

1 A bill to be entitled
2 An act relating to health care; creating the
3 James and Esther King Center for Universal
4 Research to Eradicate Disease; providing intent
5 and duties; creating an advisory council;
6 amending s. 215.5602, F.S.; expanding the
7 long-term goals and funding of the Florida
8 Biomedical Research Program to include the cure
9 of specified diseases; creating the Florida
10 Cancer Research Cooperative; providing for a
11 board of directors; providing the cooperative's
12 mission and duties; amending s. 484.0512, F.S.;
13 providing a criminal penalty for failure of a
14 seller to refund within a specified time moneys
15 required to be refunded to a purchaser for the
16 return or attempted return of a hearing aid;
17 providing a definition; amending s. 456.073,
18 F.S.; providing that a state prisoner must
19 exhaust all available administrative remedies
20 before filing a complaint with the Department
21 of Health against a health care practitioner
22 who is providing health care services within
23 the Department of Corrections, unless the
24 practitioner poses a serious threat to the
25 health or safety of a person who is not a state
26 prisoner; requiring the Department of Health to
27 be notified if a health care practitioner is
28 disciplined or allowed to resign for a
29 practice-related offense; requiring the
30 Division of Medical Quality Assurance of the
31 Department of Health to conduct a study of

1 clinical and academic training requirements of
2 certified optometric practitioners; providing
3 for appointment of members; requiring a report
4 to be submitted to the Governor and
5 Legislature; amending s. 465.0265, F.S.;
6 providing requirements for the filing of
7 prescriptions by pharmacies that are under
8 common ownership or that have a contractual
9 relationship with one another; specifying
10 requirements for exceptions to prescription
11 transfers between certain pharmacies; amending
12 s. 466.006, F.S.; allowing certain dental
13 students to take the examinations required to
14 practice dentistry in this state under
15 specified conditions; providing a prerequisite
16 to licensure of such students; creating s.
17 466.0065, F.S.; allowing certain dental
18 students to take regional licensure
19 examinations under specified conditions;
20 restricting the applicability of examination
21 results to licensing in other jurisdictions;
22 requiring approval by the Board of Dentistry
23 and providing prerequisites to such approval;
24 creating the "Nick Oelrich Gift of Life Act";
25 amending s. 765.512, F.S., relating to
26 anatomical gifts; prohibiting modification of a
27 donor's intent; providing that a donor document
28 is legally binding; authorizing specified
29 persons to furnish a donor's medical records
30 upon request; amending s. 765.516, F.S.;
31 revising procedures by which the terms of an

1 anatomical gift may be amended or the gift may
2 be revoked; amending s. 765.401, F.S.;
3 providing additional persons who may be given a
4 proxy for the making of health care decisions;
5 requiring review by the facility's bioethics
6 committee of decisions to withhold or withdraw
7 life-prolonging procedures; requiring
8 documentation of efforts to locate certain
9 proxies; amending s. 641.19, F.S.; providing
10 that the term "speciality" does not include the
11 services of a licensed chiropractic physician
12 for purposes of the regulation of managed care;
13 providing a short title; requiring the Agency
14 for Workforce Innovation to establish a pilot
15 program for delivery of certified geriatric
16 specialty nursing education; specifying
17 eligibility requirements for certified nursing
18 assistants to obtain certified geriatric
19 specialty nursing education; specifying
20 requirements for the education of certified
21 nursing assistants to prepare for certification
22 as a certified geriatric specialist; creating a
23 Certified Geriatric Specialty Nursing
24 Initiative Steering Committee; providing for
25 the composition of and manner of appointment to
26 the Certified Geriatric Specialty Nursing
27 Initiative Steering Committee; providing
28 responsibilities of the steering committee;
29 providing for reimbursement for per diem and
30 travel expenses; requiring the Agency for
31 Workforce Innovation to conduct or contract for

1 an evaluation of the pilot program for delivery
2 of certified geriatric specialty nursing
3 education; requiring the evaluation to include
4 recommendations regarding the expansion of the
5 delivery of certified geriatric specialty
6 nursing education in nursing homes; requiring
7 the Agency for Workforce Innovation to report
8 to the Governor and Legislature regarding the
9 status and evaluation of the pilot program;
10 creating s. 464.0125, F.S.; providing
11 definitions; providing requirements for persons
12 to become certified geriatric specialists;
13 specifying fees; providing for articulation of
14 geriatric specialty nursing coursework and
15 practical nursing coursework; providing
16 practice standards and grounds for which
17 certified geriatric specialists may be subject
18 to discipline by the Board of Nursing; creating
19 restrictions on the use of professional nursing
20 titles; prohibiting the use of certain
21 professional titles; providing penalties;
22 authorizing approved nursing programs to
23 provide education for the preparation of
24 certified geriatric specialists without further
25 board approval; authorizing certified geriatric
26 specialists to supervise the activities of
27 others in nursing home facilities according to
28 rules by the Board of Nursing; revising
29 terminology relating to nursing to conform to
30 the certification of geriatric specialists;
31 amending s. 381.00315, F.S.; revising

1 requirements for the reactivation of the
2 licenses of specified health care practitioners
3 in the event of public health emergency to
4 include certified geriatric specialists;
5 amending s. 400.021, F.S.; including services
6 provided by a certified geriatric specialist
7 within the definition of nursing service;
8 amending s. 400.211, F.S.; revising
9 requirements for persons employed as nursing
10 assistants to conform to the certification of
11 certified geriatric specialists; amending s.
12 400.23, F.S.; specifying that certified
13 geriatric specialists shall be considered
14 licensed nursing staff; authorizing licensed
15 practical nurses to supervise the activities of
16 certified geriatric specialists in nursing home
17 facilities according to rules adopted by the
18 Board of Nursing; amending s. 409.908, F.S.;
19 revising the methodology for reimbursement of
20 Medicaid program providers to include services
21 of certified geriatric specialists; amending s.
22 458.303, F.S.; revising exceptions to the
23 practice of medicine to include services
24 delegated to a certified geriatric specialist
25 under specified circumstances; amending s.
26 1009.65, F.S.; revising eligibility for the
27 Medical Education Reimbursement and Loan
28 Repayment Program to include certified
29 geriatric specialists; amending s. 1009.66,
30 F.S.; revising eligibility requirements for the
31 Nursing Student Loan Forgiveness Program to

1 include certified geriatric specialists;
2 providing an appropriation; amending s.
3 464.201, F.S.; defining terms; amending s.
4 464.202, F.S.; authorizing the Board of Nursing
5 to adopt rules regarding the practice and
6 supervision of certified nursing assistants;
7 creating s. 831.311, F.S.; prohibiting the
8 sale, manufacture, alteration, delivery,
9 uttering, or possession of
10 counterfeit-resistant prescription blanks for
11 controlled substances; providing penalties;
12 amending s. 893.04, F.S.; providing additional
13 requirements for the dispensing of a controlled
14 substance listed in Schedule II, Schedule III,
15 or Schedule IV; providing rulemaking authority
16 to the Board of Pharmacy; creating s. 893.055,
17 F.S.; requiring the Department of Health to
18 establish an electronic system to monitor the
19 prescribing of controlled substances listed in
20 Schedule II, Schedule III, and Schedule IV;
21 requiring the dispensing of such controlled
22 substances to be reported through the system;
23 providing exceptions; providing reporting
24 requirements; providing penalties; providing
25 rulemaking authority to the department;
26 requiring the department to cover all costs for
27 the system; providing for an appropriation,
28 subject to availability of funds; providing
29 that a certain trust fund may not be used to
30 fund the program; creating s. 893.065, F.S.;
31 requiring the department to develop and adopt

1 by rule the form and content for a
2 counterfeit-proof prescription blank for
3 voluntary use by physicians to prescribe a
4 controlled substance listed in Schedule II,
5 Schedule III, or Schedule IV; providing an
6 appropriation and authorizing positions;
7 providing contingent applicability of
8 penalties; amending s. 409.904, F.S.;
9 postponing the effective date of changes to
10 standards for eligibility for certain optional
11 medical assistance, including coverage under
12 the medically needy program; providing
13 appropriations; providing for retroactive
14 application; providing effective dates,
15 including a contingent effective date.

16
17 Be It Enacted by the Legislature of the State of Florida:

18
19 Section 1. James and Esther King Center for Universal
20 Research to Eradicate Disease.--

21 (1) The Legislature finds that an estimated 128
22 million Americans suffer from acute, chronic, and degenerative
23 diseases and that biomedical research is the key to finding
24 cures for these diseases that negatively affect all
25 Floridians. The Legislature further finds that, while there is
26 much research being conducted throughout this state and
27 throughout the world, there is a lack of coordination of
28 efforts among researchers. The Legislature, therefore, finds
29 that there is a significant need for a coordinated effort if
30 the goal of curing disease is to be achieved. Moreover, the
31 Legislature finds that the biomedical technology sector meets

1 the criteria of a high-impact sector, pursuant to section
2 288.108, Florida Statutes, having a high importance to this
3 state's economy with a significant potential for growth and
4 contribution to our universities and quality of life.

5 (2) It is the intent of the Legislature that Florida
6 strive to become the nation's leader in biomedical research
7 and commit itself to being the state to find cures for the
8 most deadly and widespread diseases. It is further the intent
9 of the Legislature that there be a coordinated effort among
10 the state's public and private universities and the biomedical
11 industry to discover such cures. Moreover, it is the intent of
12 the Legislature to expand the state economy by attracting
13 biomedical researchers and research companies to this state.

14 (3) There is established the James and Esther King
15 Center for Universal Research to Eradicate Disease, which
16 shall be known as the "CURED."

17 (a) The purpose of the center is to coordinate,
18 improve, expand, and monitor all biomedical research programs
19 within the state, facilitate funding opportunities, and foster
20 improved technology transfer of research findings into
21 clinical trials and widespread public use.

22 (b) The goal of the center is to find cures for
23 diseases such as cancer, heart disease, lung disease,
24 diabetes, and neurological disorders, including Alzheimer's
25 disease, epilepsy, and Parkinson's disease.

