

Tab 1 CS/SB 862 by CJ, Legg; (Similar to CS/H 0769) Mental Health Treatment							
734604	A	S	FAV	CF, Altman	Delete L.153:		02/11 09:00 AM

Tab 2 SB 1250 by Latvala; (Compare to H 0423) Behavioral Health Workforce							
693250	D	S	FAV	CF, Hutson	Delete everything after		02/11 02:37 PM
430372	AA	S L	FAV	CF, Hutson	Delete L.920 - 961.		02/11 02:37 PM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Sobel, Chair
Senator Altman, Vice Chair

MEETING DATE: Wednesday, February 10, 2016
TIME: 10:00—11:00 a.m.
PLACE: 301 Senate Office Building

MEMBERS: Senator Sobel, Chair; Senator Altman, Vice Chair; Senators Dean, Detert, Garcia, Hutson, and Ring

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	CS/SB 862 Criminal Justice / Legg (Similar CS/H 769)	Mental Health Treatment; Authorizing forensic and civil facilities to order the continuation of psychotropic medications for clients receiving such medication in the jail before admission to those facilities under certain circumstances; requiring a jail physician to provide a current psychotropic medication order under certain circumstances; revising the time for dismissal of certain charges for defendants that remain incompetent to proceed to trial, etc. CJ 02/01/2016 Fav/CS CF 02/10/2016 Fav/CS FP	Fav/CS Yeas 6 Nays 0
2	SB 1250 Latvala (Compare H 423, CS/H 977, S 12, S 210, S 428, CS/CS/S 676, S 2508)	Behavioral Health Workforce; Expanding the authority of a psychiatric nurse to approve the release of a patient from a receiving facility; authorizing procedures for recommending admission of a patient to a treatment facility; adding psychiatry to a list of primary care specialties under the Statewide Medicaid Residency Program; requiring advanced registered nurse practitioners and physician assistants who prescribe controlled substances for pain management to make a certain designation, comply with registration requirements, and follow specified standards of practice, etc. CF 02/10/2016 Fav/CS AHS AP	Fav/CS Yeas 5 Nays 0

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/CS/SB 862

INTRODUCER: Children, Families, and Elder Affairs Committee; Criminal Justice Committee and Senator Legg

SUBJECT: Mental Health Treatment

DATE: February 11, 2016

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Sumner</u>	<u>Cannon</u>	<u>CJ</u>	Fav/CS
2.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	Fav/CS
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 862 amends s.916.107(3), F.S., by authorizing a physician in a state forensic or civil facility to continue the administration of psychotropic medication previously prescribed in jail when a forensic client lacks the capacity to make an informed decision and in the physician's opinion, the abrupt cessation of the medication could pose a risk to the health or safety of the client.

The bill amends ss. 916.13 and 916.15, F.S., to require a competency hearing to be held within 30 days after the court has been notified that a defendant is competent to proceed, or no longer meets the criteria for continued commitment.

The bill permits a court to dismiss charges for specified nonviolent offenses for an individual whom the court has determined to be incompetent to proceed and who remains incompetent for 3 years rather than 5 years after the original determination. The bill clarifies that the timeframe for mandatory dismissal of all charges for an incompetent individual who remains incompetent is 5 continuous, uninterrupted years since the court's original determination of incompetency.

The bill may have a positive fiscal impact to the state and has an effective date of July 1, 2016.

II. Present Situation:

Competency

The Due Process Clause of the 14th Amendment prohibits the states from trying and convicting defendants who are incompetent to stand trial.¹ The states must have procedures in place that adequately protect the defendant's right to a fair trial, which includes his or her participation in all material stages of the process.² Defendants must be able to appreciate the range and nature of the charges and penalties that may be imposed, understand the adversarial nature of the legal process, and disclose to counsel facts pertinent to the proceedings. Defendants also must manifest appropriate courtroom behavior and be able to testify relevantly.³

If a defendant is suspected of being incompetent, the court, counsel for the defendant, or the state may file a motion for examination to have the defendant's cognitive state assessed.⁴ If the motion is well-founded the court will appoint experts to evaluate the defendant's cognitive state. The defendant's competency is then determined by the judge in a subsequent hearing.⁵ If the defendant is found to be competent, the criminal proceeding resumes.⁶ If the defendant is found to be incompetent to proceed, the proceeding may not resume unless competency is restored.⁷

Chapter 916, F.S., governs the state forensic system, which is a network of state facilities and community services for persons who have mental health issues and who are involved with the criminal justice system. Offenders who are charged with a felony and adjudicated incompetent to proceed⁸ and offenders who are adjudicated not guilty by reason of insanity may be involuntarily committed to state civil⁹ and forensic¹⁰ treatment facilities by the circuit court,¹¹ or in lieu of such commitment, may be released on conditional release¹² by the circuit court if the person is

¹ See *Pate v. Robinson*, 383 U.S. 375, 86 S.Ct. 836, 15 L.Ed. 815 (1966); *Bishop v. U.S.*, 350 U.S.961, 76 S.Ct. 440, 100 L.Ed. 835 (1956); *Jones v. State*, 740 So.2d 520 (Fla. 1999).

² *Id.* See also Rule 3.210(a)(1), Fla.R.Crim.P.

³ *Id.* See also s. 916.12, 916.3012, and 985.19, F.S.

⁴ Rule 3.210, Fla.R.Crim.P.

⁵ *Id.*

⁶ Rule 3.212, Fla.R.Crim.P.

⁷ *Id.*

⁸ "Incompetent to proceed" means "the defendant does not have sufficient present ability to consult with her or his lawyer with a reasonable degree of rational understanding" or "the defendant has no rational, as well as factual, understanding of the proceedings against her or him." s. 916.12(1), F.S.

⁹ A "civil facility" is: a mental health facility established within the Department of Children and Families (DCF) or by contract with DCF to serve individuals committed pursuant to chapter 394, F.S., and defendants pursuant to chapter 916, F.S., who do not require the security provided in a forensic facility; or an intermediate care facility for the developmentally disabled, a foster care facility, a group home facility, or a supported living setting designated by the Agency for Persons with Disabilities (APD) to serve defendants who do not require the security provided in a forensic facility. Section 916.106(4), F.S. DCF oversees two state-operated forensic facilities, Florida State Hospital and North Florida Evaluation and Treatment Center, and two privately-operated, maximum security forensic treatment facilities, South Florida Evaluation and Treatment Center and Treasure Coast Treatment Center.

¹⁰ A "forensic facility" is a separate and secure facility established within DCF or APD to service forensic clients. A separate and secure facility means a security-grade building for the purpose of separately housing persons who have mental illness from persons who have intellectual disabilities or autism and separately housing persons who have been involuntarily committed pursuant to chapter 916, F.S., from non-forensic residents. s. 916.106(10), F.S.

¹¹ Sections 916.13, 916.15, and 916.302, F.S.

¹² Conditional release is release into the community accompanied by outpatient care and treatment. s. 916.17, F.S.

not serving a prison sentence.¹³ Conditional release is release into the community accompanied by outpatient care and treatment. The committing court retains jurisdiction over the defendant while the defendant is under involuntary commitment or conditional release.¹⁴

Sections 916.13 and 916.15, F.S., set forth the criteria under which a court may involuntarily commit a defendant charged with a felony who has been adjudicated incompetent to proceed, or who has been found not guilty by reason of insanity. If a person is committed pursuant to either statute, the administrator at the commitment facility must submit a report to the court:

- No later than 6 months after a defendant's admission date and at the end of any period of extended commitment; or
- At any time the administrator has determined that the defendant has regained competency or no longer meets the criteria for involuntary commitment.¹⁵

The statutes are silent as to a time frame in which the court must hold a hearing to determine continued competency or the continued need for involuntary commitment. The statutes are additionally silent as to transportation of the defendant to the committing court's jurisdiction for these hearings. The time frame for the hearings are set forth in Florida Rules of Criminal Procedure which require the court to hold a hearing within 30 days of receiving a report from a facility administrator that indicates that a person adjudicated incompetent to proceed or not guilty by reason of insanity no longer meets the criteria for commitment.¹⁶ However, there is no express requirement within the Florida Rules of Criminal Procedure to transport the defendant to the committing court's jurisdiction for these hearings.

Dismissal of Charges

Section 916.145, F.S., requires all charges against any defendant adjudicated incompetent to proceed due to mental illness be dropped if the defendant remains incompetent to proceed 5 years after the initial determination. However, a court may extend the time period to dismiss the charges beyond 5 years if in its order specifies its reasons for believing that a defendant will become competent to proceed within the foreseeable future and specifies the time within which a defendant is expected to become competent to proceed.¹⁷ Any charges dismissed under this section are dismissed without prejudice which allows the state to refile the charges should a defendant be declared competent to proceed in the future.¹⁸

Psychotropic Medication Treatment

Currently, forensic clients¹⁹ must give express and informed consent to treatment.²⁰ If they refuse and the situation is deemed an emergency that puts the client's safety at risk, treatment may be

¹³ Section 916.17(1), F.S.

¹⁴ Section 916.16(1), F.S.

¹⁵ Section 916.13(2), F.S.; section 916.15(3), F.S.

¹⁶ Rules 3.212(c)(6) and 3.218(b) Florida Rules of Criminal Procedure.

¹⁷ Section 916.145, F.S.

¹⁸ Id.

¹⁹ Forensic clients are individuals who have been committed to DCF, pursuant to ch. 916, F.S., because they have been charged with committing a felony but have been adjudicated incompetent, adjudicated not guilty by reason of insanity, or determined to be incompetent to proceed.

²⁰ Section 916.107(3)(a), F.S.

given for 48 hours.²¹ If the person still refuses to give consent, a court order must be sought for continuation of the treatment.²² In non-emergency situations, treatment may not be given without the client's consent.²³ Instead, the facility administrator or designee must petition the court for an order authorizing necessary and essential treatment for the client, including administration of psychotropic medication.²⁴ There will be a delay between the time in which the petition is filed and the hearing for the petition. In this interim the client will not receive any psychotropic medication, even if he or she was receiving this medication at the jail. This creates a delay in treatment which could potentially lead to a client's decompensation and prolong the client's length of stay at the facility.

If a person is committed pursuant to either statute, the administrator at the commitment facility must submit a report to the court:

- No later than 6 months after a defendant's admission date and at the end of any period of extended commitment; or
- At any time the administrator has determined that the defendant has regained competency or no longer meets the criteria for involuntary commitment.²⁵

The statutes are silent as to a time frame in which the court must hold a hearing to determine continued competency or the continued need for involuntary commitment. The statutes are additionally silent as to transportation of the defendant to the committing court's jurisdiction for these hearings. The time frame for the hearings are set forth in Florida Rules of Criminal Procedure which require the court to hold a hearing within 30 days of receiving a report from a facility administrator that indicates that a person adjudicated incompetent to proceed or not guilty by reason of insanity no longer meets the criteria for commitment.²⁶ However, there is no express requirement within the Florida Rules of Criminal Procedure to transport the defendant to the committing court's jurisdiction for these hearings.

III. Effect of Proposed Changes:

Rights of Forensic Clients

Section 1 of the bill amends s. 916.107(3), F.S., by authorizing a physician in a state forensic or civil facility to continue the administration of psychotropic medication previously prescribed in jail when a forensic client lacks the capacity to make an informed decision and in the physician's opinion, the abrupt cessation of the medication could pose a risk to the health or safety of the client.

This authority is limited to the time period required to obtain a court order for the medication. Within 5 days after admission, the administrator or designee of the civil or forensic facility may petition the committing court or the circuit court of the county the facility is located, for an order authorizing the continued treatment of a client using the psychotropic medication. The jail

²¹ Section 916.107(3)(a)1., F.S.

²² Id.

²³ Section 916.107(3)(a)2., F.S.

²⁴ Id.

²⁵ Section 916.13(2), F.S.; section 916.15(3), F.S.

²⁶ Rules 3.212(c)(6) and 3.218(b) Florida Rules of Criminal Procedure.

physician must provide a current psychotropic medication order at the time of transfer to the forensic or civil facility or upon request of the admitting physician after the client is evaluated.

Dismissal of Charges

Section 3 of the bill amends s. 916.145, F.S., to require that all charges be dismissed if the defendant remains incompetent to proceed for 5 continuous, uninterrupted years after the initial determination. The bill also permits a court to dismiss charges for an individual whom the court has determined to be incompetent to proceed and who remains incompetent for at least 3 years after the original determination, unless the charge is:

- Arson;
- Sexual battery;
- Robbery;
- Kidnapping;
- Aggravated child abuse;
- Aggravated abuse of an elderly person or disabled adult;
- Aggravated assault with a deadly weapon;
- Murder;
- Manslaughter;
- Aggravated manslaughter of an elderly person or disabled adult;
- Aggravated manslaughter of a child;
- Unlawful throwing, projecting, placing, or discharging of a destructive device or bomb;
- Armed burglary;
- Aggravated battery;
- Aggravated stalking;
- A forcible felony as defined in s. 776.08, F.S., that is not otherwise listed;
- An offense involving the possession, use, or discharge of a firearm; or an attempt to commit any of these offenses;
- Any offense allegedly committed by a defendant who has had a forcible or violent felony conviction within the five years preceding the date of arrest for the nonviolent felony sought to be dismissed;
- Any offense allegedly committed by a defendant who, after having been found incompetent and under court supervision in a community-based program, is formally charged by a State Attorney with a new felony offense; or
- An offense for which there is an identifiable victim and the victim has not consented to the dismissal.

Competency

Sections 2 and 4 of the bill amends ss. 916.13 and 916.15, F.S., respectively, to require a competency hearing to be held within 30 days after the court has been notified that a defendant is competent to proceed, or no longer meets the criteria for continued commitment. The bill also requires that the defendant be transported to the committing court's jurisdiction for these hearings. These requirements are consistent with Rule 3.212(c)(6), Florida Rules of Criminal Procedure, and should help make vacancies available at secure facilities for individuals awaiting

admission. As statutorily mandated, forensic individuals committed to the care of DCF for involuntary hospitalization must be admitted within 15 days of commitment.

Sections 5 and 6 of the bill reenact ss. 916.106 and 394.467, F.S., respectively, to incorporate the changes made in the bill to ss. 916.13 and 916.15, F.S.

Section 7 of the bill provides an effective date of July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The bill may have a positive fiscal impact to the state if individuals charged with nonviolent offenses who have not regained competency after 3 years have their charges dismissed.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 916.107, 916.13, 916.145, and 916.15.

This bill reenacts sections 916.106 and 394.467 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Children, Families, and Elder Affairs on February 10, 2016:

The Committee Substitute clarifies when a court can dismiss charges for individuals whose competency has not been restored after 3 years.

CS by Criminal Justice on February 1, 2016:

The Committee Substitute permits a court to dismiss charges for specified nonviolent offenses for an individual whom the court has determined to be incompetent to proceed and who remains incompetent for 3 years after the original determination.

It also changes the timeframe for mandatory dismissal of all charges for an individual whom the court has determined to be incompetent to proceed and who remains incompetent to 5 continuous, uninterrupted years since the court's original determination of incompetency.

- B. **Amendments:**

None.



734604

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
02/11/2016	.	
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	.	
	.	

The Committee on Children, Families, and Elder Affairs (Altman) recommended the following:

Senate Amendment

Delete line 153
and insert:
at least 3 years after such determination,

By the Committee on Criminal Justice; and Senator Legg

591-02913-16

2016862c1

A bill to be entitled

An act relating to mental health treatment; amending s. 916.107, F.S.; authorizing forensic and civil facilities to order the continuation of psychotropic medications for clients receiving such medication in the jail before admission to those facilities under certain circumstances; requiring a jail physician to provide a current psychotropic medication order under certain circumstances; amending s. 916.13, F.S.; requiring that a competency hearing be held within a specified time; amending s. 916.145, F.S.; revising the time for dismissal of certain charges for defendants that remain incompetent to proceed to trial; providing exceptions; amending s. 916.15, F.S.; requiring that a commitment hearing be held within a specified time; reenacting s. 916.106(9), F.S., relating to the definition of the terms "forensic client" or "client," to incorporate the amendments made to ss. 916.13 and 916.15, F.S., in references thereto; reenacting s. 394.467(7)(a), F.S., relating to involuntary inpatient placement, to incorporate the amendments made to s. 916.15, F.S., in a reference thereto; providing an effective date.

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

Section 1. Paragraph (a) of subsection (3) of section 916.107, Florida Statutes, is amended to read:

916.107 Rights of forensic clients.—

(3) RIGHT TO EXPRESS AND INFORMED CONSENT.—

(a) A forensic client shall be asked to give express and informed written consent for treatment. If a client refuses such

Page 1 of 8

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

591-02913-16

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treatment as is deemed necessary and essential by the client's multidisciplinary treatment team for the appropriate care of the client, such treatment may be provided under the following circumstances:

1. In an emergency situation in which there is immediate danger to the safety of the client or others, such treatment may be provided upon the written order of a physician for up to a ~~period not to exceed~~ 48 hours, excluding weekends and legal holidays. If, after the 48-hour period, the client has not given express and informed consent to the treatment initially refused, the administrator or designee of the civil or forensic facility shall, within 48 hours, excluding weekends and legal holidays, petition the committing court or the circuit court serving the county in which the facility is located, at the option of the facility administrator or designee, for an order authorizing the continued treatment of the client. In the interim, the need for treatment shall be reviewed every 48 hours and may be continued without the consent of the client upon the continued written order of a physician who has determined that the emergency situation continues to present a danger to the safety of the client or others.

2. In a situation other than an emergency situation, the administrator or designee of the facility shall petition the court for an order authorizing necessary and essential treatment for the client.

a. If the client has been receiving psychotropic medication while incarcerated at the time of transfer to the forensic or civil facility and lacks the capacity to make an informed decision regarding mental health treatment at the time of

Page 2 of 8

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591-02913-16

2016862c1

62 admission, the admitting physician may order continued
 63 administration of psychotropic medication if, in the clinical
 64 judgment of the physician, abrupt cessation of psychotropic
 65 medication could pose a risk to the health or safety of the
 66 client while a court order to medicate is pursued. The
 67 administrator or designee of the civil or forensic facility may,
 68 within 5 days after admission, excluding weekends and legal
 69 holidays, petition the committing court or the circuit court
 70 servicing the county in which the facility is located, at the
 71 option of the facility administrator or designee, for an order
 72 authorizing the continued treatment of a client using the
 73 psychotropic medication. The jail physician shall provide a
 74 current psychotropic medication order at the time of transfer to
 75 the forensic or civil facility or upon request of the admitting
 76 physician after the client is evaluated.

77 b. The court order shall allow such treatment for up to a
 78 period not to exceed 90 days after following the date that of
 79 the entry of the order was entered. Unless the court is notified
 80 in writing that the client has provided express and informed
 81 written consent in writing or that the client has been
 82 discharged by the committing court, the administrator or
 83 designee of the facility shall, before the expiration of the
 84 initial 90-day order, petition the court for an order
 85 authorizing the continuation of treatment for an additional 90
 86 days another 90-day period. This procedure shall be repeated
 87 until the client provides consent or is discharged by the
 88 committing court.

89 3. At the hearing on the issue of whether the court should
 90 enter an order authorizing treatment for which a client was

Page 3 of 8

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591-02913-16

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91 unable to or refused to give express and informed consent, the
 92 court shall determine by clear and convincing evidence that the
 93 client has mental illness, intellectual disability, or autism,
 94 that the treatment not consented to is essential to the care of
 95 the client, and that the treatment not consented to is not
 96 experimental and does not present an unreasonable risk of
 97 serious, hazardous, or irreversible side effects. In arriving at
 98 the substitute judgment decision, the court must consider at
 99 least the following factors:

- 100 a. The client's expressed preference regarding treatment;
- 101 b. The probability of adverse side effects;
- 102 c. The prognosis without treatment; and
- 103 d. The prognosis with treatment.

104
 105 The hearing shall be as convenient to the client as may be
 106 consistent with orderly procedure and shall be conducted in
 107 physical settings not likely to be injurious to the client's
 108 condition. The court may appoint a general or special magistrate
 109 to preside at the hearing. The client or the client's guardian,
 110 and the representative, shall be provided with a copy of the
 111 petition and the date, time, and location of the hearing. The
 112 client has the right to have an attorney represent him or her at
 113 the hearing, and, if the client is indigent, the court shall
 114 appoint the office of the public defender to represent the
 115 client at the hearing. The client may testify or not, as he or
 116 she chooses, and has the right to cross-examine witnesses and
 117 may present his or her own witnesses.

118 Section 2. Subsection (2) of section 916.13, Florida
 119 Statutes, is amended to read:

Page 4 of 8

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591-02913-16

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120 916.13 Involuntary commitment of defendant adjudicated
121 incompetent.-

122 (2) A defendant who has been charged with a felony and ~~who~~
123 ~~has been~~ adjudicated incompetent to proceed due to mental
124 illness, ~~and~~ who meets the criteria for involuntary commitment
125 ~~to the department under the provisions of~~ this chapter, may be
126 committed to the department, and the department shall retain and
127 treat the defendant.

128 (a) Within No later than 6 months after the date of
129 admission and at the end of any period of extended commitment,
130 or at any time the administrator or designee determines shall
131 ~~have determined~~ that the defendant has regained competency to
132 proceed or no longer meets the criteria for continued
133 commitment, the administrator or designee shall file a report
134 with the court pursuant to the applicable Florida Rules of
135 Criminal Procedure.

136 (b) A competency hearing shall be held within 30 days after
137 the court receives notification that the defendant is competent
138 to proceed or no longer meets the criteria for continued
139 commitment. The defendant must be transported back to the
140 committing court's jurisdiction for the hearing.

141 Section 3. Section 916.145, Florida Statutes, is amended to
142 read:

143 916.145 Dismissal of charges.-

144 (1) The charges against ~~a any~~ defendant adjudicated
145 incompetent to proceed due to ~~the defendant's~~ mental illness
146 shall be dismissed without prejudice to the state if the
147 defendant remains incompetent to proceed 5 continuous
148 uninterrupted years after such determination, unless the court in

Page 5 of 8

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591-02913-16

2016862c1

149 its order specifies its reasons for believing that the defendant
150 will become competent to proceed within the foreseeable future
151 and specifies the time within which the defendant is expected to
152 become competent to proceed. The court may dismiss such charges
153 at least 3 and no more than 5 years after such determination,
154 unless the charge is:

155 (a) Arson;

156 (b) Sexual battery;

157 (c) Robbery;

158 (d) Kidnapping;

159 (e) Aggravated child abuse;

160 (f) Aggravated abuse of an elderly person or disabled
161 adult;

162 (g) Aggravated assault with a deadly weapon;

163 (h) Murder;

164 (i) Manslaughter;

165 (j) Aggravated manslaughter of an elderly person or
166 disabled adult;

167 (k) Aggravated manslaughter of a child;

168 (l) Unlawful throwing, projecting, placing, or discharging
169 of a destructive device or bomb;

170 (m) Armed burglary;

171 (n) Aggravated battery;

172 (o) Aggravated stalking;

173 (p) A forcible felony as defined in s. 776.08 and not
174 listed elsewhere in this subsection;

175 (q) An offense involving the possession, use, or discharge
176 of a firearm;

177 (r) An attempt to commit an offense listed in this

Page 6 of 8

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

591-02913-16

2016862c1

178 subsection;

179 (s) An offense allegedly committed by a defendant who has
 180 had a forcible or violent felony conviction within the 5 years
 181 preceding the date of arrest for the nonviolent felony sought to
 182 be dismissed;

183 (t) An offense allegedly committed by a defendant who,
 184 after having been found incompetent and under court supervision
 185 in a community-based program, is formally charged by a State
 186 Attorney with a new felony offense; or

187 (u) One for which there is an identifiable victim and such
 188 victim has not consented to the dismissal.

189 (2) This section does not prohibit the state from refileing
 190 dismissed charges if the defendant is declared to be competent
 191 to proceed in the future against the defendant are dismissed
 192 without prejudice to the state to refile the charges should the
 193 defendant be declared competent to proceed in the future.

194 Section 4. Subsection (5) is added to section 916.15,
 195 Florida Statutes, to read:

196 916.15 Involuntary commitment of defendant adjudicated not
 197 guilty by reason of insanity.—

198 (5) The commitment hearing shall be held within 30 days
 199 after the court receives notification that the defendant is
 200 competent to proceed and no longer meets the criteria for
 201 continued commitment. The defendant must be transported back to
 202 the committing court's jurisdiction for the hearing.

203 Section 5. For the purpose of incorporating the amendments
 204 made by this act to sections 916.13 and 916.15, Florida
 205 Statutes, in references thereto, subsection (9) of section
 206 916.106, Florida Statutes, is reenacted to read:

591-02913-16

2016862c1

207 916.106 Definitions.—For the purposes of this chapter, the
 208 term:

209 (9) "Forensic client" or "client" means any defendant who
 210 has been committed to the department or agency pursuant to s.
 211 916.13, s. 916.15, or s. 916.302.

212 Section 6. For the purpose of incorporating the amendment
 213 made by this act to section 916.15, Florida Statutes, in a
 214 reference thereto, paragraph (a) of subsection (7) of section
 215 394.467, Florida Statutes, is reenacted to read:

216 394.467 Involuntary inpatient placement.—

217 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
 218 PLACEMENT.—

219 (a) Hearings on petitions for continued involuntary
 220 inpatient placement shall be administrative hearings and shall
 221 be conducted in accordance with the provisions of s. 120.57(1),
 222 except that any order entered by the administrative law judge
 223 shall be final and subject to judicial review in accordance with
 224 s. 120.68. Orders concerning patients committed after
 225 successfully pleading not guilty by reason of insanity shall be
 226 governed by the provisions of s. 916.15.

227 Section 7. This act shall take effect July 1, 2016.



734604

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
02/11/2016	.	
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The Committee on Children, Families, and Elder Affairs (Altman) recommended the following:

- 1 **Senate Amendment**
- 2
- 3 Delete line 153
- 4 and insert:
- 5 at least 3 years after such determination,

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/SB 1250

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Latvala

SUBJECT: Behavioral Health Workforce

DATE: February 11, 2016

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Crosier	Hendon	CF	Fav/CS
2.			AHS	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1250 expands the behavioral health workforce, recognizes the need for additional psychiatrists is of critical state concern, integrates primary care and psychiatry and allows persons with disqualifying offenses that occurred 5 or more years ago to work under the supervision of certain qualified personnel until a final determination regarding the request for an exemption from disqualification is made.

The bill authorizes physician assistants (PAs) and advanced registered nurse practitioners (ARNPs) to prescribe controlled substances with certain limitations. Specifically, the bill allows the Council on Physician Assistants and the Board of Nursing (BON) to each adopt a formulary to limit the types and amounts of controlled substances that may be prescribed by PAs and ARNPs.

The bill requires a PA or an ARNP, who prescribes any controlled substance for the treatment of chronic nonmalignant pain to register with the Department of Health (DOH) as a controlled substance prescribing practitioner. This new requirement also subjects PAs and ARNPs who are registered as controlled substance prescribing practitioners to meet the statutory practice standards for such prescribing practitioners. Additionally, the bill provides that only a physician may dispense medication or prescribe a controlled substance on the premises of a registered pain management clinic.

The bill makes the process of retaining a patient in a receiving facility, or placing a patient in a treatment facility under the Baker Act more efficient by allowing the psychiatrist providing the first opinion and the psychiatrist or clinical psychologist providing a second opinion to examine the patient through electronic means. Currently, only the psychiatrist or clinical psychologist providing a second opinion may perform an examination electronically.

The bill corrects current law to exempt persons employed with the Department of Corrections in an inmate substance abuse program are exempt from a fingerprinting and background check requirement, unless they have direct contact with unmarried inmates under the age of 18 or with inmates who are developmentally disabled. The current law erroneously states the inverse.

The bill expands who is eligible to be a service provider in a substance abuse program by allowing those persons who have had a disqualifying offense that occurred 5 or more years ago and who have requested an exemption from disqualification to work with adults with substance use disorders.

The bill requires hospital to provide advance notice to certain obstetrical physicians within 90 days before it closes its obstetrical department or ceases to provide obstetrical services.

The bill, except as otherwise expressly provided, shall take effect upon becoming law.

II. Present Situation:

Behavioral Health Workforce Shortage

The Institute of Medicine (IOM) has chronicled efforts, beginning as early as the 1970s, to deal with workforce issues regarding mental and substance use disorders, but notes that most have not been sustained long enough or been comprehensive enough to remedy the problems.¹ Shortages of qualified workers, recruitment and retention of staff, and an aging workforce have long been cited as problems.² Lack of workers in rural areas and the need for a workforce more reflective

¹ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*, January 24, 2013, pg. r, citing the following Institute of Medicine reports: Institute of Medicine, (2006), *Improving the quality of health care for mental and substance-use conditions.*, Washington, DC, National Academies Press; Institute of Medicine, (2003), Greiner, A., & Knebel, E. (Eds.), *Health professions education: A bridge to quality.*, Washington, DC, National Academies Press; Institute of Medicine, (2004), Smedley, B. D., Butler, A. S., Bristow, L. R. (Eds.), *In the nation's compelling interest: Ensuring diversity in the health-care workforce.*, Washington, DC, National Academies Press; and Institute of Medicine, & Eden, J., (2012), *The mental health and substance use workforce for older adults: In whose hands?*, Washington, DC, National Academies Press; available at <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjK9-voubzKAhVCVyYKHYx5DHYQFggdMAA&url=https%3A%2F%2Fstore.samhsa.gov%2Fshin%2Fcontent%2FPEP13-RTCBHWORK%2FPEP13-RTC-BHWORK.pdf&usq=AFQjCNGxewm3bHzmpsqu5zeWfUdqYhVpiw&sig2=WC81nKPjgNdMdm00jN20fw> (last accessed on February 6, 2016).

