

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative(s) Negron offered the following:

2  
3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

5 Section 1. Section 456.031, Florida Statutes, is amended  
6 to read:

7 456.031 Requirement for instruction on domestic  
8 violence.--

9 (1)(a) The appropriate board shall require each person  
10 licensed or certified under chapter 458, chapter 459, part I of  
11 chapter 464, chapter 466, chapter 467, chapter 490, or chapter  
12 491 to complete a 1-hour continuing education course, approved  
13 by the board, on domestic violence, as defined in s. 741.28, as  
14 part of every third biennial relicensure or recertification. The  
15 course shall consist of information on the number of patients in  
16 that professional's practice who are likely to be victims of  
17 domestic violence and the number who are likely to be

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18 perpetrators of domestic violence, screening procedures for  
19 determining whether a patient has any history of being either a  
20 victim or a perpetrator of domestic violence, and instruction on  
21 how to provide such patients with information on, or how to  
22 refer such patients to, resources in the local community, such  
23 as domestic violence centers and other advocacy groups, that  
24 provide legal aid, shelter, victim counseling, batterer  
25 counseling, or child protection services.

26 (b) Each such licensee or certificateholder shall submit  
27 confirmation of having completed such course, on a form provided  
28 by the board, when submitting fees for every third ~~each~~ biennial  
29 renewal.

30 (c) The board may approve additional equivalent courses  
31 that may be used to satisfy the requirements of paragraph (a).  
32 Each licensing board that requires a licensee to complete an  
33 educational course pursuant to this subsection may include the  
34 hour required for completion of the course in the total hours of  
35 continuing education required by law for such profession unless  
36 the continuing education requirements for such profession  
37 consist of fewer than 30 hours biennially.

38 (d) Any person holding two or more licenses subject to the  
39 provisions of this subsection shall be permitted to show proof  
40 of having taken one board-approved course on domestic violence,  
41 for purposes of relicensure or recertification for additional  
42 licenses.

43 (e) Failure to comply with the requirements of this  
44 subsection shall constitute grounds for disciplinary action  
45 under each respective practice act and under s. 456.072(1)(k).

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46 In addition to discipline by the board, the licensee shall be  
47 required to complete such course.

48 ~~(2) The board shall also require, as a condition of~~  
49 ~~granting a license under any chapter specified in paragraph~~  
50 ~~(1)(a), that each applicant for initial licensure under the~~  
51 ~~appropriate chapter complete an educational course acceptable to~~  
52 ~~the board on domestic violence which is substantially equivalent~~  
53 ~~to the course required in subsection (1). An applicant who has~~  
54 ~~not taken such course at the time of licensure shall, upon~~  
55 ~~submission of an affidavit showing good cause, be allowed 6~~  
56 ~~months to complete such requirement.~~

57 ~~(3)(a) In lieu of completing a course as required in~~  
58 ~~subsection (1), a licensee or certificateholder may complete a~~  
59 ~~course in end of life care and palliative health care, if the~~  
60 ~~licensee or certificateholder has completed an approved domestic~~  
61 ~~violence course in the immediately preceding biennium.~~

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

67 ~~(2)(4) Each board may adopt rules to carry out the~~  
68 ~~provisions of this section.~~

69 ~~(5) Each board shall report to the President of the~~  
70 ~~Senate, the Speaker of the House of Representatives, and the~~  
71 ~~chairs of the appropriate substantive committees of the~~  
72 ~~Legislature by March 1 of each year as to the implementation of~~  
73 ~~and compliance with the requirements of this section.~~

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74 Section 2. Section 456.033, Florida Statutes, is amended  
75 to read:

76 456.033 Requirement for instruction for certain licensees  
77 on HIV and AIDS.--