26 (c) The center shall hold an annual biomedical
27 technology summit in Florida to which biomedical researchers,
28 biomedical technology companies, business incubators,
29 pharmaceutical manufacturers, and others around the nation and
30 world are invited to share biomedical research findings in
31 order to expedite the discovery of cures. Summit attendees

1 will be required to cover the costs of such attendance or
2 obtain sponsorship for such attendance.

3 (d) The center shall encourage clinical trials in this
4 state on research that holds promise of curing a disease or
5 condition. The center shall facilitate partnerships between
6 researchers, treating physicians, and community hospitals for
7 the purpose of sharing new techniques and new research
8 findings, as well as coordinating voluntary donations to
9 ensure an adequate supply of adult stem cells or cord blood.

10 (e) The center shall also encourage the discovery and
11 production in Florida of vaccines that prevent disease.

12 (f) The center shall monitor the supply and demand
13 needs of researchers relating to stem cell research and other
14 types of human tissue research. If the center determines that
15 there is a need for increased donation of human tissue, it
16 shall notify hospitals licensed pursuant to chapter 395,
17 Florida Statutes, that have entered into partnership
18 agreements with research institutes conducting stem cell
19 research located in the same geographic region as the
20 researchers demanding the stem cells or other tissues. Such
21 hospitals shall then implement programs that encourage
22 voluntary donations of cord blood or other needed adult
23 tissue.

24 (g) The center shall be funded through private, state,
25 and federal sources.

26 (h) The center shall serve as a registry of all known
27 biomedical grant opportunities and may assist any public or
28 private biomedical research program in this state in preparing
29 grant requests.

30 (i) The center shall maintain a website with links to
31 peer-reviewed biomedical research. The website shall also

1 contain a list of all known biomedical research being
2 conducted in Florida and shall facilitate communication among
3 researchers and other interested parties.

4 (j) The center shall submit an annual report to the
5 Governor, the President of the Senate, and the Speaker of the
6 House of Representatives no later than January 15 which
7 contains recommendations for legislative change necessary to
8 foster a positive climate for biomedical research in this
9 state.

10 (k) The duties of the center may be outsourced by the
11 Department of Health to a private entity or state university.

12 (4) There is established within the center an advisory
13 council which shall meet at least annually.

14 (a) The council shall consist of the members of the
15 board of directors of the Florida Research Consortium and at
16 least one representative from:

17 1. The Emerging Technology Commission.

18 2. Enterprise Florida, Inc.

19 3. BioFlorida.

20 4. The Florida Biomedical Research Advisory Council.

21 5. The Florida Medical Foundation.

22 6. Pharmaceutical Research and Manufacturers of
23 America.

24 (b) Members of the council shall serve without
25 compensation and each organization represented shall cover all
26 expenses of its representative.

27 Section 2. Paragraphs (a) and (b) of subsection (1),
28 subsection (2), and paragraph (f) of subsection (10) of
29 section 215.5602, Florida Statutes, are amended to read:

30 215.5602 Florida Biomedical Research Program.--

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1 (1) There is established within the Department of
2 Health the Florida Biomedical Research Program funded by the
3 proceeds of the Lawton Chiles Endowment Fund pursuant to s.
4 215.5601. The purpose of the Florida Biomedical Research
5 Program is to provide an annual and perpetual source of
6 funding in order to support research initiatives that address
7 the health care problems of Floridians in the areas of
8 tobacco-related cancer, cardiovascular disease, stroke, and
9 pulmonary disease. The long-term goals of the program are to:

10 (a) Improve the health of Floridians by researching
11 better prevention, diagnoses, ~~and~~ treatments, and cures for
12 cancer, cardiovascular disease, stroke, and pulmonary disease.

13 (b) Expand the foundation of biomedical knowledge
14 relating to the prevention, diagnosis, ~~and~~ treatment, and cure
15 of diseases related to tobacco use, including cancer,
16 cardiovascular disease, stroke, and pulmonary disease.

17 (2) Funds appropriated for the Florida Biomedical
18 Research Program shall be used exclusively for the award of
19 grants and fellowships as established in this section; for
20 research relating to the prevention, diagnosis, ~~and~~ treatment,
21 and cure of diseases related to tobacco use, including cancer,
22 cardiovascular disease, stroke, and pulmonary disease; and for
23 expenses incurred in the administration of this section.
24 Priority shall be granted to research designed to prevent or
25 cure disease.

26 (10) The council shall submit an annual progress
27 report on the state of biomedical research in this state to
28 the Governor, the Secretary of Health, the President of the
29 Senate, and the Speaker of the House of Representatives by
30 February 1. The report must include:

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1 (f) Progress in the prevention, diagnosis, ~~and~~
2 treatment, and cure of diseases related to tobacco use,
3 including cancer, cardiovascular disease, stroke, and
4 pulmonary disease.

5 Section 3. Florida Cancer Research Cooperative.--

6 (1) Effective July 1, 2003, the Florida Cancer
7 Research Cooperative is established for the purpose of making
8 the State of Florida a world class center for cancer research.

9 (2)(a) A not-for-profit corporation, acting as an
10 instrumentality of the Florida Dialogue on Cancer, shall be
11 organized for the purpose of governing the affairs of the
12 cooperative.

13 (b) The Florida Cancer Research Cooperative, Inc., may
14 create not-for-profit corporate subsidiaries to fulfill its
15 mission. The not-for-profit corporation and its subsidiaries
16 are authorized to receive, hold, invest, and administer
17 property and any moneys acquired from private, local, state,
18 and federal sources, as well as technical and professional
19 income generated or derived from the mission-related
20 activities of the cooperative.

21 (c) The affairs of the not-for-profit corporation
22 shall be managed by a board of directors which shall consist
23 of:

24 1. The Secretary of the Department of Health or his or
25 her designee;

26 2. The Chief Executive Officer of the H. Lee Moffitt
27 Cancer Center or his or her designee;

28 3. The President of the University of Florida Shands
29 Cancer Center or his or her designee;

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1 4. The Chief Executive Officer of the University of
2 Miami Sylvester Comprehensive Cancer Center or his or her
3 designee;

4 5. The Chief Executive Officer of the Mayo Clinic,
5 Jacksonville or his or her designee;

6 6. The Chief Executive Officer of the American Cancer
7 Society, Florida Division or his or her designee;

8 7. The President of the American Cancer Society,
9 Florida Division Board of Directors or his or her designee;

10 8. The President of the Florida Society of Clinical
11 Oncology or his or her designee;

12 9. The Chief Executive Officer of Enterprise Florida,
13 Inc., or his or her designee;

14 10. Three representatives from large Florida hospitals
15 or institutions, not delineated in subparagraphs 1. through
16 6., that treat a large volume of cancer patients. One shall be
17 appointed by the Governor, one shall be appointed by the
18 Speaker of the House of Representatives, and one shall be
19 appointed by the President of the Senate;

20 11. Three representatives from community-based,
21 statewide organizations serving populations that experience
22 cancer disparities, one of whom shall be appointed by the
23 Governor, one of whom shall be appointed by the Speaker of the
24 House of Representatives, and one of whom shall be appointed
25 by the President of the Senate;

26 12. One member of the Florida House of
27 Representatives, to be appointed by the Speaker of the House
28 of Representatives;

29 13. One member of the Florida Senate, to be appointed
30 by the President of the Senate;

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1 14. Three university presidents, one of whom shall be
2 appointed by the Governor, one of whom shall be appointed by
3 the Speaker of the House of Representatives, and one of whom
4 shall be appointed by the President of the Senate; and

5 15. Five representatives from other statewide public
6 health organizations whose missions include public education
7 and the eradication of cancer, three of whom shall be
8 appointed by the Governor, one of whom shall be appointed by
9 the Speaker of the House of Representatives, and one of whom
10 shall be appointed by the President of the Senate.

11 (d) Appointments made by the Speaker of the House of
12 Representatives and the President of the Senate pursuant to
13 paragraph (c) shall be for 2-year terms, concurrent with the
14 bienniums in which they serve as presiding officers.

15 (e) Appointments made by the Governor pursuant to
16 paragraph (c) shall be for 2-year terms, although the Governor
17 may reappoint directors.

18 (f) Members of the board of directors of the
19 not-for-profit corporation or any subsidiaries shall serve
20 without compensation.

21 (3) The cooperative shall issue an annual report to
22 the Governor, the Speaker of the House of Representatives, and
23 the President of the Senate, by December 15 of each year, with
24 policy and funding recommendations regarding cancer research
25 capacity in Florida and related issues.

26 Section 4. Florida Cancer Research Cooperative;
27 mission and duties.--

28 (1) The cooperative shall develop and centralize the
29 processes and shared services for expanding cancer research in
30 Florida through:

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1 (a) Support through bioinformatics, in order to create
2 a cancer informatics infrastructure that enhances information
3 and resource exchange and integration through researchers
4 working in diverse disciplines to facilitate the full spectrum
5 of cancer investigations;

6 (b) Technical coordination, business development, and
7 support of intellectual property;

8 (c) Development of a statewide cancer clinical trials
9 network as contemplated in section 1; and

10 (d) Other multidisciplinary research support
11 activities.

12 (2) The cooperative shall work in concert with the
13 Center for Universal Research to Eradicate Disease created in
14 section 1 to ensure that the goals of the center are advanced.

15 Section 5. Section 484.0512, Florida Statutes, is
16 amended to read:

17 484.0512 Thirty-day trial period; purchaser's right to
18 cancel; notice; refund; cancellation fee; criminal penalty
19 procedures.--

20 (1) A person selling a hearing aid in this state must
21 provide the buyer with written notice of a 30-day trial period
22 and money-back guarantee. The guarantee must permit the
23 purchaser to cancel the purchase for a valid reason as defined
24 by rule of the board within 30 days after receiving the
25 hearing aid, by returning the hearing aid or mailing written
26 notice of cancellation to the seller. If the hearing aid must
27 be repaired, remade, or adjusted during the 30-day trial
28 period, the running of the 30-day trial period is suspended 1
29 day for each 24-hour period that the hearing aid is not in the
30 purchaser's possession. A repaired, remade, or adjusted
31 hearing aid must be claimed by the purchaser within 3 working

1 days after notification of availability. The running of the
2 30-day trial period resumes on the day the purchaser reclaims
3 the repaired, remade, or adjusted hearing aid or on the fourth
4 day after notification of availability.

