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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

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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

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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~~

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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.--

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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.

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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.~~

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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 advanced
 188 registered nurse practitioner.

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

191 458.319 Renewal of license.--

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

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

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

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

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215 | year during which the renewed license shall be effective until
 216 | the next regularly scheduled biennial renewal date;

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

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

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

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

235 | 458.348 Formal supervisory relationships, standing orders,
 236 | and established protocols; notice; standards.--

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

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

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

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

264 (c) A physician who supervises an advanced registered
265 nurse practitioner or physician assistant at a medical office
266 other than the physician's primary practice location, where the
267 advanced registered nurse practitioner or physician assistant is
268 not under the onsite supervision of a supervising physician and

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

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

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

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

290 4. The physician may supervise only one office other than
291 the physician's primary place of practice except that until July
292 1, 2011, the physician may supervise up to two medical offices
293 other than the physician's primary place of practice if the
294 addresses of the offices are submitted to the board before July
295 1, 2006. Effective July 1, 2011, the physician may supervise

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296 only one office other than the physician's primary place of
297 practice, regardless of when the addresses of the offices were
298 submitted to the board.

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

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

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323 home or community-based setting; university primary care student
324 health centers; school health clinics; or health care services
325 provided in federal, state, or local government facilities.

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

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

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

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

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349 459.025 Formal supervisory relationships, standing orders,
 350 and established protocols; notice; standards.--

351 (1) NOTICE.--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

500 464.012 Certification of advanced registered nurse
 501 practitioners; fees.--

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

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

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

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

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