² U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*, January 24, 2013, pg. 4, available at <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwjK9->

of the racial and ethnic composition of the U.S. population create additional barriers to accessing care for many.³ Recruitment and retention efforts are hampered by inadequate compensation, which discourages many from entering or remaining in the field.⁴ In addition, the misperceptions and prejudice surrounding mental and substance use disorders and those who experience them are imputed to those who work in the field.⁵

Of additional concern, the IOM⁶ found that the workforce is unprepared to meet the mental and substance use disorder treatment needs of the rapidly growing population of older adults. The IOM report's data indicate that 5.6 to 8 million older adults, have one or more mental health and substance use conditions which compound the care they need. However, there is a shortage of mental health or substance abuse practitioners who are trained with this population.

The IOM projects that by 2020, there will be 12,625 child and adolescent psychologists needed, but a supply of only 8,312 is anticipated.⁷ In 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that more than two-thirds of primary care physicians who tried to obtain outpatient mental health services for their patients reported they were unsuccessful because of shortages in mental health care providers, health plan barriers, and lack of coverage or inadequate coverage.

As of January 2016, the Health Resources and Services Administration has designed 4,362 Mental Health Professional Shortage Areas, including one or more in each state, the District of Columbia, and each of the territories.⁸

Behavioral Health Practice

In the U.S., states generally require a person to achieve higher levels of education to become a mental health counselor compared to that of a substance abuse counselor. As of 2011, almost all states (98 percent) required a master's degree to qualify as a mental health counselor but 45 percent of states did not require any college degree to qualify as a substance abuse counselor. For behavioral health care disciplines, independent practice requires a master's degree in most states; however, for addiction counselors, data available a decade ago indicated that about 50-55 percent of those certified or practicing in the field held at least a master's degree, 75 percent held a bachelor's degree, and the remainder had either completed some college or held a high school diploma or equivalent degree.⁹

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³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ *Id.* At 10.

⁸ Health Resources and Services Administration, *Data Warehouse, Health Professional Shortage Areas (HPSA) and Medically Underserved Areas/Populations (MUA/P)*, available at <http://datawarehouse.hrsa.gov/topics/shortageAreas.aspx> (last accessed on February 6, 2016).

⁹ *Supra* note 2.

Because of major changes to the field of behavioral health, including the integration of behavioral health and primary care, a push to accelerate the adoption of evidence-based practices, and a model of care that is recovery-oriented, person-centered, integrated, and utilizes multi-disciplinary teams, behavioral health workers are in need of additional pre-service training and continuing education.¹⁰ Behavioral health has moved to a chronic care, public health model to define needed services. This model recognizes the importance of prevention, the primacy of long-term recovery as its key construct, and is shaped by those with lived experience of recovery.¹¹ This new care model will require a diverse, skilled, and trained workforce that employs a range of workers, including people in recovery, recovery specialists, case workers and highly trained specialists.¹² In fact, the movement to include primary care providers into the field of behavioral health has meant that there is currently no consensus as to which health care provider types make up the workforce.¹³ Generally, however, the workforce is made up of professionals practicing psychiatry, clinical psychology, clinical social work, advanced practice psychiatric nursing, marriage and family therapy, substance abuse counseling, and counseling¹⁴

Involuntary Examination and Inpatient Placement under the Baker Act

In 1971, the Legislature passed the Florida Mental Health Act (also known as the Baker Act¹⁵), codified in part I of ch. 394, F.S., to address mental health needs in the state.¹⁶ The Baker Act provides the authority and process for the voluntary and involuntary examination of persons with evidence of a mental illness and the subsequent inpatient or outpatient placement of such individuals for treatment.

The Department of Children and Families (DCF) administers the Baker Act through receiving facilities that examine persons with evidence of mental illness. Receiving facilities are designated by the DCF and may be public or private facilities that provide the examination and short-term treatment of persons who meet the criteria under the Baker Act.¹⁷ Subsequent to examination at a receiving facility, a person who requires further treatment may be transported to

¹⁰ *Id.* at 4-5.

¹¹ *Id.* at 6.

¹² *Id.*

¹³ Congressional Research Service, *The Mental Health Workforce: A Primer*, April 16, 2015, available at http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0ahUKEwjK9voubzKAhVCVYyYKHx5DHYQFggUAI&url=http%3A%2F%2Ffas.org%2Fsgp%2Fcrs%2Fmisc%2FR43255.pdf&usg=AFQjCNHkmHp_4SMtmCWS7gImwEWxhPGI1g&sig2=5JBwSXTV1PHBeGZJGig0Xw (last accessed on February 6, 2016).

¹⁴ *Id.* At 2 (using the Substance Abuse and Mental Health Services Administration definition).

¹⁵ “The Baker Act” is named for its sponsor, Representative Maxine E. Baker, one of the first two women from Dade County elected to office in the Florida Legislature. As chair of the House Committee on Mental Health, she championed the treatment of mental illness in a manner that would not sacrifice a patient's rights and dignity. Baker served five terms as a member of the Florida House of Representatives from 1963-1972 and was instrumental in the passage of the Florida Mental Health Act. See University of Florida Smathers Libraries, *A Guide to the Maxine E. Baker Papers*, available at <http://www.library.ufl.edu/spec/pkyonge/baker.htm> (last accessed January 21, 2016), and Department of Children and Families and University of South Florida, Department of Mental Health and Law, *Baker Act Handbook and User Reference Guide 2014 (2014)*, available at <http://myflfamilies.com/service-programs/mentalhealth/baker-act> (select “2014 Baker Act Manual”) (last accessed January 21, 2016).

¹⁶ Chapter 71-131, s. 1, Laws of Fla.

¹⁷ Section 394.455(32), F.S.

a treatment facility. Treatment facilities designated by the DCF are state hospitals (e.g. Florida State Hospital) which provide extended treatment and hospitalization beyond what is provided in a receiving facility.¹⁸

Current law provides that an involuntary examination may be initiated if there is reason to believe a person has a mental illness and because of the illness:¹⁹

- The person has refused a voluntary examination after explanation of the purpose of the exam or is unable to determine for himself or herself that an examination is needed; and
- The person is likely to suffer from self-neglect or substantial harm to her or his well-being, or be a danger to himself or herself or others.

Courts, law enforcement officers, and certain health care practitioners are authorized to initiate such involuntary examinations.²⁰ A circuit court may enter an *ex parte* order stating a person meets the criteria for involuntary examination. A law enforcement officer²¹ may take a person into custody who appears to meet the criteria for involuntary examination and transport them to a receiving facility for examination. Health care practitioners may initiate an involuntary examination by executing the *Certificate of a Professional Initiating an Involuntary Examination*, an official form adopted in rule by the DCF.²² The health care practitioner must have examined the person within the preceding 48 hours and state that the person meets the criteria for involuntary examination.²³ The Baker Act currently authorizes the following health care practitioners to initiate an involuntary examination by certificate:²⁴

- A physician licensed under ch. 458, F.S., or ch. 459, F.S., who has experience in the diagnosis and treatment of mental and nervous disorders.
- A clinical psychologist, as defined in s. 490.003(7), F.S., with three years of postdoctoral experience in the practice of clinical psychology, inclusive of the experience required for licensure.
- A physician or psychologist employed by a facility operated by the United States Department of Veterans Affairs that qualifies as a receiving or treatment facility.

¹⁸ Section 394.463(1), F.S.

¹⁹ Section 394.463(2)(a)1.-3., F.S.

²⁰ “Law enforcement officer” means any person who is elected, appointed, or employed full time by any municipality or the state or any political subdivision thereof; who is vested with authority to bear arms and make arrests; and whose primary responsibility is the prevention and detection of crime or the enforcement of the penal, criminal, traffic, or highway laws of the state. This definition includes all certified supervisory and command personnel whose duties include, in whole or in part, the supervision, training, guidance, and management responsibilities of full-time law enforcement officers, part-time law enforcement officers, or auxiliary law enforcement officers but does not include support personnel employed by the employing agency. s. 943.10(1), F.S.

²¹ The Certificate of a Professional Initiating an Involuntary Examination is a form created by the DCF which must be executed by health care practitioners initiating an involuntary examination under the Baker Act. The form contains information related to the person’s diagnosis and the health care practitioner’s personal observations of statements and behaviors that support the involuntary examination of such person. See Florida Department of Children and Families, CF-MH 3052b, incorporated by reference in Rule 65E-.280, F.A.C., and available at <http://www.dcf.state.fl.us/programs/samh/MentalHealth/laws/3052b.pdf>. (last visited February 6, 2016).

²² Section 394.463(2)(a)3., F.S.

²³ *Id.*

²⁴ *Id.*

- A psychiatric nurse licensed under part I of ch. 464, F.S., who has a master's degree or a doctorate in psychiatric nursing, holds a national advanced practice certification as a psychiatric mental health advance practice nurse, and has two years of post-master's clinical experience under the supervision of a physician.
- A mental health counselor licensed under ch. 491, F.S.
- A marriage and family therapist licensed under ch. 491, F.S.
- A clinical social worker licensed under ch. 491, F.S.

In 2014, there were 181,471 involuntary examinations initiated in the state. Law enforcement initiated half of the involuntary examinations (50.18 percent), followed closely by mental health professionals (47.86 percent), with the remaining initiated pursuant to *ex parte* orders by judges (1.96 percent).²⁵

Background Screening of Substance Abuse Treatment Provider Staff

Substance abuse treatment programs are licensed by the DCF Substance Abuse Program Office under authority granted in s. 397.401, F.S., which states, "It is unlawful for any person to act as a substance abuse service provider unless it (sic) is licensed or exempt from licensure under this chapter." In order to obtain a license, a provider must apply to the department and submit "sufficient information to conduct background screening as provided in s. 397.451, F.S."²⁶ According to administrative rule, the required documentation is verification that fingerprinting and background checks have been completed as required by ch. 397, F.S., and ch. 435, F.S.²⁷

Section 397.451, F.S., requires that "all owners, directors, and chief financial officers of service providers are subject to level 2 background screening as provided under chapter 435." All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level 2 background screening as provided under chapter 435. Church or nonprofit religious organizations that are exempt from licensure as substance abuse treatment programs must also comply with personnel screening requirements.

Exemptions from personnel screening requirements include:

- Persons who volunteer at a program for less than 40 hours per month and who are under direct and constant supervision by persons who meet all screening requirements;
- Service providers who are exempt from licensing; and
- Persons employed by the Department of Corrections in a substance abuse service program who have direct contact with unmarried inmates under the age of 18 or with inmates who are developmentally disabled.²⁸

²⁵ Annette Christy & Christina Guenther, Baker Act Reporting Center, College of Behavioral & Community Sciences, University of South Florida, *Annual Report of Baker Act Data: summary of 2014 Data*, available at http://bakeract.fmhi.usf.edu/document/BA_Annual_2014.pdf (last visited February 6, 2016).

²⁶ Section 397.403, F.S.

²⁷ Rule 65D-30.003(6)(s), F.A.C.

²⁸ Section 397.451(2)(c), F.S.

The requirements for level 1 and level 2 screening are found in ch. 435, F.S. Level 1 screening includes, at a minimum, employment history checks and statewide criminal correspondence checks through the Florida Department of Law Enforcement (FDLE), a check of the Dru Sjodin National Sex Offender Public Website,²⁹ and may include criminal records checks through local law enforcement agencies. Level 2 screening is required for all employees in positions designated by law as positions of trust or responsibility, and it includes security background investigations which consist of at least fingerprinting, statewide criminal and juvenile records checks through FDLE, and federal criminal records checks through the Federal Bureau of Investigation (FBI) and may include local criminal records checks through local law enforcement agencies.³⁰

Under certain circumstances, DCF may grant an exemption from disqualification as provided in s. 435.07, F.S. These circumstances are:

- Felonies committed more than three years prior to the date of disqualification;
- Misdemeanors prohibited under any of the Florida Statutes cited in the chapter or under similar statutes of other jurisdictions;
- Offenses that were felonies when committed but are now misdemeanors;
- Findings of delinquency; or
- Commissions of acts of domestic violence as defined in s. 741.30, F.S.

Under s. 435.07, F.S., employees bear the burden of proving, by clear and convincing evidence, they should not be disqualified,³¹ and have administrative hearing rights under ch. 120, F.S., for denials. However, DCF may not remove a disqualification for or grant an exemption to an individual who is found guilty of, regardless of adjudication, or who has entered a plea of nolo contendere or guilty to any felony covered by s. 435.03, F.S., solely by pardon, executive clemency, or restoration of civil rights.³²

Substance Abuse Treatment Provider Staff

Since many substance abuse treatment programs employ persons who are themselves in recovery, DCF is authorized to grant additional exemptions from disqualification for employees of substance abuse treatment programs.³³ Employees must submit a request for an exemption for disqualification within 30 days after being notified of a pending disqualification. Pending disposition of the exemption request, an employee's employment may not be adversely affected. However, upon disapproval of a request for an exemption the service provider must immediately dismiss the employee from employment.³⁴

²⁹ The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site. The website is available at <https://www.nsopw.gov/> (last visited February 6, 2016).

³⁰ Section 435.04(1), F.S.

³¹ The employee must set forth sufficient evidence of rehabilitation, such as the circumstances surrounding the criminal incident, the time period that has elapsed since the incident, the nature of the harm to the victim, and the history of the employee since the incident.

³² Section 435.07(4), F.S.

³³ Section 397.451(4)(b), F.S., provides exemptions for crimes under ss. 817.563, 893.13, and 893.147, F.S. These exemptions only apply to providers who treat adolescents age 13 and older; as well as personnel who work exclusively with adults.

³⁴ Section 397.451(1)(f), F.S.

Physician Assistants

A physician assistant (PA) is a person who has completed an approved medical training program and is licensed to perform medical services, as delegated by a supervising physician.³⁵ PAs licensure is governed by ss. 458.347(7) and 459.022(7), F.S. The Department of Health (DOH) licenses PAs, and the Florida Council on Physician Assistants (Council) regulates the practice of PAs in conjunction with either the Florida Board of Medicine (Board of Medicine) for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine (Osteopathic Board) for PAs licensed under ch. 459, F.S. Currently, 7,987 PAs hold active licenses in Florida.³⁶

Licenses are renewed biennially.³⁷ At the time of renewal, a PA must demonstrate that he or she has met the continuing medical education requirements of 100 hours and must submit a sworn statement that he or she has not been convicted of any felony in the previous two years.³⁸ If a PA is licensed as a prescribing PA, an additional 10 hours of continuing medical education in the specialty areas of his or her supervising physician must be completed.³⁹

According to the American Academy of Physician Assistants, all accredited PA educational programs include pharmacology courses, and the average amount of formal classroom instruction in pharmacology is 75 hours.⁴⁰ Course topics, include pharmacokinetics, drug interactions, adverse effects, contraindications, indications, and dosage, generally by doctoral-level pharmacologists or clinical pharmacists.⁴¹ Additionally, pharmacology education occurs on all clinical clerkships or rotations.⁴²

A PA may only practice under the delegated authority of a supervising physician. A supervising physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice.⁴³ Supervision is defined as responsible supervision and control that requires the easy availability or physical presence of the licensed physician for consultation and direction of the PA.⁴⁴ A physician may not supervise more than four PAs at any time.⁴⁵

³⁵ Sections 458.347(2)(e) and 459.022(2)(e), F.S.

³⁶ Email correspondence with the Department of Health on November 9, 2015. The number of active-licensed PAs include both in-state and out-of-state licensees, as of November 9, 2015.

³⁷ For timely renewed licenses, the renewal fee is \$275 and the prescribing registration fee is \$150. Additionally, at the time of renewal, the PA must pay an unlicensed activity fee of \$5. See Rules 64B8-30.019 and 64B15-6.013, F.A.C. ⁴³ Sections 458.347(7)(c)-(d) and 459.022(7)(c)-(d), F.S.

³⁸ Sections 458.347(7)(c)-(d) and 459.022(7)(c)-(d), F.S.

³⁹ Rules 64B8-30.005(6) and 64B15-6.0035(6), F.A.C.

⁴⁰ American Academy of Physician Assistants, *PAs as Prescribers of Controlled Medications, Professional Issues – Issue Brief* (Dec. 2013), (on file with the staff of the Senate Committee on Children, Families & Elder Affairs).

⁴¹ *Id.*

⁴² *Id.*

⁴³ Rules 64B8-30.012(1) and 64B15-6.010(1), F.A.C. The term “scope of practice” refers to those tasks and procedures that the supervising physician is qualified by training or experience to support.

⁴⁴ Sections 458.347(2)(f) and 459.022(2)(f), F.S.

⁴⁵ Sections 458.347(3) and 459.022(3), F.S.

Advanced Registered Nurse Practitioners

Part I of ch. 464, F.S., governs the licensure and regulation of advanced registered nurse practitioners (ARNPs) in Florida. Nurses are licensed by DOH and are regulated by the Board of Nursing.⁴⁶ There are 22,003 actively licensed ARNPs in Florida.⁴⁷

In Florida, an ARNP is a licensed nurse who is certified in advanced or specialized nursing practice and may practice as a certified registered nurse anesthetist, a certified nurse midwife, or a nurse practitioner.⁴⁸ Section 464.003(2), F.S., defines “advanced or specialized nursing practice” to include the performance of advanced-level nursing acts approved by the Board of Nursing, which by virtue of post-basic specialized education, training, and experience are appropriately performed by an ARNP.⁴⁹

Pursuant to s. 464.012(3), F.S., ARNPs may only perform nursing practices delineated in an established protocol filed with the Board of Nursing that is filed within 30 days of entering into a supervisory relationship with a physician and upon biennial license renewal.⁵⁰ Florida law allows a primary care physician to supervise ARNPs in up to four offices, in addition to the physician’s primary practice location.⁵¹ If the physician provides specialty health care services, then only two medical offices, in addition to the physician’s primary practice location, may be supervised.

The supervision limitations do not apply in the following facilities:

- Hospitals;
- Colleges of medicine or nursing;
- Nonprofit family-planning clinics;
- Rural and federally qualified health centers;
- Nursing homes;
- Assisted living facilities;
- Student health care centers or school health clinics; and
- Other government facilities.⁵²

To ensure appropriate medical care, the number of ARNPs a supervising physician may supervise is limited based on consideration of the following factors:

- Risk to the patient;
- Educational preparation, specialty, and experience in relation to the supervising physician’s protocol;
- Complexity and risk of the procedures;
- Practice setting; and

⁴⁶ Section 464.004, F.S.

⁴⁷ E-mail correspondence with the Department of Health (Nov. 9, 2015). This number includes all active licenses, including out of state practitioners.

⁴⁸ Section 464.003(3), F.S.

⁴⁹ Section 464.003(2), F.S.

⁵⁰ Physicians are also required to provide notice of the written protocol and the supervisory relationship to the Board of Medicine or Board of Osteopathic Medicine, respectively. See ss. 458.348 and 459.025, F.S.

⁵¹ Sections 458.348(4) and 459.025(3), F.S.

⁵² Sections 458.348(4)(e) and 459.025(3)(e), F.S.

- Availability of the supervising physician or dentist.⁵³

Controlled Substances

Controlled substances are drugs with the potential for abuse. Chapter 893, F.S., sets forth the Florida Comprehensive Drug Abuse Prevention and Control Act (Act) and classifies controlled substances into five categories, known as schedules.⁵⁴ The distinguishing factors between the different drug schedules are the “potential for abuse” of the substance and whether there is a currently accepted medical use for the substance. Schedules are used to regulate the manufacture, distribution, preparation and dispensing of the substances. The Act provides requirements for the prescribing and administering of controlled substances by health care practitioners and proper dispensing by pharmacists and health care practitioners.⁵⁵

As of January 1, 2012, every physician, podiatrist, or dentist, who prescribes controlled substances in the state for the treatment of chronic nonmalignant pain,⁵⁶ must register as a controlled substance prescribing practitioner and comply with certain practice standards specified in statute and rule.⁵⁷

Patients being treated with controlled substances for chronic nonmalignant pain must be seen by their prescribing practitioners at least once every three months to monitor progress and compliance, and detailed medical records relating to such treatment must be maintained.⁵⁸ Patients at special risk for drug abuse or diversion may require consultation with or a referral to an addiction medicine physician or a psychiatrist.⁵⁹ Anyone with signs or symptoms of substance abuse must be immediately referred to a pain-management physician, an addiction medicine specialist, or an addiction medicine facility.⁶⁰

III. Effect of Proposed Changes:

Section 1 amends s. 110.12315, F.S., to allow advanced registered nurse practitioners and physician assistants to write prescriptions under the state employees’ prescription drug program for brand name drugs under certain conditions.

Section 2 amends 2. 310.071, F.S., to allow applicants for certification as a deputy pilot to meet certain requirements and minimum standards for passing a physical examination. Such standards must include zero tolerance for any controlled substance unless the applicant is under the care of, and the controlled substance was prescribed by, a physician, advanced registered nurse practitioner or physician assistant.

⁵³ Rule 64B9-4.010, F.A.C.

⁵⁴ See s. 893.03, F.S.

⁵⁵ Sections 893.04 and 893.05, F.S.

⁵⁶ “Chronic nonmalignant pain” is defined as pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery. Section 456.44(1)(e), F.S.

⁵⁷ Chapter 2011-141, s. 3, Laws of Fla. (creating ss. 456.44, F.S., effective July 1, 2011).

⁵⁸ Section 465.44(3)(d), F.S.

⁵⁹ Section 465.44(3)(e), F.S.

⁶⁰ Section 456.44(3)(g), F.S.

Section 3 amends s. 310.073, F.S., to require applicants for a state pilot license to meet certain minimum standards for physical and mental capabilities necessary to carry out their professional duties. Such minimum standards must include zero tolerance for any controlled substance unless the applicant is under the care of, and the controlled substance was prescribed by, a physician, advanced registered nurse practitioner or physician assistant.

Section 4 amends s. 310.081, F.S., to allow state pilots to hold their licenses so long as they meet certain minimum standards. Such standards include zero tolerance for any controlled substance unless the applicant is under the care of, and the controlled substance was prescribed by, a physician, advanced registered nurse practitioner or physician assistant.

Section 5 amends 394.453, F.S., to provide legislative intent to address a behavioral health workforce shortage in the state. The bill find that there is a need for additional psychiatrists and recommends the establishment of an additional psychiatry program to be offered by one of Florida's medical schools, which shall seek to integrate primary care and psychiatry, and other evolving models of care for persons with mental health and substance use disorders. Additionally, the bill finds that the use of telemedicine for patient evaluation, case management, and ongoing care will improve management of patient care and reduce costs of transportation.

Section 6 amends s. 394.467, F.S., to allow the psychiatrist providing the first opinion and the psychiatrist or clinical psychologist providing a second opinion about the patient's placement to examine the patient electronically.

Section 7 amends s. 395.1051, F.S., to require hospitals to notify physicians within 90 days before the hospital closes its obstetrical department or ceases to provide obstetrical services.

Section 8 amends s. 397.451, F.S., to clarify that persons employed with the Department of Corrections in an inmate substance abuse program are exempt from fingerprinting and background check requirement, unless they have direct contact with unmarried inmates under the age of 18 or with inmates who are developmentally disabled. The current law erroneously states the inverse.

This section also provides that persons who have had a disqualifying offense that occurred 5 or more years ago and who have requested an exemption from disqualification to work with adults with substance abuse disorders must work under the supervision of qualified professionals under chapter 490 or chapter 491 or a master's level certified addiction professional until the agency makes a final determination regarding the request for an exemption from disqualification.

Section 9 amends s. 456.072, F.S., to provide that an ARNP who prescribed or dispensed in a manner that violates the standards of practice is subject to disciplinary action.

Section 10 amends s. 456.44, F.S., to increase access to behavioral health treatment by allowing physician assistants licensed under chapters 458 or chapter 459, F.S., and ARNP certified under part I of chapter 464, F.S., to prescribe controlled substances listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, F.S., for the treatment of chronic nonmalignant pain under certain conditions.

Section 11 amends s. 458.3265, F.S., to allow only physicians licensed under this chapter or 459 to dispense medication or prescribe controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic.

Section 12 amends s. 459.0137, F.S., to allow only physicians licensed under this chapter or 458 to dispense medication or prescribe controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic.

Section 13 amends s. 458.347, F.S., to provide that three of the ten continuing medical education hours required for a physician assistant must consist of a continuing education court on the safe and effective prescribing of controlled substance medications. The continuing education must be offered by a statewide professional association of physicians in this state accredited to provide educational activities designated by the American Medical Association Physician's Recognition Award Category I Credit or designated by the American Academy of Physician Assistants as a Category I Credit.

Section 14 amends s. 458.347, F.S., to direct the establishment of a formulary of medicinal drugs that a fully licensed physician assistant may not prescribe. The formulary must include certain drugs and must limit the prescription of Schedule II controlled substance to a 7-day supply and restrict the prescribing of psychiatric mental health controlled substances to children under 18 years of age.

Section 15 amends s. 464.003, F.S., to provide that an ARNP may perform certain acts of medical diagnosis and treatment, prescription, and operation as authorized within the framework of an established supervisory protocol.

Section 16 amends s. 464.012, F.S., to direct the Board of Nursing to establish a committee to recommend a formulary of controlled substances that an ARNP may not prescribe or may prescribe only for specific uses or in limited quantities. This section sets out who will be members of the committee and that the committee's initial recommendation is to be adopted no later than October 31, 2016.

Section 17 amends s. 464.012, F.S., to allow ARNPs to prescribe, dispense, administer, or order any drug but may only prescribe or dispense a controlled substance if the ARNP meets specified education and training requirements.

Section 18 amends s. 464.013, F.S., to provide that ARNPs must meet certain continuing education requirements and participate in at least 3 hours of continuing education requirements on the safe and effective prescription of controlled substances.

Section 19 amends 2. 464.018, F.S., to provide the acts that constitute grounds for denial of a license or disciplinary actions for ARNPs.

Section 20 amends s. 893.02, F.S., to include ARNPs and physician assistants in the definition of practitioner.

Section 21 amends s. 948.03, F.S., to provide that a probationer is prohibited from using intoxicants or possessing any drugs or narcotics unless prescribed by a physician, ARNP or physician assistant.

Section 22 amends s. 458.348, F.S., to correct cross-referencing.

Section 23 amends s. 459.025, F.S., to correct cross-referencing.

Section 24 reenacts s. 458.331, F.S., for the purpose of incorporating the amendment made by this act to s. 456.072, F.S.

Section 25 reenacts s. 458.347, F.S., for the purpose of incorporating the amendment made by this act to s. 456.072, F.S.

Section 26 reenacts s. 459.015, F.S., for the purpose of incorporating the amendment made by this act to s. 456.072, F.S.

Section 27 reenacts s. 459.022, F.S., for the purpose of incorporating the amendment made by this act to s. 456.072, F.S.

Section 28 reenacts s. 459.0158, F.S., for the purpose of incorporating the amendment made by this act to s. 456.072, F.S.

Section 29 reenacts s. 459.02751, F.S., for the purpose of incorporating the amendment made by this act to s. 456.072, F.S.

Section 30 reenacts s. 466.0271, F.S., for the purpose of incorporating the amendment made by this act to s. 456.44, F.S.

Section 31 reenacts s. 458.303, F.S., for the purpose of incorporating the amendment made by this act to s. 458.347, F.S.

Section 32 reenacts s. 458.3475, F.S., for the purpose of incorporating the amendment made by this act to s. 458.347, F.S.

Section 33 reenacts s. 459.023, F.S., for the purpose of incorporating the amendment made by this act to s. 458.347 F.S.

Section 34 reenacts s. 459.023, F.S., for the purpose of incorporating the amendment made by this act to s. 458.347, F.S.

Section 35 reenacts s. 456.041, F.S., for the purpose of incorporating the amendment made by this act to s. 464.012, F.S.

Section 36 reenacts s. 458.348, F.S., for the purpose of incorporating the amendment made by this act to s. 464.012, F.S.

Section 37 reenacts s. 464.013, F.S., for the purpose of incorporating the amendment made by this act to s. 464.0205, F.S.

Section 38 reenacts s. 320.0848, F.S., for the purpose of incorporating the amendment made by this act to s. 464.018, F.S.

Section 39 reenacts s. 464.008, F.S., for the purpose of incorporating the amendment made by this act to s. 464.018, F.S.

Section 40 reenacts s. 464.009, F.S., for the purpose of incorporating the amendment made by this act to s. 464.018, F.S.

Section 41 reenacts s. 464.0205, F.S., for the purpose of incorporating the amendment made by this act to s. 464.018, F.S.

Section 42 reenacts s. 775.051, F.S., for the purpose of incorporating the amendment made by this act to s. 893.02, F.S.

Section 43 reenacts s. 944.17, F.S., for the purpose of incorporating the amendment made by this act to s. 948.03, F.S.

Section 44 reenacts s. 948.101, F.S., for the purpose of incorporating the amendment made by this act to s. 948.03, F.S.

