

By the Committee on Health Care; and Senator Peaden

587-2085-06

1                                   A bill to be entitled

2                   An act relating to health care practitioners;

3                   amending s. 456.031, F.S.; revising

4                   requirements for instruction of certain health

5                   care practitioners concerning domestic

6                   violence; amending s. 456.033, F.S.; revising

7                   requirements for instruction of certain health

8                   care practitioners concerning HIV and AIDS;

9                   amending s. 456.041, F.S.; requiring advanced

10                  registered nurse practitioners to submit

11                  protocols as part of practitioner profiles to

12                  the Department of Health; amending s. 458.319,

13                  F.S.; eliminating an option for medical

14                  physicians to complete continuing education

15                  courses in end-of-life care in lieu of

16                  continuing education in AIDS/HIV; amending s.

17                  458.348, F.S.; providing requirements for the

18                  supervision of certain health care

19                  practitioners by physicians; providing that the

20                  section is self-executing; repealing s.

21                  459.008(5), F.S.; eliminating an option for

22                  osteopathic physicians to complete continuing

23                  education courses in end-of-life care in lieu

24                  of continuing education in AIDS/HIV; creating

25                  s. 459.025, F.S.; providing requirements for

26                  the supervision of certain health care

27                  practitioners by osteopathic physicians;

28                  requiring physicians or osteopathic physicians

29                  to supervise certain persons performing

30                  electrolysis using laser or light-based hair

31                  removal or reduction; providing that the

1 section is self-executing; amending s. 464.012,  
2 F.S.; requiring certain advanced registered  
3 nurse practitioners to file protocols with the  
4 Board of Nursing; specifying requirements for  
5 the protocols; providing an effective date.  
6

7 Be It Enacted by the Legislature of the State of Florida:  
8

9 Section 1. Section 456.031, Florida Statutes, is  
10 amended to read:

11 456.031 Requirement for instruction on domestic  
12 violence.--

13 (1)(a) The appropriate board shall require each person  
14 licensed or certified under chapter 458, chapter 459, part I  
15 of chapter 464, chapter 466, chapter 467, chapter 490, or  
16 chapter 491 to complete a 1-hour continuing education course,  
17 approved by the board, on domestic violence, as defined in s.  
18 741.28, as part of every third biennial relicensure or  
19 recertification. The course shall consist of information on  
20 the number of patients in that professional's practice who are  
21 likely to be victims of domestic violence and the number who  
22 are likely to be perpetrators of domestic violence, screening  
23 procedures for determining whether a patient has any history  
24 of being either a victim or a perpetrator of domestic  
25 violence, and instruction on how to provide such patients with  
26 information on, or how to refer such patients to, resources in  
27 the local community, such as domestic violence centers and  
28 other advocacy groups, that provide legal aid, shelter, victim  
29 counseling, batterer counseling, or child protection services.

30 (b) Each such licensee or certificateholder shall  
31 submit confirmation of having completed such course, on a form

1 provided by the board, when submitting fees for every third  
2 ~~each~~ biennial renewal.

3 (c) The board may approve additional equivalent  
4 courses that may be used to satisfy the requirements of  
5 paragraph (a). Each licensing board that requires a licensee  
6 to complete an educational course pursuant to this subsection  
7 may include the hour required for completion of the course in  
8 the total hours of continuing education required by law for  
9 such profession unless the continuing education requirements  
10 for such profession consist of fewer than 30 hours biennially.

11 (d) Any person holding two or more licenses subject to  
12 the provisions of this subsection shall be permitted to show  
13 proof of having taken one board-approved course on domestic  
14 violence, for purposes of relicensure or recertification for  
15 additional licenses.

16 (e) Failure to comply with the requirements of this  
17 subsection shall constitute grounds for disciplinary action  
18 under each respective practice act and under s. 456.072(1)(k).  
19 In addition to discipline by the board, the licensee shall be  
20 required to complete such course.

