

1 A bill to be entitled

2 An act relating to health care practitioners; amending s.
3 456.031, F.S.; revising requirements for instruction of
4 certain health care practitioners concerning domestic
5 violence; amending s. 456.033, F.S.; revising requirements
6 for instruction of certain health care practitioners
7 concerning HIV and AIDS; amending s. 456.041, F.S.;
8 requiring advanced registered nurse practitioners to
9 submit protocols as part of practitioner profiles to the
10 Department of Health; amending s. 458.319, F.S.;
11 eliminating an option for medical physicians to complete
12 continuing education courses in end-of-life care in lieu
13 of continuing education in AIDS/HIV; amending s. 458.348,
14 F.S.; providing requirements for the supervision of
15 certain health care practitioners by physicians; providing
16 that the section is self-executing; repealing s.
17 459.008(5), F.S.; eliminating an option for osteopathic
18 physicians to complete continuing education courses in
19 end-of-life care in lieu of continuing education in
20 AIDS/HIV; creating s. 459.025, F.S.; providing
21 requirements for the supervision of certain health care
22 practitioners by osteopathic physicians; requiring
23 physicians or osteopathic physicians to supervise certain
24 persons performing electrolysis using laser or light-based
25 hair removal or reduction; providing that the section is
26 self-executing; amending s. 464.012, F.S.; requiring
27 certain advanced registered nurse practitioners to file

28 | protocols with the Board of Nursing; specifying
 29 | requirements for the protocols; requiring the Office of
 30 | Program Policy Analysis and Government Accountability to
 31 | review and identify specified issues and report its
 32 | findings; providing an effective date.

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

36 | Section 1. Section 456.031, Florida Statutes, is
 37 | amended to read:

38 | 456.031 Requirement for instruction on domestic
 39 | violence.--

40 | (1)(a) The appropriate board shall require each person
 41 | licensed or certified under chapter 458, chapter 459, part I of
 42 | chapter 464, chapter 466, chapter 467, chapter 490, or chapter
 43 | 491 to complete a 2-hour ~~1-hour~~ continuing education course,
 44 | approved by the board, on domestic violence, as defined in s.
 45 | 741.28, as part of every third biennial relicensure or
 46 | recertification. The course shall consist of information on the
 47 | number of patients in that professional's practice who are
 48 | likely to be victims of domestic violence and the number who are
 49 | likely to be perpetrators of domestic violence, screening
 50 | procedures for determining whether a patient has any history of
 51 | being either a victim or a perpetrator of domestic violence, and
 52 | instruction on how to provide such patients with information on,
 53 | or how to refer such patients to, resources in the local
 54 | community, such as domestic violence centers and other advocacy

55 groups, that provide legal aid, shelter, victim counseling,
56 batterer counseling, or child protection services.

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

61 (c) The board may approve additional equivalent courses
62 that may be used to satisfy the requirements of paragraph (a).
63 Each licensing board that requires a licensee to complete an
64 educational course pursuant to this subsection may include the
65 hour required for completion of the course in the total hours of
66 continuing education required by law for such profession unless
67 the continuing education requirements for such profession
68 consist of fewer than 30 hours biennially.

69 (d) Any person holding two or more licenses subject to the
70 provisions of this subsection shall be permitted to show proof
71 of having taken one board-approved course on domestic violence,
72 for purposes of relicensure or recertification for additional
73 licenses.

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

79 ~~(2) The board shall also require, as a condition of~~
80 ~~granting a license under any chapter specified in paragraph~~
81 ~~(1)(a), that each applicant for initial licensure under the~~

82 ~~appropriate chapter complete an educational course acceptable to~~
83 ~~the board on domestic violence which is substantially equivalent~~
84 ~~to the course required in subsection (1). An applicant who has~~
85 ~~not taken such course at the time of licensure shall, upon~~
86 ~~submission of an affidavit showing good cause, be allowed 6~~
87 ~~months to complete such requirement.~~

88 ~~(3)(a) In lieu of completing a course as required in~~
89 ~~subsection (1), a licensee or certificateholder may complete a~~
90 ~~course in end of life care and palliative health care, if the~~
91 ~~licensee or certificateholder has completed an approved domestic~~
92 ~~violence course in the immediately preceding biennium.~~

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

98 ~~(2)(4)~~ Each board may adopt rules to carry out the
99 provisions of this section.

