



179338

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/25/2014	.	
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The Committee on Health Policy (Grimsley) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (3) of section 110.12315, Florida Statutes, is amended to read:

110.12315 Prescription drug program.—The state employees' prescription drug program is established. This program shall be administered by the Department of Management Services, according to the terms and conditions of the plan as established by the



11 relevant provisions of the annual General Appropriations Act and
12 implementing legislation, subject to the following conditions:

13 (3) The Department of Management Services shall establish
14 the reimbursement schedule for prescription pharmaceuticals
15 dispensed under the program. Reimbursement rates for a
16 prescription pharmaceutical must be based on the cost of the
17 generic equivalent drug if a generic equivalent exists, unless
18 the health care practitioner ~~physician~~ prescribing the
19 pharmaceutical clearly states on the prescription that the brand
20 name drug is medically necessary or that the drug product is
21 included on the formulary of drug products that may not be
22 interchanged as provided in chapter 465, in which case
23 reimbursement must be based on the cost of the brand name drug
24 as specified in the reimbursement schedule adopted by the
25 Department of Management Services.

26 Section 2. Paragraph (c) of subsection (1) of section
27 310.071, Florida Statutes, is amended to read:

28 310.071 Deputy pilot certification.—

29 (1) In addition to meeting other requirements specified in
30 this chapter, each applicant for certification as a deputy pilot
31 must:

32 (c) Be in good physical and mental health, as evidenced by
33 documentary proof of having satisfactorily passed a complete
34 physical examination administered by a licensed physician within
35 the preceding 6 months. The board shall adopt rules to establish
36 requirements for passing the physical examination, which rules
37 shall establish minimum standards for the physical or mental
38 capabilities necessary to carry out the professional duties of a
39 certificated deputy pilot. Such standards shall include zero



179338

40 tolerance for any controlled substance regulated under chapter
41 893 unless that individual is under the care of a physician or
42 advanced practice registered nurse and that controlled substance
43 was prescribed by that physician or advanced practice registered
44 nurse. To maintain eligibility as a certificated deputy pilot,
45 each certificated deputy pilot must annually provide documentary
46 proof of having satisfactorily passed a complete physical
47 examination administered by a licensed physician. The physician
48 must know the minimum standards and certify that the
49 certificateholder satisfactorily meets the standards. The
50 standards for certificateholders shall include a drug test.

51 Section 3. Subsection (3) of section 310.073, Florida
52 Statutes, is amended to read:

53 310.073 State pilot licensing.—In addition to meeting other
54 requirements specified in this chapter, each applicant for
55 license as a state pilot must:

56 (3) Be in good physical and mental health, as evidenced by
57 documentary proof of having satisfactorily passed a complete
58 physical examination administered by a licensed physician within
59 the preceding 6 months. The board shall adopt rules to establish
60 requirements for passing the physical examination, which rules
61 shall establish minimum standards for the physical or mental
62 capabilities necessary to carry out the professional duties of a
63 licensed state pilot. Such standards shall include zero
64 tolerance for any controlled substance regulated under chapter
65 893 unless that individual is under the care of a physician or
66 advanced practice registered nurse and that controlled substance
67 was prescribed by that physician or advanced practice registered
68 nurse. To maintain eligibility as a licensed state pilot, each



179338

69 licensed state pilot must annually provide documentary proof of
70 having satisfactorily passed a complete physical examination
71 administered by a licensed physician. The physician must know
72 the minimum standards and certify that the licensee
73 satisfactorily meets the standards. The standards for licensees
74 shall include a drug test.

75 Section 4. Paragraph (b) of subsection (3) of section
76 310.081, Florida Statutes, is amended to read:

77 310.081 Department to examine and license state pilots and
78 certificate deputy pilots; vacancies.-

79 (3) Pilots shall hold their licenses or certificates
80 pursuant to the requirements of this chapter so long as they:

81 (b) Are in good physical and mental health as evidenced by
82 documentary proof of having satisfactorily passed a physical
83 examination administered by a licensed physician or physician
84 assistant within each calendar year. The board shall adopt rules
85 to establish requirements for passing the physical examination,
86 which rules shall establish minimum standards for the physical
87 or mental capabilities necessary to carry out the professional
88 duties of a licensed state pilot or a certificated deputy pilot.
89 Such standards shall include zero tolerance for any controlled
90 substance regulated under chapter 893 unless that individual is
91 under the care of a physician or advanced practice registered
92 nurse and that controlled substance was prescribed by that
93 physician or advanced practice registered nurse. To maintain
94 eligibility as a certificated deputy pilot or licensed state
95 pilot, each certificated deputy pilot or licensed state pilot
96 must annually provide documentary proof of having satisfactorily
97 passed a complete physical examination administered by a



179338

98 licensed physician. The physician must know the minimum
99 standards and certify that the certificateholder or licensee
100 satisfactorily meets the standards. The standards for
101 certificateholders and for licensees shall include a drug test.
102

103 Upon resignation or in the case of disability permanently
104 affecting a pilot's ability to serve, the state license or
105 certificate issued under this chapter shall be revoked by the
106 department.

107 Section 5. Subsections (23) and (33) of section 394.455,
108 Florida Statutes, are amended to read:

109 394.455 Definitions.—As used in this part, unless the
110 context clearly requires otherwise, the term:

111 (23) "Psychiatric-mental health advanced practice
112 registered Psychiatric nurse" means a registered nurse certified
113 licensed under s. 464.012 part I of chapter 464 who has a
114 master's degree or a doctorate in psychiatric nursing and holds
115 a national advanced practice certification as a psychiatric-
116 mental health advanced practice nurse 2 years of post-master's
117 clinical experience under the supervision of a physician.

118 (33) "Service provider" means any public or private
119 receiving facility, an entity under contract with the Department
120 of Children and Families ~~Family Services~~ to provide mental
121 health services, a clinical psychologist, a clinical social
122 worker, a marriage and family therapist, a mental health
123 counselor, a physician, a psychiatric-mental health advanced
124 practice registered ~~psychiatric nurse as defined in subsection~~
125 ~~(23)~~, or a community mental health center or clinic as defined
126 in this part.



179338

127 Section 6. Paragraphs (a) and (f) of subsection (2) of
128 section 394.463, Florida Statutes, are amended to read:

129 394.463 Involuntary examination.—

130 (2) INVOLUNTARY EXAMINATION.—

131 (a) An involuntary examination may be initiated by any one
132 of the following means:

133 1. A court may enter an ex parte order stating that a
134 person appears to meet the criteria for involuntary examination,
135 giving the findings on which that conclusion is based. The ex
136 parte order for involuntary examination must be based on sworn
137 testimony, written or oral. If other less restrictive means are
138 not available, such as voluntary appearance for outpatient
139 evaluation, a law enforcement officer, or other designated agent
140 of the court, shall take the person into custody and deliver him
141 or her to the nearest receiving facility for involuntary
142 examination. The order of the court shall be made a part of the
143 patient's clinical record. A No fee may not shall be charged for
144 the filing of an order under this subsection. Any receiving
145 facility accepting the patient based on this order must send a
146 copy of the order to the Agency for Health Care Administration
147 on the next working day. The order shall be valid only until
148 executed or, if not executed, for the period specified in the
149 order itself. If no time limit is specified in the order, the
150 order shall be valid for 7 days after the date that the order
151 was signed.

152 2. A law enforcement officer shall take a person who
153 appears to meet the criteria for involuntary examination into
154 custody and deliver the person or have him or her delivered to
155 the nearest receiving facility for examination. The officer



179338

156 shall execute a written report detailing the circumstances under
157 which the person was taken into custody, and the report shall be
158 made a part of the patient's clinical record. Any receiving
159 facility accepting the patient based on this report must send a
160 copy of the report to the Agency for Health Care Administration
161 on the next working day.

162 3. A physician, clinical psychologist, psychiatric nurse,
163 mental health counselor, marriage and family therapist, or
164 clinical social worker may execute a certificate stating that he
165 or she has examined a person within the preceding 48 hours and
166 finds that the person appears to meet the criteria for
167 involuntary examination and stating the observations upon which
168 that conclusion is based. If other less restrictive means are
169 not available, such as voluntary appearance for outpatient
170 evaluation, a law enforcement officer shall take the person
171 named in the certificate into custody and deliver him or her to
172 the nearest receiving facility for involuntary examination. The
173 law enforcement officer shall execute a written report detailing
174 the circumstances under which the person was taken into custody.
175 The report and certificate shall be made a part of the patient's
176 clinical record. Any receiving facility accepting the patient
177 based on this certificate must send a copy of the certificate to
178 the Agency for Health Care Administration on the next working
179 day.

180 (f) A patient shall be examined by a physician or clinical
181 psychologist at a receiving facility without unnecessary delay
182 and may, upon the order of a physician, be given emergency
183 treatment if it is determined that such treatment is necessary
184 for the safety of the patient or others. The patient may not be



179338

185 released by the receiving facility or its contractor without the
186 documented approval of a psychiatrist, a clinical psychologist,
187 or a psychiatric-mental health advanced practice registered
188 nurse or, if the receiving facility is a hospital, the release
189 may also be approved by an attending emergency department
190 physician with experience in the diagnosis and treatment of
191 mental and nervous disorders and after completion of an
192 involuntary examination pursuant to this subsection. However, a
193 patient may not be held in a receiving facility for involuntary
194 examination longer than 72 hours.

195 Section 7. Paragraph (a) of subsection (2) of section
196 397.501, Florida Statutes, is amended to read:

197 397.501 Rights of individuals.—Individuals receiving
198 substance abuse services from any service provider are
199 guaranteed protection of the rights specified in this section,
200 unless otherwise expressly provided, and service providers must
201 ensure the protection of such rights.

202 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

203 (a) Service providers may not deny an individual access to
204 substance abuse services solely on the basis of race, gender,
205 ethnicity, age, sexual preference, human immunodeficiency virus
206 status, prior service departures against medical advice,
207 disability, or number of relapse episodes. Service providers may
208 not deny an individual who takes medication prescribed by a
209 physician or an advanced practice registered nurse access to
210 substance abuse services solely on that basis. Service providers
211 who receive state funds to provide substance abuse services may
212 not, if space and sufficient state resources are available, deny
213 access to services based solely on inability to pay.



179338

214 Section 8. Subsection (5) of section 456.053, Florida
215 Statutes, is amended to read:

216 456.053 Financial arrangements between referring health
217 care providers and providers of health care services.—

218 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
219 provided in this section:

220 (a) A health care provider may not refer a patient for the
221 provision of designated health services to an entity in which
222 the health care provider is an investor or has an investment
223 interest unless:

224 1. The provider's investment interest is in registered
225 securities purchased on a national exchange or in the over-the-
226 counter market and issued by a publicly held corporation whose:

227 a. Shares are traded on a national exchange or in the over-
228 the-counter market; and

229 b. Total assets at the end of the corporation's most recent
230 fiscal quarter exceeded \$50 million.

231 2. The publicly held corporation does not loan funds to or
232 guarantee a loan for an investor who is in a position to make
233 referrals to the entity or corporation if the investor uses any
234 part of such loan to obtain the investment interest.

235 (b) A health care provider may not refer a patient for the
236 provision of any other health care item or service to an entity
237 in which the health care provider is an investor unless:

238 1. The provider's investment interest is in registered
239 securities purchased on a national exchange or over-the-counter
240 market and issued by a publicly held corporation whose:

241 a. ~~whose~~ Shares are traded on a national exchange or on the
242 over-the-counter market; and



179338

243 b. ~~Whose~~ Total assets at the end of the corporation's most
244 recent fiscal quarter exceeded \$50 million; or

245 2. With respect to an entity other than a publicly held
246 corporation described in subparagraph 1., and a referring
247 provider's investment interest in such entity, each of the
248 following requirements is ~~are~~ met:

249 a. No more than 50 percent of the value of the investment
250 interests are held by investors who are in a position to make
251 referrals to the entity.

252 b. The terms under which an investment interest is offered
253 to an investor who is in a position to make referrals to the
254 entity are no different from the terms offered to investors who
255 are not in a position to make such referrals.

256 c. The terms under which an investment interest is offered
257 to an investor who is in a position to make referrals to the
258 entity are not related to the previous or expected volume of
259 referrals from that investor to the entity.

260 d. There is no requirement that an investor make referrals
261 or be in a position to make referrals to the entity as a
262 condition for becoming or remaining an investor.

263 3. With respect to either such entity or publicly held
264 corporation:

265 a. The entity or corporation does not loan funds to or
266 guarantee a loan for an investor who is in a position to make
267 referrals to the entity or corporation if the investor uses any
268 part of such loan to obtain the investment interest.

269 b. The amount distributed to an investor representing a
270 return on the investment interest is directly proportional to
271 the amount of the capital investment, including the fair market



179338

272 value of any preoperational services rendered, invested in the
273 entity or corporation by that investor.

274 (c)~~4~~. Each board and, in the case of hospitals, the Agency
275 for Health Care Administration~~7~~, shall encourage the use by
276 licensees of the declaratory statement procedure to determine
277 the applicability of this section or any rule adopted pursuant
278 to this section as it applies solely to the licensee. Boards
279 shall submit to the Agency for Health Care Administration the
280 name of any entity in which a provider investment interest has
281 been approved pursuant to this section.

282 (d)~~(e)~~ A ~~No~~ claim for payment may not be presented by an
283 entity to any individual, third-party payor, or other entity for
284 a service furnished pursuant to a referral prohibited under this
285 section.

286 (e)~~(d)~~ If an entity collects any amount that was billed in
287 violation of this section, the entity shall refund such amount
288 on a timely basis to the payor or individual, whichever is
289 applicable.

290 (f)~~(e)~~ A ~~Any~~ person who ~~that~~ presents or causes to be
291 presented a bill or a claim for service that such person knows
292 or should know is for a service for which payment may not be
293 made under paragraph (d) ~~(e)~~, or for which a refund has not been
294 made under paragraph (e) ~~(d)~~, shall be subject to a civil
295 penalty of not more than \$15,000 for each such service to be
296 imposed and collected by the appropriate board.

297 (g)~~(f)~~ Any health care provider or other entity that enters
298 into an arrangement or scheme, such as a cross-referral
299 arrangement, which the physician or entity knows or should know
300 has a principal purpose of assuring referrals by the physician



179338

301 to a particular entity which, if the physician directly made
302 referrals to such entity, would be in violation of this section,
303 shall be subject to a civil penalty of not more than \$100,000
304 for each such circumvention arrangement or scheme to be imposed
305 and collected by the appropriate board.

306 (h)~~(g)~~ A violation of this section by a health care
307 provider shall constitute grounds for disciplinary action to be
308 taken by the applicable board pursuant to s. 458.331(2), s.
309 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), or s.
310 466.028(2). Any hospital licensed under chapter 395 found in
311 violation of this section shall be subject to s. 395.0185(2).

312 (i)~~(h)~~ A ~~Any~~ hospital licensed under chapter 395 may not
313 discriminate ~~that discriminates~~ against or otherwise penalize
314 ~~penalizes~~ a health care provider for compliance with this act.

315 (j)~~(i)~~ ~~The provision of Paragraph (a) does~~ shall not apply
316 to referrals to the offices of radiation therapy centers managed
317 by an entity or subsidiary or general partner thereof, which
318 performed radiation therapy services at those same offices
319 before ~~prior to~~ April 1, 1991, or ~~and shall not apply also~~ to
320 referrals for radiation therapy to be performed at no more than
321 one additional office of any entity qualifying for the foregoing
322 exception which, before ~~prior to~~ February 1, 1992, had a binding
323 purchase contract on and a nonrefundable deposit paid for a
324 linear accelerator to be used at the additional office. The
325 physical site of the radiation treatment centers affected by
326 this provision may be relocated as a result of the following
327 factors: acts of God; fire; strike; accident; war; eminent
328 domain actions by any governmental body; or refusal by the
329 lessor to renew a lease. A relocation for the foregoing reasons



179338

330 is limited to relocation of an existing facility to a
331 replacement location within the county of the existing facility
332 upon written notification to the Office of Licensure and
333 Certification.

334 (k)~~(j)~~ A health care provider who meets the requirements of
335 paragraph (a), paragraph paragraphs (b), or paragraph (j) and
336 ~~(i)~~ must disclose his or her investment interest to his or her
337 patients as provided in s. 456.052.

338 Section 9. Subsection (17) of section 456.057, Florida
339 Statutes, is amended to read:

340 456.057 Ownership and control of patient records; report or
341 copies of records to be furnished; disclosure of information.-

342 (17) A health care practitioner or records owner furnishing
343 copies of reports or records or making the reports or records
344 available for digital scanning pursuant to this section shall
345 charge no more than the actual cost of copying, including
346 reasonable staff time, or the amount specified in administrative
347 rule by the appropriate board, or the department when there is
348 no board. The rates charged for reproduction of written or typed
349 medical records must be the same regardless of format or medium.

350 Section 10. Subsection (7) of section 456.072, Florida
351 Statutes, is amended to read:

352 456.072 Grounds for discipline; penalties; enforcement.-

353 (7) Notwithstanding subsection (2), upon a finding that a
354 physician or advanced practice registered nurse has prescribed
355 or dispensed a controlled substance, or caused a controlled
356 substance to be prescribed or dispensed, in a manner that
357 violates the standard of practice set forth in s. 458.331(1)(q)
358 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s.



179338

359 464.018(1)(p)6., or s. 466.028(1)(p) or (x), the physician or
360 advanced practice registered nurse shall be suspended for a
361 period of not less than 6 months and pay a fine of not less than
362 \$10,000 per count. Repeated violations shall result in increased
363 penalties.

364 Section 11. Subsections (2) and (3) of section 456.44,
365 Florida Statutes, are amended to read:

366 456.44 Controlled substance prescribing.—

367 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
368 licensed under chapter 458, chapter 459, chapter 461, or chapter
369 466 or an advanced practice registered nurse certified under
370 part I of chapter 464 who prescribes any controlled substance,
371 listed in Schedule II, Schedule III, or Schedule IV as defined
372 in s. 893.03, for the treatment of chronic nonmalignant pain,
373 must:

374 (a) Designate himself or herself as a controlled substance
375 prescribing practitioner on his or her ~~the physician's~~
376 practitioner profile.

377 (b) Comply with the requirements of this section and
378 applicable board rules.

379 (3) STANDARDS OF PRACTICE.—The standards of practice in
380 this section do not supersede the level of care, skill, and
381 treatment recognized in general law related to health care
382 licensure.

383 (a) A complete medical history and a physical examination
384 must be conducted before beginning any treatment and must be
385 documented in the medical record. The exact components of the
386 physical examination shall be left to the judgment of the
387 clinician who is expected to perform a physical examination



179338

388 proportionate to the diagnosis that justifies a treatment. The
389 medical record must, at a minimum, document the nature and
390 intensity of the pain, current and past treatments for pain,
391 underlying or coexisting diseases or conditions, the effect of
392 the pain on physical and psychological function, a review of
393 previous medical records, previous diagnostic studies, and
394 history of alcohol and substance abuse. The medical record shall
395 also document the presence of one or more recognized medical
396 indications for the use of a controlled substance. Each
397 registrant must develop a written plan for assessing each
398 patient's risk of aberrant drug-related behavior, which may
399 include patient drug testing. Registrants must assess each
400 patient's risk for aberrant drug-related behavior and monitor
401 that risk on an ongoing basis in accordance with the plan.

402 (b) Each registrant must develop a written individualized
403 treatment plan for each patient. The treatment plan shall state
404 objectives that will be used to determine treatment success,
405 such as pain relief and improved physical and psychosocial
406 function, and shall indicate if any further diagnostic
407 evaluations or other treatments are planned. After treatment
408 begins, the practitioner ~~physician~~ shall adjust drug therapy to
409 the individual medical needs of each patient. Other treatment
410 modalities, including a rehabilitation program, shall be
411 considered depending on the etiology of the pain and the extent
412 to which the pain is associated with physical and psychosocial
413 impairment. The interdisciplinary nature of the treatment plan
414 shall be documented.

415 (c) The practitioner ~~physician~~ shall discuss the risks and
416 benefits of the use of controlled substances, including the



179338

417 risks of abuse and addiction, as well as physical dependence and
418 its consequences, with the patient, persons designated by the
419 patient, or the patient's surrogate or guardian if the patient
420 is incompetent. The practitioner ~~physician~~ shall use a written
421 controlled substance agreement between the practitioner
422 ~~physician~~ and the patient outlining the patient's
423 responsibilities, including, but not limited to:

424 1. Number and frequency of controlled substance
425 prescriptions and refills.

426 2. Patient compliance and reasons for which drug therapy
427 may be discontinued, such as a violation of the agreement.

428 3. An agreement that controlled substances for the
429 treatment of chronic nonmalignant pain shall be prescribed by a
430 single treating practitioner ~~physician~~ unless otherwise
431 authorized by the treating practitioner ~~physician~~ and documented
432 in the medical record.

433 (d) The patient shall be seen by the practitioner ~~physician~~
434 at regular intervals, not to exceed 3 months, to assess the
435 efficacy of treatment, ensure that controlled substance therapy
436 remains indicated, evaluate the patient's progress toward
437 treatment objectives, consider adverse drug effects, and review
438 the etiology of the pain. Continuation or modification of
439 therapy shall depend on the practitioner's ~~physician's~~
440 evaluation of the patient's progress. If treatment goals are not
441 being achieved, despite medication adjustments, the practitioner
442 ~~physician~~ shall reevaluate the appropriateness of continued
443 treatment. The practitioner ~~physician~~ shall monitor patient
444 compliance in medication usage, related treatment plans,
445 controlled substance agreements, and indications of substance



179338

446 abuse or diversion at a minimum of 3-month intervals.

447 (e) The practitioner ~~physician~~ shall refer the patient as
448 necessary for additional evaluation and treatment in order to
449 achieve treatment objectives. Special attention shall be given
450 to those patients who are at risk for misusing their medications
451 and those whose living arrangements pose a risk for medication
452 misuse or diversion. The management of pain in patients with a
453 history of substance abuse or with a comorbid psychiatric
454 disorder requires extra care, monitoring, and documentation and
455 requires consultation with or referral to an addiction medicine
456 specialist or psychiatrist.

457 (f) A practitioner ~~physician~~ registered under this section
458 must maintain accurate, current, and complete records that are
459 accessible and readily available for review and comply with the
460 requirements of this section, the applicable practice act, and
461 applicable board rules. The medical records must include, but
462 are not limited to:

- 463 1. The complete medical history and a physical examination,
464 including history of drug abuse or dependence.
- 465 2. Diagnostic, therapeutic, and laboratory results.
- 466 3. Evaluations and consultations.
- 467 4. Treatment objectives.
- 468 5. Discussion of risks and benefits.
- 469 6. Treatments.
- 470 7. Medications, including date, type, dosage, and quantity
471 prescribed.
- 472 8. Instructions and agreements.
- 473 9. Periodic reviews.
- 474 10. Results of any drug testing.



179338

475 11. A photocopy of the patient's government-issued photo
476 identification.

477 12. If a written prescription for a controlled substance is
478 given to the patient, a duplicate of the prescription.

479 13. The practitioner's ~~physician's~~ full name presented in a
480 legible manner.

481 (g) Patients with signs or symptoms of substance abuse
482 shall be immediately referred to a board-certified pain
483 management physician, an addiction medicine specialist, or a
484 mental health addiction facility as it pertains to drug abuse or
485 addiction unless the practitioner is a physician who is board-
486 certified or board-eligible in pain management. Throughout the
487 period of time before receiving the consultant's report, a
488 prescribing practitioner ~~physician~~ shall clearly and completely
489 document medical justification for continued treatment with
490 controlled substances and those steps taken to ensure medically
491 appropriate use of controlled substances by the patient. Upon
492 receipt of the consultant's written report, the prescribing
493 practitioner ~~physician~~ shall incorporate the consultant's
494 recommendations for continuing, modifying, or discontinuing
495 controlled substance therapy. The resulting changes in treatment
496 shall be specifically documented in the patient's medical
497 record. Evidence or behavioral indications of diversion shall be
498 followed by discontinuation of controlled substance therapy, and
499 the patient shall be discharged, and all results of testing and
500 actions taken by the practitioner ~~physician~~ shall be documented
501 in the patient's medical record.