78 (1) The appropriate board shall require each person  
79 licensed or certified under ~~chapter 457; chapter 458; chapter~~  
80 ~~459; chapter 460; chapter 461; chapter 463; part I of chapter~~  
81 ~~464; chapter 465; chapter 466; part II, part III, part V, or~~  
82 ~~part X of chapter 468; or chapter 486~~ to complete a continuing  
83 education ~~educational~~ course, approved by the board, on human  
84 immunodeficiency virus and acquired immune deficiency syndrome  
85 as part of biennial relicensure or recertification. The course  
86 shall consist of education on the modes of transmission,  
87 infection control procedures, clinical management, and  
88 prevention of human immunodeficiency virus and acquired immune  
89 deficiency syndrome. Such course shall include information on  
90 current Florida law on acquired immune deficiency syndrome and  
91 its impact on testing, confidentiality of test results,  
92 treatment of patients, and any protocols and procedures  
93 applicable to human immunodeficiency virus counseling and  
94 testing, reporting, the offering of HIV testing to pregnant  
95 women, and partner notification issues pursuant to ss. 381.004  
96 and 384.25.

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

101 (3) The board shall have the authority to approve  
102 additional equivalent courses that may be used to satisfy the

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103 requirements in subsection (1). Each licensing board that  
104 requires a licensee to complete an educational course pursuant  
105 to this section may count the hours required for completion of  
106 the course included in the total continuing educational  
107 requirements as required by law.

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

113 (5) Failure to comply with the above requirements shall  
114 constitute grounds for disciplinary action under each respective  
115 licensing chapter and s. 456.072(1)(e). In addition to  
116 discipline by the board, the licensee shall be required to  
117 complete the course.

118 (6) The board regulating licensees under chapter 460 shall  
119 ~~require as a condition of granting a license under the chapters~~  
120 ~~and parts specified in subsection (1) that~~ an applicant making  
121 initial application for licensure to complete an educational  
122 course acceptable to the board on human immunodeficiency virus  
123 and acquired immune deficiency syndrome. An applicant under  
124 chapter 460 who has not taken a course at the time of licensure  
125 shall, upon an affidavit showing good cause, be allowed 6 months  
126 to complete this requirement.

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

129 (8) The following requirements apply to each person  
130 licensed or certified under chapter 457; chapter 458; chapter  
131 459; chapter 461; chapter 463; part I of chapter 464; chapter  
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132 465; chapter 466; part II, part III, part V, or part X of  
133 chapter 468; or chapter 486:

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

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

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

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

144 ~~(9)(a) In lieu of completing a course as required in~~  
145 ~~subsection (1), the licensee may complete a course in end-of-~~  
146 ~~life care and palliative health care, so long as the licensee~~  
147 ~~completed an approved AIDS/HIV course in the immediately~~  
148 ~~preceding biennium.~~

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

154 Section 3. Paragraph (a) of subsection (1) of section  
155 456.041, Florida Statutes, is amended to read:

156 456.041 Practitioner profile; creation.--

157 (1)(a) The Department of Health shall compile the  
158 information submitted pursuant to s. 456.039 into a practitioner  
159 profile of the applicant submitting the information, except that  
160 the Department of Health shall develop a format to compile  
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161 uniformly any information submitted under s. 456.039(4)(b).  
162 Beginning July 1, 2001, the Department of Health may compile the  
163 information submitted pursuant to s. 456.0391 into a  
164 practitioner profile of the applicant submitting the  
165 information. The protocol submitted pursuant to s. 464.012(3)  
166 must be included in the practitioner profile of the applicant  
167 submitting the information to obtain certification as a advanced  
168 registered nurse practitioner.

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

171 458.319 Renewal of license.--

172 ~~(4) Notwithstanding the provisions of s. 456.033, a~~  
173 ~~physician may complete continuing education on end-of-life care~~  
174 ~~and palliative care in lieu of continuing education in AIDS/HIV,~~  
175 ~~if that physician has completed the AIDS/HIV continuing~~  
176 ~~education in the immediately preceding biennium.~~

177 (4) (a) (5) (a) Notwithstanding any provision of this chapter  
178 or chapter 456, the requirements for the biennial renewal of the  
179 license of any licensee who is a member of the Legislature shall  
180 stand continued and extended without the requirement of any  
181 filing by such a licensee of any notice or application for  
182 renewal with the board or the department and such licensee's  
183 license shall be an active status license under this chapter,  
184 throughout the period that the licensee is a member of the  
185 Legislature and for a period of 60 days after the licensee  
186 ceases to be a member of the Legislature.