5 (2) The board, in consultation with the Board of
6 Speech-Language Pathology and Audiology, shall prescribe by
7 rule the terms and conditions to be contained in the
8 money-back guarantee and any exceptions thereto. Such rule
9 shall provide, at a minimum, that the charges for earmolds and
10 service provided to fit the hearing aid may be retained by the
11 licensee. The rules shall also set forth any reasonable
12 charges to be held by the licensee as a cancellation fee. Such
13 rule shall be effective on or before December 1, 1994. Should
14 the board fail to adopt such rule, a licensee may not charge a
15 cancellation fee which exceeds 5 percent of the total charge
16 for a hearing aid alone. The terms and conditions of the
17 guarantee, including the total amount available for refund,
18 shall be provided in writing to the purchaser prior to the
19 signing of the contract.

20 (3) Within 30 days after the return or attempted
21 return of the hearing aid, the seller shall refund all moneys
22 that must be refunded to a purchaser pursuant to this section.
23 A violation of this subsection is a misdemeanor of the first
24 degree, punishable as provided in s. 775.082 or s. 775.083.

25 (4) For purposes of this section, the term "seller" or
26 "person selling a hearing aid" includes:

27 (a) Any natural person licensed under this part or any
28 other natural person who signs a sales receipt required by s.
29 484.051(2) or s. 468.1245(2) or who otherwise fits, delivers,
30 or dispenses a hearing aid.

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1 (b) Any business organization, whether a sole
2 proprietorship, partnership, corporation, professional
3 association, joint venture, business trust, or other legal
4 entity, which dispenses a hearing aid or enters into an
5 agreement to dispense a hearing aid.

6 (c) Any person who controls, manages, or operates an
7 establishment or business that dispenses a hearing aid or
8 enters into an agreement to dispense a hearing aid.

9 Section 6. Effective upon this act becoming a law,
10 subsection (1) of section 456.073, Florida Statutes, is
11 amended to read:

12 456.073 Disciplinary proceedings.--Disciplinary
13 proceedings for each board shall be within the jurisdiction of
14 the department.

15 (1) The department, for the boards under its
16 jurisdiction, shall cause to be investigated any complaint
17 that is filed before it if the complaint is in writing, signed
18 by the complainant, and legally sufficient. A complaint filed
19 by a state prisoner against a health care practitioner
20 employed by or otherwise providing health care services within
21 a facility of the Department of Corrections is not legally
22 sufficient unless there is a showing that the prisoner
23 complainant has exhausted all available administrative
24 remedies within the state correctional system before filing
25 the complaint. However, if the department determines after a
26 preliminary inquiry of a state prisoner's complaint, that the
27 practitioner may present a serious threat to the health and
28 safety of any individual who is not a state prisoner, the
29 department may determine legal sufficiency and proceed with
30 discipline. The Department of Health shall be notified within
31 15 days whenever the Department of Corrections disciplines or

1 allows a health care practitioner to resign for an offense
2 related to the practice of his or her profession.A complaint
3 is legally sufficient if it contains ultimate facts that show
4 that a violation of this chapter, of any of the practice acts
5 relating to the professions regulated by the department, or of
6 any rule adopted by the department or a regulatory board in
7 the department has occurred. In order to determine legal
8 sufficiency, the department may require supporting information
9 or documentation. The department may investigate, and the
10 department or the appropriate board may take appropriate final
11 action on, a complaint even though the original complainant
12 withdraws it or otherwise indicates a desire not to cause the
13 complaint to be investigated or prosecuted to completion. The
14 department may investigate an anonymous complaint if the
15 complaint is in writing and is legally sufficient, if the
16 alleged violation of law or rules is substantial, and if the
17 department has reason to believe, after preliminary inquiry,
18 that the violations alleged in the complaint are true. The
19 department may investigate a complaint made by a confidential
20 informant if the complaint is legally sufficient, if the
21 alleged violation of law or rule is substantial, and if the
22 department has reason to believe, after preliminary inquiry,
23 that the allegations of the complainant are true. The
24 department may initiate an investigation if it has reasonable
25 cause to believe that a licensee or a group of licensees has
26 violated a Florida statute, a rule of the department, or a
27 rule of a board. Except as provided in ss. 458.331(9),
28 459.015(9), 460.413(5), and 461.013(6), when an investigation
29 of any subject is undertaken, the department shall promptly
30 furnish to the subject or the subject's attorney a copy of the
31 complaint or document that resulted in the initiation of the

1 investigation. The subject may submit a written response to
2 the information contained in such complaint or document within
3 20 days after service to the subject of the complaint or
4 document. The subject's written response shall be considered
5 by the probable cause panel. The right to respond does not
6 prohibit the issuance of a summary emergency order if
7 necessary to protect the public. However, if the secretary, or
8 the secretary's designee, and the chair of the respective
9 board or the chair of its probable cause panel agree in
10 writing that such notification would be detrimental to the
11 investigation, the department may withhold notification. The
12 department may conduct an investigation without notification
13 to any subject if the act under investigation is a criminal
14 offense.

15 Section 7. (1) The Division of Medical Quality
16 Assurance of the Department of Health shall conduct a study of
17 clinical and academic training requirements of certified
18 optometric practitioners, licensed pursuant to chapter 463,
19 Florida Statutes, to determine the extent to which prescribing
20 authority may be expanded. The study group shall be composed
21 of the following members:

22 (a) One pharmacologist representing the University of
23 Florida;

24 (b) One pharmacologist representing Nova Southeastern
25 University;

26 (c) One pharmacologist representing Florida
27 Agricultural and Mechanical University;

28 (d) One ophthalmologist representing Mayo Clinic
29 Jacksonville;

30 (e) One ophthalmologist representing Bascom Palmer Eye
31 Institute;

1 (f) One board-certified internist appointed by the
2 University of South Florida;

3 (g) One optometrist representing the Florida Board of
4 Optometry;

5 (h) One certified optometric practitioner representing
6 the Florida Optometric Association; and

7 (i) One certified optometric practitioner appointed by
8 the Nova Southeastern University College of Optometry.

9 (2) The study group shall be chaired by the Secretary
10 of Health or his or her designee. The study shall be completed
11 and a final report presented to the Governor, the President of
12 the Senate, and the Speaker of the House of Representatives by
13 January 15, 2004. If applicable, a minority report shall be
14 completed and presented to the Governor, the President of the
15 Senate, and the Speaker of the House of Representatives by
16 January 31, 2004.

17 (3) This section shall take effect upon becoming a
18 law.

19 Section 8. Present subsection (4) of section 465.0265,
20 Florida Statutes, is redesignated as subsection (5), and a new
21 subsection (4) is added to that section, to read:

22 465.0265 Centralized prescription filling.--

23 (4) Pharmacies accessing the same prescription records
24 in a centralized database or pharmacy computers linked in any
25 other manner may refill or dispense prescriptions at the
26 request of another pharmacy so linked if the pharmacies have
27 the same owner or have a written contract specifying the
28 services to be provided by each pharmacy, the responsibilities
29 of each pharmacy, and the manner in which the pharmacies will
30 comply with federal and state laws and rules. Prescriptions
31 refilled or dispensed using such a system shall not be

1 considered prescription transfers or copies if the computer
2 system registers a complete and full audit trail of all
3 activities and includes the identification of the pharmacies
4 and pharmacists accessing the centralized database and if the
5 system restricts access to the computerized prescription
6 records to pharmacies or other authorized personnel.

7 Section 9. Subsection (2) of section 466.006, Florida
8 Statutes, is amended to read:

9 466.006 Examination of dentists.--

10 (2) An applicant shall be entitled to take the
11 examinations required in this section to practice dentistry in
12 this state if the applicant:

13 (a) Is 18 years of age or older.

14 (b)1. Is a graduate of a dental school accredited by
15 the Commission on Accreditation of the American Dental
16 Association or its successor agency, if any, or any other
17 nationally recognized accrediting agency; ~~or~~

18 2. Is a dental student in the final year of a program
19 at such an accredited school who has completed all the
20 coursework necessary to prepare the student to perform the
21 clinical and diagnostic procedures required to pass the
22 examinations. With respect to a dental student in the final
23 year of a program at a dental school, a passing score on the
24 examinations is valid for 180 days after the date the
25 examinations were completed. A dental school student who takes
26 the licensure examinations during the student's final year of
27 an approved dental school must have graduated before being
28 certified for licensure pursuant to s. 466.011.

29 (c) Has successfully completed the National Board of
30 Dental Examiners dental examination within 10 years of the
31 date of application.

1 Section 10. Section 466.0065, Florida Statutes, is
2 created to read:

3 466.0065 Regional licensure examinations.--

4 (1) It is the intent of the Legislature that schools
5 of dentistry be allowed to offer regional licensure
6 examinations to dental students who are in the final year of a
7 program at an approved dental school for the sole purpose of
8 facilitating the student's licensing in other jurisdictions.
9 This section does not allow a person to be licensed as a
10 dentist in this state without taking the examinations as set
11 forth in s. 466.006, nor does this section mean that regional
12 examinations administered under this section may be
13 substituted for complying with testing requirements under s.
14 466.006.

15 (2) Each school of dentistry in this state which is
16 accredited by the Commission on Accreditation of the American
17 Dental Association or its successor agency may, upon written
18 approval by the Board of Dentistry, offer regional licensure
19 examinations only to dental students in the final year of a
20 program at an approved dental school, if the board has
21 approved the hosting school's written plan to comply with the
22 following conditions:

23 (a) The examining body must be a member of the
24 American Association of Dental Examiners.

