



358292

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/09/2012	.	
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The Committee on Health Regulation (Garcia) recommended the following:

1           **Senate Substitute for Amendment (227268) (with title**  
2 **amendment)**

3  
4           Delete everything after the enacting clause  
5 and insert:

6           Section 1. Subsections (3), (4), and (5) of section  
7 463.002, Florida Statutes, are amended to read:

8           463.002 Definitions.—As used in this chapter, the term:

9           (3) (a) "Licensed practitioner" means a person who is a  
10 primary health care provider licensed to engage in the practice  
11 of optometry under the authority of this chapter.

12           (b) A licensed practitioner who is not a certified



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13 optometrist shall be required to display at her or his place of  
14 practice a sign which states, "I am a Licensed Practitioner, not  
15 a Certified Optometrist, and I am not able to prescribe ~~topical~~  
16 ocular pharmaceutical agents."

17 (c) All practitioners initially licensed after July 1,  
18 1993, must be certified optometrists.

19 (4) "Certified optometrist" means a licensed practitioner  
20 authorized by the board to administer and prescribe ~~topical~~  
21 ocular pharmaceutical agents.

22 (5) "Optometry" means the diagnosis of conditions of the  
23 human eye and its appendages; the employment of any objective or  
24 subjective means or methods, including the administration of  
25 ~~topical-ocular~~ pharmaceutical agents, for the purpose of  
26 determining the refractive powers of the human eyes, or any  
27 visual, muscular, neurological, or anatomic anomalies of the  
28 human eyes and their appendages; and the prescribing and  
29 employment of lenses, prisms, frames, mountings, contact lenses,  
30 orthoptic exercises, light frequencies, and any other means or  
31 methods, including ~~topical-ocular~~ pharmaceutical agents, for the  
32 correction, remedy, or relief of any insufficiencies or abnormal  
33 conditions of the human eyes and their appendages.

34 Section 2. Paragraph (g) of subsection (1) of section  
35 463.005, Florida Statutes, is amended to read:

36 463.005 Authority of the board.—

37 (1) The Board of Optometry has authority to adopt rules  
38 pursuant to ss. 120.536(1) and 120.54 to implement the  
39 provisions of this chapter conferring duties upon it. Such rules  
40 shall include, but not be limited to, rules relating to:

41 (g) Administration and prescription of ~~topical~~ ocular



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42 pharmaceutical agents.

43 Section 3. Section 463.0055, Florida Statutes, is amended  
44 to read:

45 463.0055 Administration and prescription of ~~topical~~ ocular  
46 pharmaceutical agents; committee.-

47 (1) (a) Certified optometrists may administer and prescribe  
48 ~~topical-ocular~~ pharmaceutical agents as provided in this section  
49 for the diagnosis and treatment of ocular conditions of the  
50 human eye and its appendages without the use of surgery or other  
51 invasive techniques. However, a licensed practitioner who is not  
52 certified may use topically applied anesthetics solely for the  
53 purpose of glaucoma examinations, but is otherwise prohibited  
54 from administering or prescribing ~~topical-ocular~~ pharmaceutical  
55 agents.

56 (b) Before a certified optometrist may administer or  
57 prescribe oral ocular pharmaceutical agents, the certified  
58 optometrist must complete a course and subsequent examination on  
59 general and ocular pharmacology which have a particular emphasis  
60 on the ingestion of oral pharmaceutical agents and the side  
61 effects of those agents. For certified optometrists licensed  
62 before January 1, 1990, the course shall consist of 50 contact  
63 hours and 25 of those hours shall be Internet-based. For  
64 certified optometrists licensed on or after January 1, 1990, the  
65 course shall consist of 20 contact hours and 10 of those hours  
66 shall be Internet-based. The first course and examination shall  
67 be presented by January 1, 2013, and shall thereafter be  
68 administered at least annually. The Florida Medical Association  
69 and the Florida Optometric Association shall jointly develop and  
70 administer a course and examination for such purpose and jointly



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71 determine the site or sites for the course and examination.

