

By the Committee on Health Policy; and Senator Grimsley

588-03247-14

20141352c1

1 A bill to be entitled
2 An act relating to health care practitioners; amending
3 s. 110.12315, F.S.; expanding who may prescribe brand
4 drugs under the prescription drug program when
5 medically necessary; amending ss. 310.071, 310.073,
6 and 310.081, F.S.; excepting controlled substances
7 prescribed by an advanced practice registered nurse
8 from the disqualifications for continued certification
9 or licensure as a deputy or state pilot; amending s.
10 394.455, F.S.; updating terminology to make reference
11 to "psychiatric-mental health advanced practice
12 registered nurse" instead of "psychiatric nurse";
13 requiring that such nurse hold a specified national
14 certification; conforming a reference to the term;
15 amending s. 394.463, F.S.; authorizing a psychiatric-
16 mental health advanced practice registered nurse to
17 approve the involuntary examination or release of a
18 patient from a receiving facility; amending s.
19 397.501, F.S.; prohibiting service providers from
20 denying access to substance abuse services to an
21 individual who takes medications prescribed by an
22 advanced practice registered nurse; amending s.
23 456.053, F.S.; providing an additional exception to
24 prohibited referrals; amending s. 456.057, F.S.;
25 requiring rates charged for copies of certain medical
26 records to be the same regardless of format or medium;
27 amending s. 456.072, F.S.; applying existing penalties
28 for violations relating to the prescribing or
29 dispensing of controlled substances to an advanced

588-03247-14

20141352c1

30 practice registered nurse; amending s. 456.44, F.S.;

31 requiring advanced practice registered nurses who

32 prescribe controlled substances for certain pain to

33 make a certain designation, comply with registration

34 requirements, and follow specified standards of

35 practice; amending s. 458.348, F.S.; deleting obsolete

36 language regarding the number of offices a physician

37 may supervise; conforming terminology; amending s.

38 458.3485, F.S.; deleting language relating to the

39 certification and registration of medical assistants;

40 amending s. 459.025; deleting obsolete language

41 regarding the number of offices a physician may

42 supervise; amending s. 464.012, F.S.; authorizing an

43 advanced practice registered nurse to prescribe,

44 dispense, administer, or order drugs in accordance

45 with a specified formulary, if such formulary is

46 established; requiring the Board of Nursing to appoint

47 a committee to determine whether such a formulary is

48 needed and specifying the membership of the committee;

49 providing parameters for the recommendations of the

50 committee; requiring that any formulary be adopted by

51 board rule; specifying the process for amending the

52 formulary and imposing a burden of proof; requiring

53 notice of proposed, pending, or adopted changes;

54 specifying a deadline for initiating any required

55 rulemaking; conforming terminology; amending s.

56 464.015, F.S.; applying current provisions and

57 criminal penalties relating to restrictions on the use

58 of titles and abbreviations to certified nurse

588-03247-14

20141352c1

59 practitioners; conforming terminology; amending s.
60 464.018, F.S.; specifying acts that constitute grounds
61 for denial of a license for or disciplinary action
62 against an advanced practice registered nurse who
63 practices without specified supervision; amending s.
64 893.02, F.S.; redefining the term "practitioner" to
65 include advanced practice registered nurses under the
66 Florida Comprehensive Drug Abuse Prevention and
67 Control Act; amending s. 948.03, F.S.; including drugs
68 or narcotics prescribed by an advanced practice
69 registered nurse in an exception relating to the
70 possession of drugs or narcotics during probation;
71 amending ss. 39.303, 39.304, 90.503, 112.0455,
72 121.0515, 252.515, 381.00315, 381.00593, 383.141,
73 390.0111, 390.012, 394.4574, 394.4655, 394.467,
74 395.0191, 395.602, 395.605, 397.311, 397.405, 397.427,
75 400.021, 400.0255, 400.172, 400.462, 400.487, 400.506,
76 401.445, 409.905, 409.908, 409.9081, 409.9122,
77 409.973, 429.26, 429.918, 440.102, 456.0391, 456.0392,
78 456.041, 456.048, 458.3265, 458.331, 459.0137,
79 459.015, 464.003, 464.004, 464.016, 464.0205, 467.003,
80 480.0475, 483.041, 483.801, 486.021, 490.012,
81 491.0057, 491.012, 493.6108, 626.9707, 627.357,
82 627.6471, 627.6472, 627.736, 633.412, 641.3923,
83 641.495, 744.331, 744.703, 766.102, 766.103, 766.1115,
84 766.1116, 794.08, 943.13, 945.603, 1002.20, 1002.42,
85 1006.062, 1009.65, 1009.66, and 1009.67; conforming
86 terminology to changes made by the act; providing an
87 effective date.

588-03247-14

20141352c1

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89 Be It Enacted by the Legislature of the State of Florida:

90

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

93 110.12315 Prescription drug program.—The state employees'
94 prescription drug program is established. This program shall be
95 administered by the Department of Management Services, according
96 to the terms and conditions of the plan as established by the
97 relevant provisions of the annual General Appropriations Act and
98 implementing legislation, subject to the following conditions:

99 (3) The Department of Management Services shall establish
100 the reimbursement schedule for prescription pharmaceuticals
101 dispensed under the program. Reimbursement rates for a
102 prescription pharmaceutical must be based on the cost of the
103 generic equivalent drug if a generic equivalent exists, unless
104 the health care practitioner ~~physician~~ prescribing the
105 pharmaceutical clearly states on the prescription that the brand
106 name drug is medically necessary or that the drug product is
107 included on the formulary of drug products that may not be
108 interchanged as provided in chapter 465, in which case
109 reimbursement must be based on the cost of the brand name drug
110 as specified in the reimbursement schedule adopted by the
111 Department of Management Services.

112 Section 2. Paragraph (c) of subsection (1) of section
113 310.071, Florida Statutes, is amended to read:

114 310.071 Deputy pilot certification.—

115 (1) In addition to meeting other requirements specified in
116 this chapter, each applicant for certification as a deputy pilot

588-03247-14

20141352c1

117 must:

118 (c) Be in good physical and mental health, as evidenced by
119 documentary proof of having satisfactorily passed a complete
120 physical examination administered by a licensed physician within
121 the preceding 6 months. The board shall adopt rules to establish
122 requirements for passing the physical examination, which rules
123 shall establish minimum standards for the physical or mental
124 capabilities necessary to carry out the professional duties of a
125 certificated deputy pilot. Such standards shall include zero
126 tolerance for any controlled substance regulated under chapter
127 893 unless that individual is under the care of a physician or
128 advanced practice registered nurse and that controlled substance
129 was prescribed by that physician or advanced practice registered
130 nurse. To maintain eligibility as a certificated deputy pilot,
131 each certificated deputy pilot must annually provide documentary
132 proof of having satisfactorily passed a complete physical
133 examination administered by a licensed physician. The physician
134 must know the minimum standards and certify that the
135 certificateholder satisfactorily meets the standards. The
136 standards for certificateholders shall include a drug test.

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

139 310.073 State pilot licensing.—In addition to meeting other
140 requirements specified in this chapter, each applicant for
141 license as a state pilot must:

142 (3) Be in good physical and mental health, as evidenced by
143 documentary proof of having satisfactorily passed a complete
144 physical examination administered by a licensed physician within
145 the preceding 6 months. The board shall adopt rules to establish

588-03247-14

20141352c1

146 requirements for passing the physical examination, which rules
147 shall establish minimum standards for the physical or mental
148 capabilities necessary to carry out the professional duties of a
149 licensed state pilot. Such standards shall include zero
150 tolerance for any controlled substance regulated under chapter
151 893 unless that individual is under the care of a physician or
152 advanced practice registered nurse and that controlled substance
153 was prescribed by that physician or advanced practice registered
154 nurse. To maintain eligibility as a licensed state pilot, each
155 licensed state pilot must annually provide documentary proof of
156 having satisfactorily passed a complete physical examination
157 administered by a licensed physician. The physician must know
158 the minimum standards and certify that the licensee
159 satisfactorily meets the standards. The standards for licensees
160 shall include a drug test.