25 (b) The student must have successfully completed parts
26 I and II of the National Board of Dental Examiners examination
27 within 2 years before taking the regional examination.

28 (c) The student must possess medical malpractice
29 insurance in amounts that the board determines to be
30 sufficient to cover any reasonably foreseeable incident of harm
31

1 to a patient during the clinical portion of the regional
2 examination.

3 (d) At least one of the examination monitors must be a
4 dentist licensed in this state who has completed all necessary
5 standardization exercises required by the regional examination
6 body.

7 (e) Adequate arrangements must be made, when
8 necessary, for patients who require followup care as a result
9 of procedures performed during the clinical portion of the
10 regional examination.

11 (f) The board chair or the chair's designee must be
12 allowed to observe testing while it is in progress.

13 (g) Each student, upon applying to take the regional
14 examination, must receive written disclosure in at least
15 12-point boldface type which states: "This examination does
16 not meet the licensure requirements of chapter 466, Florida
17 Statutes, for licensure in the State of Florida. Persons
18 wishing to practice dentistry in Florida must pass the Florida
19 licensure examinations. For more information on Florida's
20 licensure examination procedures, please contact the Florida
21 Board of Dentistry."

22 (h) The student must be enrolled as a dental student
23 in the student's final year of a program at an approved dental
24 school that is accredited by the Commission on Accreditation
25 of the American Dental Association or its successor agency.

26 (i) The student must have completed all the coursework
27 necessary to prepare the student to perform all clinical and
28 diagnostic procedures required to pass the regional
29 examination.

30 (j) The student's academic record must not include any
31 evidence suggesting that the student poses an unreasonable

1 risk to any live patients who are required for the clinical
2 portion of the regional examination. In order to protect the
3 health and safety of the public, the board may request
4 additional information and documents pertaining to the
5 candidate's mental and physical health in order to fully
6 assess the candidate's fitness to engage in exercises
7 involving a live patient.

8 (3) A student who takes the examination pursuant to
9 this section, a dental school that submits a plan pursuant to
10 this section, or a regional examination body that a dental
11 school proposes to host under this section does not have
12 standing to assert that a state agency has taken action for
13 which a hearing may be sought under ss. 120.569 and 120.57.

14 Section 11. This act may be cited as the "Nick Oelrich
15 Gift of Life Act."

16 Section 12. Subsections (1), (2), and (6) of section
17 765.512, Florida Statutes, are amended to read:

18 765.512 Persons who may make an anatomical gift.--

19 (1) Any person who may make a will may give all or
20 part of his or her body for any purpose specified in s.
21 765.510, the gift to take effect upon death. An anatomical
22 gift made by an adult donor and not revoked by the donor as
23 provided in s. 765.516 is irrevocable ~~and does not require the~~
24 ~~consent or concurrence of any person~~ after the donor's death.
25 A family member, guardian, representative ad litem, or health
26 care surrogate of an adult donor who has made an anatomical
27 gift pursuant to subsection (2) may not modify, deny or
28 prevent a donor's wish or intent to make an anatomical gift
29 from being made after the donor's death.

30 (2) If the decedent has executed an agreement
31 concerning an anatomical gift, by ~~including~~ signing an organ

1 and tissue donor card, by expressing his or her wish to donate
2 in a living will or advance directive, or by signifying his or
3 her intent to donate on his or her driver's license or in some
4 other written form has indicated his or her wish to make an
5 anatomical gift, and in the absence of actual notice of
6 contrary indications by the decedent, the document is evidence
7 of legally sufficient informed consent to donate an anatomical
8 gift and is legally binding. Any surrogate designated by the
9 decedent pursuant to part II of this chapter may give all or
10 any part of the decedent's body for any purpose specified in
11 s. 765.510.

12 (6) A gift of all or part of a body authorizes:

13 (a) Any examination necessary to assure medical
14 acceptability of the gift for the purposes intended.

15 (b) The decedent's medical provider, family, or a
16 third party to furnish medical records requested concerning
17 the decedent's medical and social history.

18 Section 13. Section 765.516, Florida Statutes, is
19 amended to read:

20 765.516 Amendment of the terms of or the revocation of
21 the gift.--

22 (1) A donor may amend the terms of or revoke an
23 anatomical gift by:

24 (a) The execution and delivery to the donee of a
25 signed statement.

26 (b) An oral statement that is+

27 ~~1. Made to the donor's spouse; or~~

28 ~~2. made in the presence of two persons, one of whom~~
29 must not be a family member, and communicated to the donor's
30 family or attorney or to the donee.

31

1 (c) A statement during a terminal illness or injury
2 addressed to an attending physician, who must communicate the
3 revocation of the gift to the procurement organization that is
4 certified by the state.

5 (d) A signed document found on or about the donor's
6 person ~~or in the donor's effects~~.

7 (2) Any gift made by a will may also be amended or
8 revoked in the manner provided for amendment or revocation of
9 wills or as provided in subsection (1).

10 Section 14. Subsection (1) of section 765.401, Florida
11 Statutes, is amended to read:

12 765.401 The proxy.--

13 (1) If an incapacitated or developmentally disabled
14 patient has not executed an advance directive, or designated a
15 surrogate to execute an advance directive, or the designated
16 or alternate surrogate is no longer available to make health
17 care decisions, health care decisions may be made for the
18 patient by any of the following individuals, in the following
19 order of priority, if no individual in a prior class is
20 reasonably available, willing, or competent to act:

21 (a) The judicially appointed guardian of the patient
22 or the guardian advocate of the person having a developmental
23 disability as defined in s. 393.063, who has been authorized
24 to consent to medical treatment, if such guardian has
25 previously been appointed; however, this paragraph shall not
26 be construed to require such appointment before a treatment
27 decision can be made under this subsection;

28 (b) The patient's spouse;

29 (c) An adult child of the patient, or if the patient
30 has more than one adult child, a majority of the adult
31 children who are reasonably available for consultation;

1 (d) A parent of the patient;

2 (e) The adult sibling of the patient or, if the
3 patient has more than one sibling, a majority of the adult
4 siblings who are reasonably available for consultation;

5 (f) An adult relative of the patient who has exhibited
6 special care and concern for the patient and who has
7 maintained regular contact with the patient and who is
8 familiar with the patient's activities, health, and religious
9 or moral beliefs; ~~or~~

10 (g) A close friend of the patient; or

11 (h) A clinical social worker licensed pursuant to
12 chapter 491, or a graduate of a court-approved guardianship
13 program. Such a proxy must be selected by the provider's
14 bioethics committee and must not be employed by the provider.
15 If the provider does not have a bioethics committee, then such
16 a proxy may be chosen through an arrangement with the
17 bioethics committee of another provider. The proxy must be
18 notified that upon request the provider shall make available a
19 second physician, not involved in the patient's care, to
20 assist the proxy in evaluating treatment. Decisions to
21 withhold or withdraw life-prolonging procedures must be
22 reviewed by the facility's bioethics committee. Documentation
23 of efforts to locate proxies from prior classes must be
24 recorded in the patient record.

25 Section 15. Subsection (22) is added to section
26 641.19, Florida Statutes, to read:

27 641.19 Definitions.--As used in this part, the term:

28 (22) "Specialty" does not include services performed
29 by a chiropractic physician licensed under chapter 460.

30 Section 16. This act may be cited as the "Clara Ramsey
31 Care of the Elderly Act."

1 Section 17. Certified Geriatric Specialist Preparation
2 Pilot Program.--

3 (1) The Agency for Workforce Innovation shall
4 establish a pilot program for delivery of geriatric nursing
5 education to certified nursing assistants who wish to become
6 certified geriatric specialists. The agency shall select two
7 pilot sites in nursing homes that have received the Gold Seal
8 designation under section 400.235, Florida Statutes; have been
9 designated as a teaching nursing home under section 430.80,
10 Florida Statutes; or have not received a class I or class II
11 deficiency within the 30 months preceding application for this
12 program.

13 (2) To be eligible to receive geriatric nursing
14 education, a certified nursing assistant must have been
15 employed by a participating nursing home for at least 1 year
16 and have received a high school diploma or its equivalent.

17 (3) The education shall be provided at the worksite
18 and in coordination with the certified nursing assistant's
19 work schedule.

20 (4) Faculty shall provide the instruction under an
21 approved nursing program pursuant to section 464.019, Florida
22 Statutes.

23 (5) The education shall prepare the certified nursing
24 assistant to meet the requirements for certification as a
25 geriatric specialist. The didactic and clinical education
26 shall include all portions of the practical nursing curriculum
27 pursuant to section 464.019, Florida Statutes, except for
28 pediatric and obstetric/maternal-child education, and shall
29 include additional education in the care of ill, injured, or
30 infirm geriatric patients and the maintenance of health, the
31

1 prevention of injury, and the provision of palliative care for
2 geriatric patients.

3 Section 18. Certified Geriatric Specialty Nursing
4 Initiative Steering Committee.--

5 (1) In order to guide the implementation of the
6 Certified Geriatric Specialist Preparation Pilot Program,
7 there is created a Certified Geriatric Specialty Nursing
8 Initiative Steering Committee. The steering committee shall be
9 composed of the following members:

10 (a) The chair of the Board of Nursing or his or her
11 designee;

12 (b) A representative of the Agency for Workforce
13 Innovation, appointed by the Director of Workforce Innovation;

14 (c) A representative of Workforce Florida, Inc.,
15 appointed by the chair of the Board of Directors of Workforce
16 Florida, Inc.;

17 (d) A representative of the Department of Education,
18 appointed by the Secretary of Education;

19 (e) A representative of the Agency for Health Care
20 Administration, appointed by the Secretary of Health Care
21 Administration;

22 (f) The Director of the Florida Center for Nursing;
23 and

24 (g) A representative of a Gold Seal nursing home that
25 is not one of the pilot program sites, appointed by the
26 Secretary of Health Care Administration.

27 (2) The steering committee shall:

28 (a) Provide consultation and guidance to the Agency
29 for Workforce Innovation on matters of policy during the
30 implementation of the pilot program; and

31

1 (b) Provide oversight to the evaluation of the pilot
2 program.

