

1 A bill to be entitled
2 An act relating to drug prescription by advanced
3 registered nurse practitioners and physician
4 assistants; amending s. 110.12315, F.S.; expanding the
5 categories of persons who may prescribe brand drugs
6 under the prescription drug program when medically
7 necessary; amending ss. 310.071, 310.073, and 310.081,
8 F.S.; exempting controlled substances prescribed by an
9 advanced registered nurse practitioner or a physician
10 assistant from the disqualifications for certification
11 or licensure, and for continued certification or
12 licensure, as a deputy or state pilot; amending s.
13 456.072, F.S.; applying existing penalties for
14 violations relating to the prescribing or dispensing
15 of controlled substances to an advanced registered
16 nurse practitioner; amending s. 456.44, F.S.; deleting
17 an obsolete date; requiring advanced registered nurse
18 practitioners and physician assistants who prescribe
19 controlled substances for certain pain to make a
20 certain designation, comply with registration
21 requirements, and follow specified standards of
22 practice; providing applicability; amending ss.
23 458.3265 and 459.0137, F.S.; limiting the authority to
24 prescribe a controlled substance in a pain-management
25 clinic to a physician licensed under ch. 458 or ch.
26 459, F.S.; amending s. 458.347, F.S.; expanding the

27 prescribing authority of a licensed physician
28 assistant; amending s. 464.012, F.S.; authorizing an
29 advanced registered nurse practitioner to prescribe,
30 dispense, administer, or order drugs, rather than to
31 monitor and alter drug therapies; amending s. 464.018,
32 F.S.; specifying acts that constitute grounds for
33 denial of a license for or disciplinary action against
34 an advanced registered nurse practitioner; amending s.
35 893.02, F.S.; redefining the term "practitioner" to
36 include advanced registered nurse practitioners and
37 physician assistants under the Florida Comprehensive
38 Drug Abuse Prevention and Control Act; amending s.
39 948.03, F.S.; providing that possession of drugs or
40 narcotics prescribed by an advanced registered nurse
41 practitioner or physician assistant is an exception
42 from a prohibition relating to the possession of drugs
43 or narcotics during probation; reenacting s.
44 310.071(3), F.S., to incorporate the amendment made to
45 s. 310.071, F.S., in a reference thereto; reenacting
46 ss. 458.331(10), 458.347(7)(g), 459.015(10),
47 459.022(7)(f), and 465.0158(5)(b), F.S., to
48 incorporate the amendment made to s. 456.072, F.S., in
49 references thereto; reenacting ss. 456.072(1)(mm) and
50 466.02751, F.S., to incorporate the amendment made to
51 s. 456.44, F.S., in references thereto; reenacting ss.
52 458.303, 458.347(4)(e) and (9)(c), 458.3475(7)(b),

53 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S., to
 54 incorporate the amendment made to s. 458.347, F.S., in
 55 references thereto; reenacting ss. 456.041(1)(a),
 56 458.348(1) and (2), and 459.025(1), F.S., to
 57 incorporate the amendment made to s. 464.012, F.S., in
 58 references thereto; reenacting ss. 320.0848(11),
 59 464.008(2), 464.009(5), 464.018(2), and
 60 464.0205(1)(b), (3), and (4)(b), F.S., to incorporate
 61 the amendment made to s. 464.018, F.S., in references
 62 thereto; reenacting s. 775.051, F.S., to incorporate
 63 the amendment made to s. 893.02, F.S., in a reference
 64 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
 65 948.101(1)(e), F.S., to incorporate the amendment made
 66 to s. 948.03, F.S., in references thereto; providing
 67 an effective date.

68
 69 Be It Enacted by the Legislature of the State of Florida:

70
 71 Section 1. Subsection (7) of section 110.12315, Florida
 72 Statutes, is amended to read:

73 110.12315 Prescription drug program.—The state employees'
 74 prescription drug program is established. This program shall be
 75 administered by the Department of Management Services, according
 76 to the terms and conditions of the plan as established by the
 77 relevant provisions of the annual General Appropriations Act and
 78 implementing legislation, subject to the following conditions:

79 (7) The department shall establish the reimbursement
 80 schedule for prescription pharmaceuticals dispensed under the
 81 program. Reimbursement rates for a prescription pharmaceutical
 82 must be based on the cost of the generic equivalent drug if a
 83 generic equivalent exists, unless the physician, advanced
 84 registered nurse practitioner, or physician assistant
 85 prescribing the pharmaceutical clearly states on the
 86 prescription that the brand name drug is medically necessary or
 87 that the drug product is included on the formulary of drug
 88 products that may not be interchanged as provided in chapter
 89 465, in which case reimbursement must be based on the cost of
 90 the brand name drug as specified in the reimbursement schedule
 91 adopted by the department.