161 Section 4. Paragraph (b) of subsection (3) of section
162 310.081, Florida Statutes, is amended to read:

163 310.081 Department to examine and license state pilots and
164 certificate deputy pilots; vacancies.-

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

167 (b) Are in good physical and mental health as evidenced by
168 documentary proof of having satisfactorily passed a physical
169 examination administered by a licensed physician or physician
170 assistant within each calendar year. The board shall adopt rules
171 to establish requirements for passing the physical examination,
172 which rules shall establish minimum standards for the physical
173 or mental capabilities necessary to carry out the professional
174 duties of a licensed state pilot or a certificated deputy pilot.

588-03247-14

20141352c1

175 Such standards shall include zero tolerance for any controlled
 176 substance regulated under chapter 893 unless that individual is
 177 under the care of a physician or advanced practice registered
 178 nurse and that controlled substance was prescribed by that
 179 physician or advanced practice registered nurse. To maintain
 180 eligibility as a certificated deputy pilot or licensed state
 181 pilot, each certificated deputy pilot or licensed state pilot
 182 must annually provide documentary proof of having satisfactorily
 183 passed a complete physical examination administered by a
 184 licensed physician. The physician must know the minimum
 185 standards and certify that the certificateholder or licensee
 186 satisfactorily meets the standards. The standards for
 187 certificateholders and for licensees shall include a drug test.

188
 189 Upon resignation or in the case of disability permanently
 190 affecting a pilot's ability to serve, the state license or
 191 certificate issued under this chapter shall be revoked by the
 192 department.

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

195 394.455 Definitions.—As used in this part, unless the
 196 context clearly requires otherwise, the term:

197 (23) "Psychiatric-mental health advanced practice
 198 registered Psychiatric nurse" means a registered nurse certified
 199 licensed under s. 464.012 ~~part I of chapter 464~~ who has a
 200 master's degree or a doctorate in psychiatric nursing and holds
 201 a national advanced practice certification as a psychiatric-
 202 mental health advanced practice nurse ~~2 years of post-master's~~
 203 ~~clinical experience under the supervision of a physician.~~

588-03247-14

20141352c1

204 (33) "Service provider" means any public or private
205 receiving facility, an entity under contract with the Department
206 of Children and Families ~~Family Services~~ to provide mental
207 health services, a clinical psychologist, a clinical social
208 worker, a marriage and family therapist, a mental health
209 counselor, a physician, a psychiatric-mental health advanced
210 practice registered ~~psychiatric nurse as defined in subsection~~
211 ~~(23)~~, or a community mental health center or clinic as defined
212 in this part.

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

215 394.463 Involuntary examination.—

216 (2) INVOLUNTARY EXAMINATION.—

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

219 1. A court may enter an ex parte order stating that a
220 person appears to meet the criteria for involuntary examination,
221 giving the findings on which that conclusion is based. The ex
222 parte order for involuntary examination must be based on sworn
223 testimony, written or oral. If other less restrictive means are
224 not available, such as voluntary appearance for outpatient
225 evaluation, a law enforcement officer, or other designated agent
226 of the court, shall take the person into custody and deliver him
227 or her to the nearest receiving facility for involuntary
228 examination. The order of the court shall be made a part of the
229 patient's clinical record. A ~~No~~ fee may not ~~shall~~ be charged for
230 the filing of an order under this subsection. Any receiving
231 facility accepting the patient based on this order must send a
232 copy of the order to the Agency for Health Care Administration

588-03247-14

20141352c1

233 on the next working day. The order shall be valid only until
234 executed or, if not executed, for the period specified in the
235 order itself. If no time limit is specified in the order, the
236 order shall be valid for 7 days after the date that the order
237 was signed.

238 2. A law enforcement officer shall take a person who
239 appears to meet the criteria for involuntary examination into
240 custody and deliver the person or have him or her delivered to
241 the nearest receiving facility for examination. The officer
242 shall execute a written report detailing the circumstances under
243 which the person was taken into custody, and the report shall be
244 made a part of the patient's clinical record. Any receiving
245 facility accepting the patient based on this report must send a
246 copy of the report to the Agency for Health Care Administration
247 on the next working day.

248 3. A physician, clinical psychologist, psychiatric-mental
249 health advanced practice registered psychiatric nurse, mental
250 health counselor, marriage and family therapist, or clinical
251 social worker may execute a certificate stating that he or she
252 has examined a person within the preceding 48 hours and finds
253 that the person appears to meet the criteria for involuntary
254 examination and stating the observations upon which that
255 conclusion is based. If other less restrictive means are not
256 available, such as voluntary appearance for outpatient
257 evaluation, a law enforcement officer shall take the person
258 named in the certificate into custody and deliver him or her to
259 the nearest receiving facility for involuntary examination. The
260 law enforcement officer shall execute a written report detailing
261 the circumstances under which the person was taken into custody.

588-03247-14

20141352c1

262 The report and certificate shall be made a part of the patient's
263 clinical record. Any receiving facility accepting the patient
264 based on this certificate must send a copy of the certificate to
265 the Agency for Health Care Administration on the next working
266 day.

267 (f) A patient shall be examined by a physician or clinical
268 psychologist at a receiving facility without unnecessary delay
269 and may, upon the order of a physician, be given emergency
270 treatment if it is determined that such treatment is necessary
271 for the safety of the patient or others. The patient may not be
272 released by the receiving facility or its contractor without the
273 documented approval of a psychiatrist, a clinical psychologist,
274 or a psychiatric-mental health advanced practice registered
275 nurse or, if the receiving facility is a hospital, the release
276 may also be approved by an attending emergency department
277 physician with experience in the diagnosis and treatment of
278 mental and nervous disorders and after completion of an
279 involuntary examination pursuant to this subsection. However, a
280 patient may not be held in a receiving facility for involuntary
281 examination longer than 72 hours.

282 Section 7. Paragraph (a) of subsection (2) of section
283 397.501, Florida Statutes, is amended to read:

284 397.501 Rights of individuals.—Individuals receiving
285 substance abuse services from any service provider are
286 guaranteed protection of the rights specified in this section,
287 unless otherwise expressly provided, and service providers must
288 ensure the protection of such rights.

289 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

290 (a) Service providers may not deny an individual access to

588-03247-14

20141352c1

291 substance abuse services solely on the basis of race, gender,
292 ethnicity, age, sexual preference, human immunodeficiency virus
293 status, prior service departures against medical advice,
294 disability, or number of relapse episodes. Service providers may
295 not deny an individual who takes medication prescribed by a
296 physician or an advanced practice registered nurse access to
297 substance abuse services solely on that basis. Service providers
298 who receive state funds to provide substance abuse services may
299 not, if space and sufficient state resources are available, deny
300 access to services based solely on inability to pay.

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

303 456.053 Financial arrangements between referring health
304 care providers and providers of health care services.—

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

307 (a) A health care provider may not refer a patient for the
308 provision of designated health services to an entity in which
309 the health care provider is an investor or has an investment
310 interest unless:

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

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

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

318 2. The publicly held corporation does not loan funds to or
319 guarantee a loan for an investor who is in a position to make

588-03247-14

20141352c1

320 referrals to the entity or corporation if the investor uses any
321 part of such loan to obtain the investment interest.

