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CS/HB 977, Engrossed 1

2016 Legislature

1  
2 An act relating to behavioral health workforce;  
3 amending s. 394.453, F.S.; revising legislative  
4 intent; amending s. 394.467, F.S.; authorizing a  
5 second opinion for admission to a treatment facility  
6 to be provided by certain licensed physicians in all  
7 counties, rather than counties with a specified  
8 population size; revising procedures for recommending  
9 admission of a patient to a treatment facility;  
10 amending s. 397.451, F.S.; revising provisions  
11 relating to personnel background checks and exemptions  
12 from disqualification for certain service provider  
13 personnel; amending s. 456.44, F.S.; defining the term  
14 "registrant"; requiring psychiatric nurses to make  
15 certain designations and comply with certain  
16 requirements under specified circumstances; amending  
17 s. 458.3265, F.S.; restricting to physicians the  
18 authorization to dispense certain medications or  
19 prescribe certain controlled substances on the  
20 premises of a registered pain-management clinic;  
21 amending s. 459.0137, F.S.; restricting to osteopathic  
22 physicians the authorization to dispense certain  
23 medications or prescribe certain controlled substances  
24 on the premises of a registered pain-management  
25 clinic; amending s. 464.012, F.S.; providing  
26 certification criteria for psychiatric nurses;



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27 | authorizing psychiatric nurses to prescribe certain  
28 | psychotropic controlled substances under certain  
29 | circumstances; amending s. 464.018, F.S.; providing  
30 | that certain acts by a psychiatric nurse constitute  
31 | grounds for denial of a license or disciplinary  
32 | action; amending s. 893.02, F.S.; revising the  
33 | definition of the term "practitioner"; providing an  
34 | effective date.

35 |

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

37 |

38 | Section 1. Section 394.453, Florida Statutes, is amended  
39 | to read:

40 | 394.453 Legislative intent.—It is the intent of the  
41 | Legislature to authorize and direct the Department of Children  
42 | and Families to evaluate, research, plan, and recommend to the  
43 | Governor and the Legislature programs designed to reduce the  
44 | occurrence, severity, duration, and disabling aspects of mental,  
45 | emotional, and behavioral disorders. It is the intent of the  
46 | Legislature that treatment programs for such disorders shall  
47 | include, but not be limited to, comprehensive health, social,  
48 | educational, and rehabilitative services to persons requiring  
49 | intensive short-term and continued treatment in order to  
50 | encourage them to assume responsibility for their treatment and  
51 | recovery. It is intended that such persons be provided with  
52 | emergency service and temporary detention for evaluation when



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53 required; that they be admitted to treatment facilities on a  
54 voluntary basis when extended or continuing care is needed and  
55 unavailable in the community; that involuntary placement be  
56 provided only when expert evaluation determines that it is  
57 necessary; that any involuntary treatment or examination be  
58 accomplished in a setting which is clinically appropriate and  
59 most likely to facilitate the person's return to the community  
60 as soon as possible; and that individual dignity and human  
61 rights be guaranteed to all persons who are admitted to mental  
62 health facilities or who are being held under s. 394.463. It is  
63 the further intent of the Legislature that the least restrictive  
64 means of intervention be employed based on the individual needs  
65 of each person, within the scope of available services. It is  
66 the policy of this state that the use of restraint and seclusion  
67 on clients is justified only as an emergency safety measure to  
68 be used in response to imminent danger to the client or others.  
69 It is, therefore, the intent of the Legislature to achieve an  
70 ongoing reduction in the use of restraint and seclusion in  
71 programs and facilities serving persons with mental illness. The  
72 Legislature further finds the need for additional psychiatrists  
73 to be of critical state concern and recommends the establishment  
74 of an additional psychiatry program to be offered by one of  
75 Florida's schools of medicine currently not offering psychiatry.  
76 The program shall seek to integrate primary care and psychiatry  
77 and other evolving models of care for persons with mental health  
78 and substance use disorders. Additionally, the Legislature finds



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79 that the use of telemedicine for patient evaluation, case  
80 management, and ongoing care will improve management of patient  
81 care and reduce costs of transportation.