502
503 This subsection does not apply to a board-eligible or board-



179338

504 certified anesthesiologist, physiatrist, rheumatologist, or
505 neurologist, or to a board-certified physician who has surgical
506 privileges at a hospital or ambulatory surgery center and
507 primarily provides surgical services. This subsection does not
508 apply to a board-eligible or board-certified medical specialist
509 who has also completed a fellowship in pain medicine approved by
510 the Accreditation Council for Graduate Medical Education or the
511 American Osteopathic Association, or who is board eligible or
512 board certified in pain medicine by the American Board of Pain
513 Medicine, the American Board of Interventional Pain Physicians,
514 the American Association of Physician Specialists, or a board
515 approved by the American Board of Medical Specialties or the
516 American Osteopathic Association and performs interventional
517 pain procedures of the type routinely billed using surgical
518 codes. This subsection does not apply to a physician or advanced
519 practice registered nurse who prescribes medically necessary
520 controlled substances for a patient during an inpatient stay in
521 a hospital licensed under chapter 395.

522 Section 12. Subsections (1), (2), and (4) of section
523 458.348, Florida Statutes, are amended to read:

524 458.348 Formal supervisory relationships, standing orders,
525 and established protocols; notice; standards.—

526 (1) NOTICE.—

527 (a) When a physician enters into a formal supervisory
528 relationship or standing orders with an emergency medical
529 technician or paramedic licensed pursuant to s. 401.27, which
530 relationship or orders contemplate the performance of medical
531 acts, or when a physician enters into an established protocol
532 with an advanced practice registered nurse ~~practitioner~~, which



179338

533 protocol contemplates the performance of medical acts identified
534 and approved by the joint committee pursuant to s. 464.003(2) or
535 acts set forth in s. 464.012(3) and (4), the physician shall
536 submit notice to the board. The notice shall contain a statement
537 in substantially the following form:

538
539 I, ...(name and professional license number of
540 physician)..., of ...(address of physician)... have hereby
541 entered into a formal supervisory relationship, standing orders,
542 or an established protocol with ...(number of persons)...
543 emergency medical technician(s), ...(number of persons)...
544 paramedic(s), or ...(number of persons)... advanced practice
545 registered nurse(s) ~~nurse practitioner(s)~~.

546
547 (b) Notice shall be filed within 30 days of entering into
548 the relationship, orders, or protocol. Notice also shall be
549 provided within 30 days after the physician has terminated any
550 such relationship, orders, or protocol.

551 (2) ESTABLISHMENT OF ~~STANDARDS BY~~ JOINT COMMITTEE;
552 STANDARDS.—The joint committee created under s. 464.003(2) shall
553 determine minimum standards for the content of established
554 protocols pursuant to which an advanced practice registered
555 nurse ~~practitioner~~ may perform medical acts identified and
556 approved by the joint committee pursuant to s. 464.003(2) or
557 acts set forth in s. 464.012(3) and (4), and shall determine
558 minimum standards for supervision of such acts by the physician,
559 unless the joint committee determines that any act set forth in
560 s. 464.012(3) or (4) is not a medical act. Such standards shall
561 be based on risk to the patient and acceptable standards of



179338

562 medical care and shall take into account the special problems of
563 medically underserved areas. The standards developed by the
564 joint committee shall be adopted as rules by the Board of
565 Nursing and the Board of Medicine for purposes of carrying out
566 their responsibilities pursuant to part I of chapter 464 and
567 this chapter, respectively, but neither board shall have
568 disciplinary powers over the licensees of the other board.

569 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—A
570 physician who supervises an advanced practice registered nurse
571 ~~practitioner~~ or physician assistant at a medical office other
572 than the physician's primary practice location, where the
573 advanced practice registered nurse ~~practitioner~~ or physician
574 assistant is not under the onsite supervision of a supervising
575 physician, must comply with the standards set forth in this
576 subsection. For the purpose of this subsection, a physician's
577 "primary practice location" means the address reflected on the
578 physician's profile published pursuant to s. 456.041.

579 (a) A physician who is engaged in providing primary health
580 care services may not supervise more than four offices in
581 addition to the physician's primary practice location. For the
582 purpose of this subsection, "primary health care" means health
583 care services that are commonly provided to patients without
584 referral from another practitioner, including obstetrical and
585 gynecological services, and excludes practices providing
586 primarily dermatologic and skin care services, which include
587 aesthetic skin care services.

588 (b) A physician who is engaged in providing specialty
589 health care services may not supervise more than two offices in
590 addition to the physician's primary practice location. For the



179338

591 purpose of this subsection, "specialty health care" means health
592 care services that are commonly provided to patients with a
593 referral from another practitioner and excludes practices
594 providing primarily dermatologic and skin care services, which
595 include aesthetic skin care services.

596 (c) A physician who supervises an advanced practice
597 registered nurse ~~practitioner~~ or physician assistant at a
598 medical office other than the physician's primary practice
599 location, where the advanced practice registered nurse
600 ~~practitioner~~ or physician assistant is not under the onsite
601 supervision of a supervising physician and the services offered
602 at the office are primarily dermatologic or skin care services,
603 which include aesthetic skin care services other than plastic
604 surgery, must comply with the standards listed in subparagraphs
605 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician
606 supervising a physician assistant pursuant to this paragraph may
607 not be required to review and cosign charts or medical records
608 prepared by such physician assistant.

609 1. The physician shall submit to the board the addresses of
610 all offices where he or she is supervising an advanced practice
611 registered nurse ~~practitioner~~ or a physician's assistant which
612 are not the physician's primary practice location.

613 2. The physician must be board certified or board eligible
614 in dermatology or plastic surgery as recognized by the board
615 pursuant to s. 458.3312.

616 3. All such offices that are not the physician's primary
617 place of practice must be within 25 miles of the physician's
618 primary place of practice or in a county that is contiguous to
619 the county of the physician's primary place of practice.



179338

620 However, the distance between any of the offices may not exceed
621 75 miles.

622 4. The physician may supervise only one office other than
623 the physician's primary place of practice ~~except that until July~~
624 ~~1, 2011, the physician may supervise up to two medical offices~~
625 ~~other than the physician's primary place of practice if the~~
626 ~~addresses of the offices are submitted to the board before July~~
627 ~~1, 2006. Effective July 1, 2011, the physician may supervise~~
628 ~~only one office other than the physician's primary place of~~
629 ~~practice, regardless of when the addresses of the offices were~~
630 ~~submitted to the board.~~

631 (d) A physician who supervises an office in addition to the
632 physician's primary practice location must conspicuously post in
633 each of the physician's offices a current schedule of the
634 regular hours when the physician is present in that office and
635 the hours when the office is open while the physician is not
636 present.

637 (e) This subsection does not apply to health care services
638 provided in facilities licensed under chapter 395 or in
639 conjunction with a college of medicine, a college of nursing, an
640 accredited graduate medical program, or a nursing education
641 program; not-for-profit, family-planning clinics that are not
642 licensed pursuant to chapter 390; rural and federally qualified
643 health centers; health care services provided in a nursing home
644 licensed under part II of chapter 400, an assisted living
645 facility licensed under part I of chapter 429, a continuing care
646 facility licensed under chapter 651, or a retirement community
647 consisting of independent living units and a licensed nursing
648 home or assisted living facility; anesthesia services provided



179338

649 in accordance with law; health care services provided in a
650 designated rural health clinic; health care services provided to
651 persons enrolled in a program designed to maintain elderly
652 persons and persons with disabilities in a home or community-
653 based setting; university primary care student health centers;
654 school health clinics; or health care services provided in
655 federal, state, or local government facilities. Subsection (3)
656 and this subsection do not apply to offices at which the
657 exclusive service being performed is laser hair removal by an
658 advanced practice registered nurse ~~practitioner~~ or physician
659 assistant.

660 Section 13. Subsection (3) of section 458.3485, Florida
661 Statutes, is amended to read:

662 458.3485 Medical assistant.—

663 ~~(3) CERTIFICATION.—Medical assistants may be certified by~~
664 ~~the American Association of Medical Assistants or as a~~
665 ~~Registered Medical Assistant by the American Medical~~
666 ~~Technologists.~~

667 Section 14. Subsections (1) and (3) of section 459.025,
668 Florida Statutes, are amended to read:

669 459.025 Formal supervisory relationships, standing orders,
670 and established protocols; notice; standards.—

671 (1) NOTICE.—

672 (a) When an osteopathic physician enters into a formal
673 supervisory relationship or standing orders with an emergency
674 medical technician or paramedic licensed pursuant to s. 401.27,
675 which relationship or orders contemplate the performance of
676 medical acts, or when an osteopathic physician enters into an
677 established protocol with an advanced practice registered nurse



179338

678 ~~practitioner~~, which protocol contemplates the performance of
679 medical acts identified and approved by the joint committee
680 pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and
681 (4), the osteopathic physician shall submit notice to the board.
682 The notice must contain a statement in substantially the
683 following form:

684
685 I, ...(name and professional license number of osteopathic
686 physician)..., of ...(address of osteopathic physician)... have
687 hereby entered into a formal supervisory relationship, standing
688 orders, or an established protocol with ...(number of
689 persons)... emergency medical technician(s), ...(number of
690 persons)... paramedic(s), or ...(number of persons)... advanced
691 practice registered nurse(s) ~~nurse practitioner(s)~~.

692
693 (b) Notice shall be filed within 30 days after entering
694 into the relationship, orders, or protocol. Notice also shall be
695 provided within 30 days after the osteopathic physician has
696 terminated any such relationship, orders, or protocol.

697 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—
698 An osteopathic physician who supervises an advanced practice
699 registered nurse ~~practitioner~~ or physician assistant at a
700 medical office other than the osteopathic physician's primary
701 practice location, where the advanced practice registered nurse
702 ~~practitioner~~ or physician assistant is not under the onsite
703 supervision of a supervising osteopathic physician, must comply
704 with the standards set forth in this subsection. For the purpose
705 of this subsection, an osteopathic physician's "primary practice
706 location" means the address reflected on the physician's profile



179338

707 published pursuant to s. 456.041.

708 (a) An osteopathic physician who is engaged in providing
709 primary health care services may not supervise more than four
710 offices in addition to the osteopathic physician's primary
711 practice location. For the purpose of this subsection, "primary
712 health care" means health care services that are commonly
713 provided to patients without referral from another practitioner,
714 including obstetrical and gynecological services, and excludes
715 practices providing primarily dermatologic and skin care
716 services, which include aesthetic skin care services.

717 (b) An osteopathic physician who is engaged in providing
718 specialty health care services may not supervise more than two
719 offices in addition to the osteopathic physician's primary
720 practice location. For the purpose of this subsection,
721 "specialty health care" means health care services that are
722 commonly provided to patients with a referral from another
723 practitioner and excludes practices providing primarily
724 dermatologic and skin care services, which include aesthetic
725 skin care services.

726 (c) An osteopathic physician who supervises an advanced
727 practice registered nurse ~~practitioner~~ or physician assistant at
728 a medical office other than the osteopathic physician's primary
729 practice location, where the advanced practice registered nurse
730 ~~practitioner~~ or physician assistant is not under the onsite
731 supervision of a supervising osteopathic physician and the
732 services offered at the office are primarily dermatologic or
733 skin care services, which include aesthetic skin care services
734 other than plastic surgery, must comply with the standards
735 listed in subparagraphs 1.-4. Notwithstanding s.



179338

736 459.022(4)(e)6., an osteopathic physician supervising a
737 physician assistant pursuant to this paragraph may not be
738 required to review and cosign charts or medical records prepared
739 by such physician assistant.

740 1. The osteopathic physician shall submit to the Board of
741 Osteopathic Medicine the addresses of all offices where he or
742 she is supervising or has a protocol with an advanced practice
743 registered nurse ~~practitioner~~ or a physician's assistant which
744 are not the osteopathic physician's primary practice location.

745 2. The osteopathic physician must be board certified or
746 board eligible in dermatology or plastic surgery as recognized
747 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

748 3. All such offices that are not the osteopathic
749 physician's primary place of practice must be within 25 miles of
750 the osteopathic physician's primary place of practice or in a
751 county that is contiguous to the county of the osteopathic
752 physician's primary place of practice. However, the distance
753 between any of the offices may not exceed 75 miles.

754 4. The osteopathic physician may supervise only one office
755 other than the osteopathic physician's primary place of practice
756 ~~except that until July 1, 2011, the osteopathic physician may~~
757 ~~supervise up to two medical offices other than the osteopathic~~
758 ~~physician's primary place of practice if the addresses of the~~
759 ~~offices are submitted to the Board of Osteopathic Medicine~~
760 ~~before July 1, 2006. Effective July 1, 2011, the osteopathic~~
761 ~~physician may supervise only one office other than the~~
762 ~~osteopathic physician's primary place of practice, regardless of~~
763 ~~when the addresses of the offices were submitted to the Board of~~
764 ~~Osteopathic Medicine.~~



179338

765 (d) An osteopathic physician who supervises an office in
766 addition to the osteopathic physician's primary practice
767 location must conspicuously post in each of the osteopathic
768 physician's offices a current schedule of the regular hours when
769 the osteopathic physician is present in that office and the
770 hours when the office is open while the osteopathic physician is
771 not present.

772 (e) This subsection does not apply to health care services
773 provided in facilities licensed under chapter 395 or in
774 conjunction with a college of medicine or college of nursing or
775 an accredited graduate medical or nursing education program;
776 offices where the only service being performed is hair removal
777 by an advanced practice registered nurse ~~practitioner~~ or
778 physician assistant; not-for-profit, family-planning clinics
779 that are not licensed pursuant to chapter 390; rural and
780 federally qualified health centers; health care services
781 provided in a nursing home licensed under part II of chapter
782 400, an assisted living facility licensed under part I of
783 chapter 429, a continuing care facility licensed under chapter
784 651, or a retirement community consisting of independent living
785 units and either a licensed nursing home or assisted living
786 facility; anesthesia services provided in accordance with law;
787 health care services provided in a designated rural health
788 clinic; health care services provided to persons enrolled in a
789 program designed to maintain elderly persons and persons with
790 disabilities in a home or community-based setting; university
791 primary care student health centers; school health clinics; or
792 health care services provided in federal, state, or local
793 government facilities.



179338

794 Section 15. Section 464.012, Florida Statutes, is amended
795 to read:

796 464.012 Certification of advanced practice registered
797 nurses ~~nurse practitioners~~; fees; controlled substance
798 prescribing.-

799 (1) Any nurse desiring to be certified as an advanced
800 practice registered nurse ~~practitioner~~ shall apply to the
801 department and submit proof that he or she holds a current
802 license to practice professional nursing and that he or she
803 meets one or more of the following requirements as determined by
804 the board:

805 (a) Satisfactory completion of a formal postbasic
806 educational program of at least one academic year, the primary
807 purpose of which is to prepare nurses for advanced or
808 specialized practice.

809 (b) Certification by an appropriate specialty board. Such
810 certification shall be required for initial state certification
811 and any recertification as a registered nurse anesthetist or
812 nurse midwife. The board may by rule provide for provisional
813 state certification of graduate nurse anesthetists and nurse
814 midwives for a period of time determined to be appropriate for
815 preparing for and passing the national certification
816 examination.

817 (c) Graduation from a program leading to a master's degree
818 in a nursing clinical specialty area with preparation in
819 specialized practitioner skills. For applicants graduating on or
820 after October 1, 1998, graduation from a master's degree program
821 shall be required for initial certification as a nurse
822 practitioner under paragraph (4) (c). For applicants graduating



179338

823 on or after October 1, 2001, graduation from a master's degree
824 program shall be required for initial certification as a
825 registered nurse anesthetist under paragraph (4) (a).

826 (2) The board shall provide by rule the appropriate
827 requirements for advanced practice registered nurses ~~nurse~~
828 ~~practitioners~~ in the categories of certified registered nurse
829 anesthetist, certified nurse midwife, and certified nurse
830 practitioner.

831 (3) An advanced practice registered nurse ~~practitioner~~
832 shall perform those functions authorized in this section within
833 the framework of an established protocol that is filed with the
834 board upon biennial license renewal and within 30 days after
835 entering into a supervisory relationship with a physician or
836 changes to the protocol. The board shall review the protocol to
837 ensure compliance with applicable regulatory standards for
838 protocols. The board shall refer to the department licensees
839 submitting protocols that are not compliant with the regulatory
840 standards for protocols. A practitioner currently licensed under
841 chapter 458, chapter 459, or chapter 466 shall maintain
842 supervision for directing the specific course of medical
843 treatment. Within the established framework, an advanced
844 practice registered nurse ~~practitioner~~ may:

845 (a) Prescribe, dispense, administer, or order drugs. As
846 used in this paragraph, the term "drugs" includes controlled
847 substances.

848 (b) ~~(a)~~ Monitor and alter drug therapies.

849 (c) ~~(b)~~ Initiate appropriate therapies for certain
850 conditions.

851 (d) ~~(c)~~ Perform additional functions as may be determined by



179338

852 rule in accordance with s. 464.003(2).

853 (e)~~(d)~~ Order diagnostic tests and physical and occupational
854 therapy.

855 (4) In addition to the general functions specified in
856 subsection (3), an advanced practice registered nurse
857 ~~practitioner~~ may perform the following acts within his or her
858 specialty:

859 (a) The certified registered nurse anesthetist may, to the
860 extent authorized by established protocol approved by the
861 medical staff of the facility in which the anesthetic service is
862 performed, perform any or all of the following:

863 1. Determine the health status of the patient as it relates
864 to the risk factors and to the anesthetic management of the
865 patient through the performance of the general functions.

866 2. Based on history, physical assessment, and supplemental
867 laboratory results, determine, with the consent of the
868 responsible physician, the appropriate type of anesthesia within
869 the framework of the protocol.

870 3. Order under the protocol preanesthetic medication.

871 4. Perform under the protocol procedures commonly used to
872 render the patient insensible to pain during the performance of
873 surgical, obstetrical, therapeutic, or diagnostic clinical
874 procedures. These procedures include ordering and administering
875 regional, spinal, and general anesthesia; inhalation agents and
876 techniques; intravenous agents and techniques; and techniques of
877 hypnosis.

878 5. Order or perform monitoring procedures indicated as
879 pertinent to the anesthetic health care management of the
880 patient.



179338

881 6. Support life functions during anesthesia health care,
882 including induction and intubation procedures, the use of
883 appropriate mechanical supportive devices, and the management of
884 fluid, electrolyte, and blood component balances.

885 7. Recognize and take appropriate corrective action for
886 abnormal patient responses to anesthesia, adjunctive medication,
887 or other forms of therapy.

888 8. Recognize and treat a cardiac arrhythmia while the
889 patient is under anesthetic care.

890 9. Participate in management of the patient while in the
891 postanesthesia recovery area, including ordering the
892 administration of fluids and drugs.

893 10. Place special peripheral and central venous and
894 arterial lines for blood sampling and monitoring as appropriate.

895 (b) The certified nurse midwife may, to the extent
896 authorized by an established protocol which has been approved by
897 the medical staff of the health care facility in which the
898 midwifery services are performed, or approved by the nurse
899 midwife's physician backup when the delivery is performed in a
900 patient's home, perform any or all of the following:

901 1. Perform superficial minor surgical procedures.

902 2. Manage the patient during labor and delivery to include
903 amniotomy, episiotomy, and repair.

904 3. Order, initiate, and perform appropriate anesthetic
905 procedures.

906 4. Perform postpartum examination.

907 5. Order appropriate medications.

908 6. Provide family-planning services and well-woman care.

909 7. Manage the medical care of the normal obstetrical



179338

910 patient and the initial care of a newborn patient.

911 (c) The certified nurse practitioner may perform any or all
912 of the following acts within the framework of established
913 protocol:

- 914 1. Manage selected medical problems.
- 915 2. Order physical and occupational therapy.
- 916 3. Initiate, monitor, or alter therapies for certain
917 uncomplicated acute illnesses.
- 918 4. Monitor and manage patients with stable chronic
919 diseases.
- 920 5. Establish behavioral problems and diagnosis and make
921 treatment recommendations.

922 (5) The board shall certify, and the department shall issue
923 a certificate to, any nurse meeting the qualifications in this
924 section. The board shall establish an application fee not to
925 exceed \$100 and a biennial renewal fee not to exceed \$50. The
926 board is authorized to adopt such other rules as are necessary
927 to implement the provisions of this section.

928 (6) (a) The board shall appoint a committee to recommend
929 whether a formulary of controlled substances that an advanced
930 practice registered nurse may not prescribe or may prescribe
931 only for specific uses or subject to specific limitations is
932 necessary to protect the health, safety, and welfare of the
933 public. The committee shall consist of at least three advanced
934 practice registered nurses, including a certified registered
935 nurse anesthetist, a certified nurse midwife, and a certified
936 nurse practitioner; at least two physicians recommended by the
937 Board of Medicine, and one physician recommended by the Board of
938 Osteopathic Medicine, who have had work experience with advanced



179338

939 practice registered nurses; and a pharmacist licensed under
940 chapter 465, but not licensed under chapter 458, chapter 459, or
941 this chapter, who shall be selected by the State Surgeon
942 General. The committee may recommend a formulary applicable to
943 all advanced practice registered nurses, limited by specialty
944 certification, limited to approved uses of controlled
945 substances, or subject to other similar restriction it deems
946 necessary to protect the health, safety, and welfare of the
947 public.

948 (b) The board shall adopt any formulary required under this
949 subsection by rule. Only the board may add to, delete from, or
950 modify the formulary. A person who requests the addition,
951 deletion, or modification of a controlled substance listed on
952 the formulary has the burden of proof to show cause why the
953 change should be made. The board shall post notice of any
954 proposed, pending, or adopted changes to the formulary on its
955 website.

956 (c) The board shall initiate rulemaking, if required to
957 implement the committee's initial recommendation, no later than
958 October 1, 2014.

959 Section 16. Present subsections (8) through (10) of section
960 464.015, Florida Statutes, are renumbered as subsections (9)
961 through (11), respectively, and amended, and a new subsection
962 (8) is added to that section, to read:

963 464.015 Titles and abbreviations; restrictions; penalty.—

964 (8) Only persons who hold valid certificates to practice as
965 certified nurse practitioners in this state may use the title
966 "Certified Nurse Practitioner" and use the abbreviations
967 "C.N.P." and "nurse practitioner."



179338

968 ~~(9)-(8)~~ Only persons who hold valid certificates to practice
969 as advanced practice registered nurses ~~nurse practitioners~~ in
970 this state may use the title "Advanced Practice Registered Nurse
971 ~~Practitioner~~" and the abbreviation "A.P.R.N." ~~"A.R.N.P."~~

972 ~~(10)-(9)~~ A person may not practice or advertise as, or
973 assume the title of, registered nurse, licensed practical nurse,
974 clinical nurse specialist, certified registered nurse
975 anesthetist, certified nurse midwife, or advanced practice
976 registered nurse ~~practitioner~~ or use the abbreviation "R.N.,"
977 "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," "C.N.P.," or
978 "A.P.R.N." ~~"A.R.N.P."~~ or take any other action that would lead
979 the public to believe that person was certified as such or is
980 performing nursing services pursuant to the exception set forth
981 in s. 464.022(8), unless that person is licensed or certified to
982 practice as such.

983 ~~(11)-(10)~~ A violation of this section is a misdemeanor of
984 the first degree, punishable as provided in s. 775.082 or s.
985 775.083.

986 Section 17. Paragraph (p) is added to subsection (1) of
987 section 464.018, Florida Statutes, to read:

988 464.018 Disciplinary actions.—

989 (1) The following acts constitute grounds for denial of a
990 license or disciplinary action, as specified in s. 456.072(2):

991 (p) For only an advanced practice registered nurse:

992 1. Presigning blank prescription forms.

993 2. Prescribing for office use any medicinal drug appearing
994 on Schedule II in chapter 893.

995 3. Prescribing, ordering, dispensing, administering,
996 supplying, selling, or giving a drug that is an amphetamine or



179338

997 sympathomimetic amine drug, or a compound designated pursuant to
998 chapter 893 as a Schedule II controlled substance, to or for any
999 person except for:

1000 a. The treatment of narcolepsy; hyperkinesis; behavioral
1001 syndrome in children characterized by the developmentally
1002 inappropriate symptoms of moderate to severe distractibility,
1003 short attention span, hyperactivity, emotional lability, and
1004 impulsivity; or drug-induced brain dysfunction.

1005 b. The differential diagnostic psychiatric evaluation of
1006 depression or the treatment of depression shown to be refractory
1007 to other therapeutic modalities.