100 ~~(5) Each board shall report to the President of the~~
101 ~~Senate, the Speaker of the House of Representatives, and the~~
102 ~~chairs of the appropriate substantive committees of the~~
103 ~~Legislature by March 1 of each year as to the implementation of~~
104 ~~and compliance with the requirements of this section.~~

105 Section 2. Section 456.033, Florida Statutes, is amended
106 to read:

107 456.033 Requirement for instruction for certain licensees
108 on HIV and AIDS.--

109 ~~(1)~~ The following requirements apply to appropriate
110 ~~board shall require~~ each person licensed or certified under
111 chapter 457; chapter 458; chapter 459; chapter 460; chapter 461;
112 chapter 463; part I of chapter 464; chapter 465; chapter 466;
113 part II, part III, part V, or part X of chapter 468; or chapter
114 486:

115 (1) Each person shall be required by the appropriate board
116 to complete no later than upon first renewal a continuing
117 educational course, approved by the board, on human
118 immunodeficiency virus and acquired immune deficiency syndrome
119 as part of biennial relicensure or recertification. The course
120 shall consist of education on the modes of transmission,
121 infection control procedures, clinical management, and
122 prevention of human immunodeficiency virus and acquired immune
123 deficiency syndrome. Such course shall include information on
124 current Florida law on acquired immune deficiency syndrome and
125 its impact on testing, confidentiality of test results,
126 treatment of patients, and any protocols and procedures
127 applicable to human immunodeficiency virus counseling and
128 testing, reporting, the offering of HIV testing to pregnant
129 women, and partner notification issues pursuant to ss. 381.004
130 and 384.25.

131 (2) Each person ~~such licensee or certificateholder~~ shall
132 submit confirmation of having completed the said course required
133 under subsection (1), on a form as provided by the board, when
134 submitting fees for first ~~each biennial~~ renewal.

135 (3) The board shall have the authority to approve
136 additional equivalent courses that may be used to satisfy the
137 requirements in subsection (1). Each licensing board that
138 requires a licensee to complete an educational course pursuant
139 to this section may count the hours required for completion of
140 the course included in the total continuing educational
141 requirements as required by law.

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

147 (5) Failure to comply with the above requirements shall
148 constitute grounds for disciplinary action under each respective
149 licensing chapter and s. 456.072(1)(e). In addition to
150 discipline by the board, the licensee shall be required to
151 complete the course.

152 ~~(6) The board shall require as a condition of granting a~~
153 ~~license under the chapters and parts specified in subsection (1)~~
154 ~~that an applicant making initial application for licensure~~
155 ~~complete an educational course acceptable to the board on human~~
156 ~~immunodeficiency virus and acquired immune deficiency syndrome.~~
157 ~~An applicant who has not taken a course at the time of licensure~~
158 ~~shall, upon an affidavit showing good cause, be allowed 6 months~~
159 ~~to complete this requirement.~~

160 ~~(7) The board shall have the authority to adopt rules to~~
161 ~~carry out the provisions of this section.~~

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

165 ~~(9)(a) In lieu of completing a course as required in~~
166 ~~subsection (1), the licensee may complete a course in end-of-~~
167 ~~life care and palliative health care, so long as the licensee~~
168 ~~completed an approved AIDS/HIV course in the immediately~~
169 ~~preceding biennium.~~

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

175 Section 3. Paragraph (a) of subsection (1) of section
176 456.041, Florida Statutes, is amended to read:

177 456.041 Practitioner profile; creation.--

178 (1)(a) The Department of Health shall compile the
179 information submitted pursuant to s. 456.039 into a practitioner
180 profile of the applicant submitting the information, except that
181 the Department of Health shall develop a format to compile
182 uniformly any information submitted under s. 456.039(4)(b).
183 Beginning July 1, 2001, the Department of Health may compile the
184 information submitted pursuant to s. 456.0391 into a
185 practitioner profile of the applicant submitting the
186 information. The protocol submitted pursuant to s. 464.012(3)
187 must be included in the practitioner profile of the applicant

188 submitting the information to obtain certification as a advanced
 189 registered nurse practitioner.