92 Section 2. Paragraph (c) of subsection (1) of section
 93 310.071, Florida Statutes, is amended to read:

94 310.071 Deputy pilot certification.—

95 (1) In addition to meeting other requirements specified in
 96 this chapter, each applicant for certification as a deputy pilot
 97 must:

98 (c) Be in good physical and mental health, as evidenced by
 99 documentary proof of having satisfactorily passed a complete
 100 physical examination administered by a licensed physician within
 101 the preceding 6 months. The board shall adopt rules to establish
 102 requirements for passing the physical examination, which rules
 103 shall establish minimum standards for the physical or mental
 104 capabilities necessary to carry out the professional duties of a

105 certificated deputy pilot. Such standards shall include zero
106 tolerance for any controlled substance regulated under chapter
107 893 unless that individual is under the care of a physician,
108 advanced registered nurse practitioner, or physician assistant
109 and that controlled substance was prescribed by that physician,
110 advanced registered nurse practitioner, or physician assistant.

111 To maintain eligibility as a certificated deputy pilot, each
112 certificated deputy pilot must annually provide documentary
113 proof of having satisfactorily passed a complete physical
114 examination administered by a licensed physician. The physician
115 must know the minimum standards and certify that the
116 certificateholder satisfactorily meets the standards. The
117 standards for certificateholders shall include a drug test.

118 Section 3. Subsection (3) of section 310.073, Florida
119 Statutes, is amended to read:

120 310.073 State pilot licensing.—In addition to meeting
121 other requirements specified in this chapter, each applicant for
122 license as a state pilot must:

123 (3) Be in good physical and mental health, as evidenced by
124 documentary proof of having satisfactorily passed a complete
125 physical examination administered by a licensed physician within
126 the preceding 6 months. The board shall adopt rules to establish
127 requirements for passing the physical examination, which rules
128 shall establish minimum standards for the physical or mental
129 capabilities necessary to carry out the professional duties of a
130 licensed state pilot. Such standards shall include zero

131 tolerance for any controlled substance regulated under chapter
132 893 unless that individual is under the care of a physician,
133 advanced registered nurse practitioner, or physician assistant
134 and that controlled substance was prescribed by that physician,
135 advanced registered nurse practitioner, or physician assistant.
136 To maintain eligibility as a licensed state pilot, each licensed
137 state pilot must annually provide documentary proof of having
138 satisfactorily passed a complete physical examination
139 administered by a licensed physician. The physician must know
140 the minimum standards and certify that the licensee
141 satisfactorily meets the standards. The standards for licensees
142 shall include a drug test.

143 Section 4. Paragraph (b) of subsection (3) of section
144 310.081, Florida Statutes, is amended to read:

145 310.081 Department to examine and license state pilots and
146 certificate deputy pilots; vacancies.—

147 (3) Pilots shall hold their licenses or certificates
148 pursuant to the requirements of this chapter so long as they:

149 (b) Are in good physical and mental health as evidenced by
150 documentary proof of having satisfactorily passed a physical
151 examination administered by a licensed physician or physician
152 assistant within each calendar year. The board shall adopt rules
153 to establish requirements for passing the physical examination,
154 which rules shall establish minimum standards for the physical
155 or mental capabilities necessary to carry out the professional
156 duties of a licensed state pilot or a certificated deputy pilot.

157 Such standards shall include zero tolerance for any controlled
 158 substance regulated under chapter 893 unless that individual is
 159 under the care of a physician, advanced registered nurse
 160 practitioner, or physician assistant and that controlled
 161 substance was prescribed by that physician, advanced registered
 162 nurse practitioner, or physician assistant. To maintain
 163 eligibility as a certificated deputy pilot or licensed state
 164 pilot, each certificated deputy pilot or licensed state pilot
 165 must annually provide documentary proof of having satisfactorily
 166 passed a complete physical examination administered by a
 167 licensed physician. The physician must know the minimum
 168 standards and certify that the certificateholder or licensee
 169 satisfactorily meets the standards. The standards for
 170 certificateholders and for licensees shall include a drug test.