72 (2) (a) There is ~~hereby~~ created a committee composed of two  
73 certified optometrists licensed pursuant to this chapter,  
74 appointed by the Board of Optometry, two board-certified  
75 ophthalmologists licensed pursuant to chapter 458 or chapter  
76 459, appointed by the Board of Medicine, and one additional  
77 person with a doctorate degree in pharmacology who is not  
78 licensed pursuant to chapter 458, chapter 459, or this chapter,  
79 appointed by the State Surgeon General. The committee shall  
80 review requests for additions to, deletions from, or  
81 modifications of a formulary of topical ocular pharmaceutical  
82 agents for administration and prescription by certified  
83 optometrists and shall provide to the board advisory opinions  
84 and recommendations on such requests. The formulary of topical  
85 ocular pharmaceutical agents shall consist of those topical  
86 ~~ocular pharmaceutical~~ agents that are appropriate to treat and  
87 diagnose ocular diseases and disorders and that ~~which~~ the  
88 certified optometrist is qualified to use in the practice of  
89 optometry. The board shall establish, add to, delete from, or  
90 modify the formulary by rule. Notwithstanding any provision of  
91 chapter 120 to the contrary, the formulary rule shall become  
92 effective 60 days from the date it is filed with the Secretary  
93 of State.

94 (b) The topical formulary may be added to, deleted from, or  
95 modified according to the procedure described in paragraph (a).  
96 Any person who requests an addition, deletion, or modification  
97 of an authorized topical ~~ocular pharmaceutical~~ agent shall have  
98 the burden of proof to show cause why such addition, deletion,  
99 or modification should be made.



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100 (c) The State Surgeon General shall have standing to  
101 challenge any rule or proposed rule of the board pursuant to s.  
102 120.56. In addition to challenges for any invalid exercise of  
103 delegated legislative authority, the administrative law judge,  
104 upon such a challenge by the State Surgeon General, may declare  
105 all or part of a rule or proposed rule invalid if it:

106 1. Does not protect the public from any significant and  
107 discernible harm or damages;

108 2. Unreasonably restricts competition or the availability  
109 of professional services in the state or in a significant part  
110 of the state; or

111 3. Unnecessarily increases the cost of professional  
112 services without a corresponding or equivalent public benefit.

113  
114 However, there shall not be created a presumption of the  
115 existence of any of the conditions cited in this subsection in  
116 the event that the rule or proposed rule is challenged.

117 (d) Upon adoption of the topical formulary required by this  
118 section, and upon each addition, deletion, or modification to  
119 the topical formulary, the board shall mail a copy of the  
120 amended topical formulary to each certified optometrist and to  
121 each pharmacy licensed by the state.

122 (3) In addition to the formulary of topical ocular  
123 pharmaceutical agents in subsection (2), there is created a  
124 statutory formulary of oral pharmaceutical agents, which include  
125 the following agents:

126 (a) The following analgesics, or their generic or  
127 therapeutic equivalents, which may not be administered or  
128 prescribed for more than 72 hours without consultation with a



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129 physician licensed under chapter 458 or chapter 459 who is  
130 skilled in diseases of the eye:

131 1. Tramadol hydrochloride.

132 2. Acetaminophen 300 mg with No. 3 codeine phosphate 30 mg.

133 (b) The following antibiotics, or their generic or  
134 therapeutic equivalents:

135 1. Amoxicillin.

136 2. Azithromycin.

137 3. Ciproflaxacin.

138 4. Dicloxacillin.

139 5. Doxycycline.

140 6. Keflex.

141 7. Minocycline.

142 (c) The following antivirals, or their generic or  
143 therapeutic equivalents:

144 1. Acyclovir.

145 2. Famciclovir.

146 3. Valacyclovir.