1008 c. The clinical investigation of the effects of such drugs
1009 or compounds when an investigative protocol is submitted to,
1010 reviewed, and approved by the department before such
1011 investigation is begun.

1012 4. Prescribing, ordering, dispensing, administering,
1013 supplying, selling, or giving growth hormones, testosterone or
1014 its analogs, human chorionic gonadotropin (HCG), or other
1015 hormones for the purpose of muscle building or to enhance
1016 athletic performance. For the purposes of this subsection, the
1017 term "muscle building" does not include the treatment of injured
1018 muscle. A prescription written for the drug products listed
1019 above may be dispensed by the pharmacist with the presumption
1020 that the prescription is for legitimate medical use.

1021 5. Promoting or advertising on any prescription form of a
1022 community pharmacy unless the form also states "This
1023 prescription may be filled at any pharmacy of your choice."

1024 6. Prescribing, dispensing, administering, mixing, or
1025 otherwise preparing a legend drug, including a controlled



179338

1026 substance, other than in the course of his or her professional
1027 practice. For the purposes of this paragraph, it shall be
1028 legally presumed that prescribing, dispensing, administering,
1029 mixing, or otherwise preparing legend drugs, including all
1030 controlled substances, inappropriately or in excessive or
1031 inappropriate quantities is not in the best interest of the
1032 patient and is not in the course of the advanced practice
1033 registered nurse's professional practice, without regard to his
1034 or her intent.

1035 7. Prescribing, dispensing, or administering a medicinal
1036 drug appearing on a schedule set forth in chapter 893 to himself
1037 or herself, except a drug prescribed, dispensed, or administered
1038 to the advanced practice registered nurse by another
1039 practitioner authorized to prescribe, dispense, or administer
1040 medicinal drugs.

1041 8. Prescribing, ordering, dispensing, administering,
1042 supplying, selling, or giving amygdalin (laetrile) to any
1043 person.

1044 9. Dispensing a controlled substance listed in Schedule II
1045 or Schedule III of chapter 893 in violation of s. 465.0276.

1046 10. Promoting or advertising through any communication
1047 medium the use, sale, or dispensing of a controlled substance
1048 appearing on a schedule in chapter 893.

1049 Section 18. Subsection (21) of section 893.02, Florida
1050 Statutes, is amended to read:

1051 893.02 Definitions.—The following words and phrases as used
1052 in this chapter shall have the following meanings, unless the
1053 context otherwise requires:

1054 (21) "Practitioner" means a physician licensed pursuant to



179338

1055 chapter 458, a dentist licensed pursuant to chapter 466, a
1056 veterinarian licensed pursuant to chapter 474, an osteopathic
1057 physician licensed pursuant to chapter 459, an advanced practice
1058 registered nurse certified pursuant to chapter 464, a naturopath
1059 licensed pursuant to chapter 462, a certified optometrist
1060 licensed pursuant to chapter 463, or a podiatric physician
1061 licensed pursuant to chapter 461, provided such practitioner
1062 holds a valid federal controlled substance registry number.

1063 Section 19. Paragraph (n) of subsection (1) of section
1064 948.03, Florida Statutes, is amended to read:

1065 948.03 Terms and conditions of probation.—

1066 (1) The court shall determine the terms and conditions of
1067 probation. Conditions specified in this section do not require
1068 oral pronouncement at the time of sentencing and may be
1069 considered standard conditions of probation. These conditions
1070 may include among them the following, that the probationer or
1071 offender in community control shall:

1072 (n) Be prohibited from using intoxicants to excess or
1073 possessing any drugs or narcotics unless prescribed by a
1074 physician or advanced practice registered nurse. The probationer
1075 or community controllee may ~~shall~~ not knowingly visit places
1076 where intoxicants, drugs, or other dangerous substances are
1077 unlawfully sold, dispensed, or used.

1078 Section 20. Subsections (3) and (4) of section 39.303,
1079 Florida Statutes, are amended to read:

1080 39.303 Child protection teams; services; eligible cases.—
1081 The Children's Medical Services Program in the Department of
1082 Health shall develop, maintain, and coordinate the services of
1083 one or more multidisciplinary child protection teams in each of



179338

1084 the service districts of the Department of Children and Family
1085 Services. Such teams may be composed of appropriate
1086 representatives of school districts and appropriate health,
1087 mental health, social service, legal service, and law
1088 enforcement agencies. The Legislature finds that optimal
1089 coordination of child protection teams and sexual abuse
1090 treatment programs requires collaboration between the Department
1091 of Health and the Department of Children and Family Services.
1092 The two departments shall maintain an interagency agreement that
1093 establishes protocols for oversight and operations of child
1094 protection teams and sexual abuse treatment programs. The State
1095 Surgeon General and the Deputy Secretary for Children's Medical
1096 Services, in consultation with the Secretary of Children and
1097 Family Services, shall maintain the responsibility for the
1098 screening, employment, and, if necessary, the termination of
1099 child protection team medical directors, at headquarters and in
1100 the 15 districts. Child protection team medical directors shall
1101 be responsible for oversight of the teams in the districts.

1102 (3) All abuse and neglect cases transmitted for
1103 investigation to a district by the hotline must be
1104 simultaneously transmitted to the Department of Health child
1105 protection team for review. For the purpose of determining
1106 whether face-to-face medical evaluation by a child protection
1107 team is necessary, all cases transmitted to the child protection
1108 team which meet the criteria in subsection (2) must be timely
1109 reviewed by:

1110 (a) A physician licensed under chapter 458 or chapter 459
1111 who holds board certification in pediatrics and is a member of a
1112 child protection team;



179338

1113 (b) A physician licensed under chapter 458 or chapter 459
1114 who holds board certification in a specialty other than
1115 pediatrics, who may complete the review only when working under
1116 the direction of a physician licensed under chapter 458 or
1117 chapter 459 who holds board certification in pediatrics and is a
1118 member of a child protection team;

1119 (c) An advanced practice registered nurse ~~practitioner~~
1120 licensed under chapter 464 who has a specialty ~~speciality~~ in
1121 pediatrics or family medicine and is a member of a child
1122 protection team;

1123 (d) A physician assistant licensed under chapter 458 or
1124 chapter 459, who may complete the review only when working under
1125 the supervision of a physician licensed under chapter 458 or
1126 chapter 459 who holds board certification in pediatrics and is a
1127 member of a child protection team; or

1128 (e) A registered nurse licensed under chapter 464, who may
1129 complete the review only when working under the direct
1130 supervision of a physician licensed under chapter 458 or chapter
1131 459 who holds certification in pediatrics and is a member of a
1132 child protection team.

1133 (4) A face-to-face medical evaluation by a child protection
1134 team is not necessary when:

1135 (a) The child was examined for the alleged abuse or neglect
1136 by a physician who is not a member of the child protection team,
1137 and a consultation between the child protection team board-
1138 certified pediatrician, advanced practice registered nurse
1139 ~~practitioner~~, physician assistant working under the supervision
1140 of a child protection team board-certified pediatrician, or
1141 registered nurse working under the direct supervision of a child



179338

1142 protection team board-certified pediatrician, and the examining
1143 physician concludes that a further medical evaluation is
1144 unnecessary;

1145 (b) The child protective investigator, with supervisory
1146 approval, has determined, after conducting a child safety
1147 assessment, that there are no indications of injuries as
1148 described in paragraphs (2) (a)-(h) as reported; or

1149 (c) The child protection team board-certified pediatrician,
1150 as authorized in subsection (3), determines that a medical
1151 evaluation is not required.

1152

1153 Notwithstanding paragraphs (a), (b), and (c), a child protection
1154 team pediatrician, as authorized in subsection (3), may
1155 determine that a face-to-face medical evaluation is necessary.

1156 Section 21. Paragraph (b) of subsection (1) of section
1157 39.304, Florida Statutes, is amended to read:

1158 39.304 Photographs, medical examinations, X rays, and
1159 medical treatment of abused, abandoned, or neglected child.—

1160 (1)

1161 (b) If the areas of trauma visible on a child indicate a
1162 need for a medical examination, or if the child verbally
1163 complains or otherwise exhibits distress as a result of injury
1164 through suspected child abuse, abandonment, or neglect, or is
1165 alleged to have been sexually abused, the person required to
1166 investigate may cause the child to be referred for diagnosis to
1167 a licensed physician or an emergency department in a hospital
1168 without the consent of the child's parents or legal custodian.
1169 Such examination may be performed by any licensed physician or
1170 an advanced practice registered nurse ~~practitioner~~ licensed



1171 pursuant to part I of chapter 464. Any licensed physician, or
1172 advanced practice registered nurse ~~practitioner~~ licensed
1173 pursuant to part I of chapter 464, who has reasonable cause to
1174 suspect that an injury was the result of child abuse,
1175 abandonment, or neglect may authorize a radiological examination
1176 to be performed on the child without the consent of the child's
1177 parent or legal custodian.

1178 Section 22. Paragraph (a) of subsection (1) of section
1179 90.503, Florida Statutes, is amended to read:

1180 90.503 Psychotherapist-patient privilege.—

1181 (1) For purposes of this section:

1182 (a) A "psychotherapist" is:

1183 1. A person authorized to practice medicine in any state or
1184 nation, or reasonably believed by the patient so to be, who is
1185 engaged in the diagnosis or treatment of a mental or emotional
1186 condition, including alcoholism and other drug addiction;

1187 2. A person licensed or certified as a psychologist under
1188 the laws of any state or nation, who is engaged primarily in the
1189 diagnosis or treatment of a mental or emotional condition,
1190 including alcoholism and other drug addiction;

1191 3. A person licensed or certified as a clinical social
1192 worker, marriage and family therapist, or mental health
1193 counselor under the laws of this state, who is engaged primarily
1194 in the diagnosis or treatment of a mental or emotional
1195 condition, including alcoholism and other drug addiction;

1196 4. Treatment personnel of facilities licensed by the state
1197 pursuant to chapter 394, chapter 395, or chapter 397, of
1198 facilities designated by the Department of Children and Families
1199 ~~Family Services~~ pursuant to chapter 394 as treatment facilities,



179338

1200 or of facilities defined as community mental health centers
1201 pursuant to s. 394.907(1), who are engaged primarily in the
1202 diagnosis or treatment of a mental or emotional condition,
1203 including alcoholism and other drug addiction; or

1204 5. An advanced practice registered nurse ~~practitioner~~
1205 certified under s. 464.012, whose primary scope of practice is
1206 the diagnosis or treatment of mental or emotional conditions,
1207 including chemical abuse, and limited only to actions performed
1208 in accordance with part I of chapter 464.

1209 Section 23. Paragraph (e) of subsection (8) of section
1210 112.0455, Florida Statutes, is amended to read:

1211 112.0455 Drug-Free Workplace Act.—

1212 (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
1213 collection and testing for drugs under this section shall be
1214 performed in accordance with the following procedures:

1215 (e) A specimen for a drug test may be taken or collected by
1216 any of the following persons:

1217 1. A physician, a physician's assistant, a registered
1218 professional nurse, a licensed practical nurse, an advanced
1219 practice registered a nurse ~~practitioner~~, or a certified
1220 paramedic who is present at the scene of an accident for the
1221 purpose of rendering emergency medical service or treatment.

1222 2. A qualified person employed by a licensed laboratory.

1223 Section 24. Subsection (3) of section 121.0515, Florida
1224 Statutes, is amended to read:

1225 121.0515 Special Risk Class.—

1226 (3) CRITERIA.—A member, to be designated as a special risk
1227 member, must meet the following criteria:

1228 (a) Effective October 1, 1978, the member must be employed



179338

1229 as a law enforcement officer and be certified, or required to be
1230 certified, in compliance with s. 943.1395; however, sheriffs and
1231 elected police chiefs are excluded from meeting the
1232 certification requirements of this paragraph. In addition, the
1233 member's duties and responsibilities must include the pursuit,
1234 apprehension, and arrest of law violators or suspected law
1235 violators; or as of July 1, 1982, the member must be an active
1236 member of a bomb disposal unit whose primary responsibility is
1237 the location, handling, and disposal of explosive devices; or
1238 the member must be the supervisor or command officer of a member
1239 or members who have such responsibilities. Administrative
1240 support personnel, including, but not limited to, those whose
1241 primary duties and responsibilities are in accounting,
1242 purchasing, legal, and personnel, are not included;

1243 (b) Effective October 1, 1978, the member must be employed
1244 as a firefighter and be certified, or required to be certified,
1245 in compliance with s. 633.408 and be employed solely within the
1246 fire department of a local government employer or an agency of
1247 state government with firefighting responsibilities. In
1248 addition, the member's duties and responsibilities must include
1249 on-the-scene fighting of fires; as of October 1, 2001, fire
1250 prevention or firefighter training; as of October 1, 2001,
1251 direct supervision of firefighting units, fire prevention, or
1252 firefighter training; or as of July 1, 2001, aerial firefighting
1253 surveillance performed by fixed-wing aircraft pilots employed by
1254 the Florida Forest Service of the Department of Agriculture and
1255 Consumer Services; or the member must be the supervisor or
1256 command officer of a member or members who have such
1257 responsibilities. Administrative support personnel, including,



179338

1258 but not limited to, those whose primary duties and
1259 responsibilities are in accounting, purchasing, legal, and
1260 personnel, are not included. All periods of creditable service
1261 in fire prevention or firefighter training, or as the supervisor
1262 or command officer of a member or members who have such
1263 responsibilities, and for which the employer paid the special
1264 risk contribution rate, are included;

1265 (c) Effective October 1, 1978, the member must be employed
1266 as a correctional officer and be certified, or required to be
1267 certified, in compliance with s. 943.1395. In addition, the
1268 member's primary duties and responsibilities must be the
1269 custody, and physical restraint when necessary, of prisoners or
1270 inmates within a prison, jail, or other criminal detention
1271 facility, or while on work detail outside the facility, or while
1272 being transported; or as of July 1, 1984, the member must be the
1273 supervisor or command officer of a member or members who have
1274 such responsibilities. Administrative support personnel,
1275 including, but not limited to, those whose primary duties and
1276 responsibilities are in accounting, purchasing, legal, and
1277 personnel, are not included; however, wardens and assistant
1278 wardens, as defined by rule, are included;

1279 (d) Effective October 1, 1999, the member must be employed
1280 by a licensed Advance Life Support (ALS) or Basic Life Support
1281 (BLS) employer as an emergency medical technician or a paramedic
1282 and be certified in compliance with s. 401.27. In addition, the
1283 member's primary duties and responsibilities must include on-
1284 the-scene emergency medical care or as of October 1, 2001,
1285 direct supervision of emergency medical technicians or
1286 paramedics, or the member must be the supervisor or command



179338

1287 officer of one or more members who have such responsibility.
1288 Administrative support personnel, including, but not limited to,
1289 those whose primary responsibilities are in accounting,
1290 purchasing, legal, and personnel, are not included;

1291 (e) Effective January 1, 2001, the member must be employed
1292 as a community-based correctional probation officer and be
1293 certified, or required to be certified, in compliance with s.
1294 943.1395. In addition, the member's primary duties and
1295 responsibilities must be the supervised custody, surveillance,
1296 control, investigation, and counseling of assigned inmates,
1297 probationers, parolees, or community controllees within the
1298 community; or the member must be the supervisor of a member or
1299 members who have such responsibilities. Administrative support
1300 personnel, including, but not limited to, those whose primary
1301 duties and responsibilities are in accounting, purchasing, legal
1302 services, and personnel management, are not included; however,
1303 probation and parole circuit and deputy circuit administrators
1304 are included;

1305 (f) Effective January 1, 2001, the member must be employed
1306 in one of the following classes and must spend at least 75
1307 percent of his or her time performing duties which involve
1308 contact with patients or inmates in a correctional or forensic
1309 facility or institution:

- 1310 1. Dietitian (class codes 5203 and 5204);
- 1311 2. Public health nutrition consultant (class code 5224);
- 1312 3. Psychological specialist (class codes 5230 and 5231);
- 1313 4. Psychologist (class code 5234);
- 1314 5. Senior psychologist (class codes 5237 and 5238);
- 1315 6. Regional mental health consultant (class code 5240);



- 1316 7. Psychological Services Director—DCF (class code 5242);
1317 8. Pharmacist (class codes 5245 and 5246);
1318 9. Senior pharmacist (class codes 5248 and 5249);
1319 10. Dentist (class code 5266);
1320 11. Senior dentist (class code 5269);
1321 12. Registered nurse (class codes 5290 and 5291);
1322 13. Senior registered nurse (class codes 5292 and 5293);
1323 14. Registered nurse specialist (class codes 5294 and
1324 5295);
1325 15. Clinical associate (class codes 5298 and 5299);
1326 16. Advanced practice registered nurse ~~practitioner~~ (class
1327 codes 5297 and 5300);
1328 17. Advanced practice registered nurse ~~practitioner~~
1329 specialist (class codes 5304 and 5305);
1330 18. Registered nurse supervisor (class codes 5306 and
1331 5307);
1332 19. Senior registered nurse supervisor (class codes 5308
1333 and 5309);
1334 20. Registered nursing consultant (class codes 5312 and
1335 5313);
1336 21. Quality management program supervisor (class code
1337 5314);
1338 22. Executive nursing director (class codes 5320 and 5321);
1339 23. Speech and hearing therapist (class code 5406); or
1340 24. Pharmacy manager (class code 5251);
1341 (g) Effective July 1, 2001, the member must be employed as
1342 a youth custody officer and be certified, or required to be
1343 certified, in compliance with s. 943.1395. In addition, the
1344 member's primary duties and responsibilities must be the



179338

1345 supervised custody, surveillance, control, investigation,
1346 apprehension, arrest, and counseling of assigned juveniles
1347 within the community;

1348 (h) Effective October 1, 2005, through June 30, 2008, the
1349 member must be employed by a law enforcement agency or medical
1350 examiner's office in a forensic discipline recognized by the
1351 International Association for Identification and must qualify
1352 for active membership in the International Association for
1353 Identification. The member's primary duties and responsibilities
1354 must include the collection, examination, preservation,
1355 documentation, preparation, or analysis of physical evidence or
1356 testimony, or both, or the member must be the direct supervisor,
1357 quality management supervisor, or command officer of one or more
1358 individuals with such responsibility. Administrative support
1359 personnel, including, but not limited to, those whose primary
1360 responsibilities are clerical or in accounting, purchasing,
1361 legal, and personnel, are not included;

1362 (i) Effective July 1, 2008, the member must be employed by
1363 the Department of Law Enforcement in the crime laboratory or by
1364 the Division of State Fire Marshal in the forensic laboratory in
1365 one of the following classes:

- 1366 1. Forensic technologist (class code 8459);
- 1367 2. Crime laboratory technician (class code 8461);
- 1368 3. Crime laboratory analyst (class code 8463);
- 1369 4. Senior crime laboratory analyst (class code 8464);
- 1370 5. Crime laboratory analyst supervisor (class code 8466);
- 1371 6. Forensic chief (class code 9602); or
- 1372 7. Forensic services quality manager (class code 9603);

1373 (j) Effective July 1, 2008, the member must be employed by



179338

1374 a local government law enforcement agency or medical examiner's
1375 office and must spend at least 65 percent of his or her time
1376 performing duties that involve the collection, examination,
1377 preservation, documentation, preparation, or analysis of human
1378 tissues or fluids or physical evidence having potential
1379 biological, chemical, or radiological hazard or contamination,
1380 or use chemicals, processes, or materials that may have
1381 carcinogenic or health-damaging properties in the analysis of
1382 such evidence, or the member must be the direct supervisor of
1383 one or more individuals having such responsibility. If a special
1384 risk member changes to another position within the same agency,
1385 he or she must submit a complete application as provided in
1386 paragraph (4) (a); or

1387 (k) The member must have already qualified for and be
1388 actively participating in special risk membership under
1389 paragraph (a), paragraph (b), or paragraph (c), must have
1390 suffered a qualifying injury as defined in this paragraph, must
1391 not be receiving disability retirement benefits as provided in
1392 s. 121.091(4), and must satisfy the requirements of this
1393 paragraph.

1394 1. The ability to qualify for the class of membership
1395 defined in paragraph (2) (i) occurs when two licensed medical
1396 physicians, one of whom is a primary treating physician of the
1397 member, certify the existence of the physical injury and medical
1398 condition that constitute a qualifying injury as defined in this
1399 paragraph and that the member has reached maximum medical
1400 improvement after August 1, 2008. The certifications from the
1401 licensed medical physicians must include, at a minimum, that the
1402 injury to the special risk member has resulted in a physical



179338

1403 loss, or loss of use, of at least two of the following: left
1404 arm, right arm, left leg, or right leg; and:

1405 a. That this physical loss or loss of use is total and
1406 permanent, except if the loss of use is due to a physical injury
1407 to the member's brain, in which event the loss of use is
1408 permanent with at least 75 percent loss of motor function with
1409 respect to each arm or leg affected.

1410 b. That this physical loss or loss of use renders the
1411 member physically unable to perform the essential job functions
1412 of his or her special risk position.

1413 c. That, notwithstanding this physical loss or loss of use,
1414 the individual can perform the essential job functions required
1415 by the member's new position, as provided in subparagraph 3.

1416 d. That use of artificial limbs is not possible or does not
1417 alter the member's ability to perform the essential job
1418 functions of the member's position.

1419 e. That the physical loss or loss of use is a direct result
1420 of a physical injury and not a result of any mental,
1421 psychological, or emotional injury.

1422 2. For the purposes of this paragraph, "qualifying injury"
1423 means an injury sustained in the line of duty, as certified by
1424 the member's employing agency, by a special risk member that
1425 does not result in total and permanent disability as defined in
1426 s. 121.091(4)(b). An injury is a qualifying injury if the injury
1427 is a physical injury to the member's physical body resulting in
1428 a physical loss, or loss of use, of at least two of the
1429 following: left arm, right arm, left leg, or right leg.

1430 Notwithstanding any other provision of this section, an injury
1431 that would otherwise qualify as a qualifying injury is not



179338

1432 considered a qualifying injury if and when the member ceases
1433 employment with the employer for whom he or she was providing
1434 special risk services on the date the injury occurred.

1435 3. The new position, as described in sub-subparagraph 1.c.,
1436 that is required for qualification as a special risk member
1437 under this paragraph is not required to be a position with
1438 essential job functions that entitle an individual to special
1439 risk membership. Whether a new position as described in sub-
1440 subparagraph 1.c. exists and is available to the special risk
1441 member is a decision to be made solely by the employer in
1442 accordance with its hiring practices and applicable law.

1443 4. This paragraph does not grant or create additional
1444 rights for any individual to continued employment or to be hired
1445 or rehired by his or her employer that are not already provided
1446 within the Florida Statutes, the State Constitution, the
1447 Americans with Disabilities Act, if applicable, or any other
1448 applicable state or federal law.

1449 Section 25. Paragraph (a) of subsection (3) of section
1450 252.515, Florida Statutes, is amended to read:

1451 252.515 Postdisaster Relief Assistance Act; immunity from
1452 civil liability.—

1453 (3) As used in this section, the term:

1454 (a) "Emergency first responder" means:

- 1455 1. A physician licensed under chapter 458.
- 1456 2. An osteopathic physician licensed under chapter 459.
- 1457 3. A chiropractic physician licensed under chapter 460.
- 1458 4. A podiatric physician licensed under chapter 461.
- 1459 5. A dentist licensed under chapter 466.
- 1460 6. An advanced practice registered nurse ~~practitioner~~



179338

1461 certified under s. 464.012.

1462 7. A physician assistant licensed under s. 458.347 or s.
1463 459.022.

1464 8. A worker employed by a public or private hospital in the
1465 state.

1466 9. A paramedic as defined in s. 401.23(17).

1467 10. An emergency medical technician as defined in s.
1468 401.23(11).

1469 11. A firefighter as defined in s. 633.102.

1470 12. A law enforcement officer as defined in s. 943.10.

1471 13. A member of the Florida National Guard.

1472 14. Any other personnel designated as emergency personnel
1473 by the Governor pursuant to a declared emergency.

1474 Section 26. Paragraph (b) of subsection (1) of section
1475 381.00315, Florida Statutes, is amended to read:

1476 381.00315 Public health advisories; public health
1477 emergencies; quarantines.—The State Health Officer is
1478 responsible for declaring public health emergencies and
1479 quarantines and issuing public health advisories.

