



HB 423, Engrossed 2

2016

1 A bill to be entitled
2 An act relating to access to health care services;
3 amending s. 110.12315, F.S.; expanding the categories
4 of persons who may prescribe brand name drugs under
5 the prescription drug program when medically
6 necessary; amending ss. 310.071, 310.073, and 310.081,
7 F.S.; exempting controlled substances prescribed by an
8 advanced registered nurse practitioner or a physician
9 assistant from the disqualifications for certification
10 or licensure, and for continued certification or
11 licensure, as a deputy pilot or state pilot; amending
12 s. 395.0191, F.S.; defining terms; requiring a certain
13 percentage of surgical assistants and surgical
14 technologists employed or contracting with a hospital
15 to be certified; providing exceptions to the
16 certification requirement; conforming cross-
17 references; amending s. 456.072, F.S.; applying
18 existing penalties for violations relating to the
19 prescribing or dispensing of controlled substances by
20 an advanced registered nurse practitioner; amending s.
21 456.44, F.S.; defining the term "registrant"; deleting
22 an obsolete date; requiring advanced registered nurse
23 practitioners and physician assistants who prescribe
24 controlled substances for the treatment of certain
25 pain to make a certain designation, comply with
26 registration requirements, and follow specified



27 standards of practice; providing applicability;
28 amending ss. 458.3265 and 459.0137, F.S.; limiting the
29 authority to prescribe a controlled substance in a
30 pain-management clinic only to a physician licensed
31 under ch. 458 or ch. 459, F.S.; amending s. 458.347,
32 F.S.; revising the required continuing education
33 requirements for a physician assistant; requiring that
34 a specified formulary limit the prescription of
35 certain controlled substances by physician assistants
36 as of a specified date; amending s. 464.003, F.S.;
37 revising the term "advanced or specialized nursing
38 practice"; deleting the joint committee established in
39 the definition; amending s. 464.012, F.S.; requiring
40 the Board of Nursing to establish a committee to
41 recommend a formulary of controlled substances that
42 may not be prescribed, or may be prescribed only on a
43 limited basis, by an advanced registered nurse
44 practitioner; specifying the membership of the
45 committee; providing parameters for the formulary;
46 requiring that the formulary be adopted by board rule;
47 specifying the process for amending the formulary and
48 imposing a burden of proof; limiting the formulary's
49 application in certain instances; requiring the board
50 to adopt the committee's initial recommendations by a
51 specified date; providing a short title; authorizing
52 an advanced registered nurse practitioner to



53 | prescribe, dispense, administer, or order drugs,
54 | including certain controlled substances under certain
55 | circumstances, as of a specified date; amending s.
56 | 464.013, F.S.; revising continuing education
57 | requirements for renewal of a license or certificate;
58 | amending s. 464.018, F.S.; specifying acts that
59 | constitute grounds for denial of a license or for
60 | disciplinary action against an advanced registered
61 | nurse practitioner; creating s. 627.42392, F.S.;
62 | defining the term "health insurer"; requiring that
63 | certain health insurers that do not already use a
64 | certain form use only a prior authorization form
65 | approved by the Financial Services Commission in
66 | consultation with the Agency for Health Care
67 | Administration; requiring the commission in
68 | consultation with the agency to adopt by rule
69 | guidelines for such forms; providing that prior-
70 | authorization approvals do not preclude certain
71 | benefit verifications or medical reviews; amending s.
72 | 766.1115, F.S.; revising the definition of the term
73 | "contract"; amending s. 893.02, F.S.; revising the
74 | term "practitioner" to include advanced registered
75 | nurse practitioners and physician assistants under the
76 | Florida Comprehensive Drug Abuse Prevention and
77 | Control Act if a certain requirement is met; amending
78 | s. 948.03, F.S.; providing that possession of drugs or



79 | narcotics prescribed by an advanced registered nurse
80 | practitioner or a physician assistant does not violate
81 | a prohibition relating to the possession of drugs or
82 | narcotics during probation; amending ss. 458.348 and
83 | 459.025, F.S.; conforming provisions to changes made
84 | by the act; reenacting ss. 458.331(10), 458.347(7)(g),
85 | 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
86 | to incorporate the amendment made to s. 456.072, F.S.,
87 | in references thereto; reenacting ss. 456.072(1)(mm)
88 | and 466.02751, F.S., to incorporate the amendment made
89 | to s. 456.44, F.S., in references thereto; reenacting
90 | ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
91 | and 459.023(7)(b), F.S., to incorporate the amendment
92 | made to s. 458.347, F.S., in references thereto;
93 | reenacting s. 464.012(3)(c), F.S., to incorporate the
94 | amendment made to s. 464.003, F.S., in a reference
95 | thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
96 | (2), and 459.025(1), F.S., to incorporate the
97 | amendment made to s. 464.012, F.S., in references
98 | thereto; reenacting s. 464.0205(7), F.S., to
99 | incorporate the amendment made to s. 464.013, F.S., in
100 | a reference thereto; reenacting ss. 320.0848(11),
101 | 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
102 | (4)(b), F.S., to incorporate the amendment made to s.
103 | 464.018, F.S., in references thereto; reenacting s.
104 | 775.051, F.S., to incorporate the amendment made to s.



105 893.02, F.S., in a reference thereto; reenacting ss.
 106 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
 107 incorporate the amendment made to s. 948.03, F.S., in
 108 references thereto; providing effective dates.

109
 110 Be It Enacted by the Legislature of the State of Florida:

111
 112 Section 1. Subsection (7) of section 110.12315, Florida
 113 Statutes, is amended to read:

114 110.12315 Prescription drug program.—The state employees'
 115 prescription drug program is established. This program shall be
 116 administered by the Department of Management Services, according
 117 to the terms and conditions of the plan as established by the
 118 relevant provisions of the annual General Appropriations Act and
 119 implementing legislation, subject to the following conditions:

120 (7) The department shall establish the reimbursement
 121 schedule for prescription pharmaceuticals dispensed under the
 122 program. Reimbursement rates for a prescription pharmaceutical
 123 must be based on the cost of the generic equivalent drug if a
 124 generic equivalent exists, unless the physician, advanced
 125 registered nurse practitioner, or physician assistant
 126 prescribing the pharmaceutical clearly states on the
 127 prescription that the brand name drug is medically necessary or
 128 that the drug product is included on the formulary of drug
 129 products that may not be interchanged as provided in chapter
 130 465, in which case reimbursement must be based on the cost of



131 the brand name drug as specified in the reimbursement schedule
132 adopted by the department.