147 (d) The following oral anti-glaucoma agents, or their  
148 generic or therapeutic equivalents, which may not be  
149 administered or prescribed for more than 72 hours without  
150 consultation with a physician licensed under chapter 458 or  
151 chapter 459 who is skilled in diseases of the eye:

152 1. Acetazolamide.

153 2. Methazolamide.

154

155 Any oral pharmaceutical agent that is listed in the statutory  
156 formulary set forth in this subsection and that is subsequently  
157 determined by the United States Food and Drug Administration to



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158 be unsafe for administration or prescription shall be considered  
159 to have been deleted from the formulary of oral pharmaceutical  
160 agents. The oral pharmaceutical agents on the statutory  
161 formulary set forth in this subsection may not otherwise be  
162 deleted by the board, the department, or the State Surgeon  
163 General.

164 ~~(4)~~(3) A certified optometrist shall be issued a prescriber  
165 number by the board. Any prescription written by a certified  
166 optometrist for a ~~topical-ocular~~ pharmaceutical agent pursuant  
167 to this section shall have the prescriber number printed  
168 thereon.

169 Section 4. Subsection (3) of section 463.0057, Florida  
170 Statutes, is amended to read:

171 463.0057 Optometric faculty certificate.—

172 (3) The holder of a faculty certificate may engage in the  
173 practice of optometry as permitted by this section, but may not  
174 administer or prescribe ~~topical~~ ocular pharmaceutical agents  
175 unless the certificateholder has satisfied the requirements of  
176 ss. 463.0055(1)(b) and ~~s.~~ 463.006(1)(b)4. and 5.

177 Section 5. Subsections (2) and (3) of section 463.006,  
178 Florida Statutes, are amended to read:

179 463.006 Licensure and certification by examination.—

180 (2) The examination shall consist of the appropriate  
181 subjects, including applicable state laws and rules and general  
182 and ocular pharmacology with emphasis on the use ~~topical~~  
183 ~~application~~ and side effects of ocular pharmaceutical agents.  
184 The board may by rule substitute a national examination as part  
185 or all of the examination and may by rule offer a practical  
186 examination in addition to the written examination.



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187 (3) Each applicant who successfully passes the examination  
188 and otherwise meets the requirements of this chapter is entitled  
189 to be licensed as a practitioner and to be certified to  
190 administer and prescribe ~~topical-ocular~~ pharmaceutical agents in  
191 the diagnosis and treatment of ocular conditions.

192 Section 6. Subsections (1) and (2) of section 463.0135,  
193 Florida Statutes, are amended, and subsection (10) is added to  
194 that section, to read:

195 463.0135 Standards of practice.—

196 (1) A licensed practitioner shall provide that degree of  
197 care which conforms to that level of care provided by medical  
198 practitioners in the same or similar communities. A certified  
199 optometrist shall administer and prescribe oral ocular  
200 pharmaceutical agents in a manner consistent with applicable  
201 preferred practice patterns of the American Academy of  
202 Ophthalmology. A licensed practitioner shall advise or assist  
203 her or his patient in obtaining further care when the service of  
204 another health care practitioner is required.

205 (2) A licensed practitioner diagnosing angle closure,  
206 neovascular, infantile, or congenital forms of glaucoma shall  
207 promptly and without unreasonable delay refer the patient to a  
208 physician skilled in diseases of the eye and licensed under  
209 chapter 458 or chapter 459. In addition, a licensed practitioner  
210 shall timely refer any patient who experiences progressive  
211 glaucoma due to failed pharmaceutical intervention to a  
212 physician who is skilled in diseases of the eye and licensed  
213 under chapter 458 or chapter 459.

214 (10) Comanagement of postoperative care shall be conducted  
215 pursuant to an established protocol that governs the





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216 relationship between the operating surgeon and the optometrist.  
217 The patient shall be informed that either physician will be  
218 available for emergency care throughout the postoperative  
219 period, and the patient shall consent in writing to the  
220 comanagement relationship.