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

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

328 a. ~~Whose~~ Shares are traded on a national exchange or on the
329 over-the-counter market; and

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

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

336 a. No more than 50 percent of the value of the investment
337 interests are held by investors who are in a position to make
338 referrals to the entity.

339 b. The terms under which an investment interest is offered
340 to an investor who is in a position to make referrals to the
341 entity are no different from the terms offered to investors who
342 are not in a position to make such referrals.

343 c. The terms under which an investment interest is offered
344 to an investor who is in a position to make referrals to the
345 entity are not related to the previous or expected volume of
346 referrals from that investor to the entity.

347 d. There is no requirement that an investor make referrals
348 or be in a position to make referrals to the entity as a

588-03247-14

20141352c1

349 condition for becoming or remaining an investor.

350 3. With respect to either such entity or publicly held
351 corporation:

352 a. The entity or corporation does not loan funds to or
353 guarantee a loan for an investor who is in a position to make
354 referrals to the entity or corporation if the investor uses any
355 part of such loan to obtain the investment interest.

356 b. The amount distributed to an investor representing a
357 return on the investment interest is directly proportional to
358 the amount of the capital investment, including the fair market
359 value of any preoperational services rendered, invested in the
360 entity or corporation by that investor.

361 (c)~~4-~~ Each board and, in the case of hospitals, the Agency
362 for Health Care Administration~~7~~, shall encourage the use by
363 licensees of the declaratory statement procedure to determine
364 the applicability of this section or any rule adopted pursuant
365 to this section as it applies solely to the licensee. Boards
366 shall submit to the Agency for Health Care Administration the
367 name of any entity in which a provider investment interest has
368 been approved pursuant to this section.

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

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

377 (f)~~(e)~~ A ~~Any~~ person who ~~that~~ presents or causes to be

588-03247-14

20141352c1

378 presented a bill or a claim for service that such person knows
379 or should know is for a service for which payment may not be
380 made under paragraph (d) ~~(e)~~, or for which a refund has not been
381 made under paragraph (e) ~~(d)~~, shall be subject to a civil
382 penalty of not more than \$15,000 for each such service to be
383 imposed and collected by the appropriate board.

384 (g) ~~(f)~~ Any health care provider or other entity that enters
385 into an arrangement or scheme, such as a cross-referral
386 arrangement, which the physician or entity knows or should know
387 has a principal purpose of assuring referrals by the physician
388 to a particular entity which, if the physician directly made
389 referrals to such entity, would be in violation of this section,
390 shall be subject to a civil penalty of not more than \$100,000
391 for each such circumvention arrangement or scheme to be imposed
392 and collected by the appropriate board.

393 (h) ~~(g)~~ A violation of this section by a health care
394 provider shall constitute grounds for disciplinary action to be
395 taken by the applicable board pursuant to s. 458.331(2), s.
396 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), or s.
397 466.028(2). Any hospital licensed under chapter 395 found in
398 violation of this section shall be subject to s. 395.0185(2).

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

402 (j) ~~(i)~~ ~~The provision of Paragraph (a) does~~ shall not apply
403 to referrals to the offices of radiation therapy centers managed
404 by an entity or subsidiary or general partner thereof, which
405 performed radiation therapy services at those same offices
406 before ~~prior to~~ April 1, 1991, or ~~and shall not apply also to~~

588-03247-14

20141352c1

407 referrals for radiation therapy to be performed at no more than
408 one additional office of any entity qualifying for the foregoing
409 exception which, before ~~prior to~~ February 1, 1992, had a binding
410 purchase contract on and a nonrefundable deposit paid for a
411 linear accelerator to be used at the additional office. The
412 physical site of the radiation treatment centers affected by
413 this provision may be relocated as a result of the following
414 factors: acts of God; fire; strike; accident; war; eminent
415 domain actions by any governmental body; or refusal by the
416 lessor to renew a lease. A relocation for the foregoing reasons
417 is limited to relocation of an existing facility to a
418 replacement location within the county of the existing facility
419 upon written notification to the Office of Licensure and
420 Certification.

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

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

427 456.057 Ownership and control of patient records; report or
428 copies of records to be furnished; disclosure of information.—

429 (17) A health care practitioner or records owner furnishing
430 copies of reports or records or making the reports or records
431 available for digital scanning pursuant to this section shall
432 charge no more than the actual cost of copying, including
433 reasonable staff time, or the amount specified in administrative
434 rule by the appropriate board, or the department when there is
435 no board. The rates charged for reproduction of written or typed

588-03247-14

20141352c1

436 medical records must be the same regardless of format or medium.

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

439 456.072 Grounds for discipline; penalties; enforcement.—

440 (7) Notwithstanding subsection (2), upon a finding that a
441 physician or advanced practice registered nurse has prescribed
442 or dispensed a controlled substance, or caused a controlled
443 substance to be prescribed or dispensed, in a manner that
444 violates the standard of practice set forth in s. 458.331(1)(q)
445 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s.
446 464.018(1)(p) 6., or s. 466.028(1)(p) or (x), the physician or
447 advanced practice registered nurse shall be suspended for a
448 period of not less than 6 months and pay a fine of not less than
449 \$10,000 per count. Repeated violations shall result in increased
450 penalties.

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

453 456.44 Controlled substance prescribing.—

454 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
455 licensed under chapter 458, chapter 459, chapter 461, or chapter
456 466 or an advanced practice registered nurse certified under
457 part I of chapter 464 who prescribes any controlled substance,
458 listed in Schedule II, Schedule III, or Schedule IV as defined
459 in s. 893.03, for the treatment of chronic nonmalignant pain,
460 must:

461 (a) Designate himself or herself as a controlled substance
462 prescribing practitioner on his or her ~~the physician's~~
463 practitioner profile.

464 (b) Comply with the requirements of this section and

588-03247-14

20141352c1

465 applicable board rules.

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

470 (a) A complete medical history and a physical examination
471 must be conducted before beginning any treatment and must be
472 documented in the medical record. The exact components of the
473 physical examination shall be left to the judgment of the
474 clinician who is expected to perform a physical examination
475 proportionate to the diagnosis that justifies a treatment. The
476 medical record must, at a minimum, document the nature and
477 intensity of the pain, current and past treatments for pain,
478 underlying or coexisting diseases or conditions, the effect of
479 the pain on physical and psychological function, a review of
480 previous medical records, previous diagnostic studies, and
481 history of alcohol and substance abuse. The medical record shall
482 also document the presence of one or more recognized medical
483 indications for the use of a controlled substance. Each
484 registrant must develop a written plan for assessing each
485 patient's risk of aberrant drug-related behavior, which may
486 include patient drug testing. Registrants must assess each
487 patient's risk for aberrant drug-related behavior and monitor
488 that risk on an ongoing basis in accordance with the plan.

489 (b) Each registrant must develop a written individualized
490 treatment plan for each patient. The treatment plan shall state
491 objectives that will be used to determine treatment success,
492 such as pain relief and improved physical and psychosocial
493 function, and shall indicate if any further diagnostic

588-03247-14

20141352c1

494 evaluations or other treatments are planned. After treatment
495 begins, the practitioner ~~physician~~ shall adjust drug therapy to
496 the individual medical needs of each patient. Other treatment
497 modalities, including a rehabilitation program, shall be
498 considered depending on the etiology of the pain and the extent
499 to which the pain is associated with physical and psychosocial
500 impairment. The interdisciplinary nature of the treatment plan
501 shall be documented.