Section 46 provides that except as otherwise expressly provided, the act shall take effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Health care entities may experience some cost savings by allowing additional practitioners to provide treatment and care. Cost savings may be passed on to patients.

C. Government Sector Impact:

The Department of Health will have an indeterminate impact associated with the workload for additional complaints and investigations due to the expanded scope of practice for ARNPs and PAs.

VI. Technical Deficiencies:

The legislative intent language seems to authorize the establishment of an additional psychiatry program to be offered by one of Florida's medical schools currently not offering psychiatry programs. Chapter 394, F.S., would not be the proper authorizing statute for this program.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 110.12315, 310.071, 310.073, 310.081, 394.453, 394.467, 395.1051, 397.451, 456.072, 456.44, 458.3265, 459.0137, 458.347, 464.003, 464.012, 464.013, 464.018, 893.02, 948.03, 458.348, and 459.025.

This bill reenacts the following sections of the Florida Statutes: 458.331, 458.347, 459.015, 459.022, 465.0158, 456.072, 466.02751, 458.303, 458.3475, 459.022, 459.023, 456.041, 458.348, 464.0205, 320.0848, 464.008, 464.009, 464.0205, 775.051, 944.17, 948.001, and 948.101.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs Committee on February 10, 2016:

- Removes language expanding the Statewide Medicaid Residency Program to include psychiatry in the list of primary care specialty programs included in the program.
- Requires hospitals notify physicians within 90 days of the closing of an obstetrical department.
- Provides grounds for disciplinary actions for ARNPs and physician assistants.
- Provides required hours for continuing education credits for ARNPs and physician assistants prescribing controlled substances.
- Directs the Board of Nursing to establish a formulary of controlled substances that ARNPs cannot prescribe.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



693250

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
02/11/2016	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Hutson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

110.12315 Prescription drug program.—The state employees' prescription drug program is established. This program shall be administered by the Department of Management Services, according to the terms and conditions of the plan as established by the



693250

11 relevant provisions of the annual General Appropriations Act and
12 implementing legislation, subject to the following conditions:

13 (7) The department shall establish the reimbursement
14 schedule for prescription pharmaceuticals dispensed under the
15 program. Reimbursement rates for a prescription pharmaceutical
16 must be based on the cost of the generic equivalent drug if a
17 generic equivalent exists, unless the physician, advanced
18 registered nurse practitioner, or physician assistant
19 prescribing the pharmaceutical clearly states on the
20 prescription that the brand name drug is medically necessary or
21 that the drug product is included on the formulary of drug
22 products that may not be interchanged as provided in chapter
23 465, in which case reimbursement must be based on the cost of
24 the brand name drug as specified in the reimbursement schedule
25 adopted by the department.

26 Section 2. Paragraph (c) of subsection (1) of section
27 310.071, Florida Statutes, is amended, and subsection (3) of
28 that section is republished, to read:

29 310.071 Deputy pilot certification.—

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

33 (c) Be in good physical and mental health, as evidenced by
34 documentary proof of having satisfactorily passed a complete
35 physical examination administered by a licensed physician within
36 the preceding 6 months. The board shall adopt rules to establish
37 requirements for passing the physical examination, which rules
38 shall establish minimum standards for the physical or mental
39 capabilities necessary to carry out the professional duties of a



693250

40 certificated deputy pilot. Such standards shall include zero
41 tolerance for any controlled substance regulated under chapter
42 893 unless that individual is under the care of a physician,
43 advanced registered nurse practitioner, or physician assistant
44 and that controlled substance was prescribed by that physician,
45 advanced registered nurse practitioner, or physician assistant.

46 To maintain eligibility as a certificated deputy pilot, each
47 certificated deputy pilot must annually provide documentary
48 proof of having satisfactorily passed a complete physical
49 examination administered by a licensed physician. The physician
50 must know the minimum standards and certify that the
51 certificateholder satisfactorily meets the standards. The
52 standards for certificateholders shall include a drug test.

53 (3) The initial certificate issued to a deputy pilot shall
54 be valid for a period of 12 months, and at the end of this
55 period, the certificate shall automatically expire and shall not
56 be renewed. During this period, the board shall thoroughly
57 evaluate the deputy pilot's performance for suitability to
58 continue training and shall make appropriate recommendations to
59 the department. Upon receipt of a favorable recommendation by
60 the board, the department shall issue a certificate to the
61 deputy pilot, which shall be valid for a period of 2 years. The
62 certificate may be renewed only two times, except in the case of
63 a fully licensed pilot who is cross-licensed as a deputy pilot
64 in another port, and provided the deputy pilot meets the
65 requirements specified for pilots in paragraph (1) (c).

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

68 310.073 State pilot licensing.—In addition to meeting other



693250

69 requirements specified in this chapter, each applicant for
70 license as a state pilot must:

71 (3) Be in good physical and mental health, as evidenced by
72 documentary proof of having satisfactorily passed a complete
73 physical examination administered by a licensed physician within
74 the preceding 6 months. The board shall adopt rules to establish
75 requirements for passing the physical examination, which rules
76 shall establish minimum standards for the physical or mental
77 capabilities necessary to carry out the professional duties of a
78 licensed state pilot. Such standards shall include zero
79 tolerance for any controlled substance regulated under chapter
80 893 unless that individual is under the care of a physician,
81 advanced registered nurse practitioner, or physician assistant
82 and that controlled substance was prescribed by that physician,
83 advanced registered nurse practitioner, or physician assistant.

84 To maintain eligibility as a licensed state pilot, each licensed
85 state pilot must annually provide documentary proof of having
86 satisfactorily passed a complete physical examination
87 administered by a licensed physician. The physician must know
88 the minimum standards and certify that the licensee
89 satisfactorily meets the standards. The standards for licensees
90 shall include a drug test.

91 Section 4. Paragraph (b) of subsection (3) of section
92 310.081, Florida Statutes, is amended to read:

93 310.081 Department to examine and license state pilots and
94 certificate deputy pilots; vacancies.—

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

97 (b) Are in good physical and mental health as evidenced by



693250

98 documentary proof of having satisfactorily passed a physical
99 examination administered by a licensed physician or physician
100 assistant within each calendar year. The board shall adopt rules
101 to establish requirements for passing the physical examination,
102 which rules shall establish minimum standards for the physical
103 or mental capabilities necessary to carry out the professional
104 duties of a licensed state pilot or a certificated deputy pilot.
105 Such standards shall include zero tolerance for any controlled
106 substance regulated under chapter 893 unless that individual is
107 under the care of a physician, advanced registered nurse
108 practitioner, or physician assistant and that controlled
109 substance was prescribed by that physician, advanced registered
110 nurse practitioner, or physician assistant. To maintain
111 eligibility as a certificated deputy pilot or licensed state
112 pilot, each certificated deputy pilot or licensed state pilot
113 must annually provide documentary proof of having satisfactorily
114 passed a complete physical examination administered by a
115 licensed physician. The physician must know the minimum
116 standards and certify that the certificateholder or licensee
117 satisfactorily meets the standards. The standards for
118 certificateholders and for licensees shall include a drug test.
119
120 Upon resignation or in the case of disability permanently
121 affecting a pilot's ability to serve, the state license or
122 certificate issued under this chapter shall be revoked by the
123 department.

124 Section 5. Section 394.453, Florida Statutes, is amended to
125 read:

126 394.453 Legislative intent.—It is the intent of the



693250

127 Legislature to authorize and direct the Department of Children
128 and Families to evaluate, research, plan, and recommend to the
129 Governor and the Legislature programs designed to reduce the
130 occurrence, severity, duration, and disabling aspects of mental,
131 emotional, and behavioral disorders. It is the intent of the
132 Legislature that treatment programs for such disorders shall
133 include, but not be limited to, comprehensive health, social,
134 educational, and rehabilitative services to persons requiring
135 intensive short-term and continued treatment in order to
136 encourage them to assume responsibility for their treatment and
137 recovery. It is intended that such persons be provided with
138 emergency service and temporary detention for evaluation when
139 required; that they be admitted to treatment facilities on a
140 voluntary basis when extended or continuing care is needed and
141 unavailable in the community; that involuntary placement be
142 provided only when expert evaluation determines that it is
143 necessary; that any involuntary treatment or examination be
144 accomplished in a setting which is clinically appropriate and
145 most likely to facilitate the person's return to the community
146 as soon as possible; and that individual dignity and human
147 rights be guaranteed to all persons who are admitted to mental
148 health facilities or who are being held under s. 394.463. It is
149 the further intent of the Legislature that the least restrictive
150 means of intervention be employed based on the individual needs
151 of each person, within the scope of available services. It is
152 the policy of this state that the use of restraint and seclusion
153 on clients is justified only as an emergency safety measure to
154 be used in response to imminent danger to the client or others.
155 It is, therefore, the intent of the Legislature to achieve an



693250

156 ongoing reduction in the use of restraint and seclusion in
157 programs and facilities serving persons with mental illness. The
158 Legislature further finds the need for additional psychiatrists
159 to be of critical state concern and recommends the establishment
160 of an additional psychiatry program to be offered by one of
161 Florida's schools of medicine currently not offering psychiatry.
162 The program shall seek to integrate primary care and psychiatry
163 and other evolving models of care for persons with mental health
164 and substance use disorders. Additionally, the Legislature finds
165 that the use of telemedicine for patient evaluation, case
166 management, and ongoing care will improve management of patient
167 care and reduce costs of transportation.

168 Section 6. Subsection (2) of section 394.467, Florida
169 Statutes, is amended to read:

170 394.467 Involuntary inpatient placement.—

171 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
172 retained by a receiving facility or involuntarily placed in a
173 treatment facility upon the recommendation of the administrator
174 of the receiving facility where the patient has been examined
175 and after adherence to the notice and hearing procedures
176 provided in s. 394.4599. The recommendation must be supported by
177 the opinion of a psychiatrist and the second opinion of a
178 clinical psychologist or another psychiatrist, both of whom have
179 personally examined the patient within the preceding 72 hours,
180 that the criteria for involuntary inpatient placement are met.
181 However, in a county that has a population of fewer than 50,000,
182 if the administrator certifies that a psychiatrist or clinical
183 psychologist is not available to provide the second opinion, the
184 second opinion may be provided by a licensed physician who has



693250

185 postgraduate training and experience in diagnosis and treatment
186 of mental and nervous disorders or by a psychiatric nurse. Any
187 ~~second~~ opinion authorized in this subsection may be conducted
188 through a face-to-face examination, in person or by electronic
189 means. Such recommendation shall be entered on an involuntary
190 inpatient placement certificate that authorizes the receiving
191 facility to retain the patient pending transfer to a treatment
192 facility or completion of a hearing.

193 Section 7. Section 395.1051, Florida Statutes, is amended
194 to read:

195 395.1051 Duty to notify patients and physicians.-

196 (1) An appropriately trained person designated by each
197 licensed facility shall inform each patient, or an individual
198 identified pursuant to s. 765.401(1), in person about adverse
199 incidents that result in serious harm to the patient.
200 Notification of outcomes of care which ~~that~~ result in harm to
201 the patient under this section does ~~shall~~ not constitute an
202 acknowledgment or admission of liability and may not, ~~nor can it~~
203 be introduced as evidence.

204 (2) A hospital shall notify each obstetrical physician who
205 has privileges at the hospital at least 90 days before the
206 hospital closes its obstetrical department or ceases to provide
207 obstetrical services.

208 Section 8. Paragraphs (e) and (f) of subsection (1) and
209 paragraph (b) of subsection (4) of section 397.451, Florida
210 Statutes, are amended to read:

211 397.451 Background checks of service provider personnel.-

212 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
213 EXCEPTIONS.-



693250

214 (e) Personnel employed directly or under contract with the
215 Department of Corrections in an inmate substance abuse program
216 ~~who have direct contact with unmarried inmates under the age of~~
217 ~~18 or with inmates who are developmentally disabled~~ are exempt
218 from the fingerprinting and background check requirements of
219 this section unless they have direct contact with unmarried
220 inmates under the age of 18 or with inmates who are
221 developmentally disabled.

222 (f) Service provider personnel who request an exemption
223 from disqualification must submit the request within 30 days
224 after being notified of the disqualification. If 5 years or more
225 have elapsed since the most recent disqualifying offense,
226 service provider personnel may work with adults with substance
227 use disorders under the supervision of a qualified professional
228 licensed under chapter 490 or chapter 491 or a master's level
229 certified addiction professional until the agency makes a final
230 determination regarding the request for an exemption from
231 disqualification ~~Upon notification of the disqualification, the~~
232 ~~service provider shall comply with requirements regarding~~
233 ~~exclusion from employment in s. 435.06.~~

234 (4) EXEMPTIONS FROM DISQUALIFICATION.—

235 (b) Since rehabilitated substance abuse impaired persons
236 are effective in the successful treatment and rehabilitation of
237 individuals with substance use disorders ~~substance abuse~~
238 ~~impaired adolescents~~, for service providers which treat
239 adolescents 13 years of age and older, service provider
240 personnel whose background checks indicate crimes under s.
241 817.563, s. 893.13, or s. 893.147 may be exempted from
242 disqualification from employment pursuant to this paragraph.



693250

243 Section 9. Subsection (7) of section 456.072, Florida
244 Statutes, is amended to read:

245 456.072 Grounds for discipline; penalties; enforcement.—

246 (7) Notwithstanding subsection (2), upon a finding that a
247 physician has prescribed or dispensed a controlled substance, or
248 caused a controlled substance to be prescribed or dispensed, in
249 a manner that violates the standard of practice set forth in s.
250 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
251 or (s), or s. 466.028(1)(p) or (x), or that an advanced
252 registered nurse practitioner has prescribed or dispensed a
253 controlled substance, or caused a controlled substance to be
254 prescribed or dispensed in a manner that violates the standard
255 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
256 the physician or advanced registered nurse practitioner shall be
257 suspended for a period of not less than 6 months and pay a fine
258 of not less than \$10,000 per count. Repeated violations shall
259 result in increased penalties.

260 Section 10. Section 456.44, Florida Statutes, is amended to
261 read:

262 456.44 Controlled substance prescribing.—

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

264 (a) "Addiction medicine specialist" means a board-certified
265 psychiatrist with a subspecialty certification in addiction
266 medicine or who is eligible for such subspecialty certification
267 in addiction medicine, an addiction medicine physician certified
268 or eligible for certification by the American Society of
269 Addiction Medicine, or an osteopathic physician who holds a
270 certificate of added qualification in Addiction Medicine through
271 the American Osteopathic Association.



693250

272 (b) "Adverse incident" means any incident set forth in s.
273 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

274 (c) "Board-certified pain management physician" means a
275 physician who possesses board certification in pain medicine by
276 the American Board of Pain Medicine, board certification by the
277 American Board of Interventional Pain Physicians, or board
278 certification or subcertification in pain management or pain
279 medicine by a specialty board recognized by the American
280 Association of Physician Specialists or the American Board of
281 Medical Specialties or an osteopathic physician who holds a
282 certificate in Pain Management by the American Osteopathic
283 Association.

284 (d) "Board eligible" means successful completion of an
285 anesthesia, physical medicine and rehabilitation, rheumatology,
286 or neurology residency program approved by the Accreditation
287 Council for Graduate Medical Education or the American
288 Osteopathic Association for a period of 6 years from successful
289 completion of such residency program.

290 (e) "Chronic nonmalignant pain" means pain unrelated to
291 cancer which persists beyond the usual course of disease or the
292 injury that is the cause of the pain or more than 90 days after
293 surgery.

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

296 (g) "Registrant" means a physician, physician assistant, or
297 advanced registered nurse practitioner who meets the
298 requirements of subsection (2).

299 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
300 licensed under chapter 458, chapter 459, chapter 461, or chapter



693250

301 466, a physician assistant licensed under chapter 458 or chapter
302 459, or an advanced registered nurse practitioner certified
303 under part I of chapter 464 who prescribes any controlled
304 substance, listed in Schedule II, Schedule III, or Schedule IV
305 as defined in s. 893.03, for the treatment of chronic
306 nonmalignant pain, must:

307 (a) Designate himself or herself as a controlled substance
308 prescribing practitioner on his or her ~~the physician's~~
309 practitioner profile.

310 (b) Comply with the requirements of this section and
311 applicable board rules.

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

316 (a) A complete medical history and a physical examination
317 must be conducted before beginning any treatment and must be
318 documented in the medical record. The exact components of the
319 physical examination shall be left to the judgment of the
320 registrant ~~clinician~~ who is expected to perform a physical
321 examination proportionate to the diagnosis that justifies a
322 treatment. The medical record must, at a minimum, document the
323 nature and intensity of the pain, current and past treatments
324 for pain, underlying or coexisting diseases or conditions, the
325 effect of the pain on physical and psychological function, a
326 review of previous medical records, previous diagnostic studies,
327 and history of alcohol and substance abuse. The medical record
328 shall also document the presence of one or more recognized
329 medical indications for the use of a controlled substance. Each



693250

330 registrant must develop a written plan for assessing each
331 patient's risk of aberrant drug-related behavior, which may
332 include patient drug testing. Registrants must assess each
333 patient's risk for aberrant drug-related behavior and monitor
334 that risk on an ongoing basis in accordance with the plan.

335 (b) Each registrant must develop a written individualized
336 treatment plan for each patient. The treatment plan shall state
337 objectives that will be used to determine treatment success,
338 such as pain relief and improved physical and psychosocial
339 function, and shall indicate if any further diagnostic
340 evaluations or other treatments are planned. After treatment
341 begins, the registrant ~~physician~~ shall adjust drug therapy to
342 the individual medical needs of each patient. Other treatment
343 modalities, including a rehabilitation program, shall be
344 considered depending on the etiology of the pain and the extent
345 to which the pain is associated with physical and psychosocial
346 impairment. The interdisciplinary nature of the treatment plan
347 shall be documented.

348 (c) The registrant ~~physician~~ shall discuss the risks and
349 benefits of the use of controlled substances, including the
350 risks of abuse and addiction, as well as physical dependence and
351 its consequences, with the patient, persons designated by the
352 patient, or the patient's surrogate or guardian if the patient
353 is incompetent. The registrant ~~physician~~ shall use a written
354 controlled substance agreement between the registrant ~~physician~~
355 and the patient outlining the patient's responsibilities,
356 including, but not limited to:

357 1. Number and frequency of controlled substance
358 prescriptions and refills.



693250

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

361 3. An agreement that controlled substances for the
362 treatment of chronic nonmalignant pain shall be prescribed by a
363 single treating registrant ~~physician~~ unless otherwise authorized
364 by the treating registrant ~~physician~~ and documented in the
365 medical record.

366 (d) The patient shall be seen by the registrant ~~physician~~
367 at regular intervals, not to exceed 3 months, to assess the
368 efficacy of treatment, ensure that controlled substance therapy
369 remains indicated, evaluate the patient's progress toward
370 treatment objectives, consider adverse drug effects, and review
371 the etiology of the pain. Continuation or modification of
372 therapy shall depend on the registrant's ~~physician's~~ evaluation
373 of the patient's progress. If treatment goals are not being
374 achieved, despite medication adjustments, the registrant
375 ~~physician~~ shall reevaluate the appropriateness of continued
376 treatment. The registrant ~~physician~~ shall monitor patient
377 compliance in medication usage, related treatment plans,
378 controlled substance agreements, and indications of substance
379 abuse or diversion at a minimum of 3-month intervals.

380 (e) The registrant ~~physician~~ shall refer the patient as
381 necessary for additional evaluation and treatment in order to
382 achieve treatment objectives. Special attention shall be given
383 to those patients who are at risk for misusing their medications
384 and those whose living arrangements pose a risk for medication
385 misuse or diversion. The management of pain in patients with a
386 history of substance abuse or with a comorbid psychiatric
387 disorder requires extra care, monitoring, and documentation and



693250

388 requires consultation with or referral to an addiction medicine
389 specialist or psychiatrist.

390 (f) A registrant ~~physician registered under this section~~
391 must maintain accurate, current, and complete records that are
392 accessible and readily available for review and comply with the
393 requirements of this section, the applicable practice act, and
394 applicable board rules. The medical records must include, but
395 are not limited to:

396 1. The complete medical history and a physical examination,
397 including history of drug abuse or dependence.

398 2. Diagnostic, therapeutic, and laboratory results.

399 3. Evaluations and consultations.

400 4. Treatment objectives.

401 5. Discussion of risks and benefits.

402 6. Treatments.

403 7. Medications, including date, type, dosage, and quantity
404 prescribed.

405 8. Instructions and agreements.

406 9. Periodic reviews.

407 10. Results of any drug testing.

408 11. A photocopy of the patient's government-issued photo
409 identification.

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

412 13. The registrant's ~~physician's~~ full name presented in a
413 legible manner.

414 (g) A registrant shall immediately refer patients with
415 signs or symptoms of substance ~~abuse shall be immediately~~
416 ~~referred~~ to a board-certified pain management physician, an



693250

417 addiction medicine specialist, or a mental health addiction
418 facility as it pertains to drug abuse or addiction unless the
419 registrant is a physician who is board-certified or board-
420 eligible in pain management. Throughout the period of time
421 before receiving the consultant's report, a prescribing
422 registrant ~~physician~~ shall clearly and completely document
423 medical justification for continued treatment with controlled
424 substances and those steps taken to ensure medically appropriate
425 use of controlled substances by the patient. Upon receipt of the
426 consultant's written report, the prescribing registrant
427 ~~physician~~ shall incorporate the consultant's recommendations for
428 continuing, modifying, or discontinuing controlled substance
429 therapy. The resulting changes in treatment shall be
430 specifically documented in the patient's medical record.
431 Evidence or behavioral indications of diversion shall be
432 followed by discontinuation of controlled substance therapy, and
433 the patient shall be discharged, and all results of testing and
434 actions taken by the registrant ~~physician~~ shall be documented in
435 the patient's medical record.

436
437 This subsection does not apply to a board-eligible or board-
438 certified anesthesiologist, physiatrist, rheumatologist, or
439 neurologist, or to a board-certified physician who has surgical
440 privileges at a hospital or ambulatory surgery center and
441 primarily provides surgical services. This subsection does not
442 apply to a board-eligible or board-certified medical specialist
443 who has also completed a fellowship in pain medicine approved by
444 the Accreditation Council for Graduate Medical Education or the
445 American Osteopathic Association, or who is board eligible or



693250

446 board certified in pain medicine by the American Board of Pain
447 Medicine or a board approved by the American Board of Medical
448 Specialties or the American Osteopathic Association and performs
449 interventional pain procedures of the type routinely billed
450 using surgical codes. This subsection does not apply to a
451 registrant, physician, advanced registered nurse practitioner,
452 or physician assistant who prescribes medically necessary
453 controlled substances for a patient during an inpatient stay in
454 a hospital licensed under chapter 395.

455 Section 11. Paragraph (b) of subsection (2) of section
456 458.3265, Florida Statutes, is amended to read:

457 458.3265 Pain-management clinics.—

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

462 (b) Only a person may not dispense any medication on the
463 premises of a registered pain-management clinic unless he or she
464 is a physician licensed under this chapter or chapter 459 may
465 dispense medication or prescribe a controlled substance
466 regulated under chapter 893 on the premises of a registered
467 pain-management clinic.

468 Section 12. Paragraph (b) of subsection (2) of section
469 459.0137, Florida Statutes, is amended to read:

470 459.0137 Pain-management clinics.—

471 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
472 apply to any osteopathic physician who provides professional
473 services in a pain-management clinic that is required to be
474 registered in subsection (1).



693250

475 (b) ~~Only a person may not dispense any medication on the~~
476 ~~premises of a registered pain-management clinic unless he or she~~
477 ~~is~~ a physician licensed under this chapter or chapter 458 may
478 dispense medication or prescribe a controlled substance
479 regulated under chapter 893 on the premises of a registered
480 pain-management clinic.

481 Section 13. Paragraph (e) of subsection (4) of section
482 458.347, Florida Statutes, is amended, and paragraph (c) of
483 subsection (9) of that section is republished, to read:

484 458.347 Physician assistants.—

485 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

486 (e) A supervisory physician may delegate to a fully
487 licensed physician assistant the authority to prescribe or
488 dispense any medication used in the supervisory physician's
489 practice unless such medication is listed on the formulary
490 created pursuant to paragraph (f). A fully licensed physician
491 assistant may only prescribe or dispense such medication under
492 the following circumstances:

493 1. A physician assistant must clearly identify to the
494 patient that he or she is a physician assistant. Furthermore,
495 the physician assistant must inform the patient that the patient
496 has the right to see the physician prior to any prescription
497 being prescribed or dispensed by the physician assistant.

498 2. The supervisory physician must notify the department of
499 his or her intent to delegate, on a department-approved form,
500 before delegating such authority and notify the department of
501 any change in prescriptive privileges of the physician
502 assistant. Authority to dispense may be delegated only by a
503 supervising physician who is registered as a dispensing



693250

504 practitioner in compliance with s. 465.0276.

505 3. The physician assistant must file with the department a
506 signed affidavit that he or she has completed a minimum of 10
507 continuing medical education hours in the specialty practice in
508 which the physician assistant has prescriptive privileges with
509 each licensure renewal application. Three of the 10 hours must
510 consist of a continuing education course on the safe and
511 effective prescribing of controlled substance medications
512 offered by a statewide professional association of physicians in
513 this state accredited to provide educational activities
514 designated for the American Medical Association Physician's
515 Recognition Award Category I Credit or designated by the
516 American Academy of Physician Assistants as a Category 1 Credit.

517 4. The department may issue a prescriber number to the
518 physician assistant granting authority for the prescribing of
519 medicinal drugs authorized within this paragraph upon completion
520 of the foregoing requirements. The physician assistant shall not
521 be required to independently register pursuant to s. 465.0276.

522 5. The prescription must be written in a form that complies
523 with chapter 499 and must contain, in addition to the
524 supervisory physician's name, address, and telephone number, the
525 physician assistant's prescriber number. Unless it is a drug or
526 drug sample dispensed by the physician assistant, the
527 prescription must be filled in a pharmacy permitted under
528 chapter 465 and must be dispensed in that pharmacy by a
529 pharmacist licensed under chapter 465. The appearance of the
530 prescriber number creates a presumption that the physician
531 assistant is authorized to prescribe the medicinal drug and the
532 prescription is valid.



693250

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

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

537 (c) The council shall:

538 1. Recommend to the department the licensure of physician
539 assistants.

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

558 3. Make recommendations to the boards regarding all matters
559 relating to physician assistants.

560 4. Address concerns and problems of practicing physician
561 assistants in order to improve safety in the clinical practices



693250

562 of licensed physician assistants.

563 Section 14. Effective January 1, 2017, paragraph (f) of
564 subsection (4) of section 458.347, Florida Statutes, is amended
565 to read:

566 458.347 Physician assistants.—

567 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

568 (f)1. The council shall establish a formulary of medicinal
569 drugs that a fully licensed physician assistant having
570 prescribing authority under this section or s. 459.022 may not
571 prescribe. The formulary must include ~~controlled substances as~~
572 ~~defined in chapter 893,~~ general anesthetics, and radiographic
573 contrast materials, and must limit the prescription of Schedule
574 II controlled substances as defined in s. 893.03 to a 7-day
575 supply. The formulary must also restrict the prescribing of
576 psychiatric mental health controlled substances for children
577 under 18 years of age.

578 2. In establishing the formulary, the council shall consult
579 with a pharmacist licensed under chapter 465, but not licensed
580 under this chapter or chapter 459, who shall be selected by the
581 State Surgeon General.

582 3. Only the council shall add to, delete from, or modify
583 the formulary. Any person who requests an addition, deletion, or
584 modification of a medicinal drug listed on such formulary has
585 the burden of proof to show cause why such addition, deletion,
586 or modification should be made.

587 4. The boards shall adopt the formulary required by this
588 paragraph, and each addition, deletion, or modification to the
589 formulary, by rule. Notwithstanding any provision of chapter 120
590 to the contrary, the formulary rule shall be effective 60 days



693250

591 after the date it is filed with the Secretary of State. Upon
592 adoption of the formulary, the department shall mail a copy of
593 such formulary to each fully licensed physician assistant having
594 prescribing authority under this section or s. 459.022, and to
595 each pharmacy licensed by the state. The boards shall establish,
596 by rule, a fee not to exceed \$200 to fund the provisions of this
597 paragraph and paragraph (e).

598 Section 15. Subsection (2) of section 464.003, Florida
599 Statutes, is amended to read:

600 464.003 Definitions.—As used in this part, the term:

601 (2) "Advanced or specialized nursing practice" means, in
602 addition to the practice of professional nursing, the
603 performance of advanced-level nursing acts approved by the board
604 which, by virtue of postbasic specialized education, training,
605 and experience, are appropriately performed by an advanced
606 registered nurse practitioner. Within the context of advanced or
607 specialized nursing practice, the advanced registered nurse
608 practitioner may perform acts of nursing diagnosis and nursing
609 treatment of alterations of the health status. The advanced
610 registered nurse practitioner may also perform acts of medical
611 diagnosis and treatment, prescription, and operation as
612 authorized within the framework of an established supervisory
613 protocol ~~which are identified and approved by a joint committee~~
614 ~~composed of three members appointed by the Board of Nursing, two~~
615 ~~of whom must be advanced registered nurse practitioners; three~~
616 ~~members appointed by the Board of Medicine, two of whom must~~
617 ~~have had work experience with advanced registered nurse~~
618 ~~practitioners; and the State Surgeon General or the State~~
619 ~~Surgeon General's designee. Each committee member appointed by a~~



693250

620 ~~board shall be appointed to a term of 4 years unless a shorter~~
621 ~~term is required to establish or maintain staggered terms. The~~
622 ~~Board of Nursing shall adopt rules authorizing the performance~~
623 ~~of any such acts approved by the joint committee. Unless~~
624 ~~otherwise specified by the joint committee, such acts must be~~
625 ~~performed under the general supervision of a practitioner~~
626 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
627 ~~the framework of standing protocols which identify the medical~~
628 ~~acts to be performed and the conditions for their performance.~~
629 The department may, by rule, require that a copy of the protocol
630 be filed with the department along with the notice required by
631 s. 458.348.