133 Section 2. Paragraph (c) of subsection (1) of section
134 310.071, Florida Statutes, is amended, and subsection (3) of
135 that section is republished, to read:

136 310.071 Deputy pilot certification.—

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

140 (c) Be in good physical and mental health, as evidenced by
141 documentary proof of having satisfactorily passed a complete
142 physical examination administered by a licensed physician within
143 the preceding 6 months. The board shall adopt rules to establish
144 requirements for passing the physical examination, which rules
145 shall establish minimum standards for the physical or mental
146 capabilities necessary to carry out the professional duties of a
147 certificated deputy pilot. Such standards shall include zero
148 tolerance for any controlled substance regulated under chapter
149 893 unless that individual is under the care of a physician, an
150 advanced registered nurse practitioner, or a physician assistant
151 and that controlled substance was prescribed by that physician,
152 advanced registered nurse practitioner, or physician assistant.

153 To maintain eligibility as a certificated deputy pilot, each
154 certificated deputy pilot must annually provide documentary
155 proof of having satisfactorily passed a complete physical
156 examination administered by a licensed physician. The physician



157 | must know the minimum standards and certify that the
158 | certificateholder satisfactorily meets the standards. The
159 | standards for certificateholders shall include a drug test.

160 | (3) The initial certificate issued to a deputy pilot shall
161 | be valid for a period of 12 months, and at the end of this
162 | period, the certificate shall automatically expire and shall not
163 | be renewed. During this period, the board shall thoroughly
164 | evaluate the deputy pilot's performance for suitability to
165 | continue training and shall make appropriate recommendations to
166 | the department. Upon receipt of a favorable recommendation by
167 | the board, the department shall issue a certificate to the
168 | deputy pilot, which shall be valid for a period of 2 years. The
169 | certificate may be renewed only two times, except in the case of
170 | a fully licensed pilot who is cross-licensed as a deputy pilot
171 | in another port, and provided the deputy pilot meets the
172 | requirements specified for pilots in paragraph (1)(c).

173 | Section 3. Subsection (3) of section 310.073, Florida
174 | Statutes, is amended to read:

175 | 310.073 State pilot licensing.—In addition to meeting
176 | other requirements specified in this chapter, each applicant for
177 | license as a state pilot must:

178 | (3) Be in good physical and mental health, as evidenced by
179 | documentary proof of having satisfactorily passed a complete
180 | physical examination administered by a licensed physician within
181 | the preceding 6 months. The board shall adopt rules to establish
182 | requirements for passing the physical examination, which rules



HB 423, Engrossed 2

2016

183 shall establish minimum standards for the physical or mental
184 capabilities necessary to carry out the professional duties of a
185 licensed state pilot. Such standards shall include zero
186 tolerance for any controlled substance regulated under chapter
187 893 unless that individual is under the care of a physician, an
188 advanced registered nurse practitioner, or a physician assistant
189 and that controlled substance was prescribed by that physician,
190 advanced registered nurse practitioner, or physician assistant.
191 To maintain eligibility as a licensed state pilot, each licensed
192 state pilot must annually provide documentary proof of having
193 satisfactorily passed a complete physical examination
194 administered by a licensed physician. The physician must know
195 the minimum standards and certify that the licensee
196 satisfactorily meets the standards. The standards for licensees
197 shall include a drug test.

198 Section 4. Paragraph (b) of subsection (3) of section
199 310.081, Florida Statutes, is amended to read:

200 310.081 Department to examine and license state pilots and
201 certificate deputy pilots; vacancies.—

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

204 (b) Are in good physical and mental health as evidenced by
205 documentary proof of having satisfactorily passed a physical
206 examination administered by a licensed physician or physician
207 assistant within each calendar year. The board shall adopt rules
208 to establish requirements for passing the physical examination,



HB 423, Engrossed 2

2016

209 | which rules shall establish minimum standards for the physical
210 | or mental capabilities necessary to carry out the professional
211 | duties of a licensed state pilot or a certificated deputy pilot.
212 | Such standards shall include zero tolerance for any controlled
213 | substance regulated under chapter 893 unless that individual is
214 | under the care of a physician, an advanced registered nurse
215 | practitioner, or a physician assistant and that controlled
216 | substance was prescribed by that physician, advanced registered
217 | nurse practitioner, or physician assistant. To maintain
218 | eligibility as a certificated deputy pilot or licensed state
219 | pilot, each certificated deputy pilot or licensed state pilot
220 | must annually provide documentary proof of having satisfactorily
221 | passed a complete physical examination administered by a
222 | licensed physician. The physician must know the minimum
223 | standards and certify that the certificateholder or licensee
224 | satisfactorily meets the standards. The standards for
225 | certificateholders and for licensees shall include a drug test.
226 |
227 | Upon resignation or in the case of disability permanently
228 | affecting a pilot's ability to serve, the state license or
229 | certificate issued under this chapter shall be revoked by the
230 | department.

231 | Section 5. Subsection (7) of section 456.072, Florida
232 | Statutes, is amended to read:

233 | 456.072 Grounds for discipline; penalties; enforcement.—

234 | (7) Notwithstanding subsection (2), upon a finding that a



HB 423, Engrossed 2

2016

235 physician has prescribed or dispensed a controlled substance, or
236 caused a controlled substance to be prescribed or dispensed, in
237 a manner that violates the standard of practice set forth in s.
238 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
239 or (s), or s. 466.028(1)(p) or (x), or that an advanced
240 registered nurse practitioner has prescribed or dispensed a
241 controlled substance, or caused a controlled substance to be
242 prescribed or dispensed, in a manner that violates the standard
243 of practice set forth in s. 464.018(1)(n) or (p)6., the
244 physician or advanced registered nurse practitioner shall be
245 suspended for a period of not less than 6 months and pay a fine
246 of not less than \$10,000 per count. Repeated violations shall
247 result in increased penalties.

248 Section 6. Section 456.44, Florida Statutes, is amended to
249 read:

250 456.44 Controlled substance prescribing.—

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

252 (a) "Addiction medicine specialist" means a board-
253 certified psychiatrist with a subspecialty certification in
254 addiction medicine or who is eligible for such subspecialty
255 certification in addiction medicine, an addiction medicine
256 physician certified or eligible for certification by the
257 American Society of Addiction Medicine, or an osteopathic
258 physician who holds a certificate of added qualification in
259 Addiction Medicine through the American Osteopathic Association.

260 (b) "Adverse incident" means any incident set forth in s.



HB 423, Engrossed 2

2016

261 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

262 (c) "Board-certified pain management physician" means a
263 physician who possesses board certification in pain medicine by
264 the American Board of Pain Medicine, board certification by the
265 American Board of Interventional Pain Physicians, or board
266 certification or subcertification in pain management or pain
267 medicine by a specialty board recognized by the American
268 Association of Physician Specialists or the American Board of
269 Medical Specialties or an osteopathic physician who holds a
270 certificate in Pain Management by the American Osteopathic
271 Association.