502 (c) The practitioner ~~physician~~ shall discuss the risks and
503 benefits of the use of controlled substances, including the
504 risks of abuse and addiction, as well as physical dependence and
505 its consequences, with the patient, persons designated by the
506 patient, or the patient's surrogate or guardian if the patient
507 is incompetent. The practitioner ~~physician~~ shall use a written
508 controlled substance agreement between the practitioner
509 ~~physician~~ and the patient outlining the patient's
510 responsibilities, including, but not limited to:

511 1. Number and frequency of controlled substance
512 prescriptions and refills.

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

515 3. An agreement that controlled substances for the
516 treatment of chronic nonmalignant pain shall be prescribed by a
517 single treating practitioner ~~physician~~ unless otherwise
518 authorized by the treating practitioner ~~physician~~ and documented
519 in the medical record.

520 (d) The patient shall be seen by the practitioner ~~physician~~
521 at regular intervals, not to exceed 3 months, to assess the
522 efficacy of treatment, ensure that controlled substance therapy

588-03247-14

20141352c1

523 remains indicated, evaluate the patient's progress toward
524 treatment objectives, consider adverse drug effects, and review
525 the etiology of the pain. Continuation or modification of
526 therapy shall depend on the practitioner's ~~physician's~~
527 evaluation of the patient's progress. If treatment goals are not
528 being achieved, despite medication adjustments, the practitioner
529 ~~physician~~ shall reevaluate the appropriateness of continued
530 treatment. The practitioner ~~physician~~ shall monitor patient
531 compliance in medication usage, related treatment plans,
532 controlled substance agreements, and indications of substance
533 abuse or diversion at a minimum of 3-month intervals.

534 (e) The practitioner ~~physician~~ shall refer the patient as
535 necessary for additional evaluation and treatment in order to
536 achieve treatment objectives. Special attention shall be given
537 to those patients who are at risk for misusing their medications
538 and those whose living arrangements pose a risk for medication
539 misuse or diversion. The management of pain in patients with a
540 history of substance abuse or with a comorbid psychiatric
541 disorder requires extra care, monitoring, and documentation and
542 requires consultation with or referral to an addiction medicine
543 specialist or psychiatrist.

544 (f) A practitioner ~~physician~~ registered under this section
545 must maintain accurate, current, and complete records that are
546 accessible and readily available for review and comply with the
547 requirements of this section, the applicable practice act, and
548 applicable board rules. The medical records must include, but
549 are not limited to:

550 1. The complete medical history and a physical examination,
551 including history of drug abuse or dependence.

588-03247-14

20141352c1

- 552 2. Diagnostic, therapeutic, and laboratory results.
- 553 3. Evaluations and consultations.
- 554 4. Treatment objectives.
- 555 5. Discussion of risks and benefits.
- 556 6. Treatments.
- 557 7. Medications, including date, type, dosage, and quantity
- 558 prescribed.
- 559 8. Instructions and agreements.
- 560 9. Periodic reviews.
- 561 10. Results of any drug testing.
- 562 11. A photocopy of the patient's government-issued photo
- 563 identification.
- 564 12. If a written prescription for a controlled substance is
- 565 given to the patient, a duplicate of the prescription.
- 566 13. The practitioner's ~~physician's~~ full name presented in a
- 567 legible manner.
- 568 (g) Patients with signs or symptoms of substance abuse
- 569 shall be immediately referred to a board-certified pain
- 570 management physician, an addiction medicine specialist, or a
- 571 mental health addiction facility as it pertains to drug abuse or
- 572 addiction unless the practitioner is a physician who is board-
- 573 certified or board-eligible in pain management. Throughout the
- 574 period of time before receiving the consultant's report, a
- 575 prescribing practitioner ~~physician~~ shall clearly and completely
- 576 document medical justification for continued treatment with
- 577 controlled substances and those steps taken to ensure medically
- 578 appropriate use of controlled substances by the patient. Upon
- 579 receipt of the consultant's written report, the prescribing
- 580 practitioner ~~physician~~ shall incorporate the consultant's

588-03247-14

20141352c1

581 recommendations for continuing, modifying, or discontinuing
582 controlled substance therapy. The resulting changes in treatment
583 shall be specifically documented in the patient's medical
584 record. Evidence or behavioral indications of diversion shall be
585 followed by discontinuation of controlled substance therapy, and
586 the patient shall be discharged, and all results of testing and
587 actions taken by the practitioner ~~physician~~ shall be documented
588 in the patient's medical record.

589

590 This subsection does not apply to a board-eligible or board-
591 certified anesthesiologist, physiatrist, rheumatologist, or
592 neurologist, or to a board-certified physician who has surgical
593 privileges at a hospital or ambulatory surgery center and
594 primarily provides surgical services. This subsection does not
595 apply to a board-eligible or board-certified medical specialist
596 who has also completed a fellowship in pain medicine approved by
597 the Accreditation Council for Graduate Medical Education or the
598 American Osteopathic Association, or who is board eligible or
599 board certified in pain medicine by the American Board of Pain
600 Medicine, the American Board of Interventional Pain Physicians,
601 the American Association of Physician Specialists, or a board
602 approved by the American Board of Medical Specialties or the
603 American Osteopathic Association and performs interventional
604 pain procedures of the type routinely billed using surgical
605 codes. This subsection does not apply to a physician or advanced
606 practice registered nurse who prescribes medically necessary
607 controlled substances for a patient during an inpatient stay in
608 a hospital licensed under chapter 395.

609 Section 12. Subsections (1), (2), and (4) of section

588-03247-14

20141352c1

610 458.348, Florida Statutes, are amended to read:

611 458.348 Formal supervisory relationships, standing orders,
612 and established protocols; notice; standards.—

613 (1) NOTICE.—

614 (a) When a physician enters into a formal supervisory
615 relationship or standing orders with an emergency medical
616 technician or paramedic licensed pursuant to s. 401.27, which
617 relationship or orders contemplate the performance of medical
618 acts, or when a physician enters into an established protocol
619 with an advanced practice registered nurse ~~practitioner~~, which
620 protocol contemplates the performance of medical acts identified
621 and approved by the joint committee pursuant to s. 464.003(2) or
622 acts set forth in s. 464.012(3) and (4), the physician shall
623 submit notice to the board. The notice shall contain a statement
624 in substantially the following form:

625
626 I, ...(name and professional license number of
627 physician)..., of ...(address of physician)... have hereby
628 entered into a formal supervisory relationship, standing orders,
629 or an established protocol with ...(number of persons)...
630 emergency medical technician(s), ...(number of persons)...
631 paramedic(s), or ...(number of persons)... advanced practice
632 registered nurse(s) ~~nurse practitioner(s)~~.

633

634 (b) Notice shall be filed within 30 days of entering into
635 the relationship, orders, or protocol. Notice also shall be
636 provided within 30 days after the physician has terminated any
637 such relationship, orders, or protocol.

638 (2) ESTABLISHMENT OF ~~STANDARDS BY~~ JOINT COMMITTEE;

588-03247-14

20141352c1

639 STANDARDS.—The joint committee created under s. 464.003(2) shall
640 determine minimum standards for the content of established
641 protocols pursuant to which an advanced practice registered
642 nurse ~~practitioner~~ may perform medical acts identified and
643 approved by the joint committee pursuant to s. 464.003(2) or
644 acts set forth in s. 464.012(3) and (4), and shall determine
645 minimum standards for supervision of such acts by the physician,
646 unless the joint committee determines that any act set forth in
647 s. 464.012(3) or (4) is not a medical act. Such standards shall
648 be based on risk to the patient and acceptable standards of
649 medical care and shall take into account the special problems of
650 medically underserved areas. The standards developed by the
651 joint committee shall be adopted as rules by the Board of
652 Nursing and the Board of Medicine for purposes of carrying out
653 their responsibilities pursuant to part I of chapter 464 and
654 this chapter, respectively, but neither board shall have
655 disciplinary powers over the licensees of the other board.