1480 (1) As used in this section, the term:

1481 (b) "Public health emergency" means any occurrence, or
1482 threat thereof, whether natural or manmade ~~man-made~~, which
1483 results or may result in substantial injury or harm to the
1484 public health from infectious disease, chemical agents, nuclear
1485 agents, biological toxins, or situations involving mass
1486 casualties or natural disasters. Before ~~Prior to~~ declaring a
1487 public health emergency, the State Health Officer shall, to the
1488 extent possible, consult with the Governor and shall notify the
1489 Chief of Domestic Security. The declaration of a public health



179338

1490 emergency shall continue until the State Health Officer finds
1491 that the threat or danger has been dealt with to the extent that
1492 the emergency conditions no longer exist and he or she
1493 terminates the declaration. However, a declaration of a public
1494 health emergency may not continue for longer than 60 days unless
1495 the Governor concurs in the renewal of the declaration. The
1496 State Health Officer, upon declaration of a public health
1497 emergency, may take actions that are necessary to protect the
1498 public health. Such actions include, but are not limited to:

1499 1. Directing manufacturers of prescription drugs or over-
1500 the-counter drugs who are permitted under chapter 499 and
1501 wholesalers of prescription drugs located in this state who are
1502 permitted under chapter 499 to give priority to the shipping of
1503 specified drugs to pharmacies and health care providers within
1504 geographic areas that have been identified by the State Health
1505 Officer. The State Health Officer must identify the drugs to be
1506 shipped. Manufacturers and wholesalers located in the state must
1507 respond to the State Health Officer's priority shipping
1508 directive before shipping the specified drugs.

1509 2. Notwithstanding chapters 465 and 499 and rules adopted
1510 thereunder, directing pharmacists employed by the department to
1511 compound bulk prescription drugs and provide these bulk
1512 prescription drugs to physicians and nurses of county health
1513 departments or any qualified person authorized by the State
1514 Health Officer for administration to persons as part of a
1515 prophylactic or treatment regimen.

1516 3. Notwithstanding s. 456.036, temporarily reactivating the
1517 inactive license of the following health care practitioners,
1518 when such practitioners are needed to respond to the public



179338

1519 health emergency: physicians licensed under chapter 458 or
1520 chapter 459; physician assistants licensed under chapter 458 or
1521 chapter 459; licensed practical nurses, registered nurses, and
1522 advanced practice registered nurses certified nurse
1523 ~~practitioners licensed~~ under part I of chapter 464; respiratory
1524 therapists licensed under part V of chapter 468; and emergency
1525 medical technicians and paramedics certified under part III of
1526 chapter 401. Only those health care practitioners specified in
1527 this paragraph who possess an unencumbered inactive license and
1528 who request that such license be reactivated are eligible for
1529 reactivation. An inactive license that is reactivated under this
1530 paragraph shall return to inactive status when the public health
1531 emergency ends or before ~~prior to~~ the end of the public health
1532 emergency if the State Health Officer determines that the health
1533 care practitioner is no longer needed to provide services during
1534 the public health emergency. Such licenses may only be
1535 reactivated for a period not to exceed 90 days without meeting
1536 the requirements of s. 456.036 or chapter 401, as applicable.

1537 4. Ordering an individual to be examined, tested,
1538 vaccinated, treated, or quarantined for communicable diseases
1539 that have significant morbidity or mortality and present a
1540 severe danger to public health. Individuals who are unable or
1541 unwilling to be examined, tested, vaccinated, or treated for
1542 reasons of health, religion, or conscience may be subjected to
1543 quarantine.

1544 a. Examination, testing, vaccination, or treatment may be
1545 performed by any qualified person authorized by the State Health
1546 Officer.

1547 b. If the individual poses a danger to the public health,



179338

1548 the State Health Officer may subject the individual to
1549 quarantine. If there is no practical method to quarantine the
1550 individual, the State Health Officer may use any means necessary
1551 to vaccinate or treat the individual.

1552

1553 Any order of the State Health Officer given to effectuate this
1554 paragraph shall be immediately enforceable by a law enforcement
1555 officer under s. 381.0012.

1556 Section 27. Subsection (3) of section 381.00593, Florida
1557 Statutes, is amended to read:

1558 381.00593 Public school volunteer health care practitioner
1559 program.—

1560 (3) For purposes of this section, the term "health care
1561 practitioner" means a physician licensed under chapter 458; an
1562 osteopathic physician licensed under chapter 459; a chiropractic
1563 physician licensed under chapter 460; a podiatric physician
1564 licensed under chapter 461; an optometrist licensed under
1565 chapter 463; an advanced practice registered nurse ~~practitioner~~,
1566 registered nurse, or licensed practical nurse licensed under
1567 part I of chapter 464; a pharmacist licensed under chapter 465;
1568 a dentist or dental hygienist licensed under chapter 466; a
1569 midwife licensed under chapter 467; a speech-language
1570 pathologist or audiologist licensed under part I of chapter 468;
1571 a dietitian/nutritionist licensed under part X of chapter 468;
1572 or a physical therapist licensed under chapter 486.

1573 Section 28. Paragraph (c) of subsection (1) of section
1574 383.141, Florida Statutes, is amended to read:

1575 383.141 Prenatally diagnosed conditions; patient to be
1576 provided information; definitions; information clearinghouse;



179338

1577 advisory council.—

1578 (1) As used in this section, the term:

1579 (c) "Health care provider" means a practitioner licensed or
1580 registered under chapter 458 or chapter 459 or an advanced
1581 practice registered nurse ~~practitioner~~ certified under chapter
1582 464.

1583 Section 29. Paragraph (a) of subsection (3) of section
1584 390.0111, Florida Statutes, is amended to read:

1585 390.0111 Termination of pregnancies.—

1586 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1587 be performed or induced except with the voluntary and informed
1588 written consent of the pregnant woman or, in the case of a
1589 mental incompetent, the voluntary and informed written consent
1590 of her court-appointed guardian.

1591 (a) Except in the case of a medical emergency, consent to a
1592 termination of pregnancy is voluntary and informed only if:

1593 1. The physician who is to perform the procedure, or the
1594 referring physician, has, at a minimum, orally, in person,
1595 informed the woman of:

1596 a. The nature and risks of undergoing or not undergoing the
1597 proposed procedure that a reasonable patient would consider
1598 material to making a knowing and willful decision of whether to
1599 terminate a pregnancy.

1600 b. The probable gestational age of the fetus, verified by
1601 an ultrasound, at the time the termination of pregnancy is to be
1602 performed.

1603 (I) The ultrasound must be performed by the physician who
1604 is to perform the abortion or by a person having documented
1605 evidence that he or she has completed a course in the operation



179338

1606 of ultrasound equipment as prescribed by rule and who is working
1607 in conjunction with the physician.

1608 (II) The person performing the ultrasound must offer the
1609 woman the opportunity to view the live ultrasound images and
1610 hear an explanation of them. If the woman accepts the
1611 opportunity to view the images and hear the explanation, a
1612 physician or a registered nurse, licensed practical nurse,
1613 advanced practice registered nurse ~~practitioner~~, or physician
1614 assistant working in conjunction with the physician must
1615 contemporaneously review and explain the images to the woman
1616 before the woman gives informed consent to having an abortion
1617 procedure performed.

1618 (III) The woman has a right to decline to view and hear the
1619 explanation of the live ultrasound images after she is informed
1620 of her right and offered an opportunity to view the images and
1621 hear the explanation. If the woman declines, the woman shall
1622 complete a form acknowledging that she was offered an
1623 opportunity to view and hear the explanation of the images but
1624 that she declined that opportunity. The form must also indicate
1625 that the woman's decision was not based on any undue influence
1626 from any person to discourage her from viewing the images or
1627 hearing the explanation and that she declined of her own free
1628 will.

1629 (IV) Unless requested by the woman, the person performing
1630 the ultrasound may not offer the opportunity to view the images
1631 and hear the explanation and the explanation may not be given
1632 if, at the time the woman schedules or arrives for her
1633 appointment to obtain an abortion, a copy of a restraining
1634 order, police report, medical record, or other court order or



179338

1635 documentation is presented which provides evidence that the
1636 woman is obtaining the abortion because the woman is a victim of
1637 rape, incest, domestic violence, or human trafficking or that
1638 the woman has been diagnosed as having a condition that, on the
1639 basis of a physician's good faith clinical judgment, would
1640 create a serious risk of substantial and irreversible impairment
1641 of a major bodily function if the woman delayed terminating her
1642 pregnancy.

1643 c. The medical risks to the woman and fetus of carrying the
1644 pregnancy to term.

1645 2. Printed materials prepared and provided by the
1646 department have been provided to the pregnant woman, if she
1647 chooses to view these materials, including:

1648 a. A description of the fetus, including a description of
1649 the various stages of development.

1650 b. A list of entities that offer alternatives to
1651 terminating the pregnancy.

1652 c. Detailed information on the availability of medical
1653 assistance benefits for prenatal care, childbirth, and neonatal
1654 care.

1655 3. The woman acknowledges in writing, before the
1656 termination of pregnancy, that the information required to be
1657 provided under this subsection has been provided.

1658
1659 ~~Nothing in~~ This paragraph is not intended to prohibit a
1660 physician from providing any additional information that ~~which~~
1661 the physician deems material to the woman's informed decision to
1662 terminate her pregnancy.

1663 Section 30. Paragraphs (c), (e), and (f) of subsection (3)



179338

1664 of section 390.012, Florida Statutes, are amended to read:

1665 390.012 Powers of agency; rules; disposal of fetal
1666 remains.—

1667 (3) For clinics that perform or claim to perform abortions
1668 after the first trimester of pregnancy, the agency shall adopt
1669 rules pursuant to ss. 120.536(1) and 120.54 to implement the
1670 provisions of this chapter, including the following:

1671 (c) Rules relating to abortion clinic personnel. At a
1672 minimum, these rules shall require that:

1673 1. The abortion clinic designate a medical director who is
1674 licensed to practice medicine in this state and who has
1675 admitting privileges at a licensed hospital in this state or has
1676 a transfer agreement with a licensed hospital within reasonable
1677 proximity of the clinic.

1678 2. If a physician is not present after an abortion is
1679 performed, a registered nurse, licensed practical nurse,
1680 advanced practice registered nurse ~~practitioner~~, or physician
1681 assistant shall be present and remain at the clinic to provide
1682 postoperative monitoring and care until the patient is
1683 discharged.

1684 3. Surgical assistants receive training in counseling,
1685 patient advocacy, and the specific responsibilities associated
1686 with the services the surgical assistants provide.

1687 4. Volunteers receive training in the specific
1688 responsibilities associated with the services the volunteers
1689 provide, including counseling and patient advocacy as provided
1690 in the rules adopted by the director for different types of
1691 volunteers based on their responsibilities.

1692 (e) Rules relating to the abortion procedure. At a minimum,



179338

1693 these rules shall require:

1694 1. That a physician, registered nurse, licensed practical
1695 nurse, advanced practice registered nurse ~~practitioner~~, or
1696 physician assistant is available to all patients throughout the
1697 abortion procedure.

1698 2. Standards for the safe conduct of abortion procedures
1699 that conform to obstetric standards in keeping with established
1700 standards of care regarding the estimation of fetal age as
1701 defined in rule.

1702 3. Appropriate use of general and local anesthesia,
1703 analgesia, and sedation if ordered by the physician.

1704 4. Appropriate precautions, such as the establishment of
1705 intravenous access at least for patients undergoing post-first
1706 trimester abortions.

1707 5. Appropriate monitoring of the vital signs and other
1708 defined signs and markers of the patient's status throughout the
1709 abortion procedure and during the recovery period until the
1710 patient's condition is deemed to be stable in the recovery room.

1711 (f) Rules that prescribe minimum recovery room standards.

1712 At a minimum, these rules shall require that:

1713 1. Postprocedure recovery rooms are supervised and staffed
1714 to meet the patients' needs.

1715 2. Immediate postprocedure care consists of observation in
1716 a supervised recovery room for as long as the patient's
1717 condition warrants.

1718 3. The clinic arranges hospitalization if any complication
1719 beyond the medical capability of the staff occurs or is
1720 suspected.

1721 4. A registered nurse, licensed practical nurse, advanced



179338

1722 practice registered nurse ~~practitioner~~, or physician assistant
1723 who is trained in the management of the recovery area and is
1724 capable of providing basic cardiopulmonary resuscitation and
1725 related emergency procedures remains on the premises of the
1726 abortion clinic until all patients are discharged.

1727 5. A physician shall sign the discharge order and be
1728 readily accessible and available until the last patient is
1729 discharged to facilitate the transfer of emergency cases if
1730 hospitalization of the patient or viable fetus is necessary.

1731 6. A physician discusses Rho(D) immune globulin with each
1732 patient for whom it is indicated and ensures that it is offered
1733 to the patient in the immediate postoperative period or that it
1734 will be available to her within 72 hours after completion of the
1735 abortion procedure. If the patient refuses the Rho(D) immune
1736 globulin, a refusal form approved by the agency shall be signed
1737 by the patient and a witness and included in the medical record.

1738 7. Written instructions with regard to postabortion coitus,
1739 signs of possible problems, and general aftercare are given to
1740 each patient. Each patient shall have specific written
1741 instructions regarding access to medical care for complications,
1742 including a telephone number to call for medical emergencies.

1743 8. There is a specified minimum length of time that a
1744 patient remains in the recovery room by type of abortion
1745 procedure and duration of gestation.

1746 9. The physician ensures that a registered nurse, licensed
1747 practical nurse, advanced practice registered nurse
1748 ~~practitioner~~, or physician assistant from the abortion clinic
1749 makes a good faith effort to contact the patient by telephone,
1750 with the patient's consent, within 24 hours after surgery to



179338

1751 assess the patient's recovery.

1752 10. Equipment and services are readily accessible to
1753 provide appropriate emergency resuscitative and life support
1754 procedures pending the transfer of the patient or viable fetus
1755 to the hospital.

1756 Section 31. Paragraph (a) of subsection (2) of section
1757 394.4574, Florida Statutes, is amended to read:

1758 394.4574 Department responsibilities for a mental health
1759 resident who resides in an assisted living facility that holds a
1760 limited mental health license.—

1761 (2) The department must ensure that:

1762 (a) A mental health resident has been assessed by a
1763 psychiatrist, clinical psychologist, clinical social worker, or
1764 psychiatric-mental health advanced practice registered
1765 ~~psychiatric~~ nurse, or an individual who is supervised by one of
1766 these professionals, and determined to be appropriate to reside
1767 in an assisted living facility. The documentation must be
1768 provided to the administrator of the facility within 30 days
1769 after the mental health resident has been admitted to the
1770 facility. An evaluation completed upon discharge from a state
1771 mental hospital meets the requirements of this subsection
1772 related to appropriateness for placement as a mental health
1773 resident if it was completed within 90 days before ~~prior to~~
1774 admission to the facility.

1775 Section 32. Subsection (2) of section 394.4655, Florida
1776 Statutes, is amended to read:

1777 394.4655 Involuntary outpatient placement.—

1778 (2) INVOLUNTARY OUTPATIENT PLACEMENT.—

1779 (a)1. A patient who is being recommended for involuntary



179338

1780 outpatient placement by the administrator of the receiving
1781 facility where the patient has been examined may be retained by
1782 the facility after adherence to the notice procedures provided
1783 in s. 394.4599. The recommendation must be supported by the
1784 opinion of a psychiatrist and the second opinion of a clinical
1785 psychologist or another psychiatrist, both of whom have
1786 personally examined the patient within the preceding 72 hours,
1787 that the criteria for involuntary outpatient placement are met.
1788 However, in a county having a population of fewer than 50,000,
1789 if the administrator certifies that a psychiatrist or clinical
1790 psychologist is not available to provide the second opinion, the
1791 second opinion may be provided by a licensed physician who has
1792 postgraduate training and experience in diagnosis and treatment
1793 of mental and nervous disorders or by a psychiatric-mental
1794 health advanced practice registered psychiatric nurse. Any
1795 second opinion authorized in this subparagraph may be conducted
1796 through a face-to-face examination, in person or by electronic
1797 means. Such recommendation must be entered on an involuntary
1798 outpatient placement certificate that authorizes the receiving
1799 facility to retain the patient pending completion of a hearing.
1800 The certificate shall be made a part of the patient's clinical
1801 record.

1802 2. If the patient has been stabilized and no longer meets
1803 the criteria for involuntary examination pursuant to s.
1804 394.463(1), the patient must be released from the receiving
1805 facility while awaiting the hearing for involuntary outpatient
1806 placement. Before filing a petition for involuntary outpatient
1807 treatment, the administrator of a receiving facility or a
1808 designated department representative must identify the service



179338

1809 provider that will have primary responsibility for service
1810 provision under an order for involuntary outpatient placement,
1811 unless the person is otherwise participating in outpatient
1812 psychiatric treatment and is not in need of public financing for
1813 that treatment, in which case the individual, if eligible, may
1814 be ordered to involuntary treatment pursuant to the existing
1815 psychiatric treatment relationship.

1816 3. The service provider shall prepare a written proposed
1817 treatment plan in consultation with the patient or the patient's
1818 guardian advocate, if appointed, for the court's consideration
1819 for inclusion in the involuntary outpatient placement order. The
1820 service provider shall also provide a copy of the proposed
1821 treatment plan to the patient and the administrator of the
1822 receiving facility. The treatment plan must specify the nature
1823 and extent of the patient's mental illness, address the
1824 reduction of symptoms that necessitate involuntary outpatient
1825 placement, and include measurable goals and objectives for the
1826 services and treatment that are provided to treat the person's
1827 mental illness and assist the person in living and functioning
1828 in the community or to prevent a relapse or deterioration.
1829 Service providers may select and supervise other individuals to
1830 implement specific aspects of the treatment plan. The services
1831 in the treatment plan must be deemed clinically appropriate by a
1832 physician, clinical psychologist, psychiatric-mental health
1833 advanced practice registered psychiatric nurse, mental health
1834 counselor, marriage and family therapist, or clinical social
1835 worker who consults with, or is employed or contracted by, the
1836 service provider. The service provider must certify to the court
1837 in the proposed treatment plan whether sufficient services for



179338

1838 improvement and stabilization are currently available and
1839 whether the service provider agrees to provide those services.
1840 If the service provider certifies that the services in the
1841 proposed treatment plan are not available, the petitioner may
1842 not file the petition.

1843 (b) If a patient in involuntary inpatient placement meets
1844 the criteria for involuntary outpatient placement, the
1845 administrator of the treatment facility may, before the
1846 expiration of the period during which the treatment facility is
1847 authorized to retain the patient, recommend involuntary
1848 outpatient placement. The recommendation must be supported by
1849 the opinion of a psychiatrist and the second opinion of a
1850 clinical psychologist or another psychiatrist, both of whom have
1851 personally examined the patient within the preceding 72 hours,
1852 that the criteria for involuntary outpatient placement are met.
1853 However, in a county having a population of fewer than 50,000,
1854 if the administrator certifies that a psychiatrist or clinical
1855 psychologist is not available to provide the second opinion, the
1856 second opinion may be provided by a licensed physician who has
1857 postgraduate training and experience in diagnosis and treatment
1858 of mental and nervous disorders or by a psychiatric-mental
1859 health advanced practice registered psychiatric nurse. Any
1860 second opinion authorized in this subparagraph may be conducted
1861 through a face-to-face examination, in person or by electronic
1862 means. Such recommendation must be entered on an involuntary
1863 outpatient placement certificate, and the certificate must be
1864 made a part of the patient's clinical record.

1865 (c)1. The administrator of the treatment facility shall
1866 provide a copy of the involuntary outpatient placement



179338

1867 certificate and a copy of the state mental health discharge form
1868 to a department representative in the county where the patient
1869 will be residing. For persons who are leaving a state mental
1870 health treatment facility, the petition for involuntary
1871 outpatient placement must be filed in the county where the
1872 patient will be residing.

1873 2. The service provider that will have primary
1874 responsibility for service provision shall be identified by the
1875 designated department representative before ~~prior to~~ the order
1876 for involuntary outpatient placement and must, before ~~prior to~~
1877 filing a petition for involuntary outpatient placement, certify
1878 to the court whether the services recommended in the patient's
1879 discharge plan are available in the local community and whether
1880 the service provider agrees to provide those services. The
1881 service provider must develop with the patient, or the patient's
1882 guardian advocate, if appointed, a treatment or service plan
1883 that addresses the needs identified in the discharge plan. The
1884 plan must be deemed to be clinically appropriate by a physician,
1885 clinical psychologist, psychiatric-mental health advanced
1886 practice registered ~~psychiatric~~ nurse, mental health counselor,
1887 marriage and family therapist, or clinical social worker, as
1888 defined in this chapter, who consults with, or is employed or
1889 contracted by, the service provider.

1890 3. If the service provider certifies that the services in
1891 the proposed treatment or service plan are not available, the
1892 petitioner may not file the petition.

1893 Section 33. Subsection (2) of section 394.467, Florida
1894 Statutes, is amended to read:

1895 394.467 Involuntary inpatient placement.—



179338

1896 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1897 retained by a receiving facility or involuntarily placed in a
1898 treatment facility upon the recommendation of the administrator
1899 of the receiving facility where the patient has been examined
1900 and after adherence to the notice and hearing procedures
1901 provided in s. 394.4599. The recommendation must be supported by
1902 the opinion of a psychiatrist and the second opinion of a
1903 clinical psychologist or another psychiatrist, both of whom have
1904 personally examined the patient within the preceding 72 hours,
1905 that the criteria for involuntary inpatient placement are met.
1906 However, in a county that has a population of fewer than 50,000,
1907 if the administrator certifies that a psychiatrist or clinical
1908 psychologist is not available to provide the second opinion, the
1909 second opinion may be provided by a licensed physician who has
1910 postgraduate training and experience in diagnosis and treatment
1911 of mental and nervous disorders or by a psychiatric-mental
1912 health advanced practice registered psychiatric nurse. Any
1913 second opinion authorized in this subsection may be conducted
1914 through a face-to-face examination, in person or by electronic
1915 means. Such recommendation shall be entered on an involuntary
1916 inpatient placement certificate that authorizes the receiving
1917 facility to retain the patient pending transfer to a treatment
1918 facility or completion of a hearing.

1919 Section 34. Paragraphs (a) and (b) of subsection (2) and
1920 subsection (4) of section 395.0191, Florida Statutes, are
1921 amended to read:

1922 395.0191 Staff membership and clinical privileges.—

1923 (2) (a) Each licensed facility shall establish rules and
1924 procedures for consideration of an application for clinical



179338

1925 privileges submitted by an advanced practice registered nurse
1926 ~~practitioner~~ licensed and certified under part I of chapter 464,
1927 in accordance with the provisions of this section. A ~~No~~ licensed
1928 facility may not ~~shall~~ deny such application solely because the
1929 applicant is licensed under part I of chapter 464 or because the
1930 applicant is not a participant in the Florida Birth-Related
1931 Neurological Injury Compensation Plan.

1932 (b) An advanced practice registered nurse ~~practitioner~~ who
1933 is certified as a registered nurse anesthetist licensed under
1934 part I of chapter 464 shall administer anesthesia under the
1935 onsite medical direction of a professional licensed under
1936 chapter 458, chapter 459, or chapter 466, and in accordance with
1937 an established protocol approved by the medical staff. The
1938 medical direction shall specifically address the needs of the
1939 individual patient.

1940 (4) This section does not ~~Nothing herein shall~~ restrict in
1941 ~~any way~~ the authority of the medical staff of a licensed
1942 facility to review for approval or disapproval all applications
1943 for appointment and reappointment to all categories of staff and
1944 to make recommendations on each applicant to the governing
1945 board, including the delineation of privileges to be granted in
1946 each case. In making such recommendations and in the delineation
1947 of privileges, each applicant shall be considered individually
1948 pursuant to criteria for a doctor licensed under chapter 458,
1949 chapter 459, chapter 461, or chapter 466, ~~or~~ for an advanced
1950 practice registered nurse ~~practitioner~~ licensed and certified
1951 under part I of chapter 464, or for a psychologist licensed
1952 under chapter 490, as applicable. The applicant's eligibility
1953 for staff membership or clinical privileges shall be determined



179338

1954 by the applicant's background, experience, health, training, and
1955 demonstrated competency; the applicant's adherence to applicable
1956 professional ethics; the applicant's reputation; and the
1957 applicant's ability to work with others and by such other
1958 elements as determined by the governing board, consistent with
1959 this part.