21 ~~(2) The board shall also require, as a condition of~~  
22 ~~granting a license under any chapter specified in paragraph~~  
23 ~~(1)(a), that each applicant for initial licensure under the~~  
24 ~~appropriate chapter complete an educational course acceptable~~  
25 ~~to the board on domestic violence which is substantially~~  
26 ~~equivalent to the course required in subsection (1). An~~  
27 ~~applicant who has not taken such course at the time of~~  
28 ~~licensure shall, upon submission of an affidavit showing good~~  
29 ~~cause, be allowed 6 months to complete such requirement.~~

30 ~~(3)(a) In lieu of completing a course as required in~~  
31 ~~subsection (1), a licensee or certificateholder may complete a~~

1 ~~course in end of life care and palliative health care, if the~~  
2 ~~licensee or certificateholder has completed an approved~~  
3 ~~domestic violence course in the immediately preceding~~  
4 ~~biennium.~~

5 ~~(b) In lieu of completing a course as required by~~  
6 ~~subsection (1), a person licensed under chapter 466 who has~~  
7 ~~completed an approved domestic violence education course in~~  
8 ~~the immediately preceding 2 years may complete a course~~  
9 ~~approved by the Board of Dentistry.~~

10 ~~(2)(4)~~ Each board may adopt rules to carry out the  
11 provisions of this section.

12 ~~(5) Each board shall report to the President of the~~  
13 ~~Senate, the Speaker of the House of Representatives, and the~~  
14 ~~chairs of the appropriate substantive committees of the~~  
15 ~~Legislature by March 1 of each year as to the implementation~~  
16 ~~of and compliance with the requirements of this section.~~

17 Section 2. Section 456.033, Florida Statutes, is  
18 amended to read:

19 456.033 Requirement for instruction for certain  
20 licensees on HIV and AIDS.--

21 (1) The appropriate board shall require each person  
22 licensed or certified under ~~chapter 457; chapter 458; chapter~~  
23 ~~459; chapter 460; chapter 461; chapter 463; part I of chapter~~  
24 ~~464; chapter 465; chapter 466; part II, part III, part V, or~~  
25 ~~part X of chapter 468; or chapter 486~~ to complete a continuing  
26 education ~~educational~~ course, approved by the board, on human  
27 immunodeficiency virus and acquired immune deficiency syndrome  
28 as part of biennial relicensure or recertification. The course  
29 shall consist of education on the modes of transmission,  
30 infection control procedures, clinical management, and  
31 prevention of human immunodeficiency virus and acquired immune

1 deficiency syndrome. Such course shall include information on  
2 current Florida law on acquired immune deficiency syndrome and  
3 its impact on testing, confidentiality of test results,  
4 treatment of patients, and any protocols and procedures  
5 applicable to human immunodeficiency virus counseling and  
6 testing, reporting, the offering of HIV testing to pregnant  
7 women, and partner notification issues pursuant to ss. 381.004  
8 and 384.25.

9 (2) Each such licensee or certificateholder shall  
10 submit confirmation of having completed ~~the said~~ course  
11 required under subsection (1), on a form as provided by the  
12 board, when submitting fees for each biennial renewal.

13 (3) The board shall have the authority to approve  
14 additional equivalent courses that may be used to satisfy the  
15 requirements in subsection (1). Each licensing board that  
16 requires a licensee to complete an educational course pursuant  
17 to this section may count the hours required for completion of  
18 the course included in the total continuing educational  
19 requirements as required by law.

20 (4) Any person holding two or more licenses subject to  
21 the provisions of this section shall be permitted to show  
22 proof of having taken one board-approved course on human  
23 immunodeficiency virus and acquired immune deficiency  
24 syndrome, for purposes of relicensure or recertification for  
25 additional licenses.

26 (5) Failure to comply with the above requirements  
27 shall constitute grounds for disciplinary action under each  
28 respective licensing chapter and s. 456.072(1)(e). In addition  
29 to discipline by the board, the licensee shall be required to  
30 complete the course.

31

1           (6) The board regulating licensees under chapter 460  
2 shall require ~~as a condition of granting a license under the~~  
3 ~~chapters and parts specified in subsection (1)~~ that an  
4 applicant making initial application for licensure to complete  
5 an educational course acceptable to the board on human  
6 immunodeficiency virus and acquired immune deficiency  
7 syndrome. An applicant under chapter 460 who has not taken a  
8 course at the time of licensure shall, upon an affidavit  
9 showing good cause, be allowed 6 months to complete this  
10 requirement.