656 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—A
657 physician who supervises an advanced practice registered nurse
658 ~~practitioner~~ or physician assistant at a medical office other
659 than the physician's primary practice location, where the
660 advanced practice registered nurse ~~practitioner~~ or physician
661 assistant is not under the onsite supervision of a supervising
662 physician, must comply with the standards set forth in this
663 subsection. For the purpose of this subsection, a physician's
664 "primary practice location" means the address reflected on the
665 physician's profile published pursuant to s. 456.041.

666 (a) A physician who is engaged in providing primary health
667 care services may not supervise more than four offices in

588-03247-14

20141352c1

668 addition to the physician's primary practice location. For the
669 purpose of this subsection, "primary health care" means health
670 care services that are commonly provided to patients without
671 referral from another practitioner, including obstetrical and
672 gynecological services, and excludes practices providing
673 primarily dermatologic and skin care services, which include
674 aesthetic skin care services.

675 (b) A physician who is engaged in providing specialty
676 health care services may not supervise more than two offices in
677 addition to the physician's primary practice location. For the
678 purpose of this subsection, "specialty health care" means health
679 care services that are commonly provided to patients with a
680 referral from another practitioner and excludes practices
681 providing primarily dermatologic and skin care services, which
682 include aesthetic skin care services.

683 (c) A physician who supervises an advanced practice
684 registered nurse ~~practitioner~~ or physician assistant at a
685 medical office other than the physician's primary practice
686 location, where the advanced practice registered nurse
687 ~~practitioner~~ or physician assistant is not under the onsite
688 supervision of a supervising physician and the services offered
689 at the office are primarily dermatologic or skin care services,
690 which include aesthetic skin care services other than plastic
691 surgery, must comply with the standards listed in subparagraphs
692 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician
693 supervising a physician assistant pursuant to this paragraph may
694 not be required to review and cosign charts or medical records
695 prepared by such physician assistant.

696 1. The physician shall submit to the board the addresses of

588-03247-14

20141352c1

697 all offices where he or she is supervising an advanced practice
698 registered nurse ~~practitioner~~ or a physician's assistant which
699 are not the physician's primary practice location.

700 2. The physician must be board certified or board eligible
701 in dermatology or plastic surgery as recognized by the board
702 pursuant to s. 458.3312.

703 3. All such offices that are not the physician's primary
704 place of practice must be within 25 miles of the physician's
705 primary place of practice or in a county that is contiguous to
706 the county of the physician's primary place of practice.
707 However, the distance between any of the offices may not exceed
708 75 miles.

709 4. The physician may supervise only one office other than
710 the physician's primary place of practice ~~except that until July~~
711 ~~1, 2011, the physician may supervise up to two medical offices~~
712 ~~other than the physician's primary place of practice if the~~
713 ~~addresses of the offices are submitted to the board before July~~
714 ~~1, 2006. Effective July 1, 2011, the physician may supervise~~
715 ~~only one office other than the physician's primary place of~~
716 ~~practice, regardless of when the addresses of the offices were~~
717 ~~submitted to the board.~~

718 (d) A physician who supervises an office in addition to the
719 physician's primary practice location must conspicuously post in
720 each of the physician's offices a current schedule of the
721 regular hours when the physician is present in that office and
722 the hours when the office is open while the physician is not
723 present.

724 (e) This subsection does not apply to health care services
725 provided in facilities licensed under chapter 395 or in

588-03247-14

20141352c1

726 conjunction with a college of medicine, a college of nursing, an
727 accredited graduate medical program, or a nursing education
728 program; not-for-profit, family-planning clinics that are not
729 licensed pursuant to chapter 390; rural and federally qualified
730 health centers; health care services provided in a nursing home
731 licensed under part II of chapter 400, an assisted living
732 facility licensed under part I of chapter 429, a continuing care
733 facility licensed under chapter 651, or a retirement community
734 consisting of independent living units and a licensed nursing
735 home or assisted living facility; anesthesia services provided
736 in accordance with law; health care services provided in a
737 designated rural health clinic; health care services provided to
738 persons enrolled in a program designed to maintain elderly
739 persons and persons with disabilities in a home or community-
740 based setting; university primary care student health centers;
741 school health clinics; or health care services provided in
742 federal, state, or local government facilities. Subsection (3)
743 and this subsection do not apply to offices at which the
744 exclusive service being performed is laser hair removal by an
745 advanced practice registered nurse ~~practitioner~~ or physician
746 assistant.

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

749 458.3485 Medical assistant.—

750 ~~(3) CERTIFICATION.—Medical assistants may be certified by~~
751 ~~the American Association of Medical Assistants or as a~~
752 ~~Registered Medical Assistant by the American Medical~~
753 ~~Technologists.~~

754 Section 14. Subsections (1) and (3) of section 459.025,

588-03247-14

20141352c1

755 Florida Statutes, are amended to read:

756 459.025 Formal supervisory relationships, standing orders,
757 and established protocols; notice; standards.—

758 (1) NOTICE.—

759 (a) When an osteopathic physician enters into a formal
760 supervisory relationship or standing orders with an emergency
761 medical technician or paramedic licensed pursuant to s. 401.27,
762 which relationship or orders contemplate the performance of
763 medical acts, or when an osteopathic physician enters into an
764 established protocol with an advanced practice registered nurse
765 ~~practitioner~~, which protocol contemplates the performance of
766 medical acts identified and approved by the joint committee
767 pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and
768 (4), the osteopathic physician shall submit notice to the board.
769 The notice must contain a statement in substantially the
770 following form:

771

772 I, ...(name and professional license number of osteopathic
773 physician)..., of ...(address of osteopathic physician)... have
774 hereby entered into a formal supervisory relationship, standing
775 orders, or an established protocol with ...(number of
776 persons)... emergency medical technician(s), ...(number of
777 persons)... paramedic(s), or ...(number of persons)... advanced
778 practice registered nurse(s) ~~nurse practitioner(s)~~.

779

780 (b) Notice shall be filed within 30 days after entering
781 into the relationship, orders, or protocol. Notice also shall be
782 provided within 30 days after the osteopathic physician has
783 terminated any such relationship, orders, or protocol.

588-03247-14

20141352c1

(3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

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

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

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

588-03247-14

20141352c1

813 (c) An osteopathic physician who supervises an advanced
814 practice registered nurse ~~practitioner~~ or physician assistant at
815 a medical office other than the osteopathic physician's primary
816 practice location, where the advanced practice registered nurse
817 ~~practitioner~~ or physician assistant is not under the onsite
818 supervision of a supervising osteopathic physician and the
819 services offered at the office are primarily dermatologic or
820 skin care services, which include aesthetic skin care services
821 other than plastic surgery, must comply with the standards
822 listed in subparagraphs 1.-4. Notwithstanding s.
823 459.022(4)(e)6., an osteopathic physician supervising a
824 physician assistant pursuant to this paragraph may not be
825 required to review and cosign charts or medical records prepared
826 by such physician assistant.

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

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

835 3. All such offices that are not the osteopathic
836 physician's primary place of practice must be within 25 miles of
837 the osteopathic physician's primary place of practice or in a
838 county that is contiguous to the county of the osteopathic
839 physician's primary place of practice. However, the distance
840 between any of the offices may not exceed 75 miles.

