

Amendment No.

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| WITHDRAWN | 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 Innovation
 2 Subcommittee

3 Representative Renuart offered the following:

4

5 **Substitute Amendment for Amendment (706771) by**
 6 **Representative Pigman (with title amendment)**

7 Remove everything after the enacting clause and insert:

8 Section 1. Paragraph (a) of subsection (2) of section
 9 394.463, Florida Statutes, is amended to read:

10 394.463 Involuntary examination.—

11 (2) INVOLUNTARY EXAMINATION.—

12 (a) An involuntary examination may be initiated by any one
 13 of the following means:

14 1. A court may enter an ex parte order stating that a
 15 person appears to meet the criteria for involuntary examination,
 16 giving the findings on which that conclusion is based. The ex
 17 parte order for involuntary examination must be based on sworn

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18 testimony, written or oral. If other less restrictive means are
19 not available, such as voluntary appearance for outpatient
20 evaluation, a law enforcement officer, or other designated agent
21 of the court, shall take the person into custody and deliver him
22 or her to the nearest receiving facility for involuntary
23 examination. The order of the court shall be made a part of the
24 patient's clinical record. No fee shall be charged for the
25 filing of an order under this subsection. Any receiving facility
26 accepting the patient based on this order must send a copy of
27 the order to the Agency for Health Care Administration on the
28 next working day. The order shall be valid only until executed
29 or, if not executed, for the period specified in the order
30 itself. If no time limit is specified in the order, the order
31 shall be valid for 7 days after the date that the order was
32 signed.

33 2. A law enforcement officer shall take a person who
34 appears to meet the criteria for involuntary examination into
35 custody and deliver the person or have him or her delivered to
36 the nearest receiving facility for examination. The officer
37 shall execute a written report detailing the circumstances under
38 which the person was taken into custody, and the report shall be
39 made a part of the patient's clinical record. Any receiving
40 facility accepting the patient based on this report must send a
41 copy of the report to the Agency for Health Care Administration
42 on the next working day.

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43 3. A physician, clinical psychologist, psychiatric nurse,
44 nurse practitioner, physician assistant, mental health
45 counselor, marriage and family therapist, or clinical social
46 worker may execute a certificate stating that he or she has
47 examined a person within the preceding 48 hours and finds that
48 the person appears to meet the criteria for involuntary
49 examination and stating the observations upon which that
50 conclusion is based. If other less restrictive means are not
51 available, such as voluntary appearance for outpatient
52 evaluation, a law enforcement officer shall take the person
53 named in the certificate into custody and deliver him or her to
54 the nearest receiving facility for involuntary examination. The
55 law enforcement officer shall execute a written report detailing
56 the circumstances under which the person was taken into custody.
57 The report and certificate shall be made a part of the patient's
58 clinical record. Any receiving facility accepting the patient
59 based on this certificate must send a copy of the certificate to
60 the Agency for Health Care Administration on the next working
61 day.

62 Section 2. Subsection (7) of section 456.072, Florida
63 Statutes, is amended to read:

64 456.072 Grounds for discipline; penalties; enforcement.—

65 (7) Notwithstanding subsection (2), upon a finding that a
66 physician, nurse practitioner, or physician assistant has
67 prescribed or dispensed a controlled substance, or caused a
68 controlled substance to be prescribed or dispensed, in a manner

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69 that violates the standard of practice set forth in s.
70 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
71 or (s), or s. 466.028(1)(p) or (x), ~~the physician~~ such
72 practitioner shall be suspended for a period of not less than 6
73 months and pay a fine of not less than \$10,000 per count.
74 Repeated violations shall result in increased penalties.

75 Section 3. Subsection (2) of section 464.003, Florida
76 Statutes, is amended to read:

77 464.003 Definitions.—As used in this part, the term:

78 (2) "Advanced or specialized nursing practice" or means,
79 in addition to the practice of professional nursing, the
80 performance of advanced-level nursing acts approved by the board
81 which, by virtue of postbasic specialized education, training,
82 and experience, are appropriately performed by an advanced
83 registered nurse practitioner. Within the context of advanced or
84 specialized nursing practice, the advanced registered nurse
85 practitioner may perform acts of nursing diagnosis and nursing
86 treatment of alterations of the health status. The advanced
87 registered nurse practitioner may also perform acts of medical
88 diagnosis and treatment, prescription, and operation which are
89 identified and approved by a joint committee composed of three
90 members appointed by the Board of Nursing, two of whom must be
91 advanced registered nurse practitioners; three members appointed
92 by the Board of Medicine, two of whom must have had work
93 experience with advanced registered nurse practitioners; and the
94 State Surgeon General or the State Surgeon General's designee.