272 (d) "Board eligible" means successful completion of an
273 anesthesia, physical medicine and rehabilitation, rheumatology,
274 or neurology residency program approved by the Accreditation
275 Council for Graduate Medical Education or the American
276 Osteopathic Association for a period of 6 years from successful
277 completion of such residency program.

278 (e) "Chronic nonmalignant pain" means pain unrelated to
279 cancer which persists beyond the usual course of disease or the
280 injury that is the cause of the pain or more than 90 days after
281 surgery.

282 (f) "Mental health addiction facility" means a facility
283 licensed under chapter 394 or chapter 397.

284 (g) "Registrant" means a physician, a physician assistant,
285 or an advanced registered nurse practitioner who meets the
286 requirements of subsection (2).



287 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
 288 licensed under chapter 458, chapter 459, chapter 461, or chapter
 289 466, a physician assistant licensed under chapter 458 or chapter
 290 459, or an advanced registered nurse practitioner certified
 291 under part I of chapter 464 who prescribes any controlled
 292 substance, listed in Schedule II, Schedule III, or Schedule IV
 293 as defined in s. 893.03, for the treatment of chronic
 294 nonmalignant pain, must:

295 (a) Designate himself or herself as a controlled substance
 296 prescribing practitioner on his or her ~~the physician's~~
 297 practitioner profile.

298 (b) Comply with the requirements of this section and
 299 applicable board rules.

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

304 (a) A complete medical history and a physical examination
 305 must be conducted before beginning any treatment and must be
 306 documented in the medical record. The exact components of the
 307 physical examination shall be left to the judgment of the
 308 registrant ~~clinician~~ who is expected to perform a physical
 309 examination proportionate to the diagnosis that justifies a
 310 treatment. The medical record must, at a minimum, document the
 311 nature and intensity of the pain, current and past treatments
 312 for pain, underlying or coexisting diseases or conditions, the



313 effect of the pain on physical and psychological function, a
314 review of previous medical records, previous diagnostic studies,
315 and history of alcohol and substance abuse. The medical record
316 shall also document the presence of one or more recognized
317 medical indications for the use of a controlled substance. Each
318 registrant must develop a written plan for assessing each
319 patient's risk of aberrant drug-related behavior, which may
320 include patient drug testing. Registrants must assess each
321 patient's risk for aberrant drug-related behavior and monitor
322 that risk on an ongoing basis in accordance with the plan.

323 (b) Each registrant must develop a written individualized
324 treatment plan for each patient. The treatment plan shall state
325 objectives that will be used to determine treatment success,
326 such as pain relief and improved physical and psychosocial
327 function, and shall indicate if any further diagnostic
328 evaluations or other treatments are planned. After treatment
329 begins, the registrant ~~physician~~ shall adjust drug therapy to
330 the individual medical needs of each patient. Other treatment
331 modalities, including a rehabilitation program, shall be
332 considered depending on the etiology of the pain and the extent
333 to which the pain is associated with physical and psychosocial
334 impairment. The interdisciplinary nature of the treatment plan
335 shall be documented.

336 (c) The registrant ~~physician~~ shall discuss the risks and
337 benefits of the use of controlled substances, including the
338 risks of abuse and addiction, as well as physical dependence and



HB 423, Engrossed 2

2016

339 its consequences, with the patient, persons designated by the
340 patient, or the patient's surrogate or guardian if the patient
341 is incompetent. The registrant ~~physician~~ shall use a written
342 controlled substance agreement between the registrant ~~physician~~
343 and the patient outlining the patient's responsibilities,
344 including, but not limited to:

345 1. Number and frequency of controlled substance
346 prescriptions and refills.

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

349 3. An agreement that controlled substances for the
350 treatment of chronic nonmalignant pain shall be prescribed by a
351 single treating registrant ~~physician~~ unless otherwise authorized
352 by the treating registrant ~~physician~~ and documented in the
353 medical record.

354 (d) The patient shall be seen by the registrant ~~physician~~
355 at regular intervals, not to exceed 3 months, to assess the
356 efficacy of treatment, ensure that controlled substance therapy
357 remains indicated, evaluate the patient's progress toward
358 treatment objectives, consider adverse drug effects, and review
359 the etiology of the pain. Continuation or modification of
360 therapy shall depend on the registrant's ~~physician's~~ evaluation
361 of the patient's progress. If treatment goals are not being
362 achieved, despite medication adjustments, the registrant
363 ~~physician~~ shall reevaluate the appropriateness of continued
364 treatment. The registrant ~~physician~~ shall monitor patient



365 compliance in medication usage, related treatment plans,
366 controlled substance agreements, and indications of substance
367 abuse or diversion at a minimum of 3-month intervals.

368 (e) The registrant ~~physician~~ shall refer the patient as
369 necessary for additional evaluation and treatment in order to
370 achieve treatment objectives. Special attention shall be given
371 to those patients who are at risk for misusing their medications
372 and those whose living arrangements pose a risk for medication
373 misuse or diversion. The management of pain in patients with a
374 history of substance abuse or with a comorbid psychiatric
375 disorder requires extra care, monitoring, and documentation and
376 requires consultation with or referral to an addiction medicine
377 specialist or a psychiatrist.

378 (f) A registrant ~~physician registered under this section~~
379 must maintain accurate, current, and complete records that are
380 accessible and readily available for review and comply with the
381 requirements of this section, the applicable practice act, and
382 applicable board rules. The medical records must include, but
383 are not limited to:

- 384 1. The complete medical history and a physical
385 examination, including history of drug abuse or dependence.
- 386 2. Diagnostic, therapeutic, and laboratory results.
- 387 3. Evaluations and consultations.
- 388 4. Treatment objectives.
- 389 5. Discussion of risks and benefits.
- 390 6. Treatments.



HB 423, Engrossed 2

2016

391 7. Medications, including date, type, dosage, and quantity
392 prescribed.

393 8. Instructions and agreements.

394 9. Periodic reviews.

395 10. Results of any drug testing.

396 11. A photocopy of the patient's government-issued photo
397 identification.

398 12. If a written prescription for a controlled substance
399 is given to the patient, a duplicate of the prescription.

400 13. The registrant's ~~physician's~~ full name presented in a
401 legible manner.

402 (g) A registrant shall immediately refer patients with
403 signs or symptoms of substance abuse ~~shall be immediately~~
404 ~~referred~~ to a board-certified pain management physician, an
405 addiction medicine specialist, or a mental health addiction
406 facility as it pertains to drug abuse or addiction unless the
407 registrant is a physician who is board-certified or board-
408 eligible in pain management. Throughout the period of time
409 before receiving the consultant's report, a prescribing
410 registrant ~~physician~~ shall clearly and completely document
411 medical justification for continued treatment with controlled
412 substances and those steps taken to ensure medically appropriate
413 use of controlled substances by the patient. Upon receipt of the
414 consultant's written report, the prescribing registrant
415 ~~physician~~ shall incorporate the consultant's recommendations for
416 continuing, modifying, or discontinuing controlled substance



HB 423, Engrossed 2

2016

417 therapy. The resulting changes in treatment shall be
418 specifically documented in the patient's medical record.
419 Evidence or behavioral indications of diversion shall be
420 followed by discontinuation of controlled substance therapy, and
421 the patient shall be discharged, and all results of testing and
422 actions taken by the registrant ~~physician~~ shall be documented in
423 the patient's medical record.