841 4. The osteopathic physician may supervise only one office

588-03247-14

20141352c1

842 other than the osteopathic physician's primary place of practice
843 ~~except that until July 1, 2011, the osteopathic physician may~~
844 ~~supervise up to two medical offices other than the osteopathic~~
845 ~~physician's primary place of practice if the addresses of the~~
846 ~~offices are submitted to the Board of Osteopathic Medicine~~
847 ~~before July 1, 2006. Effective July 1, 2011, the osteopathic~~
848 ~~physician may supervise only one office other than the~~
849 ~~osteopathic physician's primary place of practice, regardless of~~
850 ~~when the addresses of the offices were submitted to the Board of~~
851 ~~Osteopathic Medicine.~~

852 (d) An osteopathic physician who supervises an office in
853 addition to the osteopathic physician's primary practice
854 location must conspicuously post in each of the osteopathic
855 physician's offices a current schedule of the regular hours when
856 the osteopathic physician is present in that office and the
857 hours when the office is open while the osteopathic physician is
858 not present.

859 (e) This subsection does not apply to health care services
860 provided in facilities licensed under chapter 395 or in
861 conjunction with a college of medicine or college of nursing or
862 an accredited graduate medical or nursing education program;
863 offices where the only service being performed is hair removal
864 by an advanced practice registered nurse ~~practitioner~~ or
865 physician assistant; not-for-profit, family-planning clinics
866 that are not licensed pursuant to chapter 390; rural and
867 federally qualified health centers; health care services
868 provided in a nursing home licensed under part II of chapter
869 400, an assisted living facility licensed under part I of
870 chapter 429, a continuing care facility licensed under chapter

588-03247-14

20141352c1

871 651, or a retirement community consisting of independent living
872 units and either a licensed nursing home or assisted living
873 facility; anesthesia services provided in accordance with law;
874 health care services provided in a designated rural health
875 clinic; health care services provided to persons enrolled in a
876 program designed to maintain elderly persons and persons with
877 disabilities in a home or community-based setting; university
878 primary care student health centers; school health clinics; or
879 health care services provided in federal, state, or local
880 government facilities.

881 Section 15. Section 464.012, Florida Statutes, is amended
882 to read:

883 464.012 Certification of advanced practice registered
884 nurses ~~nurse practitioners~~; fees; controlled substance
885 prescribing.-

886 (1) Any nurse desiring to be certified as an advanced
887 practice registered nurse ~~practitioner~~ shall apply to the
888 department and submit proof that he or she holds a current
889 license to practice professional nursing and that he or she
890 meets one or more of the following requirements as determined by
891 the board:

892 (a) Satisfactory completion of a formal postbasic
893 educational program of at least one academic year, the primary
894 purpose of which is to prepare nurses for advanced or
895 specialized practice.

896 (b) Certification by an appropriate specialty board. Such
897 certification shall be required for initial state certification
898 and any recertification as a registered nurse anesthetist or
899 nurse midwife. The board may by rule provide for provisional

588-03247-14

20141352c1

900 state certification of graduate nurse anesthetists and nurse
901 midwives for a period of time determined to be appropriate for
902 preparing for and passing the national certification
903 examination.

904 (c) Graduation from a program leading to a master's degree
905 in a nursing clinical specialty area with preparation in
906 specialized practitioner skills. For applicants graduating on or
907 after October 1, 1998, graduation from a master's degree program
908 shall be required for initial certification as a nurse
909 practitioner under paragraph (4) (c). For applicants graduating
910 on or after October 1, 2001, graduation from a master's degree
911 program shall be required for initial certification as a
912 registered nurse anesthetist under paragraph (4) (a).

913 (2) The board shall provide by rule the appropriate
914 requirements for advanced practice registered nurses ~~nurse~~
915 ~~practitioners~~ in the categories of certified registered nurse
916 anesthetist, certified nurse midwife, and certified nurse
917 practitioner.

918 (3) An advanced practice registered nurse ~~practitioner~~
919 shall perform those functions authorized in this section within
920 the framework of an established protocol that is filed with the
921 board upon biennial license renewal and within 30 days after
922 entering into a supervisory relationship with a physician or
923 changes to the protocol. The board shall review the protocol to
924 ensure compliance with applicable regulatory standards for
925 protocols. The board shall refer to the department licensees
926 submitting protocols that are not compliant with the regulatory
927 standards for protocols. A practitioner currently licensed under
928 chapter 458, chapter 459, or chapter 466 shall maintain

588-03247-14

20141352c1

929 supervision for directing the specific course of medical
930 treatment. Within the established framework, an advanced
931 practice registered nurse ~~practitioner~~ may:

932 (a) Prescribe, dispense, administer, or order drugs. As
933 used in this paragraph, the term "drugs" includes controlled
934 substances.

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

936 (c) ~~(b)~~ Initiate appropriate therapies for certain
937 conditions.

938 (d) ~~(c)~~ Perform additional functions as may be determined by
939 rule in accordance with s. 464.003(2).

940 (e) ~~(d)~~ Order diagnostic tests and physical and occupational
941 therapy.

942 (4) In addition to the general functions specified in
943 subsection (3), an advanced practice registered nurse
944 ~~practitioner~~ may perform the following acts within his or her
945 specialty:

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

950 1. Determine the health status of the patient as it relates
951 to the risk factors and to the anesthetic management of the
952 patient through the performance of the general functions.

953 2. Based on history, physical assessment, and supplemental
954 laboratory results, determine, with the consent of the
955 responsible physician, the appropriate type of anesthesia within
956 the framework of the protocol.

957 3. Order under the protocol preanesthetic medication.

588-03247-14

20141352c1

958 4. Perform under the protocol procedures commonly used to
959 render the patient insensible to pain during the performance of
960 surgical, obstetrical, therapeutic, or diagnostic clinical
961 procedures. These procedures include ordering and administering
962 regional, spinal, and general anesthesia; inhalation agents and
963 techniques; intravenous agents and techniques; and techniques of
964 hypnosis.

965 5. Order or perform monitoring procedures indicated as
966 pertinent to the anesthetic health care management of the
967 patient.

968 6. Support life functions during anesthesia health care,
969 including induction and intubation procedures, the use of
970 appropriate mechanical supportive devices, and the management of
971 fluid, electrolyte, and blood component balances.

972 7. Recognize and take appropriate corrective action for
973 abnormal patient responses to anesthesia, adjunctive medication,
974 or other forms of therapy.

975 8. Recognize and treat a cardiac arrhythmia while the
976 patient is under anesthetic care.

977 9. Participate in management of the patient while in the
978 postanesthesia recovery area, including ordering the
979 administration of fluids and drugs.

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

982 (b) The certified nurse midwife may, to the extent
983 authorized by an established protocol which has been approved by
984 the medical staff of the health care facility in which the
985 midwifery services are performed, or approved by the nurse
986 midwife's physician backup when the delivery is performed in a

588-03247-14

20141352c1

987 patient's home, perform any or all of the following:

- 988 1. Perform superficial minor surgical procedures.
- 989 2. Manage the patient during labor and delivery to include
990 amniotomy, episiotomy, and repair.
- 991 3. Order, initiate, and perform appropriate anesthetic
992 procedures.
- 993 4. Perform postpartum examination.
- 994 5. Order appropriate medications.
- 995 6. Provide family-planning services and well-woman care.
- 996 7. Manage the medical care of the normal obstetrical
997 patient and the initial care of a newborn patient.

998 (c) The certified nurse practitioner may perform any or all
999 of the following acts within the framework of established
1000 protocol:

- 1001 1. Manage selected medical problems.
- 1002 2. Order physical and occupational therapy.
- 1003 3. Initiate, monitor, or alter therapies for certain
1004 uncomplicated acute illnesses.
- 1005 4. Monitor and manage patients with stable chronic
1006 diseases.
- 1007 5. Establish behavioral problems and diagnosis and make
1008 treatment recommendations.