82 Section 2. Subsection (2) of section 394.467, Florida  
83 Statutes, is amended to read:

84 394.467 Involuntary inpatient placement.—

85 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be  
86 retained by a receiving facility or involuntarily placed in a  
87 treatment facility upon the recommendation of the administrator  
88 of the receiving facility where the patient has been examined  
89 and after adherence to the notice and hearing procedures  
90 provided in s. 394.4599. The recommendation must be supported by  
91 the opinion of a psychiatrist and the second opinion of a  
92 clinical psychologist or another psychiatrist, both of whom have  
93 personally examined the patient within the preceding 72 hours,  
94 that the criteria for involuntary inpatient placement are met.  
95 ~~However, in a county that has a population of fewer than 50,000,~~  
96 if the administrator certifies that a psychiatrist or clinical  
97 psychologist is not available to provide the second opinion, the  
98 second opinion may be provided by a licensed physician who has  
99 postgraduate training and experience in diagnosis and treatment  
100 of mental and nervous disorders or by a psychiatric nurse. Any  
101 ~~second~~ opinion authorized in this subsection may be conducted  
102 through a face-to-face examination, in person or by electronic  
103 means. Such recommendation shall be entered on an involuntary  
104 inpatient placement certificate that authorizes the receiving



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105 facility to retain the patient pending transfer to a treatment  
 106 facility or completion of a hearing.

107 Section 3. Paragraphs (e) and (f) of subsection (1) and  
 108 paragraph (b) of subsection (4) of section 397.451, Florida  
 109 Statutes, are amended to read:

110 397.451 Background checks of service provider personnel.—

111 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
 112 EXCEPTIONS.—

113 (e) Personnel employed directly or under contract with the  
 114 Department of Corrections in an inmate substance abuse program  
 115 ~~who have direct contact with unmarried inmates under the age of~~  
 116 ~~18 or with inmates who are developmentally disabled~~ are exempt  
 117 from the fingerprinting and background check requirements of  
 118 this section unless they have direct contact with unmarried  
 119 inmates under the age of 18 or with inmates who are  
 120 developmentally disabled.

121 (f) Service provider personnel who request an exemption  
 122 from disqualification must submit the request within 30 days  
 123 after being notified of the disqualification. If 5 years or more  
 124 have elapsed since the most recent disqualifying offense,  
 125 service provider personnel may work with adults with substance  
 126 use disorders under the supervision of a qualified professional  
 127 licensed under chapter 490 or chapter 491 or a master's level  
 128 certified addiction professional until the agency makes a final  
 129 determination regarding the request for an exemption from  
 130 disqualification ~~Upon notification of the disqualification, the~~



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131 ~~service provider shall comply with requirements regarding~~  
132 ~~exclusion from employment in s. 435.06.~~

133 (4) EXEMPTIONS FROM DISQUALIFICATION.—

134 (b) Since rehabilitated substance abuse impaired persons  
135 are effective in the successful treatment and rehabilitation of  
136 individuals with substance use disorders ~~substance abuse~~  
137 ~~impaired adolescents~~, for service providers which treat  
138 adolescents 13 years of age and older, service provider  
139 personnel whose background checks indicate crimes under s.  
140 817.563, s. 893.13, or s. 893.147 may be exempted from  
141 disqualification from employment pursuant to this paragraph.

142 Section 4. Paragraph (g) is added to subsection (1) of  
143 section 456.44, Florida Statutes, and subsections (2) and (3) of  
144 that section are amended, to read:

145 456.44 Controlled substance prescribing.—

146 (1) DEFINITIONS.—As used in this section, the term:

147 (g) "Registrant" means a physician who meets the  
148 requirements of subsection (2).

