applicant's advanced concentration in direct practice, during
1104 which the applicant provided clinical services directly to
1105 clients.

1106 b. Completion of 24 semester hours or 32 quarter hours in
1107 courses approved by board rule ~~theory of human behavior and~~
1108 ~~practice methods as courses in clinically oriented services,~~
1109 ~~including a minimum of one course in psychopathology, and no~~
1110 ~~more than one course in research, taken in a school of social~~
1111 ~~work accredited or approved pursuant to subparagraph 1.~~

1112 ~~3. If the course title which appears on the applicant's~~
1113 ~~transcript does not clearly identify the content of the~~
1114 ~~coursework, the applicant shall be required to provide~~
1115 ~~additional documentation, including, but not limited to, a~~
1116 ~~syllabus or catalog description published for the course.~~

1117 (c) Has had at least 2 years of clinical social work
1118 experience, which took place subsequent to completion of a
1119 graduate degree in social work at an institution meeting the
1120 accreditation requirements of this section, under the
1121 supervision of a licensed clinical social worker or the
1122 equivalent who is a qualified supervisor as determined by the
1123 board. An individual who intends to practice in Florida to
1124 satisfy clinical experience requirements must register pursuant
1125 to s. 491.0045 before commencing practice. If the applicant's

1126 graduate program was not a program which emphasized direct
 1127 clinical patient or client health care services as described in
 1128 subparagraph (b)2., the supervised experience requirement must
 1129 take place after the applicant has completed a minimum of 15
 1130 semester hours or 22 quarter hours of the coursework required. A
 1131 doctoral internship may be applied toward the clinical social
 1132 work experience requirement. A licensed mental health
 1133 professional must be on the premises when clinical services are
 1134 provided by a registered intern in a private practice setting.

1135 (d) Has passed a theory and practice examination
 1136 designated ~~provided~~ by the board ~~department~~ ~~for this purpose~~.

1137 (e) Has demonstrated, in a manner designated by board rule
 1138 ~~of the board~~, knowledge of the laws and rules governing the
 1139 practice of clinical social work, marriage and family therapy,
 1140 and mental health counseling.

1141 (2) CLINICAL SOCIAL WORK.—

1142 (b) An applicant from a master's or doctoral program in
 1143 social work which did not emphasize direct patient or client
 1144 services may complete the clinical curriculum content
 1145 requirement by returning to a graduate program accredited by the
 1146 Council on Social Work Education or the Canadian Association for
 1147 Social Work Education ~~of Schools of Social Work~~, or to a
 1148 clinical social work graduate program with comparable standards,
 1149 in order to complete the education requirements for examination.
 1150 However, a maximum of 6 semester or 9 quarter hours of the

1151 clinical curriculum content requirement may be completed by
1152 credit awarded for independent study coursework as defined by
1153 board rule.

1154 (3) MARRIAGE AND FAMILY THERAPY.—Upon verification of
1155 documentation and payment of a fee not to exceed \$200, as set by
1156 board rule, plus the actual cost ~~to the department~~ for the
1157 purchase of the examination from the Association of Marital and
1158 Family Therapy Regulatory Boards Board, or its successor ~~similar~~
1159 ~~national~~ organization, the department shall issue a license as a
1160 marriage and family therapist to an applicant who the board
1161 certifies:

1162 (a) Has submitted an application and paid the appropriate
1163 fee.

1164 (b)~~1.~~ Has a minimum of a master's degree with major
1165 emphasis in marriage and family therapy from a program
1166 accredited by the Commission on Accreditation for Marriage and
1167 Family Therapy Education or from a state university program
1168 accredited by the Council for Accreditation of Counseling and
1169 Related Educational Programs, or a closely related field, and
1170 graduate courses approved by the Board of Clinical Social Work,
1171 Marriage and Family Therapy, and Mental Health Counseling. ~~has~~
1172 ~~completed all of the following requirements:~~

1173 a. ~~Thirty six semester hours or 48 quarter hours of~~
1174 ~~graduate coursework, which must include a minimum of 3 semester~~
1175 ~~hours or 4 quarter hours of graduate-level course credits in~~

1176 ~~each of the following nine areas: dynamics of marriage and~~
1177 ~~family systems; marriage therapy and counseling theory and~~
1178 ~~techniques; family therapy and counseling theory and techniques;~~
1179 ~~individual human development theories throughout the life cycle;~~
1180 ~~personality theory or general counseling theory and techniques;~~
1181 ~~psychopathology; human sexuality theory and counseling~~
1182 ~~techniques; psychosocial theory; and substance abuse theory and~~
1183 ~~counseling techniques. Courses in research, evaluation,~~
1184 ~~appraisal, assessment, or testing theories and procedures;~~
1185 ~~thesis or dissertation work; or practicums, internships, or~~
1186 ~~fieldwork may not be applied toward this requirement.~~

1187 ~~b. A minimum of one graduate-level course of 3 semester~~
1188 ~~hours or 4 quarter hours in legal, ethical, and professional~~
1189 ~~standards issues in the practice of marriage and family therapy~~
1190 ~~or a course determined by the board to be equivalent.~~

1191 ~~e. A minimum of one graduate-level course of 3 semester~~
1192 ~~hours or 4 quarter hours in diagnosis, appraisal, assessment,~~
1193 ~~and testing for individual or interpersonal disorder or~~
1194 ~~dysfunction; and a minimum of one 3-semester-hour or 4-quarter-~~
1195 ~~hour graduate-level course in behavioral research which focuses~~
1196 ~~on the interpretation and application of research data as it~~
1197 ~~applies to clinical practice. Credit for thesis or dissertation~~
1198 ~~work, practicums, internships, or fieldwork may not be applied~~
1199 ~~toward this requirement.~~

1200 ~~d. A minimum of one supervised clinical practicum,~~

1201 ~~internship, or field experience in a marriage and family~~
1202 ~~counseling setting, during which the student provided 180 direct~~
1203 ~~client contact hours of marriage and family therapy services~~
1204 ~~under the supervision of an individual who met the requirements~~
1205 ~~for supervision under paragraph (c). This requirement may be met~~
1206 ~~by a supervised practice experience which took place outside the~~
1207 ~~academic arena, but which is certified as equivalent to a~~
1208 ~~graduate-level practicum or internship program which required a~~
1209 ~~minimum of 180 direct client contact hours of marriage and~~
1210 ~~family therapy services currently offered within an academic~~
1211 ~~program of a college or university accredited by an accrediting~~
1212 ~~agency approved by the United States Department of Education, or~~
1213 ~~an institution which is publicly recognized as a member in good~~
1214 ~~standing with the Association of Universities and Colleges of~~
1215 ~~Canada or a training institution accredited by the Commission on~~
1216 ~~Accreditation for Marriage and Family Therapy Education~~
1217 ~~recognized by the United States Department of Education.~~
1218 ~~Certification shall be required from an official of such~~
1219 ~~college, university, or training institution.~~

1220 ~~2. If the course title which appears on the applicant's~~
1221 ~~transcript does not clearly identify the content of the~~
1222 ~~coursework, the applicant shall be required to provide~~
1223 ~~additional documentation, including, but not limited to, a~~
1224 ~~syllabus or catalog description published for the course.~~

1225

1226 The required master's degree must have been received in an
 1227 institution of higher education which at the time the applicant
 1228 graduated was: fully accredited by a regional accrediting body
 1229 recognized by the Council for Higher Education Accreditation
 1230 ~~Commission on Recognition of Postsecondary Accreditation;~~
 1231 publicly recognized as a member in good standing with ~~the~~
 1232 ~~Association of Universities and Colleges of Canada;~~ or an
 1233 institution of higher education located outside the United
 1234 States and Canada, which at the time the applicant was enrolled
 1235 and at the time the applicant graduated maintained a standard of
 1236 training substantially equivalent to the standards of training
 1237 of those institutions in the United States which are accredited
 1238 by a regional accrediting body recognized by the Council for
 1239 Higher Education Accreditation ~~Commission on Recognition of~~
 1240 ~~Postsecondary Accreditation~~. Such foreign education and training
 1241 must have been received in an institution or program of higher
 1242 education officially recognized by the government of the country
 1243 in which it is located as an institution or program to train
 1244 students to practice as professional marriage and family
 1245 therapists or psychotherapists. The burden of establishing that
 1246 the requirements of this provision have been met shall be upon
 1247 the applicant, and the board shall require documentation, such
 1248 as, but not limited to, an evaluation by a foreign equivalency
 1249 determination service, as evidence that the applicant's graduate
 1250 degree program and education were equivalent to an accredited

1251 program in this country. An applicant with a master's degree
1252 from a program which did not emphasize marriage and family
1253 therapy may complete the coursework requirement in a training
1254 institution fully accredited by the Commission on Accreditation
1255 for Marriage and Family Therapy Education recognized by the
1256 United States Department of Education.

1257 (c) Has had at least 2 years of clinical experience during
1258 which 50 percent of the applicant's clients were receiving
1259 marriage and family therapy services, which must be at the post-
1260 master's level under the supervision of a licensed marriage and
1261 family therapist with at least 5 years of experience, or the
1262 equivalent, who is a qualified supervisor as determined by the
1263 board. An individual who intends to practice in Florida to
1264 satisfy the clinical experience requirements must register
1265 pursuant to s. 491.0045 before commencing practice. If a
1266 graduate has a master's degree with a major emphasis in marriage
1267 and family therapy or a closely related field that did not
1268 include all the coursework required under paragraph (b) sub-
1269 subparagraphs (b)1.a.-c., credit for the post-master's level
1270 clinical experience shall not commence until the applicant has
1271 completed a minimum of 10 of the courses required under
1272 paragraph (b) sub-subparagraphs (b)1.a.-c., as determined by the
1273 board, and at least 6 semester hours or 9 quarter hours of the
1274 course credits must have been completed in the area of marriage
1275 and family systems, theories, or techniques. Within the 2 ~~3~~

1276 | years of required experience, the applicant shall provide direct
1277 | individual, group, or family therapy and counseling, to include
1278 | the following categories of cases: unmarried dyads, married
1279 | couples, separating and divorcing couples, and family groups
1280 | including children. A doctoral internship may be applied toward
1281 | the clinical experience requirement. A licensed mental health
1282 | professional must be on the premises when clinical services are
1283 | provided by a registered intern in a private practice setting.

1284 | (d) Has passed a theory and practice examination
1285 | designated ~~provided~~ by the board ~~department~~ for this purpose.

1286 | (e) Has demonstrated, in a manner designated by board rule
1287 | ~~of the board~~, knowledge of the laws and rules governing the
1288 | practice of clinical social work, marriage and family therapy,
1289 | and mental health counseling.

1290 | (f) For the purposes of dual licensure, the department
1291 | shall license as a marriage and family therapist any person who
1292 | meets the requirements of s. 491.0057. Fees for dual licensure
1293 | shall not exceed those stated in this subsection.

1294 | (4) MENTAL HEALTH COUNSELING.—Upon verification of
1295 | documentation and payment of a fee not to exceed \$200, as set by
1296 | board rule, plus the actual per applicant cost ~~to the department~~
1297 | for purchase of the examination from the National Board for
1298 | Certified Counselors or its successor ~~Professional Examination~~
1299 | ~~Service for the National Academy of Certified Clinical Mental~~
1300 | ~~Health Counselors or a similar national organization, the~~

1301 department shall issue a license as a mental health counselor to
1302 an applicant who the board certifies:

1303 (a) Has submitted an application and paid the appropriate
1304 fee.

1305 (b)1. Has a minimum of an earned master's degree from a
1306 mental health counseling program accredited by the Council for
1307 the Accreditation of Counseling and Related Educational Programs
1308 that consists of at least 60 semester hours or 80 quarter hours
1309 of clinical and didactic instruction, ~~including a course in~~
1310 ~~human sexuality and a course in substance abuse~~. If the master's
1311 degree is earned from a program related to the practice of
1312 mental health counseling that is not accredited by the Council
1313 for the Accreditation of Counseling and Related Educational
1314 Programs, then the coursework and practicum, internship, or
1315 fieldwork must consist of at least 60 semester hours or 80
1316 quarter hours and meet the following requirements:

1317 a. Thirty-three semester hours or 44 quarter hours of
1318 graduate coursework, which must include a minimum of 3 semester
1319 hours or 4 quarter hours of graduate-level coursework in each of
1320 the following 11 content areas: counseling theories and
1321 practice; human growth and development; diagnosis and treatment
1322 of psychopathology; human sexuality; group theories and
1323 practice; individual evaluation and assessment; career and
1324 lifestyle assessment; research and program evaluation; social
1325 and cultural foundations; substance abuse; and legal, ethical,

1326 and professional standards issues in the practice of mental
1327 health counseling in community settings; and substance abuse.
1328 Courses in research, thesis or dissertation work, practicums,
1329 internships, or fieldwork may not be applied toward this
1330 requirement.

1331 b. A minimum of 3 semester hours or 4 quarter hours of
1332 graduate-level coursework addressing diagnostic processes,
1333 including differential diagnosis and the use of the current
1334 diagnostic tools, such as the current edition of the American
1335 Psychiatric Association's Diagnostic and Statistical Manual of
1336 Mental Disorders. The graduate program must have emphasized the
1337 common core curricular experience in legal, ethical, and
1338 ~~professional standards issues in the practice of mental health~~
1339 ~~counseling, which includes goals, objectives, and practices of~~
1340 ~~professional counseling organizations, codes of ethics, legal~~
1341 ~~considerations, standards of preparation, certifications and~~
1342 ~~licensing, and the role identity and professional obligations of~~
1343 ~~mental health counselors. Courses in research, thesis or~~
1344 ~~dissertation work, practicums, internships, or fieldwork may not~~
1345 ~~be applied toward this requirement.~~

1346 c. The equivalent, as determined by the board, of at least
1347 700 ~~1,000~~ hours of university-sponsored supervised clinical
1348 practicum, internship, or field experience that includes at
1349 least 280 hours of direct client services, as required in the
1350 accrediting standards of the Council for Accreditation of

1351 Counseling and Related Educational Programs for mental health
1352 counseling programs. This experience may not be used to satisfy
1353 the post-master's clinical experience requirement.

1354 2. If the course title which appears on the applicant's
1355 transcript does not clearly identify the content of the
1356 coursework, the applicant shall be required to provide
1357 additional documentation, including, but not limited to, a
1358 syllabus or catalog description published for the course.

1359

1360 Education and training in mental health counseling must have
1361 been received in an institution of higher education which at the
1362 time the applicant graduated was: fully accredited by a regional
1363 accrediting body recognized by the Council for Higher Education
1364 Accreditation or its successor ~~Commission on Recognition of~~
1365 ~~Postsecondary Accreditation~~; publicly recognized as a member in
1366 good standing with ~~the Association of Universities and Colleges~~
1367 ~~of Canada~~; or an institution of higher education located outside
1368 the United States and Canada, which at the time the applicant
1369 was enrolled and at the time the applicant graduated maintained
1370 a standard of training substantially equivalent to the standards
1371 of training of those institutions in the United States which are
1372 accredited by a regional accrediting body recognized by the
1373 Council for Higher Education Accreditation or its successor
1374 ~~Commission on Recognition of Postsecondary Accreditation~~. Such
1375 foreign education and training must have been received in an

1376 institution or program of higher education officially recognized
 1377 by the government of the country in which it is located as an
 1378 institution or program to train students to practice as mental
 1379 health counselors. The burden of establishing that the
 1380 requirements of this provision have been met shall be upon the
 1381 applicant, and the board shall require documentation, such as,
 1382 but not limited to, an evaluation by a foreign equivalency
 1383 determination service, as evidence that the applicant's graduate
 1384 degree program and education were equivalent to an accredited
 1385 program in this country. Beginning July 1, 2026, an applicant
 1386 must have a master's degree in a program that is accredited by
 1387 the Council for Accreditation of Counseling and Related
 1388 Educational Programs which consists of at least 60 semester
 1389 hours or 80 quarter hours to apply for licensure under this
 1390 paragraph.

1391 (c) Has had at least 2 years of clinical experience in
 1392 mental health counseling, which must be at the post-master's
 1393 level under the supervision of a licensed mental health
 1394 counselor or the equivalent who is a qualified supervisor as
 1395 determined by the board. An individual who intends to practice
 1396 in Florida to satisfy the clinical experience requirements must
 1397 register pursuant to s. 491.0045 before commencing practice. If
 1398 a graduate has a master's degree with a major related to the
 1399 practice of mental health counseling that did not include all
 1400 the coursework required under sub-subparagraphs (b)1.a.-b.,

1401 credit for the post-master's level clinical experience shall not
 1402 commence until the applicant has completed a minimum of seven of
 1403 the courses required under sub-subparagraphs (b)1.a.-b., as
 1404 determined by the board, one of which must be a course in
 1405 psychopathology or abnormal psychology. A doctoral internship
 1406 may be applied toward the clinical experience requirement. A
 1407 licensed mental health professional must be on the premises when
 1408 clinical services are provided by a registered intern in a
 1409 private practice setting.

1410 (d) Has passed a theory and practice examination
 1411 designated ~~provided~~ by the board ~~department~~ for this purpose.

1412 (e) Has demonstrated, in a manner designated by board rule
 1413 ~~of the board~~, knowledge of the laws and rules governing the
 1414 practice of clinical social work, marriage and family therapy,
 1415 and mental health counseling.

1416 Section 12. Subsection (3) of section 491.0057, Florida
 1417 Statutes, is amended to read:

1418 491.0057 Dual licensure as a marriage and family
 1419 therapist.—The department shall license as a marriage and family
 1420 therapist any person who demonstrates to the board that he or
 1421 she:

1422 (3) Has passed the examination designated ~~provided~~ by the
 1423 board ~~department~~ for marriage and family therapy.

1424 Section 13. Paragraph (b) of subsection (1) of section
 1425 491.006, Florida Statutes, is amended to read:

1426 491.006 Licensure or certification by endorsement.—
 1427 (1) The department shall license or grant a certificate to
 1428 a person in a profession regulated by this chapter who, upon
 1429 applying to the department and remitting the appropriate fee,
 1430 demonstrates to the board that he or she:
 1431 (b)1. Holds an active valid license to practice and has
 1432 actively practiced the profession for which licensure is applied
 1433 in another state for 3 of the last 5 years immediately preceding
 1434 licensure.
 1435 ~~2. Meets the education requirements of this chapter for~~
 1436 ~~the profession for which licensure is applied.~~
 1437 2.3. Has passed a substantially equivalent licensing
 1438 examination in another state or has passed the licensure
 1439 examination in this state in the profession for which the
 1440 applicant seeks licensure.
 1441 ~~3.4.~~ Holds a license in good standing, is not under
 1442 investigation for an act that would constitute a violation of
 1443 this chapter, and has not been found to have committed any act
 1444 that would constitute a violation of this chapter. ~~The fees paid~~
 1445 ~~by any applicant for certification as a master social worker~~
 1446 ~~under this section are nonrefundable.~~
 1447 Section 14. Subsections (2) and (3) of section 491.007,
 1448 Florida Statutes, are amended to read:
 1449 491.007 Renewal of license, registration, or certificate.—
 1450 (2) Each applicant for renewal shall present satisfactory

1451 evidence that, in the period since the license or certificate
 1452 was issued, the applicant has completed continuing education
 1453 requirements set by rule of the board or department. Not more
 1454 than 25 classroom hours of continuing education per year shall
 1455 be required. ~~A certified master social worker is exempt from the~~
 1456 ~~continuing education requirements for the first renewal of the~~
 1457 ~~certificate.~~

1458 ~~(3) The board or department shall prescribe by rule a~~
 1459 ~~method for the biennial renewal of an intern registration at a~~
 1460 ~~fee set by rule, not to exceed \$100.~~

1461 Section 15. Subsection (2) of section 491.009, Florida
 1462 Statutes, is amended to read:

1463 491.009 Discipline.—

1464 (2) ~~The department, or, in the case of psychologists, the~~
 1465 ~~board,~~ may enter an order denying licensure or imposing any of
 1466 the penalties in s. 456.072(2) against any applicant for
 1467 licensure or licensee who is found guilty of violating any
 1468 provision of subsection (1) of this section or who is found
 1469 guilty of violating any provision of s. 456.072(1).

1470 Section 16. Paragraph (a) of subsection (1) of section
 1471 491.012, Florida Statutes, is amended to read:

1472 491.012 Violations; penalty; injunction.—

1473 (1) It is unlawful and a violation of this chapter for any
 1474 person to:

1475 (a) Use the following titles or any combination thereof,

1476 unless she or he holds a valid, active license as a clinical
 1477 social worker issued pursuant to this chapter:

- 1478 1. "Licensed clinical social worker."
- 1479 2. "Clinical social worker."
- 1480 3. "Licensed social worker."
- 1481 4. "Psychiatric social worker."
- 1482 5. "Psychosocial worker."
- 1483 6. "Certified master social worker."

1484 Section 17. Section 491.0145, Florida Statutes, is amended
 1485 to read:

1486 491.0145 Certified master social worker.—

1487 (1) The department shall license ~~may certify~~ an applicant
 1488 for a designation as a certified master social worker who, upon
 1489 applying to the department and remitting the appropriate fee,
 1490 demonstrates to the board that he or she has met the following
 1491 conditions:

1492 (a)-(1) The applicant has submitted ~~completes~~ an
 1493 application and has paid ~~to be provided by the department and~~
 1494 ~~pays~~ a nonrefundable fee not to exceed \$250 to be established by
 1495 rule of the board ~~department~~. ~~The completed application must be~~
 1496 ~~received by the department at least 60 days before the date of~~
 1497 ~~the examination in order for the applicant to qualify to take~~
 1498 ~~the scheduled exam.~~

1499 (b)-(2) The applicant submits proof satisfactory to the
 1500 board ~~department~~ that the applicant has received a doctoral

1501 degree in social work, or a master's degree in social work with
1502 a major emphasis or specialty in ~~clinical practice or~~
1503 ~~administration, including, but not limited to, agency~~
1504 administration and supervision, program planning and evaluation,
1505 staff development, research, community organization, community
1506 services, social planning, and human service advocacy. Doctoral
1507 degrees must have been received from a graduate school of social
1508 work which at the time the applicant was enrolled and graduated
1509 was accredited by an accrediting agency approved by the United
1510 States Department of Education. Master's degrees must have been
1511 received from a graduate school of social work which at the time
1512 the applicant was enrolled and graduated was accredited by the
1513 Council on Social Work Education or the Canadian Association of
1514 Schools for ~~of~~ Social Work Education or by one that meets
1515 comparable standards.

1516 (c) ~~(3)~~ The applicant has had at least 2 ~~3~~ years'
1517 experience, as defined by rule of the board, including, but not
1518 limited to, ~~clinical services or~~ administrative activities as
1519 described in paragraph (b) ~~defined in subsection (2)~~, 2 years of
1520 which must be at the post-master's level under the supervision
1521 of a person who meets the education and experience requirements
1522 for certification as a certified master social worker, as
1523 defined by rule of the board, or licensure as a clinical social
1524 worker under this chapter. A doctoral internship may be applied
1525 toward the supervision requirement.

1526 (d)~~(4)~~ Any person who holds a master's degree in social
 1527 work from institutions outside the United States may apply to
 1528 the board ~~department~~ for certification if the academic training
 1529 in social work has been evaluated as equivalent to a degree from
 1530 a school accredited by the Council on Social Work Education. Any
 1531 such person shall submit a copy of the academic training from
 1532 the Foreign Equivalency Determination Service of the Council on
 1533 Social Work Education.

1534 (e)~~(5)~~ The applicant has passed an examination required by
 1535 the board ~~department~~ for this purpose. ~~The nonrefundable fee for~~
 1536 ~~such examination may not exceed \$250 as set by department rule.~~

1537 (2)~~(6)~~ Nothing in this chapter shall be construed to
 1538 authorize a certified master social worker to provide clinical
 1539 social work services.

1540 (3) The board may adopt rules to implement this section.

1541 Section 18. Section 491.0149, Florida Statutes, is amended
 1542 to read:

1543 491.0149 Display of license; use of professional title on
 1544 promotional materials.—

1545 (1) (a) A person licensed under this chapter as a clinical
 1546 social worker, marriage and family therapist, or mental health
 1547 counselor, or certified as a master social worker shall
 1548 conspicuously display the valid license issued by the department
 1549 or a true copy thereof at each location at which the licensee
 1550 practices his or her profession.

1551 (b)1. A licensed clinical social worker shall include the
1552 words "licensed clinical social worker" or the letters "LCSW" on
1553 all promotional materials, including cards, brochures,
1554 stationery, advertisements, social media, and signs, naming the
1555 licensee.

1556 2. A licensed marriage and family therapist shall include
1557 the words "licensed marriage and family therapist" or the
1558 letters "LMFT" on all promotional materials, including cards,
1559 brochures, stationery, advertisements, social media, and signs,
1560 naming the licensee.

1561 3. A licensed mental health counselor shall include the
1562 words "licensed mental health counselor" or the letters "LMHC"
1563 on all promotional materials, including cards, brochures,
1564 stationery, advertisements, social media, and signs, naming the
1565 licensee.

1566 (c) A generalist social worker shall include the words
1567 "certified master social worker" or the letters "CMSW" on all
1568 promotional materials, including cards, brochures, stationery,
1569 advertisements, social media, and signs, naming the licensee.

1570 (2)(a) A person registered under this chapter as a
1571 clinical social worker intern, marriage and family therapist
1572 intern, or mental health counselor intern shall conspicuously
1573 display the valid registration issued by the department or a
1574 true copy thereof at each location at which the registered
1575 intern is completing the experience requirements.

1576 (b) A registered clinical social worker intern shall
1577 include the words "registered clinical social worker intern," a
1578 registered marriage and family therapist intern shall include
1579 the words "registered marriage and family therapist intern," and
1580 a registered mental health counselor intern shall include the
1581 words "registered mental health counselor intern" on all
1582 promotional materials, including cards, brochures, stationery,
1583 advertisements, social media, and signs, naming the registered
1584 intern.

1585 (3) (a) A person provisionally licensed under this chapter
1586 as a provisional clinical social worker licensee, provisional
1587 marriage and family therapist licensee, or provisional mental
1588 health counselor licensee shall conspicuously display the valid
1589 provisional license issued by the department or a true copy
1590 thereof at each location at which the provisional licensee is
1591 providing services.

1592 (b) A provisional clinical social worker licensee shall
1593 include the words "provisional clinical social worker licensee,"
1594 a provisional marriage and family therapist licensee shall
1595 include the words "provisional marriage and family therapist
1596 licensee," and a provisional mental health counselor licensee
1597 shall include the words "provisional mental health counselor
1598 licensee" on all promotional materials, including cards,
1599 brochures, stationery, advertisements, social media, and signs,
1600 naming the provisional licensee.

1601 Section 19. Section 491.015, Florida Statutes, is
 1602 repealed.

1603 Section 20. Paragraph (h) is added to subsection (10) of
 1604 section 768.28, Florida Statutes, to read:

1605 768.28 Waiver of sovereign immunity in tort actions;
 1606 recovery limits; limitation on attorney fees; statute of
 1607 limitations; exclusions; indemnification; risk management
 1608 programs.—

1609 (10)

1610 (h) For the purposes of this section, the representative
 1611 appointed from the Board of Medicine and the representative
 1612 appointed from the Board of Osteopathic Medicine, when serving
 1613 as commissioners of the Interstate Medical Licensure Compact
 1614 Commission pursuant to s. 456.4501, and any administrator,
 1615 officer, executive director, employee, or representative of the
 1616 Interstate Medical Licensure Compact Commission, when acting
 1617 within the scope of their employment, duties, or
 1618 responsibilities in this state, are considered agents of the
 1619 state. The commission shall pay any claims or judgments pursuant
 1620 to this section and may maintain insurance coverage to pay any
 1621 such claims or judgments.

1622 Section 21. Paragraph (c) of subsection (4) of section
 1623 414.065, Florida Statutes, is amended to read:

1624 414.065 Noncompliance with work requirements.—

1625 (4) EXCEPTIONS TO NONCOMPLIANCE PENALTIES.—Unless

1626 otherwise provided, the situations listed in this subsection
1627 shall constitute exceptions to the penalties for noncompliance
1628 with participation requirements, except that these situations do
1629 not constitute exceptions to the applicable time limit for
1630 receipt of temporary cash assistance:

1631 (c) Noncompliance related to treatment or remediation of
1632 past effects of domestic violence.—An individual who is
1633 determined to be unable to comply with the work requirements
1634 under this section due to mental or physical impairment related
1635 to past incidents of domestic violence may be exempt from work
1636 requirements, except that such individual shall comply with a
1637 plan that specifies alternative requirements that prepare the
1638 individual for self-sufficiency while providing for the safety
1639 of the individual and the individual's dependents. A participant
1640 who is determined to be out of compliance with the alternative
1641 requirement plan shall be subject to the penalties under
1642 subsection (1). The plan must include counseling or a course of
1643 treatment necessary for the individual to resume participation.
1644 The need for treatment and the expected duration of such
1645 treatment must be verified by a physician licensed under chapter
1646 458 or chapter 459; a psychologist licensed under s. 490.005(1),
1647 s. 490.006, or the provision identified as s. 490.013(2) in s.
1648 1, chapter 81-235, Laws of Florida; a therapist as defined in s.
1649 491.003(3) or (7) ~~s. 491.003(2) or (6)~~; or a treatment
1650 professional who is registered under s. 39.905(1)(g), is

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2020

1651 authorized to maintain confidentiality under s. 90.5036(1)(d),
1652 and has a minimum of 2 years' ~~years~~ experience at a certified
1653 domestic violence center. An exception granted under this
1654 paragraph does not automatically constitute an exception from
1655 the time limitations on benefits specified under s. 414.105.
1656 Section 22. This act shall take effect July 1, 2020.

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 & Human Services
2 Committee

3 Representative Gregory offered the following:

4

5 **Amendment (with title amendment)**

6 Between lines 89 and 90, insert:

7 Section 1. Paragraph (b) of subsection (11) of section
8 381.0041, Florida Statutes, is amended to read:

9 381.0041 Donation and transfer of human tissue; testing
10 requirements.—

11 (11)

12 (b) Any person who is living with ~~has~~ human
13 immunodeficiency virus infection, who knows he or she is living
14 ~~infected~~ with human immunodeficiency virus, and who has been
15 informed that he or she may communicate this disease by donating
16 blood, plasma, organs, skin, or other human tissue who donates

Amendment No. 1

17 blood, plasma, organs, skin, or other human tissue for use in
18 another person commits ~~is guilty of~~ a felony of the third
19 degree, punishable as provided in s. 775.082, s. 775.083, or s.
20 775.084. This paragraph does not apply if the donation is made
21 for a recipient who is living with human immunodeficiency virus
22 and who knows that the donor is living with human
23 immunodeficiency virus.

24 Section 2. Paragraph (f) of subsection (2) of section
25 394.463, Florida Statutes, is amended to read:

26 394.463 Involuntary examination.—

27 (2) INVOLUNTARY EXAMINATION.—

28 (f) A patient shall be examined by a physician or a
29 clinical psychologist, or by a psychiatric nurse performing
30 within the framework of an established protocol with a
31 psychiatrist at a facility without unnecessary delay to
32 determine if the criteria for involuntary services are met.
33 Emergency treatment may be provided upon the order of a
34 physician if the physician determines that such treatment is
35 necessary for the safety of the patient or others. The patient
36 may not be released by the receiving facility or its contractor
37 without the documented approval of a psychiatrist or a clinical
38 psychologist or, if the receiving facility is owned or operated
39 by a hospital, ~~or~~ health system, or a nationally accredited not-
40 for-profit community mental health center, the release may also
41 be approved by a psychiatric nurse performing within the

Amendment No. 1

42 framework of an established protocol with a psychiatrist, or an
43 attending emergency department physician with experience in the
44 diagnosis and treatment of mental illness after completion of an
45 involuntary examination pursuant to this subsection. A
46 psychiatric nurse may not approve the release of a patient if
47 the involuntary examination was initiated by a psychiatrist
48 unless the release is approved by the initiating psychiatrist.

49 Section 3. Paragraphs (g), (h), (i), (j), (k), (l), (m),
50 (n), (o), (p), (q), (r), (s), (t), (u), and (v) of subsection
51 (4) of section 408.809, Florida Statutes, are redesignated as
52 paragraphs (h), (i), (j), (k), (l), (m), (n), (o), (p), (q),
53 (r), (s), (t), (u), (v), and (w), respectively, and paragraph
54 (g) is added to that subsection, to read:

55 408.809 Background screening; prohibited offenses.—

56 (4) In addition to the offenses listed in s. 435.04, all
57 persons required to undergo background screening pursuant to
58 this part or authorizing statutes must not have an arrest
59 awaiting final disposition for, must not have been found guilty
60 of, regardless of adjudication, or entered a plea of nolo
61 contendere or guilty to, and must not have been adjudicated
62 delinquent and the record not have been sealed or expunged for
63 any of the following offenses or any similar offense of another
64 jurisdiction:

Amendment No. 1

65 (g) Section 784.03, relating to battery, if the victim is
66 a vulnerable adult as defined in 415.102 or a patient or
67 resident of a facility licensed under chapter 395, 400, or 429.