1009 (5) The board shall certify, and the department shall issue
1010 a certificate to, any nurse meeting the qualifications in this
1011 section. The board shall establish an application fee not to
1012 exceed \$100 and a biennial renewal fee not to exceed \$50. The
1013 board is authorized to adopt such other rules as are necessary
1014 to implement the provisions of this section.

1015 (6) (a) The board shall appoint a committee to recommend

588-03247-14

20141352c1

1016 whether a formulary of controlled substances that an advanced
1017 practice registered nurse may not prescribe or may prescribe
1018 only for specific uses or subject to specific limitations is
1019 necessary to protect the health, safety, and welfare of the
1020 public. The committee shall consist of at least three advanced
1021 practice registered nurses, including a certified registered
1022 nurse anesthetist, a certified nurse midwife, and a certified
1023 nurse practitioner; at least two physicians recommended by the
1024 Board of Medicine, and one physician recommended by the Board of
1025 Osteopathic Medicine, who have had work experience with advanced
1026 practice registered nurses; and a pharmacist licensed under
1027 chapter 465, but not licensed under chapter 458, chapter 459, or
1028 this chapter, who shall be selected by the State Surgeon
1029 General. The committee may recommend a formulary applicable to
1030 all advanced practice registered nurses, limited by specialty
1031 certification, limited to approved uses of controlled
1032 substances, or subject to other similar restriction it deems
1033 necessary to protect the health, safety, and welfare of the
1034 public.

1035 (b) The board shall adopt any formulary required under this
1036 subsection by rule. Only the board may add to, delete from, or
1037 modify the formulary. A person who requests the addition,
1038 deletion, or modification of a controlled substance listed on
1039 the formulary has the burden of proof to show cause why the
1040 change should be made. The board shall post notice of any
1041 proposed, pending, or adopted changes to the formulary on its
1042 website.

1043 (c) The board shall initiate rulemaking, if required to
1044 implement the committee's initial recommendation, no later than

588-03247-14

20141352c1

1045 October 1, 2014.

1046 Section 16. Present subsections (8) through (10) of section
1047 464.015, Florida Statutes, are renumbered as subsections (9)
1048 through (11), respectively, and amended, and a new subsection
1049 (8) is added to that section, to read:

1050 464.015 Titles and abbreviations; restrictions; penalty.—

1051 (8) Only persons who hold valid certificates to practice as
1052 certified nurse practitioners in this state may use the title
1053 "Certified Nurse Practitioner" and use the abbreviations
1054 "C.N.P." and "nurse practitioner."

1055 (9)~~(8)~~ Only persons who hold valid certificates to practice
1056 as advanced practice registered nurses ~~nurse practitioners~~ in
1057 this state may use the title "Advanced Practice Registered Nurse
1058 Practitioner" and the abbreviation "A.P.R.N." ~~"A.R.N.P."~~

1059 (10)~~(9)~~ A person may not practice or advertise as, or
1060 assume the title of, registered nurse, licensed practical nurse,
1061 clinical nurse specialist, certified registered nurse
1062 anesthetist, certified nurse midwife, or advanced practice
1063 registered nurse ~~practitioner~~ or use the abbreviation "R.N.,"
1064 "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," "C.N.P.," or
1065 "A.P.R.N." ~~"A.R.N.P."~~ or take any other action that would lead
1066 the public to believe that person was certified as such or is
1067 performing nursing services pursuant to the exception set forth
1068 in s. 464.022(8), unless that person is licensed or certified to
1069 practice as such.

1070 (11)~~(10)~~ A violation of this section is a misdemeanor of
1071 the first degree, punishable as provided in s. 775.082 or s.
1072 775.083.

1073 Section 17. Paragraph (p) is added to subsection (1) of

588-03247-14

20141352c1

1074 section 464.018, Florida Statutes, to read:

1075 464.018 Disciplinary actions.—

1076 (1) The following acts constitute grounds for denial of a
1077 license or disciplinary action, as specified in s. 456.072(2):

1078 (p) For only an advanced practice registered nurse:

1079 1. Presigning blank prescription forms.

1080 2. Prescribing for office use any medicinal drug appearing
1081 on Schedule II in chapter 893.

1082 3. Prescribing, ordering, dispensing, administering,
1083 supplying, selling, or giving a drug that is an amphetamine or
1084 sympathomimetic amine drug, or a compound designated pursuant to
1085 chapter 893 as a Schedule II controlled substance, to or for any
1086 person except for:

1087 a. The treatment of narcolepsy; hyperkinesis; behavioral
1088 syndrome in children characterized by the developmentally
1089 inappropriate symptoms of moderate to severe distractibility,
1090 short attention span, hyperactivity, emotional lability, and
1091 impulsivity; or drug-induced brain dysfunction.

1092 b. The differential diagnostic psychiatric evaluation of
1093 depression or the treatment of depression shown to be refractory
1094 to other therapeutic modalities.

1095 c. The clinical investigation of the effects of such drugs
1096 or compounds when an investigative protocol is submitted to,
1097 reviewed, and approved by the department before such
1098 investigation is begun.

1099 4. Prescribing, ordering, dispensing, administering,
1100 supplying, selling, or giving growth hormones, testosterone or
1101 its analogs, human chorionic gonadotropin (HCG), or other
1102 hormones for the purpose of muscle building or to enhance

588-03247-14

20141352c1

1103 athletic performance. For the purposes of this subsection, the
1104 term "muscle building" does not include the treatment of injured
1105 muscle. A prescription written for the drug products listed
1106 above may be dispensed by the pharmacist with the presumption
1107 that the prescription is for legitimate medical use.

1108 5. Promoting or advertising on any prescription form of a
1109 community pharmacy unless the form also states "This
1110 prescription may be filled at any pharmacy of your choice."

1111 6. Prescribing, dispensing, administering, mixing, or
1112 otherwise preparing a legend drug, including a controlled
1113 substance, other than in the course of his or her professional
1114 practice. For the purposes of this paragraph, it shall be
1115 legally presumed that prescribing, dispensing, administering,
1116 mixing, or otherwise preparing legend drugs, including all
1117 controlled substances, inappropriately or in excessive or
1118 inappropriate quantities is not in the best interest of the
1119 patient and is not in the course of the advanced practice
1120 registered nurse's professional practice, without regard to his
1121 or her intent.

1122 7. Prescribing, dispensing, or administering a medicinal
1123 drug appearing on a schedule set forth in chapter 893 to himself
1124 or herself, except a drug prescribed, dispensed, or administered
1125 to the advanced practice registered nurse by another
1126 practitioner authorized to prescribe, dispense, or administer
1127 medicinal drugs.

1128 8. Prescribing, ordering, dispensing, administering,
1129 supplying, selling, or giving amygdalin (laetrile) to any
1130 person.

1131 9. Dispensing a controlled substance listed in Schedule II

588-03247-14

20141352c1

1132 or Schedule III of chapter 893 in violation of s. 465.0276.

1133 10. Promoting or advertising through any communication
1134 medium the use, sale, or dispensing of a controlled substance
1135 appearing on a schedule in chapter 893.

1136 Section 18. Subsection (21) of section 893.02, Florida
1137 Statutes, is amended to read:

1138 893.02 Definitions.—The following words and phrases as used
1139 in this chapter shall have the following meanings, unless the
1140 context otherwise requires:

1141 (21) "Practitioner" means a physician licensed pursuant to
1142 chapter 458, a dentist licensed pursuant to chapter 466, a
1143 veterinarian licensed pursuant to chapter 474, an osteopathic
1144 physician licensed pursuant to chapter 459, an advanced practice
1145 registered nurse certified pursuant to chapter 464, a naturopath
1146 licensed pursuant to chapter 462, a certified optometrist
1147 licensed pursuant to chapter 463, or a podiatric physician
1148 licensed pursuant to chapter 461, provided such practitioner
1149 holds a valid federal controlled substance registry number.