149 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician  
150 licensed under chapter 458, chapter 459, chapter 461, or chapter  
151 466 who prescribes any controlled substance, listed in Schedule  
152 II, Schedule III, or Schedule IV as defined in s. 893.03, for  
153 the treatment of chronic nonmalignant pain, must:

154 (a) Designate himself or herself as a controlled substance  
155 prescribing practitioner on his or her ~~the physician's~~  
156 practitioner profile.



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157 (b) Comply with the requirements of this section and  
158 applicable board rules.

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

163 (a) A complete medical history and a physical examination  
164 must be conducted before beginning any treatment and must be  
165 documented in the medical record. The exact components of the  
166 physical examination shall be left to the judgment of the  
167 registrant ~~clinician~~ who is expected to perform a physical  
168 examination proportionate to the diagnosis that justifies a  
169 treatment. The medical record must, at a minimum, document the  
170 nature and intensity of the pain, current and past treatments  
171 for pain, underlying or coexisting diseases or conditions, the  
172 effect of the pain on physical and psychological function, a  
173 review of previous medical records, previous diagnostic studies,  
174 and history of alcohol and substance abuse. The medical record  
175 shall also document the presence of one or more recognized  
176 medical indications for the use of a controlled substance. Each  
177 registrant must develop a written plan for assessing each  
178 patient's risk of aberrant drug-related behavior, which may  
179 include patient drug testing. Registrants must assess each  
180 patient's risk for aberrant drug-related behavior and monitor  
181 that risk on an ongoing basis in accordance with the plan.

182 (b) Each registrant must develop a written individualized



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183 treatment plan for each patient. The treatment plan shall state  
184 objectives that will be used to determine treatment success,  
185 such as pain relief and improved physical and psychosocial  
186 function, and shall indicate if any further diagnostic  
187 evaluations or other treatments are planned. After treatment  
188 begins, the registrant ~~physician~~ shall adjust drug therapy to  
189 the individual medical needs of each patient. Other treatment  
190 modalities, including a rehabilitation program, shall be  
191 considered depending on the etiology of the pain and the extent  
192 to which the pain is associated with physical and psychosocial  
193 impairment. The interdisciplinary nature of the treatment plan  
194 shall be documented.

195 (c) The registrant ~~physician~~ shall discuss the risks and  
196 benefits of the use of controlled substances, including the  
197 risks of abuse and addiction, as well as physical dependence and  
198 its consequences, with the patient, persons designated by the  
199 patient, or the patient's surrogate or guardian if the patient  
200 is incompetent. The registrant ~~physician~~ shall use a written  
201 controlled substance agreement between the registrant ~~physician~~  
202 and the patient outlining the patient's responsibilities,  
203 including, but not limited to:

204 1. Number and frequency of controlled substance  
205 prescriptions and refills.

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

208 3. An agreement that controlled substances for the





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209 treatment of chronic nonmalignant pain shall be prescribed by a  
210 single treating registrant ~~physician~~ unless otherwise authorized  
211 by the treating registrant ~~physician~~ and documented in the  
212 medical record.

213 (d) The patient shall be seen by the registrant ~~physician~~  
214 at regular intervals, not to exceed 3 months, to assess the  
215 efficacy of treatment, ensure that controlled substance therapy  
216 remains indicated, evaluate the patient's progress toward  
217 treatment objectives, consider adverse drug effects, and review  
218 the etiology of the pain. Continuation or modification of  
219 therapy shall depend on the registrant's ~~physician's~~ evaluation  
220 of the patient's progress. If treatment goals are not being  
221 achieved, despite medication adjustments, the registrant  
222 ~~physician~~ shall reevaluate the appropriateness of continued  
223 treatment. The registrant ~~physician~~ shall monitor patient  
224 compliance in medication usage, related treatment plans,  
225 controlled substance agreements, and indications of substance  
226 abuse or diversion at a minimum of 3-month intervals.