68
69 If, upon rescreening, a person who is currently employed or
70 contracted with a licensee as of June 30, 2014, and was screened
71 and qualified under ss. 435.03 and 435.04, has a disqualifying
72 offense that was not a disqualifying offense at the time of the
73 last screening, but is a current disqualifying offense and was
74 committed before the last screening, he or she may apply for an
75 exemption from the appropriate licensing agency and, if agreed
76 to by the employer, may continue to perform his or her duties
77 until the licensing agency renders a decision on the application
78 for exemption if the person is eligible to apply for an
79 exemption and the exemption request is received by the agency no
80 later than 30 days after receipt of the rescreening results by
81 the person.

82 Section 4. Subsection (5) is added to section 456.0135,
83 Florida Statutes, to read:

84 456.0135 General background screening provisions.—

85 (5) In addition to the offenses listed in s. 435.04,
86 persons required to undergo background screening under this
87 section, other than those licensed under s. 465.022, must not
88 have an arrest awaiting final disposition for, been found guilty
89 of, regardless of adjudication, or entered a please of nolo

Amendment No. 1

90 contendere or guilty to, and must not have been adjudicated
91 delinquent and the record not have been sealed or expunged for
92 an offense or any similar offense of another jurisdiction under
93 s. 784.03, relating to battery, if the victim is a vulnerable
94 adult as defined in 415.102 or a patient or resident of a
95 facility licensed under chapter 395, 400, or 429.

96 -----
97
98 **T I T L E A M E N D M E N T**

99 Remove line 2 and insert:

100 An act relating to the Department of Health; amending s.
101 381.0041, F.S.; providing that it is a felony for certain
102 persons living with human immunodeficiency virus to donate human
103 tissue to persons who are not living with such virus; providing
104 an exception; amending s. 394.463, F.S.; authorizing a
105 psychiatric nurse performing within the framework of a protocol
106 with a psychiatrist to approve the release of a patient from
107 certain community health centers; amending s. 408.809, F.S.;
108 adding a prohibited offense; amending s. 456.0135, F.S.;
109 providing that certain offenses are prohibited by certain health
110 care practitioners; creating

Amendment No. 2

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 & Human Services
2 Committee
3 Representative Gregory offered the following:
4

Amendment (with directory amendment)

6 -----

D I R E C T O R Y A M E N D M E N T

8 Remove line 90 and insert:
9 Section 1. Effective July 1, 2021, section 456.4501,
10 Florida Statutes, is created
11 Remove line 912 and insert:
12 Section 2. Effective July 1, 2021, section 456.4502,
13 Florida Statutes, is created
14 Remove line 944 and insert:
15 Section 3. Effective July 1, 2021, section 456.4503,
16 Florida Statutes, is created

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1143 (2020)

Amendment No. 2

17 Remove line 952 and insert:
18 Section 4. Effective July 1, 2021, section 456.4504,
19 Florida Statutes, is created
20 Remove line 957 and insert:
21 Section 5. Effective July 1, 2021, section 458.3129,
22 Florida Statutes, is created
23 Remove line 962 and insert:
24 Section 6. Effective July 1, 2021, section 459.074,
25 Florida Statutes, is created
26 Remove line 1603 and insert:
27 Section 20. Effective July 1, 2021, paragraph (h) is added
28 to subsection (10) of

Amendment No. 3

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Gregory offered the following:

4
 5 **Amendment (with title amendment)**

6 Remove lines 968-1019 and insert:

7 Section 1. Paragraph (i) of subsection (1) of section
 8 458.3145, Florida Statutes, is amended to read:

9 458.3145 Medical faculty certificate.—

10 (1) A medical faculty certificate may be issued without
 11 examination to an individual who:

12 (i) Has been offered and has accepted a full-time faculty
 13 appointment to teach in a program of medicine at:

- 14 1. The University of Florida;
- 15 2. The University of Miami;
- 16 3. The University of South Florida;

Amendment No. 3

- 17 4. The Florida State University;
18 5. The Florida International University;
19 6. The University of Central Florida;
20 7. The Mayo Clinic College of Medicine and Science in
21 Jacksonville, Florida;
22 8. The Florida Atlantic University; ~~or~~
23 9. The Johns Hopkins All Children's Hospital in St.
24 Petersburg, Florida.
25 10. Nova Southeastern University; or
26 11. Lake Erie College of Osteopathic Medicine.

27 Section 2. Effective upon this act becoming a law,
28 subsection (8) of section 464.019, Florida Statutes, is amended
29 and paragraph (f) is added to subsection (11) of that section to
30 read:

31 464.019 Approval of nursing education programs.—

32 (8) RULEMAKING.—The board does not have rulemaking
33 authority to administer this section, except that the board
34 shall adopt rules that prescribe the format for submitting
35 program applications under subsection (1) and annual reports
36 under subsection (3), and to administer the documentation of the
37 accreditation of nursing education programs under subsection
38 (11). The board may adopt rules relating to the nursing
39 curriculum, including rules relating to the uses and limitations
40 of simulation technology, and rules relating to the criteria to
41 qualify for an extension of time to meet the accreditation

Amendment No. 3

42 requirements under paragraph (11) (f). The board may not impose
43 any condition or requirement on an educational institution
44 submitting a program application, an approved program, or an
45 accredited program, except as expressly provided in this
46 section.

47 (11) ACCREDITATION REQUIRED.—

48 (f) An approved nursing education program may, no sooner
49 than 90 days before the deadline for meeting the accreditation
50 requirements of this subsection, apply to the board for an
51 extension of the accreditation deadline for a period which does
52 not exceed 2 years. An additional extension may not be granted.
53 In order to be eligible for the extension, the approved program
54 must establish that it has a graduate passage rate of 60 percent
55 or higher on the National Council of State Boards of Nursing
56 Licensing Examination for the most recent calendar year and must
57 meet a majority of the board's additional criteria, including,
58 but not limited to, all of the following:

59 1. A student retention rate of 60 percent or higher for
60 the most recent calendar year.

61 2. A graduate work placement rate of 70 percent or higher
62 for the most recent calendar year.

63 3. The program has applied for approval or been approved
64 by an institutional or programmatic accreditor recognized by the
65 United States Department of Education.

Amendment No. 3

66 4. The program is in full compliance with subsections (1)
67 and (3) and paragraph (5) (b).

68 5. The program is not currently in its second year of
69 probationary status under subsection (5).

70
71 The applicable deadline under this paragraph is tolled from the
72 date on which an approved program applies for an extension until
73 the date on which the board issues a decision on the requested
74 extension.

75 Section 3. Subsection (13) of section 465.003, Florida
76 Statutes, is amended to read:

77 465.003 Definitions.—As used in this chapter, the term:

78 (13) "Practice of the profession of pharmacy" includes
79 compounding, dispensing, and consulting concerning contents,
80 therapeutic values, and uses of any medicinal drug; consulting
81 concerning therapeutic values and interactions of patent or
82 proprietary preparations, whether pursuant to prescriptions or
83 in the absence and entirely independent of such prescriptions or
84 orders; and conducting other pharmaceutical services. For
85 purposes of this subsection, "other pharmaceutical services"
86 means the monitoring of the patient's drug therapy and assisting
87 the patient in the management of his or her drug therapy, and
88 includes review of the patient's drug therapy and communication
89 with the patient's prescribing health care provider as licensed
90 under chapter 458, chapter 459, chapter 461, or chapter 466, or

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Amendment No. 3

91 similar statutory provision in another jurisdiction, or such
92 provider's agent or such other persons as specifically
93 authorized by the patient, regarding the drug therapy. However,
94 nothing in this subsection may be interpreted to permit an
95 alteration of a prescriber's directions, the diagnosis or
96 treatment of any disease, the initiation of any drug therapy,
97 the practice of medicine, or the practice of osteopathic
98 medicine, unless otherwise permitted by law. "Practice of the
99 profession of pharmacy" also includes any other act, service,
100 operation, research, or transaction incidental to, or forming a
101 part of, any of the foregoing acts, requiring, involving, or
102 employing the science or art of any branch of the pharmaceutical
103 profession, study, or training, and shall expressly permit a
104 pharmacist to transmit information from persons authorized to
105 prescribe medicinal drugs to their patients. The practice of the
106 profession of pharmacy also includes the administration of
107 vaccines to adults pursuant to s. 465.189, the administration of
108 long-acting medication pursuant to s. 465.1893, and the
109 preparation of prepackaged drug products in facilities holding
110 Class III institutional pharmacy permits.

111 Section 4. Paragraph (a) of subsection (1) and paragraph
112 (a) of subsection (2) of section 465.1893, Florida Statutes, are
113 amended to read:

114 465.1893 Administration of antipsychotic medication by
115 injection.—

Amendment No. 3

116 (1) (a) A pharmacist, at the direction of a physician
117 licensed under chapter 458 or chapter 459, may administer a
118 long-acting antipsychotic medication and extended-release
119 medications, including controlled substances, to treat substance
120 abuse disorder or dependency that have been approved by the
121 United States Food and Drug Administration by injection to a
122 patient if the pharmacist:

123 1. Is authorized by and acting within the framework of an
124 established protocol with the prescribing physician.

125 2. Practices at a facility that accommodates privacy for
126 nondeltoid injections and conforms with state rules and
127 regulations regarding the appropriate and safe disposal of
128 medication and medical waste.

129 3. Has completed the course required under subsection (2).

130 (2) (a) A pharmacist seeking to administer ~~a long-acting~~
131 ~~antipsychotic~~ medication as described in paragraph (1) (a) of
132 this section by injection must complete an 8-hour continuing
133 education course offered by:

134 1. A statewide professional association of physicians in
135 this state accredited to provide educational activities
136 designated for the American Medical Association Physician's
137 Recognition Award (AMA PRA) Category 1 Credit or the American
138 Osteopathic Association (AOA) Category 1-A continuing medical
139 education (CME) credit; and

140 2. A statewide association of pharmacists.

Amendment No. 3

141 Section 5. Subsection (9) is added to section 466.017,
142 Florida Statutes, to read:

143 466.017 Prescription of drugs; anesthesia.—

144 (9) A dentist may order physical impression materials for
145 self-administration by a patient for the purpose of fabricating
146 an orthodontic appliance.

147 Section 6. Chapter 480, Florida Statutes, entitled
148 "Massage Practice," is renamed "Massage Therapy Practice."

149 Section 7. Section 480.031, Florida Statutes, is amended
150 to read:

151 480.031 Short title.—This act ~~shall be known and~~ may be
152 cited as the "Massage Therapy Practice Act."

153 Section 8. Section 480.032, Florida Statutes, is amended
154 to read:

155 480.032 Purpose.—The Legislature recognizes that the
156 practice of massage therapy is potentially dangerous to the
157 public in that massage therapists must have a knowledge of
158 anatomy and physiology and an understanding of the relationship
159 between the structure and the function of the tissues being
160 treated and the total function of the body. Massage therapy is a
161 therapeutic health care practice, and regulations are necessary
162 to protect the public from unqualified practitioners. It is
163 therefore deemed necessary in the interest of public health,
164 safety, and welfare to regulate the practice of massage therapy
165 in this state; however, restrictions shall be imposed to the

Amendment No. 3

166 extent necessary to protect the public from significant and
167 discernible danger to health and yet not in such a manner which
168 will unreasonably affect the competitive market. Further,
169 consumer protection for both health and economic matters shall
170 be afforded the public through legal remedies provided for in
171 this act.

172 Section 9. Section 480.033, Florida Statutes, is amended
173 to read:

174 480.033 Definitions.—As used in this act:

175 (1)~~(5)~~ "Apprentice" means a person approved by the board
176 to study colon hydrotherapy ~~massage~~ under the instruction of a
177 licensed massage therapist practicing colon hydrotherapy.

178 (2)~~(1)~~ "Board" means the Board of Massage Therapy.

179 (3)~~(9)~~ "Board-approved massage therapy school" means a
180 facility that meets minimum standards for training and
181 curriculum as determined by rule of the board and that is
182 licensed by the Department of Education pursuant to chapter 1005
183 or the equivalent licensing authority of another state or is
184 within the public school system of this state or a college or
185 university that is eligible to participate in the William L.
186 Boyd, IV, Effective Access to Student Education Grant Program.

187 (4)~~(6)~~ "Colon hydrotherapy" ~~"Colonic irrigation"~~ means a
188 method of hydrotherapy used to cleanse the colon with the aid of
189 a mechanical device and water.

190 (5)~~(2)~~ "Department" means the Department of Health.

Amendment No. 3

191 ~~(6)-(11)~~ "Designated establishment manager" means a massage
192 therapist who holds a clear and active license without
193 restriction, who is responsible for the operation of a massage
194 establishment in accordance with the provisions of this chapter,
195 and who is designated the manager by the rules or practices at
196 the establishment.

197 (7) "Establishment" or "massage establishment" means a
198 site or premises, or portion thereof, wherein a massage
199 therapist practices massage therapy.

200 ~~(8)-(10)~~ "Establishment owner" means a person who has
201 ownership interest in a massage establishment. The term includes
202 an individual who holds a massage establishment license, a
203 general partner of a partnership, an owner or officer of a
204 corporation, and a member of a limited liability company and its
205 subsidiaries who holds a massage establishment license.

206 ~~(9)-(8)~~ "Licensure" means the procedure by which a person,
207 hereinafter referred to as a "practitioner," applies to the
208 board for approval to practice massage or to operate an
209 establishment.

210 ~~(10)-(4)~~ "Massage therapist" means a person licensed as
211 required by this act, who performs ~~administers~~ massage therapy,
212 including massage therapy assessment, for compensation.

213 ~~(11)-(3)~~ "Massage therapy" means the manipulation of the
214 soft tissues of the human body with the hand, foot, knee, arm,
215 or elbow, regardless of whether ~~or not~~ such manipulation is

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216 aided by hydrotherapy, including colon hydrotherapy ~~colonic~~
217 ~~irrigation~~, or thermal therapy; any electrical or mechanical
218 device; or the application to the human body of a chemical or
219 herbal preparation.

220 (12) "Massage therapy assessment" means the determination
221 of the course of massage therapy treatment.

222 Section 10. Subsections (1), (2), and (4) and paragraph
223 (b) of subsection (5) of section 480.041, Florida Statutes, are
224 amended, and subsection (8) is added to that section, to read:

225 480.041 Massage therapists; qualifications; licensure;
226 endorsement.—

227 (1) Any person is qualified for licensure as a massage
228 therapist under this act who:

229 (a) Is at least 18 years of age or has received a high
230 school diploma or high school equivalency diploma;

231 (b) Has completed a course of study at a board-approved
232 massage therapy school ~~or has completed an apprenticeship~~
233 ~~program that meets standards adopted by the board;~~ and

234 (c) Has received a passing grade on a national ~~an~~
235 examination designated ~~administered~~ by the board ~~department~~.

236 (2) Every person desiring to be examined for licensure as
237 a massage therapist must ~~shall~~ apply to the department in
238 writing upon forms prepared by the board and furnished by the
239 department. Such applicants are ~~shall be~~ subject to ~~the~~
240 ~~provisions of s. 480.046(1).~~ ~~Applicants may take an examination~~

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241 ~~administered by the department only upon meeting the~~
242 ~~requirements of this section as determined by the board.~~

243 (4) Upon an applicant's passing the examination and paying
244 the initial licensure fee, the department shall issue to the
245 applicant a license, valid until the next scheduled renewal
246 date, to practice massage therapy.

247 (5) The board shall adopt rules:

248 (b) Providing for educational standards, examination, and
249 certification for the practice of colon hydrotherapy ~~colonie~~
250 ~~irrigation~~, as defined in s. 480.033 ~~s. 480.033(6)~~, by massage
251 therapists.

252 (8) A person issued a license as an apprentice before July
253 1, 2020, may continue that apprenticeship and perform massage
254 therapy as authorized under that license until it expires. Upon
255 completion of the apprenticeship, which must occur before July
256 1, 2023, an apprentice may apply to the board for full licensure
257 and be granted a license if all other applicable licensure
258 requirements are met.

259 Section 11. Section 480.042, Florida Statutes, is
260 repealed.

261 Section 12. Subsection (13) of section 477.013, Florida
262 Statutes, is amended to read:

263 477.013 Definitions.—As used in this chapter:

264 (13) "Skin care services" means the treatment of the skin
265 of the body, other than the head, face, and scalp, by the use of

Amendment No. 3

266 a sponge, brush, cloth, or similar device to apply or remove a
267 chemical preparation or other substance, except that chemical
268 peels may be removed by peeling an applied preparation from the
269 skin by hand. Skin care services must be performed by a licensed
270 cosmetologist or facial specialist within a licensed cosmetology
271 or specialty salon, and such services may not involve massage
272 therapy, as defined in s. 480.033 ~~s. 480.033(3)~~, through
273 manipulation of the superficial tissue.

274 Section 13. Paragraph (a) of subsection (1) of section
275 477.0135, Florida Statutes, is amended to read:

276 477.0135 Exemptions.—

277 (1) This chapter does not apply to the following persons
278 when practicing pursuant to their professional or occupational
279 responsibilities and duties:

280 (a) Persons authorized under the laws of this state to
281 practice medicine, surgery, osteopathic medicine, chiropractic
282 medicine, massage therapy, naturopathy, or podiatric medicine.

283 Section 14. Paragraph (f) of subsection (1) of section
284 477.0265, Florida Statutes, is amended to read:

285 477.0265 Prohibited acts.—

286 (1) It is unlawful for any person to:

287 (f) Advertise or imply that skin care services or body
288 wrapping, as performed under this chapter, have any relationship
289 to the practice of massage therapy as defined in s. 480.033 ~~s.~~

Amendment No. 3

290 ~~480.033(3)~~, except those practices or activities defined in s.
291 477.013.

292 Section 15. Subsection (4) of section 480.034, Florida
293 Statutes, is amended to read:

294 480.034 Exemptions.—

295 (4) An exemption granted is effective to the extent that
296 an exempted person's practice or profession overlaps with the
297 practice of massage therapy.

298 Section 16. Subsection (2) of section 480.035, Florida
299 Statutes, is amended to read:

300 480.035 Board of Massage Therapy.—

301 (2) Five members of the board shall be licensed massage
302 therapists and shall have been engaged in the practice of
303 massage therapy for not less than 5 consecutive years prior to
304 the date of appointment to the board. The Governor shall appoint
305 each member for a term of 4 years. Two members of the board
306 shall be laypersons. Each board member shall be a high school
307 graduate or shall have received a high school equivalency
308 diploma. Each board member shall be a citizen of the United
309 States and a resident of this state for not less than 5 years.
310 The appointments are ~~will be~~ subject to confirmation by the
311 Senate.

312 Section 17. Subsection (14) of section 480.043, Florida
313 Statutes, is amended to read:

Amendment No. 3

314 480.043 Massage establishments; requisites; licensure;
315 inspection; human trafficking awareness training and policies.-

316 (14) Except for the requirements of subsection (13), this
317 section does not apply to a physician licensed under chapter
318 457, chapter 458, chapter 459, or chapter 460 who employs a
319 licensed massage therapist to perform massage therapy on the
320 physician's patients at the physician's place of practice. This
321 subsection does not restrict investigations by the department
322 for violations of chapter 456 or this chapter.

323 Section 18. Paragraphs (a), (b), (c), (f), (g), (h), (i),
324 and (o) of subsection (1) of section 480.046, Florida Statutes,
325 are amended to read:

326 480.046 Grounds for disciplinary action by the board.-

327 (1) The following acts constitute grounds for denial of a
328 license or disciplinary action, as specified in s. 456.072(2):

329 (a) Attempting to procure a license to practice massage
330 therapy by bribery or fraudulent misrepresentation.

331 (b) Having a license to practice massage therapy revoked,
332 suspended, or otherwise acted against, including the denial of
333 licensure, by the licensing authority of another state,
334 territory, or country.

335 (c) Being convicted or found guilty, regardless of
336 adjudication, of a crime in any jurisdiction which directly
337 relates to the practice of massage therapy or to the ability to

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338 practice massage therapy. Any plea of nolo contendere shall be
339 considered a conviction for purposes of this chapter.

340 (f) Aiding, assisting, procuring, or advising any
341 unlicensed person to practice massage therapy contrary to ~~the~~
342 ~~provisions of~~ this chapter or to department or board a rule of
343 ~~the department or the board~~.

344 (g) Making deceptive, untrue, or fraudulent
345 representations in the practice of massage therapy.

346 (h) Being unable to practice massage therapy with
347 reasonable skill and safety by reason of illness or use of
348 alcohol, drugs, narcotics, chemicals, or any other type of
349 material or as a result of any mental or physical condition. In
350 enforcing this paragraph, the department ~~shall have~~, upon
351 probable cause, may ~~authority to~~ compel a massage therapist to
352 submit to a mental or physical examination by physicians
353 designated by the department. Failure of a massage therapist to
354 submit to such examination when so directed, unless the failure
355 was due to circumstances beyond her or his control, constitutes
356 ~~shall constitute~~ an admission of the allegations against her or
357 him, consequent upon which a default and final order may be
358 entered without the taking of testimony or presentation of
359 evidence. A massage therapist affected under this paragraph
360 shall at reasonable intervals be afforded an opportunity to
361 demonstrate that she or he can resume the competent practice of
362 massage therapy with reasonable skill and safety to clients.

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363 (i) Gross or repeated malpractice or the failure to
364 practice massage therapy with that level of care, skill, and
365 treatment which is recognized by a reasonably prudent massage
366 therapist as being acceptable under similar conditions and
367 circumstances.

368 (o) Practicing massage therapy at a site, location, or
369 place which is not duly licensed as a massage establishment,
370 except that a massage therapist, as provided by ~~rules adopted by~~
371 ~~the board rule~~, may provide massage therapy services, excluding
372 colon hydrotherapy ~~colonic irrigation~~, at the residence of a
373 client, at the office of the client, at a sports event, at a
374 convention, or at a trade show.

375 Section 19. Section 480.0465, Florida Statutes, is amended
376 to read:

377 480.0465 Advertisement.—Each massage therapist or massage
378 establishment licensed under ~~the provisions of~~ this act shall
379 include the number of the license in any advertisement of
380 massage therapy services appearing in a newspaper, airwave
381 transmission, telephone directory, or other advertising medium.
382 Pending licensure of a new massage establishment pursuant to ~~the~~
383 ~~provisions of~~ s. 480.043(7), the license number of a licensed
384 massage therapist who is an owner or principal officer of the
385 establishment may be used in lieu of the license number for the
386 establishment.

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387 Section 20. Paragraphs (a), (b), and (c) of subsection (1)
388 of section 480.047, Florida Statutes, are amended to read:

389 480.047 Penalties.—

390 (1) It is unlawful for any person to:

391 (a) Hold himself or herself out as a massage therapist or
392 to practice massage therapy unless duly licensed under this
393 chapter or unless otherwise specifically exempted from licensure
394 under this chapter.

395 (b) Operate any massage establishment unless it has been
396 duly licensed as provided herein, except that nothing herein
397 shall be construed to prevent the teaching of massage therapy in
398 this state at a board-approved massage therapy school.

399 (c) Permit an employed person to practice massage therapy
400 unless duly licensed as provided herein.

401 Section 21. Section 480.052, Florida Statutes, is amended
402 to read:

403 480.052 Power of county or municipality to regulate
404 massage therapy.—A county or municipality, within its
405 jurisdiction, may regulate persons and establishments licensed
406 under this chapter. Such regulation shall not exceed the powers
407 of the state under this act or be inconsistent with this act.
408 This section shall not be construed to prohibit a county or
409 municipality from enacting any regulation of persons or
410 establishments not licensed pursuant to this act.

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411 Section 22. Subsections (1) and (2) of section 480.0535,
412 Florida Statutes, are amended to read:

413 480.0535 Documents required while working in a massage
414 establishment.—

415 (1) In order to provide the department and law enforcement
416 agencies the means to more effectively identify, investigate,
417 and arrest persons engaging in human trafficking, a person
418 employed by a massage establishment and any person performing
419 massage therapy therein must immediately present, upon the
420 request of an investigator of the department or a law
421 enforcement officer, valid government identification while in
422 the establishment. A valid government identification for the
423 purposes of this section is:

424 (a) A valid, unexpired driver license issued by any state,
425 territory, or district of the United States;

426 (b) A valid, unexpired identification card issued by any
427 state, territory, or district of the United States;

428 (c) A valid, unexpired United States passport;

429 (d) A naturalization certificate issued by the United
430 States Department of Homeland Security;

431 (e) A valid, unexpired alien registration receipt card
432 (green card); or

433 (f) A valid, unexpired employment authorization card
434 issued by the United States Department of Homeland Security.

435 (2) A person operating a massage establishment must:

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436 (a) Immediately present, upon the request of an
437 investigator of the department or a law enforcement officer:

438 1. Valid government identification while in the
439 establishment.

440 2. A copy of the documentation specified in paragraph
441 (1)(a) for each employee and any person performing massage
442 therapy in the establishment.

443 (b) Ensure that each employee and any person performing
444 massage therapy in the massage establishment is able to
445 immediately present, upon the request of an investigator of the
446 department or a law enforcement officer, valid government
447 identification while in the establishment.

448 Section 23. Section 627.6407, Florida Statutes, is amended
449 to read:

450 627.6407 Massage.—Any policy of health insurance that
451 provides coverage for massage shall also cover the services of
452 persons licensed to practice massage therapy pursuant to chapter
453 480, where the massage therapy, as defined in chapter 480, has
454 been prescribed by a physician licensed under chapter 458,
455 chapter 459, chapter 460, or chapter 461, as being medically
456 necessary and the prescription specifies the number of
457 treatments.

458 Section 24. Section 627.6619, Florida Statutes, is amended
459 to read:

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460 627.6619 Massage.—Any policy of health insurance that
461 provides coverage for massage shall also cover the services of
462 persons licensed to practice massage therapy pursuant to chapter
463 480, where the massage therapy, as defined in chapter 480, has
464 been prescribed by a physician licensed under chapter 458,
465 chapter 459, chapter 460, or chapter 461, as being medically
466 necessary and the prescription specifies the number of
467 treatments.

468 Section 25. Paragraph (a) of subsection (1) of section
469 627.736, Florida Statutes, is amended to read:

470 627.736 Required personal injury protection benefits;
471 exclusions; priority; claims.—

472 (1) REQUIRED BENEFITS.—An insurance policy complying with
473 the security requirements of s. 627.733 must provide personal
474 injury protection to the named insured, relatives residing in
475 the same household, persons operating the insured motor vehicle,
476 passengers in the motor vehicle, and other persons struck by the
477 motor vehicle and suffering bodily injury while not an occupant
478 of a self-propelled vehicle, subject to subsection (2) and
479 paragraph (4) (e), to a limit of \$10,000 in medical and
480 disability benefits and \$5,000 in death benefits resulting from
481 bodily injury, sickness, disease, or death arising out of the
482 ownership, maintenance, or use of a motor vehicle as follows:

483 (a) Medical benefits.—Eighty percent of all reasonable
484 expenses for medically necessary medical, surgical, X-ray,

Amendment No. 3

485 dental, and rehabilitative services, including prosthetic
486 devices and medically necessary ambulance, hospital, and nursing
487 services if the individual receives initial services and care
488 pursuant to subparagraph 1. within 14 days after the motor
489 vehicle accident. The medical benefits provide reimbursement
490 only for:

491 1. Initial services and care that are lawfully provided,
492 supervised, ordered, or prescribed by a physician licensed under
493 chapter 458 or chapter 459, a dentist licensed under chapter
494 466, or a chiropractic physician licensed under chapter 460 or
495 that are provided in a hospital or in a facility that owns, or
496 is wholly owned by, a hospital. Initial services and care may
497 also be provided by a person or entity licensed under part III
498 of chapter 401 which provides emergency transportation and
499 treatment.

500 2. Upon referral by a provider described in subparagraph
501 1., followup services and care consistent with the underlying
502 medical diagnosis rendered pursuant to subparagraph 1. which may
503 be provided, supervised, ordered, or prescribed only by a
504 physician licensed under chapter 458 or chapter 459, a
505 chiropractic physician licensed under chapter 460, a dentist
506 licensed under chapter 466, or, to the extent permitted by
507 applicable law and under the supervision of such physician,
508 osteopathic physician, chiropractic physician, or dentist, by a
509 physician assistant licensed under chapter 458 or chapter 459 or

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510 an advanced practice registered nurse licensed under chapter
511 464. Followup services and care may also be provided by the
512 following persons or entities:

513 a. A hospital or ambulatory surgical center licensed under
514 chapter 395.

515 b. An entity wholly owned by one or more physicians
516 licensed under chapter 458 or chapter 459, chiropractic
517 physicians licensed under chapter 460, or dentists licensed
518 under chapter 466 or by such practitioners and the spouse,
519 parent, child, or sibling of such practitioners.

520 c. An entity that owns or is wholly owned, directly or
521 indirectly, by a hospital or hospitals.

522 d. A physical therapist licensed under chapter 486, based
523 upon a referral by a provider described in this subparagraph.

524 e. A health care clinic licensed under part X of chapter
525 400 which is accredited by an accrediting organization whose
526 standards incorporate comparable regulations required by this
527 state, or

528 (I) Has a medical director licensed under chapter 458,
529 chapter 459, or chapter 460;

530 (II) Has been continuously licensed for more than 3 years
531 or is a publicly traded corporation that issues securities
532 traded on an exchange registered with the United States
533 Securities and Exchange Commission as a national securities
534 exchange; and

Amendment No. 3

535 (III) Provides at least four of the following medical
536 specialties:

537 (A) General medicine.

538 (B) Radiography.

539 (C) Orthopedic medicine.

540 (D) Physical medicine.

541 (E) Physical therapy.

542 (F) Physical rehabilitation.

543 (G) Prescribing or dispensing outpatient prescription
544 medication.

545 (H) Laboratory services.

546 3. Reimbursement for services and care provided in
547 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
548 licensed under chapter 458 or chapter 459, a dentist licensed
549 under chapter 466, a physician assistant licensed under chapter
550 458 or chapter 459, or an advanced practice registered nurse
551 licensed under chapter 464 has determined that the injured
552 person had an emergency medical condition.

553 4. Reimbursement for services and care provided in
554 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
555 provider listed in subparagraph 1. or subparagraph 2. determines
556 that the injured person did not have an emergency medical
557 condition.

558 5. Medical benefits do not include massage therapy as
559 defined in s. 480.033 or acupuncture as defined in s. 457.102,

Amendment No. 3

560 regardless of the person, entity, or licensee providing massage
561 therapy or acupuncture, and a licensed massage therapist or
562 licensed acupuncturist may not be reimbursed for medical
563 benefits under this section.

564 6. The Financial Services Commission shall adopt by rule
565 the form that must be used by an insurer and a health care
566 provider specified in sub-subparagraph 2.b., sub-subparagraph
567 2.c., or sub-subparagraph 2.e. to document that the health care
568 provider meets the criteria of this paragraph. Such rule must
569 include a requirement for a sworn statement or affidavit.

570

571 Only insurers writing motor vehicle liability insurance in this
572 state may provide the required benefits of this section, and
573 such insurer may not require the purchase of any other motor
574 vehicle coverage other than the purchase of property damage
575 liability coverage as required by s. 627.7275 as a condition for
576 providing such benefits. Insurers may not require that property
577 damage liability insurance in an amount greater than \$10,000 be
578 purchased in conjunction with personal injury protection. Such
579 insurers shall make benefits and required property damage
580 liability insurance coverage available through normal marketing
581 channels. An insurer writing motor vehicle liability insurance
582 in this state who fails to comply with such availability
583 requirement as a general business practice violates part IX of
584 chapter 626, and such violation constitutes an unfair method of

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585 competition or an unfair or deceptive act or practice involving
586 the business of insurance. An insurer committing such violation
587 is subject to the penalties provided under that part, as well as
588 those provided elsewhere in the insurance code.

589 Section 26. Subsection (37) of section 641.31, Florida
590 Statutes, is amended to read:

591 641.31 Health maintenance contracts.—

592 (37) All health maintenance contracts that provide
593 coverage for massage must also cover the services of persons
594 licensed to practice massage therapy pursuant to chapter 480 if
595 the massage is prescribed by a contracted physician licensed
596 under chapter 458, chapter 459, chapter 460, or chapter 461 as
597 medically necessary and the prescription specifies the number of
598 treatments. Such massage services are subject to the same terms,
599 conditions, and limitations as those of other covered services.