1960 Section 35. Subsection (3) of section 395.602, Florida
1961 Statutes, is amended to read:

1962 395.602 Rural hospitals.—

1963 (3) USE OF FUNDS.—It is the intent of the Legislature that
1964 funds as appropriated shall be used ~~utilized~~ by the department
1965 for the purpose of increasing the number of primary care
1966 physicians, physician assistants, certified nurse midwives,
1967 certified nurse practitioners, and nurses in rural areas, either
1968 through the Medical Education Reimbursement and Loan Repayment
1969 Program as defined by s. 1009.65 or through a federal loan
1970 repayment program which requires state matching funds. The
1971 department may use funds appropriated for the Medical Education
1972 Reimbursement and Loan Repayment Program as matching funds for
1973 federal loan repayment programs for health care personnel, such
1974 as that authorized in Pub. L. No. 100-177, s. 203. If the
1975 department receives federal matching funds, the department shall
1976 only implement the federal program. Reimbursement through either
1977 program shall be limited to:

1978 (a) Primary care physicians, physician assistants,
1979 certified nurse midwives, certified nurse practitioners, and
1980 nurses employed by or affiliated with rural hospitals, as
1981 defined in this act; and

1982 (b) Primary care physicians, physician assistants,



179338

1983 certified nurse midwives, certified nurse practitioners, and
1984 nurses employed by or affiliated with rural area health
1985 education centers, as defined in this section. These personnel
1986 shall practice:

1987 1. In a county with a population density of no greater than
1988 100 persons per square mile; or

1989 2. Within the boundaries of a hospital tax district which
1990 encompasses a population of no greater than 100 persons per
1991 square mile.

1992

1993 If the department administers a federal loan repayment program,
1994 priority shall be given to obligating state and federal matching
1995 funds pursuant to paragraphs (a) and (b). The department may use
1996 federal matching funds in other health workforce shortage areas
1997 and medically underserved areas in the state for loan repayment
1998 programs for primary care physicians, physician assistants,
1999 certified nurse midwives, certified nurse practitioners, and
2000 nurses who are employed by publicly financed health care
2001 programs that serve medically indigent persons.

2002 Section 36. Paragraphs (b) and (c) of subsection (8) of
2003 section 395.605, Florida Statutes, are amended to read:

2004 395.605 Emergency care hospitals.—

2005 (8)

2006 (b) All patients shall be under the care of a physician or
2007 under the care of an advanced practice registered a nurse
2008 ~~practitioner~~ or a physician assistant supervised by a physician.

2009 (c) A physician, an advanced practice registered nurse
2010 ~~practitioner~~, or a physician assistant shall be on duty at all
2011 times, or a physician shall be on call and available within 30



179338

2012 minutes at all times.

2013 Section 37. Subsection (26) of section 397.311, Florida
2014 Statutes, is amended to read:

2015 397.311 Definitions.—As used in this chapter, except part
2016 VIII, the term:

2017 (26) "Qualified professional" means a physician or a
2018 physician assistant licensed under chapter 458 or chapter 459; a
2019 professional licensed under chapter 490 or chapter 491; an
2020 advanced practice registered nurse ~~practitioner~~ having a
2021 specialty in psychiatry licensed under part I of chapter 464; or
2022 a person who is certified through a department-recognized
2023 certification process for substance abuse treatment services and
2024 who holds, at a minimum, a bachelor's degree. A person who is
2025 certified in substance abuse treatment services by a state-
2026 recognized certification process in another state at the time of
2027 employment with a licensed substance abuse provider in this
2028 state may perform the functions of a qualified professional as
2029 defined in this chapter but must meet certification requirements
2030 contained in this subsection no later than 1 year after his or
2031 her date of employment.

2032 Section 38. Section 397.405, Florida Statutes, is amended
2033 to read:

2034 397.405 Exemptions from licensure.—The following are exempt
2035 from the licensing provisions of this chapter:

2036 (1) A hospital or hospital-based component licensed under
2037 chapter 395.

2038 (2) A nursing home facility as defined in s. 400.021.

2039 (3) A substance abuse education program established
2040 pursuant to s. 1003.42.



179338

- 2041 (4) A facility or institution operated by the Federal
2042 Government.
- 2043 (5) A physician or physician assistant licensed under
2044 chapter 458 or chapter 459.
- 2045 (6) A psychologist licensed under chapter 490.
- 2046 (7) A social worker, marriage and family therapist, or
2047 mental health counselor licensed under chapter 491.
- 2048 (8) A legally cognizable church or nonprofit religious
2049 organization or denomination providing substance abuse services,
2050 including prevention services, which are solely religious,
2051 spiritual, or ecclesiastical in nature. A church or nonprofit
2052 religious organization or denomination providing any of the
2053 licensed service components itemized under s. 397.311(18) is not
2054 exempt from substance abuse licensure but retains its exemption
2055 with respect to all services which are solely religious,
2056 spiritual, or ecclesiastical in nature.
- 2057 (9) Facilities licensed under chapter 393 which, in
2058 addition to providing services to persons with developmental
2059 disabilities, also provide services to persons developmentally
2060 at risk as a consequence of exposure to alcohol or other legal
2061 or illegal drugs while in utero.
- 2062 (10) DUI education and screening services provided pursuant
2063 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
2064 or entities providing treatment services must be licensed under
2065 this chapter unless exempted from licensing as provided in this
2066 section.
- 2067 (11) A facility licensed under s. 394.875 as a crisis
2068 stabilization unit.
- 2069



179338

2070 The exemptions from licensure in this section do not apply to
2071 any service provider that receives an appropriation, grant, or
2072 contract from the state to operate as a service provider as
2073 defined in this chapter or to any substance abuse program
2074 regulated pursuant to s. 397.406. Furthermore, this chapter may
2075 not be construed to limit the practice of a physician or
2076 physician assistant licensed under chapter 458 or chapter 459, a
2077 psychologist licensed under chapter 490, a psychotherapist
2078 licensed under chapter 491, or an advanced practice registered
2079 nurse ~~practitioner~~ licensed under part I of chapter 464, who
2080 provides substance abuse treatment, so long as the physician,
2081 physician assistant, psychologist, psychotherapist, or advanced
2082 practice registered nurse ~~practitioner~~ does not represent to the
2083 public that he or she is a licensed service provider and does
2084 not provide services to individuals pursuant to part V of this
2085 chapter. Failure to comply with any requirement necessary to
2086 maintain an exempt status under this section is a misdemeanor of
2087 the first degree, punishable as provided in s. 775.082 or s.
2088 775.083.

2089 Section 39. Subsections (5), (9), and (10) of section
2090 397.427, Florida Statutes, are amended to read:

2091 397.427 Medication-assisted treatment service providers;
2092 rehabilitation program; needs assessment and provision of
2093 services; persons authorized to issue takeout medication;
2094 unlawful operation; penalty.—

2095 (5) Notwithstanding s. 465.019(2), a physician assistant, a
2096 registered nurse, an advanced practice registered nurse
2097 ~~practitioner~~, or a licensed practical nurse working for a
2098 licensed service provider may deliver takeout medication for



179338

2099 opiate treatment to persons enrolled in a maintenance treatment
2100 program for medication-assisted treatment for opiate addiction
2101 if:

2102 (a) The medication-assisted treatment program for opiate
2103 addiction has an appropriate valid permit issued pursuant to
2104 rules adopted by the Board of Pharmacy.~~†~~

2105 (b) The medication for treatment of opiate addiction has
2106 been delivered pursuant to a valid prescription written by the
2107 program's physician licensed pursuant to chapter 458 or chapter
2108 459.~~†~~

2109 (c) The medication for treatment of opiate addiction which
2110 is ordered appears on a formulary and is prepackaged and
2111 prelabeled with dosage instructions and distributed from a
2112 source authorized under chapter 499.~~†~~

2113 (d) Each licensed provider adopts written protocols which
2114 provide for supervision of the physician assistant, registered
2115 nurse, advanced practice registered nurse ~~practitioner~~, or
2116 licensed practical nurse by a physician licensed pursuant to
2117 chapter 458 or chapter 459 and for the procedures by which
2118 patients' medications may be delivered by the physician
2119 assistant, registered nurse, advanced practice registered nurse
2120 ~~practitioner~~, or licensed practical nurse. Such protocols shall
2121 be signed by the supervising physician and either the
2122 administering registered nurse, the advanced practice registered
2123 nurse ~~practitioner~~, or the licensed practical nurse.

2124 (e) Each licensed service provider maintains and has
2125 available for inspection by representatives of the Board of
2126 Pharmacy all medical records and patient care protocols,
2127 including records of medications delivered to patients, in



179338

2128 accordance with the board.

2129 (9) A physician assistant, a registered nurse, an advanced
2130 practice registered nurse ~~practitioner~~, or a licensed practical
2131 nurse working for a licensed service provider may deliver
2132 medication as prescribed by rule if:

2133 (a) The service provider is authorized to provide
2134 medication-assisted treatment;

2135 (b) The medication has been administered pursuant to a
2136 valid prescription written by the program's physician who is
2137 licensed under chapter 458 or chapter 459; and

2138 (c) The medication ordered appears on a formulary or meets
2139 federal requirements for medication-assisted treatment.

2140 (10) Each licensed service provider that provides
2141 medication-assisted treatment must adopt written protocols as
2142 specified by the department and in accordance with federally
2143 required rules, regulations, or procedures. The protocol shall
2144 provide for the supervision of the physician assistant,
2145 registered nurse, advanced practice registered nurse
2146 ~~practitioner~~, or licensed practical nurse working under the
2147 supervision of a physician who is licensed under chapter 458 or
2148 chapter 459. The protocol must specify how the medication will
2149 be used in conjunction with counseling or psychosocial treatment
2150 and that the services provided will be included on the treatment
2151 plan. The protocol must specify the procedures by which
2152 medication-assisted treatment may be administered by the
2153 physician assistant, registered nurse, advanced practice
2154 registered nurse ~~practitioner~~, or licensed practical nurse.
2155 These protocols shall be signed by the supervising physician and
2156 the administering physician assistant, registered nurse,



179338

2157 advanced practice registered nurse ~~practitioner~~, or licensed
2158 practical nurse.

2159 Section 40. Subsection (8) of section 400.021, Florida
2160 Statutes, is amended to read:

2161 400.021 Definitions.—When used in this part, unless the
2162 context otherwise requires, the term:

2163 (8) "Geriatric outpatient clinic" means a site for
2164 providing outpatient health care to persons 60 years of age or
2165 older, which is staffed by a registered nurse, a physician
2166 assistant, or a licensed practical nurse under the direct
2167 supervision of a registered nurse, advanced practice registered
2168 nurse ~~practitioner~~, physician assistant, or physician.

2169 Section 41. Subsection (3) of section 400.0255, Florida
2170 Statutes, is amended to read:

2171 400.0255 Resident transfer or discharge; requirements and
2172 procedures; hearings.—

2173 (3) When a discharge or transfer is initiated by the
2174 nursing home, the nursing home administrator employed by the
2175 nursing home that is discharging or transferring the resident,
2176 or an individual employed by the nursing home who is designated
2177 by the nursing home administrator to act on behalf of the
2178 administration, must sign the notice of discharge or transfer.
2179 Any notice indicating a medical reason for transfer or discharge
2180 must either be signed by the resident's attending physician or
2181 the medical director of the facility, or include an attached
2182 written order for the discharge or transfer. The notice or the
2183 order must be signed by the resident's physician, medical
2184 director, treating physician, advanced practice registered nurse
2185 ~~practitioner~~, or physician assistant.



179338

2186 Section 42. Subsection (3) of section 400.172, Florida
2187 Statutes, is amended to read:

2188 400.172 Respite care provided in nursing home facilities.—

2189 (3) A prospective respite care resident must provide
2190 medical information from a physician, physician assistant, or
2191 advanced practice registered nurse practitioner and any other
2192 information provided by the primary caregiver required by the
2193 facility before or when the person is admitted to receive
2194 respite care. The medical information must include a physician's
2195 order for respite care and proof of a physical examination by a
2196 licensed physician, physician assistant, or advanced practice
2197 registered nurse practitioner. The physician's order and
2198 physical examination may be used to provide intermittent respite
2199 care for up to 12 months after the date the order is written.

2200 Section 43. Subsection (3) of section 400.462, Florida
2201 Statutes, is amended to read:

2202 400.462 Definitions.—As used in this part, the term:

2203 (3) "Advanced practice registered nurse practitioner" means
2204 a person licensed in this state to practice professional nursing
2205 and certified in advanced or specialized nursing practice, as
2206 defined in s. 464.003.

2207 Section 44. Section 400.487, Florida Statutes, is amended
2208 to read:

2209 400.487 Home health service agreements; physician's,
2210 physician assistant's, and advanced practice registered nurse's
2211 nurse practitioner's treatment orders; patient assessment;
2212 establishment and review of plan of care; provision of services;
2213 orders not to resuscitate.—

2214 (1) Services provided by a home health agency must be



179338

2215 covered by an agreement between the home health agency and the
2216 patient or the patient's legal representative specifying the
2217 home health services to be provided, the rates or charges for
2218 services paid with private funds, and the sources of payment,
2219 which may include Medicare, Medicaid, private insurance,
2220 personal funds, or a combination thereof. A home health agency
2221 providing skilled care must make an assessment of the patient's
2222 needs within 48 hours after the start of services.

2223 (2) When required by the provisions of chapter 464; part I,
2224 part III, or part V of chapter 468; or chapter 486, the
2225 attending physician, physician assistant, or advanced practice
2226 registered nurse ~~practitioner~~, acting within his or her
2227 respective scope of practice, shall establish treatment orders
2228 for a patient who is to receive skilled care. The treatment
2229 orders must be signed by the physician, physician assistant, or
2230 advanced practice registered nurse ~~practitioner~~ before a claim
2231 for payment for the skilled services is submitted by the home
2232 health agency. If the claim is submitted to a managed care
2233 organization, the treatment orders must be signed within the
2234 time allowed under the provider agreement. The treatment orders
2235 shall be reviewed, as frequently as the patient's illness
2236 requires, by the physician, physician assistant, or advanced
2237 practice registered nurse ~~practitioner~~ in consultation with the
2238 home health agency.

2239 (3) A home health agency shall arrange for supervisory
2240 visits by a registered nurse to the home of a patient receiving
2241 home health aide services in accordance with the patient's
2242 direction, approval, and agreement to pay the charge for the
2243 visits.



179338

2244 (4) Each patient has the right to be informed of and to
2245 participate in the planning of his or her care. Each patient
2246 must be provided, upon request, a copy of the plan of care
2247 established and maintained for that patient by the home health
2248 agency.

2249 (5) When nursing services are ordered, the home health
2250 agency to which a patient has been admitted for care must
2251 provide the initial admission visit, all service evaluation
2252 visits, and the discharge visit by a direct employee. Services
2253 provided by others under contractual arrangements to a home
2254 health agency must be monitored and managed by the admitting
2255 home health agency. The admitting home health agency is fully
2256 responsible for ensuring that all care provided through its
2257 employees or contract staff is delivered in accordance with this
2258 part and applicable rules.

2259 (6) The skilled care services provided by a home health
2260 agency, directly or under contract, must be supervised and
2261 coordinated in accordance with the plan of care.

2262 (7) Home health agency personnel may withhold or withdraw
2263 cardiopulmonary resuscitation if presented with an order not to
2264 resuscitate executed pursuant to s. 401.45. The agency shall
2265 adopt rules providing for the implementation of such orders.
2266 Home health personnel and agencies may ~~shall~~ not be subject to
2267 criminal prosecution or civil liability, nor be considered to
2268 have engaged in negligent or unprofessional conduct, for
2269 withholding or withdrawing cardiopulmonary resuscitation
2270 pursuant to such an order and rules adopted by the agency.

2271 Section 45. Paragraph (a) of subsection (13) of section
2272 400.506, Florida Statutes, is amended to read:



179338

2273 400.506 Licensure of nurse registries; requirements;
2274 penalties.-

2275 (13) All persons referred for contract in private
2276 residences by a nurse registry must comply with the following
2277 requirements for a plan of treatment:

2278 (a) When, in accordance with the privileges and
2279 restrictions imposed upon a nurse under part I of chapter 464,
2280 the delivery of care to a patient is under the direction or
2281 supervision of a physician or when a physician is responsible
2282 for the medical care of the patient, a medical plan of treatment
2283 must be established for each patient receiving care or treatment
2284 provided by a licensed nurse in the home. The original medical
2285 plan of treatment must be timely signed by the physician,
2286 physician assistant, or advanced practice registered nurse
2287 ~~practitioner~~, acting within his or her respective scope of
2288 practice, and reviewed in consultation with the licensed nurse
2289 at least every 2 months. Any additional order or change in
2290 orders must be obtained from the physician, physician assistant,
2291 or advanced practice registered nurse ~~practitioner~~ and reduced
2292 to writing and timely signed by the physician, physician
2293 assistant, or advanced practice registered nurse ~~practitioner~~.
2294 The delivery of care under a medical plan of treatment must be
2295 substantiated by the appropriate nursing notes or documentation
2296 made by the nurse in compliance with nursing practices
2297 established under part I of chapter 464.

2298 Section 46. Subsections (1) and (2) of section 401.445,
2299 Florida Statutes, are amended to read:

2300 401.445 Emergency examination and treatment of
2301 incapacitated persons.-



179338

2302 (1) ~~No~~ Recovery is not shall be allowed in any court in
2303 this state against any emergency medical technician, paramedic,
2304 or physician as defined in this chapter, any advanced practice
2305 registered nurse ~~practitioner~~ certified under s. 464.012, or any
2306 physician assistant licensed under s. 458.347 or s. 459.022, or
2307 any person acting under the direct medical supervision of a
2308 physician, in an action brought for examining or treating a
2309 patient without his or her informed consent if:

2310 (a) The patient at the time of examination or treatment is
2311 intoxicated, under the influence of drugs, or otherwise
2312 incapable of providing informed consent as provided in s.
2313 766.103;

2314 (b) The patient at the time of examination or treatment is
2315 experiencing an emergency medical condition; and

2316 (c) The patient would reasonably, under all the surrounding
2317 circumstances, undergo such examination, treatment, or procedure
2318 if he or she were advised by the emergency medical technician,
2319 paramedic, physician, advanced practice registered nurse
2320 ~~practitioner~~, or physician assistant in accordance with s.
2321 766.103(3).

2322
2323 Examination and treatment provided under this subsection shall
2324 be limited to reasonable examination of the patient to determine
2325 the medical condition of the patient and treatment reasonably
2326 necessary to alleviate the emergency medical condition or to
2327 stabilize the patient.

2328 (2) In examining and treating a person who is apparently
2329 intoxicated, under the influence of drugs, or otherwise
2330 incapable of providing informed consent, the emergency medical



179338

2331 technician, paramedic, physician, advanced practice registered
2332 nurse ~~practitioner~~, or physician assistant, or any person acting
2333 under the direct medical supervision of a physician, shall
2334 proceed wherever possible with the consent of the person. If the
2335 person reasonably appears to be incapacitated and refuses his or
2336 her consent, the person may be examined, treated, or taken to a
2337 hospital or other appropriate treatment resource if he or she is
2338 in need of emergency attention, without his or her consent, but
2339 unreasonable force may ~~shall~~ not be used.

2340 Section 47. Subsections (1) and (11) of section 409.905,
2341 Florida Statutes, are amended to read:

2342 409.905 Mandatory Medicaid services.—The agency may make
2343 payments for the following services, which are required of the
2344 state by Title XIX of the Social Security Act, furnished by
2345 Medicaid providers to recipients who are determined to be
2346 eligible on the dates on which the services were provided. Any
2347 service under this section shall be provided only when medically
2348 necessary and in accordance with state and federal law.

2349 Mandatory services rendered by providers in mobile units to
2350 Medicaid recipients may be restricted by the agency. Nothing in
2351 this section shall be construed to prevent or limit the agency
2352 from adjusting fees, reimbursement rates, lengths of stay,
2353 number of visits, number of services, or any other adjustments
2354 necessary to comply with the availability of moneys and any
2355 limitations or directions provided for in the General
2356 Appropriations Act or chapter 216.

2357 (1) ADVANCED PRACTICE REGISTERED NURSE ~~PRACTITIONER~~
2358 SERVICES.—The agency shall pay for services provided to a
2359 recipient by a certified ~~licensed~~ advanced practice registered



179338

2360 nurse ~~practitioner~~ who has, if required under s. 464.012(3), a
2361 current protocol ~~valid collaboration agreement~~ with a licensed
2362 physician on file with the Department of Health or who provides
2363 anesthesia services in accordance with established protocol
2364 required by state law and approved by the medical staff of the
2365 facility in which the anesthetic service is performed.
2366 Reimbursement for such services must be provided in an amount
2367 that equals not less than 80 percent of the reimbursement to a
2368 physician who provides the same services, unless otherwise
2369 provided for in the General Appropriations Act.

2370 (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay for
2371 outpatient primary health care services for a recipient provided
2372 by a clinic certified by and participating in the Medicare
2373 program which is located in a federally designated, rural,
2374 medically underserved area and has on its staff one or more
2375 certified ~~licensed~~ primary care nurse practitioners or physician
2376 assistants, and a licensed staff supervising physician or a
2377 consulting supervising physician.

2378 Section 48. Paragraph (a) of subsection (3) and subsection
2379 (7) of section 409.908, Florida Statutes, are amended to read:

2380 409.908 Reimbursement of Medicaid providers.—Subject to
2381 specific appropriations, the agency shall reimburse Medicaid
2382 providers, in accordance with state and federal law, according
2383 to methodologies set forth in the rules of the agency and in
2384 policy manuals and handbooks incorporated by reference therein.
2385 These methodologies may include fee schedules, reimbursement
2386 methods based on cost reporting, negotiated fees, competitive
2387 bidding pursuant to s. 287.057, and other mechanisms the agency
2388 considers efficient and effective for purchasing services or



2389 goods on behalf of recipients. If a provider is reimbursed based
2390 on cost reporting and submits a cost report late and that cost
2391 report would have been used to set a lower reimbursement rate
2392 for a rate semester, then the provider's rate for that semester
2393 shall be retroactively calculated using the new cost report, and
2394 full payment at the recalculated rate shall be effected
2395 retroactively. Medicare-granted extensions for filing cost
2396 reports, if applicable, shall also apply to Medicaid cost
2397 reports. Payment for Medicaid compensable services made on
2398 behalf of Medicaid eligible persons is subject to the
2399 availability of moneys and any limitations or directions
2400 provided for in the General Appropriations Act or chapter 216.
2401 Further, nothing in this section shall be construed to prevent
2402 or limit the agency from adjusting fees, reimbursement rates,
2403 lengths of stay, number of visits, or number of services, or
2404 making any other adjustments necessary to comply with the
2405 availability of moneys and any limitations or directions
2406 provided for in the General Appropriations Act, provided the
2407 adjustment is consistent with legislative intent.

2408 (3) Subject to any limitations or directions provided for
2409 in the General Appropriations Act, the following Medicaid
2410 services and goods may be reimbursed on a fee-for-service basis.
2411 For each allowable service or goods furnished in accordance with
2412 Medicaid rules, policy manuals, handbooks, and state and federal
2413 law, the payment shall be the amount billed by the provider, the
2414 provider's usual and customary charge, or the maximum allowable
2415 fee established by the agency, whichever amount is less, with
2416 the exception of those services or goods for which the agency
2417 makes payment using a methodology based on capitation rates,



179338

2418 average costs, or negotiated fees.

2419 (a) Advanced practice registered nurse ~~practitioner~~
2420 services.

2421 (7) A provider of family planning services shall be
2422 reimbursed the lesser of the amount billed by the provider or an
2423 all-inclusive amount per type of visit for physicians and
2424 advanced practice registered nurses ~~nurse-practitioners~~, as
2425 established by the agency in a fee schedule.

2426 Section 49. Subsection (2) of section 409.9081, Florida
2427 Statutes, is amended to read:

2428 409.9081 Copayments.—

2429 (2) The agency shall, subject to federal regulations and
2430 any directions or limitations provided for in the General
2431 Appropriations Act, require copayments for the following
2432 additional services: hospital inpatient, laboratory and X-ray
2433 services, transportation services, home health care services,
2434 community mental health services, rural health services,
2435 federally qualified health clinic services, and advanced
2436 practice registered nurse ~~practitioner~~ services. The agency may
2437 only establish copayments for prescribed drugs or for any other
2438 federally authorized service if such copayment is specifically
2439 provided for in the General Appropriations Act or other law.