227 (e) The registrant ~~physician~~ shall refer the patient as  
228 necessary for additional evaluation and treatment in order to  
229 achieve treatment objectives. Special attention shall be given  
230 to those patients who are at risk for misusing their medications  
231 and those whose living arrangements pose a risk for medication  
232 misuse or diversion. The management of pain in patients with a  
233 history of substance abuse or with a comorbid psychiatric  
234 disorder requires extra care, monitoring, and documentation and



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235 requires consultation with or referral to an addiction medicine  
236 specialist or a psychiatrist.

237 (f) A registrant ~~physician registered under this section~~  
238 must maintain accurate, current, and complete records that are  
239 accessible and readily available for review and comply with the  
240 requirements of this section, the applicable practice act, and  
241 applicable board rules. The medical records must include, but  
242 are not limited to:

- 243 1. The complete medical history and a physical  
244 examination, including history of drug abuse or dependence.
- 245 2. Diagnostic, therapeutic, and laboratory results.
- 246 3. Evaluations and consultations.
- 247 4. Treatment objectives.
- 248 5. Discussion of risks and benefits.
- 249 6. Treatments.
- 250 7. Medications, including date, type, dosage, and quantity  
251 prescribed.
- 252 8. Instructions and agreements.
- 253 9. Periodic reviews.
- 254 10. Results of any drug testing.
- 255 11. A photocopy of the patient's government-issued photo  
256 identification.
- 257 12. If a written prescription for a controlled substance  
258 is given to the patient, a duplicate of the prescription.
- 259 13. The registrant's ~~physician's~~ full name presented in a  
260 legible manner.



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261           (g) A registrant shall immediately refer patients with  
262 signs or symptoms of substance abuse ~~shall be immediately~~  
263 ~~referred~~ to a board-certified pain management physician, an  
264 addiction medicine specialist, or a mental health addiction  
265 facility as it pertains to drug abuse or addiction unless the  
266 registrant is a physician who is board-certified or board-  
267 eligible in pain management. Throughout the period of time  
268 before receiving the consultant's report, a prescribing  
269 registrant ~~physician~~ shall clearly and completely document  
270 medical justification for continued treatment with controlled  
271 substances and those steps taken to ensure medically appropriate  
272 use of controlled substances by the patient. Upon receipt of the  
273 consultant's written report, the prescribing registrant  
274 ~~physician~~ shall incorporate the consultant's recommendations for  
275 continuing, modifying, or discontinuing controlled substance  
276 therapy. The resulting changes in treatment shall be  
277 specifically documented in the patient's medical record.  
278 Evidence or behavioral indications of diversion shall be  
279 followed by discontinuation of controlled substance therapy, and  
280 the patient shall be discharged, and all results of testing and  
281 actions taken by the registrant ~~physician~~ shall be documented in  
282 the patient's medical record.

283  
284 This subsection does not apply to a board-eligible or board-  
285 certified anesthesiologist, physiatrist, rheumatologist, or  
286 neurologist, or to a board-certified physician who has surgical



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287 | privileges at a hospital or ambulatory surgery center and  
 288 | primarily provides surgical services. This subsection does not  
 289 | apply to a board-eligible or board-certified medical specialist  
 290 | who has also completed a fellowship in pain medicine approved by  
 291 | the Accreditation Council for Graduate Medical Education or the  
 292 | American Osteopathic Association, or who is board eligible or  
 293 | board certified in pain medicine by the American Board of Pain  
 294 | Medicine, the American Board of Interventional Pain Physicians,  
 295 | the American Association of Physician Specialists, or a board  
 296 | approved by the American Board of Medical Specialties or the  
 297 | American Osteopathic Association and performs interventional  
 298 | pain procedures of the type routinely billed using surgical  
 299 | codes. This subsection does not apply to a registrant ~~physician~~  
 300 | who prescribes medically necessary controlled substances for a  
 301 | patient during an inpatient stay in a hospital licensed under  
 302 | chapter 395.