600
601 -----

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

603 Remove lines 34-86 and insert:
604 amending s. 458.3145, F.S.; revising the list of individuals who
605 may be issued a medical faculty certificate without examination;
606 amending 464.019; authorizing the Board of Nursing to adopt
607 specified rules; authorizing certain nursing education programs
608 to apply for an extension for accreditation within a specified
609 timeframe; providing limitations on and eligibility criteria for

Amendment No. 3

610 the extension; providing a tolling provision; amending s.
611 465.003, F.S.; revising definitions; amending s. 465.1893, F.S.;
612 authorizing pharmacist who meet certain requirements to
613 administer certain extended release medications; amending s.
614 466.017, F.S.; authorizing a licensed dentist to order physical
615 impression materials for self-administration by a patient for a
616 specified purpose; renaming ch. 480, F.S., as "Massage Therapy
617 Practice"; amending s. 480.031, F.S.; conforming a provision to
618 changes made by the act; amending s. 480.032, F.S.; revising the
619 purpose of ch. 480, F.S.; amending s. 480.033, F.S.; revising
620 terms and definitions; amending s. 480.041, F.S.; revising
621 requirements for licensure as a massage therapist; conforming
622 provisions to changes made by the act; providing applicability
623 for persons who were issued a license as a massage apprentice
624 before a specified date; repealing s. 480.042, F.S., relating to
625 examinations; amending s. 491.003, F.S.; providing definitions;
626 amending s. 491.004, F.S.; deleting an obsolete provision;
627 amending s. 491.0045, F.S.; authorizing the Board of Clinical
628 Social Work, Marriage and Family Therapy, and Mental Health
629 Counseling to make a one-time exception to intern registration
630 requirements under certain circumstances; amending s. 491.005,
631 F.S.; revising the licensure requirements for clinical social
632 workers, marriage and family therapists, and mental health
633 counselors; amending s. 491.0057, F.S.; requiring that an
634 applicant for dual licensure as a marriage and family therapist

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635 pass an examination designated by the Board of Clinical Social
636 Work, Marriage and Family Therapy, and Mental Health Counseling;
637 amending s. 491.006, F.S.; revising requirements for licensure
638 or certification by endorsement for certain professions;
639 amending s. 491.007, F.S.; deleting a provision providing
640 certified master social workers an exemption from continuing
641 education requirements; deleting a provision requiring the board
642 to establish a procedure for the biennial renewal of intern
643 registrations; amending s. 491.009, F.S.; revising who may enter
644 an order denying licensure or imposing penalties against an
645 applicant for licensure under certain circumstances; amending s.
646 491.012, F.S.; providing that using the title "certified master
647 social worker" without a valid, active license is unlawful;
648 amending s. 491.0145, F.S.; requiring the department to license
649 an applicant for designation as a certified master social worker
650 under certain circumstances; providing that applicants for
651 designation as a certified master social worker submit their
652 application to the board; deleting a provision relating to the
653 nonrefundable fee for examination set by department rule;
654 authorizing the board to adopt rules; amending s. 491.0149,
655 F.S.; requiring the use of applicable professional titles by
656 specified licensees and registrants on social media and other
657 specified materials; repealing s. 491.015, F.S., relating to
658 duties of the department as to certified master social workers;
659 amending s. 768.28, F.S.; designating the state commissioners of

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1143 (2020)

Amendment No. 3

660 the Interstate Medical Licensure Compact Commission and other
661 members or employees of the commission as state agents for the
662 purpose of applying sovereign immunity and waivers of sovereign
663 immunity; requiring the commission to pay certain claims or
664 judgments; authorizing the commission to maintain insurance
665 coverage to pay such claims or judgments; amending s. 414.065,
666 F.S.; conforming a cross-reference; amending ss. 477.013,
667 477.0135, 477.0265, 480.034, 480.035, 480.043, 480.046,
668 480.0465, 480.047, 480.052, 480.0535, 627.6407, 627.6619,
669 627.736, and 641.31 F.S.; conforming provisions to changes made
670 by the act; making technical changes; providing effective dates.

Amendment No. 4

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Gregory offered the following:

4

5 **Amendment (with title amendment)**

6 Between lines 1602 and 1603, insert:

7 Section 20. Present subsection (7) of section 514.0115,
8 Florida Statutes, is redesignated as subsection (8), and a new
9 subsection (7) is added to that section, to read:

10 514.0115 Exemptions from supervision or regulation;
11 variances.-

12 (7) Until such time as the department adopts rules for the
13 supervision and regulation of surf pools, a surf pool that is
14 larger than 4 acres is exempt from supervision under this
15 chapter, provided that it is permitted by a local government
16 pursuant to a special use permit process in which the local

Amendment No. 4

17 government asserts regulatory authority over the construction of
18 the surf pool and, in consultation with the department,
19 establishes through the local government's special use
20 permitting process the conditions for the surf pool's operation,
21 water quality, and necessary lifesaving equipment. This
22 subsection does not affect the department's or a county health
23 department's right of entry pursuant to s. 514.04 or its
24 authority to seek an injunction pursuant to s. 514.06 to
25 restrain the operation of a surf pool permitted and operated
26 under this subsection if it presents significant risks to public
27 health. For the purposes of this subsection, the term "surf
28 pool" means a pool designed to generate waves dedicated to the
29 activity of surfing on a surfboard or an analogous surfing
30 device commonly used in the ocean and intended for sport, as
31 opposed to general play intent for wave pools, other large-scale
32 public swimming pools, or other public bathing places.

33 Section 21. Subsection (7) of section 553.77, Florida
34 Statutes, is amended to read:

35 553.77 Specific powers of the commission.-

36 (7) Building officials shall recognize and enforce
37 variance orders issued by the Department of Health pursuant to
38 s. 514.0115(8) ~~s. 514.0115(7)~~, including any conditions attached
39 to the granting of the variance.

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41 -----

Amendment No. 4

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

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Remove line 76 and insert:
certified master social workers; amending s. 514.0115, F.S.;
providing that certain surf pools are exempt from supervision
for certain provisions under certain circumstances; providing
construction; defining the term "surf pool"; amending s. 553.77,
F.S.; conforming a cross-reference; amending s. 768.28,

Amendment No. 5

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 & Human Services
2 Committee

3 Representative Gregory offered the following:

4
5 **Amendment (with title amendment)**

6 Remove line 1656 and insert:

7 Section 22. Except as otherwise expressly provided in this
8 act and except for this section, which shall take effect upon
9 this act becoming a law, this act shall take effect July 1,
10 2020.

11
12
13 -----
14 **T I T L E A M E N D M E N T**

15 Remove line 86 and insert:
16 effective dates.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 7063 PCB CFS 20-02 Child Welfare
SPONSOR(S): Ways & Means Committee, Children, Families & Seniors Subcommittee, Ponder
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Children, Families & Seniors Subcommittee	13 Y, 0 N	Woodruff	Brazzell
1) Ways & Means Committee	17 Y, 1 N, As CS	Berg	Langston
2) Health & Human Services Committee		Woodruff	Calamas

SUMMARY ANALYSIS

Chapter 39, F.S., creates the child welfare system within the Department of Children and Families (DCF). The system includes a central abuse hotline (hotline), child protective investigations, in-home services and out-of-home placements, and legal services. DCF is responsible for the overall performance of the child welfare system.

DCF must conduct a child protective investigation if a hotline report meets the statutory definition of child abuse, abandonment, or neglect. DCF conducts child protective investigations in 60 counties; sheriffs' offices perform child protective investigations in seven. Child protective investigators (CPIs) must investigate and determine whether child abuse, abandonment or neglect occurred and, if so, to identify the individual responsible for the maltreatment. Currently, the turnover rate for CPIs is 48 percent. This may result in potential risk to child safety due to lack of experience.

The Florida Institute for Child Welfare (FICW) at the Florida State University College of Social Work performs research on child welfare initiatives contributing to a more effective child welfare system. The bill expands the functions of the FICW to develop professional supports for child welfare workers. It requires FICW to inform, train, and engage social work students for a successful career in child welfare. The FICW and the FSU College of Social Work will work together to redesign the social work curriculum to include opportunities for students to learn from real-world child welfare cases. Similarly, it requires the FICW to design and implement a career long professional development curriculum for child welfare professionals at all levels and from all disciplines. The bill also directs DCF, in collaboration with the FICW, to develop an expanded career ladder for CPIs and implement programs to prevent and mitigate the impact of secondary traumatic stress and burnout among CPIs.

The bill also ensures that all of DCF's partners who provide the same services as agency staff are held to the same standards, processes, and outcome measures. It requires the sheriffs providing child protective services and contracted attorneys providing children's legal services to adopt the child welfare practice model and be held to the same standards, processes and outcome measurements as those employed by DCF. Additionally, the bill provides a sunset provision for the grant or contract of these services on July 1, 2023, unless saved from repeal by the Legislature.

The bill requires the local community alliances to include an individual representing faith-based organizations and to work with these organizations to encourage their involvement in the community system of care. It also directs CBCs to have a liaison to community- and faith-based organizations and have a process for ensuring CBCs are aware of the services offered by these organizations.

Further, the bill creates a tax credit program capped at \$5 million total annually for businesses that make monetary donations to certain eligible charitable organizations that provide services focused on child welfare and well-being.

The bill has a significant, negative impact on state revenue and a significant, negative impact on DCF. See Fiscal Analysis section.

The bill has an effective date of July 1, 2020.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Florida's Child Welfare System

Chapter 39, F.S., creates the dependency system charged with protecting child welfare. Florida's child welfare system identifies children and families in need of services through reports to the central abuse hotline (hotline) and child protective investigations. The Department of Children and Families (DCF) and community-based care lead agencies (CBCs) work with those families to address the problems endangering children, if possible. If the problems cannot be addressed, the child welfare system finds safe out-of-home placements for these children.

DCF's practice model is based on the safety of the child within his or her home by using in-home services, such as parenting coaching and counseling, to maintain and strengthen that child's natural supports in his or her environment. DCF contracts for case management, out-of-home services, and related services with CBCs. The transition to outsourced provision of child welfare services is intended to increase local community ownership of service delivery and design.¹ CBCs contract with a number of subcontractors for case management and direct care services to children and their families. There are 17 CBCs statewide, which together serve the state's 20 judicial circuits.

DCF remains responsible for a number of child welfare functions, including operating the central abuse hotline, performing child protective investigations, and providing children's legal services.² Ultimately, DCF is responsible for program oversight and the overall performance of the child welfare system.³

Overall Performance

Federal Measures

Federal and state measures assess Florida's child welfare system. The federal Department of Health and Human Services assesses the performance of a state's child welfare system on seven key measures of safety and permanency. The following table includes these measures, Florida's statewide performance and the federal target during the second quarter of FY 2019-20. Florida exceeded the federal target on four of the seven measures.⁴

¹ The Department of Children and Families, *Organizational Chart*, www.dcf.state.fl.us/admin/docs/orgchart.pdf (last visited Jan. 6, 2020)

² OPPAGA, report 06-50.

³ *Id.*

⁴ The Department of Children and Families, Office of Child Welfare, *Federal Indicators*, <https://www.myflfamilies.com/programs/childwelfare/dashboard/overview.shtml?Select%20Measures%20to%20Display=Federal%20Measures> (last visited Jan. 26, 2020).

Federal Measure	Statewide Performance ⁵	Federal Target
Rate of abuse/neglect per 100,000 days in foster care	7.59 days	8.50 or lower
Percent of children with no recurrence of maltreatment within 12 months	92.97%	90.90 or higher
Percent of children exiting to a permanent home within 12 months of entering care	38.47%	40.50 or higher
Percent of children exiting to a permanent home within 12 months for those in care 12-23 months	53.16%	43.60 or higher
Percent of children exiting to a permanent home within 12 months for those in care 24+ months	48.25%	30.30 or higher
Percentage of children achieving permanency who do not re-enter care within 12 months	90.41%	91.70 or higher
Rate of placement moves per 1,000 days in out-of-home care	4.48 moves	4.12 or lower

State Measures

Section 409.997, F.S., requires DCF to assess and share information about statewide and regional performance based on statistically valid measures addressing the full system of care. The following table includes the state measure, current performance, and the state target during the second quarter of FY 2019-2020. The current performance indicates the overall health of Florida's child welfare system.

State Measure	Current Performance ⁶	State Target
Child protective investigations commenced within 24 hours	99.45%	No state target but higher percentage is better performance
Victims seen within 24 hours of central abuse hotline report	92.06%	
Child protective investigative consultations with supervisor within 5 days	97.04%	
Child Protective Investigators with social work degrees	13.30%	
No abuse during in-home services	95.07%	
Child protective investigators with 20+ Cases	4.28%	No state target but lower percentage is better performance.
Siblings placed together	63.70%	99.5% or higher
Children seen by a case manager every 30 days	99.3%	99.5% or higher
Dental services provided in the last 7 months	91.15%	95% or higher
Medical services provided within last 12 months	95.99%	95% or higher

Child Protective Investigations

DCF must conduct a child protective investigation if a central abuse hotline report meets the statutory definition of child abuse, abandonment or neglect. An investigation must be commenced immediately or within 24 hours after the report is received, depending on the nature of the allegation.⁷ The child

⁵ Current performance is as of FY 2019-20, Quarter 2.

⁶ *Id.*

⁷ S. 39.301(1), F.S.

protective investigator assesses the safety and perceived needs of the child and family, and if services are needed, whether the child should receive in-home or out-of-home services.

Child protective investigators (CPIs) must investigate and determine whether child abuse, abandonment or neglect occurred and, if so, to identify the individual responsible for the maltreatment. CPIs must conduct and complete an assessment to identify danger threats to the child and whether the parent can protect the child. The CPI must consider if services would allow the child to remain safely in the home. If not, the CPI must remove the child and place the child in a safe alternative placement. CPIs make critical decisions on child safety by investigating dangerous environments. CPIs must respond to a hotline report no less than 24 hours after its receipt, resulting in CPIs working nights and weekends.

Child protective investigations are conducted by DCF in 60 counties. Sheriffs' offices perform child protective investigations in the remaining seven counties.⁸ Currently, there are five types of CPI field positions. The following table provides information on the class title, base pay, and minimum qualifications for each.

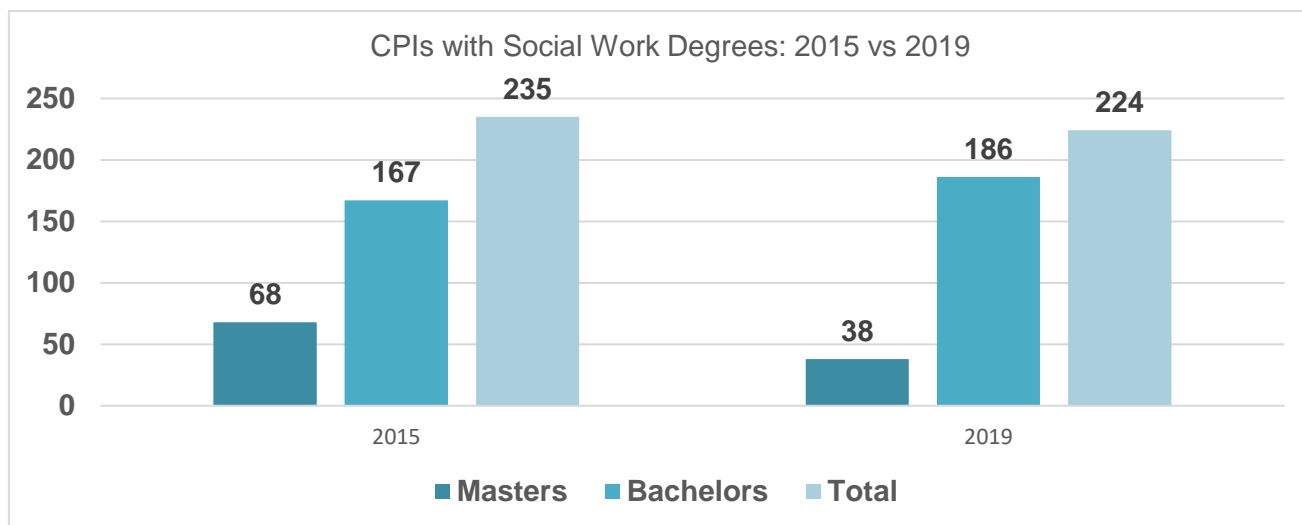
CPI Field Positions		
Class Title	Base Pay	Minimum Qualifications
CPI	\$39,600	<ul style="list-style-type: none"> • Bachelor's degree (preferred degree in social work, behavioral science, nursing, or education field). • Must complete a Child Protection Certification exam with a score of at least 80% and attain provisional certification within 3 months of hire. • Preference is given to individuals completing DCF's Child Protection Internship.
Senior CPI	\$41,500	<ul style="list-style-type: none"> • Bachelor's degree (preferred degree in social work, behavioral science, nursing, or education field). • Two years of child protection-related experience. • Current Florida Child Protective Investigator certification.
CPI – Field Support Supervisor	\$46,900	<ul style="list-style-type: none"> • Bachelor's degree (preferred degree in social work, behavioral science, nursing, or education field) • Two years of child protection related experience. • Current Florida Child Protective Investigator certification.
CPI Supervisor	\$49,200	<ul style="list-style-type: none"> • Bachelor's degree (preferred degree in social work, behavioral science, nursing, or education field). • Three years of child protection related experience. • One year of coordinating the work of CPIs or supervisory/managerial experience. • Current Florida Child Protective Investigator certification.
Critical Child Safety Practice Expert	\$55,000	<ul style="list-style-type: none"> • Successful completion of the Level 1 and Level 2 Critical Child Safety Practice Proficiency. • Bachelor's degree (preferred in social work, behavioral science, nursing or education field). • One-year experience as a Florida Child Welfare Professional.

Education Qualifications for CPIs

In 2014, the Legislature passed a bill mandating DCF to recruit qualified professional staff and required DCF to make every effort to recruit and hire social workers. DCF was required to set a goal of having at least half of all CPIs and CPI supervisors with a bachelor's degree or master's degree in social work from a college or university social work program accredited by the Council on Social Work Education by July 1, 2019. Florida has made little, if any, progress in achieving this goal. In 2018, 15 percent of CPIs held a degree in social work; that number has decreased to 13 percent as of June 30, 2019. The

⁸ Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton.
STORAGE NAME: h7063b.HHS
DATE: 3/1/2020

following graph shows the total number of CPIs with a social work degree, and how many of those have a bachelor's degree or a master's degree, in 2015 compared to those in 2019.⁹



Turnover and Vacancies of CPIs

A high rate of turnover in the child welfare workforce is common across the nation. An estimated national average turnover rate is around 30 percent; with individual agency rates as high as 65 percent.¹⁰ DCF has had high turnover for CPIs for a number of years. Currently, 30 percent of CPIs have been in their position more than two years. High turnover affects outcomes for children, because newly hired CPIs lack the knowledge gained from on the job experience. This may result in potential risk to child safety due to the lack of experience in a majority of CPIs. The turnover rate for all CPI positions over the past two years has averaged around 37 percent.¹¹

High staff turnover puts vulnerable children at risk for recurrence of abuse, abandonment or neglect and hinders timely intervention and permanency. For example, inexperienced investigators may not recognize indicators of abuse and may leave children in dangerous situations. Alternatively, they may not be aware of services that prevent removal and choose to place children in out-of-home care unnecessarily. When investigator positions are vacant or newly-hired investigators have reduced caseloads, the remaining staff must carry higher caseloads, which leads to burnout from workload and reduces the time and attention they can give to each case, diminishing the quality of their work. Additionally, staff turnover costs the state money because of the associated expenses of training and onboarding new staff. For example, after hire, staff enter a multi-week training program and then carry a minimal number of cases, so the investment in new hires from salary and training costs is significant before they begin carrying a full caseload.

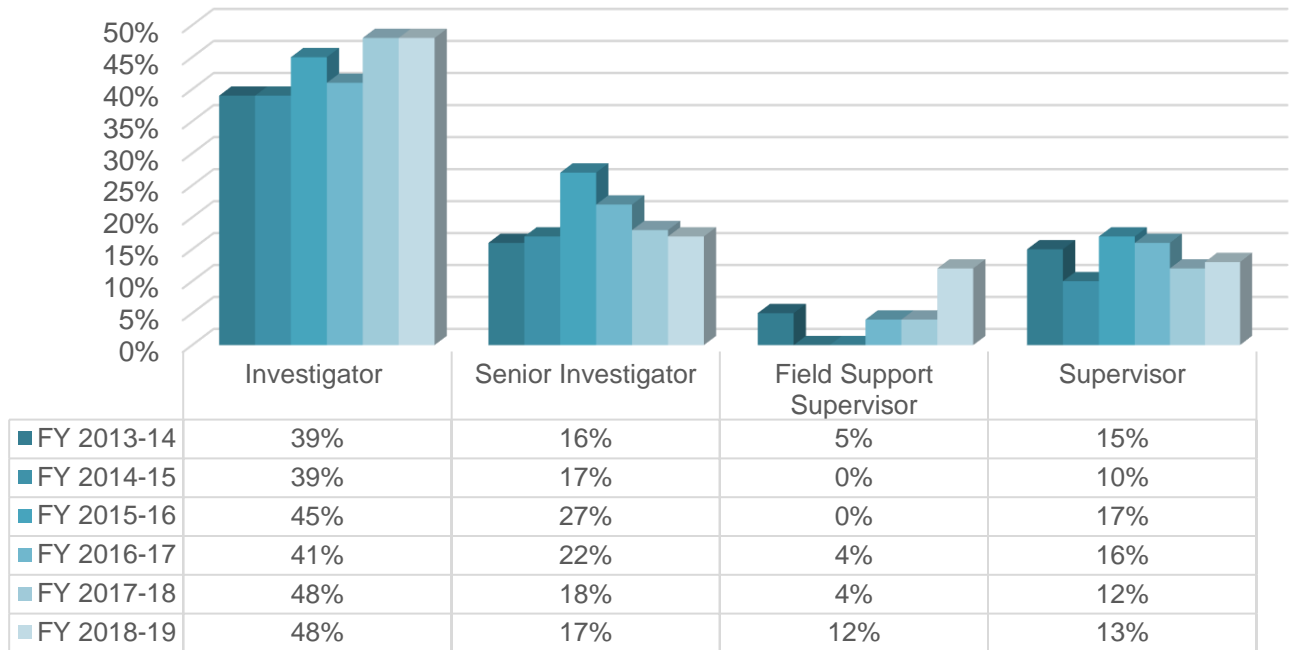
The following graph shows CPI turnover by position from FY 2013-14 through FY 2018-19. The highest turnover is in the entry-level CPI position, which was 48 percent during FY 2018-19.

⁹ Florida Department of Children and Families, Office of Child Welfare, *Child Protective Investigators and Supervisors with a Social Work Degree – Statewide*, <https://www.myflfamilies.com/programs/childwelfare/dashboard/education.shtml> (last visited Jan. 27, 2020).

¹⁰ Casey Family Programs, *How Does Turnover Affect Outcomes and What Can be Done to Address Retention?*, https://caseyfamilypro-wpengine.netdna-ssl.com/media/HO_Turnover-Costs_and_Retention_Strategies-1.pdf (last visited Jan. 26, 2020).

¹¹ Florida Department of Children and Families, *Child Protective Investigator and Child Protective Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report*, Oct. 1, 2019, <http://www.centerforchildwelfare.org/kb/LegislativeMandatedRpts/CPI%20SuperCPI%20and%20CPI%20Supervisor%20%20Workforce%202019%20.docx.pdf> (last visited Jan. 26, 2020).

DCF CPI Turnover by Position: FY 2013-14 - FY 2018-19



Annual CPI Survey Results

DCF emails an annual survey to CPIs for their input on current work conditions. The survey includes numerical scaling as well as the opportunity to provide written feedback on which factors most directly affect morale and the overall work environment.¹² The 2019 survey had a 39 percent participation rate with an even distribution related to time spent on the job.¹³ Survey results consistently report that working as a CPI can be overwhelming, with many respondents disagreeing they have time for a personal life and their workload is manageable. CPIs also consistently disagree that training provided by DCF prepared them for the job.¹⁴ This is important because pre-service training retains child welfare workers and promotes positive child outcomes.¹⁵ The following graph compares survey results from FY 2015 through FY 2019.

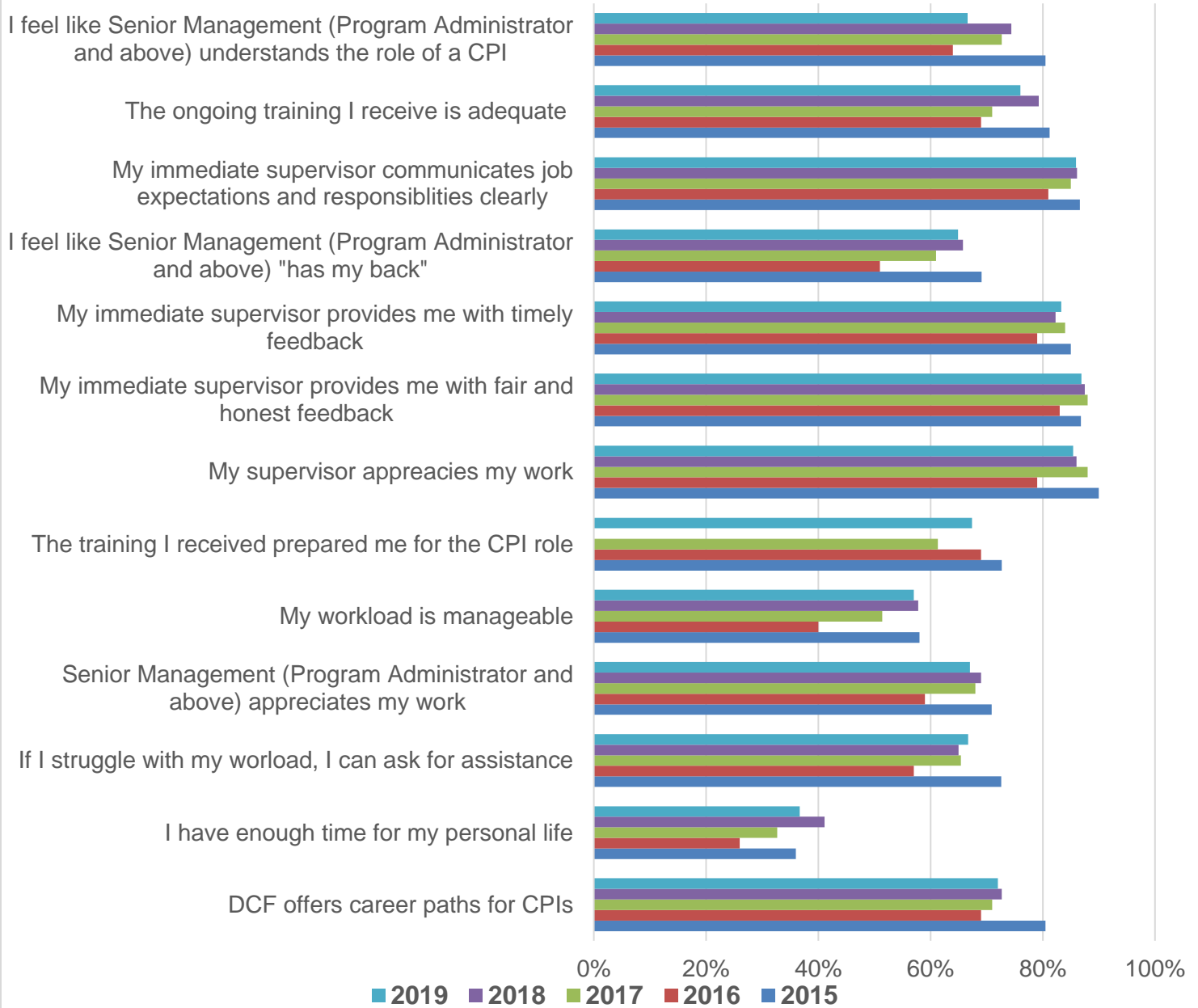
¹² *Id.*

¹³ Of the 641 respondents, 36 percent had less than one year on the job, 36 percent had one to two years' experience, 16 percent had two to four years' experience, and 12 percent had five or more years' experience.

¹⁴ *Supra* note 11.

¹⁵ Mandell, D., Stalker, C., de Zeeus Wright, M. Frensch, K., & Harvey, C. (2013), Sinking, swimming and sailing: Experiences of job satisfaction and emotional exhaustion in child welfare employees, *Child & Family Social Work*, 18, 181-393.

Percent of Child Investigations Workforce who Agree or Strongly Agree with Statement, by Year



Career Advancement for CPIs

Organizations that provide pathways for career advancement help employees see potential for career progression. A career ladder is a formal process within an organization for an employee to advance.¹⁶ Career ladders contribute to a well-trained and motivated workforce and a higher retention rate.¹⁷

DCF attempted to create a type of career advancement incentive in 2017 with the implementation of the Child Protection Glide Path. The Glide Path was to increase recruitment and retention of critical

¹⁶ The Balance Careers, *The Benefits of Career Ladders*, <https://www.thebalancecareers.com/how-career-ladders-benefit-organizations-1669368> (last visited Jan. 21, 2019).

¹⁷ *Id.*

staff positions.¹⁸ It allowed CPIs to demonstrate specific skills and core competencies associated with their class title to achieve a competency-based increase in salary.¹⁹

The Child Protection Glide Path divided CPI positions into five class titles with the CPI class title having three salary levels based on skills and core competencies achieved. However, in June 2019, DCF discontinued the Child Protection Glide Path for a new Career Path initiative designed to increase employee satisfaction and retention.

Sheriffs Providing Child Protective Investigation Services

Current law requires DCF to contract with four sheriffs' offices to perform child protective investigations: Broward, Manatee, Pasco, and Pinellas counties.²⁰ The General Appropriations Act (GAA) requires DCF to contract with three more: Hillsborough, Seminole and Walton counties. Current law authorizes DCF to contract with other sheriffs to deliver child protective services, but DCF has not chosen to enter into additional contacts.

However, these arrangements are not governed by negotiated contracts under ch. 287, F.S.; rather they are governed by grant agreements as is required by statute.²¹ The annual GAA includes a specific line item for each sheriff performing this function. The following table provides information on the funding each county sheriff received to conduct child protective investigations through the FY 2019-20 GAA.²²

Sheriff Office	Appropriations through the FY 2019-20 GAA
Broward County	\$15,201,864
Hillsborough County	\$13,738,700
Manatee County	\$4,855,360
Pasco County	\$6,466,825
Pinellas County	\$11,915,854
Seminole County	\$4,633,803
Walton County	\$860,607

Section 39.3065(3)(b), F.S., requires sheriffs' offices to operate in accordance with performance standards and outcome measures established by the Legislature. Section 409.986(2), F.S., establishes multiple child protection and child welfare outcome measures for DCF and its providers to protect the best interest of children. However, the annual reports on sheriffs' performance includes only three operational measures (not outcome measures) because those are the only measures specified in the grant agreements between DCF and the sheriffs' offices. The annual report for FY 2018-19 included the sheriffs' performance for those three operational measures:

1. One hundred percent of investigations commenced within 24 hours. The DCF average was 99.42%, with the sheriffs' offices averaging 99.75%.
2. Eighty-five percent of victims seen within 24 hours of receiving a report. The DCF average was 86.87%, with the sheriffs' offices averaging 90.04%.

¹⁸ *Supra* note 11.

¹⁹ *Id.*

²⁰ S. 3065, F.S.

²¹ *Id.*

²² 2019, HB 5001, General Appropriations Act, Funds in specific appropriation 315 are for DCF to award grants to the sheriffs to conduct child protective investigations.

- One hundred percent of Child Safety Assessment (CSA) reports reviewed by supervisors are in accordance with DCF's timeframes. The DCF average was 94.04%, with the sheriffs' offices averaging 95.99%.

The 2017-18 annual report also includes information on cost efficiency. The following tables provide information on expenditures and costs per report received for FY 2016-17 and FY 2017-18. The first table provides information on the expenditures and costs per report for each sheriff's office conducting child protective investigations, while the second table provides information for DCF.

Cost and Expenditures Per Report for Sheriffs						
Fiscal Year 2016-2017				Fiscal Year 2017-2018		
Agency	Total Cost	Reports	Average Cost Per Report	Total Cost	Reports	Average Cost Per Report
Broward	\$14,122,421	13,368	\$1,056	\$14,333,970	12,914	\$1,110
Hillsborough	\$13,502,257	12,355	\$1,093	\$13,210,040	12,055	\$1,096
Manatee	\$4,719,787	4,107	\$1,149	\$4,855,360	3,857	\$1,259
Pasco	\$6,629,008	6,164	\$1,075	\$6,448,093	6,107	\$1,056
Pinellas	\$11,828,667	9,154	\$1,292	\$11,923,160	8,740	\$1,364
Seminole	\$4,537,152	4,078	\$1,113	\$4,716,152	3,986	\$1,183
All Sheriffs	\$55,339,292	49,226	\$1,124	\$55,486,775	47,659	\$1,164

Cost and Expenditures Per Report for DCF						
Fiscal Year 2016-2017				Fiscal Year 2017-2018		
Agency	Total Cost	Reports	Average Cost Per Report	Total Cost	Reports	Average Cost Per Report
Northwest	\$19,404,689	19,454	\$997	\$21,288,262	19,068	\$1,116
Northeast	\$33,389,932	33,958	\$983	\$34,203,185	32,135	\$1,064
Suncoast	\$13,917,462	15,384	\$905	\$14,781,643	14,311	\$1,033
Central	\$47,740,436	47,696	\$1,001	\$49,852,577	46,981	\$1,061
Southeast	\$16,569,244	16,745	\$990	\$16,683,183	15,797	\$1,056
Southern	\$14,669,903	14,504	\$1,011	\$15,033,107	13,478	\$1,115
DCF	\$145,691,666	147,741	\$986	\$151,841,957	141,770	\$1,094

The overall number of reports decreased 3.8 percent from FY 2016-17 to FY 2017-18 statewide, whereas expenditures increased 3.13 percent.²³ During FY 2017-18, the range of costs per report for sheriffs' offices was from \$1,056 to \$1,364. The average cost per report was \$1,164. Comparably, DCF costs ranged from \$1,033 to \$1,116. DCF spends an average of \$1,071 per report.