632 Section 16. Section 464.012, Florida Statutes, is amended
633 to read:

634 464.012 Certification of advanced registered nurse
635 practitioners; fees; controlled substance prescribing.—

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

641 (a) Satisfactory completion of a formal postbasic
642 educational program of at least one academic year, the primary
643 purpose of which is to prepare nurses for advanced or
644 specialized practice.

645 (b) Certification by an appropriate specialty board. Such
646 certification shall be required for initial state certification
647 and any recertification as a registered nurse anesthetist or
648 nurse midwife. The board may by rule provide for provisional



693250

649 state certification of graduate nurse anesthetists and nurse
650 midwives for a period of time determined to be appropriate for
651 preparing for and passing the national certification
652 examination.

653 (c) Graduation from a program leading to a master's degree
654 in a nursing clinical specialty area with preparation in
655 specialized practitioner skills. For applicants graduating on or
656 after October 1, 1998, graduation from a master's degree program
657 shall be required for initial certification as a nurse
658 practitioner under paragraph (4) (c). For applicants graduating
659 on or after October 1, 2001, graduation from a master's degree
660 program shall be required for initial certification as a
661 registered nurse anesthetist under paragraph (4) (a).

662 (2) The board shall provide by rule the appropriate
663 requirements for advanced registered nurse practitioners in the
664 categories of certified registered nurse anesthetist, certified
665 nurse midwife, and nurse practitioner.

666 (3) An advanced registered nurse practitioner shall perform
667 those functions authorized in this section within the framework
668 of an established protocol that is filed with the board upon
669 biennial license renewal and within 30 days after entering into
670 a supervisory relationship with a physician or changes to the
671 protocol. The board shall review the protocol to ensure
672 compliance with applicable regulatory standards for protocols.
673 The board shall refer to the department licensees submitting
674 protocols that are not compliant with the regulatory standards
675 for protocols. A practitioner currently licensed under chapter
676 458, chapter 459, or chapter 466 shall maintain supervision for
677 directing the specific course of medical treatment. Within the



693250

678 established framework, an advanced registered nurse practitioner
679 may:

680 (a) Monitor and alter drug therapies.

681 (b) Initiate appropriate therapies for certain conditions.

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

684 (d) Order diagnostic tests and physical and occupational
685 therapy.

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

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

693 1. Determine the health status of the patient as it relates
694 to the risk factors and to the anesthetic management of the
695 patient through the performance of the general functions.

696 2. Based on history, physical assessment, and supplemental
697 laboratory results, determine, with the consent of the
698 responsible physician, the appropriate type of anesthesia within
699 the framework of the protocol.

700 3. Order under the protocol preanesthetic medication.

701 4. Perform under the protocol procedures commonly used to
702 render the patient insensible to pain during the performance of
703 surgical, obstetrical, therapeutic, or diagnostic clinical
704 procedures. These procedures include ordering and administering
705 regional, spinal, and general anesthesia; inhalation agents and
706 techniques; intravenous agents and techniques; and techniques of



693250

707 hypnosis.

708 5. Order or perform monitoring procedures indicated as
709 pertinent to the anesthetic health care management of the
710 patient.

711 6. Support life functions during anesthesia health care,
712 including induction and intubation procedures, the use of
713 appropriate mechanical supportive devices, and the management of
714 fluid, electrolyte, and blood component balances.

715 7. Recognize and take appropriate corrective action for
716 abnormal patient responses to anesthesia, adjunctive medication,
717 or other forms of therapy.

718 8. Recognize and treat a cardiac arrhythmia while the
719 patient is under anesthetic care.

720 9. Participate in management of the patient while in the
721 postanesthesia recovery area, including ordering the
722 administration of fluids and drugs.

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

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

731 1. Perform superficial minor surgical procedures.

732 2. Manage the patient during labor and delivery to include
733 amniotomy, episiotomy, and repair.

734 3. Order, initiate, and perform appropriate anesthetic
735 procedures.



693250

- 736 4. Perform postpartum examination.
737 5. Order appropriate medications.
738 6. Provide family-planning services and well-woman care.
739 7. Manage the medical care of the normal obstetrical
740 patient and the initial care of a newborn patient.

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

- 743 1. Manage selected medical problems.
744 2. Order physical and occupational therapy.
745 3. Initiate, monitor, or alter therapies for certain
746 uncomplicated acute illnesses.
747 4. Monitor and manage patients with stable chronic
748 diseases.
749 5. Establish behavioral problems and diagnosis and make
750 treatment recommendations.

751 (5) The board shall certify, and the department shall issue
752 a certificate to, any nurse meeting the qualifications in this
753 section. The board shall establish an application fee not to
754 exceed \$100 and a biennial renewal fee not to exceed \$50. The
755 board is authorized to adopt such other rules as are necessary
756 to implement the provisions of this section.

757 (6) (a) The board shall establish a committee to recommend a
758 formulary of controlled substances that an advanced registered
759 nurse practitioner may not prescribe or may prescribe only for
760 specific uses or in limited quantities. The committee must
761 consist of three advanced registered nurse practitioners
762 licensed under this section, recommended by the Board of
763 Nursing; three physicians licensed under chapter 458 or chapter
764 459 who have work experience with advanced registered nurse



693250

765 practitioners, recommended by the Board of Medicine; and a
766 pharmacist licensed under chapter 465 who holds a Doctor of
767 Pharmacy degree, recommended by the Board of Pharmacy. The
768 committee may recommend an evidence-based formulary applicable
769 to all advanced registered nurse practitioners which is limited
770 by specialty certification, is limited to approved uses of
771 controlled substances, or is subject to other similar
772 restrictions the committee finds are necessary to protect the
773 health, safety, and welfare of the public. The formulary must
774 restrict the prescribing of psychiatric mental health controlled
775 substances for children under 18 years of age to advanced
776 registered nurse practitioners who also are psychiatric nurses
777 as defined in s. 394.455. The formulary must also limit the
778 prescribing of Schedule II controlled substances as defined in
779 s. 893.03 to a 7-day supply, except that such restriction does
780 not apply to controlled substances that are psychiatric
781 medications prescribed by psychiatric nurses as defined in s.
782 394.455.

783 (b) The board shall adopt by rule the recommended formulary
784 and any revisions to the formulary which it finds are supported
785 by evidence-based clinical findings presented by the Board of
786 Medicine, the Board of Osteopathic Medicine, or the Board of
787 Dentistry.

788 (c) The formulary required under this subsection does not
789 apply to a controlled substance that is dispensed for
790 administration pursuant to an order, including an order for
791 medication authorized by subparagraph (4)(a)3., subparagraph
792 (4)(a)4., or subparagraph (4)(a)9.

793 (d) The board shall adopt the committee's initial



693250

794 recommendation no later October 31, 2016.

795 Section 17. Effective January 1, 2017, subsection (3) of
796 section 464.012, Florida Statutes, as amended by this act, is
797 amended to read:

798 464.012 Certification of advanced registered nurse
799 practitioners; fees; controlled substance prescribing.—

800 (3) An advanced registered nurse practitioner shall perform
801 those functions authorized in this section within the framework
802 of an established protocol that is filed with the board upon
803 biennial license renewal and within 30 days after entering into
804 a supervisory relationship with a physician or changes to the
805 protocol. The board shall review the protocol to ensure
806 compliance with applicable regulatory standards for protocols.
807 The board shall refer to the department licensees submitting
808 protocols that are not compliant with the regulatory standards
809 for protocols. A practitioner currently licensed under chapter
810 458, chapter 459, or chapter 466 shall maintain supervision for
811 directing the specific course of medical treatment. Within the
812 established framework, an advanced registered nurse practitioner
813 may:

814 (a) Prescribe, dispense, administer, or order any drug;
815 however, an advanced registered nurse practitioner may only
816 prescribe or dispense a controlled substance as defined in s.
817 893.03 if the advanced registered nurse practitioner has
818 graduated from a program leading to a master's or doctoral
819 degree in a clinical nursing specialty area with training in
820 specialized practitioner skills. ~~Monitor and alter drug~~
821 therapies.

822 (b) Initiate appropriate therapies for certain conditions.



693250

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

825 (d) Order diagnostic tests and physical and occupational
826 therapy.

827 Section 18. Subsection (3) of section 464.013, Florida
828 Statutes, is amended to read:

829 464.013 Renewal of license or certificate.-

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

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

838 (b) Notwithstanding the exemption in paragraph (a), as part
839 of the maximum 30 hours of continuing education hours required
840 under this subsection, advanced registered nurse practitioners
841 certified under s. 464.012 must complete at least 3 hours of
842 continuing education on the safe and effective prescription of
843 controlled substances. Such continuing education courses must be
844 offered by a statewide professional association of physicians in
845 this state accredited to provide educational activities
846 designated for the American Medical Association Physician's
847 Recognition Award Category 1 Credit, the American Nurses
848 Credentialing Center, the American Association of Nurse
849 Anesthetists, or the American Association of Nurse Practitioners
850 and may be offered in a distance-learning format.

851 Section 19. Paragraph (p) is added to subsection (1) of



693250

852 section 464.018, Florida Statutes, and subsection (2) of that
853 section is republished, to read:

854 464.018 Disciplinary actions.—

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

857 (p) For an advanced registered nurse practitioner:

858 1. Presigning blank prescription forms.

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

861 3. Prescribing, ordering, dispensing, administering,
862 supplying, selling, or giving a drug that is an amphetamine or a
863 sympathomimetic amine drug, or a compound designated in s.
864 893.03(2) as a Schedule II controlled substance, to or for any
865 person except for:

866 a. The treatment of narcolepsy; hyperkinesis; behavioral
867 syndrome in children characterized by the developmentally
868 inappropriate symptoms of moderate to severe distractibility,
869 short attention span, hyperactivity, emotional lability, and
870 impulsivity; or drug-induced brain dysfunction.

871 b. The differential diagnostic psychiatric evaluation of
872 depression or the treatment of depression shown to be refractory
873 to other therapeutic modalities.

874 c. The clinical investigation of the effects of such drugs
875 or compounds when an investigative protocol is submitted to,
876 reviewed by, and approved by the department before such
877 investigation is begun.

878 4. Prescribing, ordering, dispensing, administering,
879 supplying, selling, or giving growth hormones, testosterone or
880 its analogs, human chorionic gonadotropin (HCG), or other



693250

881 hormones for the purpose of muscle building or to enhance
882 athletic performance. As used in this subparagraph, the term
883 "muscle building" does not include the treatment of injured
884 muscle. A prescription written for the drug products identified
885 in this subparagraph may be dispensed by a pharmacist with the
886 presumption that the prescription is for legitimate medical use.

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

890 6. Prescribing, dispensing, administering, mixing, or
891 otherwise preparing a legend drug, including a controlled
892 substance, other than in the course of his or her professional
893 practice. For the purposes of this subparagraph, it is legally
894 presumed that prescribing, dispensing, administering, mixing, or
895 otherwise preparing legend drugs, including all controlled
896 substances, inappropriately or in excessive or inappropriate
897 quantities is not in the best interest of the patient and is not
898 in the course of the advanced registered nurse practitioner's
899 professional practice, without regard to his or her intent.

900 7. Prescribing, dispensing, or administering a medicinal
901 drug appearing on any schedule set forth in chapter 893 to
902 himself or herself, except a drug prescribed, dispensed, or
903 administered to the advanced registered nurse practitioner by
904 another practitioner authorized to prescribe, dispense, or
905 administer medicinal drugs.

906 8. Prescribing, ordering, dispensing, administering,
907 supplying, selling, or giving amygdalin (laetrile) to any
908 person.

909 9. Dispensing a substance designated in s. 893.03(2) or (3)



693250

910 as a substance controlled in Schedule II or Schedule III,
911 respectively, in violation of s. 465.0276.

912 10. Promoting or advertising through any communication
913 medium the use, sale, or dispensing of a substance designated in
914 s. 893.03 as a controlled substance.

915 (2) The board may enter an order denying licensure or
916 imposing any of the penalties in s. 456.072(2) against any
917 applicant for licensure or licensee who is found guilty of
918 violating any provision of subsection (1) of this section or who
919 is found guilty of violating any provision of s. 456.072(1).

920 Section 20. Section 627.42392, Florida Statutes, is created
921 to read:

922 627.42392 Prior authorization.—

923 (1) As used in this section, the term "health insurer"
924 means an authorized insurer offering health insurance as defined
925 in s. 624.603, a managed care plan as defined in s. 409.901(13),
926 or a health maintenance organization as defined in s.
927 641.19(12).

928 (2) Notwithstanding any other provision of law, in order to
929 establish uniformity in the submission of prior authorization
930 forms on or after January 1, 2017, a health insurer, or a
931 pharmacy benefits manager on behalf of the health insurer, which
932 does not use an electronic prior authorization form for its
933 contracted providers shall use only the prior authorization form
934 that has been approved by the Financial Services Commission to
935 obtain a prior authorization for a medical procedure, course of
936 treatment, or prescription drug benefit. Such form may not
937 exceed two pages in length, excluding any instructions or
938 guiding documentation.



693250

939 (3) The Financial Services Commission shall adopt by rule
940 guidelines for all prior authorization forms which ensure the
941 general uniformity of such forms.

942 Section 21. Subsection (11) of section 627.6131, Florida
943 Statutes, is amended to read:

944 627.6131 Payment of claims.—

945 (11) A health insurer may not retroactively deny a claim
946 because of insured ineligibility:

947 (a) At any time, if the health insurer verified the
948 eligibility of an insured at the time of treatment and provided
949 an authorization number.

950 (b) More than 1 year after the date of payment of the
951 claim.

952 Section 22. Subsection (10) of section 641.3155, Florida
953 Statutes, is amended to read:

954 641.3155 Prompt payment of claims.—

955 (10) A health maintenance organization may not
956 retroactively deny a claim because of subscriber ineligibility:

957 (a) At any time, if the health maintenance organization
958 verified the eligibility of an insured at the time of treatment
959 and provided an authorization number.

960 (b) More than 1 year after the date of payment of the
961 claim.

962 Section 23. Subsection (21) of section 893.02, Florida
963 Statutes, is amended to read:

964 893.02 Definitions.—The following words and phrases as used
965 in this chapter shall have the following meanings, unless the
966 context otherwise requires:

967 (21) "Practitioner" means a physician licensed under



693250

968 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
969 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
970 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
971 459, an advanced registered nurse practitioner certified under
972 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
973 462, a certified optometrist licensed under ~~pursuant to~~ chapter
974 463, or a podiatric physician licensed under ~~pursuant to~~ chapter
975 461, or a physician assistant licensed under chapter 458 or
976 chapter 459, provided such practitioner holds a valid federal
977 controlled substance registry number.

978 Section 24. Paragraph (n) of subsection (1) of section
979 948.03, Florida Statutes, is amended to read:

980 948.03 Terms and conditions of probation.-

981 (1) The court shall determine the terms and conditions of
982 probation. Conditions specified in this section do not require
983 oral pronouncement at the time of sentencing and may be
984 considered standard conditions of probation. These conditions
985 may include among them the following, that the probationer or
986 offender in community control shall:

987 (n) Be prohibited from using intoxicants to excess or
988 possessing any drugs or narcotics unless prescribed by a
989 physician, advanced registered nurse practitioner, or physician
990 assistant. The probationer or community controllee may ~~shall~~ not
991 knowingly visit places where intoxicants, drugs, or other
992 dangerous substances are unlawfully sold, dispensed, or used.

993 Section 25. Paragraph (a) of subsection (1) and subsection
994 (2) of section 458.348, Florida Statutes, are amended to read:

995 458.348 Formal supervisory relationships, standing orders,
996 and established protocols; notice; standards.-



693250

997 (1) NOTICE.—

998 (a) When a physician enters into a formal supervisory
999 relationship or standing orders with an emergency medical
1000 technician or paramedic licensed pursuant to s. 401.27, which
1001 relationship or orders contemplate the performance of medical
1002 acts, or when a physician enters into an established protocol
1003 with an advanced registered nurse practitioner, which protocol
1004 contemplates the performance of medical ~~acts identified and~~
1005 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
1006 acts set forth in s. 464.012(3) and (4), the physician shall
1007 submit notice to the board. The notice shall contain a statement
1008 in substantially the following form:

1009
1010 I, ...(name and professional license number of
1011 physician)..., of ...(address of physician)... have hereby
1012 entered into a formal supervisory relationship, standing orders,
1013 or an established protocol with ...(number of persons)...
1014 emergency medical technician(s), ...(number of persons)...
1015 paramedic(s), or ...(number of persons)... advanced registered
1016 nurse practitioner(s).

1017
1018 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1019 joint committee ~~created under s. 464.003(2)~~ shall determine
1020 minimum standards for the content of established protocols
1021 pursuant to which an advanced registered nurse practitioner may
1022 perform medical acts ~~identified and approved by the joint~~
1023 ~~committee pursuant to s. 464.003(2) or~~ acts set forth in s.
1024 464.012(3) and (4) and shall determine minimum standards for
1025 supervision of such acts by the physician, unless the joint



693250

1026 committee determines that any act set forth in s. 464.012(3) or
1027 (4) is not a medical act. Such standards shall be based on risk
1028 to the patient and acceptable standards of medical care and
1029 shall take into account the special problems of medically
1030 underserved areas. The standards developed by the joint
1031 committee shall be adopted as rules by the Board of Nursing and
1032 the Board of Medicine for purposes of carrying out their
1033 responsibilities pursuant to part I of chapter 464 and this
1034 chapter, respectively, but neither board shall have disciplinary
1035 powers over the licensees of the other board.

1036 Section 26. Paragraph (a) of subsection (1) of section
1037 459.025, Florida Statutes, is amended to read:

1038 459.025 Formal supervisory relationships, standing orders,
1039 and established protocols; notice; standards.—

1040 (1) NOTICE.—

1041 (a) When an osteopathic physician enters into a formal
1042 supervisory relationship or standing orders with an emergency
1043 medical technician or paramedic licensed pursuant to s. 401.27,
1044 which relationship or orders contemplate the performance of
1045 medical acts, or when an osteopathic physician enters into an
1046 established protocol with an advanced registered nurse
1047 practitioner, which protocol contemplates the performance of
1048 medical acts ~~identified and approved by the joint committee~~
1049 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1050 (4), the osteopathic physician shall submit notice to the board.
1051 The notice must contain a statement in substantially the
1052 following form:

1053
1054 I, ...(name and professional license number of osteopathic



693250

1055 physician)..., of ...(address of osteopathic physician)... have
1056 hereby entered into a formal supervisory relationship, standing
1057 orders, or an established protocol with ...(number of
1058 persons)... emergency medical technician(s), ...(number of
1059 persons)... paramedic(s), or ...(number of persons)... advanced
1060 registered nurse practitioner(s).

1061 Section 27. For the purpose of incorporating the amendment
1062 made by this act to section 456.072, Florida Statutes, in a
1063 reference thereto, subsection (10) of section 458.331, Florida
1064 Statutes, is reenacted to read:

1065 458.331 Grounds for disciplinary action; action by the
1066 board and department.-

1067 (10) A probable cause panel convened to consider
1068 disciplinary action against a physician assistant alleged to
1069 have violated s. 456.072 or this section must include one
1070 physician assistant. The physician assistant must hold a valid
1071 license to practice as a physician assistant in this state and
1072 be appointed to the panel by the Council of Physician
1073 Assistants. The physician assistant may hear only cases
1074 involving disciplinary actions against a physician assistant. If
1075 the appointed physician assistant is not present at the
1076 disciplinary hearing, the panel may consider the matter and vote
1077 on the case in the absence of the physician assistant. The
1078 training requirements set forth in s. 458.307(4) do not apply to
1079 the appointed physician assistant. Rules need not be adopted to
1080 implement this subsection.

1081 Section 28. For the purpose of incorporating the amendment
1082 made by this act to section 456.072, Florida Statutes, in a
1083 reference thereto, paragraph (g) of subsection (7) of section



693250

1084 458.347, Florida Statutes, is reenacted to read:

1085 458.347 Physician assistants.—

1086 (7) PHYSICIAN ASSISTANT LICENSURE.—

1087 (g) The Board of Medicine may impose any of the penalties
1088 authorized under ss. 456.072 and 458.331(2) upon a physician
1089 assistant if the physician assistant or the supervising
1090 physician has been found guilty of or is being investigated for
1091 any act that constitutes a violation of this chapter or chapter
1092 456.

1093 Section 29. For the purpose of incorporating the amendment
1094 made by this act to section 456.072, Florida Statutes, in a
1095 reference thereto, subsection (10) of section 459.015, Florida
1096 Statutes, is reenacted to read:

1097 459.015 Grounds for disciplinary action; action by the
1098 board and department.—

1099 (10) A probable cause panel convened to consider
1100 disciplinary action against a physician assistant alleged to
1101 have violated s. 456.072 or this section must include one
1102 physician assistant. The physician assistant must hold a valid
1103 license to practice as a physician assistant in this state and
1104 be appointed to the panel by the Council of Physician
1105 Assistants. The physician assistant may hear only cases
1106 involving disciplinary actions against a physician assistant. If
1107 the appointed physician assistant is not present at the
1108 disciplinary hearing, the panel may consider the matter and vote
1109 on the case in the absence of the physician assistant. The
1110 training requirements set forth in s. 458.307(4) do not apply to
1111 the appointed physician assistant. Rules need not be adopted to
1112 implement this subsection.



693250

1113 Section 30. For the purpose of incorporating the amendment
1114 made by this act to section 456.072, Florida Statutes, in a
1115 reference thereto, paragraph (f) of subsection (7) of section
1116 459.022, Florida Statutes, is reenacted to read:

1117 459.022 Physician assistants.—

1118 (7) PHYSICIAN ASSISTANT LICENSURE.—

1119 (f) The Board of Osteopathic Medicine may impose any of the
1120 penalties authorized under ss. 456.072 and 459.015(2) upon a
1121 physician assistant if the physician assistant or the
1122 supervising physician has been found guilty of or is being
1123 investigated for any act that constitutes a violation of this
1124 chapter or chapter 456.

1125 Section 31. For the purpose of incorporating the amendment
1126 made by this act to section 456.072, Florida Statutes, in a
1127 reference thereto, subsection (5) of section 465.0158, Florida
1128 Statutes, is reenacted to read:

1129 465.0158 Nonresident sterile compounding permit.—

1130 (5) In accordance with this chapter, the board may deny,
1131 revoke, or suspend the permit of; fine; or reprimand a permittee
1132 for:

1133 (a) Failure to comply with this section;

1134 (b) A violation listed under s. 456.0635, s. 456.065, or s.
1135 456.072, except s. 456.072(1)(s) or (1)(u);

1136 (c) A violation under s. 465.0156(5); or

1137 (d) A violation listed under s. 465.016.

1138 Section 32. For the purpose of incorporating the amendment
1139 made by this act to section 456.44, Florida Statutes, in a
1140 reference thereto, paragraph (mm) of subsection (1) of section
1141 456.072, Florida Statutes, is reenacted to read:



693250

1142 456.072 Grounds for discipline; penalties; enforcement.—

1143 (1) The following acts shall constitute grounds for which
1144 the disciplinary actions specified in subsection (2) may be
1145 taken:

1146 (mm) Failure to comply with controlled substance
1147 prescribing requirements of s. 456.44.

1148 Section 33. For the purpose of incorporating the amendment
1149 made by this act to section 456.44, Florida Statutes, in a
1150 reference thereto, section 466.02751, Florida Statutes, is
1151 reenacted to read:

1152 466.02751 Establishment of practitioner profile for
1153 designation as a controlled substance prescribing practitioner.—
1154 The Department of Health shall establish a practitioner profile
1155 for dentists licensed under this chapter for a practitioner's
1156 designation as a controlled substance prescribing practitioner
1157 as provided in s. 456.44.

1158 Section 34. For the purpose of incorporating the amendment
1159 made by this act to section 458.347, Florida Statutes, in a
1160 reference thereto, section 458.303, Florida Statutes, is
1161 reenacted to read:

1162 458.303 Provisions not applicable to other practitioners;
1163 exceptions, etc.—

1164 (1) The provisions of ss. 458.301, 458.305, 458.307,
1165 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321,
1166 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343,
1167 458.345, 458.347, and this section shall have no application to:

1168 (a) Other duly licensed health care practitioners acting
1169 within their scope of practice authorized by statute.

1170 (b) Any physician lawfully licensed in another state or



693250

1171 territory or foreign country, when meeting duly licensed
1172 physicians of this state in consultation.

1173 (c) Commissioned medical officers of the Armed Forces of
1174 the United States and of the Public Health Service of the United
1175 States while on active duty and while acting within the scope of
1176 their military or public health responsibilities.

1177 (d) Any person while actually serving without salary or
1178 professional fees on the resident medical staff of a hospital in
1179 this state, subject to the provisions of s. 458.321.

1180 (e) Any person furnishing medical assistance in case of an
1181 emergency.

1182 (f) The domestic administration of recognized family
1183 remedies.

1184 (g) The practice of the religious tenets of any church in
1185 this state.

1186 (h) Any person or manufacturer who, without the use of
1187 drugs or medicine, mechanically fits or sells lenses, artificial
1188 eyes or limbs, or other apparatus or appliances or is engaged in
1189 the mechanical examination of eyes for the purpose of
1190 constructing or adjusting spectacles, eyeglasses, or lenses.

1191 (2) Nothing in s. 458.301, s. 458.305, s. 458.307, s.
1192 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s.
1193 458.327, s. 458.329, s. 458.331, s. 458.337, s. 458.339, s.
1194 458.341, s. 458.343, s. 458.345, s. 458.347, or this section
1195 shall be construed to prohibit any service rendered by a
1196 registered nurse or a licensed practical nurse, if such service
1197 is rendered under the direct supervision and control of a
1198 licensed physician who provides specific direction for any
1199 service to be performed and gives final approval to all services



693250

1200 performed. Further, nothing in this or any other chapter shall
1201 be construed to prohibit any service rendered by a medical
1202 assistant in accordance with the provisions of s. 458.3485.

1203 Section 35. For the purpose of incorporating the amendment
1204 made by this act to section 458.347, Florida Statutes, in a
1205 reference thereto, paragraph (b) of subsection (7) of section
1206 458.3475, Florida Statutes, is reenacted to read:

1207 458.3475 Anesthesiologist assistants.—

1208 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1209 ADVISE THE BOARD.—

1210 (b) In addition to its other duties and responsibilities as
1211 prescribed by law, the board shall:

1212 1. Recommend to the department the licensure of
1213 anesthesiologist assistants.

1214 2. Develop all rules regulating the use of anesthesiologist
1215 assistants by qualified anesthesiologists under this chapter and
1216 chapter 459, except for rules relating to the formulary
1217 developed under s. 458.347(4)(f). The board shall also develop
1218 rules to ensure that the continuity of supervision is maintained
1219 in each practice setting. The boards shall consider adopting a
1220 proposed rule at the regularly scheduled meeting immediately
1221 following the submission of the proposed rule. A proposed rule
1222 may not be adopted by either board unless both boards have
1223 accepted and approved the identical language contained in the
1224 proposed rule. The language of all proposed rules must be
1225 approved by both boards pursuant to each respective board's
1226 guidelines and standards regarding the adoption of proposed
1227 rules.

1228 3. Address concerns and problems of practicing



693250

1229 anesthesiologist assistants to improve safety in the clinical
1230 practices of licensed anesthesiologist assistants.

1231 Section 36. For the purpose of incorporating the amendment
1232 made by this act to section 458.347, Florida Statutes, in
1233 references thereto, paragraph (e) of subsection (4) and
1234 paragraph (c) of subsection (9) of section 459.022, Florida
1235 Statutes, are reenacted to read:

1236 459.022 Physician assistants.—

1237 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1238 (e) A supervisory physician may delegate to a fully
1239 licensed physician assistant the authority to prescribe or
1240 dispense any medication used in the supervisory physician's
1241 practice unless such medication is listed on the formulary
1242 created pursuant to s. 458.347. A fully licensed physician
1243 assistant may only prescribe or dispense such medication under
1244 the following circumstances:

1245 1. A physician assistant must clearly identify to the
1246 patient that she or he is a physician assistant. Furthermore,
1247 the physician assistant must inform the patient that the patient
1248 has the right to see the physician prior to any prescription
1249 being prescribed or dispensed by the physician assistant.

1250 2. The supervisory physician must notify the department of
1251 her or his intent to delegate, on a department-approved form,
1252 before delegating such authority and notify the department of
1253 any change in prescriptive privileges of the physician
1254 assistant. Authority to dispense may be delegated only by a
1255 supervisory physician who is registered as a dispensing
1256 practitioner in compliance with s. 465.0276.