221 Section 7. Subsections (3) and (4) of section 463.014,  
222 Florida Statutes, are amended to read:

223 463.014 Certain acts prohibited.—

224 (3) Prescribing, ordering, dispensing, administering,  
225 supplying, selling, or giving any ~~systemic~~ systemic drugs for the purpose  
226 of treating a systemic disease by a licensed practitioner is  
227 prohibited. However, a certified optometrist is permitted to use  
228 commonly accepted means or methods to immediately address  
229 incidents of anaphylaxis.

230 (4) Surgery of any kind, including the use of lasers, is  
231 expressly prohibited. For purposes of this subsection, the term  
232 “surgery” means a procedure using an instrument, including  
233 lasers, scalpels, or needles, in which human tissue is cut,  
234 burned, or vaporized by incision, injection, ultrasound, laser,  
235 or radiation. The term includes procedures using instruments  
236 that require closing by suturing, clamping, or another such  
237 device. Certified optometrists may remove superficial foreign  
238 bodies. For the purposes of this subsection, the term  
239 “superficial foreign bodies” means any foreign matter that is  
240 embedded in the conjunctiva or cornea but which has not  
241 penetrated the globe.

242 Section 8. Section 463.0141, Florida Statutes, is created  
243 to read:

244 463.0141 Reports of adverse incidents in the practice of



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245 optometry.-

246 (1) Any adverse incident that occurs on or after January 1,  
247 2013, in the practice of optometry must be reported to the  
248 department in accordance with this section.

249 (2) The required notification to the department must be  
250 submitted in writing by certified mail and postmarked within 15  
251 days after the occurrence of the adverse incident.

252 (3) For purposes of notification to the department, the  
253 term "adverse incident," as used in this section, means an event  
254 that is associated in whole or in part with the prescribing of  
255 an oral ocular pharmaceutical agent and that results in one of  
256 the following:

257 (a) Any condition that requires the transfer of a patient  
258 to a hospital licensed under chapter 395;

259 (b) Any condition that requires the patient to obtain care  
260 from a physician licensed under chapter 458 or chapter 459,  
261 other than a referral or a consultation required under this  
262 chapter;

263 (c) Permanent physical injury to the patient;

264 (d) Partial or complete permanent loss of sight by the  
265 patient; or

266 (e) Death of the patient.

267 (4) The department shall review each incident and determine  
268 whether it potentially involved conduct by the licensed  
269 practitioner which may be subject to disciplinary action, in  
270 which case s. 456.073 applies. Disciplinary action, if any,  
271 shall be taken by the board.

272 Section 9. Subsection (1) of section 483.035, Florida  
273 Statutes, is amended to read:



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274 483.035 Clinical laboratories operated by practitioners for  
275 exclusive use; licensure and regulation.—

276 (1) A clinical laboratory operated by one or more  
277 practitioners licensed under chapter 458, chapter 459, chapter  
278 460, chapter 461, chapter 462, chapter 463, or chapter 466,  
279 exclusively in connection with the diagnosis and treatment of  
280 their own patients, must be licensed under this part and must  
281 comply with the provisions of this part, except that the agency  
282 shall adopt rules for staffing, for personnel, including  
283 education and training of personnel, for proficiency testing,  
284 and for construction standards relating to the licensure and  
285 operation of the laboratory based upon and not exceeding the  
286 same standards contained in the federal Clinical Laboratory  
287 Improvement Amendments of 1988 and the federal regulations  
288 adopted thereunder.

289 Section 10. Subsection (7) of section 483.041, Florida  
290 Statutes, is amended to read:

291 483.041 Definitions.—As used in this part, the term:

292 (7) "Licensed practitioner" means a physician licensed  
293 under chapter 458, chapter 459, chapter 460, ~~or~~ chapter 461, or  
294 chapter 463; a dentist licensed under chapter 466; a person  
295 licensed under chapter 462; or an advanced registered nurse  
296 practitioner licensed under part I of chapter 464; or a duly  
297 licensed practitioner from another state licensed under similar  
298 statutes who orders examinations on materials or specimens for  
299 nonresidents of the State of Florida, but who reside in the same  
300 state as the requesting licensed practitioner.