3 (3) Members of the steering committee are entitled to
4 reimbursement for per diem and travel expenses under section
5 112.061, Florida Statutes.

6 (4) The steering committee shall complete its
7 activities by June 30, 2006, and the authorization for the
8 steering committee ends on that date.

9 Section 19. Evaluation of the Certified Geriatric
10 Specialist Preparation Pilot Program.--The Agency for
11 Workforce Innovation, in consultation with the Certified
12 Geriatric Specialty Nursing Initiative Steering Committee,
13 shall conduct, or contract for an evaluation of the pilot
14 program. The agency shall ensure that an evaluation report is
15 submitted to the Governor, the President of the Senate, and
16 the Speaker of the House of Representatives by January 1,
17 2006. The evaluation must address the experience and success
18 of the certified nursing assistants in the pilot program and
19 must contain recommendations regarding the expansion of the
20 delivery of geriatric nursing education in nursing homes.

21 Section 20. Reports.--The Agency for Workforce
22 Innovation shall submit status reports and recommendations
23 regarding legislation necessary to further the implementation
24 of the pilot program to the Governor, the President of the
25 Senate, and the Speaker of the House of Representatives on
26 January 1, 2004, January 1, 2005, and January 1, 2006.

27 Section 21. Section 464.0125, Florida Statutes, is
28 created to read:

29 464.0125 Certified geriatric specialists;
30 certification requirements.--

31 (1) DEFINITIONS; RESPONSIBILITIES.--

1 (a) As used in this section, the term:

2 1. "Certified geriatric specialist" means a person who
3 meets the qualifications specified in this section and who is
4 certified by the board to practice as a certified geriatric
5 specialist.

6 2. "Geriatric patient" means any patient who is 60
7 years of age or older.

8 3. "Practice of certified geriatric specialty nursing"
9 means the performance of selected acts in facilities licensed
10 under part II or part III of chapter 400, including the
11 administration of treatments and medications, in the care of
12 ill, injured, or infirm geriatric patients and the promotion
13 of wellness, maintenance of health, and prevention of illness
14 of geriatric patients under the direction of a registered
15 nurse, a licensed physician, a licensed osteopathic physician,
16 a licensed podiatric physician, or a licensed dentist. The
17 scope of practice of a certified geriatric specialist includes
18 the practice of practical nursing as defined in s. 464.003 for
19 geriatric patients only, except for any act in which
20 instruction and clinical knowledge of pediatric nursing or
21 obstetric/maternal-child nursing is required. A certified
22 geriatric specialist, while providing nursing services in
23 facilities licensed under part II or part III of chapter 400,
24 may supervise the activities of certified nursing assistants
25 and other unlicensed personnel providing services in such
26 facilities in accordance with rules adopted by the board.

27 (b) The certified geriatric specialist shall be
28 responsible and accountable for making decisions that are
29 based upon the individual's educational preparation and
30 experience in performing certified geriatric specialty
31 nursing.

1 (2) CERTIFICATION.--

2 (a) Any certified nursing assistant desiring to be
3 certified as a certified geriatric specialist shall apply to
4 the department and submit proof that he or she holds a current
5 certificate as a certified nursing assistant under this part
6 and has satisfactorily completed the following requirements:

7 1. Is in good mental and physical health, is a
8 recipient of a high school diploma or its equivalent and has
9 completed the requirements for graduation from an approved
10 program for nursing or its equivalent, as determined by the
11 board, for the preparation of licensed practical nurses,
12 except for instruction and clinical knowledge of pediatric
13 nursing or obstetric/maternal-child nursing. Any program that
14 is approved on July 1, 2003, by the board for the preparation
15 of registered nurses or licensed practical nurses may provide
16 education for the preparation of certified geriatric
17 specialists without further board approval.

18 2. Has the ability to communicate in the English
19 language, which may be determined by an examination given by
20 the department.

21 3. Has provided sufficient information, which must be
22 submitted by the department for a statewide criminal records
23 correspondence check through the Department of Law
24 Enforcement.

25 (b) Each applicant who meets the requirements of this
26 subsection shall, unless denied pursuant to s. 464.018, be
27 entitled to certification as a certified geriatric specialist.
28 The board shall certify, and the department shall issue a
29 certificate to practice as a certified geriatric specialist
30 to, any certified nursing assistant meeting the qualifications
31 in this section. The board shall establish an application fee

1 not to exceed \$100 and a biennial renewal fee not to exceed
2 \$50. The board may adopt rules to administer this section.

3 (c) A person receiving certification under this
4 section shall:

5 1. Work only within the confines of a facility
6 licensed under part II or part III of chapter 400.

7 2. Care for geriatric patients only.

8 3. Comply with the minimum standards of practice for
9 nurses and be subject to disciplinary action for violations of
10 s. 464.018.

11 (3) ARTICULATION.--Any certified geriatric specialist
12 who completes the additional instruction and coursework in an
13 approved nursing program pursuant to s. 464.019 for the
14 preparation of practical nursing in the areas of pediatric
15 nursing and obstetric/maternal-child nursing shall, unless
16 denied pursuant to s. 464.018, be entitled to licensure as a
17 licensed practical nurse if the applicant otherwise meets the
18 requirements of s. 464.008.

19 (4) TITLES AND ABBREVIATIONS; RESTRICTIONS;
20 PENALTIES.--

21 (a) Only persons who hold certificates to practice as
22 certified geriatric specialists in this state or who are
23 performing services within the practice of certified geriatric
24 specialty nursing pursuant to the exception set forth in s.
25 464.022(8) shall have the right to use the title "Certified
26 Geriatric Specialist" and the abbreviation "C.G.S."

27 (b) No person shall practice or advertise as, or
28 assume the title of, certified geriatric specialist or use the
29 abbreviation "C.G.S." or take any other action that would lead
30 the public to believe that person was certified as such or is
31 performing services within the practice of certified geriatric

1 specialty nursing pursuant to the exception set forth in s.
2 464.022(8), unless that person is certified to practice as
3 such.

4 (c) A violation of this subsection is a misdemeanor of
5 the first degree, punishable as provided in s. 775.082 or s.
6 775.083.

7 (5) VIOLATIONS AND PENALTIES.--Practicing certified
8 geriatric specialty nursing, as defined in this section,
9 without holding an active certificate to do so constitutes a
10 felony of the third degree, punishable as provided in s.
11 775.082, s. 775.083, or s. 775.084.

12 Section 22. Paragraph (b) of subsection (1) of section
13 381.00315, Florida Statutes, is amended to read:

14 381.00315 Public health advisories; public health
15 emergencies.--The State Health Officer is responsible for
16 declaring public health emergencies and issuing public health
17 advisories.

18 (1) As used in this section, the term:

19 (b) "Public health emergency" means any occurrence, or
20 threat thereof, whether natural or man made, which results or
21 may result in substantial injury or harm to the public health
22 from infectious disease, chemical agents, nuclear agents,
23 biological toxins, or situations involving mass casualties or
24 natural disasters. Prior to declaring a public health
25 emergency, the State Health Officer shall, to the extent
26 possible, consult with the Governor and shall notify the Chief
27 of Domestic Security Initiatives as created in s. 943.03. The
28 declaration of a public health emergency shall continue until
29 the State Health Officer finds that the threat or danger has
30 been dealt with to the extent that the emergency conditions no
31 longer exist and he or she terminates the declaration.

1 However, a declaration of a public health emergency may not
2 continue for longer than 60 days unless the Governor concurs
3 in the renewal of the declaration. The State Health Officer,
4 upon declaration of a public health emergency, may take
5 actions that are necessary to protect the public health. Such
6 actions include, but are not limited to:

7 1. Directing manufacturers of prescription drugs or
8 over-the-counter drugs who are permitted under chapter 499 and
9 wholesalers of prescription drugs located in this state who
10 are permitted under chapter 499 to give priority to the
11 shipping of specified drugs to pharmacies and health care
12 providers within geographic areas that have been identified by
13 the State Health Officer. The State Health Officer must
14 identify the drugs to be shipped. Manufacturers and
15 wholesalers located in the state must respond to the State
16 Health Officer's priority shipping directive before shipping
17 the specified drugs.

18 2. Notwithstanding chapters 465 and 499 and rules
19 adopted thereunder, directing pharmacists employed by the
20 department to compound bulk prescription drugs and provide
21 these bulk prescription drugs to physicians and nurses of
22 county health departments or any qualified person authorized
23 by the State Health Officer for administration to persons as
24 part of a prophylactic or treatment regimen.

25 3. Notwithstanding s. 456.036, temporarily
26 reactivating the inactive license of the following health care
27 practitioners, when such practitioners are needed to respond
28 to the public health emergency: physicians licensed under
29 chapter 458 or chapter 459; physician assistants licensed
30 under chapter 458 or chapter 459; certified geriatric
31 specialists certified under part I of chapter 464; licensed

1 practical nurses, registered nurses, and advanced registered
2 nurse practitioners licensed under part I of chapter 464;
3 respiratory therapists licensed under part V of chapter 468;
4 and emergency medical technicians and paramedics certified
5 under part III of chapter 401. Only those health care
6 practitioners specified in this paragraph who possess an
7 unencumbered inactive license and who request that such
8 license be reactivated are eligible for reactivation. An
9 inactive license that is reactivated under this paragraph
10 shall return to inactive status when the public health
11 emergency ends or prior to the end of the public health
12 emergency if the State Health Officer determines that the
13 health care practitioner is no longer needed to provide
14 services during the public health emergency. Such licenses may
15 only be reactivated for a period not to exceed 90 days without
16 meeting the requirements of s. 456.036 or chapter 401, as
17 applicable.

18 4. Ordering an individual to be examined, tested,
19 vaccinated, treated, or quarantined for communicable diseases
20 that have significant morbidity or mortality and present a
21 severe danger to public health. Individuals who are unable or
22 unwilling to be examined, tested, vaccinated, or treated for
23 reasons of health, religion, or conscience may be subjected to
24 quarantine.