1257 3. The physician assistant must file with the department a



693250

1258 signed affidavit that she or he has completed a minimum of 10
1259 continuing medical education hours in the specialty practice in
1260 which the physician assistant has prescriptive privileges with
1261 each licensure renewal application.

1262 4. The department may issue a prescriber number to the
1263 physician assistant granting authority for the prescribing of
1264 medicinal drugs authorized within this paragraph upon completion
1265 of the foregoing requirements. The physician assistant shall not
1266 be required to independently register pursuant to s. 465.0276.

1267 5. The prescription must be written in a form that complies
1268 with chapter 499 and must contain, in addition to the
1269 supervisory physician's name, address, and telephone number, the
1270 physician assistant's prescriber number. Unless it is a drug or
1271 drug sample dispensed by the physician assistant, the
1272 prescription must be filled in a pharmacy permitted under
1273 chapter 465, and must be dispensed in that pharmacy by a
1274 pharmacist licensed under chapter 465. The appearance of the
1275 prescriber number creates a presumption that the physician
1276 assistant is authorized to prescribe the medicinal drug and the
1277 prescription is valid.

1278 6. The physician assistant must note the prescription or
1279 dispensing of medication in the appropriate medical record.

1280 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1281 Physician Assistants is created within the department.

1282 (c) The council shall:

1283 1. Recommend to the department the licensure of physician
1284 assistants.

1285 2. Develop all rules regulating the use of physician
1286 assistants by physicians under chapter 458 and this chapter,



693250

1287 except for rules relating to the formulary developed under s.
1288 458.347. The council shall also develop rules to ensure that the
1289 continuity of supervision is maintained in each practice
1290 setting. The boards shall consider adopting a proposed rule
1291 developed by the council at the regularly scheduled meeting
1292 immediately following the submission of the proposed rule by the
1293 council. A proposed rule submitted by the council may not be
1294 adopted by either board unless both boards have accepted and
1295 approved the identical language contained in the proposed rule.
1296 The language of all proposed rules submitted by the council must
1297 be approved by both boards pursuant to each respective board's
1298 guidelines and standards regarding the adoption of proposed
1299 rules. If either board rejects the council's proposed rule, that
1300 board must specify its objection to the council with
1301 particularity and include any recommendations it may have for
1302 the modification of the proposed rule.

1303 3. Make recommendations to the boards regarding all matters
1304 relating to physician assistants.

1305 4. Address concerns and problems of practicing physician
1306 assistants in order to improve safety in the clinical practices
1307 of licensed physician assistants.

1308 Section 37. For the purpose of incorporating the amendment
1309 made by this act to section 458.347, Florida Statutes, in a
1310 reference thereto, paragraph (b) of subsection (7) of section
1311 459.023, Florida Statutes, is reenacted to read:

1312 459.023 Anesthesiologist assistants.—

1313 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1314 ADVISE THE BOARD.—

1315 (b) In addition to its other duties and responsibilities as



693250

1316 prescribed by law, the board shall:

1317 1. Recommend to the department the licensure of
1318 anesthesiologist assistants.

1319 2. Develop all rules regulating the use of anesthesiologist
1320 assistants by qualified anesthesiologists under this chapter and
1321 chapter 458, except for rules relating to the formulary
1322 developed under s. 458.347(4) (f). The board shall also develop
1323 rules to ensure that the continuity of supervision is maintained
1324 in each practice setting. The boards shall consider adopting a
1325 proposed rule at the regularly scheduled meeting immediately
1326 following the submission of the proposed rule. A proposed rule
1327 may not be adopted by either board unless both boards have
1328 accepted and approved the identical language contained in the
1329 proposed rule. The language of all proposed rules must be
1330 approved by both boards pursuant to each respective board's
1331 guidelines and standards regarding the adoption of proposed
1332 rules.

1333 3. Address concerns and problems of practicing
1334 anesthesiologist assistants to improve safety in the clinical
1335 practices of licensed anesthesiologist assistants.

1336 Section 38. For the purpose of incorporating the amendment
1337 made by this act to section 464.012, Florida Statutes, in a
1338 reference thereto, paragraph (a) of subsection (1) of section
1339 456.041, Florida Statutes, is reenacted to read:

1340 456.041 Practitioner profile; creation.—

1341 (1) (a) The Department of Health shall compile the
1342 information submitted pursuant to s. 456.039 into a practitioner
1343 profile of the applicant submitting the information, except that
1344 the Department of Health shall develop a format to compile



693250

1345 uniformly any information submitted under s. 456.039(4)(b).
1346 Beginning July 1, 2001, the Department of Health may compile the
1347 information submitted pursuant to s. 456.0391 into a
1348 practitioner profile of the applicant submitting the
1349 information. The protocol submitted pursuant to s. 464.012(3)
1350 must be included in the practitioner profile of the advanced
1351 registered nurse practitioner.

1352 Section 39. For the purpose of incorporating the amendment
1353 made by this act to section 464.012, Florida Statutes, in
1354 references thereto, subsections (1) and (2) of section 458.348,
1355 Florida Statutes, are reenacted to read:

1356 458.348 Formal supervisory relationships, standing orders,
1357 and established protocols; notice; standards.—

1358 (1) NOTICE.—

1359 (a) When a physician enters into a formal supervisory
1360 relationship or standing orders with an emergency medical
1361 technician or paramedic licensed pursuant to s. 401.27, which
1362 relationship or orders contemplate the performance of medical
1363 acts, or when a physician enters into an established protocol
1364 with an advanced registered nurse practitioner, which protocol
1365 contemplates the performance of medical acts identified and
1366 approved by the joint committee pursuant to s. 464.003(2) or
1367 acts set forth in s. 464.012(3) and (4), the physician shall
1368 submit notice to the board. The notice shall contain a statement
1369 in substantially the following form:

1370 I, ...(name and professional license number of
1371 physician)..., of ...(address of physician)... have hereby
1372 entered into a formal supervisory relationship, standing orders,
1373 or an established protocol with ...(number of persons)...



693250

1374 emergency medical technician(s), ...(number of persons)...
1375 paramedic(s), or ...(number of persons)... advanced registered
1376 nurse practitioner(s).

1377 (b) Notice shall be filed within 30 days of entering into
1378 the relationship, orders, or protocol. Notice also shall be
1379 provided within 30 days after the physician has terminated any
1380 such relationship, orders, or protocol.

1381 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1382 joint committee created under s. 464.003(2) shall determine
1383 minimum standards for the content of established protocols
1384 pursuant to which an advanced registered nurse practitioner may
1385 perform medical acts identified and approved by the joint
1386 committee pursuant to s. 464.003(2) or acts set forth in s.
1387 464.012(3) and (4) and shall determine minimum standards for
1388 supervision of such acts by the physician, unless the joint
1389 committee determines that any act set forth in s. 464.012(3) or
1390 (4) is not a medical act. Such standards shall be based on risk
1391 to the patient and acceptable standards of medical care and
1392 shall take into account the special problems of medically
1393 underserved areas. The standards developed by the joint
1394 committee shall be adopted as rules by the Board of Nursing and
1395 the Board of Medicine for purposes of carrying out their
1396 responsibilities pursuant to part I of chapter 464 and this
1397 chapter, respectively, but neither board shall have disciplinary
1398 powers over the licensees of the other board.

1399 Section 40. For the purpose of incorporating the amendment
1400 made by this act to section 464.013, Florida Statutes, in a
1401 reference thereto, subsection (7) of section 464.0205, Florida
1402 Statutes, is reenacted to read:



693250

1403 464.0205 Retired volunteer nurse certificate.—

1404 (7) The retired volunteer nurse certificate shall be valid
1405 for 2 years, and a certificateholder may reapply for a
1406 certificate so long as the certificateholder continues to meet
1407 the eligibility requirements of this section. Any legislatively
1408 mandated continuing education on specific topics must be
1409 completed by the certificateholder prior to renewal; otherwise,
1410 the provisions of s. 464.013 do not apply.

1411 Section 41. For the purpose of incorporating the amendment
1412 made by this act to section 464.018, Florida Statutes, in a
1413 reference thereto, subsection (11) of section 320.0848, Florida
1414 Statutes, is reenacted to read:

1415 320.0848 Persons who have disabilities; issuance of
1416 disabled parking permits; temporary permits; permits for certain
1417 providers of transportation services to persons who have
1418 disabilities.—

1419 (11) A violation of this section is grounds for
1420 disciplinary action under s. 458.331, s. 459.015, s. 460.413, s.
1421 461.013, s. 463.016, or s. 464.018, as applicable.

1422 Section 42. For the purpose of incorporating the amendment
1423 made by this act to section 464.018, Florida Statutes, in a
1424 reference thereto, subsection (2) of section 464.008, Florida
1425 Statutes, is reenacted to read:

1426 464.008 Licensure by examination.—

1427 (2) Each applicant who passes the examination and provides
1428 proof of meeting the educational requirements specified in
1429 subsection (1) shall, unless denied pursuant to s. 464.018, be
1430 entitled to licensure as a registered professional nurse or a
1431 licensed practical nurse, whichever is applicable.



693250

1432 Section 43. For the purpose of incorporating the amendment
1433 made by this act to section 464.018, Florida Statutes, in a
1434 reference thereto, subsection (5) of section 464.009, Florida
1435 Statutes, is reenacted to read:

1436 464.009 Licensure by endorsement.—

1437 (5) The department shall not issue a license by endorsement
1438 to any applicant who is under investigation in another state,
1439 jurisdiction, or territory of the United States for an act which
1440 would constitute a violation of this part or chapter 456 until
1441 such time as the investigation is complete, at which time the
1442 provisions of s. 464.018 shall apply.

1443 Section 44. For the purpose of incorporating the amendment
1444 made by this act to section 464.018, Florida Statutes, in
1445 references thereto, paragraph (b) of subsection (1), subsection
1446 (3), and paragraph (b) of subsection (4) of section 464.0205,
1447 Florida Statutes, are reenacted to read:

1448 464.0205 Retired volunteer nurse certificate.—

1449 (1) Any retired practical or registered nurse desiring to
1450 serve indigent, underserved, or critical need populations in
1451 this state may apply to the department for a retired volunteer
1452 nurse certificate by providing:

1453 (b) Verification that the applicant had been licensed to
1454 practice nursing in any jurisdiction in the United States for at
1455 least 10 years, had retired or plans to retire, intends to
1456 practice nursing only pursuant to the limitations provided by
1457 the retired volunteer nurse certificate, and has not committed
1458 any act that would constitute a violation under s. 464.018(1).

1459 (3) The board may deny a retired volunteer nurse
1460 certificate to any applicant who has committed, or who is under



693250

1461 investigation or prosecution for, any act that would constitute
1462 a ground for disciplinary action under s. 464.018.

1463 (4) A retired volunteer nurse receiving certification from
1464 the board shall:

1465 (b) Comply with the minimum standards of practice for
1466 nurses and be subject to disciplinary action for violations of
1467 s. 464.018, except that the scope of practice for certified
1468 volunteers shall be limited to primary and preventive health
1469 care, or as further defined by board rule.

1470 Section 45. For the purpose of incorporating the amendment
1471 made by this act to section 893.02, Florida Statutes, in a
1472 reference thereto, section 775.051, Florida Statutes, is
1473 reenacted to read:

1474 775.051 Voluntary intoxication; not a defense; evidence not
1475 admissible for certain purposes; exception.—Voluntary
1476 intoxication resulting from the consumption, injection, or other
1477 use of alcohol or other controlled substance as described in
1478 chapter 893 is not a defense to any offense proscribed by law.
1479 Evidence of a defendant's voluntary intoxication is not
1480 admissible to show that the defendant lacked the specific intent
1481 to commit an offense and is not admissible to show that the
1482 defendant was insane at the time of the offense, except when the
1483 consumption, injection, or use of a controlled substance under
1484 chapter 893 was pursuant to a lawful prescription issued to the
1485 defendant by a practitioner as defined in s. 893.02.

1486 Section 46. For the purpose of incorporating the amendment
1487 made by this act to section 948.03, Florida Statutes, in a
1488 reference thereto, paragraph (a) of subsection (3) of section
1489 944.17, Florida Statutes, is reenacted to read:



693250

1490 944.17 Commitments and classification; transfers.—
1491 (3) (a) Notwithstanding the provisions of s. 948.03, only
1492 those persons who are convicted and sentenced in circuit court
1493 to a cumulative sentence of incarceration for 1 year or more,
1494 whether sentence is imposed in the same or separate circuits,
1495 may be received by the department into the state correctional
1496 system. Such persons shall be delivered to the custody of the
1497 department at such reception and classification centers as shall
1498 be provided for this purpose.

1499 Section 47. For the purpose of incorporating the amendment
1500 made by this act to section 948.03, Florida Statutes, in a
1501 reference thereto, subsection (8) of section 948.001, Florida
1502 Statutes, is reenacted to read:

1503 948.001 Definitions.—As used in this chapter, the term:
1504 (8) "Probation" means a form of community supervision
1505 requiring specified contacts with parole and probation officers
1506 and other terms and conditions as provided in s. 948.03.

1507 Section 48. For the purpose of incorporating the amendment
1508 made by this act to section 948.03, Florida Statutes, in a
1509 reference thereto, paragraph (e) of subsection (1) of section
1510 948.101, Florida Statutes, is reenacted to read:

1511 948.101 Terms and conditions of community control.—
1512 (1) The court shall determine the terms and conditions of
1513 community control. Conditions specified in this subsection do
1514 not require oral pronouncement at the time of sentencing and may
1515 be considered standard conditions of community control. The
1516 court shall require intensive supervision and surveillance for
1517 an offender placed into community control, which may include,
1518 but is not limited to:



693250

1519 (e) The standard conditions of probation set forth in s.
1520 948.03.

1521 Section 49. Except as otherwise expressly provided in this
1522 act, this act shall take effect upon becoming a law.

1523

1524 ===== T I T L E A M E N D M E N T =====

1525 And the title is amended as follows:

1526 Delete everything before the enacting clause
1527 and insert:

1528 A bill to be entitled
1529 An act relating to behavioral health workforce;
1530 amending s. 110.12315, F.S.; expanding the categories
1531 of persons who may prescribe brand name drugs under
1532 the prescription drug program when medically
1533 necessary; amending ss. 310.071, 310.073, and 310.081,
1534 F.S.; exempting controlled substances prescribed by an
1535 advanced registered nurse practitioner or a physician
1536 assistant from the disqualifications for certification
1537 or licensure, and for continued certification or
1538 licensure, as a deputy pilot or state pilot; amending
1539 s. 394.453, F.S.; revising legislative intent;
1540 amending s. 394.467, F.S.; authorizing procedures for
1541 recommending admission of a patient to a treatment
1542 facility; amending s. 395.1051, F.S.; requiring a
1543 hospital to provide specified advance notice to
1544 certain obstetrical physicians before it closes its
1545 obstetrical department or ceases to provide
1546 obstetrical services; amending s. 397.451, F.S.;
1547 revising provisions relating to exemptions from



693250

1548 disqualification for certain service provider
1549 personnel; amending s. 456.072, F.S.; providing
1550 mandatory administrative penalties for certain
1551 violations relating to prescribing or dispensing a
1552 controlled substance; amending s. 456.44, F.S.;
1553 providing a definition; deleting an obsolete date;
1554 requiring advanced registered nurse practitioners and
1555 physician assistants who prescribe controlled
1556 substances for certain pain to make a certain
1557 designation, comply with registration requirements,
1558 and follow specified standards of practice; providing
1559 applicability; amending ss. 458.3265 and 459.0137,
1560 F.S.; limiting the authority to prescribe a controlled
1561 substance in a pain-management clinic only to a
1562 physician licensed under chapter 458 or chapter 459,
1563 F.S.; amending s. 458.347, F.S.; revising the required
1564 continuing education requirements for a physician
1565 assistant; requiring that a specified formulary limit
1566 the prescription of certain controlled substances by
1567 physician assistants as of a specified date; amending
1568 s. 464.003, F.S.; redefining the term "advanced or
1569 specialized nursing practice"; deleting the joint
1570 committee established in the definition; amending s.
1571 464.012, F.S.; requiring the Board of Nursing to
1572 establish a committee to recommend a formulary of
1573 controlled substances that may not be prescribed, or
1574 may be prescribed only on a limited basis, by an
1575 advanced registered nurse practitioner; specifying the
1576 membership of the committee; providing parameters for



693250

1577 the formulary; requiring that the formulary be adopted
1578 by board rule; specifying the process for amending the
1579 formulary and imposing a burden of proof; limiting the
1580 formulary's application in certain instances;
1581 requiring the board to adopt the committee's initial
1582 recommendations by a specified date; authorizing an
1583 advanced registered nurse practitioner to prescribe,
1584 dispense, administer, or order drugs, including
1585 certain controlled substances under certain
1586 circumstances, as of a specified date; amending s.
1587 464.013, F.S.; revising continuing education
1588 requirements for renewal of a license or certificate;
1589 amending s. 464.018, F.S.; specifying acts that
1590 constitute grounds for denial of a license or for
1591 disciplinary action against an advanced registered
1592 nurse practitioner; creating s. 627.42392, F.S.;
1593 defining the term "health insurer"; requiring that
1594 certain health insurers that do not already use a
1595 certain form use only a prior authorization form
1596 approved by the Financial Services Commission;
1597 requiring the commission to adopt by rule guidelines
1598 for such forms; amending s. 627.6131, F.S.;
1599 prohibiting a health insurer from retroactively
1600 denying a claim under specified circumstances;
1601 amending s. 641.3155, F.S.; prohibiting a health
1602 maintenance organization from retroactively denying a
1603 claim under specified circumstances;
1604 amending s. 893.02, F.S.; redefining the term
1605 "practitioner" to include advanced registered nurse



693250

1606 practitioners and physician assistants under the
1607 Florida Comprehensive Drug Abuse Prevention and
1608 Control Act for the purpose of prescribing controlled
1609 substances if a certain requirement is met; amending
1610 s. 948.03, F.S.; providing that possession of drugs or
1611 narcotics prescribed by an advanced registered nurse
1612 practitioner or a physician assistant does not violate
1613 a prohibition relating to the possession of drugs or
1614 narcotics during probation; amending ss. 458.348 and
1615 459.025, F.S.; conforming provisions to changes made
1616 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
1617 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
1618 relating to grounds for disciplinary action against
1619 certain licensed health care practitioners or
1620 applicants, physician assistant licensure, the
1621 imposition of penalties upon physician assistants by
1622 the Board of Osteopathic Medicine, and nonresident
1623 sterile compounding permits, respectively, to
1624 incorporate the amendment made by the act to s.
1625 456.072, F.S., in references thereto; reenacting ss.
1626 456.072(1)(mm) and 466.02751, F.S., relating to
1627 grounds for discipline of certain licensed health care
1628 practitioners or applicants and dentist practitioner
1629 profiles, respectively, to incorporate the amendment
1630 made by the act to s. 456.44, F.S., in references
1631 thereto; reenacting ss. 458.303, 458.3475(7)(b),
1632 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S.,
1633 relating to the nonapplicability of certain provisions
1634 to specified health care practitioners, and the duties



1635 of the Board of Medicine and the Board of Osteopathic
1636 Medicine with respect to anesthesiologist assistants,
1637 respectively, to incorporate the amendment made by the
1638 act to s. 458.347, F.S., in references thereto;
1639 reenacting ss. 456.041(1)(a) and 458.348(1) and (2),
1640 F.S., relating to practitioner profiles and notice and
1641 standards for formal supervisory relationships,
1642 respectively, to incorporate the amendment made by the
1643 act to s. 464.012, F.S., in references thereto;
1644 reenacting s. 464.0205(7), F.S., relating to
1645 certification as a retired volunteer nurse to
1646 incorporate the amendment made by the act to s.
1647 464.013, F.S., in a reference thereto; reenacting ss.
1648 320.0848(11), 464.008(2), 464.009(5), and
1649 464.0205(1)(b), (3), and (4)(b), F.S., relating to
1650 violations of provisions for disability parking,
1651 licensure by examination of registered nurses and
1652 licensed practical nurses, licensure by endorsement to
1653 practice professional or practical nursing,
1654 disciplinary actions against nursing applicants or
1655 licensees, and retired volunteer nurse certifications,
1656 respectively, to incorporate the amendment made by the
1657 act to s. 464.018, F.S., in references thereto;
1658 reenacting s. 775.051, F.S., relating to exclusion as
1659 a defense and nonadmissibility as evidence of
1660 voluntary intoxication to incorporate the amendment
1661 made by the act to s. 893.02, F.S., in a reference
1662 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
1663 948.101(1)(e), F.S., relating to receipt by the state



693250

1664 correctional system of certain persons sentenced to
1665 incarceration, the definition of the term "probation,"
1666 and the terms and conditions of community control,
1667 respectively, to incorporate the amendment made by the
1668 act to s. 948.03, F.S., in references thereto;
1669 providing effective dates.



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LEGISLATIVE ACTION

Senate	.	House
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The Committee on Children, Families, and Elder Affairs (Hutson) recommended the following:

1 **Senate Amendment to Amendment (693250) (with title**
2 **amendment)**

3
4 Delete lines 920 - 961.

5
6 ===== T I T L E A M E N D M E N T =====

7 And the title is amended as follows:

8 Delete lines 1592 - 1603

9 and insert:

10 nurse practitioner;

By Senator Latvala

20-01631-16

20161250__

1 A bill to be entitled
 2 An act relating to the behavioral health workforce;
 3 amending s. 394.453, F.S.; revising legislative
 4 intent; amending s. 394.463, F.S.; expanding the
 5 authority of a psychiatric nurse to approve the
 6 release of a patient from a receiving facility;
 7 amending s. 394.467, F.S.; authorizing procedures for
 8 recommending admission of a patient to a treatment
 9 facility; amending s. 397.451, F.S.; revising
 10 provisions relating to exemptions from
 11 disqualification for certain service provider
 12 personnel; amending s. 409.909, F.S.; adding
 13 psychiatry to a list of primary care specialties under
 14 the Statewide Medicaid Residency Program; amending s.
 15 456.44, F.S.; deleting an obsolete date; requiring
 16 advanced registered nurse practitioners and physician
 17 assistants who prescribe controlled substances for
 18 pain management to make a certain designation, comply
 19 with registration requirements, and follow specified
 20 standards of practice; providing applicability;
 21 providing an effective date.

22
 23 Be It Enacted by the Legislature of the State of Florida:

24
 25 Section 1. Section 394.453, Florida Statutes, is amended to
 26 read:

27 394.453 Legislative intent.—It is the intent of the
 28 Legislature to authorize and direct the Department of Children
 29 and Families to evaluate, research, plan, and recommend to the
 30 Governor and the Legislature programs designed to reduce the
 31 occurrence, severity, duration, and disabling aspects of mental,
 32 emotional, and behavioral disorders. It is the intent of the

Page 1 of 13

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20-01631-16

20161250__

33 Legislature that treatment programs for such disorders shall
 34 include, but not be limited to, comprehensive health, social,
 35 educational, and rehabilitative services to persons requiring
 36 intensive short-term and continued treatment in order to
 37 encourage them to assume responsibility for their treatment and
 38 recovery. It is intended that such persons be provided with
 39 emergency service and temporary detention for evaluation when
 40 required; that they be admitted to treatment facilities on a
 41 voluntary basis when extended or continuing care is needed and
 42 unavailable in the community; that involuntary placement be
 43 provided only when expert evaluation determines that it is
 44 necessary; that any involuntary treatment or examination be
 45 accomplished in a setting which is clinically appropriate and
 46 most likely to facilitate the person's return to the community
 47 as soon as possible; and that individual dignity and human
 48 rights be guaranteed to all persons who are admitted to mental
 49 health facilities or who are being held under s. 394.463. It is
 50 the further intent of the Legislature that the least restrictive
 51 means of intervention be employed based on the individual needs
 52 of each person, within the scope of available services. It is
 53 the policy of this state that the use of restraint and seclusion
 54 on clients is justified only as an emergency safety measure to
 55 be used in response to imminent danger to the client or others.
 56 It is, therefore, the intent of the Legislature to achieve an
 57 ongoing reduction in the use of restraint and seclusion in
 58 programs and facilities serving persons with mental illness. The
 59 Legislature further finds the need for additional psychiatrists
 60 to be of critical state concern and authorizes the establishment
 61 of an additional psychiatry program to be offered by one of

Page 2 of 13

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20-01631-16

20161250__

62 Florida's schools of medicine currently not offering psychiatry.
 63 The program shall seek to integrate primary care and psychiatry
 64 and other evolving models of care for persons with mental health
 65 and substance abuse disorders. Additionally, the Legislature
 66 finds that the use of telemedicine for patient evaluation, case
 67 management, and ongoing care will improve management of patient
 68 care and reduce costs of transportation.

69 Section 2. Paragraph (f) of subsection (2) of section
 70 394.463, Florida Statutes, is amended to read:

71 394.463 Involuntary examination.—

72 (2) INVOLUNTARY EXAMINATION.—

73 (f) A patient shall be examined by a physician, a clinical
 74 psychologist, or a psychiatric nurse performing within the
 75 framework of an established protocol with a psychiatrist at a
 76 receiving facility without unnecessary delay and may, upon the
 77 order of a physician, be given emergency treatment if it is
 78 determined that such treatment is necessary for the safety of
 79 the patient or others. The patient may not be released by the
 80 receiving facility or its contractor without the documented
 81 approval of a psychiatrist, ~~or a clinical psychologist, or, if~~
 82 ~~the receiving facility is owned or operated by a hospital or~~
 83 ~~health system, the release may also be approved by a psychiatric~~
 84 nurse performing within the framework of an established protocol
 85 with a psychiatrist or an attending emergency department
 86 physician with experience in the diagnosis and treatment of
 87 mental and nervous disorders and after completion of an
 88 involuntary examination pursuant to this subsection. A
 89 psychiatric nurse may not approve the release of a patient if
 90 the involuntary examination was initiated by a psychiatrist

Page 3 of 13

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20-01631-16

20161250__

91 unless the release is approved by the initiating psychiatrist.
 92 However, a patient may not be held in a receiving facility for
 93 involuntary examination longer than 72 hours.

94 Section 3. Subsection (2) of section 394.467, Florida
 95 Statutes, is amended to read:

96 394.467 Involuntary inpatient placement.—

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

119 Section 4. Paragraphs (e) and (f) of subsection (1) and

Page 4 of 13

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20-01631-16 20161250__

120 paragraph (b) of subsection (4) of section 397.451, Florida
 121 Statutes, are amended to read:
 122 397.451 Background checks of service provider personnel.—
 123 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
 124 EXCEPTIONS.—
 125 (e) Personnel employed directly or under contract with the
 126 Department of Corrections in an inmate substance abuse program
 127 ~~who have direct contact with unmarried inmates under the age of~~
 128 ~~18 or with inmates who are developmentally disabled~~ are exempt
 129 from the fingerprinting and background check requirements of
 130 this section unless they have direct contact with unmarried
 131 inmates under the age of 18 or with inmates who are
 132 developmentally disabled.
 133 (f) Service provider personnel who request an exemption
 134 from disqualification must submit the request within 30 days
 135 after being notified of the disqualification. If 5 years or more
 136 have elapsed since the most recent disqualifying offense,
 137 service provider personnel may work with adults with substance
 138 use disorders under the supervision of a qualified professional
 139 licensed under chapter 490 or chapter 491 or a master's level
 140 certified addiction professional until the agency makes a final
 141 determination regarding the request for an exemption from
 142 disqualification ~~Upon notification of the disqualification, the~~
 143 ~~service provider shall comply with requirements regarding~~
 144 ~~exclusion from employment in s. 435.06.~~
 145 (4) EXEMPTIONS FROM DISQUALIFICATION.—
 146 (b) Since rehabilitated substance abuse impaired persons
 147 are effective in the successful treatment and rehabilitation of
 148 individuals with substance use disorders ~~substance abuse~~

20-01631-16 20161250__

149 ~~impaired adolescents~~, for service providers which treat
 150 adolescents 13 years of age and older, service provider
 151 personnel whose background checks indicate crimes under s.
 152 817.563, s. 893.13, or s. 893.147 may be exempted from
 153 disqualification from employment pursuant to this paragraph.
 154 Section 5. Paragraph (a) of subsection (2) of section
 155 409.909, Florida Statutes, is amended to read:
 156 409.909 Statewide Medicaid Residency Program.—
 157 (2) On or before September 15 of each year, the agency
 158 shall calculate an allocation fraction to be used for
 159 distributing funds to participating hospitals. On or before the
 160 final business day of each quarter of a state fiscal year, the
 161 agency shall distribute to each participating hospital one-
 162 fourth of that hospital's annual allocation calculated under
 163 subsection (4). The allocation fraction for each participating
 164 hospital is based on the hospital's number of full-time
 165 equivalent residents and the amount of its Medicaid payments. As
 166 used in this section, the term:
 167 (a) "Full-time equivalent," or "FTE," means a resident who
 168 is in his or her residency period, with the initial residency
 169 period defined as the minimum number of years of training
 170 required before the resident may become eligible for board
 171 certification by the American Osteopathic Association Bureau of
 172 Osteopathic Specialists or the American Board of Medical
 173 Specialties in the specialty in which he or she first began
 174 training, not to exceed 5 years. The residency specialty is
 175 defined as reported using the current residency type codes in
 176 the Intern and Resident Information System (IRIS), required by
 177 Medicare. A resident training beyond the initial residency

20-01631-16

20161250__

178 period is counted as 0.5 FTE, unless his or her chosen specialty
 179 is in primary care, in which case the resident is counted as 1.0
 180 FTE. For the purposes of this section, primary care specialties
 181 include:

- 182 1. Family medicine;
- 183 2. General internal medicine;
- 184 3. General pediatrics;
- 185 4. Preventive medicine;
- 186 5. Geriatric medicine;
- 187 6. Osteopathic general practice;
- 188 7. Obstetrics and gynecology;
- 189 8. Emergency medicine; ~~and~~
- 190 9. General surgery; ~~and-~~
- 191 10. Psychiatry.