11           (7) The board shall have the authority to adopt rules  
12 to carry out the provisions of this section.

13           (8) The following requirements apply to each person  
14 licensed or certified under chapter 457; chapter 458; chapter  
15 459; chapter 461; chapter 463; part I of chapter 464; chapter  
16 465; chapter 466; part II, part III, part V, or part X of  
17 chapter 468; or chapter 486:

18           (a) Each person shall be required by the appropriate  
19 board to complete a continuing education course described in  
20 subsection (1) no later than upon first renewal.

21           (b) Each person shall submit confirmation described in  
22 subsection (2) when submitting fees for first renewal.

23           (c) Each person shall be subject to subsections (3),  
24 (4), and (5).

25           ~~(8) The board shall report to the Legislature by March~~  
26 ~~1 of each year as to the implementation and compliance with~~  
27 ~~the requirements of this section.~~

28           ~~(9)(a) In lieu of completing a course as required in~~  
29 ~~subsection (1), the licensee may complete a course in~~  
30 ~~end of life care and palliative health care, so long as the~~  
31

1 ~~licensee completed an approved AIDS/HIV course in the~~  
2 ~~immediately preceding biennium.~~

3 ~~(b) In lieu of completing a course as required by~~  
4 ~~subsection (1), a person licensed under chapter 466 who has~~  
5 ~~completed an approved AIDS/HIV course in the immediately~~  
6 ~~preceding 2 years may complete a course approved by the Board~~  
7 ~~of Dentistry.~~

8 Section 3. Paragraph (a) of subsection (1) of section  
9 456.041, Florida Statutes, is amended to read:

10 456.041 Practitioner profile; creation.--

11 (1)(a) The Department of Health shall compile the  
12 information submitted pursuant to s. 456.039 into a  
13 practitioner profile of the applicant submitting the  
14 information, except that the Department of Health shall  
15 develop a format to compile uniformly any information  
16 submitted under s. 456.039(4)(b). Beginning July 1, 2001, the  
17 Department of Health may compile the information submitted  
18 pursuant to s. 456.0391 into a practitioner profile of the  
19 applicant submitting the information. The protocol submitted  
20 pursuant to s. 464.012(3) must be included in the practitioner  
21 profile of the applicant submitting the information to obtain  
22 certification as a advanced registered nurse practitioner.

23 Section 4. Subsections (4) and (5) of section 458.319,  
24 Florida Statutes, are amended to read:

25 458.319 Renewal of license.--

26 ~~(4) Notwithstanding the provisions of s. 456.033, a~~  
27 ~~physician may complete continuing education on end of life~~  
28 ~~care and palliative care in lieu of continuing education in~~  
29 ~~AIDS/HIV, if that physician has completed the AIDS/HIV~~  
30 ~~continuing education in the immediately preceding biennium.~~

31

1           ~~(4)(a)~~~~(5)(a)~~ Notwithstanding any provision of this  
2 chapter or chapter 456, the requirements for the biennial  
3 renewal of the license of any licensee who is a member of the  
4 Legislature shall stand continued and extended without the  
5 requirement of any filing by such a licensee of any notice or  
6 application for renewal with the board or the department and  
7 such licensee's license shall be an active status license  
8 under this chapter, throughout the period that the licensee is  
9 a member of the Legislature and for a period of 60 days after  
10 the licensee ceases to be a member of the Legislature.

11           (b) At any time during the licensee's legislative term  
12 of office and during the period of 60 days after the licensee  
13 ceases to be a member of the Legislature, the licensee may  
14 file a completed renewal application that shall consist solely  
15 of:

16           1. A license renewal fee of \$250 for each year the  
17 licensee's license renewal has been continued and extended  
18 pursuant to the terms of this subsection since the last  
19 otherwise regularly scheduled biennial renewal year and each  
20 year during which the renewed license shall be effective until  
21 the next regularly scheduled biennial renewal date;

22           2. Documentation of the completion by the licensee of  
23 10 hours of continuing medical education credits for each year  
24 from the effective date of the last renewed license for the  
25 licensee until the year in which the application is filed; and

26           3. The information from the licensee expressly  
27 required in s. 456.039(1)(a)1.-8. and (b), and ~~(4)(a)~~, (b),  
28 and (c).