301 Section 11. Subsection (5) of section 483.181, Florida  
302 Statutes, is amended to read:



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303           483.181 Acceptance, collection, identification, and  
304 examination of specimens.—

305           (5) A clinical laboratory licensed under this part must  
306 accept a human specimen submitted for examination by a  
307 practitioner licensed under chapter 458, chapter 459, chapter  
308 460, chapter 461, chapter 462, chapter 463, s. 464.012, or  
309 chapter 466, if the specimen and test are the type performed by  
310 the clinical laboratory. A clinical laboratory may only refuse a  
311 specimen based upon a history of nonpayment for services by the  
312 practitioner. A clinical laboratory shall not charge different  
313 prices for tests based upon the chapter under which a  
314 practitioner submitting a specimen for testing is licensed.

315           Section 12. Paragraph (b) of subsection (6) of section  
316 766.106, Florida Statutes, is amended to read:

317           766.106 Notice before filing action for medical negligence;  
318 presuit screening period; offers for admission of liability and  
319 for arbitration; informal discovery; review.—

320           (6) INFORMAL DISCOVERY.—

321           (b) Informal discovery may be used by a party to obtain  
322 unsworn statements, the production of documents or things, ~~and~~  
323 physical and mental examinations, and ex parte interviews, as  
324 follows:

325           1. Unsworn statements.—Any party may require other parties  
326 to appear for the taking of an unsworn statement. Such  
327 statements may be used only for the purpose of presuit screening  
328 and are not discoverable or admissible in any civil action for  
329 any purpose by any party. A party desiring to take the unsworn  
330 statement of any party must give reasonable notice in writing to  
331 all parties. The notice must state the time and place for taking



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332 the statement and the name and address of the party to be  
333 examined. Unless otherwise impractical, the examination of any  
334 party must be done at the same time by all other parties. Any  
335 party may be represented by counsel at the taking of an unsworn  
336 statement. An unsworn statement may be recorded electronically,  
337 stenographically, or on videotape. The taking of unsworn  
338 statements is subject to the provisions of the Florida Rules of  
339 Civil Procedure and may be terminated for abuses.

340 2. Documents or things.—Any party may request discovery of  
341 documents or things. The documents or things must be produced,  
342 at the expense of the requesting party, within 20 days after the  
343 date of receipt of the request. A party is required to produce  
344 discoverable documents or things within that party's possession  
345 or control. Medical records shall be produced as provided in s.  
346 766.204.

347 3. Physical and mental examinations.—A prospective  
348 defendant may require an injured claimant to appear for  
349 examination by an appropriate health care provider. The  
350 prospective defendant shall give reasonable notice in writing to  
351 all parties as to the time and place for examination. Unless  
352 otherwise impractical, a claimant is required to submit to only  
353 one examination on behalf of all potential defendants. The  
354 practicality of a single examination must be determined by the  
355 nature of the claimant's condition, as it relates to the  
356 liability of each prospective defendant. Such examination report  
357 is available to the parties and their attorneys upon payment of  
358 the reasonable cost of reproduction and may be used only for the  
359 purpose of presuit screening. Otherwise, such examination report  
360 is confidential and exempt from the provisions of s. 119.07(1)



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361 and s. 24(a), Art. I of the State Constitution.

362 4. Written questions.—Any party may request answers to  
363 written questions, the number of which may not exceed 30,  
364 including subparts. A response must be made within 20 days after  
365 receipt of the questions.