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95 Each committee member appointed by a board shall be appointed to
96 a term of 4 years unless a shorter term is required to establish
97 or maintain staggered terms. The Board of Nursing shall adopt
98 rules authorizing the performance of any such acts approved by
99 the joint committee. Unless otherwise specified by the joint
100 committee, such medical acts must be performed under the general
101 supervision of a practitioner licensed under chapter 458,
102 chapter 459, or chapter 466 within the framework of standing
103 protocols which identify the medical acts to be performed and
104 the conditions for their performance. The department may, by
105 rule, require that a copy of the protocol be filed with the
106 department along with the notice required by s. 458.348 or s.
107 459.025. The joint committee must also establish a formulary of
108 controlled substances that nurse practitioners certified under
109 s. 464.012(4) (c), are prohibited from prescribing,
110 administering, or dispensing. All Schedule II controlled
111 substances listed in s. 893.03 shall be included in the
112 formulary, except those approved by the federal Food and Drug
113 Administration for the treatment of acute pain, narcolepsy, or
114 attention deficit disorder. However, a nurse practitioner may
115 only prescribe up to 72 hours of Schedule II controlled
116 substances for acute pain. The board must adopt the exclusionary
117 formulary developed by the joint committee in rule. Nothing in
118 this subsection shall be construed to allow a nurse practitioner
119 to prescribe any controlled substance for the treatment of
120 chronic nonmalignant pain as defined in s. 456.44(1) (e).

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121 Section 4. Paragraph (c) of subsection (4) of section
122 464.012, Florida Statutes, is amended to read:

123 464.012 Certification of advanced registered nurse
124 practitioners; fees.—

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

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

- 130 1. Manage selected medical problems.
- 131 2. Order physical and occupational therapy.
- 132 3. Initiate, monitor, or alter therapies for certain
133 uncomplicated acute illnesses.
- 134 4. Monitor and manage patients with stable chronic
135 diseases.
- 136 5. Establish behavioral problems and diagnosis and make
137 treatment recommendations.
- 138 6. Prescribe, dispense, order, or administer controlled
139 substances to the extent authorized in the protocol and only to
140 the extent the supervising physician is authorized to prescribe,
141 dispense, order, or administer controlled substances. However,
142 the nurse practitioner may not prescribe, dispense, order, or
143 administer any controlled substance listed in the formulary
144 adopted in rule pursuant to s. 464.003(2).

145 Section 5. Paragraph (f) of subsection (4) of section
146 458.347, Florida Statutes, is amended to read:

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147 458.347 Physician assistants.—

148 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

149 (f)1. The council shall establish a formulary of medicinal
150 drugs that a fully licensed physician assistant having
151 prescribing authority under this section or s. 459.022 may not
152 prescribe. The formulary must include Schedule II controlled
153 substances as defined in chapter 893, general anesthetics, and
154 radiographic contrast materials. The formulary may not include
155 Schedule II controlled substances approved by the federal Food
156 and Drug Administration to treat acute pain, narcolepsy, or
157 attention deficit disorder. However, a physician assistant may
158 only prescribe up to 72 hours of a Schedule II controlled
159 substance to treat acute pain. Nothing in this subsection shall
160 be construed to allow a physician assistant to prescribe any
161 controlled substance for the treatment of chronic nonmalignant
162 pain as defined in s. 456.44(1)(e).

163 2. In establishing the formulary, the council shall
164 consult with a pharmacist licensed under chapter 465, but not
165 licensed under this chapter or chapter 459, who shall be
166 selected by the State Surgeon General.

167 3. Only the council shall add to, delete from, or modify
168 the formulary. Any person who requests an addition, deletion, or
169 modification of a medicinal drug listed on such formulary has
170 the burden of proof to show cause why such addition, deletion,
171 or modification should be made.

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172 4. The boards shall adopt the formulary required by this
173 paragraph, and each addition, deletion, or modification to the
174 formulary, by rule. Notwithstanding any provision of chapter 120
175 to the contrary, the formulary rule shall be effective 60 days
176 after the date it is filed with the Secretary of State. Upon
177 adoption of the formulary, the department shall mail a copy of
178 such formulary to each fully licensed physician assistant having
179 prescribing authority under this section or s. 459.022, and to
180 each pharmacy licensed by the state. The boards shall establish,
181 by rule, a fee not to exceed \$200 to fund the provisions of this
182 paragraph and paragraph (e).

183 Section 6. This act shall take effect July 1, 2015.
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186 **T I T L E A M E N D M E N T**

187 Remove everything before the enacting clause and insert:
188 An act relating to the scope of practice of nurse practitioners
189 and physician assistants; amending s. 394.463, F.S.; authorizing
190 a nurse practitioner and physician assistant to execute a
191 certificate to require, under the Baker Act, an involuntary
192 examination of a person; amending s. 456.072, F.S.; requiring
193 the suspension and fining of a nurse practitioner or physician
194 assistant for prescribing or dispensing a controlled substances
195 in a certain manner; amending s. 464.003, F.S.; revising the
196 definition of "advanced or specialized nursing practice" to
197 require a joint committee to establish an exclusionary formulary

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 547 (2015)

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198 of controlled substances, with exceptions; requiring the
199 formulary to be adopted in rule by the Board of Nursing;
200 prohibiting the section of law from being construed to allow
201 nurse practitioners to prescribe controlled substances to treat
202 chronic nonmalignant pain; amending s. 464.012, F.S.;
203 authorizing nurse practitioners to prescribe, dispense, order or
204 administer controlled substances to the extent authorized by
205 protocol and by law; amending s. 458.347, F.S.; requiring a
206 formulary to include certain controlled substances that
207 physician assistants are prohibited from prescribing;
208 prohibiting the section of law from being construed to allow
209 physician assistants to prescribe controlled substances to treat
210 chronic nonmalignant pain; providing an effective date.