424
425 This subsection does not apply to a board-eligible or board-
426 certified anesthesiologist, physiatrist, rheumatologist, or
427 neurologist, or to a board-certified physician who has surgical
428 privileges at a hospital or ambulatory surgery center and
429 primarily provides surgical services. This subsection does not
430 apply to a board-eligible or board-certified medical specialist
431 who has also completed a fellowship in pain medicine approved by
432 the Accreditation Council for Graduate Medical Education or the
433 American Osteopathic Association, or who is board eligible or
434 board certified in pain medicine by the American Board of Pain
435 Medicine, the American Board of Interventional Pain Physicians,
436 the American Association of Physician Specialists, or a board
437 approved by the American Board of Medical Specialties or the
438 American Osteopathic Association and performs interventional
439 pain procedures of the type routinely billed using surgical
440 codes. This subsection does not apply to a registrant ~~physician~~
441 who prescribes medically necessary controlled substances for a
442 patient during an inpatient stay in a hospital licensed under



443 chapter 395.

444 Section 7. Paragraph (b) of subsection (2) of section
445 458.3265, Florida Statutes, is amended to read:

446 458.3265 Pain-management clinics.—

447 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
448 apply to any physician who provides professional services in a
449 pain-management clinic that is required to be registered in
450 subsection (1).

451 (b) Only ~~a person may not dispense any medication on the~~
452 ~~premises of a registered pain-management clinic unless he or she~~
453 ~~is~~ a physician licensed under this chapter or chapter 459 may
454 dispense medication or prescribe a controlled substance
455 regulated under chapter 893 on the premises of a registered
456 pain-management clinic.

457 Section 8. Paragraph (b) of subsection (2) of section
458 459.0137, Florida Statutes, is amended to read:

459 459.0137 Pain-management clinics.—

460 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
461 apply to any osteopathic physician who provides professional
462 services in a pain-management clinic that is required to be
463 registered in subsection (1).

464 (b) Only ~~a person may not dispense any medication on the~~
465 ~~premises of a registered pain-management clinic unless he or she~~
466 ~~is~~ a physician licensed under this chapter or chapter 458 may
467 dispense medication or prescribe a controlled substance
468 regulated under chapter 893 on the premises of a registered



469 pain-management clinic.

470 Section 9. Paragraph (e) of subsection (4) of section
471 458.347, Florida Statutes, is amended, and paragraph (c) of
472 subsection (9) of that section is republished, to read:

473 458.347 Physician assistants.—

474 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

475 (e) A supervisory physician may delegate to a fully
476 licensed physician assistant the authority to prescribe or
477 dispense any medication used in the supervisory physician's
478 practice unless such medication is listed on the formulary
479 created pursuant to paragraph (f). A fully licensed physician
480 assistant may only prescribe or dispense such medication under
481 the following circumstances:

482 1. A physician assistant must clearly identify to the
483 patient that he or she is a physician assistant. Furthermore,
484 the physician assistant must inform the patient that the patient
485 has the right to see the physician prior to any prescription
486 being prescribed or dispensed by the physician assistant.

487 2. The supervisory physician must notify the department of
488 his or her intent to delegate, on a department-approved form,
489 before delegating such authority and notify the department of
490 any change in prescriptive privileges of the physician
491 assistant. Authority to dispense may be delegated only by a
492 supervising physician who is registered as a dispensing
493 practitioner in compliance with s. 465.0276.

494 3. The physician assistant must file with the department a



495 signed affidavit that he or she has completed a minimum of 10
496 continuing medical education hours in the specialty practice in
497 which the physician assistant has prescriptive privileges with
498 each licensure renewal application. Three of the 10 hours must
499 consist of a continuing education course on the safe and
500 effective prescribing of controlled substance medications which
501 is offered by a statewide professional association of physicians
502 in this state accredited to provide educational activities
503 designated for the American Medical Association Physician's
504 Recognition Award Category 1 credit or designated by the
505 American Academy of Physician Assistants as a Category 1 credit.

506 4. The department may issue a prescriber number to the
507 physician assistant granting authority for the prescribing of
508 medicinal drugs authorized within this paragraph upon completion
509 of the foregoing requirements. The physician assistant shall not
510 be required to independently register pursuant to s. 465.0276.

511 5. The prescription must be written in a form that
512 complies with chapter 499 and must contain, in addition to the
513 supervisory physician's name, address, and telephone number, the
514 physician assistant's prescriber number. Unless it is a drug or
515 drug sample dispensed by the physician assistant, the
516 prescription must be filled in a pharmacy permitted under
517 chapter 465 and must be dispensed in that pharmacy by a
518 pharmacist licensed under chapter 465. The appearance of the
519 prescriber number creates a presumption that the physician
520 assistant is authorized to prescribe the medicinal drug and the



521 prescription is valid.

522 6. The physician assistant must note the prescription or
523 dispensing of medication in the appropriate medical record.

524 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
525 Physician Assistants is created within the department.

526 (c) The council shall:

527 1. Recommend to the department the licensure of physician
528 assistants.

529 2. Develop all rules regulating the use of physician
530 assistants by physicians under this chapter and chapter 459,
531 except for rules relating to the formulary developed under
532 paragraph (4) (f). The council shall also develop rules to ensure
533 that the continuity of supervision is maintained in each
534 practice setting. The boards shall consider adopting a proposed
535 rule developed by the council at the regularly scheduled meeting
536 immediately following the submission of the proposed rule by the
537 council. A proposed rule submitted by the council may not be
538 adopted by either board unless both boards have accepted and
539 approved the identical language contained in the proposed rule.
540 The language of all proposed rules submitted by the council must
541 be approved by both boards pursuant to each respective board's
542 guidelines and standards regarding the adoption of proposed
543 rules. If either board rejects the council's proposed rule, that
544 board must specify its objection to the council with
545 particularity and include any recommendations it may have for
546 the modification of the proposed rule.



HB 423, Engrossed 2

2016

547 3. Make recommendations to the boards regarding all
548 matters relating to physician assistants.

549 4. Address concerns and problems of practicing physician
550 assistants in order to improve safety in the clinical practices
551 of licensed physician assistants.