366 5. Unsworn statements of treating health care providers.—A  
367 prospective defendant or his or her legal representative may  
368 also take unsworn statements of the claimant's treating health  
369 care providers. The statements must be limited to those areas  
370 that are potentially relevant to the claim of personal injury or  
371 wrongful death. Subject to the procedural requirements of  
372 subparagraph 1., a prospective defendant may take unsworn  
373 statements from a claimant's treating physicians. Reasonable  
374 notice and opportunity to be heard must be given to the claimant  
375 or the claimant's legal representative before taking unsworn  
376 statements. The claimant or claimant's legal representative has  
377 the right to attend the taking of such unsworn statements.

378 6. Ex parte interviews of treating health care providers.—A  
379 prospective defendant or his or her legal representative may  
380 interview the claimant's treating health care providers without  
381 the presence of the claimant or the claimant's legal  
382 representative. If a prospective defendant or his or her legal  
383 representative intends to interview a claimant's health care  
384 providers, the prospective defendant must provide the claimant  
385 with notice of such interview at least 10 days before the date  
386 of the interview.

387 Section 13. Section 766.1091, Florida Statutes, is created  
388 to read:

389 766.1091 Voluntary binding arbitration; damages.—



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390           (1) A health care provider licensed under chapter 458,  
391 chapter 459, chapter 463, or chapter 466; any entity owned in  
392 whole or in part by a health care provider licensed under  
393 chapter 458, chapter 459, chapter 463, or chapter 466; or any  
394 health care clinic licensed under part X of chapter 400, and a  
395 patient or prospective patient, may agree in writing to submit  
396 to arbitration any claim for medical negligence which may  
397 currently exist or may accrue in the future and would otherwise  
398 be brought pursuant to this chapter. Any arbitration agreement  
399 entered into pursuant to this section shall be governed by  
400 chapter 682.

401           (2) Any arbitration agreement entered into pursuant to  
402 subsection (1) may contain a provision that limits the available  
403 damages in an arbitration award.

404           Section 14. Subsection (21) of section 893.02, Florida  
405 Statutes, is amended to read:

406           893.02 Definitions.—The following words and phrases as used  
407 in this chapter shall have the following meanings, unless the  
408 context otherwise requires:

409           (21) "Practitioner" means a physician licensed pursuant to  
410 chapter 458, a dentist licensed pursuant to chapter 466, a  
411 veterinarian licensed pursuant to chapter 474, an osteopathic  
412 physician licensed pursuant to chapter 459, a naturopath  
413 licensed pursuant to chapter 462, a certified optometrist  
414 licensed under chapter 463, or a podiatric physician licensed  
415 pursuant to chapter 461, provided such practitioner holds a  
416 valid federal controlled substance registry number.

417           Section 15. Subsection (1) of section 893.05, Florida  
418 Statutes, is amended to read:



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419 893.05 Practitioners and persons administering controlled  
420 substances in their absence.—

421 (1) A practitioner, in good faith and in the course of his  
422 or her professional practice only, may prescribe, administer,  
423 dispense, mix, or otherwise prepare a controlled substance, or  
424 the practitioner may cause the same to be administered by a  
425 licensed nurse or an intern practitioner under his or her  
426 direction and supervision only. A veterinarian may so prescribe,  
427 administer, dispense, mix, or prepare a controlled substance for  
428 use on animals only, and may cause it to be administered by an  
429 assistant or orderly under the veterinarian's direction and  
430 supervision only. A certified optometrist licensed under chapter  
431 463 may not administer or prescribe pharmaceutical agents in  
432 Schedule I or Schedule II of the Florida Comprehensive Drug  
433 Abuse Prevention and Control Act.