29           (c) The department and board may not impose any  
30 additional requirements for the renewal of such licenses and,  
31 not later than 20 days after receipt of a completed



1 application as specified in paragraph (b), shall renew the  
2 active status license of the licensee, effective on and  
3 retroactive to the last previous renewal date of the  
4 licensee's license. ~~This said~~ license renewal shall be valid  
5 until the next regularly scheduled biennial renewal date for  
6 ~~such said~~ license, and thereafter shall be subject to the  
7 biennial requirements for renewal in this chapter and chapter  
8 456.

9 Section 5. Subsections (4), (5), and (6) are added to  
10 section 458.348, Florida Statutes, to read:

11 458.348 Formal supervisory relationships, standing  
12 orders, and established protocols; notice; standards.--

13 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE  
14 SETTINGS.--A physician who supervises an advanced registered  
15 nurse practitioner or physician assistant at a medical office  
16 other than the physician's primary practice location, where  
17 the advanced registered nurse practitioner or physician  
18 assistant is not under the onsite supervision of a supervising  
19 physician, must comply with the standards set forth in this  
20 subsection. For the purpose of this subsection, a physician's  
21 "primary practice location" means the address reflected on the  
22 physician's profile published pursuant to s. 456.041.

23 (a) A physician who is engaged in providing primary  
24 health care services may not supervise more than four offices  
25 in addition to the physician's primary practice location. For  
26 the purpose of this subsection, "primary health care" means  
27 health care services that are commonly provided to patients  
28 without referral from another practitioner, including  
29 obstetrical and gynecological services, and excludes practices  
30 providing primarily dermatologic and skin care services, which  
31 include aesthetic skin care services.

1           (b) A physician who is engaged in providing specialty  
2 health care services may not supervise more than two offices  
3 in addition to the physician's primary practice location. For  
4 the purpose of this subsection, "specialty health care" means  
5 health care services that are commonly provided to patients  
6 with a referral from another practitioner and excludes  
7 practices providing primarily dermatologic and skin care  
8 services, which include aesthetic skin care services.

9           (c) A physician who supervises an advanced registered  
10 nurse practitioner or physician assistant at a medical office  
11 other than the physician's primary practice location, where  
12 the advanced registered nurse practitioner or physician  
13 assistant is not under the onsite supervision of a supervising  
14 physician and the services offered at the office are primarily  
15 dermatologic or skin care services, which include aesthetic  
16 skin care services other than plastic surgery, must comply  
17 with the standards listed in subparagraphs 1.-4.  
18 Notwithstanding s. 458.347(4)(e)8., a physician supervising a  
19 physician assistant pursuant to this paragraph may not be  
20 required to review and cosign charts or medical records  
21 prepared by such physician assistant.

22           1. The physician shall submit to the board the  
23 addresses of all offices where he or she is supervising an  
24 advanced registered nurse practitioner or a physician's  
25 assistant which are not the physician's primary practice  
26 location.

27           2. The physician must be board-certified or  
28 board-eligible in dermatology or plastic surgery as recognized  
29 by the board pursuant to s. 458.3312.

30           3. All such offices that are not the physician's  
31 primary place of practice must be within 25 miles of the

1 physician's primary place of practice or in a county that is  
2 contiguous to the county of the physician's primary place of  
3 practice. However, the distance between any of the offices may  
4 not exceed 75 miles.

5 4. The physician may supervise only one office other  
6 than the physician's primary place of practice except that  
7 until July 1, 2011, the physician may supervise up to two  
8 medical offices other than the physician's primary place of  
9 practice if the addresses of the offices are submitted to the  
10 board before July 1, 2006. Effective July 1, 2011, the  
11 physician may supervise only one office other than the  
12 physician's primary place of practice, regardless of when the  
13 addresses of the offices were submitted to the board.