303 | Section 5. Paragraph (b) of subsection (2) of section  
 304 | 458.3265, Florida Statutes, is amended to read:

305 | 458.3265 Pain-management clinics.—

306 | (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 307 | apply to any physician who provides professional services in a  
 308 | pain-management clinic that is required to be registered in  
 309 | subsection (1).

310 | (b) Only ~~a person may not dispense any medication on the~~  
 311 | ~~premises of a registered pain-management clinic unless he or she~~  
 312 | ~~is~~ a physician licensed under this chapter or chapter 459 may



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313 dispense medication or prescribe a controlled substance  
 314 regulated under chapter 893 on the premises of a registered  
 315 pain-management clinic.

316 Section 6. Paragraph (b) of subsection (2) of section  
 317 459.0137, Florida Statutes, is amended to read:

318 459.0137 Pain-management clinics.—

319 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 320 apply to any osteopathic physician who provides professional  
 321 services in a pain-management clinic that is required to be  
 322 registered in subsection (1).

323 (b) Only ~~a person may not dispense any medication on the~~  
 324 ~~premises of a registered pain-management clinic unless he or she~~  
 325 ~~is~~ a physician licensed under this chapter or chapter 458 may  
 326 dispense medication or prescribe a controlled substance  
 327 regulated under chapter 893 on the premises of a registered  
 328 pain-management clinic.

329 Section 7. Section 464.012, Florida Statutes, is amended  
 330 to read:

331 464.012 Certification of advanced registered nurse  
 332 practitioners; fees.—

333 (1) Any nurse desiring to be certified as an advanced  
 334 registered nurse practitioner shall apply to the department and  
 335 submit proof that he or she holds a current license to practice  
 336 professional nursing and that he or she meets one or more of the  
 337 following requirements as determined by the board:

338 (a) Satisfactory completion of a formal postbasic



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339 educational program of at least one academic year, the primary  
340 purpose of which is to prepare nurses for advanced or  
341 specialized practice.

342 (b) Certification by an appropriate specialty board. Such  
343 certification shall be required for initial state certification  
344 and any recertification as a registered nurse anesthetist,  
345 psychiatric nurse, or nurse midwife. The board may by rule  
346 provide for provisional state certification of graduate nurse  
347 anesthetists, psychiatric nurses, and nurse midwives for a  
348 period of time determined to be appropriate for preparing for  
349 and passing the national certification examination.

350 (c) Graduation from a program leading to a master's degree  
351 in a nursing clinical specialty area with preparation in  
352 specialized practitioner skills. For applicants graduating on or  
353 after October 1, 1998, graduation from a master's degree program  
354 shall be required for initial certification as a nurse  
355 practitioner under paragraph (4)(c). For applicants graduating  
356 on or after October 1, 2001, graduation from a master's degree  
357 program shall be required for initial certification as a  
358 registered nurse anesthetist under paragraph (4)(a).

359 (2) The board shall provide by rule the appropriate  
360 requirements for advanced registered nurse practitioners in the  
361 categories of certified registered nurse anesthetist, certified  
362 nurse midwife, and nurse practitioner.

363 (3) An advanced registered nurse practitioner shall  
364 perform those functions authorized in this section within the



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365 framework of an established protocol that is filed with the  
366 board upon biennial license renewal and within 30 days after  
367 entering into a supervisory relationship with a physician or  
368 changes to the protocol. The board shall review the protocol to  
369 ensure compliance with applicable regulatory standards for  
370 protocols. The board shall refer to the department licensees  
371 submitting protocols that are not compliant with the regulatory  
372 standards for protocols. A practitioner currently licensed under  
373 chapter 458, chapter 459, or chapter 466 shall maintain  
374 supervision for directing the specific course of medical  
375 treatment. Within the established framework, an advanced  
376 registered nurse practitioner may:

- 377 (a) Monitor and alter drug therapies.  
378 (b) Initiate appropriate therapies for certain conditions.  
379 (c) Perform additional functions as may be determined by  
380 rule in accordance with s. 464.003(2).  
381 (d) Order diagnostic tests and physical and occupational  
382 therapy.