25 a. Examination, testing, vaccination, or treatment may
26 be performed by any qualified person authorized by the State
27 Health Officer.

28 b. If the individual poses a danger to the public
29 health, the State Health Officer may subject the individual to
30 quarantine. If there is no practical method to quarantine the
31

1 individual, the State Health Officer may use any means
2 necessary to vaccinate or treat the individual.

3

4 Any order of the State Health Officer given to effectuate this
5 paragraph shall be immediately enforceable by a law
6 enforcement officer under s. 381.0012.

7 Section 23. Subsection (14) of section 400.021,
8 Florida Statutes, is amended to read:

9 400.021 Definitions.--When used in this part, unless
10 the context otherwise requires, the term:

11 (14) "Nursing service" means such services or acts as
12 may be rendered, directly or indirectly, to and in behalf of a
13 person by individuals as defined in ~~ss.s-~~464.003 and
14 464.0125.

15 Section 24. Subsection (1) of section 400.211, Florida
16 Statutes, is amended to read:

17 400.211 Persons employed as nursing assistants;
18 certification requirement.--

19 (1) To serve as a nursing assistant in any nursing
20 home, a person must be certified as a nursing assistant under
21 part II of chapter 464, unless the person is a registered
22 nurse, a or practical nurse, or a certified geriatric
23 specialist certified or licensed in accordance with part I of
24 chapter 464 or an applicant for such licensure who is
25 permitted to practice nursing in accordance with rules adopted
26 by the Board of Nursing pursuant to part I of chapter 464.

27 Section 25. Paragraphs (a) and (c) of subsection (3)
28 of section 400.23, Florida Statutes, are amended to read:

29 400.23 Rules; evaluation and deficiencies; licensure
30 status.--

31

1 (3)(a) The agency shall adopt rules providing for the
2 minimum staffing requirements for nursing homes. These
3 requirements shall include, for each nursing home facility, a
4 minimum certified nursing assistant staffing of 2.3 hours of
5 direct care per resident per day beginning January 1, 2002,
6 increasing to 2.6 hours of direct care per resident per day
7 beginning January 1, 2003, and increasing to 2.9 hours of
8 direct care per resident per day beginning January 1, 2004.
9 Beginning January 1, 2002, no facility shall staff below one
10 certified nursing assistant per 20 residents, and a minimum
11 licensed nursing staffing of 1.0 hour of direct resident care
12 per resident per day but never below one licensed nurse per 40
13 residents. For purposes of computing nursing staffing minimums
14 and ratios, certified geriatric specialists shall be
15 considered licensed nursing staff.Nursing assistants employed
16 under s. 400.211(2) may be included in computing the staffing
17 ratio for certified nursing assistants only if they provide
18 nursing assistance services to residents on a full-time basis.
19 Each nursing home must document compliance with staffing
20 standards as required under this paragraph and post daily the
21 names of staff on duty for the benefit of facility residents
22 and the public. The agency shall recognize the use of licensed
23 nurses for compliance with minimum staffing requirements for
24 certified nursing assistants, provided that the facility
25 otherwise meets the minimum staffing requirements for licensed
26 nurses and that the licensed nurses so recognized are
27 performing the duties of a certified nursing assistant. Unless
28 otherwise approved by the agency, licensed nurses counted
29 towards the minimum staffing requirements for certified
30 nursing assistants must exclusively perform the duties of a
31 certified nursing assistant for the entire shift and shall not

1 also be counted towards the minimum staffing requirements for
2 licensed nurses. If the agency approved a facility's request
3 to use a licensed nurse to perform both licensed nursing and
4 certified nursing assistant duties, the facility must allocate
5 the amount of staff time specifically spent on certified
6 nursing assistant duties for the purpose of documenting
7 compliance with minimum staffing requirements for certified
8 and licensed nursing staff. In no event may the hours of a
9 licensed nurse with dual job responsibilities be counted
10 twice.

11 (c) Licensed practical nurses licensed under chapter
12 464 who are providing nursing services in nursing home
13 facilities under this part may supervise the activities of
14 other licensed practical nurses, certified geriatric
15 specialists, certified nursing assistants, and other
16 unlicensed personnel providing services in such facilities in
17 accordance with rules adopted by the Board of Nursing.

18 Section 26. Paragraph (b) of subsection (2) of section
19 409.908, Florida Statutes, is amended to read:

20 409.908 Reimbursement of Medicaid providers.--Subject
21 to specific appropriations, the agency shall reimburse
22 Medicaid providers, in accordance with state and federal law,
23 according to methodologies set forth in the rules of the
24 agency and in policy manuals and handbooks incorporated by
25 reference therein. These methodologies may include fee
26 schedules, reimbursement methods based on cost reporting,
27 negotiated fees, competitive bidding pursuant to s. 287.057,
28 and other mechanisms the agency considers efficient and
29 effective for purchasing services or goods on behalf of
30 recipients. If a provider is reimbursed based on cost
31 reporting and submits a cost report late and that cost report

1 would have been used to set a lower reimbursement rate for a
2 rate semester, then the provider's rate for that semester
3 shall be retroactively calculated using the new cost report,
4 and full payment at the recalculated rate shall be affected
5 retroactively. Medicare-granted extensions for filing cost
6 reports, if applicable, shall also apply to Medicaid cost
7 reports. Payment for Medicaid compensable services made on
8 behalf of Medicaid eligible persons is subject to the
9 availability of moneys and any limitations or directions
10 provided for in the General Appropriations Act or chapter 216.
11 Further, nothing in this section shall be construed to prevent
12 or limit the agency from adjusting fees, reimbursement rates,
13 lengths of stay, number of visits, or number of services, or
14 making any other adjustments necessary to comply with the
15 availability of moneys and any limitations or directions
16 provided for in the General Appropriations Act, provided the
17 adjustment is consistent with legislative intent.

18 (2)

19 (b) Subject to any limitations or directions provided
20 for in the General Appropriations Act, the agency shall
21 establish and implement a Florida Title XIX Long-Term Care
22 Reimbursement Plan (Medicaid) for nursing home care in order
23 to provide care and services in conformance with the
24 applicable state and federal laws, rules, regulations, and
25 quality and safety standards and to ensure that individuals
26 eligible for medical assistance have reasonable geographic
27 access to such care.

28 1. Changes of ownership or of licensed operator do not
29 qualify for increases in reimbursement rates associated with
30 the change of ownership or of licensed operator. The agency
31 shall amend the Title XIX Long Term Care Reimbursement Plan to

1 provide that the initial nursing home reimbursement rates, for
2 the operating, patient care, and MAR components, associated
3 with related and unrelated party changes of ownership or
4 licensed operator filed on or after September 1, 2001, are
5 equivalent to the previous owner's reimbursement rate.

6 2. The agency shall amend the long-term care
7 reimbursement plan and cost reporting system to create direct
8 care and indirect care subcomponents of the patient care
9 component of the per diem rate. These two subcomponents
10 together shall equal the patient care component of the per
11 diem rate. Separate cost-based ceilings shall be calculated
12 for each patient care subcomponent. The direct care
13 subcomponent of the per diem rate shall be limited by the
14 cost-based class ceiling, and the indirect care subcomponent
15 shall be limited by the lower of the cost-based class ceiling,
16 by the target rate class ceiling, or by the individual
17 provider target. The agency shall adjust the patient care
18 component effective January 1, 2002. The cost to adjust the
19 direct care subcomponent shall be net of the total funds
20 previously allocated for the case mix add-on. The agency shall
21 make the required changes to the nursing home cost reporting
22 forms to implement this requirement effective January 1, 2002.

23 3. The direct care subcomponent shall include salaries
24 and benefits of direct care staff providing nursing services
25 including registered nurses, licensed practical nurses,
26 certified geriatric specialists, certified under part I of
27 chapter 464,and certified nursing assistants who deliver care
28 directly to residents in the nursing home facility. This
29 excludes nursing administration, MDS, and care plan
30 coordinators, staff development, and staffing coordinator.

31

1 4. All other patient care costs shall be included in
2 the indirect care cost subcomponent of the patient care per
3 diem rate. There shall be no costs directly or indirectly
4 allocated to the direct care subcomponent from a home office
5 or management company.

6 5. On July 1 of each year, the agency shall report to
7 the Legislature direct and indirect care costs, including
8 average direct and indirect care costs per resident per
9 facility and direct care and indirect care salaries and
10 benefits per category of staff member per facility.

11 6. In order to offset the cost of general and
12 professional liability insurance, the agency shall amend the
13 plan to allow for interim rate adjustments to reflect
14 increases in the cost of general or professional liability
15 insurance for nursing homes. This provision shall be
16 implemented to the extent existing appropriations are
17 available.

18
19 It is the intent of the Legislature that the reimbursement
20 plan achieve the goal of providing access to health care for
21 nursing home residents who require large amounts of care while
22 encouraging diversion services as an alternative to nursing
23 home care for residents who can be served within the
24 community. The agency shall base the establishment of any
25 maximum rate of payment, whether overall or component, on the
26 available moneys as provided for in the General Appropriations
27 Act. The agency may base the maximum rate of payment on the
28 results of scientifically valid analysis and conclusions
29 derived from objective statistical data pertinent to the
30 particular maximum rate of payment.

31

1 Section 27. Subsection (2) of section 458.303, Florida
2 Statutes, is amended to read:

3 458.303 Provisions not applicable to other
4 practitioners; exceptions, etc.--

5 (2) Nothing in s. 458.301, s. 458.303, s. 458.305, s.
6 458.307, s. 458.309, s. 458.311, s. 458.313, s. 458.319, s.
7 458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s.
8 458.339, s. 458.341, s. 458.343, s. 458.345, or s. 458.347
9 shall be construed to prohibit any service rendered by a
10 registered nurse, ~~or~~ a licensed practical nurse, or a
11 certified geriatric specialist certified under part I of
12 chapter 464, if such service is rendered under the direct
13 supervision and control of a licensed physician who provides
14 specific direction for any service to be performed and gives
15 final approval to all services performed. Further, nothing in
16 this or any other chapter shall be construed to prohibit any
17 service rendered by a medical assistant in accordance with the
18 provisions of s. 458.3485.