14 (d) A physician who supervises an office in addition  
15 to the physician's primary practice location must  
16 conspicuously post in each of the physician's offices a  
17 current schedule of the regular hours when the physician is  
18 present in that office and the hours when the office is open  
19 while the physician is not present.

20 (e) This subsection does not apply to health care  
21 services provided in facilities licensed under chapter 395 or  
22 in conjunction with a college of medicine, a college of  
23 nursing, an accredited graduate medical program, or a nursing  
24 education program; offices where the only service being  
25 performed is hair removal by an advanced registered nurse  
26 practitioner or physician assistant; not-for-profit,  
27 family-planning clinics that are not licensed pursuant to  
28 chapter 390; rural and federally qualified health centers;  
29 health care services provided in a nursing home licensed under  
30 part II of chapter 400, an assisted living facility licensed  
31 under part III of chapter 400, a continuing care facility

1 licensed under chapter 651, or a retirement community  
2 consisting of independent living units and a licensed nursing  
3 home or assisted living facility; anesthesia services provided  
4 in accordance with law; health care services provided in a  
5 designated rural health clinic; health care services provided  
6 to persons enrolled in a program designed to maintain elderly  
7 persons and persons with disabilities in a home or  
8 community-based setting; university primary care student  
9 health centers; school health clinics; or health care services  
10 provided in federal, state, or local government facilities.

11 (5) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial  
12 referral of a patient by another practitioner, the physician  
13 receiving the referral must ensure that the patient is  
14 informed of the type of license held by the physician and the  
15 type of license held by any other practitioner who will be  
16 providing services to the patient. When scheduling the initial  
17 examination or consultation following such referral, the  
18 patient may decide to see the physician or any other licensed  
19 practitioner supervised by the physician and, before the  
20 initial examination or consultation, shall sign a form  
21 indicating the patient's choice of practitioner. The  
22 supervising physician must review the medical record of the  
23 initial examination or consultation and ensure that a written  
24 report of the initial examination or consultation is furnished  
25 to the referring practitioner within 10 business days  
26 following the completion of the initial examination or  
27 consultation.

28 (6) LIMITATION ON RULEMAKING.--This section is  
29 self-executing and does not require or provide authority for  
30 additional rulemaking.

31

1           Section 6. Subsection (5) of section 459.008, Florida  
2 Statutes, is repealed.

3           Section 7. Section 459.025, Florida Statutes, is  
4 created to read:

5           459.025 Formal supervisory relationships, standing  
6 orders, and established protocols; notice; standards.--

7           (1) NOTICE.--

8           (a) When an osteopathic physician enters into a formal  
9 supervisory relationship or standing orders with an emergency  
10 medical technician or paramedic licensed pursuant to s.  
11 401.27, which relationship or orders contemplate the  
12 performance of medical acts, or when an osteopathic physician  
13 enters into an established protocol with an advanced  
14 registered nurse practitioner, which protocol contemplates the  
15 performance of medical acts identified and approved by the  
16 joint committee pursuant to s. 464.003(3)(c) or acts set forth  
17 in s. 464.012(3) and (4), the osteopathic physician shall  
18 submit notice to the board. The notice must contain a  
19 statement in substantially the following form:

20  
21           I, ...(name and professional license number of  
22 osteopathic physician)..., of ...(address of osteopathic  
23 physician)... have hereby entered into a formal supervisory  
24 relationship, standing orders, or an established protocol with  
25 ...(number of persons)... emergency medical technician(s),  
26 ...(number of persons)... paramedic(s), or ...(number of  
27 persons)... advanced registered nurse practitioner(s).

28  
29           (b) Notice shall be filed within 30 days after  
30 entering into the relationship, orders, or protocol. Notice  
31 also shall be provided within 30 days after the osteopathic

1 physician has terminated any such relationship, orders, or  
2 protocol.

3 (2) PROTOCOLS REQUIRING DIRECT SUPERVISION.--All  
4 protocols relating to electrolysis or electrology using laser  
5 or light-based hair removal or reduction by persons other than  
6 osteopathic physicians licensed under this chapter or chapter  
7 458 shall require the person performing such service to be  
8 appropriately trained and to work only under the direct  
9 supervision and responsibility of an osteopathic physician  
10 licensed under this chapter or chapter 458.