187 (b) At any time during the licensee's legislative term of  
188 office and during the period of 60 days after the licensee

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189 ceases to be a member of the Legislature, the licensee may file  
190 a completed renewal application that shall consist solely of:

191 1. A license renewal fee of \$250 for each year the  
192 licensee's license renewal has been continued and extended  
193 pursuant to the terms of this subsection since the last  
194 otherwise regularly scheduled biennial renewal year and each  
195 year during which the renewed license shall be effective until  
196 the next regularly scheduled biennial renewal date;

197 2. Documentation of the completion by the licensee of 10  
198 hours of continuing medical education credits for each year from  
199 the effective date of the last renewed license for the licensee  
200 until the year in which the application is filed; and

201 3. The information from the licensee expressly required in  
202 s. 456.039(1)(a)1.-8. and (b), and (4)(a), (b), and (c).

203 (c) The department and board may not impose any additional  
204 requirements for the renewal of such licenses and, not later  
205 than 20 days after receipt of a completed application as  
206 specified in paragraph (b), shall renew the active status  
207 license of the licensee, effective on and retroactive to the  
208 last previous renewal date of the licensee's license. This said  
209 license renewal shall be valid until the next regularly  
210 scheduled biennial renewal date for such said license, and  
211 thereafter shall be subject to the biennial requirements for  
212 renewal in this chapter and chapter 456.

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

215 458.348 Formal supervisory relationships, standing orders,  
216 and established protocols; notice; standards.--

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217 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE

218 SETTINGS.--A physician who supervises an advanced registered  
219 nurse practitioner or physician assistant at a medical office  
220 other than the physician's primary practice location, where the  
221 advanced registered nurse practitioner or physician assistant is  
222 not under the onsite supervision of a supervising physician,  
223 must comply with the standards set forth in this subsection. For  
224 the purpose of this subsection, a physician's "primary practice  
225 location" means the address reflected on the physician's profile  
226 published pursuant to s. 456.041.

227 (a) A physician who is engaged in providing primary health  
228 care services may not supervise more than four offices in  
229 addition to the physician's primary practice location. For the  
230 purpose of this subsection, "primary health care" means health  
231 care services that are commonly provided to patients without  
232 referral from another practitioner, including obstetrical and  
233 gynecological services, and excludes practices providing  
234 primarily dermatologic and skin care services, which include  
235 aesthetic skin care services.

236 (b) A physician who is engaged in providing specialty  
237 health care services may not supervise more than two offices in  
238 addition to the physician's primary practice location. For the  
239 purpose of this subsection, "specialty health care" means health  
240 care services that are commonly provided to patients with a  
241 referral from another practitioner and excludes practices  
242 providing primarily dermatologic and skin care services, which  
243 include aesthetic skin care services.

244 (c) A physician who supervises an advanced registered  
245 nurse practitioner or physician assistant at a medical office

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246 other than the physician's primary practice location, where the  
247 advanced registered nurse practitioner or physician assistant is  
248 not under the onsite supervision of a supervising physician and  
249 the services offered at the office are primarily dermatologic or  
250 skin care services, which include aesthetic skin care services  
251 other than plastic surgery, must comply with the standards  
252 listed in subparagraphs 1.-4. Notwithstanding s.  
253 458.347(4)(e)8., a physician supervising a physician assistant  
254 pursuant to this paragraph may not be required to review and  
255 cosign charts or medical records prepared by such physician  
256 assistant.

257 1. The physician shall submit to the board the addresses  
258 of all offices where he or she is supervising an advanced  
259 registered nurse practitioner or a physician's assistant which  
260 are not the physician's primary practice location.

261 2. The physician must be board-certified or board-eligible  
262 in dermatology or plastic surgery as recognized by the board  
263 pursuant to s. 458.3312.

264 3. All such offices that are not the physician's primary  
265 place of practice must be within 25 miles of the physician's  
266 primary place of practice or in a county that is contiguous to  
267 the county of the physician's primary place of practice.  
268 However, the distance between any of the offices may not exceed  
269 75 miles.