171
 172 Upon resignation or in the case of disability permanently
 173 affecting a pilot's ability to serve, the state license or
 174 certificate issued under this chapter shall be revoked by the
 175 department.

176 Section 5. Subsection (7) of section 456.072, Florida
 177 Statutes, is amended to read:

178 456.072 Grounds for discipline; penalties; enforcement.—
 179 (7) Notwithstanding subsection (2), upon a finding that a
 180 physician has prescribed or dispensed a controlled substance, or
 181 caused a controlled substance to be prescribed or dispensed, in
 182 a manner that violates the standard of practice set forth in s.

183 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
184 or (s), or s. 466.028(1)(p) or (x), or that an advanced
185 registered nurse practitioner has prescribed or dispensed a
186 controlled substance, or caused a controlled substance to be
187 prescribed or dispensed, in a manner that violates the standard
188 of practice set forth in s. 464.018(1)(n) or (p)6., the
189 physician or advanced registered nurse practitioner shall be
190 suspended for a period of not less than 6 months and pay a fine
191 of not less than \$10,000 per count. Repeated violations shall
192 result in increased penalties.

193 Section 6. Subsections (2) and (3) of section 456.44,
194 Florida Statutes, are amended to read:

195 456.44 Controlled substance prescribing.—

196 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
197 licensed under chapter 458, chapter 459, chapter 461, or chapter
198 466, a physician assistant licensed under chapter 458 or chapter
199 459, or an advanced registered nurse practitioner certified
200 under part I of chapter 464 who prescribes any controlled
201 substance, listed in Schedule II, Schedule III, or Schedule IV
202 as defined in s. 893.03, for the treatment of chronic
203 nonmalignant pain, must:

204 (a) Designate himself or herself as a controlled substance
205 prescribing practitioner on his or her ~~the physician's~~
206 practitioner profile.

207 (b) Comply with the requirements of this section and
208 applicable board rules.

209 (3) STANDARDS OF PRACTICE.—The standards of practice in
210 this section do not supersede the level of care, skill, and
211 treatment recognized in general law related to health care
212 licensure.

213 (a) A complete medical history and a physical examination
214 must be conducted before beginning any treatment and must be
215 documented in the medical record. The exact components of the
216 physical examination shall be left to the judgment of the
217 registrant ~~clinician~~ who is expected to perform a physical
218 examination proportionate to the diagnosis that justifies a
219 treatment. The medical record must, at a minimum, document the
220 nature and intensity of the pain, current and past treatments
221 for pain, underlying or coexisting diseases or conditions, the
222 effect of the pain on physical and psychological function, a
223 review of previous medical records, previous diagnostic studies,
224 and history of alcohol and substance abuse. The medical record
225 shall also document the presence of one or more recognized
226 medical indications for the use of a controlled substance. Each
227 registrant must develop a written plan for assessing each
228 patient's risk of aberrant drug-related behavior, which may
229 include patient drug testing. Registrants must assess each
230 patient's risk for aberrant drug-related behavior and monitor
231 that risk on an ongoing basis in accordance with the plan.

232 (b) Each registrant must develop a written individualized
233 treatment plan for each patient. The treatment plan shall state
234 objectives that will be used to determine treatment success,

235 such as pain relief and improved physical and psychosocial
236 function, and shall indicate if any further diagnostic
237 evaluations or other treatments are planned. After treatment
238 begins, the registrant ~~physician~~ shall adjust drug therapy to
239 the individual medical needs of each patient. Other treatment
240 modalities, including a rehabilitation program, shall be
241 considered depending on the etiology of the pain and the extent
242 to which the pain is associated with physical and psychosocial
243 impairment. The interdisciplinary nature of the treatment plan
244 shall be documented.