11 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE  
12 SETTINGS.--An osteopathic physician who supervises an advanced  
13 registered nurse practitioner or physician assistant at a  
14 medical office other than the osteopathic physician's primary  
15 practice location, where the advanced registered nurse  
16 practitioner or physician assistant is not under the onsite  
17 supervision of a supervising osteopathic physician, must  
18 comply with the standards set forth in this subsection. For  
19 the purpose of this subsection, an osteopathic physician's  
20 "primary practice location" means the address reflected on the  
21 physician's profile published pursuant to s. 456.041.

22 (a) An osteopathic physician who is engaged in  
23 providing primary health care services may not supervise more  
24 than four offices in addition to the osteopathic physician's  
25 primary practice location. For the purpose of this subsection,  
26 "primary health care" means health care services that are  
27 commonly provided to patients without referral from another  
28 practitioner, including obstetrical and gynecological  
29 services, and excludes practices providing primarily  
30 dermatologic and skin care services, which include aesthetic  
31 skin care services.

1           (b) An osteopathic physician who is engaged in  
2 providing specialty health care services may not supervise  
3 more than two offices in addition to the osteopathic  
4 physician's primary practice location. For the purpose of this  
5 subsection, "specialty health care" means health care services  
6 that are commonly provided to patients with a referral from  
7 another practitioner and excludes practices providing  
8 primarily dermatologic and skin care services, which include  
9 aesthetic skin care services.

10           (c) An osteopathic physician who supervises an  
11 advanced registered nurse practitioner or physician assistant  
12 at a medical office other than the osteopathic physician's  
13 primary practice location, where the advanced registered nurse  
14 practitioner or physician assistant is not under the onsite  
15 supervision of a supervising osteopathic physician and the  
16 services offered at the office are primarily dermatologic or  
17 skin care services, which include aesthetic skin care services  
18 other than plastic surgery, must comply with the standards  
19 listed in subparagraphs 1.-4. Notwithstanding s.  
20 459.022(4)(e)8., an osteopathic physician supervising a  
21 physician assistant pursuant to this paragraph may not be  
22 required to review and cosign charts or medical records  
23 prepared by such physician assistant.

24           1. The osteopathic physician shall submit to the Board  
25 of Osteopathic Medicine the addresses of all offices where he  
26 or she is supervising or has a protocol with an advanced  
27 registered nurse practitioner or a physician's assistant which  
28 are not the osteopathic physician's primary practice location.

29           2. The osteopathic physician must be board-certified  
30 or board-eligible in dermatology or plastic surgery as  
31

1 recognized by the Board of Osteopathic Medicine pursuant to s.  
2 459.0152.

3 3. All such offices that are not the osteopathic  
4 physician's primary place of practice must be within 25 miles  
5 of the osteopathic physician's primary place of practice or in  
6 a county that is contiguous to the county of the osteopathic  
7 physician's primary place of practice. However, the distance  
8 between any of the offices may not exceed 75 miles.

9 4. The osteopathic physician may supervise only one  
10 office other than the osteopathic physician's primary place of  
11 practice except that until July 1, 2011, the osteopathic  
12 physician may supervise up to two medical offices other than  
13 the osteopathic physician's primary place of practice if the  
14 addresses of the offices are submitted to the Board of  
15 Osteopathic Medicine before July 1, 2006. Effective July 1,  
16 2011, the osteopathic physician may supervise only one office  
17 other than the osteopathic physician's primary place of  
18 practice, regardless of when the addresses of the offices were  
19 submitted to the Board of Osteopathic Medicine.

20 (d) An osteopathic physician who supervises an office  
21 in addition to the osteopathic physician's primary practice  
22 location must conspicuously post in each of the osteopathic  
23 physician's offices a current schedule of the regular hours  
24 when the osteopathic physician is present in that office and  
25 the hours when the office is open while the osteopathic  
26 physician is not present.