434 Section 16. This act shall take effect July 1, 2012.

435

436

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

438 And the title is amended as follows:

439 Delete everything before the enacting clause  
440 and insert:

441 A bill to be entitled

442 An act relating to health care; amending s. 463.002,  
443 F.S.; conforming provisions to changes made by the  
444 act; amending s. 463.005, F.S.; authorizing the Board  
445 of Optometry to adopt rules for the administration and  
446 prescription of ocular pharmaceutical agents; amending  
447 s. 463.0055, F.S.; authorizing certified optometrists





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448 to administer and prescribe pharmaceutical agents  
449 under certain circumstances; requiring that a  
450 certified optometrist complete a course and subsequent  
451 examination on general and ocular pharmacology;  
452 providing requirements for the course; requiring that  
453 the Florida Medical Association and the Florida  
454 Optometric Association jointly develop and administer  
455 the course and examination; revising qualifications of  
456 certain members of the formulary committee; providing  
457 for a formulary of topical ocular pharmaceutical  
458 agents which the committee may modify; specifying the  
459 agents that make up the statutory formulary of oral  
460 pharmaceutical agents; authorizing the deletion of an  
461 oral pharmaceutical agent listed in the statutory  
462 formulary under certain circumstances; prohibiting the  
463 board, the Department of Health, or the State Surgeon  
464 General from deleting an oral pharmaceutical agent  
465 listed in the statutory formulary; amending ss.  
466 463.0057 and 463.006, F.S.; conforming provisions to  
467 changes made by the act; amending s. 463.0135, F.S.;  
468 requiring that a certified optometrist administer and  
469 prescribe oral ocular pharmaceutical agents in a  
470 certain manner; requiring that a licensed practitioner  
471 who diagnoses a patient who has a neovascular form of  
472 glaucoma or progressive glaucoma immediately refer the  
473 patient to a physician who is skilled in the diseases  
474 of the eye; requiring that comanagement of  
475 postoperative care be conducted pursuant to an  
476 established protocol; requiring that the patient be



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477 informed that a physician will be available for  
478 emergency care throughout the postoperative period;  
479 requiring that the patient consent in writing to the  
480 comanagement relationship; amending s. 463.014, F.S.;  
481 revising certain prohibited acts regarding an  
482 optometrist conducting surgery and dispensing,  
483 administering, ordering, supplying, or selling certain  
484 drugs; creating s. 463.0141, F.S.; requiring that  
485 adverse incidents in the practice of optometry be  
486 reported to the Department of Health; providing  
487 requirements for notifying the department of an  
488 adverse incident; providing a definition; requiring  
489 that the department review each incident and determine  
490 whether it involved conduct that is subject to  
491 disciplinary action; requiring that the Board of  
492 Optometry take disciplinary action if necessary;  
493 amending s. 483.035, F.S., relating to licensure and  
494 regulation of clinical laboratories operated by  
495 practitioners for exclusive use; providing  
496 applicability to clinical laboratories operated by  
497 practitioners licensed to practice optometry; amending  
498 s. 483.041, F.S.; revising the definition of the term  
499 "licensed practitioner" to include a practitioner  
500 licensed under ch. 463, F.S.; amending s. 483.181,  
501 F.S.; requiring clinical laboratories to accept human  
502 specimens submitted by practitioners licensed to  
503 practice under ch. 463, F.S.; amending s. 766.106,  
504 F.S.; authorizing a prospective defendant to obtain  
505 informal discovery by conducting ex parte interviews



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506 of treating health care providers; requiring advance  
507 notice to the claimant of an ex parte interview;  
508 creating s. 766.1091, F.S.; authorizing a health care  
509 provider or health care clinic and a patient or  
510 prospective patient to agree to submit a current or  
511 future claim of medical negligence to arbitration;  
512 requiring that the arbitration agreement be governed  
513 by ch. 682, F.S.; authorizing the arbitration  
514 agreement to contain a provision that limits an award  
515 of damages; amending s. 893.02, F.S.; revising the  
516 definition of the term "practitioner" to include  
517 certified optometrists for purposes of the Florida  
518 Comprehensive Drug Abuse Prevention and Control Act;  
519 amending s. 893.05, F.S.; prohibiting certified  
520 optometrists from administering and prescribing  
521 certain controlled substances; providing an effective  
522 date.