245 (c) The registrant ~~physician~~ shall discuss the risks and
246 benefits of the use of controlled substances, including the
247 risks of abuse and addiction, as well as physical dependence and
248 its consequences, with the patient, persons designated by the
249 patient, or the patient's surrogate or guardian if the patient
250 is incompetent. The registrant ~~physician~~ shall use a written
251 controlled substance agreement between the registrant ~~physician~~
252 and the patient outlining the patient's responsibilities,
253 including, but not limited to:

254 1. Number and frequency of controlled substance
255 prescriptions and refills.

256 2. Patient compliance and reasons for which drug therapy
257 may be discontinued, such as a violation of the agreement.

258 3. An agreement that controlled substances for the
259 treatment of chronic nonmalignant pain shall be prescribed by a
260 single treating registrant ~~physician~~ unless otherwise authorized

261 by the treating registrant ~~physician~~ and documented in the
262 medical record.

263 (d) The patient shall be seen by the registrant ~~physician~~
264 at regular intervals, not to exceed 3 months, to assess the
265 efficacy of treatment, ensure that controlled substance therapy
266 remains indicated, evaluate the patient's progress toward
267 treatment objectives, consider adverse drug effects, and review
268 the etiology of the pain. Continuation or modification of
269 therapy shall depend on the registrant's ~~physician's~~ evaluation
270 of the patient's progress. If treatment goals are not being
271 achieved, despite medication adjustments, the registrant
272 ~~physician~~ shall reevaluate the appropriateness of continued
273 treatment. The registrant ~~physician~~ shall monitor patient
274 compliance in medication usage, related treatment plans,
275 controlled substance agreements, and indications of substance
276 abuse or diversion at a minimum of 3-month intervals.

277 (e) The registrant ~~physician~~ shall refer the patient as
278 necessary for additional evaluation and treatment in order to
279 achieve treatment objectives. Special attention shall be given
280 to those patients who are at risk for misusing their medications
281 and those whose living arrangements pose a risk for medication
282 misuse or diversion. The management of pain in patients with a
283 history of substance abuse or with a comorbid psychiatric
284 disorder requires extra care, monitoring, and documentation and
285 requires consultation with or referral to an addiction medicine
286 specialist or psychiatrist.

287 (f) A registrant ~~physician~~ registered under this section
288 must maintain accurate, current, and complete records that are
289 accessible and readily available for review and comply with the
290 requirements of this section, the applicable practice act, and
291 applicable board rules. The medical records must include, but
292 are not limited to:

- 293 1. The complete medical history and a physical
294 examination, including history of drug abuse or dependence.
- 295 2. Diagnostic, therapeutic, and laboratory results.
- 296 3. Evaluations and consultations.
- 297 4. Treatment objectives.
- 298 5. Discussion of risks and benefits.
- 299 6. Treatments.
- 300 7. Medications, including date, type, dosage, and quantity
301 prescribed.
- 302 8. Instructions and agreements.
- 303 9. Periodic reviews.
- 304 10. Results of any drug testing.
- 305 11. A photocopy of the patient's government-issued photo
306 identification.
- 307 12. If a written prescription for a controlled substance
308 is given to the patient, a duplicate of the prescription.
- 309 13. The registrant's ~~physician's~~ full name presented in a
310 legible manner.

311 (g) Patients with signs or symptoms of substance abuse
312 shall be immediately referred to a board-certified pain

313 management physician, an addiction medicine specialist, or a
314 mental health addiction facility as it pertains to drug abuse or
315 addiction unless the registrant is a physician who is board-
316 certified or board-eligible in pain management. Throughout the
317 period of time before receiving the consultant's report, a
318 prescribing registrant ~~physician~~ shall clearly and completely
319 document medical justification for continued treatment with
320 controlled substances and those steps taken to ensure medically
321 appropriate use of controlled substances by the patient. Upon
322 receipt of the consultant's written report, the prescribing
323 registrant ~~physician~~ shall incorporate the consultant's
324 recommendations for continuing, modifying, or discontinuing
325 controlled substance therapy. The resulting changes in treatment
326 shall be specifically documented in the patient's medical
327 record. Evidence or behavioral indications of diversion shall be
328 followed by discontinuation of controlled substance therapy, and
329 the patient shall be discharged, and all results of testing and
330 actions taken by the registrant ~~physician~~ shall be documented in
331 the patient's medical record.