19 Section 28. Subsection (1) and paragraph (a) of
20 subsection (2) of section 1009.65, Florida Statutes, are
21 amended to read:

22 1009.65 Medical Education Reimbursement and Loan
23 Repayment Program.--

24 (1) To encourage qualified medical professionals to
25 practice in underserved locations where there are shortages of
26 such personnel, there is established the Medical Education
27 Reimbursement and Loan Repayment Program. The function of the
28 program is to make payments that offset loans and educational
29 expenses incurred by students for studies leading to a medical
30 or nursing degree, medical or nursing licensure, or advanced
31 registered nurse practitioner certification or physician

1 assistant licensure. The following licensed or certified
2 health care professionals are eligible to participate in this
3 program: medical doctors with primary care specialties,
4 doctors of osteopathic medicine with primary care specialties,
5 physician's assistants, certified geriatric specialists
6 certified under part I of chapter 464, licensed practical
7 nurses and registered nurses, and advanced registered nurse
8 practitioners with primary care specialties such as certified
9 nurse midwives. Primary care medical specialties for
10 physicians include obstetrics, gynecology, general and family
11 practice, internal medicine, pediatrics, and other specialties
12 which may be identified by the Department of Health.

13 (2) From the funds available, the Department of Health
14 shall make payments to selected medical professionals as
15 follows:

16 (a) Up to \$4,000 per year for certified geriatric
17 specialists certified under part I of chapter 464, licensed
18 practical nurses, and registered nurses, up to \$10,000 per
19 year for advanced registered nurse practitioners and
20 physician's assistants, and up to \$20,000 per year for
21 physicians. Penalties for noncompliance shall be the same as
22 those in the National Health Services Corps Loan Repayment
23 Program. Educational expenses include costs for tuition,
24 matriculation, registration, books, laboratory and other fees,
25 other educational costs, and reasonable living expenses as
26 determined by the Department of Health.

27 Section 29. Subsection (2) of section 1009.66, Florida
28 Statutes, is amended to read:

29 1009.66 Nursing Student Loan Forgiveness Program.--

30 (2) To be eligible, a candidate must have graduated
31 from an accredited or approved nursing program and have

1 received a Florida license as a licensed practical nurse, a
2 certified geriatric specialist certified under part I of
3 chapter 464, or a registered nurse or a Florida certificate as
4 an advanced registered nurse practitioner.

5 Section 30. The sum of \$157,017 is appropriated from
6 the General Revenue Fund to the Agency for Workforce
7 Innovation to support the work of the Certified Geriatric
8 Specialty Nursing Initiative Steering Committee, to administer
9 the pilot sites, contract for an evaluation, and to provide,
10 if necessary, nursing faculty, substitute certified nursing
11 assistants for those who are in clinical education, and
12 technical support to the pilot sites during the 2003-2004
13 fiscal year.

14 Section 31. Subsection (6) is added to section
15 464.201, Florida Statutes, to read:

16 464.201 Definitions.--As used in this part, the term:

17 (6) "Practice of a certified nursing assistant" means
18 providing care and assisting persons with tasks relating to
19 the activities of daily living. Such tasks are those
20 associated with personal care, maintaining mobility, nutrition
21 and hydration, toileting and elimination, assistive devices,
22 safety and cleanliness, data gathering, reporting abnormal
23 signs and symptoms, post mortem care, patient socialization
24 and reality orientation, end-of-life care, CPR and emergency
25 care, residents' or patients' rights, documentation of nursing
26 assistant services, and other tasks that a certified nurse
27 assistant may perform after training beyond that required for
28 initial certification and upon validation of competence in
29 that skill by a registered nurse. This section does not
30 restrict the ability of any person who is otherwise trained
31 and educated from performing such tasks.

1 Section 32. Section 464.202, Florida Statutes, is
2 amended to read:

3 464.202 Duties and powers of the board.--The board
4 shall maintain, or contract with or approve another entity to
5 maintain, a state registry of certified nursing assistants.
6 The registry must consist of the name of each certified
7 nursing assistant in this state; other identifying information
8 defined by board rule; certification status; the effective
9 date of certification; other information required by state or
10 federal law; information regarding any crime or any abuse,
11 neglect, or exploitation as provided under chapter 435; and
12 any disciplinary action taken against the certified nursing
13 assistant. The registry shall be accessible to the public, the
14 certificateholder, employers, and other state agencies. The
15 board shall adopt by rule testing procedures for use in
16 certifying nursing assistants and shall adopt rules regulating
17 the practice of certified nursing assistants which specify the
18 scope of practice authorized and level of supervision required
19 for the practice of certified nursing assistants ~~to enforce~~
20 ~~this part~~. The board may contract with or approve another
21 entity or organization to provide the examination services,
22 including the development and administration of examinations.
23 The board shall require that the contract provider offer
24 certified nursing assistant applications via the Internet, and
25 may require the contract provider to accept certified nursing
26 assistant applications for processing via the Internet. The
27 board shall require the contract provider to provide the
28 preliminary results of the certified nursing examination on
29 the date the test is administered. The provider shall pay all
30 reasonable costs and expenses incurred by the board in
31 evaluating the provider's application and performance during

1 the delivery of services, including examination services and
2 procedures for maintaining the certified nursing assistant
3 registry.

4 Section 33. Section 831.311, Florida Statutes, is
5 created to read:

6 831.311 Unlawful sale, manufacture, alteration,
7 delivery, uttering, or possession of counterfeit-resistant
8 prescription blanks for controlled substances listed in
9 Schedules II, III, and IV.--

10 (1) It is unlawful for any person with the intent to
11 injure or defraud any person or to facilitate any violation of
12 s. 893.13 to sell, manufacture, alter, deliver, utter, or
13 possess any counterfeit-resistant prescription blanks for
14 controlled substances adopted by rule of the Department of
15 Health pursuant to s. 893.065.

16 (2) Any person who violates this section commits a
17 felony of the third degree, punishable as provided in s.
18 775.082, s. 775.083, or s. 775.084.

19 Section 34. Section 893.04, Florida Statutes, is
20 amended to read:

21 893.04 Pharmacist and practitioner.--

22 (1) A pharmacist, in good faith and in the course of
23 professional practice only, may dispense controlled substances
24 upon a written or oral prescription of a practitioner, under
25 the following conditions:

26 (a) Oral prescriptions must be promptly reduced to
27 writing by the pharmacist or recorded electronically if
28 permitted by federal law.

29 (b) The written prescription must be dated and signed
30 by the prescribing practitioner on the day when issued.

31

1 (c) There shall appear on the face of the prescription
2 or written record thereof for the controlled substance the
3 following information:

4 1. The full name and address of the person for whom,
5 or the owner of the animal for which, the controlled substance
6 is dispensed.

7 2. The full name and address of the prescribing
8 practitioner and the practitioner's federal controlled
9 substance registry number shall be printed thereon.

10 3. If the prescription is for an animal, the species
11 of animal for which the controlled substance is prescribed.

12 4. The name of the controlled substance prescribed and
13 the strength, quantity, and directions for use thereof.

14 5. The number of the prescription, as recorded in the
15 prescription files of the pharmacy in which it is filled.

16 6. The initials of the pharmacist filling the
17 prescription and the date filled.

18 (d) The prescription shall be retained on file by the
19 proprietor of the pharmacy in which it is filled for a period
20 of 2 years.

21 (e) Affixed to the original container in which a
22 controlled substance is delivered upon a prescription or
23 authorized refill thereof, as hereinafter provided, there
24 shall be a label bearing the following information:

25 1. The name and address of the pharmacy from which
26 such controlled substance was dispensed.

27 2. The date on which the prescription for such
28 controlled substance was filled.

29 3. The number of such prescription, as recorded in the
30 prescription files of the pharmacy in which it is filled.

31 4. The name of the prescribing practitioner.

1 5. The name of the patient for whom, or of the owner
2 and species of the animal for which, the controlled substance
3 is prescribed.

4 6. The directions for the use of the controlled
5 substance prescribed in the prescription.

6 7. A clear, concise warning that it is a crime to
7 transfer the controlled substance to any person other than the
8 patient for whom prescribed.

9 (f) A prescription for a controlled substance listed
10 in Schedule II may be dispensed only upon a written
11 prescription of a practitioner, except that in an emergency
12 situation, as defined by regulation of the Department of
13 Health, such controlled substance may be dispensed upon oral
14 prescription but is limited to a 72-hour supply. No
15 prescription for a controlled substance listed in Schedule II
16 may be refilled.

17 (g) No prescription for a controlled substance listed
18 in Schedule ~~Schedules~~ III, Schedule IV, or Schedule V may be
19 filled or refilled more than five times within a period of 6
20 months after the date on which the prescription was written
21 unless the prescription is renewed by a practitioner.

22 (2)(a) A pharmacist may not dispense a controlled
23 substance listed in Schedule II, Schedule III, or Schedule IV
24 to any patient or patient's agent without first determining,
25 in the exercise of her or his professional judgment, that the
26 order is valid. The pharmacist or pharmacist's agent shall
27 also obtain the patient or patient's agent identification
28 information, in writing, electronic format or other approved
29 manner prior to dispensing any controlled substance. If the
30 patient or patient's agent does not have appropriate
31 identification, the pharmacist may dispense the controlled

1 substance only when the pharmacist determines, in the exercise
2 of her or his professional judgment, that the order is valid
3 and includes such information in the patient's record. The
4 Board of Pharmacy may adopt, by rule, required patient
5 identification information for controlled substances and
6 procedures for a pharmacist to verify the validity of a
7 prescription for controlled substances for circumstances in
8 which the pharmacist was not provided required identification
9 information.