DCF has limited involvement in the quality assurance process for sheriff-provided child investigative services, despite DCF remaining ultimately responsible for that function.²⁴ For instance, while s. 39.3065(3)(d), F.S., requires a peer review for the sheriffs' program performance evaluation that involves both DCF and the sheriffs, the team's membership is largely sheriff's office representatives (composed of five or six sheriff's representatives and two DCF representatives²⁵). This peer review team identifies closed investigations for the review and develops the review's approach, which assesses compliance with statutory requirements, quality of investigations, safety decisions, and safety actions implemented throughout the life of the case.

²³ Florida Department of Children and Families, *Florida Sheriffs Performing Child Protective Investigations, Annual Program Performance Evaluation Report, Fiscal Year 2107-2018*, https://www.myflfamilies.com/service-programs/child-welfare/docs/2018LMRs/SO%20Annual%20Peer%20Review%20DCF%20Report%202017_2018.pdf (last visited Jan. 26. 2020).

²⁴ S. 20.19, F.S.

²⁵ *Supra* note 23.

Although sheriffs providing child protective investigations are required by the grant agreement to act in accordance with state and federal law, there is no statutory requirement that the sheriffs follow the same procedures and policies, or meet the same outcomes, required for DCF CPIs. DCF tracks the work of its CPIs through a CPI scorecard on its Child Welfare Dashboard.²⁶ The CPI scorecard is used to measure the standards of the child protective investigations across the state, considering six measures²⁷ to ensure investigations are providing successful outcomes for children and families.²⁸ The information on the sheriffs providing child protective investigations is limited on DCF's CPI scorecard because the grant agreements do not require sheriffs to submit the same performance data. Because the Legislature allocates grant funding directly through the GAA to sheriff's offices, DCF does not receive designated resources to provide adequate monitoring of these areas.²⁹

Children's Legal Services

DCF directly or through contract provides attorneys to prepare and present cases in dependency court and ensures attorneys provide the court with adequate information for informed decision-making in dependency cases.³⁰ Children's Legal Services (CLS) represents the state during dependency cases governed by Ch. 39, F.S. CLS advocates for the safety, well-being, and permanency of Florida's abused, abandoned, and neglected children.³¹ CLS attorneys often become involved in the case when a CPI seeks to remove a child from an unsafe home. The attorneys then work with case management services to ensure families receive necessary services to alleviate unsafe conditions in the home so a child can be reunited with his or her parents. CLS attorneys carry multiple cases and must ensure state and federal legal requirements are met.³²

Current law requires DCF to contract with the state attorney in the Sixth Judicial Circuit to provide CLS services.³³ The Attorney General provides CLS services in Hillsborough and Broward Counties.³⁴

Currently, where contracted attorneys deliver CLS, DCF has little qualitative oversight.³⁵

Florida Institute for Child Welfare

In 2014, the Legislature established the Florida Institute for Child Welfare (FICW) at the Florida State University College of Social Work. The Legislature created the FICW to provide research and evaluation that contributes to a more sustainable, accountable, and effective child welfare system. The purpose of the FICW is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development.³⁶ Current law requires FICW to establish an affiliate network of public and private universities with accredited degrees in social work. In 2017, the FICW expanded its affiliate network to include research affiliates, and there are now over 50 research faculty affiliates.

²⁶ Florida Department of Children and Families, Office of Child Welfare, *CPI Scorecard*, <https://www.myflfamilies.com/programs/childwelfare/dashboard/cpi-scorecard.shtml> (last visited Jan. 24, 2020).

²⁷ These measures include alleged victims seen within 24 hours, child protective investigations and supervisors with social work degrees, child protective investigators with more than 20 open investigations, investigations commenced within 24 hours, investigations that had an initial supervisory consultation within 5 days, and retention of child protective investigators.

²⁸ *Supra* note 26.

²⁹ *Supra* note 23.

³⁰ S. 409.996(17), F.S.

³¹ Florida Department of Children and Families, *Children's Legal Services*, <https://www.myflfamilies.com/service-programs/childrens-legal-services/about-us.shtml> (last visited Jan. 25, 2020).

³² *Id.*

³³ Florida Department of Children and Families, Agency Analysis of 2020 Senate Bill 1326, p. 3 (Jan 21, 2020).

³⁴ Florida Department of Children and Families, *A Comprehensive, Multi-Year Review of the Revenues, Expenditures, and Financial Position of All Community-Based Care Lead Agencies with System of Care Analysis*, http://www.centerforchildwelfare.org/kb/LegislativeMandatedRpts/Comprehensive_Review_of_Revenues_Expenditures_...pdf (last visited Jan. 28, 2020).

³⁵ *Supra* note 23.

³⁶ S. 1004.615, F.S.

The FICW is statutorily mandated to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about scientific evidence regarding child welfare practice, as well as management practices and administrative processes.
- Assess performance of child welfare services based on specified outcome measures.
- Evaluate training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training and consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Recommend improvements in the state's child welfare system.
- Submit annual reports to the Governor and Legislature.

The FICW sponsors and supports interdisciplinary research projects and program evaluation initiatives that contribute to a knowledge relevant to enhancing Florida's child welfare outcomes.

Research on the Child Welfare Workforce

The FICW has focused its research on factors affecting retention of the child welfare workforce. The FICW is conducting a five-year longitudinal study of the child welfare profession, known as the Florida Study of Professionals for Safe Families (FSPSF). The study follows a cohort of newly-hired case managers and CPIs for five years to learn about individual, organizational, and community influences on child welfare employee retention. The FSPSF study is in year three.

During an 18-month period, FICW recruited new case managers and CPIs from across the state during pre-service training to participate in the study. FICW surveys the participants every 6-7 months to determine how many employees are leaving and why. The study is examining worker personal characteristics (e.g., educational background, family history, self-esteem), worker beliefs and behaviors (e.g., stress and burnout, work and family balance, social support and coping), organizational characteristics (e.g., physical environment, supervisory and management practices, vacancy rate), and worker characteristics (e.g., caseload size and severity, prevalence of child deaths, and exposure to threats and violence).

The following tables show results from year three of the study, which is approximately two years after pre-service training. The first table shows the percentage of employees among the initial cohort who have left their positions and the second table shows their reasons for departure. By the second year, 68 percent of those in the initial cohort had left the agency.

Percent of Employees Who Have Left Position Two Years After Pre-Service Training				
	All Workers (1241)	Case Managers (727)	DCF CPIs (407)	Sheriff CPIs (107)
Employees in the same role since pre-service training	27%	23%	30%	46%
Employees in a different role in the same agency since pre-service training	5%	7%	3%	2%
Employees who have left the agency	68%	70%	67%	52%
Reasons for Departure				
	All Workers (114)	Case Managers (72)	DCF CPIs (31)	Sheriff CPIs (107)
Job responsibilities	24%	21%	31%	27%
Supervision	4%	3%	4%	9%
Agency environment	29%	28%	31%	27%
Family circumstances	12%	10%	17%	9%
Other career opportunities	22%	22%	17%	27%
Involuntary departure	9%	15%	0%	0%

Secondary Traumatic Stress in Child Welfare Professionals

Secondary traumatic stress and burnout from job-related activities is a leading cause for high turnover in the child welfare profession. Secondary traumatic stress is the emotional duress when an individual hears about firsthand trauma in the experiences of another.³⁷ Child welfare professionals engage daily with people who have experienced trauma. Case managers and CPIs hear about the abuse and neglect children have suffered, and the act of listening to traumatic stories can take an emotional toll that compromises a worker's professional and personal life.³⁸ Given the nature of the work in which child welfare professionals engage, they are at a high risk of developing secondary traumatic stress. Studies have shown that secondary traumatic stress predicts whether a professional will leave the field for another line of work. Symptoms and conditions associated with secondary traumatic stress can include:

- Hypervigilance.
- Hopelessness.
- Inability to listen
- Avoidance of clients.
- Anger and cynicism.
- Sleeplessness.
- Fear.
- Chronic exhaustion.
- Guilt.
- Minimizing.
- Physical ailments.

Evidence shows that a way to mitigate secondary traumatic stress is to provide a supportive work environment that encourages self-care activities and supervisors who know how to help with secondary

³⁷ The National Child Traumatic Stress Network, *Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals*, https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf (last visited Jan. 24, 2020).

³⁸ *Id.*

traumatic stress in their employees.³⁹ Organizations should also inform workers about secondary traumatic stress so they know when to seek assistance.⁴⁰

The FICW analyzed data from their FSPSF study of child welfare workers at 12 months into the job to examine how the frequency of self-care activities impacts job satisfaction, burnout, stress, time pressure, secondary traumatic stress, work self-efficacy, and work/family balance.⁴¹ FICW asked workers how frequently they engaged in physical, emotional, and spiritual health activities in the last month. Overall, about half of the child welfare workers indicated they engaged in some type of self-care activity. Weekly activities supporting emotional health improved work-related outcomes, and engaging in physical self-care improved all outcomes except secondary trauma.⁴² Based on its analysis, FICW found that weekly self-care activities focusing on physical and emotional health improves employment outcomes that are often associated with turnover. The FICW recommended that agencies should support the importance of self-care and develop a culture of promoting self-care in the child welfare profession.⁴³

Community Alliances

In 2000, the Legislature amended s. 20.19, F.S., to include community alliances as an element of the state's community-based care child welfare system. Section 20.19(5), F.S., requires DCF to work with local communities to establish a community alliance or similar group of stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services.

Community alliances:

- Plan resource utilization in the community, including DCF and local funding;
- Assess needs and establish community priorities for service delivery;
- Determine community outcome goals to supplement state-required outcomes;
- Serve as a catalyst for community resource development;
- Provide community education and advocacy on delivery of services; and
- Promote prevention and early intervention services.⁴⁴

Initially, community alliances must include members from:

- DCF;
- County government;
- The school district;
- The county United Way;
- The county sheriff's office;
- The circuit court corresponding to the county; and
- The county children's board, if one exists.⁴⁵

After the initial meeting of the community alliance, it may increase its membership to include the state attorney for the judicial circuit, the public defender, and other individuals who represent funding

³⁹ The National Child Traumatic Stress Network, *Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators*, https://www.nctsn.org/sites/default/files/resources/secondary_trauma_child_welfare_staff_guidance_for_supervisors.pdf (Jan. 24, 2020).

⁴⁰ *Id.*

⁴¹ The Florida Study of Professionals for Safe Families, *Examining the Impact of Self-Care on Work Related Outcomes*, <https://ficw.fsu.edu/sites/g/files/upcbnu1106/files/Research%20Briefs/FSPSF-Examining%20the%20Impact%20of%20Self-Care%20on%20Work-related%20Outcomes-190924.pdf> (last visited Jan. 24, 2020).

⁴² *Id.*

⁴³ *Id.*

⁴⁴ S. 20.19(5)(b), F.S.

⁴⁵ S. 20.19(5)(d), F.S.

organizations, are community leaders, have knowledge of community-based service issues, or represent perspectives that will enable them to accomplish the duties of the community alliances.⁴⁶

The community alliances are a central point for community input and collaboration and build on the community-based care model of building partnerships in the community to affect the outcomes, quality effectiveness, and efficiency of services. The role of the community alliances is to encourage community involvement to influence outcomes for children and their families.⁴⁷

Community-Based and Faith-Based Organizations

Community-based and faith-based organizations have a history of providing assistance for those in need in their local communities. Florida has recognized these organizations could assist the work of the state. In 2004, Governor Bush signed an Executive Order⁴⁸ creating the Governor's Faith-Based and Community-based Advisory Board, and, in 2006, the Legislature codified the advisory board in statute as the Florida Faith-based and Community-based Advisory Council (council). The purpose of the council is to advise the Governor and the Legislature on policies, priorities, and objectives for the state's effort "to enlist, equip, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law."⁴⁹ Past activities of the council have included promoting Florida's efforts to strengthen systems to better recruit families to meet the needs of children and youth awaiting adoption by providing information to and assisting faith-based and community-based groups in their efforts to match families with children and youth awaiting adoption.

Current law does not require the community alliances to identify existing programs and services delivered by community-based and faith-based organizations. Additionally, the initial membership of the community alliances does not include a representative of a faith-based organization involved in providing services to strengthen families and protect child-welfare.

State Revenue Sources

Described below are select taxes imposed by Florida on certain businesses and products within the state.

Corporate Income Tax

Florida imposes a 5.5 percent tax on the taxable income of certain corporations and financial institutions doing business in Florida.⁵⁰ Corporate income tax is remitted to the Department of Revenue (DOR) and distributed to General Revenue. Net collections of corporate income tax in FY 2019-20 are forecast to be \$1.974 billion.⁵¹

Insurance Premium Tax

Florida imposes a 1.75 percent tax on most Florida insurance premiums.⁵² Insurance premium taxes are paid by insurance companies under ch. 624, F.S., and are remitted to DOR. These revenues are distributed to General Revenue with additional distributions to the Insurance Regulatory Trust Fund, the Police & Firefighters Premium Tax Trust Fund, and the Emergency Management Preparedness &

⁴⁶ *Id.*

⁴⁷ Department of Children and Families, *Community Alliances Resource Handbook*, (Dec. 2000).

⁴⁸ Executive Order No. 04-245, November 18, 2004. This Executive Order was amended by Executive Order No. 05-24, February 1, 2005, which incorporated by reference all of the first order, extended the time for a written report of the advisory board, and provided a January 1, 2007, expiration date for the order.

⁴⁹ Ch. 2006-9, L.O.F.; codified as s. 14.31, F.S.

⁵⁰ Ss. 220.11(2) and 220.63(2), F.S.

⁵¹ *General Revenue Consensus Estimating Conference Comparison Report*, p.27, <http://edr.state.fl.us/Content/conferences/generalrevenue/grpackage.pdf> (last visited Jan. 23, 2020).

⁵² S. 624.509, F.S. (Different tax rates apply to wet marine and transportation insurance, self-insurance, and annuity premiums.)

Assistance Trust Fund. Net collections of insurance premium taxes are forecast to be \$900.7 million in FY 2019-20 with distributions to General Revenue of \$683.9 million.⁵³

Severance Taxes on Oil and Gas Production

Oil and gas production severance taxes are imposed on persons who sever oil or gas in Florida for sale, transport, storage, profit, or commercial use.⁵⁴ These taxes are remitted to the DOR and distributed to General Revenue with additional distributions to the Minerals Trust Fund and to the counties where production occurred. Receipts from the severance taxes on oil and gas are estimated to be \$2.3 million in FY 2019-20⁵⁵ with distributions to General Revenue of \$1.9 million.

Sales Taxes Paid by Direct Pay Permit Holders

Section 212.183, F.S., authorizes DOR to establish a process for the self-accrual of sales taxes due under ch. 212, F.S. The process involves DOR granting a direct pay permit to a taxpayer, who then pays the taxes directly to DOR.⁵⁶ As of January 24, 2020, there were 589 taxpayers holding direct pay permits. Sales tax due as a result of the direct pay permits totaled approximately \$145 million in 2016.⁵⁷

Alcoholic Beverage Taxes

Florida imposes excise taxes on malt beverages, wines, and other beverages.⁵⁸ The taxes are due from manufacturers, distributors and vendors of malt beverages, and from manufacturers and distributors of wine, liquor, and other specified alcoholic beverages. Taxes are remitted to the Division of Alcoholic Beverages and Tobacco (Division) in the Department of Business and Professional Regulation. The Division is responsible for supervising the conduct, management, and operation of the manufacturing, packaging, distribution, and sale of all alcoholic beverages in Florida.⁵⁹ Distributions of the excise taxes on alcoholic beverages are made to the General Revenue Fund, the Alcoholic Beverage and Tobacco Trust Fund, and Viticulture Trust Fund. Collections of alcoholic beverage taxes are forecast to be \$738.9 million in FY 2019-20 with distributions to General Revenue of \$300.0 million.⁶⁰

Effect of Proposed Changes

Child Protective Investigators

The bill directs DCF, in collaboration with the FICW, to develop an expanded career ladder for CPI professionals. The career ladder must include multiple levels of CPI classifications, corresponding milestones and professional development opportunities necessary for advancement, and compensation ranges. DCF must develop and submit a proposal for the expanded career ladder to the President of the Senate, the Speaker of the House of Representatives, and the Governor no later than October 1,

⁵³ *General Revenue Consensus Estimating Conference Comparison Report*, p.34, <http://edr.state.fl.us/Content/conferences/generalrevenue/grpackage.pdf> (last visited Jan. 23, 2020).

⁵⁴ Ss. 211.02(1) and 211.025, F.S.

⁵⁵ *General Revenue Consensus Estimating Conference Comparison Report*, p.38, <http://edr.state.fl.us/Content/conferences/generalrevenue/grpackage.pdf> (last accessed Jan. 23, 2020).

⁵⁶ Section 212.183, F.S., and Rule 12A-1.0911, F.A.C. Direct pay permit holders include: dealers who annually make purchases in excess of \$10 million per year in any county; dealers who annually purchase at least \$100,000 of tangible personal property, including maintenance and repairs for their own use; dealers who purchase promotional materials whose ultimate use is unknown at purchase; eligible air carriers, vessels, railroads, and motor vehicles engaged in interstate and foreign commerce; and dealers who lease realty from a number of independent property owners.

⁵⁷ Emails from Department of Revenue staff, on file with the House Ways & Means Committee. Note that remittance data from 2016 is the most recent data available as of January 24, 2020.

⁵⁸ Ss. 563.05, 564.06, and 565.12, F.S.

⁵⁹ S. 561.02, F.S.

⁶⁰ *General Revenue Consensus Estimating Conference Comparison Report*, p.31, <http://edr.state.fl.us/Content/conferences/generalrevenue/grpackage.pdf> (last visited Jan. 23, 2020).

2020. The expanded career ladder is to provide clear pathways for career advancement for CPI professionals.

Additionally, the bill directs DCF to implement policies and programs that prevent and mitigate the impact of secondary traumatic stress and burnout among CPIs. The policies and programs include:

- Initiatives to encourage and inspire investigations staff, including posting material recognizing their achievements on a recognition wall within their unit's office.
- Formal procedures for providing support to relevant CPI staff after a critical incident such as a child fatality.
- Initial training upon appointment to a supervisory position and annual continuing education for all supervisors on preventing secondary traumatic stress and burnout among employees they supervise.
- Monitoring levels of secondary traumatic stress and burnout among individual employees and intervening as needed. DCF must closely attend to the levels of secondary traumatic stress and burnout among employees during the first two years after hire.
- Ongoing training in self-care for all CPI staff.

The programs may also include elements such as formal peer counseling and support programs. These policies and programs will address the secondary traumatic stress and burnout CPIs experience on the job, which can lead to a high turnover rate.

Florida Institute of Child Welfare

The bill expands the functions of the FICW to inform, train, and engage social work students for a successful career in child welfare. The FICW and the FSU College of Social Work will work together to redesign the social work curriculum using interactive and interdisciplinary approaches and include opportunities for students to engage more with child welfare cases. The bill directs the FICW to disseminate the curriculum to other interested state universities and colleges and provide implementation support. Additionally, by November 1, 2020, the FICW will execute a contract for an evaluation of the curriculum. The FSU College of Social Work is to implement the curriculum during the 2021-2022 school year.

Additionally, the bill directs the FICW to design and implement a career-long professional development curriculum for child welfare professionals at all levels and from all disciplines. The professional development curriculum must enhance the performance of the current child welfare workforce, address issues related to retention, complement the redesigned social work curriculum and be developed using social work principles. Through the FICW, the professional development curriculum will provide career-long coaching, training, certification, and mentorship. The FICW must provide the professional support on a continuous basis through online and in-person services.

Finally, the bill requires the FICW to establish a consulting program for child welfare organizations to enhance workforce culture, supervision, and related management processes to improve retention, effectiveness, and overall staff well-being. The FICW will select interested child welfare organizations through a competitive application process and provide support from a team of experts on a long-term basis to address operational workforce challenges. This will create positive workplace environments for the child welfare staff who have engaged in the FICW's other workforce development efforts under the bill.

These efforts may lead to better retention of the child welfare workforce and improve service quality.

Accountability

The bill directs the sheriffs providing child protective services and contracted attorneys providing children's legal services to adopt the child welfare practice model and be held to the standards, processes and outcome measurements as those employed by DCF. The bill directs DCF to conduct an

annual program performance evaluation that is standardized statewide and used with random cases selected by DCF. The annual report will also include data and information on sheriffs or contracted attorneys providing services and those performed by DCF. Additionally, the bill directs sheriffs and contracted attorneys to work in collaboration on monitoring performance on an ongoing basis. The bill directs the sheriffs and contracted attorneys and DCF to meet at least quarterly to collaborate on federal and state quality assurance and quality improvement initiatives.

The bill provides a sunset provision for the grant or contract of these services on July 1, 2023, unless saved from repeal by the Legislature. After this date, if not saved from repeal, DCF would perform all child protective investigative services and children's legal services, and DCF will not have the authority to grant or contract with others to provide these services.

This will ensure that DCF's partners who provide the same services as DCF staff will be held to the same standards, processes, and outcome measures and that performance information will be more readily available.

Community- and Faith-Based Organizations

The bill requires the local community alliances to include as a member an individual representing faith-based organizations involved in efforts to prevent child maltreatment, strengthen families, or promote adoption. The bill also includes as an alliance duty to work with community- and faith-based organizations to encourage their involvement in the community system of care and connect them with CBCs. The bill requires the community alliance to ensure the CBCs are aware of programs provided by community- and faith-based organizations, and assist and work to facilitate the CBCs' appropriate use of such resources.

Additionally, the bill directs CBCs to name a staff member as a liaison to community- and faith-based organizations and have a process for ensuring CBCs are aware of the services these organizations offer.

Children's Promise Tax Credit Program

Tax Credits for Contributions to Eligible Charitable Organizations

The bill creates s. 402.60, F.S., known as the Children's Promise Tax Credit Program. This program provides tax credits for businesses that make monetary donations to certain eligible charitable organizations that provide services focused on child welfare and well-being. The tax credits are a dollar-for-dollar credit against certain tax liabilities.

The tax credit can be taken against the business's liability for several state taxes, including:

- Corporate income tax,
- Insurance premium tax,
- Severance taxes on oil and gas production,
- Alcoholic beverage tax on beer, wine, and spirits, or
- Self-accrued sales tax liability of direct pay permit holders.

The bill creates new sections in each of the applicable tax chapters to create the credit authorized in s. 402.60, F.S., as discussed further below.

Certification and Responsibilities of Eligible Charitable Organizations

To qualify for the program, an eligible charitable organization must be exempt as a 501(c)(3) organization under the Internal Revenue Code, must be a Florida entity with its principal office in the state of Florida, and must provide services to:

- Prevent child abuse, neglect, abandonment, or exploitation;

- Enhance the safety, permanency, or well-being of children who have child welfare involvement;
- Assist families who have children with a chronic illness or physical, intellectual, developmental, or emotional disability; or
- Provide workforce development services to families of children eligible for a federal free or reduced-price meals program.

An eligible charitable organization cannot:

- Provide abortions, pay for or provide coverage of abortions or financially support any other entity that provides, pays for or provides coverage of abortions, or
- Receive more than 50% of its total annual revenue from DCF or the Agency for Persons with Disabilities, either directly or indirectly.

In addition, to participate in the program, the organization must:

- Have a contract or written referral agreement with, or reference from, DCF, a CBC, a managing entity, or the Agency for Persons with Disabilities to provide the services listed above;
- Apply to DCF for designation as an eligible charitable organization; and
- Provide one-time and ongoing information as requested by DCF.

An eligible charitable organization must spend 100% of the funds received under this program on direct services for Florida residents for an approved purpose under the Children’s Promise tax credit. It must also conduct background screenings on all volunteers and staff working with children in any programs funded by the program. In addition, the organization must annually provide a copy of its most recent IRS Return of Organization Exempt from Income Tax form (Form 990), hire an independent certified public accountant to conduct an audit of the organization, and provide the audit report to DCF within 180 days after completion of the organization’s fiscal year.

Responsibilities of the Department of Children and Families

DCF would be responsible for reviewing and approving or denying applications from potential eligible charitable organizations. It must also review and designate eligible charitable organizations each year. DCF is also responsible for creating and maintaining a section of their website dedicated to this tax credit program and providing information on the process for becoming an eligible charitable organization, a list of current eligible charitable organizations, and the process for a taxpayer to select an eligible charitable organization as the recipient of funding through the tax credit program.

Revenue Sources

Corporate Income Tax

The bill creates s. 220.1876, F.S., which, beginning January 1, 2021, authorizes a credit of 100% of an eligible contribution to an eligible charitable organization against any tax due under ch. 220, F.S., for corporate income tax.

Insurance Premium Tax

The bill creates s. 624.51056, F.S., which, beginning January 1, 2021, authorizes a credit of 100% of an eligible contribution to an eligible charitable organization against any tax due under s. 624.509(1), F.S.

Severance Taxes on Oil and Gas Production

The bill creates s. 211.0252, F.S., which, beginning July 1, 2021, authorizes a credit of 100% of an eligible contribution to an eligible charitable organization against any tax due under ss. 211.02 or 211.025, F.S., for oil or gas production. However, the credit may not exceed 50% of the tax due on the

return the credit is taken, and this credit may be used only after any credit under s. 211.0251, F.S., has been used, up to a total of 50% of the liability on the return. The bill directs DOR to disregard tax credits under this section for purposes of the distributions of tax revenue under s. 211.06, F.S., so that only amounts distributed to the General Revenue Fund are reduced.

Sales Taxes Paid by Direct Pay Permit Holders

The bill creates s. 212.1833, F.S., which, beginning July 1, 2021, authorizes a credit of 100% of an eligible contribution to an eligible charitable organization against any state sales tax due from a direct pay permit holder as a result of the direct pay permit held pursuant to s. 212.183, F.S. The bill directs DOR to disregard tax credits under this section for purposes of the distributions of tax revenue under s. 212.20, F.S., so that only amounts distributed to the General Revenue Fund are reduced. Any taxpayers claiming a tax credit against this tax must file returns and pay taxes by electronic means.

Alcoholic Beverage Taxes

The bill creates s. 561.1212, F.S., to authorize a credit of 100% of an eligible contribution to an eligible charitable organization against tax due under ss. 563.05, 564.06, or 565.12, F.S., except for taxes imposed on domestic wine production, beginning January 1, 2021. Further, the credit is limited to 90% of the tax due on the return the credit is taken. The division is directed to disregard tax credits under this section for purposes of the distributions of tax revenue under ss. 561.121 and 564.06(10), F.S., so that only amounts distributed to the General Revenue Fund are reduced.

Application and Approval of Tax Credits by DOR

Businesses that wish to participate in the program by making a donation to an eligible charitable organization must apply to DOR beginning October 1, 2020, for an allocation of tax credit. The taxpayer must specify in the application each tax for which the taxpayer requests a credit, the applicable taxable year for a credit under ss. 220.1876 or 624.51056, F.S., relating to the corporate income and insurance premium tax credits, and the applicable state fiscal year for a credit under ss. 211.0252, 212.1833, or 561.1212, F.S., relating to oil and gas production, direct pay permit sales, and alcoholic beverage tax credits, respectively. The DOR is required to approve the tax credits on a first-come, first-served basis and must obtain the approval of Division of Alcoholic Beverages and Tobacco in the Department of Business and Professional Regulation's prior to approving an alcoholic beverage tax credit under s. 561.1212, F.S.

Any unused credit may be carried forward up to ten years. The bill generally does not allow a taxpayer to convey, assign, or transfer the credit to another entity unless all of the assets of the taxpayer are conveyed, assigned, or transferred in the same transaction. Upon approval of the DOR, transfers may be made between members of an affiliated group of corporations if the credit transferred will be taken against the same type of tax.

Rescinding Tax Credits

A taxpayer may apply to the DOR to rescind all or part of an approved tax credit. The amount rescinded becomes available for that state fiscal year to another eligible taxpayer as approved by the DOR if the taxpayer receives notice that the rescindment has been accepted.

Cap on Annual Tax Credit Approvals

The annual tax credit cap for all credits under this program is \$5 million per state fiscal year.

Provisions Specific to Corporate Income Tax

The bill amends two additional corporate income tax provisions related to the ordering and administration of tax credits to:

- Specify the order that credits for contributions to eligible charitable organizations are to be claimed relative to other credits authorized under Ch. 220, F.S., and
- Add tax credit amounts claimed under s. 220.1876, F.S., back to taxable income for the purpose of determining a taxpayer's "adjusted federal income."

The bill provides rulemaking authority to the DOR, DCF, and DBPR. In addition, the DOR is granted emergency rulemaking authority for purposes of implementing the act. An appropriation of \$208,000 is provided to DOR for implementation costs.

The bill directs the FICW to perform an analysis of the tax credit and the use of the funds and submit a report to the Governor, the Speaker of the House of Representatives, and President of the Senate by October 31, 2024.

The bill takes effect July 1, 2020.

B. SECTION DIRECTORY:

- Section 1:** Providing a short title.
- Section 2:** Amending s. 20.19, F.S., relating to Department of Children and Families.
- Section 3:** Amending s. 39.3065, F.S., relating to sheriffs of certain counties to provide child protective investigative services; procedures; funding.
- Section 4:** Creating s. 211.0252, F.S., relating to credit for contributions to eligible charitable organizations.
- Section 5:** Creating s. 212.1833, F.S., relating to credit for contributions to eligible charitable organizations.
- Section 6:** Amending s. 220.02, F.S., relating to legislative intent.
- Section 7:** Amending s. 220.13, F.S., relating to "adjusted federal income" defined.
- Section 8:** Amending s. 220.186, F.S., relating to credit for Florida alternative minimum tax.
- Section 9:** Creating s. 220.1876, F.S., relating to credit for contributions to eligible charitable organizations.
- Section 10:** Creating s. 402.60, F.S., relating to the Children's Promise Tax Credit.
- Section 11:** Amending s. 402.402, F.S., relating to child protection and child welfare personnel; attorneys employed by the department.
- Section 12:** Amending s. 409.996, F.S., relating to duties of the Department of Children and Families.
- Section 13:** Amending s. 409.988, F.S., relating to lead agency duties; general provisions.
- Section 14:** Creating s. 561.1212, F.S., relating to credit for contributions to eligible charitable organizations.
- Section 15:** Creating s. 624.51056, F.S., relating to credit for contributions to eligible charitable organizations.
- Section 16:** Amending s. 1004.615, F.S., relating to Florida Institute for Child Welfare.
- Section 17:** Authorizes DOR to adopt emergency rules.
- Section 18:** Requires the Florida Institute of Child Welfare to perform an analysis of the tax credit.
- Section 19:** Directs the Department of Children and Families to create a career ladder for child protective investigators.
- Section 20:** Provides an appropriation to the Department of Revenue.
- Section 21:** Provides an effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

On January 31, 2020, the Revenue Estimating Conference estimated that the bill will reduce state General Revenue by \$5 million annually.

2. Expenditures:

The bill's new tax credit will have non-recurring operational impacts of approximately \$208,000 on DOR. Ongoing operational impacts on DOR will be accommodated within current resources. The bill appropriates \$208,000 in non-recurring general revenue funds to DOR to implement its provisions.

The bill significantly expands functions of the FICW, much of which will be contracted out to the FSU College of Social Work and other members of the affiliate network established by the FICW under current law. The House proposed General Appropriations Act for FY 2020-21 includes \$10,000,000 in recurring general revenue to expand the functions of the FICW at FSU to implement the provisions in the bill.

Additionally, the House proposed General Appropriations Act for FY 2020-21 includes \$8,000,000 to fund a quality assurance program that includes the establishment of DCF's Office of Quality.⁶¹ The program will consist of two units that will conduct case reviews and on-site reviews across the child welfare and behavioral health systems of care.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

The sheriffs providing child protective services may have additional expenditures due to the expanded quality assurance duties in the bill; however, this may be absorbed through the existing resources provided through their grants for the purpose of conducting investigations.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

To the degree a community-based care lead agency is not currently working with community-based and faith-based organizations, it will need to make an effort to form relationships and inform staff of the services offered. However, this may reduce the CBC's expenditures on services if the services provided by community-based and faith-based organizations reduce the number of families needing CBC services or the amount of time families need services paid for by the CBC. Additionally, increasing the services provided to children and families may lead to better outcomes for children, such as achieving permanency for children more quickly.