332
333 This subsection does not apply to a board-eligible or board-
334 certified anesthesiologist, physiatrist, rheumatologist, or
335 neurologist, or to a board-certified physician who has surgical
336 privileges at a hospital or ambulatory surgery center and
337 primarily provides surgical services. This subsection does not
338 apply to a board-eligible or board-certified medical specialist

339 | who has also completed a fellowship in pain medicine approved by
340 | the Accreditation Council for Graduate Medical Education or the
341 | American Osteopathic Association, or who is board eligible or
342 | board certified in pain medicine by the American Board of Pain
343 | Medicine, the American Board of Interventional Pain Physicians,
344 | the American Association of Physician Specialists, or a board
345 | approved by the American Board of Medical Specialties or the
346 | American Osteopathic Association and performs interventional
347 | pain procedures of the type routinely billed using surgical
348 | codes. This subsection does not apply to a registrant, advanced
349 | registered nurse practitioner, or physician assistant who
350 | prescribes medically necessary controlled substances for a
351 | patient during an inpatient stay in a hospital licensed under
352 | chapter 395.

353 | Section 7. Paragraph (b) of subsection (2) of section
354 | 458.3265, Florida Statutes, is amended to read:

355 | 458.3265 Pain-management clinics.—

356 | (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
357 | apply to any physician who provides professional services in a
358 | pain-management clinic that is required to be registered in
359 | subsection (1).

360 | (b) A person may not dispense any medication on the
361 | premises of a registered pain-management clinic unless he or she
362 | is a physician licensed under this chapter or chapter 459. A
363 | person may not prescribe any controlled substance regulated
364 | under chapter 893 on the premises of a registered pain-

365 management clinic unless he or she is a physician licensed under
366 this chapter or chapter 459.

367 Section 8. Paragraph (f) of subsection (4) of section
368 458.347, Florida Statutes, is amended to read:

369 458.347 Physician assistants.—

370 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

371 (f)1. The council shall establish a formulary of medicinal
372 drugs that a fully licensed physician assistant having
373 prescribing authority under this section or s. 459.022 may not
374 prescribe. The formulary must include ~~controlled substances as~~
375 ~~defined in chapter 893,~~ general anesthetics, and radiographic
376 contrast materials.

377 2. In establishing the formulary, the council shall
378 consult with a pharmacist licensed under chapter 465, but not
379 licensed under this chapter or chapter 459, who shall be
380 selected by the State Surgeon General.

381 3. Only the council shall add to, delete from, or modify
382 the formulary. Any person who requests an addition, deletion, or
383 modification of a medicinal drug listed on such formulary has
384 the burden of proof to show cause why such addition, deletion,
385 or modification should be made.

386 4. The boards shall adopt the formulary required by this
387 paragraph, and each addition, deletion, or modification to the
388 formulary, by rule. Notwithstanding any provision of chapter 120
389 to the contrary, the formulary rule shall be effective 60 days
390 after the date it is filed with the Secretary of State. Upon

391 adoption of the formulary, the department shall mail a copy of
392 such formulary to each fully licensed physician assistant having
393 prescribing authority under this section or s. 459.022, and to
394 each pharmacy licensed by the state. The boards shall establish,
395 by rule, a fee not to exceed \$200 to fund the provisions of this
396 paragraph and paragraph (e).

397 Section 9. Paragraph (b) of subsection (2) of section
398 459.0137, Florida Statutes, is amended to read:

399 459.0137 Pain-management clinics.—

400 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
401 apply to any osteopathic physician who provides professional
402 services in a pain-management clinic that is required to be
403 registered in subsection (1).

404 (b) A person may not dispense any medication on the
405 premises of a registered pain-management clinic unless he or she
406 is a physician licensed under this chapter or chapter 458. A
407 person may not prescribe any controlled substance regulated
408 under chapter 893 on the premises of a registered pain-
409 management clinic unless he or she is a physician licensed under
410 this chapter or chapter 458.

411 Section 10. Section 464.012, Florida Statutes, is amended
412 to read:

413 464.012 Certification of advanced registered nurse
414 practitioners; fees; controlled substance prescribing.—

415 (1) Any nurse desiring to be certified as an advanced
416 registered nurse practitioner shall apply to the department and

417 submit proof that he or she holds a current license to practice
418 professional nursing and that he or she meets one or more of the
419 following requirements as determined by the board:

420 (a) Satisfactory completion of a formal postbasic
421 educational program of at least one academic year, the primary
422 purpose of which is to prepare nurses for advanced or
423 specialized practice.