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

192 458.319 Renewal of license.--

193 ~~(4) Notwithstanding the provisions of s. 456.033, a~~
 194 ~~physician may complete continuing education on end-of-life care~~
 195 ~~and palliative care in lieu of continuing education in AIDS/HIV,~~
 196 ~~if that physician has completed the AIDS/HIV continuing~~
 197 ~~education in the immediately preceding biennium.~~

198 (4) (a) (5) (a) Notwithstanding any provision of this chapter
 199 or chapter 456, the requirements for the biennial renewal of the
 200 license of any licensee who is a member of the Legislature shall
 201 stand continued and extended without the requirement of any
 202 filing by such a licensee of any notice or application for
 203 renewal with the board or the department and such licensee's
 204 license shall be an active status license under this chapter,
 205 throughout the period that the licensee is a member of the
 206 Legislature and for a period of 60 days after the licensee
 207 ceases to be a member of the Legislature.

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

212 1. A license renewal fee of \$250 for each year the
 213 licensee's license renewal has been continued and extended
 214 pursuant to the terms of this subsection since the last

215 otherwise regularly scheduled biennial renewal year and each
 216 year during which the renewed license shall be effective until
 217 the next regularly scheduled biennial renewal date;

218 2. Documentation of the completion by the licensee of 10
 219 hours of continuing medical education credits for each year from
 220 the effective date of the last renewed license for the licensee
 221 until the year in which the application is filed; and

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

224 (c) The department and board may not impose any additional
 225 requirements for the renewal of such licenses and, not later
 226 than 20 days after receipt of a completed application as
 227 specified in paragraph (b), shall renew the active status
 228 license of the licensee, effective on and retroactive to the
 229 last previous renewal date of the licensee's license. This said
 230 license renewal shall be valid until the next regularly
 231 scheduled biennial renewal date for such said license, and
 232 thereafter shall be subject to the biennial requirements for
 233 renewal in this chapter and chapter 456.

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

236 458.348 Formal supervisory relationships, standing orders,
 237 and established protocols; notice; standards.--

238 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE
 239 SETTINGS.--A physician who supervises an advanced registered
 240 nurse practitioner or physician assistant at a medical office
 241 other than the physician's primary practice location, where the

242 advanced registered nurse practitioner or physician assistant is
243 not under the onsite supervision of a supervising physician,
244 must comply with the standards set forth in this subsection. For
245 the purpose of this subsection, a physician's "primary practice
246 location" means the address reflected on the physician's profile
247 published pursuant to s. 456.041.

248 (a) A physician who is engaged in providing primary health
249 care services may not supervise more than four offices in
250 addition to the physician's primary practice location. For the
251 purpose of this subsection, "primary health care" means health
252 care services that are commonly provided to patients without
253 referral from another practitioner, including obstetrical and
254 gynecological services, and excludes practices providing
255 primarily dermatologic and skin care services, which include
256 aesthetic skin care services.

257 (b) A physician who is engaged in providing specialty
258 health care services may not supervise more than two offices in
259 addition to the physician's primary practice location. For the
260 purpose of this subsection, "specialty health care" means health
261 care services that are commonly provided to patients with a
262 referral from another practitioner and excludes practices
263 providing primarily dermatologic and skin care services, which
264 include aesthetic skin care services.