552 Section 10. Effective January 1, 2017, paragraph (f) of
553 subsection (4) of section 458.347, Florida Statutes, is amended
554 to read:

555 458.347 Physician assistants.—

556 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

557 (f)1. The council shall establish a formulary of medicinal
558 drugs that a fully licensed physician assistant having
559 prescribing authority under this section or s. 459.022 may not
560 prescribe. The formulary must include ~~controlled substances as~~
561 ~~defined in chapter 893,~~ general anesthetics, and radiographic
562 contrast materials, and must limit the prescription of Schedule
563 II controlled substances as listed in s. 893.03 to a 7-day
564 supply. The formulary must also restrict the prescribing of
565 psychiatric mental health controlled substances for children
566 younger than 18 years of age.

567 2. In establishing the formulary, the council shall
568 consult with a pharmacist licensed under chapter 465, but not
569 licensed under this chapter or chapter 459, who shall be
570 selected by the State Surgeon General.

571 3. Only the council shall add to, delete from, or modify
572 the formulary. Any person who requests an addition, a deletion,



HB 423, Engrossed 2

2016

573 or a modification of a medicinal drug listed on such formulary
574 has the burden of proof to show cause why such addition,
575 deletion, or modification should be made.

576 4. The boards shall adopt the formulary required by this
577 paragraph, and each addition, deletion, or modification to the
578 formulary, by rule. Notwithstanding any provision of chapter 120
579 to the contrary, the formulary rule shall be effective 60 days
580 after the date it is filed with the Secretary of State. Upon
581 adoption of the formulary, the department shall mail a copy of
582 such formulary to each fully licensed physician assistant having
583 prescribing authority under this section or s. 459.022, and to
584 each pharmacy licensed by the state. The boards shall establish,
585 by rule, a fee not to exceed \$200 to fund the provisions of this
586 paragraph and paragraph (e).

587 Section 11. Subsection (2) of section 464.003, Florida
588 Statutes, is amended to read:

589 464.003 Definitions.—As used in this part, the term:

590 (2) "Advanced or specialized nursing practice" means, in
591 addition to the practice of professional nursing, the
592 performance of advanced-level nursing acts approved by the board
593 which, by virtue of postbasic specialized education, training,
594 and experience, are appropriately performed by an advanced
595 registered nurse practitioner. Within the context of advanced or
596 specialized nursing practice, the advanced registered nurse
597 practitioner may perform acts of nursing diagnosis and nursing
598 treatment of alterations of the health status. The advanced



HB 423, Engrossed 2

2016

599 registered nurse practitioner may also perform acts of medical
600 diagnosis and treatment, prescription, and operation as
601 authorized within the framework of an established supervisory
602 protocol ~~which are identified and approved by a joint committee~~
603 ~~composed of three members appointed by the Board of Nursing, two~~
604 ~~of whom must be advanced registered nurse practitioners; three~~
605 ~~members appointed by the Board of Medicine, two of whom must~~
606 ~~have had work experience with advanced registered nurse~~
607 ~~practitioners; and the State Surgeon General or the State~~
608 ~~Surgeon General's designee. Each committee member appointed by a~~
609 ~~board shall be appointed to a term of 4 years unless a shorter~~
610 ~~term is required to establish or maintain staggered terms. The~~
611 ~~Board of Nursing shall adopt rules authorizing the performance~~
612 ~~of any such acts approved by the joint committee. Unless~~
613 ~~otherwise specified by the joint committee, such acts must be~~
614 ~~performed under the general supervision of a practitioner~~
615 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
616 ~~the framework of standing protocols which identify the medical~~
617 ~~acts to be performed and the conditions for their performance.~~
618 The department may, by rule, require that a copy of the protocol
619 be filed with the department along with the notice required by
620 s. 458.348.

621 Section 12. Section 464.012, Florida Statutes, is amended
622 to read:

623 464.012 Certification of advanced registered nurse
624 practitioners; fees; controlled substance prescribing.-



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

630 (a) Satisfactory completion of a formal postbasic
631 educational program of at least one academic year, the primary
632 purpose of which is to prepare nurses for advanced or
633 specialized practice.

634 (b) Certification by an appropriate specialty board. Such
635 certification shall be required for initial state certification
636 and any recertification as a registered nurse anesthetist or
637 nurse midwife. The board may by rule provide for provisional
638 state certification of graduate nurse anesthetists and nurse
639 midwives for a period of time determined to be appropriate for
640 preparing for and passing the national certification
641 examination.

642 (c) Graduation from a program leading to a master's degree
643 in a nursing clinical specialty area with preparation in
644 specialized practitioner skills. For applicants graduating on or
645 after October 1, 1998, graduation from a master's degree program
646 shall be required for initial certification as a nurse
647 practitioner under paragraph (4) (c). For applicants graduating
648 on or after October 1, 2001, graduation from a master's degree
649 program shall be required for initial certification as a
650 registered nurse anesthetist under paragraph (4) (a).



651 (2) The board shall provide by rule the appropriate
652 requirements for advanced registered nurse practitioners in the
653 categories of certified registered nurse anesthetist, certified
654 nurse midwife, and nurse practitioner.

655 (3) An advanced registered nurse practitioner shall
656 perform those functions authorized in this section within the
657 framework of an established protocol that is filed with the
658 board upon biennial license renewal and within 30 days after
659 entering into a supervisory relationship with a physician or
660 changes to the protocol. The board shall review the protocol to
661 ensure compliance with applicable regulatory standards for
662 protocols. The board shall refer to the department licensees
663 submitting protocols that are not compliant with the regulatory
664 standards for protocols. A practitioner currently licensed under
665 chapter 458, chapter 459, or chapter 466 shall maintain
666 supervision for directing the specific course of medical
667 treatment. Within the established framework, an advanced
668 registered nurse practitioner may:

- 669 (a) Monitor and alter drug therapies.
670 (b) Initiate appropriate therapies for certain conditions.
671 (c) Perform additional functions as may be determined by
672 rule in accordance with s. 464.003(2).
673 (d) Order diagnostic tests and physical and occupational
674 therapy.

675 (4) In addition to the general functions specified in
676 subsection (3), an advanced registered nurse practitioner may



HB 423, Engrossed 2

2016

677 perform the following acts within his or her specialty:

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

682 1. Determine the health status of the patient as it
683 relates to the risk factors and to the anesthetic management of
684 the patient through the performance of the general functions.

685 2. Based on history, physical assessment, and supplemental
686 laboratory results, determine, with the consent of the
687 responsible physician, the appropriate type of anesthesia within
688 the framework of the protocol.

689 3. Order under the protocol preanesthetic medication.

690 4. Perform under the protocol procedures commonly used to
691 render the patient insensible to pain during the performance of
692 surgical, obstetrical, therapeutic, or diagnostic clinical
693 procedures. These procedures include ordering and administering
694 regional, spinal, and general anesthesia; inhalation agents and
695 techniques; intravenous agents and techniques; and techniques of
696 hypnosis.