424 (b) Certification by an appropriate specialty board. Such
425 certification shall be required for initial state certification
426 and any recertification as a registered nurse anesthetist or
427 nurse midwife. The board may by rule provide for provisional
428 state certification of graduate nurse anesthetists and nurse
429 midwives for a period of time determined to be appropriate for
430 preparing for and passing the national certification
431 examination.

432 (c) Graduation from a program leading to a master's degree
433 in a nursing clinical specialty area with preparation in
434 specialized practitioner skills. For applicants graduating on or
435 after October 1, 1998, graduation from a master's degree program
436 shall be required for initial certification as a nurse
437 practitioner under paragraph (4) (c). For applicants graduating
438 on or after October 1, 2001, graduation from a master's degree
439 program shall be required for initial certification as a
440 registered nurse anesthetist under paragraph (4) (a).

441 (2) The board shall provide by rule the appropriate
442 requirements for advanced registered nurse practitioners in the

443 categories of certified registered nurse anesthetist, certified
444 nurse midwife, and nurse practitioner.

445 (3) An advanced registered nurse practitioner shall
446 perform those functions authorized in this section within the
447 framework of an established protocol that is filed with the
448 board upon biennial license renewal and within 30 days after
449 entering into a supervisory relationship with a physician or
450 changes to the protocol. The board shall review the protocol to
451 ensure compliance with applicable regulatory standards for
452 protocols. The board shall refer to the department licensees
453 submitting protocols that are not compliant with the regulatory
454 standards for protocols. A practitioner currently licensed under
455 chapter 458, chapter 459, or chapter 466 shall maintain
456 supervision for directing the specific course of medical
457 treatment. Within the established framework, an advanced
458 registered nurse practitioner may:

459 (a) Prescribe, dispense, administer, or order any ~~Monitor~~
460 ~~and alter drug therapies.~~

461 (b) Initiate appropriate therapies for certain conditions.

462 (c) Perform additional functions as may be determined by
463 rule in accordance with s. 464.003(2).

464 (d) Order diagnostic tests and physical and occupational
465 therapy.

466 (4) In addition to the general functions specified in
467 subsection (3), an advanced registered nurse practitioner may
468 perform the following acts within his or her specialty:

469 (a) The certified registered nurse anesthetist may, to the
470 extent authorized by established protocol approved by the
471 medical staff of the facility in which the anesthetic service is
472 performed, perform any or all of the following:

473 1. Determine the health status of the patient as it
474 relates to the risk factors and to the anesthetic management of
475 the patient through the performance of the general functions.

476 2. Based on history, physical assessment, and supplemental
477 laboratory results, determine, with the consent of the
478 responsible physician, the appropriate type of anesthesia within
479 the framework of the protocol.

480 3. Order under the protocol preanesthetic medication.

481 4. Perform under the protocol procedures commonly used to
482 render the patient insensible to pain during the performance of
483 surgical, obstetrical, therapeutic, or diagnostic clinical
484 procedures. These procedures include ordering and administering
485 regional, spinal, and general anesthesia; inhalation agents and
486 techniques; intravenous agents and techniques; and techniques of
487 hypnosis.

488 5. Order or perform monitoring procedures indicated as
489 pertinent to the anesthetic health care management of the
490 patient.

491 6. Support life functions during anesthesia health care,
492 including induction and intubation procedures, the use of
493 appropriate mechanical supportive devices, and the management of
494 fluid, electrolyte, and blood component balances.

495 7. Recognize and take appropriate corrective action for
496 abnormal patient responses to anesthesia, adjunctive medication,
497 or other forms of therapy.

498 8. Recognize and treat a cardiac arrhythmia while the
499 patient is under anesthetic care.

500 9. Participate in management of the patient while in the
501 postanesthesia recovery area, including ordering the
502 administration of fluids and drugs.

503 10. Place special peripheral and central venous and
504 arterial lines for blood sampling and monitoring as appropriate.