265 (c) A physician who supervises an advanced registered
266 nurse practitioner or physician assistant at a medical office
267 other than the physician's primary practice location, where the
268 advanced registered nurse practitioner or physician assistant is

269 not under the onsite supervision of a supervising physician and
270 the services offered at the office are primarily dermatologic or
271 skin care services, which include aesthetic skin care services
272 other than plastic surgery, must comply with the standards
273 listed in subparagraphs 1.-4. Notwithstanding s.
274 458.347(4)(e)8., a physician supervising a physician assistant
275 pursuant to this paragraph may not be required to review and
276 cosign charts or medical records prepared by such physician
277 assistant.

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

282 2. The physician must be board-certified or board-eligible
283 in dermatology or plastic surgery as recognized by the board
284 pursuant to s. 458.3312.

285 3. All such offices that are not the physician's primary
286 place of practice must be within 25 miles of the physician's
287 primary place of practice or in a county that is contiguous to
288 the county of the physician's primary place of practice.
289 However, the distance between any of the offices may not exceed
290 75 miles.

291 4. The physician may supervise only one office other than
292 the physician's primary place of practice except that until July
293 1, 2011, the physician may supervise up to two medical offices
294 other than the physician's primary place of practice if the
295 addresses of the offices are submitted to the board before July

296 1, 2006. Effective July 1, 2011, the physician may supervise
297 only one office other than the physician's primary place of
298 practice, regardless of when the addresses of the offices were
299 submitted to the board.

300 (d) A physician who supervises an office in addition to
301 the physician's primary practice location must conspicuously
302 post in each of the physician's offices a current schedule of
303 the regular hours when the physician is present in that office
304 and the hours when the office is open while the physician is not
305 present.

306 (e) This subsection does not apply to health care services
307 provided in facilities licensed under chapter 395 or in
308 conjunction with a college of medicine, a college of nursing, an
309 accredited graduate medical program, or a nursing education
310 program; offices where the only service being performed is hair
311 removal by an advanced registered nurse practitioner or
312 physician assistant; not-for-profit, family-planning clinics
313 that are not licensed pursuant to chapter 390; rural and
314 federally qualified health centers; health care services
315 provided in a nursing home licensed under part II of chapter
316 400, an assisted living facility licensed under part III of
317 chapter 400, a continuing care facility licensed under chapter
318 651, or a retirement community consisting of independent living
319 units and a licensed nursing home or assisted living facility;
320 anesthesia services provided in accordance with law; health care
321 services provided in a designated rural health clinic; health
322 care services provided to persons enrolled in a program designed

323 to maintain elderly persons and persons with disabilities in a
324 home or community-based setting; university primary care student
325 health centers; school health clinics; or health care services
326 provided in federal, state, or local government facilities.

327 (5) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial
328 referral of a patient by another practitioner, the physician
329 receiving the referral must ensure that the patient is informed
330 of the type of license held by the physician and the type of
331 license held by any other practitioner who will be providing
332 services to the patient. When scheduling the initial examination
333 or consultation following such referral, the patient may decide
334 to see the physician or any other licensed practitioner
335 supervised by the physician and, before the initial examination
336 or consultation, shall sign a form indicating the patient's
337 choice of practitioner. The supervising physician must review
338 the medical record of the initial examination or consultation
339 and ensure that a written report of the initial examination or
340 consultation is furnished to the referring practitioner within
341 10 business days following the completion of the initial
342 examination or consultation.

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

346 Section 6. Subsection (5) of section 459.008, Florida
347 Statutes, is repealed.

348 Section 7. Section 459.025, Florida Statutes, is created
349 to read:

350 459.025 Formal supervisory relationships, standing orders,
 351 and established protocols; notice; standards.--

352 (1) NOTICE.--

353 (a) When an osteopathic physician enters into a formal
 354 supervisory relationship or standing orders with an emergency
 355 medical technician or paramedic licensed pursuant to s. 401.27,
 356 which relationship or orders contemplate the performance of
 357 medical acts, or when an osteopathic physician enters into an
 358 established protocol with an advanced registered nurse
 359 practitioner, which protocol contemplates the performance of
 360 medical acts identified and approved by the joint committee
 361 pursuant to s. 464.003(3)(c) or acts set forth in s. 464.012(3)
 362 and (4), the osteopathic physician shall submit notice to the
 363 board. The notice must contain a statement in substantially the
 364 following form:

365 I, (name and professional license number of osteopathic
 366 physician), of (address of osteopathic physician) have hereby
 367 entered into a formal supervisory relationship, standing orders,
 368 or an established protocol with (number of persons) emergency
 369 medical technician(s), (number of persons) paramedic(s), or
 370 (number of persons) advanced registered nurse practitioner(s).