697 5. Order or perform monitoring procedures indicated as
698 pertinent to the anesthetic health care management of the
699 patient.

700 6. Support life functions during anesthesia health care,
701 including induction and intubation procedures, the use of
702 appropriate mechanical supportive devices, and the management of



703 fluid, electrolyte, and blood component balances.

704 7. Recognize and take appropriate corrective action for
705 abnormal patient responses to anesthesia, adjunctive medication,
706 or other forms of therapy.

707 8. Recognize and treat a cardiac arrhythmia while the
708 patient is under anesthetic care.

709 9. Participate in management of the patient while in the
710 postanesthesia recovery area, including ordering the
711 administration of fluids and drugs.

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

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

720 1. Perform superficial minor surgical procedures.

721 2. Manage the patient during labor and delivery to include
722 amniotomy, episiotomy, and repair.

723 3. Order, initiate, and perform appropriate anesthetic
724 procedures.

725 4. Perform postpartum examination.

726 5. Order appropriate medications.

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

728 7. Manage the medical care of the normal obstetrical



HB 423, Engrossed 2

2016

729 patient and the initial care of a newborn patient.

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

732 1. Manage selected medical problems.

733 2. Order physical and occupational therapy.

734 3. Initiate, monitor, or alter therapies for certain
735 uncomplicated acute illnesses.

736 4. Monitor and manage patients with stable chronic
737 diseases.

738 5. Establish behavioral problems and diagnosis and make
739 treatment recommendations.

740 (5) The board shall certify, and the department shall
741 issue a certificate to, any nurse meeting the qualifications in
742 this section. The board shall establish an application fee not
743 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
744 board is authorized to adopt such other rules as are necessary
745 to implement the provisions of this section.

746 (6) (a) The board shall establish a committee to recommend
747 a formulary of controlled substances that an advanced registered
748 nurse practitioner may not prescribe or may prescribe only for
749 specific uses or in limited quantities. The committee must
750 consist of three advanced registered nurse practitioners
751 licensed under this section, recommended by the board; three
752 physicians licensed under chapter 458 or chapter 459 who have
753 work experience with advanced registered nurse practitioners,
754 recommended by the Board of Medicine; and a pharmacist licensed



755 under chapter 465 who is a doctor of pharmacy, recommended by
756 the Board of Pharmacy. The committee may recommend an evidence-
757 based formulary applicable to all advanced registered nurse
758 practitioners which is limited by specialty certification, is
759 limited to approved uses of controlled substances, or is subject
760 to other similar restrictions the committee finds are necessary
761 to protect the health, safety, and welfare of the public. The
762 formulary must restrict the prescribing of psychiatric mental
763 health controlled substances for children younger than 18 years
764 of age to advanced registered nurse practitioners who also are
765 psychiatric nurses as defined in s. 394.455. The formulary must
766 also limit the prescribing of Schedule II controlled substances
767 as listed in s. 893.03 to a 7-day supply, except that such
768 restriction does not apply to controlled substances that are
769 psychiatric medications prescribed by psychiatric nurses as
770 defined in s. 394.455.

771 (b) The board shall adopt by rule the recommended
772 formulary and any revision to the formulary which it finds is
773 supported by evidence-based clinical findings presented by the
774 Board of Medicine, the Board of Osteopathic Medicine, or the
775 Board of Dentistry.

776 (c) The formulary required under this subsection does not
777 apply to a controlled substance that is dispensed for
778 administration pursuant to an order, including an order for
779 medication authorized by subparagraph (4) (a) 3., subparagraph
780 (4) (a) 4., or subparagraph (4) (a) 9.



HB 423, Engrossed 2

2016

781 (d) The board shall adopt the committee's initial
782 recommendation no later than October 31, 2016.

783 (7) This section shall be known as "The Barbara Lumpkin
784 Prescribing Act."

785 Section 13. Effective January 1, 2017, subsection (3) of
786 section 464.012, Florida Statutes, as amended by this act, is
787 amended to read:

788 464.012 Certification of advanced registered nurse
789 practitioners; fees; controlled substance prescribing.—

790 (3) An advanced registered nurse practitioner shall
791 perform those functions authorized in this section within the
792 framework of an established protocol that is filed with the
793 board upon biennial license renewal and within 30 days after
794 entering into a supervisory relationship with a physician or
795 changes to the protocol. The board shall review the protocol to
796 ensure compliance with applicable regulatory standards for
797 protocols. The board shall refer to the department licensees
798 submitting protocols that are not compliant with the regulatory
799 standards for protocols. A practitioner currently licensed under
800 chapter 458, chapter 459, or chapter 466 shall maintain
801 supervision for directing the specific course of medical
802 treatment. Within the established framework, an advanced
803 registered nurse practitioner may:

804 (a) Prescribe, dispense, administer, or order any drug;
805 however, an advanced registered nurse practitioner may prescribe
806 or dispense a controlled substance as defined in s. 893.03 only



807 if the advanced registered nurse practitioner has graduated from
 808 a program leading to a master's or doctoral degree in a clinical
 809 nursing specialty area with training in specialized practitioner
 810 skills ~~Monitor and alter drug therapies.~~

811 (b) Initiate appropriate therapies for certain conditions.

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

814 (d) Order diagnostic tests and physical and occupational
 815 therapy.

816 Section 14. Subsection (3) of section 464.013, Florida
 817 Statutes, is amended to read:

818 464.013 Renewal of license or certificate.—

819 (3) The board shall by rule prescribe up to 30 hours of
 820 continuing education biennially as a condition for renewal of a
 821 license or certificate.

822 (a) A nurse who is certified by a health care specialty
 823 program accredited by the National Commission for Certifying
 824 Agencies or the Accreditation Board for Specialty Nursing
 825 Certification is exempt from continuing education requirements.
 826 The criteria for programs must ~~shall~~ be approved by the board.

827 (b) Notwithstanding the exemption in paragraph (a), as
 828 part of the maximum 30 hours of continuing education hours
 829 required under this subsection, advanced registered nurse
 830 practitioners certified under s. 464.012 must complete at least
 831 3 hours of continuing education on the safe and effective
 832 prescription of controlled substances. Such continuing education



HB 423, Engrossed 2

2016

833 courses must be offered by a statewide professional association
834 of physicians in this state accredited to provide educational
835 activities designated for the American Medical Association
836 Physician's Recognition Award Category 1 credit, the American
837 Nurses Credentialing Center, the American Association of Nurse
838 Anesthetists, or the American Association of Nurse Practitioners
839 and may be offered in a distance learning format.

840 Section 15. Paragraph (p) is added to subsection (1) of
841 section 464.018, Florida Statutes, and subsection (2) of that
842 section is republished, to read:

843 464.018 Disciplinary actions.—

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

846 (p) For an advanced registered nurse practitioner:

847 1. Presigning blank prescription forms.