D. FISCAL COMMENTS:

None.

⁶¹ 2020, HB 5001, General Appropriations Act, Funds in specific appropriation 288 are for DCF to implement a quality assurance program.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable, This bill does not appear to require counties or municipalities to spend funds or take action requiring the expenditures of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rulemaking authority to DOR, DCF, and DBPR to implement the bill's provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 11, 2020, the Ways and Means Committee adopted an amendment and reported the bill favorably as a committee substitute. The amendment:

- Adjusts implementation of the tax credit program so that it is staggered over the course of a year.
- Clarifies how the tax credit is to be calculated and applied against severance taxes if the taxpayer also has a credit against those taxes from the existing Florida Tax Credit Scholarship Program.
- Requires taxpayers who wish to use their credit against self-accrued sales tax to file their returns and pay sales tax electronically.
- Clarifies that DOR and the Division of Alcoholic Beverages and Tobacco in DBPR are authorized to share taxpayer information related to the administration of the program.
- Updates cross-references to correct drafting errors and adds a definition to clarify the tax credit cap amount for the credit program.
- Adds an appropriation for DOR to help with one-time implementation costs.

This analysis is written to the committee substitute as reported favorably by the Ways and Means Committee.

1 A bill to be entitled
2 An act relating to child welfare; providing a short
3 title; amending s. 20.19, F.S.; revising and providing
4 duties of community alliances; revising membership of
5 community alliances; amending s. 39.3065, F.S.;
6 requiring sheriffs providing child protective
7 investigative services to adopt the child welfare
8 practice model; requiring the department and certain
9 sheriffs to monitor program performance and meet, at
10 least quarterly, to collaborate on specified quality
11 assurance and initiatives; requiring the department to
12 conduct an annual evaluation of the sheriffs' program
13 performance based on certain criteria; requiring the
14 department to submit an annual report on certain
15 information by a specified date; providing report
16 requirements; providing for future repeal; creating
17 ss. 211.0252, 212.1833, 561.1212, and 624.51056, F.S.;
18 authorizing a tax credit for certain contributions
19 made to an eligible charitable organization with
20 certain restrictions; amending s. 220.02, F.S.;
21 revising legislative intent; amending ss. 220.13 and
22 220.186, F.S.; conforming cross-references to changes
23 made by the act; creating s. 220.1876, F.S.;
24 authorizing a tax credit for certain contributions
25 made to an eligible organization with certain

26 | restrictions; providing requirements for applying a
27 | credit when the taxpayer requests an extension;
28 | creating s. 402.62, F.S.; creating the Children's
29 | Promise tax credit; providing definitions; providing
30 | requirements for designation as an eligible charitable
31 | organization; specifying certain organizations that
32 | may not be designated as an eligible charitable
33 | organization; providing responsibilities of eligible
34 | charitable organizations receiving contributions under
35 | the tax credit; providing responsibilities of the
36 | department related to the tax credit; providing
37 | guidelines for the application of, limitations to, and
38 | transfers of the tax credit; providing for the
39 | preservation of the tax credit under certain
40 | circumstances; authorizing the Department of Revenue,
41 | the Division of Alcoholic Beverages and Tobacco of the
42 | Department of Business and Professional Regulation,
43 | and the department to develop a cooperative agreement
44 | to administer the tax credit; providing the Department
45 | of Revenue, the Division of Alcoholic Beverages and
46 | Tobacco of the Department of Business and Professional
47 | Regulation, and the department rulemaking authority;
48 | authorizing the Department of Revenue and the Division
49 | of Alcoholic Beverages and Tobacco of the Department
50 | of Business and Professional Regulation to share

51 certain information as needed to administer the tax
52 credit program; amending s. 402.402, F.S.; requiring
53 the department to implement certain policies and
54 programs; requiring the annual report to include
55 information on professional advancement of child
56 protective investigators and supervisors; requiring
57 attorneys contracting with the department to receive
58 certain training within a specified time; amending s.
59 409.996, F.S.; authorizing the department to contract
60 for the provision of children's legal services;
61 requiring the contracted attorneys to adopt the child
62 welfare practice model and operate in the same manner
63 as attorneys employed by the department; requiring the
64 department and the contracted attorneys to monitor
65 program performance; requiring the department to
66 conduct an annual evaluation based on certain
67 criteria; requiring the department to submit an annual
68 report to the Governor and Legislature by a specified
69 date; providing for future repeal; amending s.
70 409.988, F.S.; revising the duties of a lead agency;
71 amending s. 1004.615, F.S.; requiring the Florida
72 Institute for Child Welfare and the Florida State
73 University College of Social Work to design and
74 implement a specified curriculum; providing
75 requirements of the institute regarding the

76 curriculum; requiring the institute to contract for
77 certain evaluations; requiring certain entities to
78 design and implement a career-long professional
79 development curriculum for child welfare
80 professionals; requiring the institute to establish a
81 consulting program for child welfare organizations;
82 authorizing the Department of Revenue to adopt
83 emergency rules; providing an appropriation; requiring
84 the institute to perform an analysis of the use of
85 funding provided by the tax credit and provide a
86 report of such analysis to the Governor and the
87 Legislature by a specified date; requiring the
88 department to develop a career ladder for child
89 protective investigations professionals and submit a
90 proposal to the Legislature by a specified date;
91 providing an effective date.

92
93 Be It Enacted by the Legislature of the State of Florida:

94
95 Section 1. Sections 2, 11, and 13 of this act may be cited
96 as the "State of Hope Act."

97 Section 2. Paragraphs (b), (d), and (e) of subsection (5)
98 of section 20.19, Florida Statutes, are amended to read:

99 20.19 Department of Children and Families.—There is
100 created a Department of Children and Families.

101 (5) COMMUNITY ALLIANCES.—

102 (b) The duties of the community alliance include, but are
103 not limited to:

104 1. Joint planning for resource utilization in the
105 community, including resources appropriated to the department
106 and any funds that local funding sources choose to provide.

107 2. Needs assessment and establishment of community
108 priorities for service delivery.

109 3. Determining community outcome goals to supplement
110 state-required outcomes.

111 4. Serving as a catalyst for community resource
112 development, including, but not limited to, identifying existing
113 programs and services delivered by and assistance available from
114 community-based and faith-based organizations, and encouraging
115 the development and availability of such programs, services, and
116 assistance by such organizations. The community alliance shall
117 ensure that the community-based care lead agency is aware of
118 such programs, services, and assistance and work to facilitate
119 the lead agency's appropriate use of these resources.

120 5. Providing for community education and advocacy on
121 issues related to delivery of services.

122 6. Promoting prevention and early intervention services.

123 (d) The ~~initial~~ membership of the community alliance in a
124 county shall at a minimum be composed of the following:

125 1. A representative from the department.

- 126 2. A representative from county government.
 127 3. A representative from the school district.
 128 4. A representative from the county United Way.
 129 5. A representative from the county sheriff's office.
 130 6. A representative from the circuit court corresponding
 131 to the county.

132 7. A representative from the county children's board, if
 133 one exists.

134 8. A representative of a faith-based organization involved
 135 in efforts to prevent child maltreatment, strengthen families,
 136 or promote adoption.

137 ~~(e) At any time after the initial meeting of the community~~
 138 ~~alliance,~~ The community alliance shall adopt bylaws and may
 139 increase the membership of the alliance to include the state
 140 attorney for the judicial circuit in which the community
 141 alliance is located, or his or her designee, the public defender
 142 for the judicial circuit in which the community alliance is
 143 located, or his or her designee, and Other individuals and
 144 organizations who represent funding organizations, are community
 145 leaders, have knowledge of community-based service issues, or
 146 otherwise represent perspectives that will enable them to
 147 accomplish the duties listed in paragraph (b), if, in the
 148 judgment of the alliance, such change is necessary to adequately
 149 represent the diversity of the population within the community
 150 alliance service circuits.

151 Section 3. Section 39.3065, Florida Statutes, is amended
152 to read:

153 39.3065 Sheriffs of certain counties to provide child
154 protective investigative services; procedures; funding.—

155 (1) As described in this section, the department ~~of~~
156 ~~Children and Families~~ shall, by the end of fiscal year 1999-
157 2000, transfer all responsibility for child protective
158 investigations for Pinellas County, Manatee County, Broward
159 County, and Pasco County to the sheriff of that county in which
160 the child abuse, neglect, or abandonment is alleged to have
161 occurred. Each sheriff is responsible for the provision of all
162 child protective investigations in his or her county. Each
163 individual who provides these services must complete the
164 training provided to and required of protective investigators
165 employed by the department ~~of Children and Families~~.

166 (2) During fiscal year 1998-1999, the department ~~of~~
167 ~~Children and Families~~ and each sheriff's office shall enter into
168 a contract for the provision of these services. Funding for the
169 services will be appropriated to the department ~~of Children and~~
170 ~~Families~~, and the department shall transfer to the respective
171 sheriffs for the duration of fiscal year 1998-1999, funding for
172 the investigative responsibilities assumed by the sheriffs,
173 including federal funds that the provider is eligible for and
174 agrees to earn and that portion of general revenue funds which
175 is currently associated with the services that are being

176 furnished under contract, and including, but not limited to,
177 funding for all investigative, supervisory, and clerical
178 positions; training; all associated equipment; furnishings; and
179 other fixed capital items. The contract must specify whether the
180 department will continue to perform part or none of the child
181 protective investigations during the initial year. The sheriffs
182 may either conduct the investigations themselves or may, in
183 turn, subcontract with law enforcement officials or with
184 properly trained employees of private agencies to conduct
185 investigations related to neglect cases only. If such a
186 subcontract is awarded, the sheriff must take full
187 responsibility for any safety decision made by the subcontractor
188 and must immediately respond with law enforcement staff to any
189 situation that requires removal of a child due to a condition
190 that poses an immediate threat to the child's life. The contract
191 must specify whether the services are to be performed by
192 departmental employees or by persons determined by the sheriff.
193 During this initial year, the department is responsible for
194 quality assurance, and the department retains the responsibility
195 for the performance of all child protective investigations. The
196 department must identify any barriers to transferring the entire
197 responsibility for child protective services to the sheriffs'
198 offices and must pursue avenues for removing any such barriers
199 by means including, but not limited to, applying for federal
200 waivers. By January 15, 1999, the department shall submit to the

201 President of the Senate, the Speaker of the House of
202 Representatives, and the chairs of the Senate and House
203 committees that oversee departmental activities a report that
204 describes any remaining barriers, including any that pertain to
205 funding and related administrative issues. Unless the
206 Legislature, on the basis of that report or other pertinent
207 information, acts to block a transfer of the entire
208 responsibility for child protective investigations to the
209 sheriffs' offices, the sheriffs of Pasco County, Manatee County,
210 Broward County, and Pinellas County, beginning in fiscal year
211 1999-2000, shall assume the entire responsibility for such
212 services, as provided in subsection (3).

213 (3) (a) Beginning in fiscal year 1999-2000, the sheriffs of
214 Pasco County, Manatee County, Broward County, and Pinellas
215 County have the responsibility to provide all child protective
216 investigations in their respective counties. Beginning in fiscal
217 year 2000-2001, the department ~~of Children and Families~~ is
218 authorized to enter into grant agreements with sheriffs of other
219 counties to perform child protective investigations in their
220 respective counties.

221 (b) The sheriffs shall adopt the child welfare practice
222 model, as periodically modified by the department, that is used
223 by child protective investigators employed by the department.
224 The sheriffs shall operate, at a minimum, in accordance with the
225 same federal and state performance standards and metrics for

226 ~~outcome measures established by the Legislature for~~ protective
227 investigations imposed on conducted protective investigators
228 employed by the department ~~of Children and Families~~. Each
229 individual who provides these services must complete, at a
230 minimum, the training provided to and required of protective
231 investigators employed by the department ~~of Children and~~
232 ~~Families~~.

233 (c) Funds for providing child protective investigations
234 must be identified in the annual appropriation made to the
235 department ~~of Children and Families~~, which shall award grants
236 for the full amount identified to the respective sheriffs'
237 offices. Notwithstanding ~~the provisions of~~ ss. 216.181(16) (b)
238 and 216.351, the department ~~of Children and Families~~ may advance
239 payments to the sheriffs for child protective investigations.
240 Funds for the child protective investigations may not be
241 integrated into the sheriffs' regular budgets. Budgetary data
242 and other data relating to the performance of child protective
243 investigations must be maintained separately from all other
244 records of the sheriffs' offices and reported to the department
245 ~~of Children and Families~~ as specified in the grant agreement.

246 (d) The department and sheriffs providing child protective
247 investigative services shall collaborate to monitor program
248 performance on an ongoing basis. The department and each
249 sheriff, or his or her designee, shall meet at least quarterly
250 to collaborate on federal and state quality assurance and

251 quality improvement initiatives.

252 (e) ~~(d)~~ The department shall conduct an annual evaluation of
253 the sheriffs' program performance which ~~evaluation~~ shall be
254 based on the same child welfare practice model principles, and
255 federal and state performance standards and metrics, that are
256 imposed on child protective investigators employed by ~~criteria~~
257 mutually agreed upon by the respective sheriffs and the
258 department of Children and Families. The program performance
259 evaluation must be standardized statewide and the department
260 shall select random cases for evaluation. The program
261 performance evaluation shall be conducted by a team of peer
262 reviewers from the respective sheriffs' offices that perform
263 child protective investigations and representatives from the
264 department.

265 (f) The department of Children and Families shall produce
266 submit an annual report regarding, at a minimum, ~~quality~~
267 performance quality, outcome-measure attainment, and cost
268 efficiency of the services provided by the sheriffs. The annual
269 report shall include data and information on both the sheriffs'
270 and the department's performance of protective investigations.
271 The department shall submit the annual report to the President
272 of the Senate, the Speaker of the House of Representatives, and
273 to the Governor no later than ~~November 1~~ January 31 of each year
274 the sheriffs are receiving general appropriations to provide
275 child protective investigations.

276
277 This section shall be repealed July 1, 2023, unless reviewed and
278 saved from repeal by the Legislature.

279 Section 4. Section 211.0252, Florida Statutes, is created
280 to read:

281 211.0252 Credit for contributions to eligible charitable
282 organizations.—Beginning July 1, 2021, there is allowed a credit
283 of 100 percent of an eligible contribution made to an eligible
284 charitable organization under s. 402.62 against any tax due
285 under s. 211.02 or s. 211.025. However, the combined credit
286 allowed under this section and s. 211.0251 may not exceed 50
287 percent of the tax due on the return on which the credit is
288 taken. If the combined credit allowed under this section and s.
289 211.0251 exceeds 50 percent of the tax due on the return, the
290 credit must first be taken under s. 211.0251. Any remaining
291 liability, up to 50 percent of the tax due, shall be taken under
292 this section. For purposes of the distributions of tax revenue
293 under s. 211.06, the department shall disregard any tax credits
294 allowed under this section to ensure that any reduction in tax
295 revenue received which is attributable to the tax credits
296 results only in a reduction in distributions to the General
297 Revenue Fund. The provisions of s. 402.62 apply to the credit
298 authorized by this section.

299 Section 5. Section 212.1833, Florida Statutes, is created
300 to read:

301 212.1833 Credit for contributions to eligible charitable
 302 organizations.—Beginning July 1, 2021, there is allowed a credit
 303 of 100 percent of an eligible contribution made to an eligible
 304 charitable organization under s. 402.62 against any tax imposed
 305 by the state and due under this chapter from a direct pay permit
 306 holder as a result of the direct pay permit held pursuant to s.
 307 212.183. For purposes of the dealer's credit granted for keeping
 308 prescribed records, filing timely tax returns, and properly
 309 accounting and remitting taxes under s. 212.12, the amount of
 310 tax due used to calculate the credit shall include any eligible
 311 contribution made to an eligible charitable organization from a
 312 direct pay permit holder. For purposes of the distributions of
 313 tax revenue under s. 212.20, the department shall disregard any
 314 tax credits allowed under this section to ensure that any
 315 reduction in tax revenue received that is attributable to the
 316 tax credits results only in a reduction in distributions to the
 317 General Revenue Fund. The provisions of s. 402.62 apply to the
 318 credit authorized by this section. A dealer who claims a tax
 319 credit under this section must file his or her tax returns and
 320 pay his or her taxes by electronic means under s. 213.755.

321 Section 6. Subsection (8) of section 220.02, Florida
 322 Statutes, is amended to read:

323 220.02 Legislative intent.—

324 (8) It is the intent of the Legislature that credits
 325 against either the corporate income tax or the franchise tax be

326 applied in the following order: those enumerated in s. 631.828,
 327 those enumerated in s. 220.191, those enumerated in s. 220.181,
 328 those enumerated in s. 220.183, those enumerated in s. 220.182,
 329 those enumerated in s. 220.1895, those enumerated in s. 220.195,
 330 those enumerated in s. 220.184, those enumerated in s. 220.186,
 331 those enumerated in s. 220.1845, those enumerated in s. 220.19,
 332 those enumerated in s. 220.185, those enumerated in s. 220.1875,
 333 those enumerated in s. 220.1876, those enumerated in s. 220.192,
 334 those enumerated in s. 220.193, those enumerated in s. 288.9916,
 335 those enumerated in s. 220.1899, those enumerated in s. 220.194,
 336 and those enumerated in s. 220.196.

337 Section 7. Paragraph (a) of subsection (1) of section
 338 220.13, Florida Statutes, is amended to read:

339 220.13 "Adjusted federal income" defined.—

340 (1) The term "adjusted federal income" means an amount
 341 equal to the taxpayer's taxable income as defined in subsection
 342 (2), or such taxable income of more than one taxpayer as
 343 provided in s. 220.131, for the taxable year, adjusted as
 344 follows:

345 (a) Additions.—There shall be added to such taxable
 346 income:

347 1.a. The amount of any tax upon or measured by income,
 348 excluding taxes based on gross receipts or revenues, paid or
 349 accrued as a liability to the District of Columbia or any state
 350 of the United States which is deductible from gross income in

351 the computation of taxable income for the taxable year.

352 b. Notwithstanding sub-subparagraph a., if a credit taken
353 under s. 220.1875 or s. 220.1876 is added to taxable income in a
354 previous taxable year under subparagraph 11. and is taken as a
355 deduction for federal tax purposes in the current taxable year,
356 the amount of the deduction allowed shall not be added to
357 taxable income in the current year. The exception in this sub-
358 subparagraph is intended to ensure that the credit under s.
359 220.1875 or s. 220.1876 is added in the applicable taxable year
360 and does not result in a duplicate addition in a subsequent
361 year.

362 2. The amount of interest which is excluded from taxable
363 income under s. 103(a) of the Internal Revenue Code or any other
364 federal law, less the associated expenses disallowed in the
365 computation of taxable income under s. 265 of the Internal
366 Revenue Code or any other law, excluding 60 percent of any
367 amounts included in alternative minimum taxable income, as
368 defined in s. 55(b)(2) of the Internal Revenue Code, if the
369 taxpayer pays tax under s. 220.11(3).

370 3. In the case of a regulated investment company or real
371 estate investment trust, an amount equal to the excess of the
372 net long-term capital gain for the taxable year over the amount
373 of the capital gain dividends attributable to the taxable year.

374 4. That portion of the wages or salaries paid or incurred
375 for the taxable year which is equal to the amount of the credit

376 allowable for the taxable year under s. 220.181. This
 377 subparagraph shall expire on the date specified in s. 290.016
 378 for the expiration of the Florida Enterprise Zone Act.

379 5. That portion of the ad valorem school taxes paid or
 380 incurred for the taxable year which is equal to the amount of
 381 the credit allowable for the taxable year under s. 220.182. This
 382 subparagraph shall expire on the date specified in s. 290.016
 383 for the expiration of the Florida Enterprise Zone Act.

384 6. The amount taken as a credit under s. 220.195 which is
 385 deductible from gross income in the computation of taxable
 386 income for the taxable year.

387 7. That portion of assessments to fund a guaranty
 388 association incurred for the taxable year which is equal to the
 389 amount of the credit allowable for the taxable year.

390 8. In the case of a nonprofit corporation which holds a
 391 pari-mutuel permit and which is exempt from federal income tax
 392 as a farmers' cooperative, an amount equal to the excess of the
 393 gross income attributable to the pari-mutuel operations over the
 394 attributable expenses for the taxable year.

395 9. The amount taken as a credit for the taxable year under
 396 s. 220.1895.

397 10. Up to nine percent of the eligible basis of any
 398 designated project which is equal to the credit allowable for
 399 the taxable year under s. 220.185.

400 11. Any ~~The~~ amount taken as a credit for the taxable year

401 under s. 220.1875 or s. 220.1876. The addition in this
402 subparagraph is intended to ensure that the same amount is not
403 allowed for the tax purposes of this state as both a deduction
404 from income and a credit against the tax. This addition is not
405 intended to result in adding the same expense back to income
406 more than once.

407 12. The amount taken as a credit for the taxable year
408 under s. 220.192.

409 13. The amount taken as a credit for the taxable year
410 under s. 220.193.

411 14. Any portion of a qualified investment, as defined in
412 s. 288.9913, which is claimed as a deduction by the taxpayer and
413 taken as a credit against income tax pursuant to s. 288.9916.

414 15. The costs to acquire a tax credit pursuant to s.
415 288.1254(5) that are deducted from or otherwise reduce federal
416 taxable income for the taxable year.

417 16. The amount taken as a credit for the taxable year
418 pursuant to s. 220.194.

419 17. The amount taken as a credit for the taxable year
420 under s. 220.196. The addition in this subparagraph is intended
421 to ensure that the same amount is not allowed for the tax
422 purposes of this state as both a deduction from income and a
423 credit against the tax. The addition is not intended to result
424 in adding the same expense back to income more than once.

425 Section 8. Subsection (2) of section 220.186, Florida

426 Statutes, is amended to read:

427 220.186 Credit for Florida alternative minimum tax.—

428 (2) The credit pursuant to this section shall be the
 429 amount of the excess, if any, of the tax paid based upon taxable
 430 income determined pursuant to s. 220.13(2)(k) over the amount of
 431 tax which would have been due based upon taxable income without
 432 application of s. 220.13(2)(k), before application of this
 433 credit without application of any credit under s. 220.1875 or s.
 434 220.1876.

435 Section 9. Section 220.1876, Florida Statutes, is created
 436 to read:

437 220.1876 Credit for contributions to eligible charitable
 438 organizations.—

439 (1) Beginning January 1, 2021, there is allowed a credit
 440 of 100 percent of an eligible contribution made to an eligible
 441 charitable organization under s. 402.62 against any tax due for
 442 a taxable year under this chapter after the application of any
 443 other allowable credits by the taxpayer. An eligible
 444 contribution must be made to an eligible charitable organization
 445 on or before the date the taxpayer is required to file a return
 446 pursuant to s. 220.222. The credit granted by this section shall
 447 be reduced by the difference between the amount of federal
 448 corporate income tax taking into account the credit granted by
 449 this section and the amount of federal corporate income tax
 450 without application of the credit granted by this section.

451 (2) A taxpayer who files a Florida consolidated return as
452 a member of an affiliated group pursuant to s. 220.131(1) may be
453 allowed the credit on a consolidated return basis; however, the
454 total credit taken by the affiliated group is subject to the
455 limitation established under subsection (1).

456 (3) The provisions of s. 402.62 apply to the credit
457 authorized by this section.

458 (4) If a taxpayer applies and is approved for a credit
459 under s. 402.62 after timely requesting an extension to file
460 under s. 220.222(2):

461 (a) The credit does not reduce the amount of tax due for
462 purposes of the department's determination as to whether the
463 taxpayer was in compliance with the requirement to pay tentative
464 taxes under ss. 220.222 and 220.32.

465 (b) The taxpayer's noncompliance with the requirement to
466 pay tentative taxes shall result in the revocation and
467 rescindment of any such credit.

468 (c) The taxpayer shall be assessed for any taxes,
469 penalties, or interest due from the taxpayer's noncompliance
470 with the requirement to pay tentative taxes.

471 Section 10. Section 402.62, Florida Statutes, is created
472 to read:

473 402.62 Children's Promise Tax Credit.—

474 (1) DEFINITIONS.—As used in this section, the term:

475 (a) "Annual tax credit amount" means, for any state fiscal

476 year, the sum of the amount of tax credits approved under
477 paragraph (5) (b), including tax credits to be taken under s.
478 211.0252, s. 212.1833, s. 220.1876, s. 561.1212, or s.
479 624.51056, which are approved for taxpayers whose taxable years
480 begin on or after January 1 of the calendar year preceding the
481 start of the applicable state fiscal year.

482 (b) "Division" means the Division of Alcoholic Beverages
483 and Tobacco of the Department of Business and Professional
484 Regulation.

485 (c) "Eligible charitable organization" means an
486 organization designated by the department to be eligible to
487 receive funding under this section.

488 (d) "Eligible contribution" means a monetary contribution
489 from a taxpayer, subject to the restrictions provided in this
490 section, to an eligible charitable organization. The taxpayer
491 making the contribution may not designate a specific child
492 assisted by the eligible charitable organization as the
493 beneficiary of the contribution.

494 (e) "Tax credit cap amount" means the maximum annual tax
495 credit amount that the Department of Revenue may approve for a
496 state fiscal year.

497 (2) CHILDREN'S PROMISE TAX CREDITS; ELIGIBILITY.—

498 (a) The department shall designate as an eligible
499 charitable organization an organization that:

500 1. Is exempt from federal income taxation under s.

501 501(c)(3) of the Internal Revenue Code.

502 2. Is a Florida entity formed under chapter 605, chapter
503 607, or chapter 617 and whose principal office is located in the
504 state.

505 3. Provides services to:

506 a. Prevent child abuse, neglect, abandonment, or
507 exploitation;

508 b. Enhance the safety, permanency, or well-being of
509 children with child welfare involvement;

510 c. Assist families with children who have a chronic
511 illness or physical, intellectual, developmental, or emotional
512 disability; or

513 d. Provide workforce development services to families of
514 children eligible for a federal free or reduced-price meals
515 program.

516 4. Has a contract or written referral agreement with, or
517 reference from, the department, a community-based care lead
518 agency as defined in s. 409.986, a managing entity as defined in
519 s. 394.9082, or the Agency for Persons with Disabilities, for
520 services specified in subparagraph 3.

521 5. Provides to the department accurate information
522 including, at a minimum, a description of the services provided
523 by the organization that are eligible for funding under this
524 section; the number of individuals served through those services
525 during the last calendar year in total and the number served

526 during the last calendar year using funding under this section;
527 basic financial information regarding the organization and
528 services eligible for funding under this section; outcomes for
529 such services; and contact information for the organization.

530 6. Annually submits a statement signed by a current
531 officer of the organization, under penalty of perjury, that the
532 organization meets all criteria to qualify as an eligible
533 charitable organization, has fulfilled responsibilities under
534 this section for the previous fiscal year if the organization
535 received any funding through this credit during the previous
536 year, and intends to fulfill its responsibilities during the
537 upcoming year.

538 7. Provides any documentation requested by the department
539 to verify eligibility as an eligible charitable organization or
540 compliance with this section.

541 (b) The department may not designate as an eligible
542 charitable organization an organization that:

543 1. Provides abortions, pays for or provides coverage of
544 abortions, or financially supports any other entity that
545 provides, pays for, or provides coverage of abortions; or

546 2. Has received more than 50 percent of its total annual
547 revenue from the department or the Agency for Persons with
548 Disabilities, either directly or via a contractor of the
549 department or agency, in the prior fiscal year.

550 (3) RESPONSIBILITIES OF ELIGIBLE CHARITABLE

551 ORGANIZATIONS.—An eligible charitable organization receiving
552 contributions under this section must:

553 (a) Conduct background screenings on all volunteers and
554 staff working directly with children in any programs funded
555 under this section. The background screening shall use level 2
556 screening standards pursuant to s. 435.04. The department shall
557 specify requirements for background screening in rule.

558 (b) Expend 100 percent of any contributions received under
559 this section for direct services to state residents for the
560 purposes specified in subparagraph (2)(a)3.

561 (c) Annually submit to the department:

562 1. An audit of the eligible charitable organization
563 conducted by an independent certified public accountant in
564 accordance with auditing standards generally accepted in the
565 United States, government auditing standards, and rules
566 promulgated by the Auditor General. The audit report must
567 include a report on financial statements presented in accordance
568 with generally accepted accounting principles. The audit report
569 must be provided to the department within 180 days after
570 completion of the eligible charitable organization's fiscal
571 year.

572 2. A copy of the eligible charitable organization's most
573 recent federal Internal Revenue Service Return of Organization
574 Exempt from Income Tax form (Form 990).

575 (d) Notify the department within 5 business days after the

576 eligible charitable organization ceases to meet eligibility
577 requirements or fails to fulfill its responsibilities under this
578 section.

579 (e) Upon receipt of a contribution, the eligible
580 charitable organization shall provide the taxpayer that made the
581 contribution with a certificate of contribution. A certificate
582 of contribution must include the taxpayer's name and, if
583 available, federal employer identification number, the amount
584 contributed, the date of contribution, and the name of the
585 eligible charitable organization.

586 (4) RESPONSIBILITIES OF THE DEPARTMENT.—The department
587 shall:

588 (a) Annually redesignate eligible charitable organizations
589 that have complied with all requirements of this section.

590 (b) Remove the designation of organizations that fail to
591 meet all requirements of this section. An organization that has
592 had its designation removed by the department may reapply for
593 designation as an eligible charitable organization, and the
594 department shall redesignate such organization if it meets the
595 requirements of this section and demonstrates through its
596 application that all factors leading to its previous failure to
597 meet requirements have been sufficiently addressed.

598 (c) Publish information about the tax credit program and
599 eligible charitable organizations on a department website. The
600 website shall, at a minimum, provide:

601 1. The requirements and process for becoming designated or
602 redesignated as an eligible charitable organization.

603 2. A list of the eligible charitable organizations that
604 are currently designated by the department and the information
605 provided under subparagraph (2)(a)5. regarding each eligible
606 charitable organization.

607 3. The process for a taxpayer to select an eligible
608 charitable organization as the recipient of funding through a
609 tax credit.

610 (d) Compel the return of funds that are provided to an
611 eligible charitable organization that fails to comply with the
612 requirements of this section. Eligible charitable organizations
613 that are subject to return of funds are ineligible to receive
614 funding under this section for a period 10 years after final
615 agency action to compel the return of funding.

616 (5) CHILDREN'S PROMISE TAX CREDITS; APPLICATIONS,
617 TRANSFERS, AND LIMITATIONS.—

618 (a) The tax credit cap amount is \$5 million in each state
619 fiscal year.

620 (b) Beginning October 1, 2020, a taxpayer may submit an
621 application to the Department of Revenue for a tax credit or
622 credits to be taken under one or more of s. 211.0252, s.
623 212.1833, s. 220.1876, s. 561.1212, or s. 624.51056.

624 1. The taxpayer shall specify in the application each tax
625 for which the taxpayer requests a credit and the applicable

626 taxable year for a credit under s. 220.1876 or s. 624.51056 or
627 the applicable state fiscal year for a credit under s. 211.0252,
628 s. 212.1833, or s. 561.1212. For purposes of s. 220.1876, a
629 taxpayer may apply for a credit to be used for a prior taxable
630 year before the date the taxpayer is required to file a return
631 for that year pursuant to s. 220.222. For purposes of s.
632 624.51056, a taxpayer may apply for a credit to be used for a
633 prior taxable year before the date the taxpayer is required to
634 file a return for that prior taxable year pursuant to ss.
635 624.509 and 624.5092. The application must specify the eligible
636 charitable organization to which the proposed contribution will
637 be made. The Department of Revenue shall approve tax credits on
638 a first-come, first-served basis and must obtain the division's
639 approval before approving a tax credit under s. 561.1212.

640 2. Within 10 days after approving or denying an
641 application, the Department of Revenue shall provide a copy of
642 its approval or denial letter to the eligible charitable
643 organization specified by the taxpayer in the application.

644 (c) If a tax credit approved under paragraph (b) is not
645 fully used within the specified state fiscal year for credits
646 under s. 211.0252, s. 212.1833, or s. 561.1212 or against taxes
647 due for the specified taxable year for credits under s. 220.1876
648 or s. 624.51056 because of insufficient tax liability on the
649 part of the taxpayer, the unused amount shall be carried forward
650 for a period not to exceed 10 years. For purposes of s.

651 220.1876, a credit carried forward may be used in a subsequent
652 year after applying the other credits and unused carryovers in
653 the order provided in s. 220.02(8).