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

194 456.44 Controlled substance prescribing.—

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

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

206 (b) Comply with the requirements of this section and

20-01631-16

20161250__

207 applicable board rules.

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

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

231 (b) Each registrant must develop a written individualized
 232 treatment plan for each patient. The treatment plan shall state
 233 objectives that will be used to determine treatment success,
 234 such as pain relief and improved physical and psychosocial
 235 function, and shall indicate if any further diagnostic

20-01631-16

20161250__

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

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

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

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

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

262 (d) The patient shall be seen by the ~~registrant physician~~
 263 at regular intervals, not to exceed 3 months, to assess the
 264 efficacy of treatment, ensure that controlled substance therapy

20-01631-16

20161250__

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

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

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

292 1. The complete medical history and a physical examination,
 293 including history of drug abuse or dependence.

20-01631-16 20161250__

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

310 (g) Patients with signs or symptoms of substance abuse
 311 shall be immediately referred to a board-certified pain
 312 management physician, an addiction medicine specialist, or a
 313 mental health addiction facility as it pertains to drug abuse or
 314 addiction unless the registrant is a physician who is board-
 315 certified or board-eligible in pain management. Throughout the
 316 period of time before receiving the consultant's report, a
 317 prescribing registrant physician shall clearly and completely
 318 document medical justification for continued treatment with
 319 controlled substances and those steps taken to ensure medically
 320 appropriate use of controlled substances by the patient. Upon
 321 receipt of the consultant's written report, the prescribing
 322 registrant physician shall incorporate the consultant's

20-01631-16 20161250__

323 recommendations for continuing, modifying, or discontinuing
 324 controlled substance therapy. The resulting changes in treatment
 325 shall be specifically documented in the patient's medical
 326 record. Evidence or behavioral indications of diversion shall be
 327 followed by discontinuation of controlled substance therapy, and
 328 the patient shall be discharged, and all results of testing and
 329 actions taken by the registrant physician shall be documented in
 330 the patient's medical record.

331
 332 This subsection does not apply to a board-eligible or board-
 333 certified anesthesiologist, physiatrist, rheumatologist, or
 334 neurologist, or to a board-certified physician who has surgical
 335 privileges at a hospital or ambulatory surgery center and
 336 primarily provides surgical services. This subsection does not
 337 apply to a board-eligible or board-certified medical specialist
 338 who has also completed a fellowship in pain medicine approved by
 339 the Accreditation Council for Graduate Medical Education or the
 340 American Osteopathic Association, or who is board eligible or
 341 board certified in pain medicine by the American Board of Pain
 342 Medicine, the American Board of Interventional Pain Physicians,
 343 the American Association of Physician Specialists, or a board
 344 approved by the American Board of Medical Specialties or the
 345 American Osteopathic Association and performs interventional
 346 pain procedures of the type routinely billed using surgical
 347 codes. This subsection does not apply to a registrant, advanced
 348 registered nurse practitioner, or physician assistant who
 349 prescribes medically necessary controlled substances for a
 350 patient during an inpatient stay in a hospital licensed under
 351 chapter 395.

20-01631-16

20161250__

352

Section 7. This act shall take effect July 1, 2016.



693250

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
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The Committee on Children, Families, and Elder Affairs (Hutson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

110.12315 Prescription drug program.—The state employees' prescription drug program is established. This program shall be administered by the Department of Management Services, according to the terms and conditions of the plan as established by the



693250

11 relevant provisions of the annual General Appropriations Act and
12 implementing legislation, subject to the following conditions:

13 (7) The department shall establish the reimbursement
14 schedule for prescription pharmaceuticals dispensed under the
15 program. Reimbursement rates for a prescription pharmaceutical
16 must be based on the cost of the generic equivalent drug if a
17 generic equivalent exists, unless the physician, advanced
18 registered nurse practitioner, or physician assistant
19 prescribing the pharmaceutical clearly states on the
20 prescription that the brand name drug is medically necessary or
21 that the drug product is included on the formulary of drug
22 products that may not be interchanged as provided in chapter
23 465, in which case reimbursement must be based on the cost of
24 the brand name drug as specified in the reimbursement schedule
25 adopted by the department.

26 Section 2. Paragraph (c) of subsection (1) of section
27 310.071, Florida Statutes, is amended, and subsection (3) of
28 that section is republished, to read:

29 310.071 Deputy pilot certification.—

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

33 (c) Be in good physical and mental health, as evidenced by
34 documentary proof of having satisfactorily passed a complete
35 physical examination administered by a licensed physician within
36 the preceding 6 months. The board shall adopt rules to establish
37 requirements for passing the physical examination, which rules
38 shall establish minimum standards for the physical or mental
39 capabilities necessary to carry out the professional duties of a



693250

40 certificated deputy pilot. Such standards shall include zero
41 tolerance for any controlled substance regulated under chapter
42 893 unless that individual is under the care of a physician,
43 advanced registered nurse practitioner, or physician assistant
44 and that controlled substance was prescribed by that physician,
45 advanced registered nurse practitioner, or physician assistant.

46 To maintain eligibility as a certificated deputy pilot, each
47 certificated deputy pilot must annually provide documentary
48 proof of having satisfactorily passed a complete physical
49 examination administered by a licensed physician. The physician
50 must know the minimum standards and certify that the
51 certificateholder satisfactorily meets the standards. The
52 standards for certificateholders shall include a drug test.

53 (3) The initial certificate issued to a deputy pilot shall
54 be valid for a period of 12 months, and at the end of this
55 period, the certificate shall automatically expire and shall not
56 be renewed. During this period, the board shall thoroughly
57 evaluate the deputy pilot's performance for suitability to
58 continue training and shall make appropriate recommendations to
59 the department. Upon receipt of a favorable recommendation by
60 the board, the department shall issue a certificate to the
61 deputy pilot, which shall be valid for a period of 2 years. The
62 certificate may be renewed only two times, except in the case of
63 a fully licensed pilot who is cross-licensed as a deputy pilot
64 in another port, and provided the deputy pilot meets the
65 requirements specified for pilots in paragraph (1) (c).

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

68 310.073 State pilot licensing.—In addition to meeting other



693250

69 requirements specified in this chapter, each applicant for
70 license as a state pilot must:

71 (3) Be in good physical and mental health, as evidenced by
72 documentary proof of having satisfactorily passed a complete
73 physical examination administered by a licensed physician within
74 the preceding 6 months. The board shall adopt rules to establish
75 requirements for passing the physical examination, which rules
76 shall establish minimum standards for the physical or mental
77 capabilities necessary to carry out the professional duties of a
78 licensed state pilot. Such standards shall include zero
79 tolerance for any controlled substance regulated under chapter
80 893 unless that individual is under the care of a physician,
81 advanced registered nurse practitioner, or physician assistant
82 and that controlled substance was prescribed by that physician,
83 advanced registered nurse practitioner, or physician assistant.

84 To maintain eligibility as a licensed state pilot, each licensed
85 state pilot must annually provide documentary proof of having
86 satisfactorily passed a complete physical examination
87 administered by a licensed physician. The physician must know
88 the minimum standards and certify that the licensee
89 satisfactorily meets the standards. The standards for licensees
90 shall include a drug test.

91 Section 4. Paragraph (b) of subsection (3) of section
92 310.081, Florida Statutes, is amended to read:

93 310.081 Department to examine and license state pilots and
94 certificate deputy pilots; vacancies.—

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

97 (b) Are in good physical and mental health as evidenced by



693250

98 documentary proof of having satisfactorily passed a physical
99 examination administered by a licensed physician or physician
100 assistant within each calendar year. The board shall adopt rules
101 to establish requirements for passing the physical examination,
102 which rules shall establish minimum standards for the physical
103 or mental capabilities necessary to carry out the professional
104 duties of a licensed state pilot or a certificated deputy pilot.
105 Such standards shall include zero tolerance for any controlled
106 substance regulated under chapter 893 unless that individual is
107 under the care of a physician, advanced registered nurse
108 practitioner, or physician assistant and that controlled
109 substance was prescribed by that physician, advanced registered
110 nurse practitioner, or physician assistant. To maintain
111 eligibility as a certificated deputy pilot or licensed state
112 pilot, each certificated deputy pilot or licensed state pilot
113 must annually provide documentary proof of having satisfactorily
114 passed a complete physical examination administered by a
115 licensed physician. The physician must know the minimum
116 standards and certify that the certificateholder or licensee
117 satisfactorily meets the standards. The standards for
118 certificateholders and for licensees shall include a drug test.
119
120 Upon resignation or in the case of disability permanently
121 affecting a pilot's ability to serve, the state license or
122 certificate issued under this chapter shall be revoked by the
123 department.

124 Section 5. Section 394.453, Florida Statutes, is amended to
125 read:

126 394.453 Legislative intent.—It is the intent of the



693250

127 Legislature to authorize and direct the Department of Children
128 and Families to evaluate, research, plan, and recommend to the
129 Governor and the Legislature programs designed to reduce the
130 occurrence, severity, duration, and disabling aspects of mental,
131 emotional, and behavioral disorders. It is the intent of the
132 Legislature that treatment programs for such disorders shall
133 include, but not be limited to, comprehensive health, social,
134 educational, and rehabilitative services to persons requiring
135 intensive short-term and continued treatment in order to
136 encourage them to assume responsibility for their treatment and
137 recovery. It is intended that such persons be provided with
138 emergency service and temporary detention for evaluation when
139 required; that they be admitted to treatment facilities on a
140 voluntary basis when extended or continuing care is needed and
141 unavailable in the community; that involuntary placement be
142 provided only when expert evaluation determines that it is
143 necessary; that any involuntary treatment or examination be
144 accomplished in a setting which is clinically appropriate and
145 most likely to facilitate the person's return to the community
146 as soon as possible; and that individual dignity and human
147 rights be guaranteed to all persons who are admitted to mental
148 health facilities or who are being held under s. 394.463. It is
149 the further intent of the Legislature that the least restrictive
150 means of intervention be employed based on the individual needs
151 of each person, within the scope of available services. It is
152 the policy of this state that the use of restraint and seclusion
153 on clients is justified only as an emergency safety measure to
154 be used in response to imminent danger to the client or others.
155 It is, therefore, the intent of the Legislature to achieve an



693250

156 ongoing reduction in the use of restraint and seclusion in
157 programs and facilities serving persons with mental illness. The
158 Legislature further finds the need for additional psychiatrists
159 to be of critical state concern and recommends the establishment
160 of an additional psychiatry program to be offered by one of
161 Florida's schools of medicine currently not offering psychiatry.
162 The program shall seek to integrate primary care and psychiatry
163 and other evolving models of care for persons with mental health
164 and substance use disorders. Additionally, the Legislature finds
165 that the use of telemedicine for patient evaluation, case
166 management, and ongoing care will improve management of patient
167 care and reduce costs of transportation.

168 Section 6. Subsection (2) of section 394.467, Florida
169 Statutes, is amended to read:

170 394.467 Involuntary inpatient placement.—

171 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
172 retained by a receiving facility or involuntarily placed in a
173 treatment facility upon the recommendation of the administrator
174 of the receiving facility where the patient has been examined
175 and after adherence to the notice and hearing procedures
176 provided in s. 394.4599. The recommendation must be supported by
177 the opinion of a psychiatrist and the second opinion of a
178 clinical psychologist or another psychiatrist, both of whom have
179 personally examined the patient within the preceding 72 hours,
180 that the criteria for involuntary inpatient placement are met.
181 However, in a county that has a population of fewer than 50,000,
182 if the administrator certifies that a psychiatrist or clinical
183 psychologist is not available to provide the second opinion, the
184 second opinion may be provided by a licensed physician who has



693250

185 postgraduate training and experience in diagnosis and treatment
186 of mental and nervous disorders or by a psychiatric nurse. Any
187 ~~second~~ opinion authorized in this subsection may be conducted
188 through a face-to-face examination, in person or by electronic
189 means. Such recommendation shall be entered on an involuntary
190 inpatient placement certificate that authorizes the receiving
191 facility to retain the patient pending transfer to a treatment
192 facility or completion of a hearing.

193 Section 7. Section 395.1051, Florida Statutes, is amended
194 to read:

195 395.1051 Duty to notify patients and physicians.—

196 (1) An appropriately trained person designated by each
197 licensed facility shall inform each patient, or an individual
198 identified pursuant to s. 765.401(1), in person about adverse
199 incidents that result in serious harm to the patient.
200 Notification of outcomes of care which ~~that~~ result in harm to
201 the patient under this section does ~~shall~~ not constitute an
202 acknowledgment or admission of liability and may not, ~~nor can it~~
203 be introduced as evidence.

204 (2) A hospital shall notify each obstetrical physician who
205 has privileges at the hospital at least 90 days before the
206 hospital closes its obstetrical department or ceases to provide
207 obstetrical services.

208 Section 8. Paragraphs (e) and (f) of subsection (1) and
209 paragraph (b) of subsection (4) of section 397.451, Florida
210 Statutes, are amended to read:

211 397.451 Background checks of service provider personnel.—

212 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
213 EXCEPTIONS.—



693250

214 (e) Personnel employed directly or under contract with the
215 Department of Corrections in an inmate substance abuse program
216 ~~who have direct contact with unmarried inmates under the age of~~
217 ~~18 or with inmates who are developmentally disabled~~ are exempt
218 from the fingerprinting and background check requirements of
219 this section unless they have direct contact with unmarried
220 inmates under the age of 18 or with inmates who are
221 developmentally disabled.

222 (f) Service provider personnel who request an exemption
223 from disqualification must submit the request within 30 days
224 after being notified of the disqualification. If 5 years or more
225 have elapsed since the most recent disqualifying offense,
226 service provider personnel may work with adults with substance
227 use disorders under the supervision of a qualified professional
228 licensed under chapter 490 or chapter 491 or a master's level
229 certified addiction professional until the agency makes a final
230 determination regarding the request for an exemption from
231 disqualification ~~Upon notification of the disqualification, the~~
232 ~~service provider shall comply with requirements regarding~~
233 ~~exclusion from employment in s. 435.06.~~

234 (4) EXEMPTIONS FROM DISQUALIFICATION.—

235 (b) Since rehabilitated substance abuse impaired persons
236 are effective in the successful treatment and rehabilitation of
237 individuals with substance use disorders ~~substance abuse~~
238 ~~impaired adolescents~~, for service providers which treat
239 adolescents 13 years of age and older, service provider
240 personnel whose background checks indicate crimes under s.
241 817.563, s. 893.13, or s. 893.147 may be exempted from
242 disqualification from employment pursuant to this paragraph.



693250

243 Section 9. Subsection (7) of section 456.072, Florida
244 Statutes, is amended to read:

245 456.072 Grounds for discipline; penalties; enforcement.—

246 (7) Notwithstanding subsection (2), upon a finding that a
247 physician has prescribed or dispensed a controlled substance, or
248 caused a controlled substance to be prescribed or dispensed, in
249 a manner that violates the standard of practice set forth in s.
250 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
251 or (s), or s. 466.028(1)(p) or (x), or that an advanced
252 registered nurse practitioner has prescribed or dispensed a
253 controlled substance, or caused a controlled substance to be
254 prescribed or dispensed in a manner that violates the standard
255 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
256 the physician or advanced registered nurse practitioner shall be
257 suspended for a period of not less than 6 months and pay a fine
258 of not less than \$10,000 per count. Repeated violations shall
259 result in increased penalties.

260 Section 10. Section 456.44, Florida Statutes, is amended to
261 read:

262 456.44 Controlled substance prescribing.—

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

264 (a) "Addiction medicine specialist" means a board-certified
265 psychiatrist with a subspecialty certification in addiction
266 medicine or who is eligible for such subspecialty certification
267 in addiction medicine, an addiction medicine physician certified
268 or eligible for certification by the American Society of
269 Addiction Medicine, or an osteopathic physician who holds a
270 certificate of added qualification in Addiction Medicine through
271 the American Osteopathic Association.



693250

272 (b) "Adverse incident" means any incident set forth in s.
273 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

274 (c) "Board-certified pain management physician" means a
275 physician who possesses board certification in pain medicine by
276 the American Board of Pain Medicine, board certification by the
277 American Board of Interventional Pain Physicians, or board
278 certification or subcertification in pain management or pain
279 medicine by a specialty board recognized by the American
280 Association of Physician Specialists or the American Board of
281 Medical Specialties or an osteopathic physician who holds a
282 certificate in Pain Management by the American Osteopathic
283 Association.

284 (d) "Board eligible" means successful completion of an
285 anesthesia, physical medicine and rehabilitation, rheumatology,
286 or neurology residency program approved by the Accreditation
287 Council for Graduate Medical Education or the American
288 Osteopathic Association for a period of 6 years from successful
289 completion of such residency program.

290 (e) "Chronic nonmalignant pain" means pain unrelated to
291 cancer which persists beyond the usual course of disease or the
292 injury that is the cause of the pain or more than 90 days after
293 surgery.

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

296 (g) "Registrant" means a physician, physician assistant, or
297 advanced registered nurse practitioner who meets the
298 requirements of subsection (2).

299 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
300 licensed under chapter 458, chapter 459, chapter 461, or chapter



693250

301 466, a physician assistant licensed under chapter 458 or chapter
302 459, or an advanced registered nurse practitioner certified
303 under part I of chapter 464 who prescribes any controlled
304 substance, listed in Schedule II, Schedule III, or Schedule IV
305 as defined in s. 893.03, for the treatment of chronic
306 nonmalignant pain, must:

307 (a) Designate himself or herself as a controlled substance
308 prescribing practitioner on his or her ~~the physician's~~
309 practitioner profile.

310 (b) Comply with the requirements of this section and
311 applicable board rules.

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

316 (a) A complete medical history and a physical examination
317 must be conducted before beginning any treatment and must be
318 documented in the medical record. The exact components of the
319 physical examination shall be left to the judgment of the
320 registrant ~~clinician~~ who is expected to perform a physical
321 examination proportionate to the diagnosis that justifies a
322 treatment. The medical record must, at a minimum, document the
323 nature and intensity of the pain, current and past treatments
324 for pain, underlying or coexisting diseases or conditions, the
325 effect of the pain on physical and psychological function, a
326 review of previous medical records, previous diagnostic studies,
327 and history of alcohol and substance abuse. The medical record
328 shall also document the presence of one or more recognized
329 medical indications for the use of a controlled substance. Each



693250

330 registrant must develop a written plan for assessing each
331 patient's risk of aberrant drug-related behavior, which may
332 include patient drug testing. Registrants must assess each
333 patient's risk for aberrant drug-related behavior and monitor
334 that risk on an ongoing basis in accordance with the plan.

335 (b) Each registrant must develop a written individualized
336 treatment plan for each patient. The treatment plan shall state
337 objectives that will be used to determine treatment success,
338 such as pain relief and improved physical and psychosocial
339 function, and shall indicate if any further diagnostic
340 evaluations or other treatments are planned. After treatment
341 begins, the registrant ~~physician~~ shall adjust drug therapy to
342 the individual medical needs of each patient. Other treatment
343 modalities, including a rehabilitation program, shall be
344 considered depending on the etiology of the pain and the extent
345 to which the pain is associated with physical and psychosocial
346 impairment. The interdisciplinary nature of the treatment plan
347 shall be documented.

348 (c) The registrant ~~physician~~ shall discuss the risks and
349 benefits of the use of controlled substances, including the
350 risks of abuse and addiction, as well as physical dependence and
351 its consequences, with the patient, persons designated by the
352 patient, or the patient's surrogate or guardian if the patient
353 is incompetent. The registrant ~~physician~~ shall use a written
354 controlled substance agreement between the registrant ~~physician~~
355 and the patient outlining the patient's responsibilities,
356 including, but not limited to:

357 1. Number and frequency of controlled substance
358 prescriptions and refills.



693250

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

361 3. An agreement that controlled substances for the
362 treatment of chronic nonmalignant pain shall be prescribed by a
363 single treating registrant ~~physician~~ unless otherwise authorized
364 by the treating registrant ~~physician~~ and documented in the
365 medical record.

366 (d) The patient shall be seen by the registrant ~~physician~~
367 at regular intervals, not to exceed 3 months, to assess the
368 efficacy of treatment, ensure that controlled substance therapy
369 remains indicated, evaluate the patient's progress toward
370 treatment objectives, consider adverse drug effects, and review
371 the etiology of the pain. Continuation or modification of
372 therapy shall depend on the registrant's ~~physician's~~ evaluation
373 of the patient's progress. If treatment goals are not being
374 achieved, despite medication adjustments, the registrant
375 ~~physician~~ shall reevaluate the appropriateness of continued
376 treatment. The registrant ~~physician~~ shall monitor patient
377 compliance in medication usage, related treatment plans,
378 controlled substance agreements, and indications of substance
379 abuse or diversion at a minimum of 3-month intervals.

380 (e) The registrant ~~physician~~ shall refer the patient as
381 necessary for additional evaluation and treatment in order to
382 achieve treatment objectives. Special attention shall be given
383 to those patients who are at risk for misusing their medications
384 and those whose living arrangements pose a risk for medication
385 misuse or diversion. The management of pain in patients with a
386 history of substance abuse or with a comorbid psychiatric
387 disorder requires extra care, monitoring, and documentation and



693250

388 requires consultation with or referral to an addiction medicine
389 specialist or psychiatrist.

390 (f) A registrant ~~physician registered under this section~~
391 must maintain accurate, current, and complete records that are
392 accessible and readily available for review and comply with the
393 requirements of this section, the applicable practice act, and
394 applicable board rules. The medical records must include, but
395 are not limited to:

396 1. The complete medical history and a physical examination,
397 including history of drug abuse or dependence.

398 2. Diagnostic, therapeutic, and laboratory results.

399 3. Evaluations and consultations.

400 4. Treatment objectives.

401 5. Discussion of risks and benefits.

402 6. Treatments.

403 7. Medications, including date, type, dosage, and quantity
404 prescribed.

405 8. Instructions and agreements.

406 9. Periodic reviews.

407 10. Results of any drug testing.

408 11. A photocopy of the patient's government-issued photo
409 identification.

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

412 13. The registrant's ~~physician's~~ full name presented in a
413 legible manner.

414 (g) A registrant shall immediately refer patients with
415 signs or symptoms of substance ~~abuse shall be immediately~~
416 ~~referred~~ to a board-certified pain management physician, an



693250

417 addiction medicine specialist, or a mental health addiction
418 facility as it pertains to drug abuse or addiction unless the
419 registrant is a physician who is board-certified or board-
420 eligible in pain management. Throughout the period of time
421 before receiving the consultant's report, a prescribing
422 registrant ~~physician~~ shall clearly and completely document
423 medical justification for continued treatment with controlled
424 substances and those steps taken to ensure medically appropriate
425 use of controlled substances by the patient. Upon receipt of the
426 consultant's written report, the prescribing registrant
427 ~~physician~~ shall incorporate the consultant's recommendations for
428 continuing, modifying, or discontinuing controlled substance
429 therapy. The resulting changes in treatment shall be
430 specifically documented in the patient's medical record.
431 Evidence or behavioral indications of diversion shall be
432 followed by discontinuation of controlled substance therapy, and
433 the patient shall be discharged, and all results of testing and
434 actions taken by the registrant ~~physician~~ shall be documented in
435 the patient's medical record.

436
437 This subsection does not apply to a board-eligible or board-
438 certified anesthesiologist, physiatrist, rheumatologist, or
439 neurologist, or to a board-certified physician who has surgical
440 privileges at a hospital or ambulatory surgery center and
441 primarily provides surgical services. This subsection does not
442 apply to a board-eligible or board-certified medical specialist
443 who has also completed a fellowship in pain medicine approved by
444 the Accreditation Council for Graduate Medical Education or the
445 American Osteopathic Association, or who is board eligible or



693250

446 board certified in pain medicine by the American Board of Pain
447 Medicine or a board approved by the American Board of Medical
448 Specialties or the American Osteopathic Association and performs
449 interventional pain procedures of the type routinely billed
450 using surgical codes. This subsection does not apply to a
451 registrant, physician, advanced registered nurse practitioner,
452 or physician assistant who prescribes medically necessary
453 controlled substances for a patient during an inpatient stay in
454 a hospital licensed under chapter 395.

455 Section 11. Paragraph (b) of subsection (2) of section
456 458.3265, Florida Statutes, is amended to read:

457 458.3265 Pain-management clinics.—

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

462 (b) Only a person may not dispense any medication on the
463 premises of a registered pain-management clinic unless he or she
464 is a physician licensed under this chapter or chapter 459 may
465 dispense medication or prescribe a controlled substance
466 regulated under chapter 893 on the premises of a registered
467 pain-management clinic.

468 Section 12. Paragraph (b) of subsection (2) of section
469 459.0137, Florida Statutes, is amended to read:

470 459.0137 Pain-management clinics.—

471 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
472 apply to any osteopathic physician who provides professional
473 services in a pain-management clinic that is required to be
474 registered in subsection (1).



693250

475 (b) ~~Only a person may not dispense any medication on the~~
476 ~~premises of a registered pain-management clinic unless he or she~~
477 ~~is~~ a physician licensed under this chapter or chapter 458 may
478 dispense medication or prescribe a controlled substance
479 regulated under chapter 893 on the premises of a registered
480 pain-management clinic.

481 Section 13. Paragraph (e) of subsection (4) of section
482 458.347, Florida Statutes, is amended, and paragraph (c) of
483 subsection (9) of that section is republished, to read:

484 458.347 Physician assistants.—

485 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

486 (e) A supervisory physician may delegate to a fully
487 licensed physician assistant the authority to prescribe or
488 dispense any medication used in the supervisory physician's
489 practice unless such medication is listed on the formulary
490 created pursuant to paragraph (f). A fully licensed physician
491 assistant may only prescribe or dispense such medication under
492 the following circumstances:

493 1. A physician assistant must clearly identify to the
494 patient that he or she is a physician assistant. Furthermore,
495 the physician assistant must inform the patient that the patient
496 has the right to see the physician prior to any prescription
497 being prescribed or dispensed by the physician assistant.

498 2. The supervisory physician must notify the department of
499 his or her intent to delegate, on a department-approved form,
500 before delegating such authority and notify the department of
501 any change in prescriptive privileges of the physician
502 assistant. Authority to dispense may be delegated only by a
503 supervising physician who is registered as a dispensing



693250

504 practitioner in compliance with s. 465.0276.

505 3. The physician assistant must file with the department a
506 signed affidavit that he or she has completed a minimum of 10
507 continuing medical education hours in the specialty practice in
508 which the physician assistant has prescriptive privileges with
509 each licensure renewal application. Three of the 10 hours must
510 consist of a continuing education course on the safe and
511 effective prescribing of controlled substance medications
512 offered by a statewide professional association of physicians in
513 this state accredited to provide educational activities
514 designated for the American Medical Association Physician's
515 Recognition Award Category I Credit or designated by the
516 American Academy of Physician Assistants as a Category 1 Credit.

517 4. The department may issue a prescriber number to the
518 physician assistant granting authority for the prescribing of
519 medicinal drugs authorized within this paragraph upon completion
520 of the foregoing requirements. The physician assistant shall not
521 be required to independently register pursuant to s. 465.0276.

522 5. The prescription must be written in a form that complies
523 with chapter 499 and must contain, in addition to the
524 supervisory physician's name, address, and telephone number, the
525 physician assistant's prescriber number. Unless it is a drug or
526 drug sample dispensed by the physician assistant, the
527 prescription must be filled in a pharmacy permitted under
528 chapter 465 and must be dispensed in that pharmacy by a
529 pharmacist licensed under chapter 465. The appearance of the
530 prescriber number creates a presumption that the physician
531 assistant is authorized to prescribe the medicinal drug and the
532 prescription is valid.



693250

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

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

537 (c) The council shall:

538 1. Recommend to the department the licensure of physician
539 assistants.

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

558 3. Make recommendations to the boards regarding all matters
559 relating to physician assistants.

560 4. Address concerns and problems of practicing physician
561 assistants in order to improve safety in the clinical practices



693250

562 of licensed physician assistants.

563 Section 14. Effective January 1, 2017, paragraph (f) of
564 subsection (4) of section 458.347, Florida Statutes, is amended
565 to read:

566 458.347 Physician assistants.—

567 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

568 (f)1. The council shall establish a formulary of medicinal
569 drugs that a fully licensed physician assistant having
570 prescribing authority under this section or s. 459.022 may not
571 prescribe. The formulary must include ~~controlled substances as~~
572 ~~defined in chapter 893,~~ general anesthetics, and radiographic
573 contrast materials, and must limit the prescription of Schedule
574 II controlled substances as defined in s. 893.03 to a 7-day
575 supply. The formulary must also restrict the prescribing of
576 psychiatric mental health controlled substances for children
577 under 18 years of age.