270 4. The physician may supervise only one office other than  
271 the physician's primary place of practice except that until July  
272 1, 2011, the physician may supervise up to two medical offices  
273 other than the physician's primary place of practice if the  
274 addresses of the offices are submitted to the board before July  
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275 1, 2006. Effective July 1, 2011, the physician may supervise  
276 only one office other than the physician's primary place of  
277 practice, regardless of when the addresses of the offices were  
278 submitted to the board.

279 (d) A physician who supervises an office in addition to  
280 the physician's primary practice location must conspicuously  
281 post in each of the physician's offices a current schedule of  
282 the regular hours when the physician is present in that office  
283 and the hours when the office is open while the physician is not  
284 present.

285 (e) This subsection does not apply to health care services  
286 provided in facilities licensed under chapter 395 or in  
287 conjunction with a college of medicine, a college of nursing, an  
288 accredited graduate medical program, or a nursing education  
289 program; offices where the only service being performed is hair  
290 removal by an advanced registered nurse practitioner or  
291 physician assistant; not-for-profit, family-planning clinics  
292 that are not licensed pursuant to chapter 390; rural and  
293 federally qualified health centers; health care services  
294 provided in a nursing home licensed under part II of chapter  
295 400, an assisted living facility licensed under part III of  
296 chapter 400, a continuing care facility licensed under chapter  
297 651, or a retirement community consisting of independent living  
298 units and a licensed nursing home or assisted living facility;  
299 anesthesia services provided in accordance with law; health care  
300 services provided in a designated rural health clinic; health  
301 care services provided to persons enrolled in a program designed  
302 to maintain elderly persons and persons with disabilities in a  
303 home or community-based setting; university primary care student

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304 health centers; school health clinics; or health care services  
305 provided in federal, state, or local government facilities.

306 (5) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial  
307 referral of a patient by another practitioner, the physician  
308 receiving the referral must ensure that the patient is informed  
309 of the type of license held by the physician and the type of  
310 license held by any other practitioner who will be providing  
311 services to the patient. When scheduling the initial examination  
312 or consultation following such referral, the patient may decide  
313 to see the physician or any other licensed practitioner  
314 supervised by the physician and, before the initial examination  
315 or consultation, shall sign a form indicating the patient's  
316 choice of practitioner. The supervising physician must review  
317 the medical record of the initial examination or consultation  
318 and ensure that a written report of the initial examination or  
319 consultation is furnished to the referring practitioner within  
320 10 business days following the completion of the initial  
321 examination or consultation.

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

325 Section 6. Subsection (5) of section 459.008, Florida  
326 Statutes, is repealed.

327 Section 7. Section 459.025, Florida Statutes, is created  
328 to read:

329 459.025 Formal supervisory relationships, standing orders,  
330 and established protocols; notice; standards.--

331 (1) NOTICE.--

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332 (a) When an osteopathic physician enters into a formal  
333 supervisory relationship or standing orders with an emergency  
334 medical technician or paramedic licensed pursuant to s. 401.27,  
335 which relationship or orders contemplate the performance of  
336 medical acts, or when an osteopathic physician enters into an  
337 established protocol with an advanced registered nurse  
338 practitioner, which protocol contemplates the performance of  
339 medical acts identified and approved by the joint committee  
340 pursuant to s. 464.003(3)(c) or acts set forth in s. 464.012(3)  
341 and (4), the osteopathic physician shall submit notice to the  
342 board. The notice must contain a statement in substantially the  
343 following form:

344 I, (name and professional license number of osteopathic  
345 physician), of (address of osteopathic physician) have hereby  
346 entered into a formal supervisory relationship, standing orders,  
347 or an established protocol with (number of persons) emergency  
348 medical technician(s), (number of persons) paramedic(s), or  
349 (number of persons) advanced registered nurse practitioner(s).

350 (b) Notice shall be filed within 30 days after entering  
351 into the relationship, orders, or protocol. Notice also shall be  
352 provided within 30 days after the osteopathic physician has  
353 terminated any such relationship, orders, or protocol.