654 (d) A taxpayer may not convey, assign, or transfer an
655 approved tax credit or a carryforward tax credit to another
656 entity unless all of the assets of the taxpayer are conveyed,
657 assigned, or transferred in the same transaction. However, a tax
658 credit under s. 211.0252, s. 212.1833, s. 220.1876, s. 561.1212,
659 or s. 624.51056 may be conveyed, transferred, or assigned
660 between members of an affiliated group of corporations if the
661 type of tax credit under s. 211.0252, s. 212.1833, s. 220.1876,
662 s. 561.1212, or s. 624.51056 remains the same. A taxpayer shall
663 notify the Department of Revenue of its intent to convey,
664 transfer, or assign a tax credit to another member within an
665 affiliated group of corporations. The amount conveyed,
666 transferred, or assigned is available to another member of the
667 affiliated group of corporations upon approval by the Department
668 of Revenue. The Department of Revenue shall obtain the
669 division's approval before approving a conveyance, transfer, or
670 assignment of a tax credit under s. 561.1212.

671 (e) Within any state fiscal year, a taxpayer may rescind
672 all or part of a tax credit approved under paragraph (b). The
673 amount rescinded shall become available for that state fiscal
674 year to another eligible taxpayer as approved by the Department
675 of Revenue if the taxpayer receives notice from the Department

676 of Revenue that the rescindment has been accepted by the
677 Department of Revenue. The Department of Revenue must obtain the
678 division's approval before accepting the rescindment of a tax
679 credit under s. 561.1212. Any amount rescinded under this
680 paragraph shall become available to an eligible taxpayer on a
681 first-come, first-served basis based on tax credit applications
682 received after the date the rescindment is accepted by the
683 Department of Revenue.

684 (f) Within 10 days after approving or denying the
685 conveyance, transfer, or assignment of a tax credit under
686 paragraph (d), or the rescindment of a tax credit under
687 paragraph (e), the Department of Revenue shall provide a copy of
688 its approval or denial letter to the eligible charitable
689 organization specified by the taxpayer. The Department of
690 Revenue shall also include the eligible charitable organization
691 specified by the taxpayer on all letters or correspondence of
692 acknowledgment for tax credits under s. 212.1833.

693 (g) For purposes of calculating the underpayment of
694 estimated corporate income taxes under s. 220.34 and tax
695 installment payments for taxes on insurance premiums or
696 assessments under s. 624.5092, the final amount due is the
697 amount after credits earned under s. 220.1876 or s. 624.51056
698 for contributions to eligible charitable organizations are
699 deducted.

700 1. For purposes of determining if a penalty or interest

701 under s. 220.34(2)(d)1. shall be imposed for underpayment of
702 estimated corporate income tax, a taxpayer may, after earning a
703 credit under s. 220.1876, reduce any estimated payment in that
704 taxable year by the amount of the credit.

705 2. For purposes of determining if a penalty under s.
706 624.5092 shall be imposed, an insurer, after earning a credit
707 under s. 624.51056 for a taxable year, may reduce any
708 installment payment for such taxable year of 27 percent of the
709 amount of the net tax due as reported on the return for the
710 preceding year under s. 624.5092(2)(b) by the amount of the
711 credit.

712 (6) PRESERVATION OF CREDIT.—If any provision or portion of
713 this section, s. 211.0252, s. 212.1833, s. 220.1876, s.
714 561.1212, or s. 624.51056 or the application thereof to any
715 person or circumstance is held unconstitutional by any court or
716 is otherwise declared invalid, the unconstitutionality or
717 invalidity shall not affect any credit earned under s. 211.0252,
718 s. 212.1833, s. 220.1876, s. 561.1212, or s. 624.51056 by any
719 taxpayer with respect to any contribution paid to an eligible
720 charitable organization before the date of a determination of
721 unconstitutionality or invalidity. The credit shall be allowed
722 at such time and in such a manner as if a determination of
723 unconstitutionality or invalidity had not been made, provided
724 that nothing in this subsection by itself or in combination with
725 any other provision of law shall result in the allowance of any

726 credit to any taxpayer in excess of one dollar of credit for
727 each dollar paid to an eligible charitable organization.

728 (7) ADMINISTRATION; RULES.—

729 (a) The Department of Revenue, the division, and the
730 department may develop a cooperative agreement to assist in the
731 administration of this section, as needed.

732 (b) The Department of Revenue may adopt rules necessary to
733 administer this section and ss. 211.0252, 212.1833, 220.1876,
734 561.1212, and 624.51056, including rules establishing
735 application forms, procedures governing the approval of tax
736 credits and carryforward tax credits under subsection (5), and
737 procedures to be followed by taxpayers when claiming approved
738 tax credits on their returns.

739 (c) The division may adopt rules necessary to administer
740 its responsibilities under this section and s. 561.1212.

741 (d) The department may adopt rules necessary to administer
742 this section, including, but not limited to, rules establishing
743 application forms for organizations seeking designation as
744 eligible charitable organizations under this act.

745 (e) Notwithstanding any provision of s. 213.053 to the
746 contrary, sharing information with the division related to this
747 tax credit is considered the conduct of the Department of
748 Revenue's official duties as contemplated in s. 213.053(8)(c),
749 and the Department of Revenue and the division are specifically
750 authorized to share information as needed to administer this

751 program.

752 Section 11. Section 402.402, Florida Statutes, is amended
753 to read:

754 402.402 Child protection and child welfare personnel;
755 attorneys employed by the department.—

756 (1) CHILD PROTECTIVE INVESTIGATION PROFESSIONAL STAFF
757 REQUIREMENTS.—The department is responsible for recruitment of
758 qualified professional staff to serve as child protective
759 investigators and child protective investigation supervisors.
760 The department shall make every effort to recruit and hire
761 persons qualified by their education and experience to perform
762 social work functions. The department's efforts shall be guided
763 by the goal that ~~by July 1, 2019,~~ at least half of all child
764 protective investigators and supervisors will have a bachelor's
765 degree or a master's degree in social work from a college or
766 university social work program accredited by the Council on
767 Social Work Education. The department, in collaboration with the
768 lead agencies, subcontracted provider organizations, the Florida
769 Institute for Child Welfare created pursuant to s. 1004.615, and
770 other partners in the child welfare system, shall develop a
771 protocol for screening candidates for child protective positions
772 which reflects the preferences specified in paragraphs (a)-(f).
773 The following persons shall be given preference in the
774 recruitment of qualified professional staff, but the preferences
775 serve only as guidance and do not limit the department's

776 discretion to select the best available candidates:

777 (a) Individuals with baccalaureate degrees in social work
778 and child protective investigation supervisors with master's
779 degrees in social work from a college or university social work
780 program accredited by the Council on Social Work Education.

781 (b) Individuals with baccalaureate or master's degrees in
782 psychology, sociology, counseling, special education, education,
783 human development, child development, family development,
784 marriage and family therapy, and nursing.

785 (c) Individuals with baccalaureate degrees who have a
786 combination of directly relevant work and volunteer experience,
787 preferably in a public service field related to children's
788 services, demonstrating critical thinking skills, formal
789 assessment processes, communication skills, problem solving, and
790 empathy; a commitment to helping children and families; a
791 capacity to work as part of a team; an interest in continuous
792 development of skills and knowledge; and personal strength and
793 resilience to manage competing demands and handle workplace
794 stresses.

795 (2) SPECIALIZED TRAINING.—All child protective
796 investigators and child protective investigation supervisors
797 employed by the department or a sheriff's office must complete
798 specialized training either focused on serving a specific
799 population, including, but not limited to, medically fragile
800 children, sexually exploited children, children under 3 years of

801 age, or families with a history of domestic violence, mental
802 illness, or substance abuse, or focused on performing certain
803 aspects of child protection practice, including, but not limited
804 to, investigation techniques and analysis of family dynamics.
805 The specialized training may be used to fulfill continuing
806 education requirements under s. 402.40(3)(e). Individuals ~~hired~~
807 ~~before July 1, 2014, shall complete the specialized training by~~
808 ~~June 30, 2016, and individuals~~ hired on or after July 1, 2014,
809 shall complete the specialized training within 2 years after
810 hire. An individual may receive specialized training in multiple
811 areas.

812 (3) STAFF SUPPORT.—The department shall implement policies
813 and programs that mitigate and prevent the impact of secondary
814 traumatic stress and burnout among child protective
815 investigations staff, including, but not limited to:

816 (a) Initiatives to encourage and inspire child protective
817 investigations staff, including recognizing their achievements
818 on a recognition wall within their unit.

819 (b) Formal procedures for providing support to child
820 protective investigations staff after a critical incident such
821 as a child fatality.

822 (c) Initial training upon appointment to a supervisory
823 position and annual continuing education for all supervisors on
824 how to prevent secondary traumatic stress and burnout among the
825 employees they supervise.

826 (d) Monitoring levels of secondary traumatic stress and
827 burnout among individual employees and intervening as needed.
828 The department shall closely monitor and respond to levels of
829 secondary traumatic stress and burnout among employees during
830 the first 2 years after hire.

831 (e) Ongoing training in self-care for all child protective
832 investigations staff.

833
834 Such programs may also include, but are not limited, to formal
835 peer counseling and support programs.

836 (4)-(3) REPORT.—By each October 1, the department shall
837 submit a report on the educational qualifications, turnover,
838 professional advancement, and working conditions of the child
839 protective investigators and supervisors to the Governor, the
840 President of the Senate, and the Speaker of the House of
841 Representatives.

842 (5)-(4) ATTORNEYS EMPLOYED BY OR CONTRACTING WITH THE
843 DEPARTMENT TO HANDLE CHILD WELFARE CASES.—Attorneys hired or
844 contracted with on or after July 1, 2014, whose primary
845 responsibility is representing the department in child welfare
846 cases shall, within the first 6 months of employment, receive
847 training in:

848 (a) The dependency court process, including the attorney's
849 role in preparing and reviewing documents prepared for
850 dependency court for accuracy and completeness.†

851 (b) Preparing and presenting child welfare cases,
852 including at least 1 week shadowing an experienced children's
853 legal services attorney preparing and presenting cases.†

854 (c) Safety assessment, safety decisionmaking tools, and
855 safety plans.†

856 (d) Developing information presented by investigators and
857 case managers to support decisionmaking in the best interest of
858 children.†~~and~~

859 (e) The experiences and techniques of case managers and
860 investigators, including shadowing an experienced child
861 protective investigator and an experienced case manager for at
862 least 8 hours.

863 Section 12. Subsections (18) through (23) of section
864 409.996, Florida Statutes, are renumbered (19) through (24),
865 respectively, paragraph (a) of subsection (1) and subsection
866 (17) of that section are amended, and a new subsection (18) is
867 added to that section, to read:

868 409.996 Duties of the Department of Children and
869 Families.—The department shall contract for the delivery,
870 administration, or management of care for children in the child
871 protection and child welfare system. In doing so, the department
872 retains responsibility for the quality of contracted services
873 and programs and shall ensure that services are delivered in
874 accordance with applicable federal and state statutes and
875 regulations.

876 (1) The department shall enter into contracts with lead
 877 agencies for the performance of the duties by the lead agencies
 878 pursuant to s. 409.988. At a minimum, the contracts must:

879 (a) Provide for the services needed to accomplish the
 880 duties established in s. 409.988 and provide information to the
 881 department which is necessary to meet the requirements for a
 882 quality assurance program pursuant to subsection (19)~~(18)~~ and
 883 the child welfare results-oriented accountability system
 884 pursuant to s. 409.997.

885 (17) The department shall directly ~~or through contract~~
 886 provide attorneys to prepare and present cases in dependency
 887 court and shall ensure that the court is provided with adequate
 888 information for informed decisionmaking in dependency cases,
 889 including, at a minimum, a face sheet for each case which lists
 890 the names and contact information for any child protective
 891 investigator, child protective investigation supervisor, case
 892 manager, and case manager supervisor, and the regional
 893 department official responsible for the lead agency contract.
 894 The department shall provide to the court the case information
 895 and recommendations provided by the lead agency or
 896 subcontractor. ~~For the Sixth Judicial Circuit, the department~~
 897 ~~shall contract with the state attorney for the provision of~~
 898 ~~these services.~~

899 (18) (a) The department may contract for the provision of
 900 children's legal services to prepare and present cases in

901 dependency court. The contracted attorneys shall ensure that the
902 court is provided with adequate information for informed
903 decisionmaking in dependency cases, including, at a minimum, a
904 face sheet for each case which lists the names and contact
905 information for any child protective investigator, child
906 protective investigator supervisor, and the regional department
907 official responsible for the lead agency contract. The
908 contracted attorneys shall provide to the court the case
909 information and recommendations provided by the lead agency or
910 subcontractor. For the Sixth Judicial Circuit, the department
911 shall contract with the state attorney for the provision of
912 these services.

913 (b) The contracted attorneys shall adopt the child welfare
914 practice model, as periodically updated by the department, that
915 is used by attorneys employed by the department. The contracted
916 attorneys shall operate in accordance with the same federal and
917 state performance standards and metrics imposed on children's
918 legal services attorneys employed by the department.

919 (c) The department and contracted attorneys providing
920 children's legal services shall collaborate to monitor program
921 performance on an ongoing basis. The department and contracted
922 attorneys', or a representative from such contracted attorneys'
923 offices, shall meet at least quarterly to collaborate on federal
924 and state quality assurance and quality improvement initiatives.

925 (d) The department shall conduct an annual program

926 performance evaluation which shall be based on the same child
927 welfare practice model principles and federal and state
928 performance standards that are imposed on children's legal
929 services attorneys employed by the department. The program
930 performance evaluation must be standardized statewide and the
931 department shall select random cases for evaluation. The program
932 performance evaluation shall be conducted by a team of peer
933 reviewers from the respective contracted attorneys' offices that
934 perform children's legal services and representatives from the
935 department.

936 (e) The department shall publish an annual report
937 regarding, at a minimum, performance quality, outcome-measure
938 attainment, and cost efficiency of the services provided by the
939 contracted attorneys. The annual report must include data and
940 information on the performance of both the contracted attorneys'
941 and the department's attorneys. The department shall submit the
942 annual report to the Governor, the President of the Senate, and
943 the Speaker of the House of Representatives no later than
944 November 1 of each year that the contracted attorneys are
945 receiving appropriations to provide children's legal services
946 for the department.

947
948 This subsection shall be repealed July 1, 2023, unless reviewed
949 and saved from repeal by the Legislature.

950 Section 13. Paragraph (1) is added to subsection (1) of

951 section 409.988, Florida Statutes, to read:

952 409.988 Lead agency duties; general provisions.—

953 (1) DUTIES.—A lead agency:

954 (1) Shall identify an employee to serve as a liaison with
955 the community alliance and community-based and faith-based
956 organizations interested in collaborating with the lead agency
957 or offering services or other assistance on a volunteer basis to
958 the children and families served by the lead agency. The lead
959 agency shall ensure that appropriate lead agency staff and
960 subcontractors, including, but not limited to, case managers,
961 are informed of the specific services or assistance available
962 from community-based and faith-based organizations.

963 Section 14. Section 561.1212, Florida Statutes, is created
964 to read:

965 561.1212 Credit for contributions to eligible charitable
966 organizations.—Beginning January 1, 2021, there is allowed a
967 credit of 100 percent of an eligible contribution made to an
968 eligible charitable organization under s. 402.62 against any tax
969 due under s. 563.05, s. 564.06, or s. 565.12, except excise
970 taxes imposed on wine produced by manufacturers in this state
971 from products grown in this state. However, a credit allowed
972 under this section may not exceed 90 percent of the tax due on
973 the return the credit is taken. For purposes of the
974 distributions of tax revenue under ss. 561.121 and 564.06(10),
975 the division shall disregard any tax credits allowed under this

976 section to ensure that any reduction in tax revenue received
977 that is attributable to the tax credits results only in a
978 reduction in distributions to the General Revenue Fund. The
979 provisions of s. 402.62 apply to the credit authorized by this
980 section.

981 Section 15. Section 624.51056, Florida Statutes, is
982 created to read:

983 624.51056 Credit for contributions to eligible charitable
984 organizations.—

985 (1) Beginning January 1, 2021, there is allowed a credit
986 of 100 percent of an eligible contribution made to an eligible
987 charitable organization under s. 402.62 against any tax due for
988 a taxable year under s. 624.509(1) after deducting from such tax
989 deductions for assessments made pursuant to s. 440.51; credits
990 for taxes paid under ss. 175.101 and 185.08; credits for income
991 taxes paid under chapter 220; and the credit allowed under s.
992 624.509(5), as such credit is limited by s. 624.509(6). An
993 eligible contribution must be made to an eligible charitable
994 organization on or before the date the taxpayer is required to
995 file a return pursuant to ss. 624.509 and 624.5092. An insurer
996 claiming a credit against premium tax liability under this
997 section shall not be required to pay any additional retaliatory
998 tax levied under s. 624.5091 as a result of claiming such
999 credit. Section 624.5091 does not limit such credit in any
1000 manner.

1001 (2) The provisions of s. 402.62 apply to the credit
 1002 authorized by this section.

1003 Section 16. Subsections (6) and (7) of section 1004.615,
 1004 Florida Statutes, are renumbered as subsections (9) and (10),
 1005 respectively, and new subsections (6), (7), and (8) are added to
 1006 that section, to read:

1007 1004.615 Florida Institute for Child Welfare.—

1008 (6) The institute and the Florida State University College
 1009 of Social Work shall design and implement a curriculum that
 1010 enhances knowledge and skills for the child welfare practice.
 1011 The institute and the college shall create the curriculum using
 1012 interactive and interdisciplinary approaches and include
 1013 opportunities for students to gain an understanding of real-
 1014 world child welfare cases. The institute shall disseminate the
 1015 curriculum to other interested state universities and colleges
 1016 and provide implementation support. The institute shall contract
 1017 with a person or entity of its choosing, by November 1, 2020, to
 1018 evaluate the curriculum and make recommendations for
 1019 improvement. The college shall implement the curriculum during
 1020 the 2021-2022 school year.

1021 (7) The institute, in collaboration with the department,
 1022 community-based care lead agencies, providers of case management
 1023 services, and other child welfare stakeholders, shall design and
 1024 implement a career-long professional development curriculum for
 1025 child welfare professionals at all levels and from all

1026 disciplines. The professional development curriculum must
1027 enhance the performance of the current child welfare workforce,
1028 address issues related to retention, complement the social work
1029 curriculum, and be developed using social work principles. The
1030 professional development curriculum shall provide career-long
1031 coaching, training, certification, and mentorship. The institute
1032 must provide the professional support on a continuous basis
1033 through online and in-person services. The professional
1034 development curriculum must be available by July 1, 2021.

1035 (8) The institute shall establish a consulting program for
1036 child welfare organizations to enhance workforce culture,
1037 supervision, and related management processes to improve
1038 retention, effectiveness, and overall well-being of staff to
1039 support improved child welfare outcomes. The institute shall
1040 select child welfare organizations through a competitive
1041 application process and provide ongoing analysis,
1042 recommendations, and support from a team of experts on a long-
1043 term basis to address systemic and operational workforce
1044 challenges.

1045 Section 17. The Department of Revenue is authorized, and
1046 all conditions are deemed met, to adopt emergency rules under s.
1047 120.54(4), Florida Statutes, for the purpose of implementing
1048 this act. Notwithstanding any other provision of law, emergency
1049 rules adopted under this section are effective for 6 months
1050 after adoption and may be renewed during the pendency of

1051 procedures to adopt permanent rules addressing the subject of
1052 the emergency rules.

1053 Section 18. For the 2020-2021 fiscal year, the sum of
1054 \$208,000 in nonrecurring funds is appropriated from the General
1055 Revenue Fund to the Department of Revenue for the purpose of
1056 implementing this act.

1057 Section 19. The Florida Institute for Child Welfare shall
1058 analyze the use of funding provided by the tax credit authorized
1059 under s. 402.62 and submit a report to the Governor, the
1060 President of the Senate, and the Speaker of the House of
1061 Representatives by October 31, 2024. The report shall, at a
1062 minimum, include the total funding amount and categorize the
1063 funding by type of program, describe the programs that were
1064 funded, and assess the outcomes that were achieved using the
1065 funding.

1066 Section 20. The Department of Children and Families, in
1067 collaboration with the Florida Institute of Child Welfare, shall
1068 develop an expanded career ladder for child protective
1069 investigations staff. The career ladder shall include multiple
1070 levels of child protective investigator classifications,
1071 corresponding milestones and professional development
1072 opportunities necessary for advancement, and compensation
1073 ranges. The department must submit a proposal for the expanded
1074 career ladder to the Governor, the President of the Senate, and
1075 the Speaker of the House of Representatives no later than

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1076 | November 1, 2020.

1077 | Section 21. This act shall take effect July 1, 2020.

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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 & Human Services
2 Committee

3 Representative Ponder offered the following:

4

5 **Amendment (with title amendment)**

6 Remove lines 97-962 and insert:

7 Section 2. Paragraph (b) of subsection (1), and paragraphs
8 (b), (d), and (e) of subsection (5), of section 20.19, Florida
9 Statutes, are amended to read:

10 20.19 Department of Children and Families.—There is
11 created a Department of Children and Families.

12 (1) MISSION AND PURPOSE.—

13 (b) The department shall develop a strategic plan for
14 fulfilling its mission and establish a set of measurable goals,
15 objectives, performance standards and metrics, and quality
16 assurance requirements to ensure that the department is

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17 | accountable to the people of Florida. Such goals shall at a
18 | minimum include those specified in s. 409.986(2).

19 | (5) COMMUNITY ALLIANCES.—

20 | (b) The duties of the community alliance include, but are
21 | not limited to:

22 | 1. Joint planning for resource utilization in the
23 | community, including resources appropriated to the department
24 | and any funds that local funding sources choose to provide.

25 | 2. Needs assessment and establishment of community
26 | priorities for service delivery.

27 | 3. Determining community outcome goals to supplement
28 | state-required outcomes.

29 | 4. Serving as a catalyst for community resource
30 | development, including, but not limited to, identifying existing
31 | programs and services delivered by and assistance available from
32 | community-based and faith-based organizations, and encouraging
33 | the development and availability of such programs, services, and
34 | assistance by such organizations. The community alliance shall
35 | ensure that the community-based care lead agency is aware of
36 | such programs, services, and assistance and work to facilitate
37 | the lead agency's appropriate use of these resources.

38 | 5. Providing for community education and advocacy on
39 | issues related to delivery of services.

40 | 6. Promoting prevention and early intervention services.

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41 (d) The ~~initial~~ membership of the community alliance in a
42 county shall at a minimum be composed of the following:

- 43 1. A representative from the department.
- 44 2. A representative from county government.
- 45 3. A representative from the school district.
- 46 4. A representative from the county United Way.
- 47 5. A representative from the county sheriff's office.
- 48 6. A representative from the circuit court corresponding
49 to the county.
- 50 7. A representative from the county children's board, if
51 one exists.

52 8. A representative of a faith-based organization involved
53 in efforts to prevent child maltreatment, strengthen families,
54 or promote adoption.

55 (e) ~~At any time after the initial meeting of the community~~
56 ~~alliance,~~ The community alliance shall adopt bylaws and may
57 increase the membership of the alliance to include the state
58 attorney for the judicial circuit in which the community
59 alliance is located, or his or her designee, the public defender
60 for the judicial circuit in which the community alliance is
61 located, or his or her designee, and Other individuals and
62 organizations who represent funding organizations, are community
63 leaders, have knowledge of community-based service issues, or
64 otherwise represent perspectives that will enable them to
65 accomplish the duties listed in paragraph (b), if, in the

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66 judgment of the alliance, such change is necessary to adequately
67 represent the diversity of the population within the community
68 alliance service circuits.

69 Section 3. Section 39.0143, Florida Statutes, is created
70 to read:

71 39.0143 Evaluation of circuit child welfare system
72 performance.--To enhance accountability shared by the multiple
73 entities whose actions affect the performance of the state's
74 child welfare system, and to promote the achievement of the
75 highest levels of quality, in consultation with stakeholders, by
76 July 1, 2021, the department shall establish and apply a
77 methodology to rate the performance of all entities involved in
78 the child welfare system in a circuit working together as a
79 circuit-level child welfare system. This shall provide
80 communities concise indicators of their local child welfare
81 system performance.

82 (1) Such entities shall include but are not limited to the
83 department, community alliances under s. 20.19, community-based
84 care lead agencies, the Guardian ad Litem Program, school
85 districts, county governments, law enforcement agencies,
86 children's advocacy centers, child protection teams, contracted
87 attorneys providing children's legal services, the court system,
88 managing entities as defined in s. 394.9082, the Agency for
89 Health Care Administration, and Medicaid managed medical
90 assistance plans.

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91 (2) The department shall determine a single global rating
92 for each circuit. The department may also determine ratings for
93 individual domains.

94 (3) The department shall, at a minimum, use the results-
95 oriented accountability assessment conducted under s. 409.997 of
96 groups of entities working together on a circuit basis to
97 provide an integrated system of care in its methodology. The
98 department shall make any adjustments necessary for such an
99 evaluation as provided by that section.

100 (4) The department shall include ratings in the annual
101 performance report under s. 409.997 and provide the report to
102 the entities specified in subsection (1).

103 (5) The department may use such ratings as the basis for
104 payment of performance incentives recognizing circuit-level
105 child welfare system performance improvement. Such incentives
106 shall be used to fund multi-entity initiatives to further
107 enhance circuit-level child welfare system performance.

108 Section 4. Section 39.3065, Florida Statutes, is amended
109 to read:

110 39.3065 Sheriffs of certain counties to provide child
111 protective investigative services; procedures; funding.-

112 (1) As described in this section, the department of
113 ~~Children and Families~~ shall, by the end of fiscal year 1999-
114 2000, transfer all responsibility for child protective
115 investigations for Pinellas County, Manatee County, Broward

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116 County, and Pasco County to the sheriff of that county in which
117 the child abuse, neglect, or abandonment is alleged to have
118 occurred. Each sheriff is responsible for the provision of all
119 child protective investigations in his or her county. Each
120 individual who provides these services must complete the
121 training provided to and required of protective investigators
122 employed by the department ~~of Children and Families~~.

123 (2) During fiscal year 1998-1999, the department ~~of~~
124 ~~Children and Families~~ and each sheriff's office shall enter into
125 a contract for the provision of these services. Funding for the
126 services will be appropriated to the department ~~of Children and~~
127 ~~Families~~, and the department shall transfer to the respective
128 sheriffs for the duration of fiscal year 1998-1999, funding for
129 the investigative responsibilities assumed by the sheriffs,
130 including federal funds that the provider is eligible for and
131 agrees to earn and that portion of general revenue funds which
132 is currently associated with the services that are being
133 furnished under contract, and including, but not limited to,
134 funding for all investigative, supervisory, and clerical
135 positions; training; all associated equipment; furnishings; and
136 other fixed capital items. The contract must specify whether the
137 department will continue to perform part or none of the child
138 protective investigations during the initial year. The sheriffs
139 may either conduct the investigations themselves or may, in
140 turn, subcontract with law enforcement officials or with

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141 properly trained employees of private agencies to conduct
142 investigations related to neglect cases only. If such a
143 subcontract is awarded, the sheriff must take full
144 responsibility for any safety decision made by the subcontractor
145 and must immediately respond with law enforcement staff to any
146 situation that requires removal of a child due to a condition
147 that poses an immediate threat to the child's life. The contract
148 must specify whether the services are to be performed by
149 departmental employees or by persons determined by the sheriff.
150 During this initial year, the department is responsible for
151 quality assurance, and the department retains the responsibility
152 for the performance of all child protective investigations. The
153 department must identify any barriers to transferring the entire
154 responsibility for child protective services to the sheriffs'
155 offices and must pursue avenues for removing any such barriers
156 by means including, but not limited to, applying for federal
157 waivers. By January 15, 1999, the department shall submit to the
158 President of the Senate, the Speaker of the House of
159 Representatives, and the chairs of the Senate and House
160 committees that oversee departmental activities a report that
161 describes any remaining barriers, including any that pertain to
162 funding and related administrative issues. Unless the
163 Legislature, on the basis of that report or other pertinent
164 information, acts to block a transfer of the entire
165 responsibility for child protective investigations to the

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166 sheriffs' offices, the sheriffs of Pasco County, Manatee County,
167 Broward County, and Pinellas County, beginning in fiscal year
168 1999-2000, shall assume the entire responsibility for such
169 services, as provided in subsection (3).

170 (3) (a) Beginning in fiscal year 1999-2000, the sheriffs of
171 Pasco County, Manatee County, Broward County, and Pinellas
172 County have the responsibility to provide all child protective
173 investigations in their respective counties. Beginning in fiscal
174 year 2000-2001, the department ~~of Children and Families~~ is
175 authorized to enter into grant agreements with sheriffs of other
176 counties to perform child protective investigations in their
177 respective counties. The sheriffs shall adopt the child welfare
178 practice model, as periodically modified by the department, that
179 is used by child protective investigators employed by the
180 department.

181 (b) The sheriffs providing child protective investigative
182 services shall operate, ~~at a minimum,~~ in accordance with the
183 same federal and state performance standards and metrics for
184 ~~outcome measures established by the Legislature for~~ protective
185 investigations imposed on conducted child protective
186 investigators employed by the department of Children and
187 ~~Families~~. Each individual who provides these services must
188 complete, at a minimum, the training provided to and required of
189 protective investigators employed by the department ~~of Children~~
190 ~~and Families~~.

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191 (c) Funds for providing child protective investigations
192 must be identified in the annual appropriation made to the
193 department ~~of Children and Families~~, which shall award grants
194 for the full amount identified to the respective sheriffs'
195 offices. Notwithstanding ~~the provisions of~~ ss. 216.181(16) (b)
196 and 216.351, the department ~~of Children and Families~~ may advance
197 payments to the sheriffs for child protective investigations.
198 Funds for the child protective investigations may not be
199 integrated into the sheriffs' regular budgets. Budgetary data
200 and other data relating to the performance of child protective
201 investigations must be maintained separately from all other
202 records of the sheriffs' offices and reported to the department
203 ~~of Children and Families~~ as specified in the grant agreement.

204 (d) The department and sheriffs providing child protective
205 investigative services shall collaborate to monitor program
206 performance on an ongoing basis. The department and each
207 sheriff, or his or her designee, shall meet at least quarterly
208 to collaborate on federal and state quality assurance and
209 quality improvement initiatives.

210 (e) ~~(d)~~ The department shall conduct an annual evaluation of
211 the program performance of sheriffs providing child protective
212 investigative services which evaluation shall be based on the
213 same child welfare practice model principles, and federal and
214 state performance standards and metrics, that are imposed on
215 child protective investigators employed by criteria mutually

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216 ~~agreed upon by the respective sheriffs and the department of~~
217 ~~Children and Families. The program performance evaluation must~~
218 ~~be standardized statewide and the department shall select random~~
219 ~~cases for evaluation.~~ The program performance evaluation shall
220 be conducted by a team of peer reviewers from the respective
221 sheriffs' offices that perform child protective investigations
222 and representatives from the department.

223 (f) The department of Children and Families shall produce
224 ~~submit~~ an annual report regarding, at a minimum, quality
225 performance quality, outcome-measure attainment, and cost
226 efficiency of the services provided by the sheriffs. The annual
227 report shall include data and information on both the sheriffs'
228 and the department's performance of protective investigations.
229 The department shall submit the annual report to the President
230 of the Senate, the Speaker of the House of Representatives, and
231 to the Governor no later than November 1 ~~January 31~~ of each year
232 the sheriffs are receiving general appropriations to provide
233 child protective investigations.

234
235 This section shall be repealed July 1, 2023, unless reviewed and
236 saved from repeal by the Legislature.

237 Section 5. Section 211.0252, Florida Statutes, is created
238 to read:

239 211.0252 Credit for contributions to eligible charitable
240 organizations.—Beginning July 1, 2021, there is allowed a credit

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241 of 100 percent of an eligible contribution made to an eligible
242 charitable organization under s. 402.62 against any tax due
243 under s. 211.02 or s. 211.025. However, the combined credit
244 allowed under this section and s. 211.0251 may not exceed 50
245 percent of the tax due on the return on which the credit is
246 taken. If the combined credit allowed under this section and s.
247 211.0251 exceeds 50 percent of the tax due on the return, the
248 credit must first be taken under s. 211.0251. Any remaining
249 liability, up to 50 percent of the tax due, shall be taken under
250 this section. For purposes of the distributions of tax revenue
251 under s. 211.06, the department shall disregard any tax credits
252 allowed under this section to ensure that any reduction in tax
253 revenue received which is attributable to the tax credits
254 results only in a reduction in distributions to the General
255 Revenue Fund. The provisions of s. 402.62 apply to the credit
256 authorized by this section.