2440 Section 50. Subsection (11) of section 409.9122, Florida
2441 Statutes, is amended to read:

2442 409.9122 Mandatory Medicaid managed care enrollment;
2443 programs and procedures.—

2444 (11) A managed care plan that has a Medicaid contract shall
2445 at least annually review each primary care physician's active
2446 patient load and shall ensure that additional Medicaid



179338

2447 recipients are not assigned to physicians who have a total
2448 active patient load of more than 3,000 patients. As used in this
2449 subsection, the term "active patient" means a patient who is
2450 seen by the same primary care physician, or by a physician
2451 assistant or advanced practice registered nurse ~~practitioner~~
2452 under the supervision of the primary care physician, at least
2453 three times within a calendar year. Each primary care physician
2454 shall annually certify to the managed care plan whether or not
2455 his or her patient load exceeds the limits established under
2456 this subsection and the managed care plan shall accept such
2457 certification on face value as compliance with this subsection.
2458 The agency shall accept the managed care plan's representations
2459 that it is in compliance with this subsection based on the
2460 certification of its primary care physicians, unless the agency
2461 has an objective indication that access to primary care is being
2462 compromised, such as receiving complaints or grievances relating
2463 to access to care. If the agency determines that an objective
2464 indication exists that access to primary care is being
2465 compromised, it may verify the patient load certifications
2466 submitted by the managed care plan's primary care physicians and
2467 that the managed care plan is not assigning Medicaid recipients
2468 to primary care physicians who have an active patient load of
2469 more than 3,000 patients. This subsection expires October 1,
2470 2014.

2471 Section 51. Paragraph (a) of subsection (1) of section
2472 409.973, Florida Statutes, is amended to read:

2473 409.973 Benefits.—

2474 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
2475 minimum, the following services:



179338

2476 (a) Advanced practice registered nurse ~~practitioner~~
2477 services.

2478 Section 52. Subsections (2), (4), (5), and (6) of section
2479 429.26, Florida Statutes, are amended to read:

2480 429.26 Appropriateness of placements; examinations of
2481 residents.—

2482 (2) A physician, physician assistant, or advanced practice
2483 registered nurse ~~practitioner~~ who is employed by an assisted
2484 living facility to provide an initial examination for admission
2485 purposes may not have financial interest in the facility.

2486 (4) If possible, each resident shall have been examined by
2487 a licensed physician, a licensed physician assistant, or a
2488 certified advanced practice registered ~~licensed~~ nurse
2489 ~~practitioner~~ within 60 days before admission to the facility.
2490 The signed and completed medical examination report shall be
2491 submitted to the owner or administrator of the facility who
2492 shall use the information contained therein to assist in the
2493 determination of the appropriateness of the resident's admission
2494 and continued stay in the facility. The medical examination
2495 report shall become a permanent part of the record of the
2496 resident at the facility and shall be made available to the
2497 agency during inspection or upon request. An assessment that has
2498 been completed through the Comprehensive Assessment and Review
2499 for Long-Term Care Services (CARES) Program fulfills the
2500 requirements for a medical examination under this subsection and
2501 s. 429.07(3)(b)6.

2502 (5) Except as provided in s. 429.07, if a medical
2503 examination has not been completed within 60 days before the
2504 admission of the resident to the facility, a licensed physician,



179338

2505 licensed physician assistant, or certified advanced practice
2506 registered licensed nurse practitioner shall examine the
2507 resident and complete a medical examination form provided by the
2508 agency within 30 days following the admission to the facility to
2509 enable the facility owner or administrator to determine the
2510 appropriateness of the admission. The medical examination form
2511 shall become a permanent part of the record of the resident at
2512 the facility and shall be made available to the agency during
2513 inspection by the agency or upon request.

2514 (6) Any resident accepted in a facility and placed by the
2515 department or the Department of Children and Families ~~Family~~
2516 ~~Services~~ shall have been examined by medical personnel within 30
2517 days before placement in the facility. The examination shall
2518 include an assessment of the appropriateness of placement in a
2519 facility. The findings of this examination shall be recorded on
2520 the examination form provided by the agency. The completed form
2521 shall accompany the resident and shall be submitted to the
2522 facility owner or administrator. Additionally, in the case of a
2523 mental health resident, the Department of Children and Families
2524 ~~Family Services~~ must provide documentation that the individual
2525 has been assessed by a psychiatrist, clinical psychologist,
2526 clinical social worker, or psychiatric-mental health advanced
2527 practice registered psychiatric nurse, or an individual who is
2528 supervised by one of these professionals, and determined to be
2529 appropriate to reside in an assisted living facility. The
2530 documentation must be in the facility within 30 days after the
2531 mental health resident has been admitted to the facility. An
2532 evaluation completed upon discharge from a state mental hospital
2533 meets the requirements of this subsection related to



179338

2534 appropriateness for placement as a mental health resident
2535 providing it was completed within 90 days before ~~prior to~~
2536 admission to the facility. The applicable department shall
2537 provide to the facility administrator any information about the
2538 resident that would help the administrator meet his or her
2539 responsibilities under subsection (1). Further, department
2540 personnel shall explain to the facility operator any special
2541 needs of the resident and advise the operator whom to call
2542 should problems arise. The applicable department shall advise
2543 and assist the facility administrator where the special needs of
2544 residents who are recipients of optional state supplementation
2545 require such assistance.

2546 Section 53. Paragraph (a) of subsection (2) and paragraph
2547 (a) of subsection (7) of section 429.918, Florida Statutes, are
2548 amended to read:

2549 429.918 Licensure designation as a specialized Alzheimer's
2550 services adult day care center.—

2551 (2) As used in this section, the term:

2552 (a) "ADRD participant" means a participant who has a
2553 documented diagnosis of Alzheimer's disease or a dementia-
2554 related disorder (ADRD) from a licensed physician, licensed
2555 physician assistant, or a licensed advanced practice registered
2556 nurse ~~practitioner~~.

2557 (7) (a) An ADRD participant admitted to an adult day care
2558 center having a license designated under this section, or the
2559 caregiver when applicable, must:

2560 1. Require ongoing supervision to maintain the highest
2561 level of medical or custodial functioning and have a
2562 demonstrated need for a responsible party to oversee his or her



179338

2563 care.

2564 2. Not actively demonstrate aggressive behavior that places
2565 himself, herself, or others at risk of harm.

2566 3. Provide the following medical documentation signed by a
2567 licensed physician, licensed physician assistant, or a licensed
2568 advanced practice registered nurse ~~practitioner~~:

2569 a. Any physical, health, or emotional conditions that
2570 require medical care.

2571 b. A listing of the ADRD participant's current prescribed
2572 and over-the-counter medications and dosages, diet restrictions,
2573 mobility restrictions, and other physical limitations.

2574 4. Provide documentation signed by a health care provider
2575 licensed in this state which indicates that the ADRD participant
2576 is free of the communicable form of tuberculosis and free of
2577 signs and symptoms of other communicable diseases.

2578 Section 54. Paragraph (e) of subsection (5) of section
2579 440.102, Florida Statutes, is amended to read:

2580 440.102 Drug-free workplace program requirements.—The
2581 following provisions apply to a drug-free workplace program
2582 implemented pursuant to law or to rules adopted by the Agency
2583 for Health Care Administration:

2584 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2585 collection and testing for drugs under this section shall be
2586 performed in accordance with the following procedures:

2587 (e) A specimen for a drug test may be taken or collected by
2588 any of the following persons:

2589 1. A physician, a physician assistant, a registered
2590 professional nurse, a licensed practical nurse, or an advanced
2591 practice registered a nurse ~~practitioner~~ or a certified



179338

2592 paramedic who is present at the scene of an accident for the
2593 purpose of rendering emergency medical service or treatment.

2594 2. A qualified person employed by a licensed or certified
2595 laboratory as described in subsection (9).

2596 Section 55. Section 456.0391, Florida Statutes, is amended
2597 to read:

2598 456.0391 Advanced practice registered nurses ~~nurse~~
2599 ~~practitioners~~; information required for certification.—

2600 (1)(a) Each person who applies for initial certification
2601 under s. 464.012 must, at the time of application, and each
2602 person certified under s. 464.012 who applies for certification
2603 renewal must, in conjunction with the renewal of such
2604 certification and under procedures adopted by the Department of
2605 Health, and in addition to any other information that may be
2606 required from the applicant, furnish the following information
2607 to the Department of Health:

2608 1. The name of each school or training program that the
2609 applicant has attended, with the months and years of attendance
2610 and the month and year of graduation, and a description of all
2611 graduate professional education completed by the applicant,
2612 excluding any coursework taken to satisfy continuing education
2613 requirements.

2614 2. The name of each location at which the applicant
2615 practices.

2616 3. The address at which the applicant will primarily
2617 conduct his or her practice.

2618 4. Any certification or designation that the applicant has
2619 received from a specialty or certification board that is
2620 recognized or approved by the regulatory board or department to



179338

2621 which the applicant is applying.

2622 5. The year that the applicant received initial
2623 certification and began practicing the profession in any
2624 jurisdiction and the year that the applicant received initial
2625 certification in this state.

2626 6. Any appointment which the applicant currently holds to
2627 the faculty of a school related to the profession and an
2628 indication as to whether the applicant has had the
2629 responsibility for graduate education within the most recent 10
2630 years.

2631 7. A description of any criminal offense of which the
2632 applicant has been found guilty, regardless of whether
2633 adjudication of guilt was withheld, or to which the applicant
2634 has pled guilty or nolo contendere. A criminal offense committed
2635 in another jurisdiction which would have been a felony or
2636 misdemeanor if committed in this state must be reported. If the
2637 applicant indicates that a criminal offense is under appeal and
2638 submits a copy of the notice for appeal of that criminal
2639 offense, the department must state that the criminal offense is
2640 under appeal if the criminal offense is reported in the
2641 applicant's profile. If the applicant indicates to the
2642 department that a criminal offense is under appeal, the
2643 applicant must, within 15 days after the disposition of the
2644 appeal, submit to the department a copy of the final written
2645 order of disposition.

2646 8. A description of any final disciplinary action taken
2647 within the previous 10 years against the applicant by a
2648 licensing or regulatory body in any jurisdiction, by a specialty
2649 board that is recognized by the board or department, or by a



179338

2650 licensed hospital, health maintenance organization, prepaid
2651 health clinic, ambulatory surgical center, or nursing home.
2652 Disciplinary action includes resignation from or nonrenewal of
2653 staff membership or the restriction of privileges at a licensed
2654 hospital, health maintenance organization, prepaid health
2655 clinic, ambulatory surgical center, or nursing home taken in
2656 lieu of or in settlement of a pending disciplinary case related
2657 to competence or character. If the applicant indicates that the
2658 disciplinary action is under appeal and submits a copy of the
2659 document initiating an appeal of the disciplinary action, the
2660 department must state that the disciplinary action is under
2661 appeal if the disciplinary action is reported in the applicant's
2662 profile.

2663 (b) In addition to the information required under paragraph
2664 (a), each applicant for initial certification or certification
2665 renewal must provide the information required of licensees
2666 pursuant to s. 456.049.

2667 (2) The Department of Health shall send a notice to each
2668 person certified under s. 464.012 at the certificateholder's
2669 last known address of record regarding the requirements for
2670 information to be submitted by advanced practice registered
2671 nurses ~~nurse-practitioners~~ pursuant to this section in
2672 conjunction with the renewal of such certificate.

2673 (3) Each person certified under s. 464.012 who has
2674 submitted information pursuant to subsection (1) must update
2675 that information in writing by notifying the Department of
2676 Health within 45 days after the occurrence of an event or the
2677 attainment of a status that is required to be reported by
2678 subsection (1). Failure to comply with the requirements of this



2679 subsection to update and submit information constitutes a ground
2680 for disciplinary action under chapter 464 and s. 456.072(1)(k).
2681 For failure to comply with the requirements of this subsection
2682 to update and submit information, the department or board, as
2683 appropriate, may:

2684 (a) Refuse to issue a certificate to any person applying
2685 for initial certification who fails to submit and update the
2686 required information.

2687 (b) Issue a citation to any certificateholder who fails to
2688 submit and update the required information and may fine the
2689 certificateholder up to \$50 for each day that the
2690 certificateholder is not in compliance with this subsection. The
2691 citation must clearly state that the certificateholder may
2692 choose, in lieu of accepting the citation, to follow the
2693 procedure under s. 456.073. If the certificateholder disputes
2694 the matter in the citation, the procedures set forth in s.
2695 456.073 must be followed. However, if the certificateholder does
2696 not dispute the matter in the citation with the department
2697 within 30 days after the citation is served, the citation
2698 becomes a final order and constitutes discipline. Service of a
2699 citation may be made by personal service or certified mail,
2700 restricted delivery, to the subject at the certificateholder's
2701 last known address.

2702 (4) (a) An applicant for initial certification under s.
2703 464.012 must submit a set of fingerprints to the Department of
2704 Health on a form and under procedures specified by the
2705 department, along with payment in an amount equal to the costs
2706 incurred by the Department of Health for a national criminal
2707 history check of the applicant.



179338

2708 (b) An applicant for renewed certification who has not
2709 previously submitted a set of fingerprints to the Department of
2710 Health for purposes of certification must submit a set of
2711 fingerprints to the department as a condition of the initial
2712 renewal of his or her certificate after the effective date of
2713 this section. The applicant must submit the fingerprints on a
2714 form and under procedures specified by the department, along
2715 with payment in an amount equal to the costs incurred by the
2716 Department of Health for a national criminal history check. For
2717 subsequent renewals, the applicant for renewed certification
2718 must only submit information necessary to conduct a statewide
2719 criminal history check, along with payment in an amount equal to
2720 the costs incurred by the Department of Health for a statewide
2721 criminal history check.

2722 (c)1. The Department of Health shall submit the
2723 fingerprints provided by an applicant for initial certification
2724 to the Florida Department of Law Enforcement for a statewide
2725 criminal history check, and the Florida Department of Law
2726 Enforcement shall forward the fingerprints to the Federal Bureau
2727 of Investigation for a national criminal history check of the
2728 applicant.

2729 2. The department shall submit the fingerprints provided by
2730 an applicant for the initial renewal of certification to the
2731 Florida Department of Law Enforcement for a statewide criminal
2732 history check, and the Florida Department of Law Enforcement
2733 shall forward the fingerprints to the Federal Bureau of
2734 Investigation for a national criminal history check for the
2735 initial renewal of the applicant's certificate after the
2736 effective date of this section.



179338

2737 3. For any subsequent renewal of the applicant's
2738 certificate, the department shall submit the required
2739 information for a statewide criminal history check of the
2740 applicant to the Florida Department of Law Enforcement.

2741 (d) Any applicant for initial certification or renewal of
2742 certification as an advanced practice registered nurse
2743 ~~practitioner~~ who submits to the Department of Health a set of
2744 fingerprints and information required for the criminal history
2745 check required under this section ~~may shall~~ not be required to
2746 provide a subsequent set of fingerprints or other duplicate
2747 information required for a criminal history check to the Agency
2748 for Health Care Administration, the Department of Juvenile
2749 Justice, or the Department of Children and Families ~~Family~~
2750 ~~Services~~ for employment or licensure with such agency or
2751 department, if the applicant has undergone a criminal history
2752 check as a condition of initial certification or renewal of
2753 certification as an advanced practice registered nurse
2754 ~~practitioner~~ with the Department of Health, notwithstanding any
2755 other provision of law to the contrary. In lieu of such
2756 duplicate submission, the Agency for Health Care Administration,
2757 the Department of Juvenile Justice, and the Department of
2758 Children and Families ~~Family Services~~ shall obtain criminal
2759 history information for employment or licensure of persons
2760 certified under s. 464.012 by such agency or department from the
2761 Department of Health's health care practitioner credentialing
2762 system.

2763 (5) Each person who is required to submit information
2764 pursuant to this section may submit additional information to
2765 the Department of Health. Such information may include, but is



179338

2766 not limited to:

2767 (a) Information regarding publications in peer-reviewed
2768 professional literature within the previous 10 years.

2769 (b) Information regarding professional or community service
2770 activities or awards.

2771 (c) Languages, other than English, used by the applicant to
2772 communicate with patients or clients and identification of any
2773 translating service that may be available at the place where the
2774 applicant primarily conducts his or her practice.

2775 (d) An indication of whether the person participates in the
2776 Medicaid program.

2777 Section 56. Subsection (2) of section 456.0392, Florida
2778 Statutes, is amended to read:

2779 456.0392 Prescription labeling.—

2780 (2) A prescription for a drug ~~that is not listed as a~~
2781 ~~controlled substance in chapter 893~~ which is written by an
2782 advanced practice registered nurse ~~practitioner~~ certified under
2783 s. 464.012 is presumed, subject to rebuttal, to be valid and
2784 within the parameters of the prescriptive authority delegated by
2785 a practitioner licensed under chapter 458, chapter 459, or
2786 chapter 466.

2787 Section 57. Paragraph (a) of subsection (1) and subsection
2788 (6) of section 456.041, Florida Statutes, are amended to read:

2789 456.041 Practitioner profile; creation.—

2790 (1) (a) The Department of Health shall compile the
2791 information submitted pursuant to s. 456.039 into a practitioner
2792 profile of the applicant submitting the information, except that
2793 the Department of Health shall develop a format to compile
2794 uniformly any information submitted under s. 456.039 (4) (b).



179338

2795 ~~Beginning July 1, 2001,~~ The Department of Health may compile the
2796 information submitted pursuant to s. 456.0391 into a
2797 practitioner profile of the applicant submitting the
2798 information. The protocol submitted pursuant to s. 464.012(3)
2799 must be included in the practitioner profile of the advanced
2800 practice registered nurse ~~practitioner~~.

2801 (6) The Department of Health shall provide in each
2802 practitioner profile for every physician or advanced practice
2803 registered nurse ~~practitioner~~ terminated for cause from
2804 participating in the Medicaid program, pursuant to s. 409.913,
2805 or sanctioned by the Medicaid program a statement that the
2806 practitioner has been terminated from participating in the
2807 Florida Medicaid program or sanctioned by the Medicaid program.

2808 Section 58. Subsection (1) of section 456.048, Florida
2809 Statutes, is amended to read:

2810 456.048 Financial responsibility requirements for certain
2811 health care practitioners.—

2812 (1) As a prerequisite for licensure or license renewal, the
2813 Board of Acupuncture, the Board of Chiropractic Medicine, the
2814 Board of Podiatric Medicine, and the Board of Dentistry shall,
2815 by rule, require that all health care practitioners licensed
2816 under the respective board, and the Board of Medicine and the
2817 Board of Osteopathic Medicine shall, by rule, require that all
2818 anesthesiologist assistants licensed pursuant to s. 458.3475 or
2819 s. 459.023, and the Board of Nursing shall, by rule, require
2820 that advanced practice registered nurses ~~nurse-practitioners~~
2821 certified under s. 464.012, and the department shall, by rule,
2822 require that midwives maintain medical malpractice insurance or
2823 provide proof of financial responsibility in an amount and in a



179338

2824 manner determined by the board or department to be sufficient to
2825 cover claims arising out of the rendering of or failure to
2826 render professional care and services in this state.

2827 Section 59. Paragraph (c) of subsection (2) of section
2828 458.3265, Florida Statutes, is amended to read:

2829 458.3265 Pain-management clinics.—

2830 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2831 apply to any physician who provides professional services in a
2832 pain-management clinic that is required to be registered in
2833 subsection (1).

2834 (c) A physician, a physician assistant, or an advanced
2835 practice registered nurse practitioner must perform a physical
2836 examination of a patient on the same day that the physician
2837 prescribes a controlled substance to a patient at a pain-
2838 management clinic. If the physician prescribes more than a 72-
2839 hour dose of controlled substances for the treatment of chronic
2840 nonmalignant pain, the physician must document in the patient's
2841 record the reason for prescribing that quantity.

2842 Section 60. Paragraph (dd) of subsection (1) of section
2843 458.331, Florida Statutes, is amended to read:

2844 458.331 Grounds for disciplinary action; action by the
2845 board and department.—

2846 (1) The following acts constitute grounds for denial of a
2847 license or disciplinary action, as specified in s. 456.072(2):

2848 (dd) Failing to supervise adequately the activities of
2849 those physician assistants, paramedics, emergency medical
2850 technicians, advanced practice registered nurses ~~nurse~~
2851 ~~practitioners~~, or anesthesiologist assistants acting under the
2852 supervision of the physician.



179338

2853 Section 61. Paragraph (c) of subsection (2) of section
2854 459.0137, Florida Statutes, is amended to read:

2855 459.0137 Pain-management clinics.—

2856 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2857 apply to any osteopathic physician who provides professional
2858 services in a pain-management clinic that is required to be
2859 registered in subsection (1).

2860 (c) An osteopathic physician, a physician assistant, or an
2861 advanced practice registered nurse ~~practitioner~~ must perform a
2862 physical examination of a patient on the same day that the
2863 physician prescribes a controlled substance to a patient at a
2864 pain-management clinic. If the osteopathic physician prescribes
2865 more than a 72-hour dose of controlled substances for the
2866 treatment of chronic nonmalignant pain, the osteopathic
2867 physician must document in the patient's record the reason for
2868 prescribing that quantity.

2869 Section 62. Paragraph (hh) of subsection (1) of section
2870 459.015, Florida Statutes, is amended to read:

2871 459.015 Grounds for disciplinary action; action by the
2872 board and department.—

2873 (1) The following acts constitute grounds for denial of a
2874 license or disciplinary action, as specified in s. 456.072(2):

2875 (hh) Failing to supervise adequately the activities of
2876 those physician assistants, paramedics, emergency medical
2877 technicians, advanced practice registered nurses ~~nurse~~
2878 ~~practitioners~~, anesthesiologist assistants, or other persons
2879 acting under the supervision of the osteopathic physician.

2880 Section 63. Subsections (2) and (3) of section 464.003,
2881 Florida Statutes, are amended to read:



179338

2882 464.003 Definitions.—As used in this part, the term:
2883 (2) “Advanced or specialized nursing practice” means, in
2884 addition to the practice of professional nursing, the
2885 performance of advanced-level nursing acts approved by the board
2886 which, by virtue of postbasic specialized education, training,
2887 and experience, are appropriately performed by an advanced
2888 practice registered nurse practitioner. Within the context of
2889 advanced or specialized nursing practice, the advanced practice
2890 registered nurse ~~practitioner~~ may perform acts of nursing
2891 diagnosis and nursing treatment of alterations of the health
2892 status. The advanced practice registered nurse ~~practitioner~~ may
2893 also perform acts of medical diagnosis and treatment,
2894 prescription, and operation which are identified and approved by
2895 a joint committee composed of three members appointed by the
2896 Board of Nursing, two of whom must be advanced registered nurse
2897 practitioners; three members appointed by the Board of Medicine,
2898 two of whom must have had work experience with advanced
2899 registered nurse practitioners; and the State Surgeon General or
2900 the State Surgeon General’s designee. Each committee member
2901 appointed by a board shall be appointed to a term of 4 years
2902 unless a shorter term is required to establish or maintain
2903 staggered terms. The Board of Nursing shall adopt rules
2904 authorizing the performance of any such acts approved by the
2905 joint committee. Unless otherwise specified by the joint
2906 committee, such acts must be performed under the general
2907 supervision of a practitioner licensed under chapter 458,
2908 chapter 459, or chapter 466 within the framework of standing
2909 protocols which identify the medical acts to be performed and
2910 the conditions for their performance. The department may, by



179338

2911 rule, require that a copy of the protocol be filed with the
2912 department along with the notice required by s. 458.348 or s.
2913 459.025.

2914 (3) "Advanced practice registered nurse ~~practitioner~~" means
2915 any person licensed in this state to practice professional
2916 nursing and certified in advanced or specialized nursing
2917 practice, including certified registered nurse anesthetists,
2918 certified nurse midwives, and certified nurse practitioners.