10 (b) Any pharmacist that dispenses by mail a controlled
11 substance listed in Schedule II, Schedule III, or Schedule IV
12 shall be exempt from the requirement to obtain suitable
13 identification for the prescription dispensed by mail.

14 (c) Any controlled substance listed in Schedule III or
15 Schedule IV may be dispensed by a pharmacist upon an oral
16 prescription if, before filling the prescription, the
17 pharmacist reduces it to writing or records the prescription
18 electronically if permitted by federal law. Such prescriptions
19 must contain the date of the oral authorization.

20 (d) All written prescriptions prescribed by a
21 practitioner in this state for a controlled substance listed
22 in Schedule II, Schedule III, or Schedule IV must include both
23 a written and a numerical notation of the quantity on the face
24 of the prescription and a notation of the date with the
25 abbreviated month written out on the face of the prescription.
26 A pharmacist shall be permitted, upon verification by the
27 prescriber, to document any information required by this
28 paragraph.

29 (e) A pharmacist may not dispense more than a 30-day
30 supply of a controlled substance listed in Schedule III upon
31 an oral prescription issued in this state.

1 (f) A pharmacist may not knowingly fill a prescription
2 that has been forged for a controlled substance listed in
3 Schedule II, Schedule III, or Schedule IV.

4 ~~(3)(2)~~ Notwithstanding the provisions of subsection
5 (1), a pharmacist may dispense a one-time emergency refill of
6 up to a 72-hour supply of the prescribed medication for any
7 medicinal drug other than a medicinal drug listed in Schedule
8 II, in compliance with the provisions of s. 465.0275.

9 ~~(4)(3)~~ The legal owner of any stock of controlled
10 substances in a pharmacy, upon discontinuance of dealing in
11 controlled substances, may sell said stock to a manufacturer,
12 wholesaler, or pharmacy. Such controlled substances may be
13 sold only upon an order form, when such an order form is
14 required for sale by the drug abuse laws of the United States
15 or this state, or regulations pursuant thereto.

16 Section 35. Section 893.055, Florida Statutes, is
17 created to read:

18 893.055 Electronic monitoring system for prescription
19 of controlled substances listed in Schedules II, III, and
20 IV.--

21 (1) By June 30, 2004, the Department of Health shall
22 design and establish an electronic system consistent with the
23 American Society for Automation in Pharmacy (ASAP) standards
24 to monitor the prescribing and dispensing of controlled
25 substances listed in Schedules II, III, and IV by health care
26 practitioners within the state and the dispensing of such
27 controlled substances to an individual at a specific address
28 within the state by a pharmacy permitted or registered by the
29 Board of Pharmacy.

30 (2) Any controlled substance listed in Schedule II,
31 Schedule III, or Schedule IV which is dispensed to an

1 individual in this state must be reported to the Department of
2 Health through the system, as soon thereafter as possible but
3 not more than 35 days after the date the controlled substance
4 is dispensed, each time the controlled substance is dispensed.
5 A pharmacy may meet the reporting requirements of this section
6 by providing the Department of Health an exchangeable
7 electronic disc or tape of each controlled substance listed in
8 Schedules II, III, and IV which it dispenses.

9 (3) This section does not apply to controlled
10 substances:

11 (a) Administered by a health care practitioner
12 directly to a patient.

13 (b) Dispensed by a health care practitioner authorized
14 to prescribe controlled substances directly to a patient and
15 limited to an amount adequate to treat the patient for a
16 period of no more than 72 hours.

17 (c) Dispensed by a health care practitioner or a
18 pharmacist to an in-patient of a facility with an
19 institutional pharmacy permit.

20 (d) Dispensed by a health care practitioner or a
21 pharmacist to a patient under a prescription written within 10
22 days of a surgical procedure for the patient, which notes that
23 such drugs are prescribed for treatment of a postoperative
24 condition and the date of the surgery.

25 (e) Ordered from an institutional pharmacy permitted
26 under s. 465.019 in accordance with the institutional policy
27 for such controlled substances or drugs.

28 (f) Either dispensed by a pharmacist or administered
29 by a health care practitioner to a patient or resident
30 receiving care from a hospital, nursing home, assisted living
31 facility, home health agency, hospice, or intermediate care

1 facility for the developmentally disabled which is licensed in
2 this state.

3 (g) Prescribed by a health care practitioner for a
4 patient less than 16 years of age.

5 (4) The data required to be reported under this
6 section shall be determined by the Department of Health by
7 rule but may include any data required under s. 893.04.

8 (5) A practitioner or pharmacist who dispenses a
9 controlled substance under this section must submit the
10 information required by this section in an electronic or other
11 format approved by rule of the Department of Health. The cost
12 to the dispenser in submitting the information required by
13 this subsection shall not be material or extraordinary. Costs
14 not considered to be material or extraordinary include, but
15 are not limited to, regular postage, compact disks, zip drive
16 storage, regular electronic mail, magnetic tapes, diskettes,
17 and facsimile charges. The information submitted to the
18 Department of Health under this section may be transmitted to
19 any person or agency authorized to receive it pursuant to
20 section 2 of Senate Bill 1784 or similar legislation, and that
21 person or agency may maintain the information received for up
22 to 24 months before purging it from its records. All
23 transmissions required by this paragraph shall comply with
24 relevant federal and state privacy and security laws.
25 Notwithstanding the foregoing, any authorized agency receiving
26 such information may maintain it longer than 24 months if the
27 information is pertinent to an ongoing investigation or
28 prosecution.

29 (6) Any person who knowingly fails to report the
30 dispensing of a controlled substance listed in Schedule II,
31 Schedule III, or Schedule IV as required by this section

1 commits a misdemeanor of the first degree, punishable as
2 provided in s. 775.082 or s. 775.083.

3 (7) The Department of Health and the regulatory boards
4 for the health care practitioners subject to this section
5 shall adopt rules pursuant to ss. 120.536(1) and 120.54
6 necessary to implement and administer this section.

7 (8) All costs incurred by the Department of Health in
8 implementing the prescription monitoring system shall be borne
9 by the department, and there is appropriated annually, subject
10 to the availability of funds, from the Grants and Donations
11 Trust Fund an amount necessary to cover such costs. The
12 Medical Quality Assurance Trust Fund may not be used to
13 implement or otherwise fund this program.

14 Section 36. Section 893.065, Florida Statutes, is
15 created to read:

16 893.065 Counterfeit-resistant prescription blanks for
17 controlled substances listed in Schedules II, III, and
18 IV.--The Department of Health shall develop and adopt by rule
19 the form and content for a counterfeit-resistant prescription
20 blank which may be used by practitioners to prescribe a
21 controlled substance listed in Schedule II, Schedule III, or
22 Schedule IV. The Department of Health may require the
23 prescription blanks to be printed on distinctive, watermarked
24 paper and to bear the preprinted name, address, and category
25 of professional licensure of the practitioner and that
26 practitioner's federal registry number for controlled
27 substances. The prescription blanks may not be transferred.

28 Section 37. There is appropriated \$2,196,352 from the
29 Grants and Donations Trust Fund to the Department of Health,
30 and three full-time equivalent positions are authorized, for
31

1 fiscal year 2003-2004 to implement the provisions of sections
2 893.055 and 893.065, Florida Statutes, as created by this act.

3 Section 38. The penalties created in sections
4 831.311(2) and 893.055(6), Florida Statutes, by this act shall
5 be effective only upon the adoption by the Department of
6 Health and each applicable professional regulatory board of
7 the rules required pursuant to sections 893.055(7) and
8 893.065, Florida Statutes, as created by this act.

9 Section 39. Effective May 1, 2003, subsection (2) of
10 section 409.904, Florida Statutes, is amended to read:

11 409.904 Optional payments for eligible persons.--The
12 agency may make payments for medical assistance and related
13 services on behalf of the following persons who are determined
14 to be eligible subject to the income, assets, and categorical
15 eligibility tests set forth in federal and state law. Payment
16 on behalf of these Medicaid eligible persons is subject to the
17 availability of moneys and any limitations established by the
18 General Appropriations Act or chapter 216.

19 (2) A caretaker relative or parent, a pregnant woman,
20 a child under age 19 who would otherwise qualify for Florida
21 Kidcare Medicaid, a child up to age 21 who would otherwise
22 qualify under s. 409.903(1), a person age 65 or over, or a
23 blind or disabled person, who would otherwise be eligible for
24 Florida Medicaid, except that the income or assets of such
25 family or person exceed established limitations. For a family
26 or person in one of these coverage groups, medical expenses
27 are deductible from income in accordance with federal
28 requirements in order to make a determination of eligibility.
29 Expenses used to meet spend-down liability are not
30 reimbursable by Medicaid. Effective July ~~May~~ 1, 2003, when
31 determining the eligibility of a pregnant woman, a child, or

1 an aged, blind, or disabled individual, \$270 shall be deducted
2 from the countable income of the filing unit. When determining
3 the eligibility of the parent or caretaker relative as defined
4 by Title XIX of the Social Security Act, the additional income
5 disregard of \$270 does not apply. A family or person eligible
6 under the coverage known as the "medically needy," is eligible
7 to receive the same services as other Medicaid recipients,
8 with the exception of services in skilled nursing facilities
9 and intermediate care facilities for the developmentally
10 disabled.

11 Section 40. The non-recurring sums of \$8,265,777 from
12 the General Revenue Fund, \$2,505,224 from the Grants and
13 Donations Trust Fund, and \$11,727,287 from the Medical Care
14 Trust Fund are appropriated to the Agency for Health Care
15 Administration to implement section 39 of this act during the
16 2002-2003 fiscal year. This section takes effect May 1, 2003.

17 Section 41. Except as otherwise expressly provided,
18 sections 39-41 shall take effect July 1, 2003, but if this act
19 becomes a law after May 1, 2003, sections 39 and 40 of this
20 act shall operate retroactively to that date.

21 Section 42. Except as otherwise expressly provided in
22 this act, this act shall take effect July 1, 2004, if Senate
23 Bill 1784 or similar legislation is adopted in the same
24 legislative session or an extension thereof and becomes law.

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