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

- 386 (a) The certified registered nurse anesthetist may, to the  
387 extent authorized by established protocol approved by the  
388 medical staff of the facility in which the anesthetic service is  
389 performed, perform any or all of the following:

- 390 1. Determine the health status of the patient as it



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391 relates to the risk factors and to the anesthetic management of  
392 the patient through the performance of the general functions.

393 2. Based on history, physical assessment, and supplemental  
394 laboratory results, determine, with the consent of the  
395 responsible physician, the appropriate type of anesthesia within  
396 the framework of the protocol.

397 3. Order under the protocol preanesthetic medication.

398 4. Perform under the protocol procedures commonly used to  
399 render the patient insensible to pain during the performance of  
400 surgical, obstetrical, therapeutic, or diagnostic clinical  
401 procedures. These procedures include ordering and administering  
402 regional, spinal, and general anesthesia; inhalation agents and  
403 techniques; intravenous agents and techniques; and techniques of  
404 hypnosis.

405 5. Order or perform monitoring procedures indicated as  
406 pertinent to the anesthetic health care management of the  
407 patient.

408 6. Support life functions during anesthesia health care,  
409 including induction and intubation procedures, the use of  
410 appropriate mechanical supportive devices, and the management of  
411 fluid, electrolyte, and blood component balances.

412 7. Recognize and take appropriate corrective action for  
413 abnormal patient responses to anesthesia, adjunctive medication,  
414 or other forms of therapy.

415 8. Recognize and treat a cardiac arrhythmia while the  
416 patient is under anesthetic care.





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417 9. Participate in management of the patient while in the  
418 postanesthesia recovery area, including ordering the  
419 administration of fluids and drugs.

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

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

428 1. Perform superficial minor surgical procedures.

429 2. Manage the patient during labor and delivery to include  
430 amniotomy, episiotomy, and repair.

431 3. Order, initiate, and perform appropriate anesthetic  
432 procedures.

433 4. Perform postpartum examination.

434 5. Order appropriate medications.

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

436 7. Manage the medical care of the normal obstetrical  
437 patient and the initial care of a newborn patient.

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

440 1. Manage selected medical problems.

441 2. Order physical and occupational therapy.

442 3. Initiate, monitor, or alter therapies for certain



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443 uncomplicated acute illnesses.

444 4. Monitor and manage patients with stable chronic  
445 diseases.

446 5. Establish behavioral problems and diagnosis and make  
447 treatment recommendations.

448 (5) A psychiatric nurse, as defined in s. 394.455, within  
449 the framework of an established protocol with a psychiatrist,  
450 may prescribe psychotropic controlled substances for the  
451 treatment of mental disorders.

452 (6) The board shall certify, and the department shall  
453 issue a certificate to, any nurse meeting the qualifications in  
454 this section. The board shall establish an application fee not  
455 to exceed \$100 and a biennial renewal fee not to exceed \$50. The  
456 board is authorized to adopt such other rules as are necessary  
457 to implement the provisions of this section.

458 Section 8. Paragraph (p) is added to subsection (1) of  
459 section 464.018, Florida Statutes, and subsection (2) of that  
460 section is republished, to read:

461 464.018 Disciplinary actions.—

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

464 (p) For a psychiatric nurse:

465 1. Presigning blank prescription forms.

466 2. Prescribing for office use any medicinal drug appearing  
467 in Schedule II of s. 893.03.