505 (b) The certified nurse midwife may, to the extent
506 authorized by an established protocol which has been approved by
507 the medical staff of the health care facility in which the
508 midwifery services are performed, or approved by the nurse
509 midwife's physician backup when the delivery is performed in a
510 patient's home, perform any or all of the following:

511 1. Perform superficial minor surgical procedures.

512 2. Manage the patient during labor and delivery to include
513 amniotomy, episiotomy, and repair.

514 3. Order, initiate, and perform appropriate anesthetic
515 procedures.

516 4. Perform postpartum examination.

517 5. Order appropriate medications.

518 6. Provide family-planning services and well-woman care.

519 7. Manage the medical care of the normal obstetrical
520 patient and the initial care of a newborn patient.

521 (c) The nurse practitioner may perform any or all of the
 522 following acts within the framework of established protocol:

- 523 1. Manage selected medical problems.
- 524 2. Order physical and occupational therapy.
- 525 3. Initiate, monitor, or alter therapies for certain
 526 uncomplicated acute illnesses.
- 527 4. Monitor and manage patients with stable chronic
 528 diseases.
- 529 5. Establish behavioral problems and diagnosis and make
 530 treatment recommendations.

531 (5) The board shall certify, and the department shall
 532 issue a certificate to, any nurse meeting the qualifications in
 533 this section. The board shall establish an application fee not
 534 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
 535 board is authorized to adopt such other rules as are necessary
 536 to implement the provisions of this section.

537 Section 11. Paragraph (p) is added to subsection (1) of
 538 section 464.018, Florida Statutes, to read:

539 464.018 Disciplinary actions.—

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

542 (p) For an advanced registered nurse practitioner:

- 543 1. Presigning blank prescription forms.
- 544 2. Prescribing for office use any medicinal drug appearing
 545 on Schedule II in chapter 893.
- 546 3. Prescribing, ordering, dispensing, administering,

547 supplying, selling, or giving a drug that is an amphetamine or a
548 sympathomimetic amine drug, or a compound designated pursuant to
549 chapter 893 as a Schedule II controlled substance, to or for any
550 person except for:

551 a. The treatment of narcolepsy; hyperkinesis; behavioral
552 syndrome in children characterized by the developmentally
553 inappropriate symptoms of moderate to severe distractibility,
554 short attention span, hyperactivity, emotional lability, and
555 impulsivity; or drug-induced brain dysfunction.

556 b. The differential diagnostic psychiatric evaluation of
557 depression or the treatment of depression shown to be refractory
558 to other therapeutic modalities.

559 c. The clinical investigation of the effects of such drugs
560 or compounds when an investigative protocol is submitted to,
561 reviewed by, and approved by the department before such
562 investigation is begun.

563 4. Prescribing, ordering, dispensing, administering,
564 supplying, selling, or giving growth hormones, testosterone or
565 its analogs, human chorionic gonadotropin (HCG), or other
566 hormones for the purpose of muscle building or to enhance
567 athletic performance. As used in this subparagraph, the term
568 "muscle building" does not include the treatment of injured
569 muscle. A prescription written for the drug products listed in
570 this paragraph may be dispensed by a pharmacist with the
571 presumption that the prescription is for legitimate medical use.

572 5. Promoting or advertising on any prescription form a

573 community pharmacy unless the form also states: "This
574 prescription may be filled at any pharmacy of your choice."

575 6. Prescribing, dispensing, administering, mixing, or
576 otherwise preparing a legend drug, including a controlled
577 substance, other than in the course of his or her professional
578 practice. For the purposes of this subparagraph, it is legally
579 presumed that prescribing, dispensing, administering, mixing, or
580 otherwise preparing legend drugs, including all controlled
581 substances, inappropriately or in excessive or inappropriate
582 quantities is not in the best interest of the patient and is not
583 in the course of the advanced registered nurse practitioner's
584 professional practice, without regard to his or her intent.

585 7. Prescribing, dispensing, or administering a medicinal
586 drug appearing on any schedule set forth in chapter 893 to
587 himself or herself, except a drug prescribed, dispensed, or
588 administered to the advanced registered nurse practitioner by
589 another practitioner authorized to prescribe, dispense, or
590 administer medicinal drugs.

591 8. Prescribing, ordering, dispensing, administering,
592 supplying, selling, or giving amygdalin (laetrile) to any
593 person.