578 2. In establishing the formulary, the council shall consult
579 with a pharmacist licensed under chapter 465, but not licensed
580 under this chapter or chapter 459, who shall be selected by the
581 State Surgeon General.

582 3. Only the council shall add to, delete from, or modify
583 the formulary. Any person who requests an addition, deletion, or
584 modification of a medicinal drug listed on such formulary has
585 the burden of proof to show cause why such addition, deletion,
586 or modification should be made.

587 4. The boards shall adopt the formulary required by this
588 paragraph, and each addition, deletion, or modification to the
589 formulary, by rule. Notwithstanding any provision of chapter 120
590 to the contrary, the formulary rule shall be effective 60 days



693250

591 after the date it is filed with the Secretary of State. Upon
592 adoption of the formulary, the department shall mail a copy of
593 such formulary to each fully licensed physician assistant having
594 prescribing authority under this section or s. 459.022, and to
595 each pharmacy licensed by the state. The boards shall establish,
596 by rule, a fee not to exceed \$200 to fund the provisions of this
597 paragraph and paragraph (e).

598 Section 15. Subsection (2) of section 464.003, Florida
599 Statutes, is amended to read:

600 464.003 Definitions.—As used in this part, the term:

601 (2) "Advanced or specialized nursing practice" means, in
602 addition to the practice of professional nursing, the
603 performance of advanced-level nursing acts approved by the board
604 which, by virtue of postbasic specialized education, training,
605 and experience, are appropriately performed by an advanced
606 registered nurse practitioner. Within the context of advanced or
607 specialized nursing practice, the advanced registered nurse
608 practitioner may perform acts of nursing diagnosis and nursing
609 treatment of alterations of the health status. The advanced
610 registered nurse practitioner may also perform acts of medical
611 diagnosis and treatment, prescription, and operation as
612 authorized within the framework of an established supervisory
613 protocol ~~which are identified and approved by a joint committee~~
614 ~~composed of three members appointed by the Board of Nursing, two~~
615 ~~of whom must be advanced registered nurse practitioners; three~~
616 ~~members appointed by the Board of Medicine, two of whom must~~
617 ~~have had work experience with advanced registered nurse~~
618 ~~practitioners; and the State Surgeon General or the State~~
619 ~~Surgeon General's designee. Each committee member appointed by a~~



693250

620 ~~board shall be appointed to a term of 4 years unless a shorter~~
621 ~~term is required to establish or maintain staggered terms. The~~
622 ~~Board of Nursing shall adopt rules authorizing the performance~~
623 ~~of any such acts approved by the joint committee. Unless~~
624 ~~otherwise specified by the joint committee, such acts must be~~
625 ~~performed under the general supervision of a practitioner~~
626 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
627 ~~the framework of standing protocols which identify the medical~~
628 ~~acts to be performed and the conditions for their performance.~~
629 The department may, by rule, require that a copy of the protocol
630 be filed with the department along with the notice required by
631 s. 458.348.

632 Section 16. Section 464.012, Florida Statutes, is amended
633 to read:

634 464.012 Certification of advanced registered nurse
635 practitioners; fees; controlled substance prescribing.—

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

641 (a) Satisfactory completion of a formal postbasic
642 educational program of at least one academic year, the primary
643 purpose of which is to prepare nurses for advanced or
644 specialized practice.

645 (b) Certification by an appropriate specialty board. Such
646 certification shall be required for initial state certification
647 and any recertification as a registered nurse anesthetist or
648 nurse midwife. The board may by rule provide for provisional



693250

649 state certification of graduate nurse anesthetists and nurse
650 midwives for a period of time determined to be appropriate for
651 preparing for and passing the national certification
652 examination.

653 (c) Graduation from a program leading to a master's degree
654 in a nursing clinical specialty area with preparation in
655 specialized practitioner skills. For applicants graduating on or
656 after October 1, 1998, graduation from a master's degree program
657 shall be required for initial certification as a nurse
658 practitioner under paragraph (4) (c). For applicants graduating
659 on or after October 1, 2001, graduation from a master's degree
660 program shall be required for initial certification as a
661 registered nurse anesthetist under paragraph (4) (a).

662 (2) The board shall provide by rule the appropriate
663 requirements for advanced registered nurse practitioners in the
664 categories of certified registered nurse anesthetist, certified
665 nurse midwife, and nurse practitioner.

666 (3) An advanced registered nurse practitioner shall perform
667 those functions authorized in this section within the framework
668 of an established protocol that is filed with the board upon
669 biennial license renewal and within 30 days after entering into
670 a supervisory relationship with a physician or changes to the
671 protocol. The board shall review the protocol to ensure
672 compliance with applicable regulatory standards for protocols.
673 The board shall refer to the department licensees submitting
674 protocols that are not compliant with the regulatory standards
675 for protocols. A practitioner currently licensed under chapter
676 458, chapter 459, or chapter 466 shall maintain supervision for
677 directing the specific course of medical treatment. Within the



693250

678 established framework, an advanced registered nurse practitioner
679 may:

680 (a) Monitor and alter drug therapies.

681 (b) Initiate appropriate therapies for certain conditions.

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

684 (d) Order diagnostic tests and physical and occupational
685 therapy.

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

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

693 1. Determine the health status of the patient as it relates
694 to the risk factors and to the anesthetic management of the
695 patient through the performance of the general functions.

696 2. Based on history, physical assessment, and supplemental
697 laboratory results, determine, with the consent of the
698 responsible physician, the appropriate type of anesthesia within
699 the framework of the protocol.

700 3. Order under the protocol preanesthetic medication.

701 4. Perform under the protocol procedures commonly used to
702 render the patient insensible to pain during the performance of
703 surgical, obstetrical, therapeutic, or diagnostic clinical
704 procedures. These procedures include ordering and administering
705 regional, spinal, and general anesthesia; inhalation agents and
706 techniques; intravenous agents and techniques; and techniques of



693250

707 hypnosis.

708 5. Order or perform monitoring procedures indicated as
709 pertinent to the anesthetic health care management of the
710 patient.

711 6. Support life functions during anesthesia health care,
712 including induction and intubation procedures, the use of
713 appropriate mechanical supportive devices, and the management of
714 fluid, electrolyte, and blood component balances.

715 7. Recognize and take appropriate corrective action for
716 abnormal patient responses to anesthesia, adjunctive medication,
717 or other forms of therapy.

718 8. Recognize and treat a cardiac arrhythmia while the
719 patient is under anesthetic care.

720 9. Participate in management of the patient while in the
721 postanesthesia recovery area, including ordering the
722 administration of fluids and drugs.

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

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

731 1. Perform superficial minor surgical procedures.

732 2. Manage the patient during labor and delivery to include
733 amniotomy, episiotomy, and repair.

734 3. Order, initiate, and perform appropriate anesthetic
735 procedures.



693250

- 736 4. Perform postpartum examination.
737 5. Order appropriate medications.
738 6. Provide family-planning services and well-woman care.
739 7. Manage the medical care of the normal obstetrical
740 patient and the initial care of a newborn patient.

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

- 743 1. Manage selected medical problems.
744 2. Order physical and occupational therapy.
745 3. Initiate, monitor, or alter therapies for certain
746 uncomplicated acute illnesses.
747 4. Monitor and manage patients with stable chronic
748 diseases.
749 5. Establish behavioral problems and diagnosis and make
750 treatment recommendations.

751 (5) The board shall certify, and the department shall issue
752 a certificate to, any nurse meeting the qualifications in this
753 section. The board shall establish an application fee not to
754 exceed \$100 and a biennial renewal fee not to exceed \$50. The
755 board is authorized to adopt such other rules as are necessary
756 to implement the provisions of this section.

757 (6) (a) The board shall establish a committee to recommend a
758 formulary of controlled substances that an advanced registered
759 nurse practitioner may not prescribe or may prescribe only for
760 specific uses or in limited quantities. The committee must
761 consist of three advanced registered nurse practitioners
762 licensed under this section, recommended by the Board of
763 Nursing; three physicians licensed under chapter 458 or chapter
764 459 who have work experience with advanced registered nurse



693250

765 practitioners, recommended by the Board of Medicine; and a
766 pharmacist licensed under chapter 465 who holds a Doctor of
767 Pharmacy degree, recommended by the Board of Pharmacy. The
768 committee may recommend an evidence-based formulary applicable
769 to all advanced registered nurse practitioners which is limited
770 by specialty certification, is limited to approved uses of
771 controlled substances, or is subject to other similar
772 restrictions the committee finds are necessary to protect the
773 health, safety, and welfare of the public. The formulary must
774 restrict the prescribing of psychiatric mental health controlled
775 substances for children under 18 years of age to advanced
776 registered nurse practitioners who also are psychiatric nurses
777 as defined in s. 394.455. The formulary must also limit the
778 prescribing of Schedule II controlled substances as defined in
779 s. 893.03 to a 7-day supply, except that such restriction does
780 not apply to controlled substances that are psychiatric
781 medications prescribed by psychiatric nurses as defined in s.
782 394.455.

783 (b) The board shall adopt by rule the recommended formulary
784 and any revisions to the formulary which it finds are supported
785 by evidence-based clinical findings presented by the Board of
786 Medicine, the Board of Osteopathic Medicine, or the Board of
787 Dentistry.

788 (c) The formulary required under this subsection does not
789 apply to a controlled substance that is dispensed for
790 administration pursuant to an order, including an order for
791 medication authorized by subparagraph (4)(a)3., subparagraph
792 (4)(a)4., or subparagraph (4)(a)9.

793 (d) The board shall adopt the committee's initial



693250

794 recommendation no later October 31, 2016.

795 Section 17. Effective January 1, 2017, subsection (3) of
796 section 464.012, Florida Statutes, as amended by this act, is
797 amended to read:

798 464.012 Certification of advanced registered nurse
799 practitioners; fees; controlled substance prescribing.—

800 (3) An advanced registered nurse practitioner shall perform
801 those functions authorized in this section within the framework
802 of an established protocol that is filed with the board upon
803 biennial license renewal and within 30 days after entering into
804 a supervisory relationship with a physician or changes to the
805 protocol. The board shall review the protocol to ensure
806 compliance with applicable regulatory standards for protocols.
807 The board shall refer to the department licensees submitting
808 protocols that are not compliant with the regulatory standards
809 for protocols. A practitioner currently licensed under chapter
810 458, chapter 459, or chapter 466 shall maintain supervision for
811 directing the specific course of medical treatment. Within the
812 established framework, an advanced registered nurse practitioner
813 may:

814 (a) Prescribe, dispense, administer, or order any drug;
815 however, an advanced registered nurse practitioner may only
816 prescribe or dispense a controlled substance as defined in s.
817 893.03 if the advanced registered nurse practitioner has
818 graduated from a program leading to a master's or doctoral
819 degree in a clinical nursing specialty area with training in
820 specialized practitioner skills. ~~Monitor and alter drug~~
821 therapies.

822 (b) Initiate appropriate therapies for certain conditions.



693250

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

825 (d) Order diagnostic tests and physical and occupational
826 therapy.

827 Section 18. Subsection (3) of section 464.013, Florida
828 Statutes, is amended to read:

829 464.013 Renewal of license or certificate.-

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

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

838 (b) Notwithstanding the exemption in paragraph (a), as part
839 of the maximum 30 hours of continuing education hours required
840 under this subsection, advanced registered nurse practitioners
841 certified under s. 464.012 must complete at least 3 hours of
842 continuing education on the safe and effective prescription of
843 controlled substances. Such continuing education courses must be
844 offered by a statewide professional association of physicians in
845 this state accredited to provide educational activities
846 designated for the American Medical Association Physician's
847 Recognition Award Category 1 Credit, the American Nurses
848 Credentialing Center, the American Association of Nurse
849 Anesthetists, or the American Association of Nurse Practitioners
850 and may be offered in a distance-learning format.

851 Section 19. Paragraph (p) is added to subsection (1) of



693250

852 section 464.018, Florida Statutes, and subsection (2) of that
853 section is republished, to read:

854 464.018 Disciplinary actions.—

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

857 (p) For an advanced registered nurse practitioner:

858 1. Presigning blank prescription forms.

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

861 3. Prescribing, ordering, dispensing, administering,
862 supplying, selling, or giving a drug that is an amphetamine or a
863 sympathomimetic amine drug, or a compound designated in s.
864 893.03(2) as a Schedule II controlled substance, to or for any
865 person except for:

866 a. The treatment of narcolepsy; hyperkinesis; behavioral
867 syndrome in children characterized by the developmentally
868 inappropriate symptoms of moderate to severe distractibility,
869 short attention span, hyperactivity, emotional lability, and
870 impulsivity; or drug-induced brain dysfunction.

871 b. The differential diagnostic psychiatric evaluation of
872 depression or the treatment of depression shown to be refractory
873 to other therapeutic modalities.

874 c. The clinical investigation of the effects of such drugs
875 or compounds when an investigative protocol is submitted to,
876 reviewed by, and approved by the department before such
877 investigation is begun.

878 4. Prescribing, ordering, dispensing, administering,
879 supplying, selling, or giving growth hormones, testosterone or
880 its analogs, human chorionic gonadotropin (HCG), or other



693250

881 hormones for the purpose of muscle building or to enhance
882 athletic performance. As used in this subparagraph, the term
883 "muscle building" does not include the treatment of injured
884 muscle. A prescription written for the drug products identified
885 in this subparagraph may be dispensed by a pharmacist with the
886 presumption that the prescription is for legitimate medical use.

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

890 6. Prescribing, dispensing, administering, mixing, or
891 otherwise preparing a legend drug, including a controlled
892 substance, other than in the course of his or her professional
893 practice. For the purposes of this subparagraph, it is legally
894 presumed that prescribing, dispensing, administering, mixing, or
895 otherwise preparing legend drugs, including all controlled
896 substances, inappropriately or in excessive or inappropriate
897 quantities is not in the best interest of the patient and is not
898 in the course of the advanced registered nurse practitioner's
899 professional practice, without regard to his or her intent.

900 7. Prescribing, dispensing, or administering a medicinal
901 drug appearing on any schedule set forth in chapter 893 to
902 himself or herself, except a drug prescribed, dispensed, or
903 administered to the advanced registered nurse practitioner by
904 another practitioner authorized to prescribe, dispense, or
905 administer medicinal drugs.

906 8. Prescribing, ordering, dispensing, administering,
907 supplying, selling, or giving amygdalin (laetrile) to any
908 person.

909 9. Dispensing a substance designated in s. 893.03(2) or (3)



693250

910 as a substance controlled in Schedule II or Schedule III,
911 respectively, in violation of s. 465.0276.

912 10. Promoting or advertising through any communication
913 medium the use, sale, or dispensing of a substance designated in
914 s. 893.03 as a controlled substance.

915 (2) The board may enter an order denying licensure or
916 imposing any of the penalties in s. 456.072(2) against any
917 applicant for licensure or licensee who is found guilty of
918 violating any provision of subsection (1) of this section or who
919 is found guilty of violating any provision of s. 456.072(1).

920 Section 20. Section 627.42392, Florida Statutes, is created
921 to read:

922 627.42392 Prior authorization.—

923 (1) As used in this section, the term "health insurer"
924 means an authorized insurer offering health insurance as defined
925 in s. 624.603, a managed care plan as defined in s. 409.901(13),
926 or a health maintenance organization as defined in s.
927 641.19(12).

928 (2) Notwithstanding any other provision of law, in order to
929 establish uniformity in the submission of prior authorization
930 forms on or after January 1, 2017, a health insurer, or a
931 pharmacy benefits manager on behalf of the health insurer, which
932 does not use an electronic prior authorization form for its
933 contracted providers shall use only the prior authorization form
934 that has been approved by the Financial Services Commission to
935 obtain a prior authorization for a medical procedure, course of
936 treatment, or prescription drug benefit. Such form may not
937 exceed two pages in length, excluding any instructions or
938 guiding documentation.



693250

939 (3) The Financial Services Commission shall adopt by rule
940 guidelines for all prior authorization forms which ensure the
941 general uniformity of such forms.

942 Section 21. Subsection (11) of section 627.6131, Florida
943 Statutes, is amended to read:

944 627.6131 Payment of claims.—

945 (11) A health insurer may not retroactively deny a claim
946 because of insured ineligibility:

947 (a) At any time, if the health insurer verified the
948 eligibility of an insured at the time of treatment and provided
949 an authorization number.

950 (b) More than 1 year after the date of payment of the
951 claim.

952 Section 22. Subsection (10) of section 641.3155, Florida
953 Statutes, is amended to read:

954 641.3155 Prompt payment of claims.—

955 (10) A health maintenance organization may not
956 retroactively deny a claim because of subscriber ineligibility:

957 (a) At any time, if the health maintenance organization
958 verified the eligibility of an insured at the time of treatment
959 and provided an authorization number.

960 (b) More than 1 year after the date of payment of the
961 claim.

962 Section 23. Subsection (21) of section 893.02, Florida
963 Statutes, is amended to read:

964 893.02 Definitions.—The following words and phrases as used
965 in this chapter shall have the following meanings, unless the
966 context otherwise requires:

967 (21) "Practitioner" means a physician licensed under



693250

968 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
969 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
970 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
971 459, an advanced registered nurse practitioner certified under
972 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
973 462, a certified optometrist licensed under ~~pursuant to~~ chapter
974 463, or a podiatric physician licensed under ~~pursuant to~~ chapter
975 461, or a physician assistant licensed under chapter 458 or
976 chapter 459, provided such practitioner holds a valid federal
977 controlled substance registry number.

978 Section 24. Paragraph (n) of subsection (1) of section
979 948.03, Florida Statutes, is amended to read:

980 948.03 Terms and conditions of probation.—

981 (1) The court shall determine the terms and conditions of
982 probation. Conditions specified in this section do not require
983 oral pronouncement at the time of sentencing and may be
984 considered standard conditions of probation. These conditions
985 may include among them the following, that the probationer or
986 offender in community control shall:

987 (n) Be prohibited from using intoxicants to excess or
988 possessing any drugs or narcotics unless prescribed by a
989 physician, advanced registered nurse practitioner, or physician
990 assistant. The probationer or community controllee may ~~shall~~ not
991 knowingly visit places where intoxicants, drugs, or other
992 dangerous substances are unlawfully sold, dispensed, or used.

993 Section 25. Paragraph (a) of subsection (1) and subsection
994 (2) of section 458.348, Florida Statutes, are amended to read:

995 458.348 Formal supervisory relationships, standing orders,
996 and established protocols; notice; standards.—



693250

997 (1) NOTICE.—

998 (a) When a physician enters into a formal supervisory
999 relationship or standing orders with an emergency medical
1000 technician or paramedic licensed pursuant to s. 401.27, which
1001 relationship or orders contemplate the performance of medical
1002 acts, or when a physician enters into an established protocol
1003 with an advanced registered nurse practitioner, which protocol
1004 contemplates the performance of medical acts ~~identified and~~
1005 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
1006 acts set forth in s. 464.012(3) and (4), the physician shall
1007 submit notice to the board. The notice shall contain a statement
1008 in substantially the following form:

1009
1010 I, ...(name and professional license number of
1011 physician)..., of ...(address of physician)... have hereby
1012 entered into a formal supervisory relationship, standing orders,
1013 or an established protocol with ...(number of persons)...
1014 emergency medical technician(s), ...(number of persons)...
1015 paramedic(s), or ...(number of persons)... advanced registered
1016 nurse practitioner(s).

1017
1018 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1019 joint committee ~~created under s. 464.003(2)~~ shall determine
1020 minimum standards for the content of established protocols
1021 pursuant to which an advanced registered nurse practitioner may
1022 perform medical acts ~~identified and approved by the joint~~
1023 ~~committee pursuant to s. 464.003(2) or~~ acts set forth in s.
1024 464.012(3) and (4) and shall determine minimum standards for
1025 supervision of such acts by the physician, unless the joint



693250

1026 committee determines that any act set forth in s. 464.012(3) or
1027 (4) is not a medical act. Such standards shall be based on risk
1028 to the patient and acceptable standards of medical care and
1029 shall take into account the special problems of medically
1030 underserved areas. The standards developed by the joint
1031 committee shall be adopted as rules by the Board of Nursing and
1032 the Board of Medicine for purposes of carrying out their
1033 responsibilities pursuant to part I of chapter 464 and this
1034 chapter, respectively, but neither board shall have disciplinary
1035 powers over the licensees of the other board.

1036 Section 26. Paragraph (a) of subsection (1) of section
1037 459.025, Florida Statutes, is amended to read:

1038 459.025 Formal supervisory relationships, standing orders,
1039 and established protocols; notice; standards.—

1040 (1) NOTICE.—

1041 (a) When an osteopathic physician enters into a formal
1042 supervisory relationship or standing orders with an emergency
1043 medical technician or paramedic licensed pursuant to s. 401.27,
1044 which relationship or orders contemplate the performance of
1045 medical acts, or when an osteopathic physician enters into an
1046 established protocol with an advanced registered nurse
1047 practitioner, which protocol contemplates the performance of
1048 medical acts ~~identified and approved by the joint committee~~
1049 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1050 (4), the osteopathic physician shall submit notice to the board.
1051 The notice must contain a statement in substantially the
1052 following form:

1053
1054 I, ...(name and professional license number of osteopathic



693250

1055 physician)..., of ...(address of osteopathic physician)... have
1056 hereby entered into a formal supervisory relationship, standing
1057 orders, or an established protocol with ...(number of
1058 persons)... emergency medical technician(s), ...(number of
1059 persons)... paramedic(s), or ...(number of persons)... advanced
1060 registered nurse practitioner(s).

1061 Section 27. For the purpose of incorporating the amendment
1062 made by this act to section 456.072, Florida Statutes, in a
1063 reference thereto, subsection (10) of section 458.331, Florida
1064 Statutes, is reenacted to read:

1065 458.331 Grounds for disciplinary action; action by the
1066 board and department.-

1067 (10) A probable cause panel convened to consider
1068 disciplinary action against a physician assistant alleged to
1069 have violated s. 456.072 or this section must include one
1070 physician assistant. The physician assistant must hold a valid
1071 license to practice as a physician assistant in this state and
1072 be appointed to the panel by the Council of Physician
1073 Assistants. The physician assistant may hear only cases
1074 involving disciplinary actions against a physician assistant. If
1075 the appointed physician assistant is not present at the
1076 disciplinary hearing, the panel may consider the matter and vote
1077 on the case in the absence of the physician assistant. The
1078 training requirements set forth in s. 458.307(4) do not apply to
1079 the appointed physician assistant. Rules need not be adopted to
1080 implement this subsection.

1081 Section 28. For the purpose of incorporating the amendment
1082 made by this act to section 456.072, Florida Statutes, in a
1083 reference thereto, paragraph (g) of subsection (7) of section



693250

1084 458.347, Florida Statutes, is reenacted to read:

1085 458.347 Physician assistants.—

1086 (7) PHYSICIAN ASSISTANT LICENSURE.—

1087 (g) The Board of Medicine may impose any of the penalties
1088 authorized under ss. 456.072 and 458.331(2) upon a physician
1089 assistant if the physician assistant or the supervising
1090 physician has been found guilty of or is being investigated for
1091 any act that constitutes a violation of this chapter or chapter
1092 456.

1093 Section 29. For the purpose of incorporating the amendment
1094 made by this act to section 456.072, Florida Statutes, in a
1095 reference thereto, subsection (10) of section 459.015, Florida
1096 Statutes, is reenacted to read:

1097 459.015 Grounds for disciplinary action; action by the
1098 board and department.—

1099 (10) A probable cause panel convened to consider
1100 disciplinary action against a physician assistant alleged to
1101 have violated s. 456.072 or this section must include one
1102 physician assistant. The physician assistant must hold a valid
1103 license to practice as a physician assistant in this state and
1104 be appointed to the panel by the Council of Physician
1105 Assistants. The physician assistant may hear only cases
1106 involving disciplinary actions against a physician assistant. If
1107 the appointed physician assistant is not present at the
1108 disciplinary hearing, the panel may consider the matter and vote
1109 on the case in the absence of the physician assistant. The
1110 training requirements set forth in s. 458.307(4) do not apply to
1111 the appointed physician assistant. Rules need not be adopted to
1112 implement this subsection.



693250

1113 Section 30. For the purpose of incorporating the amendment
1114 made by this act to section 456.072, Florida Statutes, in a
1115 reference thereto, paragraph (f) of subsection (7) of section
1116 459.022, Florida Statutes, is reenacted to read:

1117 459.022 Physician assistants.—

1118 (7) PHYSICIAN ASSISTANT LICENSURE.—

1119 (f) The Board of Osteopathic Medicine may impose any of the
1120 penalties authorized under ss. 456.072 and 459.015(2) upon a
1121 physician assistant if the physician assistant or the
1122 supervising physician has been found guilty of or is being
1123 investigated for any act that constitutes a violation of this
1124 chapter or chapter 456.

1125 Section 31. For the purpose of incorporating the amendment
1126 made by this act to section 456.072, Florida Statutes, in a
1127 reference thereto, subsection (5) of section 465.0158, Florida
1128 Statutes, is reenacted to read:

1129 465.0158 Nonresident sterile compounding permit.—

1130 (5) In accordance with this chapter, the board may deny,
1131 revoke, or suspend the permit of; fine; or reprimand a permittee
1132 for:

1133 (a) Failure to comply with this section;

1134 (b) A violation listed under s. 456.0635, s. 456.065, or s.
1135 456.072, except s. 456.072(1)(s) or (1)(u);

1136 (c) A violation under s. 465.0156(5); or

1137 (d) A violation listed under s. 465.016.

1138 Section 32. For the purpose of incorporating the amendment
1139 made by this act to section 456.44, Florida Statutes, in a
1140 reference thereto, paragraph (mm) of subsection (1) of section
1141 456.072, Florida Statutes, is reenacted to read:



693250

1142 456.072 Grounds for discipline; penalties; enforcement.—

1143 (1) The following acts shall constitute grounds for which
1144 the disciplinary actions specified in subsection (2) may be
1145 taken:

1146 (mm) Failure to comply with controlled substance
1147 prescribing requirements of s. 456.44.

1148 Section 33. For the purpose of incorporating the amendment
1149 made by this act to section 456.44, Florida Statutes, in a
1150 reference thereto, section 466.02751, Florida Statutes, is
1151 reenacted to read:

1152 466.02751 Establishment of practitioner profile for
1153 designation as a controlled substance prescribing practitioner.—
1154 The Department of Health shall establish a practitioner profile
1155 for dentists licensed under this chapter for a practitioner's
1156 designation as a controlled substance prescribing practitioner
1157 as provided in s. 456.44.

1158 Section 34. For the purpose of incorporating the amendment
1159 made by this act to section 458.347, Florida Statutes, in a
1160 reference thereto, section 458.303, Florida Statutes, is
1161 reenacted to read:

1162 458.303 Provisions not applicable to other practitioners;
1163 exceptions, etc.—

1164 (1) The provisions of ss. 458.301, 458.305, 458.307,
1165 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321,
1166 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343,
1167 458.345, 458.347, and this section shall have no application to:

1168 (a) Other duly licensed health care practitioners acting
1169 within their scope of practice authorized by statute.

1170 (b) Any physician lawfully licensed in another state or



693250

1171 territory or foreign country, when meeting duly licensed
1172 physicians of this state in consultation.

1173 (c) Commissioned medical officers of the Armed Forces of
1174 the United States and of the Public Health Service of the United
1175 States while on active duty and while acting within the scope of
1176 their military or public health responsibilities.

1177 (d) Any person while actually serving without salary or
1178 professional fees on the resident medical staff of a hospital in
1179 this state, subject to the provisions of s. 458.321.

1180 (e) Any person furnishing medical assistance in case of an
1181 emergency.

1182 (f) The domestic administration of recognized family
1183 remedies.

1184 (g) The practice of the religious tenets of any church in
1185 this state.

1186 (h) Any person or manufacturer who, without the use of
1187 drugs or medicine, mechanically fits or sells lenses, artificial
1188 eyes or limbs, or other apparatus or appliances or is engaged in
1189 the mechanical examination of eyes for the purpose of
1190 constructing or adjusting spectacles, eyeglasses, or lenses.

1191 (2) Nothing in s. 458.301, s. 458.305, s. 458.307, s.
1192 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s.
1193 458.327, s. 458.329, s. 458.331, s. 458.337, s. 458.339, s.
1194 458.341, s. 458.343, s. 458.345, s. 458.347, or this section
1195 shall be construed to prohibit any service rendered by a
1196 registered nurse or a licensed practical nurse, if such service
1197 is rendered under the direct supervision and control of a
1198 licensed physician who provides specific direction for any
1199 service to be performed and gives final approval to all services



693250

1200 performed. Further, nothing in this or any other chapter shall
1201 be construed to prohibit any service rendered by a medical
1202 assistant in accordance with the provisions of s. 458.3485.

1203 Section 35. For the purpose of incorporating the amendment
1204 made by this act to section 458.347, Florida Statutes, in a
1205 reference thereto, paragraph (b) of subsection (7) of section
1206 458.3475, Florida Statutes, is reenacted to read:

1207 458.3475 Anesthesiologist assistants.—

1208 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1209 ADVISE THE BOARD.—

1210 (b) In addition to its other duties and responsibilities as
1211 prescribed by law, the board shall:

1212 1. Recommend to the department the licensure of
1213 anesthesiologist assistants.