354 (2) PROTOCOLS REQUIRING DIRECT SUPERVISION.--All protocols  
355 relating to electrolysis or electrology using laser or light-  
356 based hair removal or reduction by persons other than  
357 osteopathic physicians licensed under this chapter or chapter  
358 458 shall require the person performing such service to be  
359 appropriately trained and to work only under the direct

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360 supervision and responsibility of an osteopathic physician  
361 licensed under this chapter or chapter 458.

362 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE

363 SETTINGS.--An osteopathic physician who supervises an advanced  
364 registered nurse practitioner or physician assistant at a  
365 medical office other than the osteopathic physician's primary  
366 practice location, where the advanced registered nurse  
367 practitioner or physician assistant is not under the onsite  
368 supervision of a supervising osteopathic physician, must comply  
369 with the standards set forth in this subsection. For the purpose  
370 of this subsection, an osteopathic physician's "primary practice  
371 location" means the address reflected on the physician's profile  
372 published pursuant to s. 456.041.

373 (a) An osteopathic physician who is engaged in providing  
374 primary health care services may not supervise more than four  
375 offices in addition to the osteopathic physician's primary  
376 practice location. For the purpose of this subsection, "primary  
377 health care" means health care services that are commonly  
378 provided to patients without referral from another practitioner,  
379 including obstetrical and gynecological services, and excludes  
380 practices providing primarily dermatologic and skin care  
381 services, which include aesthetic skin care services.

382 (b) An osteopathic physician who is engaged in providing  
383 specialty health care services may not supervise more than two  
384 offices in addition to the osteopathic physician's primary  
385 practice location. For the purpose of this subsection,  
386 "specialty health care" means health care services that are  
387 commonly provided to patients with a referral from another  
388 practitioner and excludes practices providing primarily

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389 dermatologic and skin care services, which include aesthetic  
390 skin care services.

391 (c) An osteopathic physician who supervises an advanced  
392 registered nurse practitioner or physician assistant at a  
393 medical office other than the osteopathic physician's primary  
394 practice location, where the advanced registered nurse  
395 practitioner or physician assistant is not under the onsite  
396 supervision of a supervising osteopathic physician and the  
397 services offered at the office are primarily dermatologic or  
398 skin care services, which include aesthetic skin care services  
399 other than plastic surgery, must comply with the standards  
400 listed in subparagraphs 1.-4. Notwithstanding s.

401 459.022(4)(e)8., an osteopathic physician supervising a  
402 physician assistant pursuant to this paragraph may not be  
403 required to review and cosign charts or medical records prepared  
404 by such physician assistant.

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

410 2. The osteopathic physician must be board-certified or  
411 board-eligible in dermatology or plastic surgery as recognized  
412 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

413 3. All such offices that are not the osteopathic  
414 physician's primary place of practice must be within 25 miles of  
415 the osteopathic physician's primary place of practice or in a  
416 county that is contiguous to the county of the osteopathic

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417 physician's primary place of practice. However, the distance  
418 between any of the offices may not exceed 75 miles.

419 4. The osteopathic physician may supervise only one office  
420 other than the osteopathic physician's primary place of practice  
421 except that until July 1, 2011, the osteopathic physician may  
422 supervise up to two medical offices other than the osteopathic  
423 physician's primary place of practice if the addresses of the  
424 offices are submitted to the Board of Osteopathic Medicine  
425 before July 1, 2006. Effective July 1, 2011, the osteopathic  
426 physician may supervise only one office other than the  
427 osteopathic physician's primary place of practice, regardless of  
428 when the addresses of the offices were submitted to the Board of  
429 Osteopathic Medicine.

430 (d) An osteopathic physician who supervises an office in  
431 addition to the osteopathic physician's primary practice  
432 location must conspicuously post in each of the osteopathic  
433 physician's offices a current schedule of the regular hours when  
434 the osteopathic physician is present in that office and the  
435 hours when the office is open while the osteopathic physician is  
436 not present.