257 Section 6. Section 212.1833, Florida Statutes, is created
258 to read:

259 212.1833 Credit for contributions to eligible charitable
260 organizations.—Beginning July 1, 2021, there is allowed a credit
261 of 100 percent of an eligible contribution made to an eligible
262 charitable organization under s. 402.62 against any tax imposed
263 by the state and due under this chapter from a direct pay permit
264 holder as a result of the direct pay permit held pursuant to s.
265 212.183. For purposes of the dealer's credit granted for keeping

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266 prescribed records, filing timely tax returns, and properly
267 accounting and remitting taxes under s. 212.12, the amount of
268 tax due used to calculate the credit shall include any eligible
269 contribution made to an eligible charitable organization from a
270 direct pay permit holder. For purposes of the distributions of
271 tax revenue under s. 212.20, the department shall disregard any
272 tax credits allowed under this section to ensure that any
273 reduction in tax revenue received that is attributable to the
274 tax credits results only in a reduction in distributions to the
275 General Revenue Fund. The provisions of s. 402.62 apply to the
276 credit authorized by this section. A dealer who claims a tax
277 credit under this section must file his or her tax returns and
278 pay his or her taxes by electronic means under s. 213.755.

279 Section 7. Subsection (8) of section 220.02, Florida
280 Statutes, is amended to read:

281 220.02 Legislative intent.—

282 (8) It is the intent of the Legislature that credits
283 against either the corporate income tax or the franchise tax be
284 applied in the following order: those enumerated in s. 631.828,
285 those enumerated in s. 220.191, those enumerated in s. 220.181,
286 those enumerated in s. 220.183, those enumerated in s. 220.182,
287 those enumerated in s. 220.1895, those enumerated in s. 220.195,
288 those enumerated in s. 220.184, those enumerated in s. 220.186,
289 those enumerated in s. 220.1845, those enumerated in s. 220.19,
290 those enumerated in s. 220.185, those enumerated in s. 220.1875,

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291 those enumerated in s. 220.1876, those enumerated in s. 220.192,
292 those enumerated in s. 220.193, those enumerated in s. 288.9916,
293 those enumerated in s. 220.1899, those enumerated in s. 220.194,
294 and those enumerated in s. 220.196.

295 Section 8. Paragraph (a) of subsection (1) of section
296 220.13, Florida Statutes, is amended to read:

297 220.13 "Adjusted federal income" defined.—

298 (1) The term "adjusted federal income" means an amount
299 equal to the taxpayer's taxable income as defined in subsection
300 (2), or such taxable income of more than one taxpayer as
301 provided in s. 220.131, for the taxable year, adjusted as
302 follows:

303 (a) Additions.—There shall be added to such taxable
304 income:

305 1.a. The amount of any tax upon or measured by income,
306 excluding taxes based on gross receipts or revenues, paid or
307 accrued as a liability to the District of Columbia or any state
308 of the United States which is deductible from gross income in
309 the computation of taxable income for the taxable year.

310 b. Notwithstanding sub-subparagraph a., if a credit taken
311 under s. 220.1875 or s. 220.1876 is added to taxable income in a
312 previous taxable year under subparagraph 11. and is taken as a
313 deduction for federal tax purposes in the current taxable year,
314 the amount of the deduction allowed shall not be added to
315 taxable income in the current year. The exception in this sub-

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316 subparagraph is intended to ensure that the credit under s.
317 220.1875 or s. 220.1876 is added in the applicable taxable year
318 and does not result in a duplicate addition in a subsequent
319 year.

320 2. The amount of interest which is excluded from taxable
321 income under s. 103(a) of the Internal Revenue Code or any other
322 federal law, less the associated expenses disallowed in the
323 computation of taxable income under s. 265 of the Internal
324 Revenue Code or any other law, excluding 60 percent of any
325 amounts included in alternative minimum taxable income, as
326 defined in s. 55(b)(2) of the Internal Revenue Code, if the
327 taxpayer pays tax under s. 220.11(3).

328 3. In the case of a regulated investment company or real
329 estate investment trust, an amount equal to the excess of the
330 net long-term capital gain for the taxable year over the amount
331 of the capital gain dividends attributable to the taxable year.

332 4. That portion of the wages or salaries paid or incurred
333 for the taxable year which is equal to the amount of the credit
334 allowable for the taxable year under s. 220.181. This
335 subparagraph shall expire on the date specified in s. 290.016
336 for the expiration of the Florida Enterprise Zone Act.

337 5. That portion of the ad valorem school taxes paid or
338 incurred for the taxable year which is equal to the amount of
339 the credit allowable for the taxable year under s. 220.182. This

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340 subparagraph shall expire on the date specified in s. 290.016
341 for the expiration of the Florida Enterprise Zone Act.

342 6. The amount taken as a credit under s. 220.195 which is
343 deductible from gross income in the computation of taxable
344 income for the taxable year.

345 7. That portion of assessments to fund a guaranty
346 association incurred for the taxable year which is equal to the
347 amount of the credit allowable for the taxable year.

348 8. In the case of a nonprofit corporation which holds a
349 pari-mutuel permit and which is exempt from federal income tax
350 as a farmers' cooperative, an amount equal to the excess of the
351 gross income attributable to the pari-mutuel operations over the
352 attributable expenses for the taxable year.

353 9. The amount taken as a credit for the taxable year under
354 s. 220.1895.

355 10. Up to nine percent of the eligible basis of any
356 designated project which is equal to the credit allowable for
357 the taxable year under s. 220.185.

358 11. Any ~~The~~ amount taken as a credit for the taxable year
359 under s. 220.1875 or s. 220.1876. The addition in this
360 subparagraph is intended to ensure that the same amount is not
361 allowed for the tax purposes of this state as both a deduction
362 from income and a credit against the tax. This addition is not
363 intended to result in adding the same expense back to income
364 more than once.

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365 12. The amount taken as a credit for the taxable year
366 under s. 220.192.

367 13. The amount taken as a credit for the taxable year
368 under s. 220.193.

369 14. Any portion of a qualified investment, as defined in
370 s. 288.9913, which is claimed as a deduction by the taxpayer and
371 taken as a credit against income tax pursuant to s. 288.9916.

372 15. The costs to acquire a tax credit pursuant to s.
373 288.1254(5) that are deducted from or otherwise reduce federal
374 taxable income for the taxable year.

375 16. The amount taken as a credit for the taxable year
376 pursuant to s. 220.194.

377 17. The amount taken as a credit for the taxable year
378 under s. 220.196. The addition in this subparagraph is intended
379 to ensure that the same amount is not allowed for the tax
380 purposes of this state as both a deduction from income and a
381 credit against the tax. The addition is not intended to result
382 in adding the same expense back to income more than once.

383 Section 9. Subsection (2) of section 220.186, Florida
384 Statutes, is amended to read:

385 220.186 Credit for Florida alternative minimum tax.—

386 (2) The credit pursuant to this section shall be the
387 amount of the excess, if any, of the tax paid based upon taxable
388 income determined pursuant to s. 220.13(2)(k) over the amount of
389 tax which would have been due based upon taxable income without

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390 application of s. 220.13(2)(k), before application of this
391 credit without application of any credit under s. 220.1875 or s.
392 220.1876.

393 Section 10. Section 220.1876, Florida Statutes, is created
394 to read:

395 220.1876 Credit for contributions to eligible charitable
396 organizations.—

397 (1) Beginning January 1, 2021, there is allowed a credit
398 of 100 percent of an eligible contribution made to an eligible
399 charitable organization under s. 402.62 against any tax due for
400 a taxable year under this chapter after the application of any
401 other allowable credits by the taxpayer. An eligible
402 contribution must be made to an eligible charitable organization
403 on or before the date the taxpayer is required to file a return
404 pursuant to s. 220.222. The credit granted by this section shall
405 be reduced by the difference between the amount of federal
406 corporate income tax taking into account the credit granted by
407 this section and the amount of federal corporate income tax
408 without application of the credit granted by this section.

409 (2) A taxpayer who files a Florida consolidated return as
410 a member of an affiliated group pursuant to s. 220.131(1) may be
411 allowed the credit on a consolidated return basis; however, the
412 total credit taken by the affiliated group is subject to the
413 limitation established under subsection (1).

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414 (3) The provisions of s. 402.62 apply to the credit
415 authorized by this section.

416 (4) If a taxpayer applies and is approved for a credit
417 under s. 402.62 after timely requesting an extension to file
418 under s. 220.222(2):

419 (a) The credit does not reduce the amount of tax due for
420 purposes of the department's determination as to whether the
421 taxpayer was in compliance with the requirement to pay tentative
422 taxes under ss. 220.222 and 220.32.

423 (b) The taxpayer's noncompliance with the requirement to
424 pay tentative taxes shall result in the revocation and
425 rescindment of any such credit.

426 (c) The taxpayer shall be assessed for any taxes,
427 penalties, or interest due from the taxpayer's noncompliance
428 with the requirement to pay tentative taxes.

429 Section 11. Section 402.402, Florida Statutes, is amended
430 to read:

431 402.402 Child protection and child welfare personnel;
432 attorneys employed by the department.—

433 (1) CHILD PROTECTIVE INVESTIGATION PROFESSIONAL STAFF
434 REQUIREMENTS.—The department is responsible for recruitment of
435 qualified professional staff to serve as child protective
436 investigators and child protective investigation supervisors.
437 The department shall make every effort to recruit and hire
438 persons qualified by their education and experience to perform

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439 social work functions. The department's efforts shall be guided
440 by the goal that ~~by July 1, 2019,~~ at least half of all child
441 protective investigators and supervisors will have a bachelor's
442 degree or a master's degree in social work from a college or
443 university social work program accredited by the Council on
444 Social Work Education. The department, in collaboration with the
445 lead agencies, subcontracted provider organizations, the Florida
446 Institute for Child Welfare created pursuant to s. 1004.615, and
447 other partners in the child welfare system, shall develop a
448 protocol for screening candidates for child protective positions
449 which reflects the preferences specified in paragraphs (a)-(f).
450 The following persons shall be given preference in the
451 recruitment of qualified professional staff, but the preferences
452 serve only as guidance and do not limit the department's
453 discretion to select the best available candidates:

454 (a) Individuals with baccalaureate degrees in social work
455 and child protective investigation supervisors with master's
456 degrees in social work from a college or university social work
457 program accredited by the Council on Social Work Education.

458 (b) Individuals with baccalaureate or master's degrees in
459 psychology, sociology, counseling, special education, education,
460 human development, child development, family development,
461 marriage and family therapy, and nursing.

462 (c) Individuals with baccalaureate degrees who have a
463 combination of directly relevant work and volunteer experience,

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464 preferably in a public service field related to children's
465 services, demonstrating critical thinking skills, formal
466 assessment processes, communication skills, problem solving, and
467 empathy; a commitment to helping children and families; a
468 capacity to work as part of a team; an interest in continuous
469 development of skills and knowledge; and personal strength and
470 resilience to manage competing demands and handle workplace
471 stresses.

472 (2) SPECIALIZED TRAINING.—All child protective
473 investigators and child protective investigation supervisors
474 employed by the department or a sheriff's office must complete
475 specialized training either focused on serving a specific
476 population, including, but not limited to, medically fragile
477 children, sexually exploited children, children under 3 years of
478 age, or families with a history of domestic violence, mental
479 illness, or substance abuse, or focused on performing certain
480 aspects of child protection practice, including, but not limited
481 to, investigation techniques and analysis of family dynamics.
482 The specialized training may be used to fulfill continuing
483 education requirements under s. 402.40(3)(e). Individuals ~~hired~~
484 ~~before July 1, 2014, shall complete the specialized training by~~
485 ~~June 30, 2016, and individuals~~ hired on or after July 1, 2014,
486 shall complete the specialized training within 2 years after
487 hire. An individual may receive specialized training in multiple
488 areas.

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489 (3) STAFF SUPPORT.—The department shall implement policies
490 and programs that mitigate and prevent the impact of secondary
491 traumatic stress and burnout among child protective
492 investigations staff, including, but not limited to:

493 (a) Initiatives to encourage and inspire child protective
494 investigations staff, including recognizing their achievements
495 on a recognition wall within their unit.

496 (b) Formal procedures for providing support to child
497 protective investigations staff after a critical incident such
498 as a child fatality.

499 (c) Initial training upon appointment to a supervisory
500 position and annual continuing education for all supervisors on
501 how to prevent secondary traumatic stress and burnout among the
502 employees they supervise.

503 (d) Monitoring levels of secondary traumatic stress and
504 burnout among individual employees and intervening as needed.
505 The department shall closely monitor and respond to levels of
506 secondary traumatic stress and burnout among employees during
507 the first 2 years after hire.

508 (e) Ongoing training in self-care for all child protective
509 investigations staff.

510
511 Such programs may also include, but are not limited, to formal
512 peer counseling and support programs.

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513 ~~(4)(3)~~ REPORT.—By each October 1, the department shall
514 submit a report on the educational qualifications, turnover,
515 professional advancement, and working conditions of the child
516 protective investigators and supervisors to the Governor, the
517 President of the Senate, and the Speaker of the House of
518 Representatives.

519 ~~(5)(4)~~ ATTORNEYS EMPLOYED BY OR CONTRACTING WITH THE
520 DEPARTMENT TO HANDLE CHILD WELFARE CASES.—Attorneys hired or
521 contracted with on or after July 1, 2014, whose primary
522 responsibility is representing the department in child welfare
523 cases shall, within the first 6 months of employment, receive
524 training in:

525 (a) The dependency court process, including the attorney's
526 role in preparing and reviewing documents prepared for
527 dependency court for accuracy and completeness.~~†~~

528 (b) Preparing and presenting child welfare cases,
529 including at least 1 week shadowing an experienced children's
530 legal services attorney preparing and presenting cases.~~†~~

531 (c) Safety assessment, safety decisionmaking tools, and
532 safety plans.~~†~~

533 (d) Developing information presented by investigators and
534 case managers to support decisionmaking in the best interest of
535 children.~~†~~ ~~and~~

536 (e) The experiences and techniques of case managers and
537 investigators, including shadowing an experienced child

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538 protective investigator and an experienced case manager for at
539 least 8 hours.

540 Section 12. Section 402.715, Florida Statutes, is created
541 to read:

542 402.715 Office of Quality.—The department shall establish
543 a department-wide Office of Quality to ensure that the
544 department and its contracted service providers achieve high
545 levels of performance. Duties of the office shall include, but
546 not be limited to:

547 (1) Identifying performance standards and metrics for the
548 department and all contracted service providers, including, but
549 not limited to, law enforcement agencies, managing entities,
550 lead agencies, and attorney services. Such performance standards
551 and metrics shall be reflected in the strategic plan required
552 under s. 20.19(1). Performance standards and metrics for the
553 child welfare system shall at a minimum incorporate measures
554 used in the results-oriented accountability system under s.
555 409.997.

556 (2) Strengthening the department's data and analytic
557 capabilities to identify systemic strengths and deficiencies.

558 (3) Recommending initiatives to correct programmatic and
559 systemic deficiencies, in consultation with the relevant program
560 office.

561 (4) Engaging and collaborating with contractors,
562 stakeholders, and other relevant entities to improve quality,

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563 efficiency, and effectiveness of department programs and
564 services.

565 (5) Reporting systemic or persistent failures to meet
566 performance standards to the secretary, and recommending
567 corrective action.

568
569 Section 13. Section 402.62, Florida Statutes, is created
570 to read:

571 402.62 Children's Promise Tax Credit.—

572 (1) DEFINITIONS.—As used in this section, the term:

573 (a) "Annual tax credit amount" means, for any state fiscal
574 year, the sum of the amount of tax credits approved under
575 paragraph (5)(b), including tax credits to be taken under s.
576 211.0252, s. 212.1833, s. 220.1876, s. 561.1212, or s.
577 624.51056, which are approved for taxpayers whose taxable years
578 begin on or after January 1 of the calendar year preceding the
579 start of the applicable state fiscal year.

580 (b) "Division" means the Division of Alcoholic Beverages
581 and Tobacco of the Department of Business and Professional
582 Regulation.

583 (c) "Eligible charitable organization" means an
584 organization designated by the department to be eligible to
585 receive funding under this section.

586 (d) "Eligible contribution" means a monetary contribution
587 from a taxpayer, subject to the restrictions provided in this

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588 section, to an eligible charitable organization. The taxpayer
589 making the contribution may not designate a specific child
590 assisted by the eligible charitable organization as the
591 beneficiary of the contribution.

592 (e) "Tax credit cap amount" means the maximum annual tax
593 credit amount that the Department of Revenue may approve for a
594 state fiscal year.

595 (2) CHILDREN'S PROMISE TAX CREDITS; ELIGIBILITY.—

596 (a) The department shall designate as an eligible
597 charitable organization an organization that:

598 1. Is exempt from federal income taxation under s.
599 501(c)(3) of the Internal Revenue Code.

600 2. Is a Florida entity formed under chapter 605, chapter
601 607, or chapter 617 and whose principal office is located in the
602 state.

603 3. Provides services to:

604 a. Prevent child abuse, neglect, abandonment, or
605 exploitation;

606 b. Enhance the safety, permanency, or well-being of
607 children with child welfare involvement;

608 c. Assist families with children who have a chronic
609 illness or physical, intellectual, developmental, or emotional
610 disability; or

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611 d. Provide workforce development services to families of
612 children eligible for a federal free or reduced-price meals
613 program.

614 4. Has a contract or written referral agreement with, or
615 reference from, the department, a community-based care lead
616 agency as defined in s. 409.986, a managing entity as defined in
617 s. 394.9082, or the Agency for Persons with Disabilities, for
618 services specified in subparagraph 3.

619 5. Provides to the department accurate information
620 including, at a minimum, a description of the services provided
621 by the organization that are eligible for funding under this
622 section; the number of individuals served through those services
623 during the last calendar year in total and the number served
624 during the last calendar year using funding under this section;
625 basic financial information regarding the organization and
626 services eligible for funding under this section; outcomes for
627 such services; and contact information for the organization.

628 6. Annually submits a statement signed by a current
629 officer of the organization, under penalty of perjury, that the
630 organization meets all criteria to qualify as an eligible
631 charitable organization, has fulfilled responsibilities under
632 this section for the previous fiscal year if the organization
633 received any funding through this credit during the previous
634 year, and intends to fulfill its responsibilities during the
635 upcoming year.

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636 7. Provides any documentation requested by the department
637 to verify eligibility as an eligible charitable organization or
638 compliance with this section.

639 (b) The department may not designate as an eligible
640 charitable organization an organization that:

641 1. Provides abortions, pays for or provides coverage of
642 abortions, or financially supports any other entity that
643 provides, pays for, or provides coverage of abortions; or

644 2. Has received more than 50 percent of its total annual
645 revenue from the department or the Agency for Persons with
646 Disabilities, either directly or via a contractor of the
647 department or agency, in the prior fiscal year.

648 (3) RESPONSIBILITIES OF ELIGIBLE CHARITABLE
649 ORGANIZATIONS.—An eligible charitable organization receiving
650 contributions under this section must:

651 (a) Conduct background screenings on all volunteers and
652 staff working directly with children in any programs funded
653 under this section. The background screening shall use level 2
654 screening standards pursuant to s. 435.04. The department shall
655 specify requirements for background screening in rule.

656 (b) Expend 100 percent of any contributions received under
657 this section for direct services to state residents for the
658 purposes specified in subparagraph (2) (a)3.

659 (c) Annually submit to the department:

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660 1. An audit of the eligible charitable organization
661 conducted by an independent certified public accountant in
662 accordance with auditing standards generally accepted in the
663 United States, government auditing standards, and rules
664 promulgated by the Auditor General. The audit report must
665 include a report on financial statements presented in accordance
666 with generally accepted accounting principles. The audit report
667 must be provided to the department within 180 days after
668 completion of the eligible charitable organization's fiscal
669 year.

670 2. A copy of the eligible charitable organization's most
671 recent federal Internal Revenue Service Return of Organization
672 Exempt from Income Tax form (Form 990).

673 (d) Notify the department within 5 business days after the
674 eligible charitable organization ceases to meet eligibility
675 requirements or fails to fulfill its responsibilities under this
676 section.

677 (e) Upon receipt of a contribution, the eligible
678 charitable organization shall provide the taxpayer that made the
679 contribution with a certificate of contribution. A certificate
680 of contribution must include the taxpayer's name and, if
681 available, federal employer identification number, the amount
682 contributed, the date of contribution, and the name of the
683 eligible charitable organization.

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684 (4) RESPONSIBILITIES OF THE DEPARTMENT.—The department
685 shall:

686 (a) Annually redesignate eligible charitable organizations
687 that have complied with all requirements of this section.

688 (b) Remove the designation of organizations that fail to
689 meet all requirements of this section. An organization that has
690 had its designation removed by the department may reapply for
691 designation as an eligible charitable organization, and the
692 department shall redesignate such organization if it meets the
693 requirements of this section and demonstrates through its
694 application that all factors leading to its previous failure to
695 meet requirements have been sufficiently addressed.

696 (c) Publish information about the tax credit program and
697 eligible charitable organizations on a department website. The
698 website shall, at a minimum, provide:

699 1. The requirements and process for becoming designated or
700 redesignated as an eligible charitable organization.

701 2. A list of the eligible charitable organizations that
702 are currently designated by the department and the information
703 provided under subparagraph (2) (a) 5. regarding each eligible
704 charitable organization.

705 3. The process for a taxpayer to select an eligible
706 charitable organization as the recipient of funding through a
707 tax credit.

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708 (d) Compel the return of funds that are provided to an
709 eligible charitable organization that fails to comply with the
710 requirements of this section. Eligible charitable organizations
711 that are subject to return of funds are ineligible to receive
712 funding under this section for a period 10 years after final
713 agency action to compel the return of funding.

714 (5) CHILDREN'S PROMISE TAX CREDITS; APPLICATIONS,
715 TRANSFERS, AND LIMITATIONS.-

716 (a) The tax credit cap amount is \$5 million in each state
717 fiscal year.

718 (b) Beginning October 1, 2020, a taxpayer may submit an
719 application to the Department of Revenue for a tax credit or
720 credits to be taken under one or more of s. 211.0252, s.
721 212.1833, s. 220.1876, s. 561.1212, or s. 624.51056.

722 1. The taxpayer shall specify in the application each tax
723 for which the taxpayer requests a credit and the applicable
724 taxable year for a credit under s. 220.1876 or s. 624.51056 or
725 the applicable state fiscal year for a credit under s. 211.0252,
726 s. 212.1833, or s. 561.1212. For purposes of s. 220.1876, a
727 taxpayer may apply for a credit to be used for a prior taxable
728 year before the date the taxpayer is required to file a return
729 for that year pursuant to s. 220.222. For purposes of s.
730 624.51056, a taxpayer may apply for a credit to be used for a
731 prior taxable year before the date the taxpayer is required to
732 file a return for that prior taxable year pursuant to ss.

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733 624.509 and 624.5092. The application must specify the eligible
734 charitable organization to which the proposed contribution will
735 be made. The Department of Revenue shall approve tax credits on
736 a first-come, first-served basis and must obtain the division's
737 approval before approving a tax credit under s. 561.1212.

738 2. Within 10 days after approving or denying an
739 application, the Department of Revenue shall provide a copy of
740 its approval or denial letter to the eligible charitable
741 organization specified by the taxpayer in the application.

742 (c) If a tax credit approved under paragraph (b) is not
743 fully used within the specified state fiscal year for credits
744 under s. 211.0252, s. 212.1833, or s. 561.1212 or against taxes
745 due for the specified taxable year for credits under s. 220.1876
746 or s. 624.51056 because of insufficient tax liability on the
747 part of the taxpayer, the unused amount shall be carried forward
748 for a period not to exceed 10 years. For purposes of s.
749 220.1876, a credit carried forward may be used in a subsequent
750 year after applying the other credits and unused carryovers in
751 the order provided in s. 220.02(8).

752 (d) A taxpayer may not convey, assign, or transfer an
753 approved tax credit or a carryforward tax credit to another
754 entity unless all of the assets of the taxpayer are conveyed,
755 assigned, or transferred in the same transaction. However, a tax
756 credit under s. 211.0252, s. 212.1833, s. 220.1876, s. 561.1212,
757 or s. 624.51056 may be conveyed, transferred, or assigned

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758 between members of an affiliated group of corporations if the
759 type of tax credit under s. 211.0252, s. 212.1833, s. 220.1876,
760 s. 561.1212, or s. 624.51056 remains the same. A taxpayer shall
761 notify the Department of Revenue of its intent to convey,
762 transfer, or assign a tax credit to another member within an
763 affiliated group of corporations. The amount conveyed,
764 transferred, or assigned is available to another member of the
765 affiliated group of corporations upon approval by the Department
766 of Revenue. The Department of Revenue shall obtain the
767 division's approval before approving a conveyance, transfer, or
768 assignment of a tax credit under s. 561.1212.

769 (e) Within any state fiscal year, a taxpayer may rescind
770 all or part of a tax credit approved under paragraph (b). The
771 amount rescinded shall become available for that state fiscal
772 year to another eligible taxpayer as approved by the Department
773 of Revenue if the taxpayer receives notice from the Department
774 of Revenue that the rescindment has been accepted by the
775 Department of Revenue. The Department of Revenue must obtain the
776 division's approval before accepting the rescindment of a tax
777 credit under s. 561.1212. Any amount rescinded under this
778 paragraph shall become available to an eligible taxpayer on a
779 first-come, first-served basis based on tax credit applications
780 received after the date the rescindment is accepted by the
781 Department of Revenue.

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782 (f) Within 10 days after approving or denying the
783 conveyance, transfer, or assignment of a tax credit under
784 paragraph (d), or the rescindment of a tax credit under
785 paragraph (e), the Department of Revenue shall provide a copy of
786 its approval or denial letter to the eligible charitable
787 organization specified by the taxpayer. The Department of
788 Revenue shall also include the eligible charitable organization
789 specified by the taxpayer on all letters or correspondence of
790 acknowledgment for tax credits under s. 212.1833.

791 (g) For purposes of calculating the underpayment of
792 estimated corporate income taxes under s. 220.34 and tax
793 installment payments for taxes on insurance premiums or
794 assessments under s. 624.5092, the final amount due is the
795 amount after credits earned under s. 220.1876 or s. 624.51056
796 for contributions to eligible charitable organizations are
797 deducted.

798 1. For purposes of determining if a penalty or interest
799 under s. 220.34(2)(d)1. shall be imposed for underpayment of
800 estimated corporate income tax, a taxpayer may, after earning a
801 credit under s. 220.1876, reduce any estimated payment in that
802 taxable year by the amount of the credit.

803 2. For purposes of determining if a penalty under s.
804 624.5092 shall be imposed, an insurer, after earning a credit
805 under s. 624.51056 for a taxable year, may reduce any
806 installment payment for such taxable year of 27 percent of the

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807 amount of the net tax due as reported on the return for the
808 preceding year under s. 624.5092(2)(b) by the amount of the
809 credit.

810 (6) PRESERVATION OF CREDIT.—If any provision or portion of
811 this section, s. 211.0252, s. 212.1833, s. 220.1876, s.
812 561.1212, or s. 624.51056 or the application thereof to any
813 person or circumstance is held unconstitutional by any court or
814 is otherwise declared invalid, the unconstitutionality or
815 invalidity shall not affect any credit earned under s. 211.0252,
816 s. 212.1833, s. 220.1876, s. 561.1212, or s. 624.51056 by any
817 taxpayer with respect to any contribution paid to an eligible
818 charitable organization before the date of a determination of
819 unconstitutionality or invalidity. The credit shall be allowed
820 at such time and in such a manner as if a determination of
821 unconstitutionality or invalidity had not been made, provided
822 that nothing in this subsection by itself or in combination with
823 any other provision of law shall result in the allowance of any
824 credit to any taxpayer in excess of one dollar of credit for
825 each dollar paid to an eligible charitable organization.

826 (7) ADMINISTRATION; RULES.—

827 (a) The Department of Revenue, the division, and the
828 department may develop a cooperative agreement to assist in the
829 administration of this section, as needed.

830 (b) The Department of Revenue may adopt rules necessary to
831 administer this section and ss. 211.0252, 212.1833, 220.1876,

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832 561.1212, and 624.51056, including rules establishing
833 application forms, procedures governing the approval of tax
834 credits and carryforward tax credits under subsection (5), and
835 procedures to be followed by taxpayers when claiming approved
836 tax credits on their returns.

837 (c) The division may adopt rules necessary to administer
838 its responsibilities under this section and s. 561.1212.

839 (d) The department may adopt rules necessary to administer
840 this section, including, but not limited to, rules establishing
841 application forms for organizations seeking designation as
842 eligible charitable organizations under this act.

843 (e) Notwithstanding any provision of s. 213.053 to the
844 contrary, sharing information with the division related to this
845 tax credit is considered the conduct of the Department of
846 Revenue's official duties as contemplated in s. 213.053(8)(c),
847 and the Department of Revenue and the division are specifically
848 authorized to share information as needed to administer this
849 program.

850 Section 14. Section 402.7305, Florida Statutes, is amended
851 to read:

852 402.7305 Department of Children and Families; procurement
853 of contractual services; contract management.—

854 (1) DEFINITIONS.—As used in this section, the term:

855 (a) "Contract manager" means the department employee who
856 is responsible for enforcing the compliance with administrative

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857 and programmatic terms and conditions of a contract. The
858 contract manager is the primary point of contact through which
859 all contracting information flows between the department and the
860 contractor. The contract manager is responsible for day-to-day
861 contract oversight, including approval of contract deliverables
862 and invoices. All actions related to the contract shall be
863 initiated by or coordinated with the contract manager. The
864 contract manager maintains the official contract files.

865 (b) "Contract monitor" means the department employee who
866 is responsible for observing, recording, and reporting to the
867 contract manager and other designated entities the information
868 necessary to assist the contract manager and program management
869 in determining whether the contractor is in compliance with the
870 administrative and programmatic terms and conditions of the
871 contract.

872 (c) "Department" means the Department of Children and
873 Families.

874 (d) "Outsourcing" means the process of contracting with an
875 external service provider to provide a service, in whole or in
876 part, while the department retains the responsibility and
877 accountability for the service.

878 (2) PROCUREMENT OF COMMODITIES AND CONTRACTUAL SERVICES.—

879 (a) Notwithstanding s. 287.057(3)(e)12., if the department
880 intends to contract with a public postsecondary institution to
881 provide a service, the department must allow all public

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882 postsecondary institutions in this state that are accredited by
883 the Southern Association of Colleges and Schools to bid on the
884 contract. Thereafter, notwithstanding any other provision of
885 law, if a public postsecondary institution intends to
886 subcontract for any service awarded in the contract, the
887 subcontracted service must be procured by competitive
888 procedures.

889 (b) When it is in the best interest of a defined segment
890 of its consumer population, the department may competitively
891 procure and contract for systems of treatment or service that
892 involve multiple providers, rather than procuring and
893 contracting for treatment or services separately from each
894 participating provider. The department must ensure that all
895 providers that participate in the treatment or service system
896 meet all applicable statutory, regulatory, service quality, and
897 cost control requirements. If other governmental entities or
898 units of special purpose government contribute matching funds to
899 the support of a given system of treatment or service, the
900 department shall formally request information from those funding
901 entities in the procurement process and may take the information
902 received into account in the selection process. If a local
903 government contributes matching funds to support the system of
904 treatment or contracted service and if the match constitutes at
905 least 25 percent of the value of the contract, the department
906 shall afford the governmental match contributor an opportunity

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907 to name an employee as one of the persons required by s.
908 287.057(16) to evaluate or negotiate certain contracts, unless
909 the department sets forth in writing the reason why the
910 inclusion would be contrary to the best interest of the state.
911 Any employee so named by the governmental match contributor
912 shall qualify as one of the persons required by s. 287.057(16).
913 A governmental entity or unit of special purpose government may
914 not name an employee as one of the persons required by s.
915 287.057(16) if it, or any of its political subdivisions,
916 executive agencies, or special districts, intends to compete for
917 the contract to be awarded. The governmental funding entity or
918 contributor of matching funds must comply with all procurement
919 procedures set forth in s. 287.057 when appropriate and
920 required.

921 (c) The department may procure and contract for or provide
922 assessment and case management services independently from
923 treatment services.

924 (3) CONTRACT MANAGEMENT REQUIREMENTS AND PROCESS.—The
925 Department of Children and Families shall review the time period
926 for which the department executes contracts and shall execute
927 multiyear contracts to make the most efficient use of the
928 resources devoted to contract processing and execution. Whenever
929 the department chooses not to use a multiyear contract, a
930 justification for that decision must be contained in the
931 contract. Notwithstanding s. 287.057(14), the department is

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932 responsible for establishing a contract management process that
933 requires a member of the department's Senior Management or
934 Selected Exempt Service to assign in writing the responsibility
935 of a contract to a contract manager. The department shall
936 maintain a set of procedures describing its contract management
937 process which must minimally include the following requirements:

938 (a) The contract manager shall maintain the official
939 contract file throughout the duration of the contract and for a
940 period not less than 6 years after the termination of the
941 contract.

942 (b) The contract manager shall review all invoices for
943 compliance with the criteria and payment schedule provided for
944 in the contract and shall approve payment of all invoices before
945 their transmission to the Department of Financial Services for
946 payment.

947 (c) The contract manager shall maintain a schedule of
948 payments and total amounts disbursed and shall periodically
949 reconcile the records with the state's official accounting
950 records.