371 (b) Notice shall be filed within 30 days after entering
 372 into the relationship, orders, or protocol. Notice also shall be
 373 provided within 30 days after the osteopathic physician has
 374 terminated any such relationship, orders, or protocol.

375 (2) PROTOCOLS REQUIRING DIRECT SUPERVISION.--All protocols
 376 relating to electrolysis or electrology using laser or light-

377 based hair removal or reduction by persons other than
378 osteopathic physicians licensed under this chapter or chapter
379 458 shall require the person performing such service to be
380 appropriately trained and to work only under the direct
381 supervision and responsibility of an osteopathic physician
382 licensed under this chapter or chapter 458.

383 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE
384 SETTINGS.--An osteopathic physician who supervises an advanced
385 registered nurse practitioner or physician assistant at a
386 medical office other than the osteopathic physician's primary
387 practice location, where the advanced registered nurse
388 practitioner or physician assistant is not under the onsite
389 supervision of a supervising osteopathic physician, must comply
390 with the standards set forth in this subsection. For the purpose
391 of this subsection, an osteopathic physician's "primary practice
392 location" means the address reflected on the physician's profile
393 published pursuant to s. 456.041.

394 (a) An osteopathic physician who is engaged in providing
395 primary health care services may not supervise more than four
396 offices in addition to the osteopathic physician's primary
397 practice location. For the purpose of this subsection, "primary
398 health care" means health care services that are commonly
399 provided to patients without referral from another practitioner,
400 including obstetrical and gynecological services, and excludes
401 practices providing primarily dermatologic and skin care
402 services, which include aesthetic skin care services.

403 (b) An osteopathic physician who is engaged in providing
404 specialty health care services may not supervise more than two
405 offices in addition to the osteopathic physician's primary
406 practice location. For the purpose of this subsection,
407 "specialty health care" means health care services that are
408 commonly provided to patients with a referral from another
409 practitioner and excludes practices providing primarily
410 dermatologic and skin care services, which include aesthetic
411 skin care services.

412 (c) An osteopathic physician who supervises an advanced
413 registered nurse practitioner or physician assistant at a
414 medical office other than the osteopathic physician's primary
415 practice location, where the advanced registered nurse
416 practitioner or physician assistant is not under the onsite
417 supervision of a supervising osteopathic physician and the
418 services offered at the office are primarily dermatologic or
419 skin care services, which include aesthetic skin care services
420 other than plastic surgery, must comply with the standards
421 listed in subparagraphs 1.-4. Notwithstanding s.
422 459.022(4)(e)8., an osteopathic physician supervising a
423 physician assistant pursuant to this paragraph may not be
424 required to review and cosign charts or medical records prepared
425 by such physician assistant.

426 1. The osteopathic physician shall submit to the Board of
427 Osteopathic Medicine the addresses of all offices where he or
428 she is supervising or has a protocol with an advanced registered

429 nurse practitioner or a physician's assistant which are not the
430 osteopathic physician's primary practice location.

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

434 3. All such offices that are not the osteopathic
435 physician's primary place of practice must be within 25 miles of
436 the osteopathic physician's primary place of practice or in a
437 county that is contiguous to the county of the osteopathic
438 physician's primary place of practice. However, the distance
439 between any of the offices may not exceed 75 miles.