2919 Section 64. Subsection (2) of section 464.004, Florida
2920 Statutes, is amended to read:

2921 464.004 Board of Nursing; membership; appointment; terms.-

2922 (2) Seven members of the board must be registered nurses
2923 who are residents of this state and who have been engaged in the
2924 practice of professional nursing for at least 4 years, including
2925 at least one advanced practice registered nurse ~~practitioner~~,
2926 one nurse educator member of an approved program, and one nurse
2927 executive. These seven board members should be representative of
2928 the diverse areas of practice within the nursing profession. In
2929 addition, three members of the board must be licensed practical
2930 nurses who are residents of this state and who have been
2931 actively engaged in the practice of practical nursing for at
2932 least 4 years before ~~prior to~~ their appointment. The remaining
2933 three members must be residents of the state who have never been
2934 licensed as nurses and who are in no way connected with the
2935 practice of nursing. No person may be appointed as a lay member
2936 who is in any way connected with, or has any financial interest
2937 in, any health care facility, agency, or insurer. At least one
2938 member of the board must be 60 years of age or older.

2939 Section 65. Paragraph (a) of subsection (2) of section



179338

2940 464.016, Florida Statutes, is amended to read:

2941 464.016 Violations and penalties.—

2942 (2) Each of the following acts constitutes a misdemeanor of
2943 the first degree, punishable as provided in s. 775.082 or s.
2944 775.083:

2945 (a) Using the name or title "Nurse," "Registered Nurse,"
2946 "Licensed Practical Nurse," "Clinical Nurse Specialist,"
2947 "Certified Registered Nurse Anesthetist," "Certified Nurse
2948 Midwife," "Certified Nurse Practitioner," "Advanced Practice
2949 Registered Nurse Practitioner," or any other name or title which
2950 implies that a person was licensed or certified as same, unless
2951 such person is duly licensed or certified.

2952 Section 66. Paragraph (a) of subsection (4) of section
2953 464.0205, Florida Statutes, is amended to read:

2954 464.0205 Retired volunteer nurse certificate.—

2955 (4) A retired volunteer nurse receiving certification from
2956 the board shall:

2957 (a) Work under the direct supervision of the director of a
2958 county health department, a physician working under a limited
2959 license issued pursuant to s. 458.317 or s. 459.0075, a
2960 physician licensed under chapter 458 or chapter 459, an advanced
2961 practice registered nurse ~~practitioner~~ certified under s.
2962 464.012, or a registered nurse licensed under s. 464.008 or s.
2963 464.009.

2964 Section 67. Subsection (2) of section 467.003, Florida
2965 Statutes, is amended to read:

2966 467.003 Definitions.—As used in this chapter, unless the
2967 context otherwise requires:

2968 (2) "Certified nurse midwife" means a person who is



179338

2969 licensed as an advanced practice registered nurse ~~practitioner~~
2970 under part I of chapter 464 and who is certified to practice
2971 midwifery by the American College of Nurse Midwives.

2972 Section 68. Subsection (1) of section 480.0475, Florida
2973 Statutes, is amended to read:

2974 480.0475 Massage establishments; prohibited practices.—

2975 (1) A person may not operate a massage establishment
2976 between the hours of midnight and 5 a.m. This subsection does
2977 not apply to a massage establishment:

2978 (a) Located on the premises of a health care facility as
2979 defined in s. 408.07; a health care clinic as defined in s.
2980 400.9905(4); a hotel, motel, or bed and breakfast inn, as those
2981 terms are defined in s. 509.242; a timeshare property as defined
2982 in s. 721.05; a public airport as defined in s. 330.27; or a
2983 pari-mutuel facility as defined in s. 550.002;

2984 (b) In which every massage performed between the hours of
2985 midnight and 5 a.m. is performed by a massage therapist acting
2986 under the prescription of a physician or physician assistant
2987 licensed under chapter 458, an osteopathic physician or
2988 physician assistant licensed under chapter 459, a chiropractic
2989 physician licensed under chapter 460, a podiatric physician
2990 licensed under chapter 461, an advanced practice registered
2991 nurse ~~practitioner~~ licensed under part I of chapter 464, or a
2992 dentist licensed under chapter 466; or

2993 (c) Operating during a special event if the county or
2994 municipality in which the establishment operates has approved
2995 such operation during the special event.

2996 Section 69. Subsection (7) of section 483.041, Florida
2997 Statutes, is amended to read:



179338

2998 483.041 Definitions.—As used in this part, the term:
2999 (7) “Licensed practitioner” means a physician licensed
3000 under chapter 458, chapter 459, chapter 460, or chapter 461; a
3001 certified optometrist licensed under chapter 463; a dentist
3002 licensed under chapter 466; a person licensed under chapter 462;
3003 or an advanced practice registered nurse ~~practitioner~~ licensed
3004 under part I of chapter 464; or a duly licensed practitioner
3005 from another state licensed under similar statutes who orders
3006 examinations on materials or specimens for nonresidents of the
3007 State of Florida, but who reside in the same state as the
3008 requesting licensed practitioner.

3009 Section 70. Subsection (5) of section 483.801, Florida
3010 Statutes, is amended to read:

3011 483.801 Exemptions.—This part applies to all clinical
3012 laboratories and clinical laboratory personnel within this
3013 state, except:

3014 (5) Advanced practice registered nurses certified nurse
3015 ~~practitioners~~ licensed under part I of chapter 464 who perform
3016 provider-performed microscopy procedures (PPMP) in an exclusive-
3017 use laboratory setting.

3018 Section 71. Paragraph (a) of subsection (11) of section
3019 486.021, Florida Statutes, is amended to read:

3020 486.021 Definitions.—In this chapter, unless the context
3021 otherwise requires, the term:

3022 (11) “Practice of physical therapy” means the performance
3023 of physical therapy assessments and the treatment of any
3024 disability, injury, disease, or other health condition of human
3025 beings, or the prevention of such disability, injury, disease,
3026 or other condition of health, and rehabilitation as related



3027 thereto by the use of the physical, chemical, and other
3028 properties of air; electricity; exercise; massage; the
3029 performance of acupuncture only upon compliance with the
3030 criteria set forth by the Board of Medicine, when no penetration
3031 of the skin occurs; the use of radiant energy, including
3032 ultraviolet, visible, and infrared rays; ultrasound; water; the
3033 use of apparatus and equipment in the application of the
3034 foregoing or related thereto; the performance of tests of
3035 neuromuscular functions as an aid to the diagnosis or treatment
3036 of any human condition; or the performance of electromyography
3037 as an aid to the diagnosis of any human condition only upon
3038 compliance with the criteria set forth by the Board of Medicine.

3039 (a) A physical therapist may implement a plan of treatment
3040 developed by the physical therapist for a patient or provided
3041 for a patient by a practitioner of record or by an advanced
3042 practice registered nurse ~~practitioner~~ licensed under s.
3043 464.012. The physical therapist shall refer the patient to or
3044 consult with a practitioner of record if the patient's condition
3045 is found to be outside the scope of physical therapy. If
3046 physical therapy treatment for a patient is required beyond 21
3047 days for a condition not previously assessed by a practitioner
3048 of record, the physical therapist shall obtain a practitioner of
3049 record who will review and sign the plan. For purposes of this
3050 paragraph, a health care practitioner licensed under chapter
3051 458, chapter 459, chapter 460, chapter 461, or chapter 466 and
3052 engaged in active practice is eligible to serve as a
3053 practitioner of record.

3054 Section 72. Paragraph (d) of subsection (1) of section
3055 490.012, Florida Statutes, is amended to read:



179338

3056 490.012 Violations; penalties; injunction.-

3057 (1)

3058 (d) No person shall hold herself or himself out by any
3059 title or description incorporating the word, or a permutation of
3060 the word, "psychotherapy" unless such person holds a valid,
3061 active license under chapter 458, chapter 459, chapter 490, or
3062 chapter 491, or such person is certified as an advanced practice
3063 registered nurse ~~practitioner~~, pursuant to s. 464.012, who has
3064 been determined by the Board of Nursing as a specialist in
3065 psychiatric mental health.

3066 Section 73. Subsection (1) of section 491.0057, Florida
3067 Statutes, is amended to read:

3068 491.0057 Dual licensure as a marriage and family
3069 therapist.-The department shall license as a marriage and family
3070 therapist any person who demonstrates to the board that he or
3071 she:

3072 (1) Holds a valid, active license as a psychologist under
3073 chapter 490 or as a clinical social worker or mental health
3074 counselor under this chapter, or is certified under s. 464.012
3075 as an advanced practice registered nurse ~~practitioner~~ who has
3076 been determined by the Board of Nursing as a specialist in
3077 psychiatric mental health.

3078 Section 74. Paragraph (d) of subsection (1) and subsection
3079 (2) of section 491.012, Florida Statutes, are amended to read:

3080 491.012 Violations; penalty; injunction.-

3081 (1) It is unlawful and a violation of this chapter for any
3082 person to:

3083 (d) Use the terms psychotherapist, sex therapist, or
3084 juvenile sexual offender therapist unless such person is



179338

3085 licensed pursuant to this chapter or chapter 490, or is
3086 certified under s. 464.012 as an advanced practice registered
3087 nurse ~~practitioner~~ who has been determined by the Board of
3088 Nursing as a specialist in psychiatric mental health and the use
3089 of such terms is within the scope of her or his practice based
3090 on education, training, and licensure.

3091 (2) It is unlawful and a violation of this chapter for any
3092 person to describe her or his services using the following terms
3093 or any derivative thereof, unless such person holds a valid,
3094 active license under this chapter or chapter 490, or is
3095 certified under s. 464.012 as an advanced practice registered
3096 nurse ~~practitioner~~ who has been determined by the Board of
3097 Nursing as a specialist in psychiatric mental health and the use
3098 of such terms is within the scope of her or his practice based
3099 on education, training, and licensure:

- 3100 (a) "Psychotherapy."
- 3101 (b) "Sex therapy."
- 3102 (c) "Sex counseling."
- 3103 (d) "Clinical social work."
- 3104 (e) "Psychiatric social work."
- 3105 (f) "Marriage and family therapy."
- 3106 (g) "Marriage and family counseling."
- 3107 (h) "Marriage counseling."
- 3108 (i) "Family counseling."
- 3109 (j) "Mental health counseling."

3110 Section 75. Subsection (2) of section 493.6108, Florida
3111 Statutes, is amended to read:

3112 493.6108 Investigation of applicants by Department of
3113 Agriculture and Consumer Services.—



179338

3114 (2) In addition to subsection (1), the department shall
3115 make an investigation of the general physical fitness of the
3116 Class "G" applicant to bear a weapon or firearm. Determination
3117 of physical fitness shall be certified by a physician or
3118 physician assistant currently licensed pursuant to chapter 458,
3119 chapter 459, or any similar law of another state or authorized
3120 to act as a licensed physician by a federal agency or department
3121 or by an advanced practice registered nurse ~~practitioner~~
3122 currently licensed pursuant to chapter 464. Such certification
3123 shall be submitted on a form provided by the department.

3124 Section 76. Subsection (1) of section 626.9707, Florida
3125 Statutes, is amended to read:

3126 626.9707 Disability insurance; discrimination on basis of
3127 sickle-cell trait prohibited.—

3128 (1) An ~~No~~ insurer authorized to transact insurance in this
3129 state may not ~~shall~~ refuse to issue and deliver in this state
3130 any policy of disability insurance, whether such policy is
3131 defined as individual, group, blanket, franchise, industrial, or
3132 otherwise, which is currently being issued for delivery in this
3133 state and which affords benefits and coverage for any medical
3134 treatment or service authorized and permitted to be furnished by
3135 a hospital, clinic, health clinic, neighborhood health clinic,
3136 health maintenance organization, physician, physician's
3137 assistant, advanced practice registered nurse ~~practitioner~~, or
3138 medical service facility or personnel solely because the person
3139 to be insured has the sickle-cell trait.

3140 Section 77. Paragraph (b) of subsection (1) of section
3141 627.357, Florida Statutes, is amended to read:

3142 627.357 Medical malpractice self-insurance.—



179338

- 3143 (1) DEFINITIONS.—As used in this section, the term:
- 3144 (b) "Health care provider" means any:
- 3145 1. Hospital licensed under chapter 395.
- 3146 2. Physician licensed, or physician assistant licensed,
3147 under chapter 458.
- 3148 3. Osteopathic physician or physician assistant licensed
3149 under chapter 459.
- 3150 4. Podiatric physician licensed under chapter 461.
- 3151 5. Health maintenance organization certificated under part
3152 I of chapter 641.
- 3153 6. Ambulatory surgical center licensed under chapter 395.
- 3154 7. Chiropractic physician licensed under chapter 460.
- 3155 8. Psychologist licensed under chapter 490.
- 3156 9. Optometrist licensed under chapter 463.
- 3157 10. Dentist licensed under chapter 466.
- 3158 11. Pharmacist licensed under chapter 465.
- 3159 12. Registered nurse, licensed practical nurse, or advanced
3160 practice registered nurse ~~practitioner~~ licensed or registered
3161 under part I of chapter 464.
- 3162 13. Other medical facility.
- 3163 14. Professional association, partnership, corporation,
3164 joint venture, or other association established by the
3165 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
3166 10., 11., and 12. for professional activity.
- 3167 Section 78. Subsection (6) of section 627.6471, Florida
3168 Statutes, is amended to read:
- 3169 627.6471 Contracts for reduced rates of payment;
3170 limitations; coinsurance and deductibles.—
- 3171 (6) If psychotherapeutic services are covered by a policy



179338

3172 issued by the insurer, the insurer shall provide eligibility
3173 criteria for each group of health care providers licensed under
3174 chapter 458, chapter 459, chapter 490, or chapter 491, which
3175 include psychotherapy within the scope of their practice as
3176 provided by law, or for any person who is certified as an
3177 advanced practice registered nurse ~~practitioner~~ in psychiatric
3178 mental health under s. 464.012. When psychotherapeutic services
3179 are covered, eligibility criteria shall be established by the
3180 insurer to be included in the insurer's criteria for selection
3181 of network providers. The insurer may not discriminate against a
3182 health care provider by excluding such practitioner from its
3183 provider network solely on the basis of the practitioner's
3184 license.

3185 Section 79. Subsections (15) and (17) of section 627.6472,
3186 Florida Statutes, are amended to read:

3187 627.6472 Exclusive provider organizations.—

3188 (15) If psychotherapeutic services are covered by a policy
3189 issued by the insurer, the insurer shall provide eligibility
3190 criteria for all groups of health care providers licensed under
3191 chapter 458, chapter 459, chapter 490, or chapter 491, which
3192 include psychotherapy within the scope of their practice as
3193 provided by law, or for any person who is certified as an
3194 advanced practice registered nurse ~~practitioner~~ in psychiatric
3195 mental health under s. 464.012. When psychotherapeutic services
3196 are covered, eligibility criteria shall be established by the
3197 insurer to be included in the insurer's criteria for selection
3198 of network providers. The insurer may not discriminate against a
3199 health care provider by excluding such practitioner from its
3200 provider network solely on the basis of the practitioner's



179338

3201 license.

3202 (17) An exclusive provider organization may ~~shall~~ not
3203 discriminate with respect to participation as to any advanced
3204 practice registered nurse ~~practitioner~~ licensed and certified
3205 pursuant to s. 464.012, who is acting within the scope of such
3206 license and certification, solely on the basis of such license
3207 or certification. This subsection may ~~shall~~ not be construed to
3208 prohibit a plan from including providers only to the extent
3209 necessary to meet the needs of the plan's enrollees or from
3210 establishing any measure designed to maintain quality and
3211 control costs consistent with the responsibilities of the plan.

3212 Section 80. Paragraph (a) of subsection (1) of section
3213 627.736, Florida Statutes, is amended to read:

3214 627.736 Required personal injury protection benefits;
3215 exclusions; priority; claims.—

3216 (1) REQUIRED BENEFITS.—An insurance policy complying with
3217 the security requirements of s. 627.733 must provide personal
3218 injury protection to the named insured, relatives residing in
3219 the same household, persons operating the insured motor vehicle,
3220 passengers in the motor vehicle, and other persons struck by the
3221 motor vehicle and suffering bodily injury while not an occupant
3222 of a self-propelled vehicle, subject to subsection (2) and
3223 paragraph (4) (e), to a limit of \$10,000 in medical and
3224 disability benefits and \$5,000 in death benefits resulting from
3225 bodily injury, sickness, disease, or death arising out of the
3226 ownership, maintenance, or use of a motor vehicle as follows:

3227 (a) *Medical benefits.*—Eighty percent of all reasonable
3228 expenses for medically necessary medical, surgical, X-ray,
3229 dental, and rehabilitative services, including prosthetic



179338

3230 devices and medically necessary ambulance, hospital, and nursing
3231 services if the individual receives initial services and care
3232 pursuant to subparagraph 1. within 14 days after the motor
3233 vehicle accident. The medical benefits provide reimbursement
3234 only for:

3235 1. Initial services and care that are lawfully provided,
3236 supervised, ordered, or prescribed by a physician licensed under
3237 chapter 458 or chapter 459, a dentist licensed under chapter
3238 466, or a chiropractic physician licensed under chapter 460 or
3239 that are provided in a hospital or in a facility that owns, or
3240 is wholly owned by, a hospital. Initial services and care may
3241 also be provided by a person or entity licensed under part III
3242 of chapter 401 which provides emergency transportation and
3243 treatment.

3244 2. Upon referral by a provider described in subparagraph
3245 1., followup services and care consistent with the underlying
3246 medical diagnosis rendered pursuant to subparagraph 1. which may
3247 be provided, supervised, ordered, or prescribed only by a
3248 physician licensed under chapter 458 or chapter 459, a
3249 chiropractic physician licensed under chapter 460, a dentist
3250 licensed under chapter 466, or, to the extent permitted by
3251 applicable law and under the supervision of such physician,
3252 osteopathic physician, chiropractic physician, or dentist, by a
3253 physician assistant licensed under chapter 458 or chapter 459 or
3254 an advanced practice registered nurse ~~practitioner~~ licensed
3255 under chapter 464. Followup services and care may also be
3256 provided by the following persons or entities:

3257 a. A hospital or ambulatory surgical center licensed under
3258 chapter 395.



179338

3259 b. An entity wholly owned by one or more physicians
3260 licensed under chapter 458 or chapter 459, chiropractic
3261 physicians licensed under chapter 460, or dentists licensed
3262 under chapter 466 or by such practitioners and the spouse,
3263 parent, child, or sibling of such practitioners.

3264 c. An entity that owns or is wholly owned, directly or
3265 indirectly, by a hospital or hospitals.

3266 d. A physical therapist licensed under chapter 486, based
3267 upon a referral by a provider described in this subparagraph.

3268 e. A health care clinic licensed under part X of chapter
3269 400 which is accredited by an accrediting organization whose
3270 standards incorporate comparable regulations required by this
3271 state, or

3272 (I) Has a medical director licensed under chapter 458,
3273 chapter 459, or chapter 460;

3274 (II) Has been continuously licensed for more than 3 years
3275 or is a publicly traded corporation that issues securities
3276 traded on an exchange registered with the United States
3277 Securities and Exchange Commission as a national securities
3278 exchange; and

3279 (III) Provides at least four of the following medical
3280 specialties:

3281 (A) General medicine.

3282 (B) Radiography.

3283 (C) Orthopedic medicine.

3284 (D) Physical medicine.

3285 (E) Physical therapy.

3286 (F) Physical rehabilitation.

3287 (G) Prescribing or dispensing outpatient prescription



3288 medication.

3289 (H) Laboratory services.

3290 3. Reimbursement for services and care provided in
3291 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
3292 licensed under chapter 458 or chapter 459, a dentist licensed
3293 under chapter 466, a physician assistant licensed under chapter
3294 458 or chapter 459, or an advanced practice registered nurse
3295 ~~practitioner~~ licensed under chapter 464 has determined that the
3296 injured person had an emergency medical condition.

3297 4. Reimbursement for services and care provided in
3298 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
3299 provider listed in subparagraph 1. or subparagraph 2. determines
3300 that the injured person did not have an emergency medical
3301 condition.

3302 5. Medical benefits do not include massage as defined in s.
3303 480.033 or acupuncture as defined in s. 457.102, regardless of
3304 the person, entity, or licensee providing massage or
3305 acupuncture, and a licensed massage therapist or licensed
3306 acupuncturist may not be reimbursed for medical benefits under
3307 this section.

3308 6. The Financial Services Commission shall adopt by rule
3309 the form that must be used by an insurer and a health care
3310 provider specified in sub-subparagraph 2.b., sub-subparagraph
3311 2.c., or sub-subparagraph 2.e. to document that the health care
3312 provider meets the criteria of this paragraph. Such rule must
3313 include a requirement for a sworn statement or affidavit.

3314
3315 Only insurers writing motor vehicle liability insurance in this
3316 state may provide the required benefits of this section, and



3317 such insurer may not require the purchase of any other motor
3318 vehicle coverage other than the purchase of property damage
3319 liability coverage as required by s. 627.7275 as a condition for
3320 providing such benefits. Insurers may not require that property
3321 damage liability insurance in an amount greater than \$10,000 be
3322 purchased in conjunction with personal injury protection. Such
3323 insurers shall make benefits and required property damage
3324 liability insurance coverage available through normal marketing
3325 channels. An insurer writing motor vehicle liability insurance
3326 in this state who fails to comply with such availability
3327 requirement as a general business practice violates part IX of
3328 chapter 626, and such violation constitutes an unfair method of
3329 competition or an unfair or deceptive act or practice involving
3330 the business of insurance. An insurer committing such violation
3331 is subject to the penalties provided under that part, as well as
3332 those provided elsewhere in the insurance code.

3333 Section 81. Paragraph (e) of subsection (1) of section
3334 633.412, Florida Statutes, is amended to read:

3335 633.412 Firefighters; qualifications for certification.—

3336 (1) A person applying for certification as a firefighter
3337 must:

3338 (e) Be in good physical condition as determined by a
3339 medical examination given by a physician, surgeon, or physician
3340 assistant licensed to practice in the state pursuant to chapter
3341 458; an osteopathic physician, surgeon, or physician assistant
3342 licensed to practice in the state pursuant to chapter 459; or an
3343 advanced practice registered nurse ~~practitioner~~ licensed to
3344 practice in the state pursuant to chapter 464. Such examination
3345 may include, but need not be limited to, the National Fire



179338

3346 Protection Association Standard 1582. A medical examination
3347 evidencing good physical condition shall be submitted to the
3348 division, on a form as provided by rule, before an individual is
3349 eligible for admission into a course under s. 633.408.

3350 Section 82. Section 641.3923, Florida Statutes, is amended
3351 to read:

3352 641.3923 Discrimination against providers prohibited.—A
3353 health maintenance organization may ~~shall~~ not discriminate with
3354 respect to participation as to any advanced practice registered
3355 nurse ~~practitioner~~ licensed and certified pursuant to s.
3356 464.012, who is acting within the scope of such license and
3357 certification, solely on the basis of such license or
3358 certification. This section may ~~shall~~ not be construed to
3359 prohibit a plan from including providers only to the extent
3360 necessary to meet the needs of the plan's enrollees or from
3361 establishing any measure designed to maintain quality and
3362 control costs consistent with the responsibilities of the plan.

3363 Section 83. Subsection (8) of section 641.495, Florida
3364 Statutes, is amended to read:

3365 641.495 Requirements for issuance and maintenance of
3366 certificate.—

3367 (8) Each organization's contracts, certificates, and
3368 subscriber handbooks shall contain a provision, if applicable,
3369 disclosing that, for certain types of described medical
3370 procedures, services may be provided by physician assistants,
3371 certified nurse practitioners, or other individuals who are not
3372 licensed physicians.