437 (e) This subsection does not apply to health care services  
438 provided in facilities licensed under chapter 395 or in  
439 conjunction with a college of medicine or college of nursing or  
440 an accredited graduate medical or nursing education program;  
441 offices where the only service being performed is hair removal  
442 by an advanced registered nurse practitioner or physician  
443 assistant; not-for-profit, family-planning clinics that are not  
444 licensed pursuant to chapter 390; rural and federally qualified  
445 health centers; health care services provided in a nursing home

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446 licensed under part II of chapter 400, an assisted living  
447 facility licensed under part III of chapter 400, a continuing  
448 care facility licensed under chapter 651, or a retirement  
449 community consisting of independent living units and either a  
450 licensed nursing home or assisted living facility; anesthesia  
451 services provided in accordance with law; health care services  
452 provided in a designated rural health clinic; health care  
453 services provided to persons enrolled in a program designed to  
454 maintain elderly persons and persons with disabilities in a home  
455 or community-based setting; university primary care student  
456 health centers; school health clinics; or health care services  
457 provided in federal, state, or local government facilities.

458 (4) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial  
459 referral of a patient by another practitioner, the osteopathic  
460 physician receiving the referral must ensure that the patient is  
461 informed of the type of license held by the osteopathic  
462 physician and the type of license held by any other practitioner  
463 who will be providing services to the patient. When scheduling  
464 the initial examination or consultation following such referral,  
465 the patient may decide to see the osteopathic physician or any  
466 other licensed practitioner supervised by the osteopathic  
467 physician and, before the initial examination or consultation,  
468 shall sign a form indicating the patient's choice of  
469 practitioner. The supervising osteopathic physician must review  
470 the medical record of the initial examination or consultation  
471 and ensure that a written report of the initial examination or  
472 consultation is furnished to the referring practitioner within  
473 10 business days following the completion of the initial  
474 examination or consultation.

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

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

480           464.012 Certification of advanced registered nurse  
481 practitioners; fees.--

482           (3) An advanced registered nurse practitioner shall  
483 perform those functions authorized in this section within the  
484 framework of an established protocol that is filed with the  
485 board upon biennial license renewal and within 30 days after  
486 entering into a supervisory relationship with a physician or  
487 changes to the protocol. The board shall review the protocol to  
488 ensure compliance with applicable regulatory standards for  
489 protocols. The board shall refer to the department licensees  
490 submitting protocols that are not compliant with the regulatory  
491 standards for protocols. A practitioner currently licensed under  
492 chapter 458, chapter 459, or chapter 466 shall maintain  
493 supervision for directing the specific course of medical  
494 treatment. Within the established framework, an advanced  
495 registered nurse practitioner may:

496           (a) Monitor and alter drug therapies.

497           (b) Initiate appropriate therapies for certain conditions.

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

500           (d) Order diagnostic tests and physical and occupational  
501 therapy.

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

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

505 Remove the entire title and insert:

506 A bill to be entitled

507 An act relating to health care practitioners; amending s.  
508 456.031, F.S.; revising requirements for instruction of  
509 certain health care practitioners concerning domestic  
510 violence; amending s. 456.033, F.S.; revising requirements  
511 for instruction of certain health care practitioners  
512 concerning HIV and AIDS; amending s. 456.041, F.S.;  
513 requiring advanced registered nurse practitioners to  
514 submit protocols as part of practitioner profiles to the  
515 Department of Health; amending s. 458.319, F.S.;  
516 eliminating an option for medical physicians to complete  
517 continuing education courses in end-of-life care in lieu  
518 of continuing education in AIDS/HIV; amending s. 458.348,  
519 F.S.; providing requirements for the supervision of  
520 certain health care practitioners by physicians; providing  
521 that the section is self-executing; repealing s.  
522 459.008(5), F.S.; eliminating an option for osteopathic  
523 physicians to complete continuing education courses in  
524 end-of-life care in lieu of continuing education in  
525 AIDS/HIV; creating s. 459.025, F.S.; providing  
526 requirements for the supervision of certain health care  
527 practitioners by osteopathic physicians; requiring  
528 physicians or osteopathic physicians to supervise certain  
529 persons performing electrolysis using laser or light-based  
530 hair removal or reduction; providing that the section is  
531 self-executing; amending s. 464.012, F.S.; requiring  
532 certain advanced registered nurse practitioners to file

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533 | protocols with the Board of Nursing; specifying  
534 | requirements for the protocols; providing an effective  
535 | date.