848 2. Prescribing for office use any medicinal drug appearing
849 on Schedule II in chapter 893.

850 3. Prescribing, ordering, dispensing, administering,
851 supplying, selling, or giving a drug that is an amphetamine, a
852 sympathomimetic amine drug, or a compound designated in s.
853 893.03(2) as a Schedule II controlled substance, to or for any
854 person except for:

855 a. The treatment of narcolepsy; hyperkinesis; behavioral
856 syndrome in children characterized by the developmentally
857 inappropriate symptoms of moderate to severe distractibility,
858 short attention span, hyperactivity, emotional lability, and



859 impulsivity; or drug-induced brain dysfunction.

860 b. The differential diagnostic psychiatric evaluation of
861 depression or the treatment of depression shown to be refractory
862 to other therapeutic modalities.

863 c. The clinical investigation of the effects of such drugs
864 or compounds when an investigative protocol is submitted to,
865 reviewed by, and approved by the department before such
866 investigation is begun.

867 4. Prescribing, ordering, dispensing, administering,
868 supplying, selling, or giving growth hormones, testosterone or
869 its analogs, human chorionic gonadotropin (HCG), or other
870 hormones for the purpose of muscle building or to enhance
871 athletic performance. As used in this subparagraph, the term
872 "muscle building" does not include the treatment of injured
873 muscle. A prescription written for the drug products identified
874 in this subparagraph may be dispensed by a pharmacist with the
875 presumption that the prescription is for legitimate medical use.

876 5. Promoting or advertising on any prescription form a
877 community pharmacy unless the form also states: "This
878 prescription may be filled at any pharmacy of your choice."

879 6. Prescribing, dispensing, administering, mixing, or
880 otherwise preparing a legend drug, including a controlled
881 substance, other than in the course of his or her professional
882 practice. For the purposes of this subparagraph, it is legally
883 presumed that prescribing, dispensing, administering, mixing, or
884 otherwise preparing legend drugs, including all controlled



885 substances, inappropriately or in excessive or inappropriate
886 quantities is not in the best interest of the patient and is not
887 in the course of the advanced registered nurse practitioner's
888 professional practice, without regard to his or her intent.

889 7. Prescribing, dispensing, or administering a medicinal
890 drug appearing on any schedule set forth in chapter 893 to
891 himself or herself, except a drug prescribed, dispensed, or
892 administered to the advanced registered nurse practitioner by
893 another practitioner authorized to prescribe, dispense, or
894 administer medicinal drugs.

895 8. Prescribing, ordering, dispensing, administering,
896 supplying, selling, or giving amygdalin (laetrile) to any
897 person.

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

901 10. Promoting or advertising through any communication
902 medium the use, sale, or dispensing of a substance designated in
903 s. 893.03 as a controlled substance.

904 (2) The board may enter an order denying licensure or
905 imposing any of the penalties in s. 456.072(2) against any
906 applicant for licensure or licensee who is found guilty of
907 violating any provision of subsection (1) of this section or who
908 is found guilty of violating any provision of s. 456.072(1).

909 Section 16. Section 627.42392, Florida Statutes, is
910 created to read:



911 627.42392 Prior authorization.—

912 (1) As used in this section, the term "health insurer"
913 means an authorized insurer offering health insurance as defined
914 in s. 624.603, a managed care plan as defined in s. 409.962(9),
915 or a health maintenance organization as defined in s.
916 641.19(12).

917 (2) Notwithstanding any other provision of law, in order
918 to establish uniformity in the submission of prior authorization
919 forms on or after January 1, 2017, a health insurer, or a
920 pharmacy benefits manager on behalf of the health insurer, which
921 does not use an electronic prior authorization form for its
922 contracted providers shall use only the prior authorization form
923 that has been approved by the Financial Services Commission in
924 consultation with the Agency for Health Care Administration to
925 obtain a prior authorization for a medical procedure, course of
926 treatment, or prescription drug benefit. Such form may not
927 exceed two pages in length, excluding any instructions or
928 guiding documentation.

929 (3) The Financial Services Commission in consultation with
930 the Agency for Health Care Administration shall adopt by rule
931 guidelines for all prior authorization forms which ensure the
932 general uniformity of such forms.

933 (4) Electronic prior-authorization approvals do not
934 preclude benefit verification or medical review by the insurer
935 under either the medical or pharmacy benefits.

936 Section 17. Paragraph (a) of subsection (3) of section



937 766.1115, Florida Statutes, is amended to read:

938 766.1115 Health care providers; creation of agency
939 relationship with governmental contractors.—

940 (3) DEFINITIONS.—As used in this section, the term:

941 (a) "Contract" means an agreement executed in compliance
942 with this section between a health care provider and a
943 governmental contractor for volunteer, uncompensated services
944 which allows the health care provider to deliver health care
945 services to low-income recipients as an agent of the
946 governmental contractor. ~~The contract must be for volunteer,~~
947 ~~uncompensated services, except as provided in paragraph (4) (g).~~
948 For services to qualify as volunteer, uncompensated services
949 under this section, the health care provider, or any employee or
950 agent of the health care provider, must receive no compensation
951 from the governmental contractor for any services provided under
952 the contract and must not bill or accept compensation from the
953 recipient, or a public or private third-party payor, for the
954 specific services provided to the low-income recipients covered
955 by the contract, except as provided in paragraph (4) (g). A free
956 clinic as described in subparagraph (d)14. may receive a
957 legislative appropriation, a grant through a legislative
958 appropriation, or a grant from a governmental entity or
959 nonprofit corporation to support the delivery of contracted
960 services by volunteer health care providers, including the
961 employment of health care providers to supplement, coordinate,
962 or support the delivery of such services. The appropriation or



963 grant for the free clinic does not constitute compensation under
964 this paragraph from the governmental contractor for services
965 provided under the contract, nor does receipt or use of the
966 appropriation or grant constitute the acceptance of compensation
967 under this paragraph for the specific services provided to the
968 low-income recipients covered by the contract.

969 Section 18. Subsection (21) of section 893.02, Florida
970 Statutes, is amended to read:

971 893.02 Definitions.—The following words and phrases as
972 used in this chapter shall have the following meanings, unless
973 the context otherwise requires:

974 (21) "Practitioner" means a physician licensed under
975 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
976 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
977 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
978 459, an advanced registered nurse practitioner certified under
979 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
980 462, a certified optometrist licensed under ~~pursuant to~~ chapter
981 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
982 461, or a physician assistant licensed under chapter 458 or
983 chapter 459, provided such practitioner holds a valid federal
984 controlled substance registry number.