468 3. Prescribing, ordering, dispensing, administering,



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469 supplying, selling, or giving a drug that is an amphetamine, a  
470 sympathomimetic amine drug, or a compound designated in s.  
471 893.03(2) as a Schedule II controlled substance, to or for any  
472 person except for:

473 a. The treatment of narcolepsy; hyperkinesis; behavioral  
474 syndrome in children characterized by the developmentally  
475 inappropriate symptoms of moderate to severe distractibility,  
476 short attention span, hyperactivity, emotional lability, and  
477 impulsivity; or drug-induced brain dysfunction.

478 b. The differential diagnostic psychiatric evaluation of  
479 depression or the treatment of depression shown to be refractory  
480 to other therapeutic modalities.

481 c. The clinical investigation of the effects of such drugs  
482 or compounds when an investigative protocol is submitted to,  
483 reviewed by, and approved by the department before such  
484 investigation is begun.

485 4. Prescribing, ordering, dispensing, administering,  
486 supplying, selling, or giving growth hormones, testosterone or  
487 its analogs, human chorionic gonadotropin (HCG), or other  
488 hormones for the purpose of muscle building or to enhance  
489 athletic performance. As used in this subparagraph, the term  
490 "muscle building" does not include the treatment of injured  
491 muscle. A prescription written for the drug products identified  
492 in this subparagraph may be dispensed by a pharmacist with the  
493 presumption that the prescription is for legitimate medical use.

494 5. Promoting or advertising on any prescription form a



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

497 6. Prescribing, dispensing, administering, mixing, or  
498 otherwise preparing a legend drug, including a controlled  
499 substance, other than in the course of his or her professional  
500 practice. For the purposes of this subparagraph, it is legally  
501 presumed that prescribing, dispensing, administering, mixing, or  
502 otherwise preparing legend drugs, including all controlled  
503 substances, inappropriately or in excessive or inappropriate  
504 quantities is not in the best interest of the patient and is not  
505 in the course of the advanced registered nurse practitioner's  
506 professional practice, without regard to his or her intent.

507 7. Prescribing, dispensing, or administering a medicinal  
508 drug appearing on any schedule set forth in chapter 893 to  
509 himself or herself, except a drug prescribed, dispensed, or  
510 administered to the psychiatric nurse by another practitioner  
511 authorized to prescribe, dispense, or administer medicinal  
512 drugs.

513 8. Prescribing, ordering, dispensing, administering,  
514 supplying, selling, or giving amygdalin (laetrile) to any  
515 person.

516 9. Dispensing a substance designated in s. 893.03(2) or  
517 (3) as a substance controlled in Schedule II or Schedule III,  
518 respectively, in violation of s. 465.0276.

519 10. Promoting or advertising through any communication  
520 medium the use, sale, or dispensing of a substance designated in



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521 s. 893.03 as a controlled substance.

522 (2) The board may enter an order denying licensure or  
523 imposing any of the penalties in s. 456.072(2) against any  
524 applicant for licensure or licensee who is found guilty of  
525 violating any provision of subsection (1) of this section or who  
526 is found guilty of violating any provision of s. 456.072(1).

527 Section 9. Subsection (21) of section 893.02, Florida  
528 Statutes, is amended to read:

529 893.02 Definitions.—The following words and phrases as  
530 used in this chapter shall have the following meanings, unless  
531 the context otherwise requires:

532 (21) "Practitioner" means a physician licensed pursuant to  
533 chapter 458, a dentist licensed pursuant to chapter 466, a  
534 veterinarian licensed pursuant to chapter 474, an osteopathic  
535 physician licensed pursuant to chapter 459, a naturopath  
536 licensed pursuant to chapter 462, a certified optometrist  
537 licensed pursuant to chapter 463, a psychiatric nurse as defined  
538 in s. 394.455, or a podiatric physician licensed pursuant to  
539 chapter 461, provided such practitioner holds a valid federal  
540 controlled substance registry number.

541 Section 10. This act shall take effect upon becoming a  
542 law.