594 9. Dispensing a controlled substance listed on Schedule II
595 or Schedule III in chapter 893 in violation of s. 465.0276.

596 10. Promoting or advertising through any communication
597 medium the use, sale, or dispensing of a controlled substance
598 appearing on any schedule in chapter 893.

599 Section 12. Subsection (21) of section 893.02, Florida
 600 Statutes, is amended to read:

601 893.02 Definitions.—The following words and phrases as
 602 used in this chapter shall have the following meanings, unless
 603 the context otherwise requires:

604 (21) "Practitioner" means a physician licensed under
 605 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
 606 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
 607 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
 608 459, an advanced registered nurse practitioner certified under
 609 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
 610 462, a certified optometrist licensed under ~~pursuant to~~ chapter
 611 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
 612 461, or a physician assistant licensed under chapter 458 or
 613 chapter 459, provided such practitioner holds a valid federal
 614 controlled substance registry number.

615 Section 13. Paragraph (n) of subsection (1) of section
 616 948.03, Florida Statutes, is amended to read:

617 948.03 Terms and conditions of probation.—

618 (1) The court shall determine the terms and conditions of
 619 probation. Conditions specified in this section do not require
 620 oral pronouncement at the time of sentencing and may be
 621 considered standard conditions of probation. These conditions
 622 may include among them the following, that the probationer or
 623 offender in community control shall:

624 (n) Be prohibited from using intoxicants to excess or

625 possessing any drugs or narcotics unless prescribed by a
626 physician, advanced registered nurse practitioner, or physician
627 assistant. The probationer or community controllee may ~~shall~~ not
628 knowingly visit places where intoxicants, drugs, or other
629 dangerous substances are unlawfully sold, dispensed, or used.

630 Section 14. Subsection (3) of s. 310.071, Florida
631 Statutes, is reenacted for the purpose of incorporating the
632 amendment made by this act to s. 310.071, Florida Statutes, in a
633 reference thereto.

634 Section 15. Subsection (10) of s. 458.331, paragraph (g)
635 of subsection (7) of s. 458.347, subsection (10) of s. 459.015,
636 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
637 of subsection (5) of s. 465.0158, Florida Statutes, are
638 reenacted for the purpose of incorporating the amendment made by
639 this act to s. 456.072, Florida Statutes, in references thereto.

640 Section 16. Paragraph (mm) of subsection (1) of s. 456.072
641 and s. 466.02751, Florida Statutes, are reenacted for the
642 purpose of incorporating the amendment made by this act to s.
643 456.44, Florida Statutes, in references thereto.

644 Section 17. Section 458.303, paragraph (e) of subsection
645 (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph
646 (b) of subsection (7) of s. 458.3475, paragraph (e) of
647 subsection (4) and paragraph (c) of subsection (9) of s.
648 459.022, and paragraph (b) of subsection (7) of s. 459.023,
649 Florida Statutes, are reenacted for the purpose of incorporating
650 the amendment made by this act to s. 458.347, Florida Statutes,

651 in references thereto.

652 Section 18. Paragraph (a) of subsection (1) of s. 456.041,
653 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
654 459.025, Florida Statutes, are reenacted for the purpose of
655 incorporating the amendment made by this act to s. 464.012,
656 Florida Statutes, in references thereto.

657 Section 19. Subsection (11) of s. 320.0848, subsection (2)
658 of s. 464.008, subsection (5) of s. 464.009, subsection (2) of
659 s. 464.018, and paragraph (b) of subsection (1), subsection (3),
660 and paragraph (b) of subsection (4) of s. 464.0205, Florida
661 Statutes, are reenacted for the purpose of incorporating the
662 amendment made by this act to s. 464.018, Florida Statutes, in
663 references thereto.

664 Section 20. Section 775.051, Florida Statutes, is
665 reenacted for the purpose of incorporating the amendment made by
666 this act to s. 893.02, Florida Statutes, in a reference thereto.

667 Section 21. Paragraph (a) of subsection (3) of s. 944.17,
668 subsection (8) of s. 948.001, and paragraph (e) of subsection
669 (1) of s. 948.101, Florida Statutes, are reenacted for the
670 purpose of incorporating the amendment made by this act to s.
671 948.03, Florida Statutes, in references thereto.

672 Section 22. This act shall take effect July 1, 2015.