440 4. The osteopathic physician may supervise only one office
441 other than the osteopathic physician's primary place of practice
442 except that until July 1, 2011, the osteopathic physician may
443 supervise up to two medical offices other than the osteopathic
444 physician's primary place of practice if the addresses of the
445 offices are submitted to the Board of Osteopathic Medicine
446 before July 1, 2006. Effective July 1, 2011, the osteopathic
447 physician may supervise only one office other than the
448 osteopathic physician's primary place of practice, regardless of
449 when the addresses of the offices were submitted to the Board of
450 Osteopathic Medicine.

451 (d) An osteopathic physician who supervises an office in
452 addition to the osteopathic physician's primary practice
453 location must conspicuously post in each of the osteopathic
454 physician's offices a current schedule of the regular hours when
455 the osteopathic physician is present in that office and the

456 hours when the office is open while the osteopathic physician is
457 not present.

458 (e) This subsection does not apply to health care services
459 provided in facilities licensed under chapter 395 or in
460 conjunction with a college of medicine or college of nursing or
461 an accredited graduate medical or nursing education program;
462 offices where the only service being performed is hair removal
463 by an advanced registered nurse practitioner or physician
464 assistant; not-for-profit, family-planning clinics that are not
465 licensed pursuant to chapter 390; rural and federally qualified
466 health centers; health care services provided in a nursing home
467 licensed under part II of chapter 400, an assisted living
468 facility licensed under part III of chapter 400, a continuing
469 care facility licensed under chapter 651, or a retirement
470 community consisting of independent living units and either a
471 licensed nursing home or assisted living facility; anesthesia
472 services provided in accordance with law; health care services
473 provided in a designated rural health clinic; health care
474 services provided to persons enrolled in a program designed to
475 maintain elderly persons and persons with disabilities in a home
476 or community-based setting; university primary care student
477 health centers; school health clinics; or health care services
478 provided in federal, state, or local government facilities.

479 (4) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial
480 referral of a patient by another practitioner, the osteopathic
481 physician receiving the referral must ensure that the patient is
482 informed of the type of license held by the osteopathic

483 physician and the type of license held by any other practitioner
484 who will be providing services to the patient. When scheduling
485 the initial examination or consultation following such referral,
486 the patient may decide to see the osteopathic physician or any
487 other licensed practitioner supervised by the osteopathic
488 physician and, before the initial examination or consultation,
489 shall sign a form indicating the patient's choice of
490 practitioner. The supervising osteopathic physician must review
491 the medical record of the initial examination or consultation
492 and ensure that a written report of the initial examination or
493 consultation is furnished to the referring practitioner within
494 10 business days following the completion of the initial
495 examination or consultation.

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

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

501 464.012 Certification of advanced registered nurse
502 practitioners; fees.--

503 (3) An advanced registered nurse practitioner shall
504 perform those functions authorized in this section within the
505 framework of an established protocol that is filed with the
506 board upon biennial license renewal and within 30 days after
507 entering into a supervisory relationship with a physician or
508 changes to the protocol. The board shall review the protocol to
509 ensure compliance with applicable regulatory standards for

510 protocols. The board shall refer to the department licensees
511 submitting protocols that are not compliant with the regulatory
512 standards for protocols. A practitioner currently licensed under
513 chapter 458, chapter 459, or chapter 466 shall maintain
514 supervision for directing the specific course of medical
515 treatment. Within the established framework, an advanced
516 registered nurse practitioner may:

- 517 (a) Monitor and alter drug therapies.
518 (b) Initiate appropriate therapies for certain conditions.
519 (c) Perform additional functions as may be determined by
520 rule in accordance with s. 464.003(3)(c).
521 (d) Order diagnostic tests and physical and occupational
522 therapy.

523 Section 9. The Office of Program Policy Analysis and
524 Government Accountability (OPPAGA) shall review chapter 464,
525 Florida Statutes, and accompanying rules to identify barriers to
526 reducing the state's nursing shortage. OPPAGA shall consult with
527 appropriate legislative committee staff to identify specific
528 issues to address. OPPAGA shall report its findings to the
529 President of the Senate and the Speaker of the House of
530 Representatives by March 1, 2007.

531 Section 10. This act shall take effect July 1, 2006.