985 Section 19. Paragraph (n) of subsection (1) of section
986 948.03, Florida Statutes, is amended to read:

987 948.03 Terms and conditions of probation.—

988 (1) The court shall determine the terms and conditions of



989 probation. Conditions specified in this section do not require
 990 oral pronouncement at the time of sentencing and may be
 991 considered standard conditions of probation. These conditions
 992 may include among them the following, that the probationer or
 993 offender in community control shall:

994 (n) Be prohibited from using intoxicants to excess or
 995 possessing any drugs or narcotics unless prescribed by a
 996 physician, an advanced registered nurse practitioner, or a
 997 physician assistant. The probationer or community controllee may
 998 ~~shall~~ not knowingly visit places where intoxicants, drugs, or
 999 other dangerous substances are unlawfully sold, dispensed, or
 1000 used.

1001 Section 20. Paragraph (a) of subsection (1) and subsection
 1002 (2) of section 458.348, Florida Statutes, are amended to read:

1003 458.348 Formal supervisory relationships, standing orders,
 1004 and established protocols; notice; standards.—

1005 (1) NOTICE.—

1006 (a) When a physician enters into a formal supervisory
 1007 relationship or standing orders with an emergency medical
 1008 technician or paramedic licensed pursuant to s. 401.27, which
 1009 relationship or orders contemplate the performance of medical
 1010 acts, or when a physician enters into an established protocol
 1011 with an advanced registered nurse practitioner, which protocol
 1012 contemplates the performance of medical ~~acts identified and~~
 1013 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
 1014 acts set forth in s. 464.012(3) and (4), the physician shall



HB 423, Engrossed 2

2016

1015 submit notice to the board. The notice shall contain a statement
1016 in substantially the following form:

1017
1018 I, ...(name and professional license number of
1019 physician)..., of ...(address of physician)... have hereby
1020 entered into a formal supervisory relationship, standing orders,
1021 or an established protocol with ...(number of persons)...
1022 emergency medical technician(s), ...(number of persons)...
1023 paramedic(s), or ...(number of persons)... advanced registered
1024 nurse practitioner(s).

1025
1026 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1027 joint committee ~~created under s. 464.003(2)~~ shall determine
1028 minimum standards for the content of established protocols
1029 pursuant to which an advanced registered nurse practitioner may
1030 perform medical acts ~~identified and approved by the joint~~
1031 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
1032 464.012(3) and (4) and shall determine minimum standards for
1033 supervision of such acts by the physician, unless the joint
1034 committee determines that any act set forth in s. 464.012(3) or
1035 (4) is not a medical act. Such standards shall be based on risk
1036 to the patient and acceptable standards of medical care and
1037 shall take into account the special problems of medically
1038 underserved areas. The standards developed by the joint
1039 committee shall be adopted as rules by the Board of Nursing and
1040 the Board of Medicine for purposes of carrying out their



HB 423, Engrossed 2

2016

1041 responsibilities pursuant to part I of chapter 464 and this
1042 chapter, respectively, but neither board shall have disciplinary
1043 powers over the licensees of the other board.

1044 Section 21. Paragraph (a) of subsection (1) of section
1045 459.025, Florida Statutes, is amended to read:

1046 459.025 Formal supervisory relationships, standing orders,
1047 and established protocols; notice; standards.—

1048 (1) NOTICE.—

1049 (a) When an osteopathic physician enters into a formal
1050 supervisory relationship or standing orders with an emergency
1051 medical technician or paramedic licensed pursuant to s. 401.27,
1052 which relationship or orders contemplate the performance of
1053 medical acts, or when an osteopathic physician enters into an
1054 established protocol with an advanced registered nurse
1055 practitioner, which protocol contemplates the performance of
1056 medical acts ~~identified and approved by the joint committee~~
1057 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1058 (4), the osteopathic physician shall submit notice to the board.
1059 The notice must contain a statement in substantially the
1060 following form:

1061
1062 I, ...(name and professional license number of osteopathic
1063 physician)..., of ...(address of osteopathic physician)... have
1064 hereby entered into a formal supervisory relationship, standing
1065 orders, or an established protocol with ...(number of
1066 persons)... emergency medical technician(s), ...(number of



1067 persons)... paramedic(s), or ...(number of persons)... advanced
 1068 registered nurse practitioner(s).

1069 Section 22. Subsection (10) of s. 458.331, paragraph (g)
 1070 of subsection (7) of s. 458.347, subsection (10) of s. 459.015,
 1071 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
 1072 of subsection (5) of s. 465.0158, Florida Statutes, are
 1073 reenacted for the purpose of incorporating the amendment made by
 1074 this act to s. 456.072, Florida Statutes, in references thereto.

1075 Section 23. Paragraph (mm) of subsection (1) of s. 456.072
 1076 and s. 466.02751, Florida Statutes, are reenacted for the
 1077 purpose of incorporating the amendment made by this act to s.
 1078 456.44, Florida Statutes, in references thereto.

1079 Section 24. Section 458.303, paragraph (b) of subsection
 1080 (7) of s. 458.3475, paragraph (e) of subsection (4) and
 1081 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
 1082 of subsection (7) of s. 459.023, Florida Statutes, are reenacted
 1083 for the purpose of incorporating the amendment made by this act
 1084 to s. 458.347, Florida Statutes, in references thereto.

1085 Section 25. Paragraph (c) of subsection (3) of s. 464.012,
 1086 Florida Statutes, is reenacted for the purpose of incorporating
 1087 the amendment made by this act to s. 464.003, Florida Statutes,
 1088 in a reference thereto.

1089 Section 26. Paragraph (a) of subsection (1) of s. 456.041,
 1090 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
 1091 459.025, Florida Statutes, are reenacted for the purpose of
 1092 incorporating the amendment made by this act to s. 464.012,



HB 423, Engrossed 2

2016

1093 Florida Statutes, in references thereto.

1094 Section 27. Subsection (7) of s. 464.0205, Florida
1095 Statutes, is reenacted for the purpose of incorporating the
1096 amendment made by this act to s. 464.013, Florida Statutes, in a
1097 reference thereto.

1098 Section 28. Subsection (11) of s. 320.0848, subsection (2)
1099 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)
1100 of subsection (1), subsection (3), and paragraph (b) of
1101 subsection (4) of s. 464.0205, Florida Statutes, are reenacted
1102 for the purpose of incorporating the amendment made by this act
1103 to s. 464.018, Florida Statutes, in references thereto.

1104 Section 29. Section 775.051, Florida Statutes, is
1105 reenacted for the purpose of incorporating the amendment made by
1106 this act to s. 893.02, Florida Statutes, in a reference thereto.

1107 Section 30. Paragraph (a) of subsection (3) of s. 944.17,
1108 subsection (8) of s. 948.001, and paragraph (e) of subsection
1109 (1) of s. 948.101, Florida Statutes, are reenacted for the
1110 purpose of incorporating the amendment made by this act to s.
1111 948.03, Florida Statutes, in references thereto.

1112 Section 31. Except as otherwise expressly provided in this
1113 act, this act shall take effect upon becoming a law.

1114