951 (d) For contracts involving the provision of direct client
952 services, the contract manager shall periodically visit the
953 physical location where the services are delivered and speak
954 directly to clients receiving the services and the staff
955 responsible for delivering the services.

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956 (e) The contract manager shall meet at least once a month
957 directly with the contractor's representative and maintain
958 records of such meetings.

959 (f) The contract manager shall periodically document any
960 differences between the required performance measures and the
961 actual performance measures. If a contractor fails to meet and
962 comply with the performance measures established in the
963 contract, the department may allow a reasonable period for the
964 contractor to correct performance deficiencies. If performance
965 deficiencies are not resolved to the satisfaction of the
966 department within the prescribed time, and if no extenuating
967 circumstances can be documented by the contractor to the
968 department's satisfaction, the department must terminate the
969 contract. The department may not enter into a new contract with
970 that same contractor for the services for which the contract was
971 previously terminated for a period of at least 24 months after
972 the date of termination. The contract manager shall obtain and
973 enforce corrective action plans, if appropriate, and maintain
974 records regarding the completion or failure to complete
975 corrective action items.

976 (g) The contract manager shall document any contract
977 modifications, which shall include recording any contract
978 amendments as provided for in this section.

979 (h) The contract manager shall be properly trained before
980 being assigned responsibility for any contract.

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981 (4) CONTRACT MONITORING REQUIREMENTS AND PROCESS.—The
982 department shall establish contract monitoring units staffed by
983 career service employees who report to a member of the Selected
984 Exempt Service or Senior Management Service and who have been
985 properly trained to perform contract monitoring. At least one
986 member of the contract monitoring unit must possess specific
987 knowledge and experience in the contract's program area. The
988 department shall establish a contract monitoring process that
989 includes, but is not limited to, the following requirements:

990 (a) Performing a risk assessment at the start of each
991 fiscal year and preparing an annual contract monitoring schedule
992 that considers the level of risk assigned. The department may
993 monitor any contract at any time regardless of whether such
994 monitoring was originally included in the annual contract
995 monitoring schedule.

996 (b) Preparing a contract monitoring plan, including
997 sampling procedures, before performing onsite monitoring at
998 external locations of a service provider. The plan must include
999 a description of the programmatic, fiscal, and administrative
1000 components that will be monitored on site. If appropriate,
1001 clinical and therapeutic components may be included.

1002 (c) Conducting analyses of the performance and compliance
1003 of an external service provider by means of desk reviews if the
1004 external service provider will not be monitored on site during a
1005 fiscal year.

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1006 (d) Unless the department sets forth in writing the need
1007 for an extension, providing a written report presenting the
1008 results of the monitoring within 30 days after the completion of
1009 the onsite monitoring or desk review.

1010 (e) Developing and maintaining a set of procedures
1011 describing the contract monitoring process.

1012
1013 ~~Notwithstanding any other provision of this section, the~~
1014 ~~department shall limit monitoring of a child-caring or child-~~
1015 ~~placing services provider under this subsection to only once per~~
1016 ~~year. Such monitoring may not duplicate administrative~~
1017 ~~monitoring that is included in the survey of a child welfare~~
1018 ~~provider conducted by a national accreditation organization~~
1019 ~~specified under s. 402.7306(1).~~

1020 Section 15. Paragraph (1) is added to subsection (1) of
1021 section 409.988, Florida Statutes, to read:

1022 409.988 Lead agency duties; general provisions.—

1023 (1) DUTIES.—A lead agency:

1024 (1) Shall identify an employee to serve as a liaison with
1025 the community alliance and community-based and faith-based
1026 organizations interested in collaborating with the lead agency
1027 or offering services or other assistance on a volunteer basis to
1028 the children and families served by the lead agency. The lead
1029 agency shall ensure that appropriate lead agency staff and
1030 subcontractors, including, but not limited to, case managers,

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1031 are informed of the specific services or assistance available
1032 from community-based and faith-based organizations.

1033 Section 16. Section 409.996, Florida Statutes, is amended
1034 to read:

1035 409.996 Duties of the Department of Children and
1036 Families.— The department shall contract for the delivery,
1037 administration, or management of care for children in the child
1038 protection and child welfare system. In doing so, the department
1039 retains responsibility for the quality of contracted services
1040 and programs and shall ensure that, at a minimum, services are
1041 delivered in accordance with applicable federal and state
1042 statutes and regulations and performance standards and metrics
1043 specified in the strategic plan created under s. 20.19(1).

1044 (1) The department shall enter into contracts with lead
1045 agencies for the performance of the duties by the lead agencies
1046 pursuant to s. 409.988. At a minimum, the contracts must:

1047 (a) Provide for the services needed to accomplish the
1048 duties established in s. 409.988 and provide information to the
1049 department which is necessary to meet the requirements for a
1050 quality assurance program pursuant to subsection (19)~~(18)~~ and
1051 the child welfare results-oriented accountability system
1052 pursuant to s. 409.997.

1053 (b) Provide for tiered interventions and graduated
1054 penalties for failure to comply with contract terms or in the

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1055 event of performance deficiencies. Such interventions and
1056 penalties may include, but are not limited to:

1057 1. ~~financial penalties,~~ Enhanced monitoring and
1058 reporting.

1059 2. Corrective action plans. ~~and~~

1060 3. Requirements to accept technical assistance and
1061 consultation from the department under subsection (4).

1062 4. Financial penalties, which shall require a lead agency
1063 to reallocate funds from administrative costs to direct care for
1064 children.

1065 5. Early termination of contracts, as provided in s.
1066 402.1705(3)(f). ~~or other appropriate action to ensure contract~~
1067 ~~compliance. The financial penalties shall require a lead agency~~
1068 ~~to reallocate funds from administrative costs to direct care for~~
1069 ~~children.~~

1070 (c) Ensure that the lead agency shall furnish current and
1071 accurate information on its activities in all cases in client
1072 case records in the state's statewide automated child welfare
1073 information system.

1074 (d) Specify the procedures to be used by the parties to
1075 resolve differences in interpreting the contract or to resolve
1076 disputes as to the adequacy of the parties' compliance with
1077 their respective obligations under the contract.

1078 (2) The department must adopt written policies and
1079 procedures for monitoring the contract for delivery of services

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1080 by lead agencies which must be posted on the department's
1081 website. These policies and procedures must, at a minimum,
1082 address the evaluation of fiscal accountability and program
1083 operations, including provider achievement of performance
1084 standards, provider monitoring of subcontractors, and timely
1085 followup of corrective actions for significant monitoring
1086 findings related to providers and subcontractors. These policies
1087 and procedures must also include provisions for reducing the
1088 duplication of the department's program monitoring activities
1089 both internally and with other agencies, to the extent possible.
1090 The department's written procedures must ensure that the written
1091 findings, conclusions, and recommendations from monitoring the
1092 contract for services of lead agencies are communicated to the
1093 director of the provider agency and the community alliance as
1094 expeditiously as possible.

1095 (3) The department shall receive federal and state funds
1096 as appropriated for the operation of the child welfare system,
1097 transmit these funds to the lead agencies as agreed to in the
1098 contract, and provide information on its website of the
1099 distribution of the federal funds. The department retains
1100 responsibility for the appropriate spending of these funds. The
1101 department shall monitor lead agencies to assess compliance with
1102 the financial guidelines established pursuant to s. 409.992 and
1103 other applicable state and federal laws.

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1104 (4) The department may ~~shall~~ provide technical assistance and
1105 consultation to lead agencies as necessary for the achievement
1106 of performance standards, in the provision of care to children
1107 in the child protection and child welfare system., including,
1108 but not limited to, providing additional resources to assist the
1109 lead agencies to implement best practices or institute
1110 operational efficiencies.

1111 (5) The department retains the responsibility for the
1112 review, approval or denial, and issuances of all foster home
1113 licenses.

1114 (6) The department shall process all applications
1115 submitted by lead agencies for the Interstate Compact on the
1116 Placement of Children and the Interstate Compact on Adoption and
1117 Medical Assistance.

1118 (7) The department shall assist lead agencies with access
1119 to and coordination with other service programs within the
1120 department.

1121 (8) The department shall determine Medicaid eligibility
1122 for all referred children and shall coordinate services with the
1123 Agency for Health Care Administration.

1124 (9) The department shall develop, in cooperation with the
1125 lead agencies, a third-party credentialing entity approved
1126 pursuant to s. 402.40(3), and the Florida Institute for Child
1127 Welfare established pursuant to s. 1004.615, a standardized

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1128 competency-based curriculum for certification training for child
1129 protection staff.

1130 (10) The department shall maintain the statewide adoptions
1131 website and provide information and training to the lead
1132 agencies relating to the website.

1133 (11) The department shall provide training and assistance
1134 to lead agencies regarding the responsibility of lead agencies
1135 relating to children receiving supplemental security income,
1136 social security, railroad retirement, or veterans' benefits.

1137 (12) With the assistance of a lead agency, the department
1138 shall develop and implement statewide and local interagency
1139 agreements needed to coordinate services for children and
1140 parents involved in the child welfare system who are also
1141 involved with the Agency for Persons with Disabilities, the
1142 Department of Juvenile Justice, the Department of Education, the
1143 Department of Health, and other governmental organizations that
1144 share responsibilities for children or parents in the child
1145 welfare system.

1146 (13) With the assistance of a lead agency, the department
1147 shall develop and implement a working agreement between the lead
1148 agency and the substance abuse and mental health managing entity
1149 to integrate services and supports for children and parents
1150 serviced in the child welfare system.

1151 (14) The department shall work with the Agency for Health
1152 Care Administration to provide each Medicaid-eligible child with

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1153 early and periodic screening, diagnosis, and treatment,
1154 including 72-hour screening, periodic child health checkups, and
1155 prescribed followup for ordered services, including, but not
1156 limited to, medical, dental, and vision care.

1157 (15) The department shall assist lead agencies in
1158 developing an array of services in compliance with the Title IV-
1159 E waiver and shall monitor the provision of such services.

1160 (16) The department shall provide a mechanism to allow
1161 lead agencies to request a waiver of department policies and
1162 procedures that create inefficiencies or inhibit the performance
1163 of the lead agency's duties.

1164 (17) The department shall directly ~~or through contract~~
1165 provide attorneys to prepare and present cases in dependency
1166 court and shall ensure that the court is provided with adequate
1167 information for informed decisionmaking in dependency cases,
1168 including, at a minimum, a face sheet for each case which lists
1169 the names and contact information for any child protective
1170 investigator, child protective investigation supervisor, case
1171 manager, and case manager supervisor, and the regional
1172 department official responsible for the lead agency contract.
1173 The department shall provide to the court the case information
1174 and recommendations provided by the lead agency or
1175 subcontractor. ~~For the Sixth Judicial Circuit, the department~~
1176 ~~shall contract with the state attorney for the provision of~~
1177 ~~these services.~~

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1178 (18) (a) The department may contract for the provision of
1179 children's legal services to prepare and present cases in
1180 dependency court. The contracted attorneys shall ensure that the
1181 court is provided with adequate information for informed
1182 decisionmaking in dependency cases, including, at a minimum, a
1183 face sheet for each case which lists the names and contact
1184 information for any child protective investigator, child
1185 protective investigator supervisor, and the regional department
1186 official responsible for the lead agency contract. The
1187 contracted attorneys shall provide to the court the case
1188 information and recommendations provided by the lead agency or
1189 subcontractor. For the Sixth Judicial Circuit, the department
1190 shall contract with the state attorney for the provision of
1191 these services.

1192 (b) The contracted attorneys shall adopt the child welfare
1193 practice model, as periodically updated by the department, that
1194 is used by attorneys employed by the department. The contracted
1195 attorneys shall operate in accordance with the same federal and
1196 state performance standards and metrics imposed on children's
1197 legal services attorneys employed by the department.

1198 (c) The department and contracted attorneys providing
1199 children's legal services shall collaborate to monitor program
1200 performance on an ongoing basis. The department and contracted
1201 attorneys', or a representative from such contracted attorneys'

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1202 offices, shall meet at least quarterly to collaborate on federal
1203 and state quality assurance and quality improvement initiatives.

1204 (d) The department shall conduct an annual program
1205 performance evaluation which shall be based on the same child
1206 welfare practice model principles and federal and state
1207 performance standards that are imposed on children's legal
1208 services attorneys employed by the department. The program
1209 performance evaluation must be standardized statewide and the
1210 department shall select random cases for evaluation. The program
1211 performance evaluation shall be conducted by a team of peer
1212 reviewers from the respective contracted attorneys' offices that
1213 perform children's legal services and representatives from the
1214 department.

1215 (e) The department shall publish an annual report
1216 regarding, at a minimum, performance quality, outcome-measure
1217 attainment, and cost efficiency of the services provided by the
1218 contracted attorneys. The annual report must include data and
1219 information on the performance of both the contracted attorneys'
1220 and the department's attorneys. The department shall submit the
1221 annual report to the Governor, the President of the Senate, and
1222 the Speaker of the House of Representatives no later than
1223 November 1 of each year that the contracted attorneys are
1224 receiving appropriations to provide children's legal services
1225 for the department.

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1227 This subsection shall be repealed July 1, 2023, unless reviewed
1228 and saved from repeal by the Legislature.

1229 ~~(19)-(18)~~ The department, in consultation with lead
1230 agencies, shall establish a quality assurance program for
1231 contracted services to dependent children. The quality assurance
1232 program shall, at a minimum, be based on standards established
1233 by federal and state law, ~~and~~ national accrediting
1234 organizations, and the Office of Quality established under s.
1235 402.715 and must be consistent with the child welfare results-
1236 oriented accountability system required by s. 409.997.

1237 (a) The department must evaluate each lead agency under
1238 contract at least annually. These evaluations shall cover the
1239 programmatic, operational, and fiscal operations of the lead
1240 agency ~~and must be consistent with the child welfare results-~~
1241 ~~oriented accountability system required by s. 409.997.~~ The
1242 department must consult with dependency judges in the circuit or
1243 circuits served by the lead agency on the performance of the
1244 lead agency.

1245 (b) The department and each lead agency shall monitor out-
1246 of-home placements, including the extent to which sibling groups
1247 are placed together or provisions to provide visitation and
1248 other contacts if siblings are separated. The data shall
1249 identify reasons for sibling separation. Information related to
1250 sibling placement shall be incorporated into the results-
1251 oriented accountability system required pursuant to s. 409.997

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1252 and into the evaluation of the outcome specified in s.
1253 409.986(2) (e). The information related to sibling placement
1254 shall also be made available to the institute established
1255 pursuant s. 1004.615 for use in assessing the performance of
1256 child welfare services in relation to the outcome specified in
1257 s. 409.986(2) (e).

1258 (c) The department shall, to the extent possible, use
1259 independent financial audits provided by the lead agency to
1260 eliminate or reduce the ongoing contract and administrative
1261 reviews conducted by the department. If the department
1262 determines that such independent financial audits are
1263 inadequate, other audits, as necessary, may be conducted by the
1264 department. This paragraph does not abrogate the requirements of
1265 s. 215.97.

1266 (d) The department may suggest additional items to be
1267 included in such independent financial audits to meet the
1268 department's needs.

1269 (e) The department may outsource programmatic,
1270 administrative, or fiscal monitoring oversight of lead agencies.

1271 (f) A lead agency must assure that all subcontractors are
1272 subject to the same quality assurance activities as the lead
1273 agency.

1274 ~~(20)-(19)~~ The department and its attorneys have the
1275 responsibility to ensure that the court is fully informed about
1276 issues before it, to make recommendations to the court, and to

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1277 present competent evidence, including testimony by the
1278 department's employees, contractors, and subcontractors, as well
1279 as other individuals, to support all recommendations made to the
1280 court. The department's attorneys shall coordinate lead agency
1281 or subcontractor staff to ensure that dependency cases are
1282 presented appropriately to the court, giving consideration to
1283 the information developed by the case manager and direction to
1284 the case manager if more information is needed.

1285 ~~(21)~~(20) The department, in consultation with lead
1286 agencies, shall develop a dispute resolution process so that
1287 disagreements between legal staff, investigators, and case
1288 management staff can be resolved in the best interest of the
1289 child in question before court appearances regarding that child.

1290 ~~(22)~~(21) The department shall periodically, and before
1291 procuring a lead agency, solicit comments and recommendations
1292 from the community alliance established in s. 20.19(5), any
1293 other community groups, or public hearings. The recommendations
1294 must include, but are not limited to:

1295 (a) The current and past performance of a lead agency.

1296 (b) The relationship between a lead agency and its
1297 community partners.

1298 (c) Any local conditions or service needs in child
1299 protection and child welfare.

1300 ~~(23)~~(22) The department shall develop, in collaboration
1301 with the Florida Institute for Child Welfare, lead agencies,

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1302 service providers, current and former foster children placed in
1303 residential group care, and other community stakeholders, a
1304 statewide accountability system for residential group care
1305 providers based on measureable quality standards.

1306 (a) The accountability system must:

1307 1. Promote high quality in services and accommodations,
1308 differentiating between shift and family-style models and
1309 programs and services for children with specialized or
1310 extraordinary needs, such as pregnant teens and children with
1311 Department of Juvenile Justice involvement.

1312 2. Include a quality measurement system with domains and
1313 clearly defined levels of quality. The system must measure the
1314 level of quality for each domain, using criteria that
1315 residential group care providers must meet in order to achieve
1316 each level of quality. Domains may include, but are not limited
1317 to, admissions, service planning, treatment planning, living
1318 environment, and program and service requirements. The system
1319 may also consider outcomes 6 months and 12 months after a child
1320 leaves the provider's care. However, the system may not assign a
1321 single summary rating to residential group care providers.

1322 3. Consider the level of availability of trauma-informed
1323 care and mental health and physical health services, providers'
1324 engagement with the schools children in their care attend, and
1325 opportunities for children's involvement in extracurricular
1326 activities.

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1327 (b) After development and implementation of the
1328 accountability system in accordance with paragraph (a), the
1329 department and each lead agency shall use the information from
1330 the accountability system to promote enhanced quality in
1331 residential group care within their respective areas of
1332 responsibility. Such promotion may include, but is not limited
1333 to, the use of incentives and ongoing contract monitoring
1334 efforts.

1335 (c) The department shall submit a report to the Governor,
1336 the President of the Senate, and the Speaker of the House of
1337 Representatives by October 1 of each year, ~~with the first report~~
1338 ~~due October 1, 2017~~. The report must, at a minimum, include an
1339 update on the development of a statewide accountability system
1340 for residential group care providers and a plan for department
1341 oversight and implementation of the statewide accountability
1342 system. After implementation of the statewide accountability
1343 system, the report must also include a description of the
1344 system, including measures and any tools developed, a
1345 description of how the information is being used by the
1346 department and lead agencies, an assessment of placement of
1347 children in residential group care using data from the
1348 accountability system measures, and recommendations to further
1349 improve quality in residential group care.

1350 (d) The accountability system must be implemented by July
1351 1, 2022.

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1352 (e) Nothing in this subsection impairs the department's
1353 licensure authority under s. 409.175.

1354 (f) The department may adopt rules to administer this
1355 subsection.

1356 (24) Subject to an appropriation, for the 2020-2021 and
1357 2021-2022 fiscal years, the department shall implement a pilot
1358 project in the Sixth and Thirteenth Judicial Circuits,
1359 respectively, aimed at improving child welfare outcomes.

1360 (a) In implementing the pilot projects, the department
1361 shall establish performance metrics and performance standards to
1362 assess improvements in safety, permanency, and the well-being of
1363 children in the local system of care for the lead agencies in
1364 those judicial circuits. Such metrics and standards must be
1365 aligned with indicators used in the most recent federal Child
1366 and Family Services Reviews.

1367 (b) The lead agencies in the Sixth and Thirteenth Judicial
1368 Circuits shall provide performance data to the department each
1369 quarter. The department shall review the data for accuracy and
1370 completeness and then shall compare the actual performance of
1371 the lead agencies to the established performance metrics and
1372 standards. Each lead agency that exceeds performance metrics and
1373 standards is eligible for incentive funding.

1374 (c) For the first quarter of each fiscal year, the
1375 department may advance incentive funding to the lead agencies in
1376 an amount equal to one quarter of the total allocated to the

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1377 pilot project. After each quarter, the department shall assess
1378 the performance of the lead agencies for that quarter and adjust
1379 the subsequent quarter's incentive funding based on its actual
1380 prior quarter performance.

1381 (d) The department shall include the results of the pilot
1382 projects in the report required under s. 20.19(7). The report
1383 must include the department's findings and recommendations
1384 relating to the pilot projects.

1385 (e) This subsection expires July 1, 2022.

1386 ~~(23)(a) The department, in collaboration with the Florida~~
1387 ~~Institute for Child Welfare, shall convene a workgroup on foster~~
1388 ~~home quality. The workgroup, at a minimum, shall identify~~
1389 ~~measures of foster home quality, review current efforts by lead~~
1390 ~~agencies and subcontractors to enhance foster home quality,~~
1391 ~~identify barriers to the greater availability of high-quality~~
1392 ~~foster homes, and recommend additional strategies for assessing~~
1393 ~~the quality of foster homes and increasing the availability of~~
1394 ~~high-quality foster homes.~~

1395 ~~(b) The workgroup shall include representatives from the~~
1396 ~~department, the Florida Institute for Child Welfare, foster~~
1397 ~~parents, current and former foster children, foster parent~~
1398 ~~organizations, lead agencies, child-placing agencies, other~~
1399 ~~service providers, and others as determined by the department.~~

1400 ~~(c) The Florida Institute for Child Welfare shall provide~~
1401 ~~the workgroup with relevant research on, at a minimum, measures~~

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1402 ~~of quality of foster homes; evidence-supported strategies to~~
1403 ~~increase the availability of high-quality foster homes, such as~~
1404 ~~those regarding recruitment, screening, training, retention, and~~
1405 ~~child placement; descriptions and results of quality improvement~~
1406 ~~efforts in other jurisdictions; and the root causes of placement~~
1407 ~~disruption.~~

1408 ~~(d) The department shall submit a report to the Governor, the~~
1409 ~~President of the Senate, and the Speaker of the House of~~
1410 ~~Representatives by November 15, 2017. The report shall, at a~~
1411 ~~minimum:~~

1412 ~~1. Describe the important dimensions of quality for foster~~
1413 ~~homes;~~

1414 ~~2. Describe the foster home quality enhancement efforts in~~
1415 ~~the state, including, but not limited to, recruitment,~~
1416 ~~retention, placement procedures, systems change, and quality~~
1417 ~~measurement programs, and any positive or negative results;~~

1418 ~~3. Identify barriers to the greater availability of high-~~
1419 ~~quality foster homes;~~

1420 ~~4. Discuss available research regarding high-quality~~
1421 ~~foster homes; and~~

1422 ~~5. Present a plan for developing and implementing~~
1423 ~~strategies to increase the availability of high-quality foster~~
1424 ~~homes. The strategies shall address important elements of~~
1425 ~~quality, be based on available research, include both~~
1426 ~~qualitative and quantitative measures of quality, integrate with~~

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1427 ~~the community-based care model, and be respectful of the privacy~~
1428 ~~and needs of foster parents. The plan shall recommend possible~~
1429 ~~instruments and measures and identify any changes to general law~~
1430 ~~or rule necessary for implementation.~~

1431 Section 17. Section 409.997, Florida Statutes, is amended
1432 to read:

1433 409.997 Child welfare results-oriented accountability
1434 program.—

1435 (1) The department, the community-based care lead
1436 agencies, and the lead agencies' subcontractors share the
1437 responsibility for achieving the outcome goals specified in s.
1438 409.986(2).

1439 (2) The purpose of the results-oriented accountability
1440 program is to monitor and measure the use of resources, the
1441 quality and amount of services provided, and child and family
1442 outcomes. The program includes data analysis, research review,
1443 and evaluation. The program shall produce an assessment of
1444 individual entities' performance, as well as the performance of
1445 groups of entities working together on a local, judicial
1446 circuit, regional, and statewide basis to provide an integrated
1447 system of care. Data analyzed and communicated through the
1448 accountability program shall inform the department's development
1449 and maintenance of an inclusive, interactive, and evidence-
1450 supported program of quality improvement which promotes
1451 individual skill building as well as organizational learning.

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1452 ~~Additionally, outcome~~ The department may use data generated by
1453 the program regarding performance drivers, process improvements,
1454 short- and long-term outcomes, and quality improvement efforts
1455 ~~may be used~~ to determine contract compliance and as the basis
1456 for payment of performance incentives if funds for such payments
1457 are made available through the General Appropriations Act. The
1458 information compiled and utilized in the accountability program
1459 must incorporate, at a minimum:

1460 (a) Valid and reliable outcome measures for each of the
1461 goals specified in this subsection. The outcome data set must
1462 consist of a limited number of understandable measures using
1463 available data to quantify outcomes as children move through the
1464 system of care. Such measures may aggregate multiple variables
1465 that affect the overall achievement of the outcome goals. Valid
1466 and reliable measures must be based on adequate sample sizes, be
1467 gathered over suitable time periods, and reflect authentic
1468 rather than spurious results, and may not be susceptible to
1469 manipulation.

1470 (b) Regular and periodic monitoring activities that track
1471 the identified outcome measures on a statewide, regional, and
1472 provider-specific basis. Monitoring reports must identify trends
1473 and chart progress toward achievement of the goals specified in
1474 this subsection. The accountability program may not rank or
1475 compare performance among community-based care regions unless
1476 adequate and specific adjustments are adopted which account for

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1477 the diversity in regions' demographics, resources, and other
1478 relevant characteristics. The requirements of the monitoring
1479 program may be incorporated into the department's quality
1480 assurance and contract management programs ~~program~~.

1481 (c) An analytical framework that builds on the results of
1482 the outcomes monitoring procedures and assesses the statistical
1483 validity of observed associations between child welfare
1484 interventions and the measured outcomes. The analysis must use
1485 quantitative methods to adjust for variations in demographic or
1486 other conditions. The analysis must include longitudinal studies
1487 to evaluate longer term outcomes, such as continued safety,
1488 family permanence, and transition to self-sufficiency. The
1489 analysis may also include qualitative research methods to
1490 provide insight into statistical patterns.

1491 (d) A program of research review to identify interventions
1492 that are supported by evidence as causally linked to improved
1493 outcomes.

1494 (e) An ongoing process of evaluation to determine the
1495 efficacy and effectiveness of various interventions. Efficacy
1496 evaluation is intended to determine the validity of a causal
1497 relationship between an intervention and an outcome.
1498 Effectiveness evaluation is intended to determine the extent to
1499 which the results can be generalized.

1500 (f) Procedures for making the results of the
1501 accountability program transparent for all parties involved in

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1502 the child welfare system as well as policymakers and the public,
1503 which shall be updated at least quarterly and published on the
1504 department's website in a manner that allows custom searches of
1505 the performance data. The presentation of the data shall provide
1506 a comprehensible, visual report card for the state and each
1507 community-based care region, indicating the current status of
1508 the outcomes relative to each goal and trends in that status
1509 over time. The presentation shall identify and report outcome
1510 measures that assess the performance of the department, the
1511 community-based care lead agencies, and their subcontractors
1512 working together to provide an integrated system of care.

1513 (g) An annual performance report that is provided to
1514 interested parties including the dependency judge or judges in
1515 the community-based care service area. The report shall be
1516 submitted to the Governor, the President of the Senate, and the
1517 Speaker of the House of Representatives by October 1 of each
1518 year.

1519 ~~(3) The department shall establish a technical advisory~~
1520 ~~panel consisting of representatives from the Florida Institute~~
1521 ~~for Child Welfare established pursuant to s. 1004.615, lead~~
1522 ~~agencies, community-based care providers, other contract~~
1523 ~~providers, community alliances, and family representatives. The~~
1524 ~~President of the Senate and the Speaker of the House of~~
1525 ~~Representatives shall each appoint a member to serve as a~~
1526 ~~legislative liaison to the panel. The technical advisory panel~~

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1527 | ~~shall advise the department on the implementation of the~~
1528 | ~~results-oriented accountability program.~~

1529

1530

1531

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

1532

Remove lines 3-70 and insert:

1533

title; amending s. 20.19, F.S.; requiring the Department of

1534

Children and Families to establish performance metrics;

1535

specifying goals that must be established; revising and

1536

providing duties of community alliances; revising membership of

1537

community alliances; creating s. 39.0143, F.S.; requiring the

1538

Department of Children and Families to establish and apply a

1539

methodology to rate performance of all entities working together

1540

as circuit-level child welfare systems; specifying requirements

1541

for such rating system; requiring reporting of ratings;

1542

permitting ratings to be used as the basis for the payment of

1543

performance incentives; amending s. 39.3065, F.S.; requiring

1544

sheriffs providing child protective investigative services to

1545

adopt the child welfare practice model; requiring the Department

1546

of Children and Families and certain sheriffs to monitor program

1547

performance and meet, at least quarterly, to collaborate on

1548

specified quality assurance and initiatives; requiring the

1549

department to conduct an annual evaluation of the sheriffs'

1550

program performance based on certain criteria; requiring the

1551

department to submit an annual report on certain information by

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 7063 (2020)

Amendment No. 1

1552 a specified date; providing report requirements; providing for
1553 future repeal; creating ss. 211.0252, 212.1833, 561.1212, and
1554 624.51056, F.S.; authorizing a tax credit for certain
1555 contributions made to an eligible charitable organization with
1556 certain restrictions; amending s. 220.02, F.S.; revising
1557 legislative intent; amending ss. 220.13 and 220.186, F.S.;
1558 conforming cross-references to changes made by the act; creating
1559 s. 220.1876, F.S.; authorizing a tax credit for certain
1560 contributions made to an eligible organization with certain
1561 restrictions; providing requirements for applying a credit when
1562 the taxpayer requests an extension; amending s. 402.402, F.S.;
1563 requiring the department to implement certain policies and
1564 programs; requiring the annual report to include information on
1565 professional advancement of child protective investigators and
1566 supervisors; requiring attorneys contracting with the department
1567 to receive certain training within a specified time; creating s.
1568 402.62, F.S.; creating the Children's Promise tax credit;
1569 providing definitions; providing requirements for designation as
1570 an eligible charitable organization; specifying certain
1571 organizations that may not be designated as an eligible
1572 charitable organization; providing responsibilities of eligible
1573 charitable organizations receiving contributions under the tax
1574 credit; providing responsibilities of the department related to
1575 the tax credit; providing guidelines for the application of,
1576 limitations to, and transfers of the tax credit; providing for

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1577 the preservation of the tax credit under certain circumstances;
1578 authorizing the Department of Revenue, the Division of Alcoholic
1579 Beverages and Tobacco of the Department of Business and
1580 Professional Regulation, and the department to develop a
1581 cooperative agreement to administer the tax credit; providing
1582 the Department of Revenue, the Division of Alcoholic Beverages
1583 and Tobacco of the Department of Business and Professional
1584 Regulation, and the department rulemaking authority; authorizing
1585 the Department of Revenue and the Division of Alcoholic
1586 Beverages and Tobacco of the Department of Business and
1587 Professional Regulation to share certain information as needed
1588 to administer the tax credit program; creating s. 402.715, F.S.;
1589 requiring the Department of Children and Families to establish
1590 an Office of Quality; providing duties of the office; amending
1591 s. 402.7305, F.S.; removing limitations on monitoring of child-
1592 caring or child-placing services providers; amending s. 409.988,
1593 F.S.; revising the duties of a lead agency; amending s. 409.996,
1594 F.S.; adding responsibilities to the Department of Children and
1595 Families for contracts regarding care for children in the child
1596 welfare system; specifying additional requirements for
1597 contracts; authorizing the department to provide technical
1598 assistance to lead agencies; authorizing the department to
1599 contract for the provision of children's legal services;
1600 requiring the contracted attorneys to adopt the child welfare
1601 practice model and operate in the same manner as attorneys

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 7063 (2020)

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1602 employed by the department; requiring the department and the
1603 contracted attorneys to monitor program performance; requiring
1604 the department to conduct an annual evaluation based on certain
1605 criteria; requiring the department to submit an annual report to
1606 the Governor and Legislature by a specified date; providing for
1607 future repeal; revising requirements regarding the quality
1608 assurance program for contracted services to dependent children;
1609 deleting obsolete language; requiring the department to
1610 implement pilot projects to improve child welfare outcomes in
1611 specified judicial circuits; requiring the department to
1612 establish performance metrics and standards to implement the
1613 pilot projects; requiring lead agencies in specified judicial
1614 circuits to provide certain data to the department each quarter;
1615 requiring the department to review such data; authorizing the
1616 department to advance incentive funding to certain lead agencies
1617 that meet specified requirements; requiring the Department of
1618 Children and Families to include certain results in a specified
1619 report; providing for future expiration; amending s. 409.997,
1620 F.S.; specifying types of data that may be used by the
1621 Department of Children and Families; adding contract compliance
1622 as a use of the data; allowing the requirements of the
1623 monitoring program to be incorporated into the contract
1624 management program of the department;

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