1214 2. Develop all rules regulating the use of anesthesiologist
1215 assistants by qualified anesthesiologists under this chapter and
1216 chapter 459, except for rules relating to the formulary
1217 developed under s. 458.347(4)(f). The board shall also develop
1218 rules to ensure that the continuity of supervision is maintained
1219 in each practice setting. The boards shall consider adopting a
1220 proposed rule at the regularly scheduled meeting immediately
1221 following the submission of the proposed rule. A proposed rule
1222 may not be adopted by either board unless both boards have
1223 accepted and approved the identical language contained in the
1224 proposed rule. The language of all proposed rules must be
1225 approved by both boards pursuant to each respective board's
1226 guidelines and standards regarding the adoption of proposed
1227 rules.

1228 3. Address concerns and problems of practicing



693250

1229 anesthesiologist assistants to improve safety in the clinical
1230 practices of licensed anesthesiologist assistants.

1231 Section 36. For the purpose of incorporating the amendment
1232 made by this act to section 458.347, Florida Statutes, in
1233 references thereto, paragraph (e) of subsection (4) and
1234 paragraph (c) of subsection (9) of section 459.022, Florida
1235 Statutes, are reenacted to read:

1236 459.022 Physician assistants.—

1237 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1238 (e) A supervisory physician may delegate to a fully
1239 licensed physician assistant the authority to prescribe or
1240 dispense any medication used in the supervisory physician's
1241 practice unless such medication is listed on the formulary
1242 created pursuant to s. 458.347. A fully licensed physician
1243 assistant may only prescribe or dispense such medication under
1244 the following circumstances:

1245 1. A physician assistant must clearly identify to the
1246 patient that she or he is a physician assistant. Furthermore,
1247 the physician assistant must inform the patient that the patient
1248 has the right to see the physician prior to any prescription
1249 being prescribed or dispensed by the physician assistant.

1250 2. The supervisory physician must notify the department of
1251 her or his intent to delegate, on a department-approved form,
1252 before delegating such authority and notify the department of
1253 any change in prescriptive privileges of the physician
1254 assistant. Authority to dispense may be delegated only by a
1255 supervisory physician who is registered as a dispensing
1256 practitioner in compliance with s. 465.0276.

1257 3. The physician assistant must file with the department a



693250

1258 signed affidavit that she or he has completed a minimum of 10
1259 continuing medical education hours in the specialty practice in
1260 which the physician assistant has prescriptive privileges with
1261 each licensure renewal application.

1262 4. The department may issue a prescriber number to the
1263 physician assistant granting authority for the prescribing of
1264 medicinal drugs authorized within this paragraph upon completion
1265 of the foregoing requirements. The physician assistant shall not
1266 be required to independently register pursuant to s. 465.0276.

1267 5. The prescription must be written in a form that complies
1268 with chapter 499 and must contain, in addition to the
1269 supervisory physician's name, address, and telephone number, the
1270 physician assistant's prescriber number. Unless it is a drug or
1271 drug sample dispensed by the physician assistant, the
1272 prescription must be filled in a pharmacy permitted under
1273 chapter 465, and must be dispensed in that pharmacy by a
1274 pharmacist licensed under chapter 465. The appearance of the
1275 prescriber number creates a presumption that the physician
1276 assistant is authorized to prescribe the medicinal drug and the
1277 prescription is valid.

1278 6. The physician assistant must note the prescription or
1279 dispensing of medication in the appropriate medical record.

1280 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1281 Physician Assistants is created within the department.

1282 (c) The council shall:

1283 1. Recommend to the department the licensure of physician
1284 assistants.

1285 2. Develop all rules regulating the use of physician
1286 assistants by physicians under chapter 458 and this chapter,



693250

1287 except for rules relating to the formulary developed under s.
1288 458.347. The council shall also develop rules to ensure that the
1289 continuity of supervision is maintained in each practice
1290 setting. The boards shall consider adopting a proposed rule
1291 developed by the council at the regularly scheduled meeting
1292 immediately following the submission of the proposed rule by the
1293 council. A proposed rule submitted by the council may not be
1294 adopted by either board unless both boards have accepted and
1295 approved the identical language contained in the proposed rule.
1296 The language of all proposed rules submitted by the council must
1297 be approved by both boards pursuant to each respective board's
1298 guidelines and standards regarding the adoption of proposed
1299 rules. If either board rejects the council's proposed rule, that
1300 board must specify its objection to the council with
1301 particularity and include any recommendations it may have for
1302 the modification of the proposed rule.

1303 3. Make recommendations to the boards regarding all matters
1304 relating to physician assistants.

1305 4. Address concerns and problems of practicing physician
1306 assistants in order to improve safety in the clinical practices
1307 of licensed physician assistants.

1308 Section 37. For the purpose of incorporating the amendment
1309 made by this act to section 458.347, Florida Statutes, in a
1310 reference thereto, paragraph (b) of subsection (7) of section
1311 459.023, Florida Statutes, is reenacted to read:

1312 459.023 Anesthesiologist assistants.—

1313 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1314 ADVISE THE BOARD.—

1315 (b) In addition to its other duties and responsibilities as



693250

1316 prescribed by law, the board shall:

1317 1. Recommend to the department the licensure of
1318 anesthesiologist assistants.

1319 2. Develop all rules regulating the use of anesthesiologist
1320 assistants by qualified anesthesiologists under this chapter and
1321 chapter 458, except for rules relating to the formulary
1322 developed under s. 458.347(4)(f). The board shall also develop
1323 rules to ensure that the continuity of supervision is maintained
1324 in each practice setting. The boards shall consider adopting a
1325 proposed rule at the regularly scheduled meeting immediately
1326 following the submission of the proposed rule. A proposed rule
1327 may not be adopted by either board unless both boards have
1328 accepted and approved the identical language contained in the
1329 proposed rule. The language of all proposed rules must be
1330 approved by both boards pursuant to each respective board's
1331 guidelines and standards regarding the adoption of proposed
1332 rules.

1333 3. Address concerns and problems of practicing
1334 anesthesiologist assistants to improve safety in the clinical
1335 practices of licensed anesthesiologist assistants.

1336 Section 38. For the purpose of incorporating the amendment
1337 made by this act to section 464.012, Florida Statutes, in a
1338 reference thereto, paragraph (a) of subsection (1) of section
1339 456.041, Florida Statutes, is reenacted to read:

1340 456.041 Practitioner profile; creation.—

1341 (1)(a) The Department of Health shall compile the
1342 information submitted pursuant to s. 456.039 into a practitioner
1343 profile of the applicant submitting the information, except that
1344 the Department of Health shall develop a format to compile



693250

1345 uniformly any information submitted under s. 456.039(4)(b).
1346 Beginning July 1, 2001, the Department of Health may compile the
1347 information submitted pursuant to s. 456.0391 into a
1348 practitioner profile of the applicant submitting the
1349 information. The protocol submitted pursuant to s. 464.012(3)
1350 must be included in the practitioner profile of the advanced
1351 registered nurse practitioner.

1352 Section 39. For the purpose of incorporating the amendment
1353 made by this act to section 464.012, Florida Statutes, in
1354 references thereto, subsections (1) and (2) of section 458.348,
1355 Florida Statutes, are reenacted to read:

1356 458.348 Formal supervisory relationships, standing orders,
1357 and established protocols; notice; standards.—

1358 (1) NOTICE.—

1359 (a) When a physician enters into a formal supervisory
1360 relationship or standing orders with an emergency medical
1361 technician or paramedic licensed pursuant to s. 401.27, which
1362 relationship or orders contemplate the performance of medical
1363 acts, or when a physician enters into an established protocol
1364 with an advanced registered nurse practitioner, which protocol
1365 contemplates the performance of medical acts identified and
1366 approved by the joint committee pursuant to s. 464.003(2) or
1367 acts set forth in s. 464.012(3) and (4), the physician shall
1368 submit notice to the board. The notice shall contain a statement
1369 in substantially the following form:

1370 I, ...(name and professional license number of
1371 physician)..., of ...(address of physician)... have hereby
1372 entered into a formal supervisory relationship, standing orders,
1373 or an established protocol with ...(number of persons)...



693250

1374 emergency medical technician(s), ...(number of persons)...
1375 paramedic(s), or ...(number of persons)... advanced registered
1376 nurse practitioner(s).

1377 (b) Notice shall be filed within 30 days of entering into
1378 the relationship, orders, or protocol. Notice also shall be
1379 provided within 30 days after the physician has terminated any
1380 such relationship, orders, or protocol.

1381 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1382 joint committee created under s. 464.003(2) shall determine
1383 minimum standards for the content of established protocols
1384 pursuant to which an advanced registered nurse practitioner may
1385 perform medical acts identified and approved by the joint
1386 committee pursuant to s. 464.003(2) or acts set forth in s.
1387 464.012(3) and (4) and shall determine minimum standards for
1388 supervision of such acts by the physician, unless the joint
1389 committee determines that any act set forth in s. 464.012(3) or
1390 (4) is not a medical act. Such standards shall be based on risk
1391 to the patient and acceptable standards of medical care and
1392 shall take into account the special problems of medically
1393 underserved areas. The standards developed by the joint
1394 committee shall be adopted as rules by the Board of Nursing and
1395 the Board of Medicine for purposes of carrying out their
1396 responsibilities pursuant to part I of chapter 464 and this
1397 chapter, respectively, but neither board shall have disciplinary
1398 powers over the licensees of the other board.

1399 Section 40. For the purpose of incorporating the amendment
1400 made by this act to section 464.013, Florida Statutes, in a
1401 reference thereto, subsection (7) of section 464.0205, Florida
1402 Statutes, is reenacted to read:



693250

1403 464.0205 Retired volunteer nurse certificate.-

1404 (7) The retired volunteer nurse certificate shall be valid
1405 for 2 years, and a certificateholder may reapply for a
1406 certificate so long as the certificateholder continues to meet
1407 the eligibility requirements of this section. Any legislatively
1408 mandated continuing education on specific topics must be
1409 completed by the certificateholder prior to renewal; otherwise,
1410 the provisions of s. 464.013 do not apply.

1411 Section 41. For the purpose of incorporating the amendment
1412 made by this act to section 464.018, Florida Statutes, in a
1413 reference thereto, subsection (11) of section 320.0848, Florida
1414 Statutes, is reenacted to read:

1415 320.0848 Persons who have disabilities; issuance of
1416 disabled parking permits; temporary permits; permits for certain
1417 providers of transportation services to persons who have
1418 disabilities.-

1419 (11) A violation of this section is grounds for
1420 disciplinary action under s. 458.331, s. 459.015, s. 460.413, s.
1421 461.013, s. 463.016, or s. 464.018, as applicable.

1422 Section 42. For the purpose of incorporating the amendment
1423 made by this act to section 464.018, Florida Statutes, in a
1424 reference thereto, subsection (2) of section 464.008, Florida
1425 Statutes, is reenacted to read:

1426 464.008 Licensure by examination.-

1427 (2) Each applicant who passes the examination and provides
1428 proof of meeting the educational requirements specified in
1429 subsection (1) shall, unless denied pursuant to s. 464.018, be
1430 entitled to licensure as a registered professional nurse or a
1431 licensed practical nurse, whichever is applicable.



693250

1432 Section 43. For the purpose of incorporating the amendment
1433 made by this act to section 464.018, Florida Statutes, in a
1434 reference thereto, subsection (5) of section 464.009, Florida
1435 Statutes, is reenacted to read:

1436 464.009 Licensure by endorsement.—

1437 (5) The department shall not issue a license by endorsement
1438 to any applicant who is under investigation in another state,
1439 jurisdiction, or territory of the United States for an act which
1440 would constitute a violation of this part or chapter 456 until
1441 such time as the investigation is complete, at which time the
1442 provisions of s. 464.018 shall apply.

1443 Section 44. For the purpose of incorporating the amendment
1444 made by this act to section 464.018, Florida Statutes, in
1445 references thereto, paragraph (b) of subsection (1), subsection
1446 (3), and paragraph (b) of subsection (4) of section 464.0205,
1447 Florida Statutes, are reenacted to read:

1448 464.0205 Retired volunteer nurse certificate.—

1449 (1) Any retired practical or registered nurse desiring to
1450 serve indigent, underserved, or critical need populations in
1451 this state may apply to the department for a retired volunteer
1452 nurse certificate by providing:

1453 (b) Verification that the applicant had been licensed to
1454 practice nursing in any jurisdiction in the United States for at
1455 least 10 years, had retired or plans to retire, intends to
1456 practice nursing only pursuant to the limitations provided by
1457 the retired volunteer nurse certificate, and has not committed
1458 any act that would constitute a violation under s. 464.018(1).

1459 (3) The board may deny a retired volunteer nurse
1460 certificate to any applicant who has committed, or who is under



693250

1461 investigation or prosecution for, any act that would constitute
1462 a ground for disciplinary action under s. 464.018.

1463 (4) A retired volunteer nurse receiving certification from
1464 the board shall:

1465 (b) Comply with the minimum standards of practice for
1466 nurses and be subject to disciplinary action for violations of
1467 s. 464.018, except that the scope of practice for certified
1468 volunteers shall be limited to primary and preventive health
1469 care, or as further defined by board rule.

1470 Section 45. For the purpose of incorporating the amendment
1471 made by this act to section 893.02, Florida Statutes, in a
1472 reference thereto, section 775.051, Florida Statutes, is
1473 reenacted to read:

1474 775.051 Voluntary intoxication; not a defense; evidence not
1475 admissible for certain purposes; exception.—Voluntary
1476 intoxication resulting from the consumption, injection, or other
1477 use of alcohol or other controlled substance as described in
1478 chapter 893 is not a defense to any offense proscribed by law.
1479 Evidence of a defendant's voluntary intoxication is not
1480 admissible to show that the defendant lacked the specific intent
1481 to commit an offense and is not admissible to show that the
1482 defendant was insane at the time of the offense, except when the
1483 consumption, injection, or use of a controlled substance under
1484 chapter 893 was pursuant to a lawful prescription issued to the
1485 defendant by a practitioner as defined in s. 893.02.

1486 Section 46. For the purpose of incorporating the amendment
1487 made by this act to section 948.03, Florida Statutes, in a
1488 reference thereto, paragraph (a) of subsection (3) of section
1489 944.17, Florida Statutes, is reenacted to read:



693250

1490 944.17 Commitments and classification; transfers.—
1491 (3) (a) Notwithstanding the provisions of s. 948.03, only
1492 those persons who are convicted and sentenced in circuit court
1493 to a cumulative sentence of incarceration for 1 year or more,
1494 whether sentence is imposed in the same or separate circuits,
1495 may be received by the department into the state correctional
1496 system. Such persons shall be delivered to the custody of the
1497 department at such reception and classification centers as shall
1498 be provided for this purpose.

1499 Section 47. For the purpose of incorporating the amendment
1500 made by this act to section 948.03, Florida Statutes, in a
1501 reference thereto, subsection (8) of section 948.001, Florida
1502 Statutes, is reenacted to read:

1503 948.001 Definitions.—As used in this chapter, the term:
1504 (8) "Probation" means a form of community supervision
1505 requiring specified contacts with parole and probation officers
1506 and other terms and conditions as provided in s. 948.03.

1507 Section 48. For the purpose of incorporating the amendment
1508 made by this act to section 948.03, Florida Statutes, in a
1509 reference thereto, paragraph (e) of subsection (1) of section
1510 948.101, Florida Statutes, is reenacted to read:

1511 948.101 Terms and conditions of community control.—
1512 (1) The court shall determine the terms and conditions of
1513 community control. Conditions specified in this subsection do
1514 not require oral pronouncement at the time of sentencing and may
1515 be considered standard conditions of community control. The
1516 court shall require intensive supervision and surveillance for
1517 an offender placed into community control, which may include,
1518 but is not limited to:



693250

1519 (e) The standard conditions of probation set forth in s.
1520 948.03.

1521 Section 49. Except as otherwise expressly provided in this
1522 act, this act shall take effect upon becoming a law.

1523

1524 ===== T I T L E A M E N D M E N T =====

1525 And the title is amended as follows:

1526 Delete everything before the enacting clause
1527 and insert:

1528 A bill to be entitled
1529 An act relating to behavioral health workforce;
1530 amending s. 110.12315, F.S.; expanding the categories
1531 of persons who may prescribe brand name drugs under
1532 the prescription drug program when medically
1533 necessary; amending ss. 310.071, 310.073, and 310.081,
1534 F.S.; exempting controlled substances prescribed by an
1535 advanced registered nurse practitioner or a physician
1536 assistant from the disqualifications for certification
1537 or licensure, and for continued certification or
1538 licensure, as a deputy pilot or state pilot; amending
1539 s. 394.453, F.S.; revising legislative intent;
1540 amending s. 394.467, F.S.; authorizing procedures for
1541 recommending admission of a patient to a treatment
1542 facility; amending s. 395.1051, F.S.; requiring a
1543 hospital to provide specified advance notice to
1544 certain obstetrical physicians before it closes its
1545 obstetrical department or ceases to provide
1546 obstetrical services; amending s. 397.451, F.S.;
1547 revising provisions relating to exemptions from



693250

1548 disqualification for certain service provider
1549 personnel; amending s. 456.072, F.S.; providing
1550 mandatory administrative penalties for certain
1551 violations relating to prescribing or dispensing a
1552 controlled substance; amending s. 456.44, F.S.;
1553 providing a definition; deleting an obsolete date;
1554 requiring advanced registered nurse practitioners and
1555 physician assistants who prescribe controlled
1556 substances for certain pain to make a certain
1557 designation, comply with registration requirements,
1558 and follow specified standards of practice; providing
1559 applicability; amending ss. 458.3265 and 459.0137,
1560 F.S.; limiting the authority to prescribe a controlled
1561 substance in a pain-management clinic only to a
1562 physician licensed under chapter 458 or chapter 459,
1563 F.S.; amending s. 458.347, F.S.; revising the required
1564 continuing education requirements for a physician
1565 assistant; requiring that a specified formulary limit
1566 the prescription of certain controlled substances by
1567 physician assistants as of a specified date; amending
1568 s. 464.003, F.S.; redefining the term "advanced or
1569 specialized nursing practice"; deleting the joint
1570 committee established in the definition; amending s.
1571 464.012, F.S.; requiring the Board of Nursing to
1572 establish a committee to recommend a formulary of
1573 controlled substances that may not be prescribed, or
1574 may be prescribed only on a limited basis, by an
1575 advanced registered nurse practitioner; specifying the
1576 membership of the committee; providing parameters for



693250

1577 the formulary; requiring that the formulary be adopted
1578 by board rule; specifying the process for amending the
1579 formulary and imposing a burden of proof; limiting the
1580 formulary's application in certain instances;
1581 requiring the board to adopt the committee's initial
1582 recommendations by a specified date; authorizing an
1583 advanced registered nurse practitioner to prescribe,
1584 dispense, administer, or order drugs, including
1585 certain controlled substances under certain
1586 circumstances, as of a specified date; amending s.
1587 464.013, F.S.; revising continuing education
1588 requirements for renewal of a license or certificate;
1589 amending s. 464.018, F.S.; specifying acts that
1590 constitute grounds for denial of a license or for
1591 disciplinary action against an advanced registered
1592 nurse practitioner; creating s. 627.42392, F.S.;
1593 defining the term "health insurer"; requiring that
1594 certain health insurers that do not already use a
1595 certain form use only a prior authorization form
1596 approved by the Financial Services Commission;
1597 requiring the commission to adopt by rule guidelines
1598 for such forms; amending s. 627.6131, F.S.;
1599 prohibiting a health insurer from retroactively
1600 denying a claim under specified circumstances;
1601 amending s. 641.3155, F.S.; prohibiting a health
1602 maintenance organization from retroactively denying a
1603 claim under specified circumstances;
1604 amending s. 893.02, F.S.; redefining the term
1605 "practitioner" to include advanced registered nurse



693250

1606 practitioners and physician assistants under the
1607 Florida Comprehensive Drug Abuse Prevention and
1608 Control Act for the purpose of prescribing controlled
1609 substances if a certain requirement is met; amending
1610 s. 948.03, F.S.; providing that possession of drugs or
1611 narcotics prescribed by an advanced registered nurse
1612 practitioner or a physician assistant does not violate
1613 a prohibition relating to the possession of drugs or
1614 narcotics during probation; amending ss. 458.348 and
1615 459.025, F.S.; conforming provisions to changes made
1616 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
1617 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
1618 relating to grounds for disciplinary action against
1619 certain licensed health care practitioners or
1620 applicants, physician assistant licensure, the
1621 imposition of penalties upon physician assistants by
1622 the Board of Osteopathic Medicine, and nonresident
1623 sterile compounding permits, respectively, to
1624 incorporate the amendment made by the act to s.
1625 456.072, F.S., in references thereto; reenacting ss.
1626 456.072(1)(mm) and 466.02751, F.S., relating to
1627 grounds for discipline of certain licensed health care
1628 practitioners or applicants and dentist practitioner
1629 profiles, respectively, to incorporate the amendment
1630 made by the act to s. 456.44, F.S., in references
1631 thereto; reenacting ss. 458.303, 458.3475(7)(b),
1632 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S.,
1633 relating to the nonapplicability of certain provisions
1634 to specified health care practitioners, and the duties



693250

1635 of the Board of Medicine and the Board of Osteopathic
1636 Medicine with respect to anesthesiologist assistants,
1637 respectively, to incorporate the amendment made by the
1638 act to s. 458.347, F.S., in references thereto;
1639 reenacting ss. 456.041(1)(a) and 458.348(1) and (2),
1640 F.S., relating to practitioner profiles and notice and
1641 standards for formal supervisory relationships,
1642 respectively, to incorporate the amendment made by the
1643 act to s. 464.012, F.S., in references thereto;
1644 reenacting s. 464.0205(7), F.S., relating to
1645 certification as a retired volunteer nurse to
1646 incorporate the amendment made by the act to s.
1647 464.013, F.S., in a reference thereto; reenacting ss.
1648 320.0848(11), 464.008(2), 464.009(5), and
1649 464.0205(1)(b), (3), and (4)(b), F.S., relating to
1650 violations of provisions for disability parking,
1651 licensure by examination of registered nurses and
1652 licensed practical nurses, licensure by endorsement to
1653 practice professional or practical nursing,
1654 disciplinary actions against nursing applicants or
1655 licensees, and retired volunteer nurse certifications,
1656 respectively, to incorporate the amendment made by the
1657 act to s. 464.018, F.S., in references thereto;
1658 reenacting s. 775.051, F.S., relating to exclusion as
1659 a defense and nonadmissibility as evidence of
1660 voluntary intoxication to incorporate the amendment
1661 made by the act to s. 893.02, F.S., in a reference
1662 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
1663 948.101(1)(e), F.S., relating to receipt by the state



693250

1664 correctional system of certain persons sentenced to
1665 incarceration, the definition of the term "probation,"
1666 and the terms and conditions of community control,
1667 respectively, to incorporate the amendment made by the
1668 act to s. 948.03, F.S., in references thereto;
1669 providing effective dates.



430372

LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
02/11/2016	.	
	.	
	.	
	.	

The Committee on Children, Families, and Elder Affairs (Hutson) recommended the following:

1 **Senate Amendment to Amendment (693250) (with title**
2 **amendment)**

3
4 Delete lines 920 - 961.

5
6 ===== T I T L E A M E N D M E N T =====

7 And the title is amended as follows:

8 Delete lines 1592 - 1603

9 and insert:

10 nurse practitioner;

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Against
Bill 862

02/10/2016

Meeting Date

SB 1250

Bill Number (if applicable)

Topic Criminal Justice Bill 862 / SB 1250

Name Antonio Davis

Amendment Barcode (if applicable)

Job Title Veteran (Homeless)

Address 2313 NW 6th Court

Street

Phone _____

Ft Lauderdale

City

FL

State

33301

Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

In Support

Duplicate

2/10/16

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

862

Bill Number (if applicable)

Topic Forensic Mental Health

Amendment Barcode (if applicable)

Name ~~Dan Hendrickson~~ RIDZ SMITH (FOR DAN)

Job Title Chair, Advocacy Committee

Address 319 E Park Ave PO Box 1201

Phone 850 570 1967

Street

Tallahassee

FL

32302

Email danbhendrickson@comcast.net

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Big Bend Mental Health Coalition, NAMI Tallahassee

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

2-10-16
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

In Support
862 as amended
Bill Number (if applicable)

Topic MENTAL HEALTH TREATMENT

Amendment Barcode (if applicable)

Name MONICA HOFHEINZ

Job Title ASSISTANT STATE ATTORNEY

Address 201 SE 6th

Phone 954-831-8543

FTL

Email _____

City State Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing STATE ATTORNEY MIKE SATZ AND FLORIDA PROSECUTORS

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

FOR

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/10/15
Meeting Date

Bill Number (if applicable)

Topic HB 869 862

Amendment Barcode (if applicable)

Name Michael Wickersheim

Job Title Director of Legislative Affairs

Address _____
Street

Phone 921-8301

City

State

Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Department of Children and Families

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Against

SB 1250
Bill Number (if applicable)

Amendment Barcode (if applicable)

Meeting Date _____

Topic SB 1250

Name Antonio Davis

Job Title Veteran (Homeless)

Address 2313 NW 6th Ct

Street

Phone _____

FL
City

FL
State

33311
Zip

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

In Support

2/10/16
Meeting Date

1250
Bill Number (if applicable)

Topic MENTAL HEALTH WORKFORCE

Amendment Barcode (if applicable)

Name NATALIE KELLY

Job Title EXECUTIVE DIRECTOR

(850) 570-5747

Address 411 E. COLLEGE AVE
Street

Phone

TALLAHASSEE FL 32301
City State Zip

Email NATALIE.KELLY@FAE.COM

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FLORIDA ASSOCIATION OF MANAGING ENTITIES

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

In Support

Duplicate

2/10/16

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1250

Bill Number (if applicable)

Topic ARNPs in MH Facilities

Amendment Barcode (if applicable)

Name Dan Hendrickson

Job Title Chair, Advocacy Committee

Address 319 E Park Ave, PO Box 1201

Phone 850 570-1967

Street

Tallahassee

FL

32302

Email danbhendrickson@comcast.net

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Big Bend Mental Health Coalition, NAMI Tallahassee

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

In Support

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/10/16
Meeting Date

1250
Bill Number (if applicable)

Topic ARNPs in MH Facilities

Amendment Barcode (if applicable)

Name ~~Dan Hendrickson~~ RICK SMITH (FOR DAN)

Job Title Chair, Advocacy Committee

Address 319 E Park Ave, PO Box 1201

Phone 850 570-1967

Tallahassee FL 32302
City State Zip

Email danbhendrickson@comcast.net

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Big Bend Mental Health Coalition, NAMI Tallahassee

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-10-16

Meeting Date

Waive In Support

1250
Bill Number (if applicable)

Topic Mental Health

Amendment Barcode (if applicable)

Name THAD LOWREY

Job Title VP Governmental Relations

Address 7720 Washington St. Ste 102

Phone 727-992-8508

Port Richey FL 34668
City State Zip

Email Howrey@openpar.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing OPERATION PAR

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

In Support

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/10/16
Meeting Date

1250
Bill Number (if applicable)

623250
Amendment Barcode (if applicable)

Topic Behavioral Health Work Force

Name Chris Floyd

Job Title Consultant

Address 101 E. College Ave

Street
Tallahassee City FL State 32301 Zip 3300

Phone 813-624-5117

Email _____

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing FL Assoc. of Nurse Practitioners

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-10-16
Meeting Date

In Support

1250
Bill Number (if applicable)

Topic Behav HHA Workforce

Amendment Barcode (if applicable)

Name Allison Carvajal

Job Title _____

Address 3396 Deer Lane DR
Street

Phone 850 321 7090

TLA FL 32312
City State Zip

Email allison@rambamnurses.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Nurse Practitioners Network

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-10-14
Meeting Date

In Support

1950
Bill Number (if applicable)

Topic Behav Hlth Workforce

Amendment Barcode (if applicable)

Name Martha DeCastro

Job Title VP Nursing

Address 300 E College Ave
Street

Phone 222 9800

Tufts MA 32301
City State Zip

Email Martha@Phai.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Hospital Assoc

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

In Support

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-10-16

Meeting Date

SB 1250

Bill Number (if applicable)

Topic Behavioral Health Workforce

Amendment Barcode (if applicable)

Name Mark Fontaine

Job Title Executive Director

Address 2868 Mattano Drive

Phone _____

Street

Tallahassee FL 32308

Email _____

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Alcohol + Drug Abuse Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/10/16

Meeting Date

In Support
1256

Bill Number (if applicable)

Topic behavioral health workforce

Amendment Barcode (if applicable)

Name Susan Harbin

Job Title Legislative Advocate

Address 100 S. Monroe St

Phone 770 546 8845

Street

Email sharbin@fl-counties.com

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Association of Counties

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

Amendment
In Support
1250

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/10/16

Meeting Date

Bill Number (if applicable)

693250

Amendment Barcode (if applicable)

Topic SB 1250

Name Alisa Lapolt

Job Title Lobbyist

Address _____

Street

Tallahassee FL

City

State

Zip

Phone 850-443-1319

Email Alisa@go40p3ail.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Nurses Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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