3373 Section 84. Paragraph (a) of subsection (3) of section
3374 744.331, Florida Statutes, is amended to read:



179338

3375 744.331 Procedures to determine incapacity.-
3376 (3) EXAMINING COMMITTEE.-
3377 (a) Within 5 days after a petition for determination of
3378 incapacity has been filed, the court shall appoint an examining
3379 committee consisting of three members. One member must be a
3380 psychiatrist or other physician. The remaining members must be
3381 either a psychologist, gerontologist, another psychiatrist, or
3382 other physician, a registered nurse, advanced practice
3383 registered nurse ~~practitioner~~, licensed social worker, a person
3384 with an advanced degree in gerontology from an accredited
3385 institution of higher education, or other person who by
3386 knowledge, skill, experience, training, or education may, in the
3387 court's discretion, advise the court in the form of an expert
3388 opinion. One of three members of the committee must have
3389 knowledge of the type of incapacity alleged in the petition.
3390 Unless good cause is shown, the attending or family physician
3391 may not be appointed to the committee. If the attending or
3392 family physician is available for consultation, the committee
3393 must consult with the physician. Members of the examining
3394 committee may not be related to or associated with one another,
3395 with the petitioner, with counsel for the petitioner or the
3396 proposed guardian, or with the person alleged to be totally or
3397 partially incapacitated. A member may not be employed by any
3398 private or governmental agency that has custody of, or
3399 furnishes, services or subsidies, directly or indirectly, to the
3400 person or the family of the person alleged to be incapacitated
3401 or for whom a guardianship is sought. A petitioner may not serve
3402 as a member of the examining committee. Members of the examining
3403 committee must be able to communicate, either directly or



179338

3404 through an interpreter, in the language that the alleged
3405 incapacitated person speaks or to communicate in a medium
3406 understandable to the alleged incapacitated person if she or he
3407 is able to communicate. The clerk of the court shall send notice
3408 of the appointment to each person appointed no later than 3 days
3409 after the court's appointment.

3410 Section 85. Subsection (1) of section 744.703, Florida
3411 Statutes, is amended to read:

3412 744.703 Office of public guardian; appointment,
3413 notification.-

3414 (1) The executive director of the Statewide Public
3415 Guardianship Office, after consultation with the chief judge and
3416 other circuit judges within the judicial circuit and with
3417 appropriate advocacy groups and individuals and organizations
3418 who are knowledgeable about the needs of incapacitated persons,
3419 may establish, within a county in the judicial circuit or within
3420 the judicial circuit, one or more offices of public guardian and
3421 if so established, shall create a list of persons best qualified
3422 to serve as the public guardian, who have been investigated
3423 pursuant to s. 744.3135. The public guardian must have knowledge
3424 of the legal process and knowledge of social services available
3425 to meet the needs of incapacitated persons. The public guardian
3426 shall maintain a staff or contract with professionally qualified
3427 individuals to carry out the guardianship functions, including
3428 an attorney who has experience in probate areas and another
3429 person who has a master's degree in social work, or a
3430 gerontologist, psychologist, registered nurse, or advanced
3431 practice registered nurse ~~practitioner~~. A public guardian that
3432 is a nonprofit corporate guardian under s. 744.309(5) must



179338

3433 receive tax-exempt status from the United States Internal
3434 Revenue Service.

3435 Section 86. Subsection (6) of section 766.102, Florida
3436 Statutes, is amended to read:

3437 766.102 Medical negligence; standards of recovery; expert
3438 witness.—

3439 (6) A physician licensed under chapter 458 or chapter 459
3440 who qualifies as an expert witness under subsection (5) and who,
3441 by reason of active clinical practice or instruction of
3442 students, has knowledge of the applicable standard of care for
3443 nurses, certified nurse practitioners, certified registered
3444 nurse anesthetists, certified registered nurse midwives,
3445 physician assistants, or other medical support staff may give
3446 expert testimony in a medical negligence action with respect to
3447 the standard of care of such medical support staff.

3448 Section 87. Subsection (3) of section 766.103, Florida
3449 Statutes, is amended to read:

3450 766.103 Florida Medical Consent Law.—

3451 (3) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in
3452 this state against any physician licensed under chapter 458,
3453 osteopathic physician licensed under chapter 459, chiropractic
3454 physician licensed under chapter 460, podiatric physician
3455 licensed under chapter 461, dentist licensed under chapter 466,
3456 advanced practice registered nurse ~~practitioner~~ certified under
3457 s. 464.012, or physician assistant licensed under s. 458.347 or
3458 s. 459.022 in an action brought for treating, examining, or
3459 operating on a patient without his or her informed consent when:

3460 (a)1. The action of the physician, osteopathic physician,
3461 chiropractic physician, podiatric physician, dentist, advanced



179338

3462 practice registered nurse ~~practitioner~~, or physician assistant
3463 in obtaining the consent of the patient or another person
3464 authorized to give consent for the patient was in accordance
3465 with an accepted standard of medical practice among members of
3466 the medical profession with similar training and experience in
3467 the same or similar medical community as that of the person
3468 treating, examining, or operating on the patient for whom the
3469 consent is obtained; and

3470 2. A reasonable individual, from the information provided
3471 by the physician, osteopathic physician, chiropractic physician,
3472 podiatric physician, dentist, advanced practice registered nurse
3473 ~~practitioner~~, or physician assistant, under the circumstances,
3474 would have a general understanding of the procedure, the
3475 medically acceptable alternative procedures or treatments, and
3476 the substantial risks and hazards inherent in the proposed
3477 treatment or procedures, which are recognized among other
3478 physicians, osteopathic physicians, chiropractic physicians,
3479 podiatric physicians, or dentists in the same or similar
3480 community who perform similar treatments or procedures; or

3481 (b) The patient would reasonably, under all the surrounding
3482 circumstances, have undergone such treatment or procedure had he
3483 or she been advised by the physician, osteopathic physician,
3484 chiropractic physician, podiatric physician, dentist, advanced
3485 practice registered nurse ~~practitioner~~, or physician assistant
3486 in accordance with the provisions of paragraph (a).

3487 Section 88. Paragraph (d) of subsection (3) of section
3488 766.1115, Florida Statutes, is amended to read:

3489 766.1115 Health care providers; creation of agency
3490 relationship with governmental contractors.-



179338

3491 (3) DEFINITIONS.—As used in this section, the term:
3492 (d) "Health care provider" or "provider" means:
3493 1. A birth center licensed under chapter 383.
3494 2. An ambulatory surgical center licensed under chapter
3495 395.
3496 3. A hospital licensed under chapter 395.
3497 4. A physician or physician assistant licensed under
3498 chapter 458.
3499 5. An osteopathic physician or osteopathic physician
3500 assistant licensed under chapter 459.
3501 6. A chiropractic physician licensed under chapter 460.
3502 7. A podiatric physician licensed under chapter 461.
3503 8. A registered nurse, nurse midwife, licensed practical
3504 nurse, or advanced practice registered nurse ~~practitioner~~
3505 licensed or registered under part I of chapter 464 or any
3506 facility which employs nurses licensed or registered under part
3507 I of chapter 464 to supply all or part of the care delivered
3508 under this section.
3509 9. A midwife licensed under chapter 467.
3510 10. A health maintenance organization certificated under
3511 part I of chapter 641.
3512 11. A health care professional association and its
3513 employees or a corporate medical group and its employees.
3514 12. Any other medical facility the primary purpose of which
3515 is to deliver human medical diagnostic services or which
3516 delivers nonsurgical human medical treatment, and which includes
3517 an office maintained by a provider.
3518 13. A dentist or dental hygienist licensed under chapter
3519 466.



179338

3520 14. A free clinic that delivers only medical diagnostic
3521 services or nonsurgical medical treatment free of charge to all
3522 low-income recipients.

3523 15. Any other health care professional, practitioner,
3524 provider, or facility under contract with a governmental
3525 contractor, including a student enrolled in an accredited
3526 program that prepares the student for licensure as any one of
3527 the professionals listed in subparagraphs 4.-9.

3528

3529 The term includes any nonprofit corporation qualified as exempt
3530 from federal income taxation under s. 501(a) of the Internal
3531 Revenue Code, and described in s. 501(c) of the Internal Revenue
3532 Code, which delivers health care services provided by licensed
3533 professionals listed in this paragraph, any federally funded
3534 community health center, and any volunteer corporation or
3535 volunteer health care provider that delivers health care
3536 services.

3537 Section 89. Subsection (1) of section 766.1116, Florida
3538 Statutes, is amended to read:

3539 766.1116 Health care practitioner; waiver of license
3540 renewal fees and continuing education requirements.—

3541 (1) As used in this section, the term "health care
3542 practitioner" means a physician or physician assistant licensed
3543 under chapter 458; an osteopathic physician or physician
3544 assistant licensed under chapter 459; a chiropractic physician
3545 licensed under chapter 460; a podiatric physician licensed under
3546 chapter 461; an advanced practice registered nurse ~~practitioner~~,
3547 registered nurse, or licensed practical nurse licensed under
3548 part I of chapter 464; a dentist or dental hygienist licensed



179338

3549 under chapter 466; or a midwife licensed under chapter 467, who
3550 participates as a health care provider under s. 766.1115.

3551 Section 90. Subsection (5) of section 794.08, Florida
3552 Statutes, is amended to read:

3553 794.08 Female genital mutilation.—

3554 (5) This section does not apply to procedures performed by
3555 or under the direction of a physician licensed under chapter
3556 458, an osteopathic physician licensed under chapter 459, a
3557 registered nurse licensed under part I of chapter 464, a
3558 practical nurse licensed under part I of chapter 464, an
3559 advanced practice registered nurse ~~practitioner~~ licensed under
3560 part I of chapter 464, a midwife licensed under chapter 467, or
3561 a physician assistant licensed under chapter 458 or chapter 459
3562 when necessary to preserve the physical health of a female
3563 person. This section also does not apply to any autopsy or
3564 limited dissection conducted pursuant to chapter 406.

3565 Section 91. Subsection (6) of section 943.13, Florida
3566 Statutes, is amended to read:

3567 943.13 Officers' minimum qualifications for employment or
3568 appointment.—On or after October 1, 1984, any person employed or
3569 appointed as a full-time, part-time, or auxiliary law
3570 enforcement officer or correctional officer; on or after October
3571 1, 1986, any person employed as a full-time, part-time, or
3572 auxiliary correctional probation officer; and on or after
3573 October 1, 1986, any person employed as a full-time, part-time,
3574 or auxiliary correctional officer by a private entity under
3575 contract to the Department of Corrections, to a county
3576 commission, or to the Department of Management Services shall:

3577 (6) Have passed a physical examination by a licensed



179338

3578 physician, physician assistant, or certified advanced practice
3579 registered nurse ~~practitioner~~, based on specifications
3580 established by the commission. In order to be eligible for the
3581 presumption set forth in s. 112.18 while employed with an
3582 employing agency, a law enforcement officer, correctional
3583 officer, or correctional probation officer must have
3584 successfully passed the physical examination required by this
3585 subsection upon entering into service as a law enforcement
3586 officer, correctional officer, or correctional probation officer
3587 with the employing agency, which examination must have failed to
3588 reveal any evidence of tuberculosis, heart disease, or
3589 hypertension. A law enforcement officer, correctional officer,
3590 or correctional probation officer may not use a physical
3591 examination from a former employing agency for purposes of
3592 claiming the presumption set forth in s. 112.18 against the
3593 current employing agency.

3594 Section 92. Subsection (2) of section 945.603, Florida
3595 Statutes, is amended to read:

3596 945.603 Powers and duties of authority.—The purpose of the
3597 authority is to assist in the delivery of health care services
3598 for inmates in the Department of Corrections by advising the
3599 Secretary of Corrections on the professional conduct of primary,
3600 convalescent, dental, and mental health care and the management
3601 of costs consistent with quality care, by advising the Governor
3602 and the Legislature on the status of the Department of
3603 Corrections' health care delivery system, and by assuring that
3604 adequate standards of physical and mental health care for
3605 inmates are maintained at all Department of Corrections
3606 institutions. For this purpose, the authority has the authority



179338

3607 to:

3608 (2) Review and make recommendations regarding health care
3609 for the delivery of health care services including, but not
3610 limited to, acute hospital-based services and facilities,
3611 primary and tertiary care services, ancillary and clinical
3612 services, dental services, mental health services, intake and
3613 screening services, medical transportation services, and the use
3614 of advanced practice registered nurse practitioner and physician
3615 assistant personnel to act as physician extenders as these
3616 relate to inmates in the Department of Corrections.

3617 Section 93. Paragraph (i) of subsection (3) of section
3618 1002.20, Florida Statutes, is amended to read:

3619 1002.20 K-12 student and parent rights.—Parents of public
3620 school students must receive accurate and timely information
3621 regarding their child's academic progress and must be informed
3622 of ways they can help their child to succeed in school. K-12
3623 students and their parents are afforded numerous statutory
3624 rights including, but not limited to, the following:

3625 (3) HEALTH ISSUES.—

3626 (i) *Epinephrine use and supply*.—

3627 1. A student who has experienced or is at risk for life-
3628 threatening allergic reactions may carry an epinephrine auto-
3629 injector and self-administer epinephrine by auto-injector while
3630 in school, participating in school-sponsored activities, or in
3631 transit to or from school or school-sponsored activities if the
3632 school has been provided with parental and physician
3633 authorization. The State Board of Education, in cooperation with
3634 the Department of Health, shall adopt rules for such use of
3635 epinephrine auto-injectors that shall include provisions to



3636 protect the safety of all students from the misuse or abuse of
3637 auto-injectors. A school district, county health department,
3638 public-private partner, and their employees and volunteers shall
3639 be indemnified by the parent of a student authorized to carry an
3640 epinephrine auto-injector for any and all liability with respect
3641 to the student's use of an epinephrine auto-injector pursuant to
3642 this paragraph.

3643 2. A public school may purchase from a wholesale
3644 distributor as defined in s. 499.003 and maintain in a locked,
3645 secure location on its premises a supply of epinephrine auto-
3646 injectors for use if a student is having an anaphylactic
3647 reaction. The participating school district shall adopt a
3648 protocol developed by a licensed physician for the
3649 administration by school personnel who are trained to recognize
3650 an anaphylactic reaction and to administer an epinephrine auto-
3651 injection. The supply of epinephrine auto-injectors may be
3652 provided to and used by a student authorized to self-administer
3653 epinephrine by auto-injector under subparagraph 1. or trained
3654 school personnel.

3655 3. The school district and its employees and agents,
3656 including the physician who provides the standing protocol for
3657 school epinephrine auto-injectors, are not liable for any injury
3658 arising from the use of an epinephrine auto-injector
3659 administered by trained school personnel who follow the adopted
3660 protocol and whose professional opinion is that the student is
3661 having an anaphylactic reaction:

3662 a. Unless the trained school personnel's action is willful
3663 and wanton;

3664 b. Notwithstanding that the parents or guardians of the



179338

3665 student to whom the epinephrine is administered have not been
3666 provided notice or have not signed a statement acknowledging
3667 that the school district is not liable; and

3668 c. Regardless of whether authorization has been given by
3669 the student's parents or guardians or by the student's
3670 physician, physician's assistant, or advanced practice
3671 registered nurse ~~practitioner~~.

3672 Section 94. Paragraph (b) of subsection (17) of section
3673 1002.42, Florida Statutes, is amended to read:

3674 1002.42 Private schools.—

3675 (17) EPINEPHRINE SUPPLY.—

3676 (b) The private school and its employees and agents,
3677 including the physician who provides the standing protocol for
3678 school epinephrine auto-injectors, are not liable for any injury
3679 arising from the use of an epinephrine auto-injector
3680 administered by trained school personnel who follow the adopted
3681 protocol and whose professional opinion is that the student is
3682 having an anaphylactic reaction:

3683 1. Unless the trained school personnel's action is willful
3684 and wanton;

3685 2. Notwithstanding that the parents or guardians of the
3686 student to whom the epinephrine is administered have not been
3687 provided notice or have not signed a statement acknowledging
3688 that the school district is not liable; and

3689 3. Regardless of whether authorization has been given by
3690 the student's parents or guardians or by the student's
3691 physician, physician's assistant, or advanced practice
3692 registered nurse ~~practitioner~~.

3693 Section 95. Subsections (4) and (5) of section 1006.062,



179338

3694 Florida Statutes, are amended to read:

3695 1006.062 Administration of medication and provision of
3696 medical services by district school board personnel.—

3697 (4) Nonmedical assistive personnel shall be allowed to
3698 perform health-related services upon successful completion of
3699 child-specific training by a registered nurse or advanced
3700 practice registered nurse ~~practitioner~~ licensed under chapter
3701 464, a physician licensed pursuant to chapter 458 or chapter
3702 459, or a physician assistant licensed pursuant to chapter 458
3703 or chapter 459. All procedures shall be monitored periodically
3704 by a nurse, advanced practice registered nurse ~~practitioner~~,
3705 physician assistant, or physician, including, but not limited
3706 to:

3707 (a) Intermittent clean catheterization.

3708 (b) Gastrostomy tube feeding.

3709 (c) Monitoring blood glucose.

3710 (d) Administering emergency injectable medication.

3711 (5) For all other invasive medical services not listed in
3712 this subsection, a registered nurse or advanced practice
3713 registered nurse ~~practitioner~~ licensed under chapter 464, a
3714 physician licensed pursuant to chapter 458 or chapter 459, or a
3715 physician assistant licensed pursuant to chapter 458 or chapter
3716 459 shall determine if nonmedical district school board
3717 personnel shall be allowed to perform such service.

3718 Section 96. Subsection (1) and paragraph (a) of subsection
3719 (2) of section 1009.65, Florida Statutes, are amended to read:

3720 1009.65 Medical Education Reimbursement and Loan Repayment
3721 Program.—

3722 (1) To encourage qualified medical professionals to



179338

3723 practice in underserved locations where there are shortages of
3724 such personnel, there is established the Medical Education
3725 Reimbursement and Loan Repayment Program. The function of the
3726 program is to make payments that offset loans and educational
3727 expenses incurred by students for studies leading to a medical
3728 or nursing degree, medical or nursing licensure, or advanced
3729 practice registered nurse ~~practitioner~~ certification or
3730 physician assistant licensure. The following licensed or
3731 certified health care professionals are eligible to participate
3732 in this program: medical doctors with primary care specialties,
3733 doctors of osteopathic medicine with primary care specialties,
3734 physician's assistants, licensed practical nurses and registered
3735 nurses, and advanced practice registered nurses ~~nurse~~
3736 ~~practitioners~~ with primary care specialties such as certified
3737 nurse midwives. Primary care medical specialties for physicians
3738 include obstetrics, gynecology, general and family practice,
3739 internal medicine, pediatrics, and other specialties which may
3740 be identified by the Department of Health.

3741 (2) From the funds available, the Department of Health
3742 shall make payments to selected medical professionals as
3743 follows:

3744 (a) Up to \$4,000 per year for licensed practical nurses and
3745 registered nurses, up to \$10,000 per year for advanced practice
3746 registered nurses ~~nurse-practitioners~~ and physician's
3747 assistants, and up to \$20,000 per year for physicians. Penalties
3748 for noncompliance shall be the same as those in the National
3749 Health Services Corps Loan Repayment Program. Educational
3750 expenses include costs for tuition, matriculation, registration,
3751 books, laboratory and other fees, other educational costs, and



179338

3752 reasonable living expenses as determined by the Department of
3753 Health.

3754 Section 97. Subsection (2) of section 1009.66, Florida
3755 Statutes, is amended to read:

3756 1009.66 Nursing Student Loan Forgiveness Program.—

3757 (2) To be eligible, a candidate must have graduated from an
3758 accredited or approved nursing program and have received a
3759 Florida license as a licensed practical nurse or a registered
3760 nurse or a Florida certificate as an advanced practice
3761 registered nurse ~~practitioner~~.

3762 Section 98. Subsection (3) of section 1009.67, Florida
3763 Statutes, is amended to read:

3764 1009.67 Nursing scholarship program.—

3765 (3) A scholarship may be awarded for no more than 2 years,
3766 in an amount not to exceed \$8,000 per year. However, registered
3767 nurses pursuing a graduate degree for a faculty position or to
3768 practice as an advanced practice registered nurse ~~practitioner~~
3769 may receive up to \$12,000 per year. These amounts shall be
3770 adjusted by the amount of increase or decrease in the Consumer
3771 Price Index for All Urban Consumers published by the United
3772 States Department of Commerce.

3773 Section 99. This act shall take effect July 1, 2014.

3774
3775 ===== T I T L E A M E N D M E N T =====

3776 And the title is amended as follows:

3777 Delete everything before the enacting clause
3778 and insert:

3779 A bill to be entitled

3780 An act relating to health care practitioners; amending



179338

3781 s. 110.12315, F.S.; expanding who may prescribe brand
3782 drugs under the prescription drug program when
3783 medically necessary; amending ss. 310.071, 310.073,
3784 and 310.081, F.S.; excepting controlled substances
3785 prescribed by an advanced practice registered nurse
3786 from the disqualifications for continued certification
3787 or licensure as a deputy or state pilot; amending s.
3788 394.455, F.S.; updating terminology to make reference
3789 to "psychiatric-mental health advanced practice
3790 registered nurse" instead of "psychiatric nurse";
3791 requiring that such nurse hold a specified national
3792 certification; conforming a reference to the term;
3793 amending s. 394.463, F.S.; authorizing a psychiatric-
3794 mental health advanced practice registered nurse to
3795 approve the involuntary examination or release of a
3796 patient from a receiving facility; amending s.
3797 397.501, F.S.; prohibiting service providers from
3798 denying access to substance abuse services to an
3799 individual who takes medications prescribed by an
3800 advanced practice registered nurse; amending s.
3801 456.053, F.S.; providing an additional exception to
3802 prohibited referrals; amending s. 456.057, F.S.;
3803 requiring rates charged for copies of certain medical
3804 records to be the same regardless of format or medium;
3805 amending s. 456.072, F.S.; applying existing penalties
3806 for violations relating to the prescribing or
3807 dispensing of controlled substances to an advanced
3808 practice registered nurse; amending s. 456.44, F.S.;
3809 requiring advanced practice registered nurses who



3810 prescribe controlled substances for certain pain to
3811 make a certain designation, comply with registration
3812 requirements, and follow specified standards of
3813 practice; amending s. 458.348, F.S.; deleting obsolete
3814 language regarding the number of offices a physician
3815 may supervise; conforming terminology; amending s.
3816 458.3485, F.S.; deleting language relating to the
3817 certification and registration of medical assistants;
3818 amending s. 459.025; deleting obsolete language
3819 regarding the number of offices a physician may
3820 supervise; amending s. 464.012, F.S.; authorizing an
3821 advanced practice registered nurse to prescribe,
3822 dispense, administer, or order drugs in accordance
3823 with a specified formulary, if such formulary is
3824 established; requiring the Board of Nursing to appoint
3825 a committee to determine whether such a formulary is
3826 needed and specifying the membership of the committee;
3827 providing parameters for the recommendations of the
3828 committee; requiring that any formulary be adopted by
3829 board rule; specifying the process for amending the
3830 formulary and imposing a burden of proof; requiring
3831 notice of proposed, pending, or adopted changes;
3832 specifying a deadline for initiating any required
3833 rulemaking; conforming terminology; amending s.
3834 464.015, F.S.; applying current provisions and
3835 criminal penalties relating to restrictions on the use
3836 of titles and abbreviations to certified nurse
3837 practitioners; conforming terminology; amending s.
3838 464.018, F.S.; specifying acts that constitute grounds



3839 for denial of a license for or disciplinary action
3840 against an advanced practice registered nurse who
3841 practices without specified supervision; amending s.
3842 893.02, F.S.; redefining the term "practitioner" to
3843 include advanced practice registered nurses under the
3844 Florida Comprehensive Drug Abuse Prevention and
3845 Control Act; amending s. 948.03, F.S.; including drugs
3846 or narcotics prescribed by an advanced practice
3847 registered nurse in an exception relating to the
3848 possession of drugs or narcotics during probation;
3849 amending ss. 39.303, 39.304, 90.503, 112.0455,
3850 121.0515, 252.515, 381.00315, 381.00593, 383.141,
3851 390.0111, 390.012, 394.4574, 394.4655, 394.467,
3852 395.0191, 395.602, 395.605, 397.311, 397.405, 397.427,
3853 400.021, 400.0255, 400.172, 400.462, 400.487, 400.506,
3854 401.445, 409.905, 409.908, 409.9081, 409.9122,
3855 409.973, 429.26, 429.918, 440.102, 456.0391, 456.0392,
3856 456.041, 456.048, 458.3265, 458.331, 459.0137,
3857 459.015, 464.003, 464.004, 464.016, 464.0205, 467.003,
3858 480.0475, 483.041, 483.801, 486.021, 490.012,
3859 491.0057, 491.012, 493.6108, 626.9707, 627.357,
3860 627.6471, 627.6472, 627.736, 633.412, 641.3923,
3861 641.495, 744.331, 744.703, 766.102, 766.103, 766.1115,
3862 766.1116, 794.08, 943.13, 945.603, 1002.20, 1002.42,
3863 1006.062, 1009.65, 1009.66, and 1009.67; conforming
3864 terminology to changes made by the act; providing an
3865 effective date.