27 (e) This subsection does not apply to health care  
28 services provided in facilities licensed under chapter 395 or  
29 in conjunction with a college of medicine or college of  
30 nursing or an accredited graduate medical or nursing education  
31 program; offices where the only service being performed is



1 hair removal by an advanced registered nurse practitioner or  
2 physician assistant; not-for-profit, family-planning clinics  
3 that are not licensed pursuant to chapter 390; rural and  
4 federally qualified health centers; health care services  
5 provided in a nursing home licensed under part II of chapter  
6 400, an assisted living facility licensed under part III of  
7 chapter 400, a continuing care facility licensed under chapter  
8 651, or a retirement community consisting of independent  
9 living units and either a licensed nursing home or assisted  
10 living facility; anesthesia services provided in accordance  
11 with law; health care services provided in a designated rural  
12 health clinic; health care services provided to persons  
13 enrolled in a program designed to maintain elderly persons and  
14 persons with disabilities in a home or community-based  
15 setting; university primary care student health centers;  
16 school health clinics; or health care services provided in  
17 federal, state, or local government facilities.

18       (4) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial  
19 referral of a patient by another practitioner, the osteopathic  
20 physician receiving the referral must ensure that the patient  
21 is informed of the type of license held by the osteopathic  
22 physician and the type of license held by any other  
23 practitioner who will be providing services to the patient.  
24 When scheduling the initial examination or consultation  
25 following such referral, the patient may decide to see the  
26 osteopathic physician or any other licensed practitioner  
27 supervised by the osteopathic physician and, before the  
28 initial examination or consultation, shall sign a form  
29 indicating the patient's choice of practitioner. The  
30 supervising osteopathic physician must review the medical  
31 record of the initial examination or consultation and ensure

1 that a written report of the initial examination or  
2 consultation is furnished to the referring practitioner within  
3 10 business days following the completion of the initial  
4 examination or consultation.

5 (5) LIMITATION ON RULEMAKING.--This section is  
6 self-executing and does not require or provide authority for  
7 additional rulemaking.

8 Section 8. Subsection (3) of section 464.012, Florida  
9 Statutes, is amended to read:

10 464.012 Certification of advanced registered nurse  
11 practitioners; fees.--

12 (3) An advanced registered nurse practitioner shall  
13 perform those functions authorized in this section within the  
14 framework of an established protocol that is filed with the  
15 board upon biennial license renewal and within 30 days after  
16 entering into a supervisory relationship with a physician or  
17 changes to the protocol. The board shall review the protocol  
18 to ensure compliance with applicable regulatory standards for  
19 protocols. The board shall refer to the department licensees  
20 submitting protocols that are not compliant with the  
21 regulatory standards for protocols. A practitioner currently  
22 licensed under chapter 458, chapter 459, or chapter 466 shall  
23 maintain supervision for directing the specific course of  
24 medical treatment. Within the established framework, an  
25 advanced registered nurse practitioner may:

26 (a) Monitor and alter drug therapies.

27 (b) Initiate appropriate therapies for certain  
28 conditions.

29 (c) Perform additional functions as may be determined  
30 by rule in accordance with s. 464.003(3)(c).

31

1 (d) Order diagnostic tests and physical and  
2 occupational therapy.

3 Section 9. This act shall take effect July 1, 2006.

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5 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
6 COMMITTEE SUBSTITUTE FOR  
7 Senate Bill 1216

8 The committee substitute deletes provisions requiring the  
9 Board of Medicine and the Board of Osteopathic Medicine to  
10 adopt rules on the supervision of certain health care  
11 practitioners by medical or osteopathic physicians under  
12 specified circumstances. The committee substitute revises  
13 supervision requirements for Florida-licensed medical or  
14 osteopathic physicians who supervise advanced registered nurse  
15 practitioners or physician assistants under specified  
16 circumstances. The provisions revising such supervision  
17 requirements is self-executing and does not require or provide  
18 authority for additional rulemaking by the Board of Medicine  
19 or the Board of Osteopathic Medicine.

20 The committee substitute revises requirements for instruction  
21 of certain health care practitioners concerning HIV/AIDS and  
22 domestic violence.  
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