1150 Section 19. Paragraph (n) of subsection (1) of section
1151 948.03, Florida Statutes, is amended to read:

1152 948.03 Terms and conditions of probation.—

1153 (1) The court shall determine the terms and conditions of
1154 probation. Conditions specified in this section do not require
1155 oral pronouncement at the time of sentencing and may be
1156 considered standard conditions of probation. These conditions
1157 may include among them the following, that the probationer or
1158 offender in community control shall:

1159 (n) Be prohibited from using intoxicants to excess or
1160 possessing any drugs or narcotics unless prescribed by a

588-03247-14

20141352c1

1161 physician or advanced practice registered nurse. The probationer
1162 or community controllee may ~~shall~~ not knowingly visit places
1163 where intoxicants, drugs, or other dangerous substances are
1164 unlawfully sold, dispensed, or used.

1165 Section 20. Subsections (3) and (4) of section 39.303,
1166 Florida Statutes, are amended to read:

1167 39.303 Child protection teams; services; eligible cases.—
1168 The Children's Medical Services Program in the Department of
1169 Health shall develop, maintain, and coordinate the services of
1170 one or more multidisciplinary child protection teams in each of
1171 the service districts of the Department of Children and Family
1172 Services. Such teams may be composed of appropriate
1173 representatives of school districts and appropriate health,
1174 mental health, social service, legal service, and law
1175 enforcement agencies. The Legislature finds that optimal
1176 coordination of child protection teams and sexual abuse
1177 treatment programs requires collaboration between the Department
1178 of Health and the Department of Children and Family Services.
1179 The two departments shall maintain an interagency agreement that
1180 establishes protocols for oversight and operations of child
1181 protection teams and sexual abuse treatment programs. The State
1182 Surgeon General and the Deputy Secretary for Children's Medical
1183 Services, in consultation with the Secretary of Children and
1184 Family Services, shall maintain the responsibility for the
1185 screening, employment, and, if necessary, the termination of
1186 child protection team medical directors, at headquarters and in
1187 the 15 districts. Child protection team medical directors shall
1188 be responsible for oversight of the teams in the districts.

1189 (3) All abuse and neglect cases transmitted for

588-03247-14

20141352c1

1190 investigation to a district by the hotline must be
1191 simultaneously transmitted to the Department of Health child
1192 protection team for review. For the purpose of determining
1193 whether face-to-face medical evaluation by a child protection
1194 team is necessary, all cases transmitted to the child protection
1195 team which meet the criteria in subsection (2) must be timely
1196 reviewed by:

1197 (a) A physician licensed under chapter 458 or chapter 459
1198 who holds board certification in pediatrics and is a member of a
1199 child protection team;

1200 (b) A physician licensed under chapter 458 or chapter 459
1201 who holds board certification in a specialty other than
1202 pediatrics, who may complete the review only when working under
1203 the direction of a physician licensed under chapter 458 or
1204 chapter 459 who holds board certification in pediatrics and is a
1205 member of a child protection team;

1206 (c) An advanced practice registered nurse ~~practitioner~~
1207 licensed under chapter 464 who has a specialty ~~speciality~~ in
1208 pediatrics or family medicine and is a member of a child
1209 protection team;

1210 (d) A physician assistant licensed under chapter 458 or
1211 chapter 459, who may complete the review only when working under
1212 the supervision of a physician licensed under chapter 458 or
1213 chapter 459 who holds board certification in pediatrics and is a
1214 member of a child protection team; or

1215 (e) A registered nurse licensed under chapter 464, who may
1216 complete the review only when working under the direct
1217 supervision of a physician licensed under chapter 458 or chapter
1218 459 who holds certification in pediatrics and is a member of a

588-03247-14

20141352c1

1219 child protection team.

1220 (4) A face-to-face medical evaluation by a child protection
1221 team is not necessary when:

1222 (a) The child was examined for the alleged abuse or neglect
1223 by a physician who is not a member of the child protection team,
1224 and a consultation between the child protection team board-
1225 certified pediatrician, advanced practice registered nurse
1226 ~~practitioner~~, physician assistant working under the supervision
1227 of a child protection team board-certified pediatrician, or
1228 registered nurse working under the direct supervision of a child
1229 protection team board-certified pediatrician, and the examining
1230 physician concludes that a further medical evaluation is
1231 unnecessary;

1232 (b) The child protective investigator, with supervisory
1233 approval, has determined, after conducting a child safety
1234 assessment, that there are no indications of injuries as
1235 described in paragraphs (2) (a)-(h) as reported; or

1236 (c) The child protection team board-certified pediatrician,
1237 as authorized in subsection (3), determines that a medical
1238 evaluation is not required.

1239

1240 Notwithstanding paragraphs (a), (b), and (c), a child protection
1241 team pediatrician, as authorized in subsection (3), may
1242 determine that a face-to-face medical evaluation is necessary.

1243 Section 21. Paragraph (b) of subsection (1) of section
1244 39.304, Florida Statutes, is amended to read:

1245 39.304 Photographs, medical examinations, X rays, and
1246 medical treatment of abused, abandoned, or neglected child.—

1247 (1)

588-03247-14

20141352c1

1248 (b) If the areas of trauma visible on a child indicate a
1249 need for a medical examination, or if the child verbally
1250 complains or otherwise exhibits distress as a result of injury
1251 through suspected child abuse, abandonment, or neglect, or is
1252 alleged to have been sexually abused, the person required to
1253 investigate may cause the child to be referred for diagnosis to
1254 a licensed physician or an emergency department in a hospital
1255 without the consent of the child's parents or legal custodian.
1256 Such examination may be performed by any licensed physician or
1257 an advanced practice registered nurse ~~practitioner~~ licensed
1258 pursuant to part I of chapter 464. Any licensed physician, or
1259 advanced practice registered nurse ~~practitioner~~ licensed
1260 pursuant to part I of chapter 464, who has reasonable cause to
1261 suspect that an injury was the result of child abuse,
1262 abandonment, or neglect may authorize a radiological examination
1263 to be performed on the child without the consent of the child's
1264 parent or legal custodian.

1265 Section 22. Paragraph (a) of subsection (1) of section
1266 90.503, Florida Statutes, is amended to read:

1267 90.503 Psychotherapist-patient privilege.—

1268 (1) For purposes of this section:

1269 (a) A "psychotherapist" is:

1270 1. A person authorized to practice medicine in any state or
1271 nation, or reasonably believed by the patient so to be, who is
1272 engaged in the diagnosis or treatment of a mental or emotional
1273 condition, including alcoholism and other drug addiction;

1274 2. A person licensed or certified as a psychologist under
1275 the laws of any state or nation, who is engaged primarily in the
1276 diagnosis or treatment of a mental or emotional condition,

588-03247-14

20141352c1

1277 including alcoholism and other drug addiction;

1278 3. A person licensed or certified as a clinical social
1279 worker, marriage and family therapist, or mental health
1280 counselor under the laws of this state, who is engaged primarily
1281 in the diagnosis or treatment of a mental or emotional
1282 condition, including alcoholism and other drug addiction;

1283 4. Treatment personnel of facilities licensed by the state
1284 pursuant to chapter 394, chapter 395, or chapter 397, of
1285 facilities designated by the Department of Children and Families
1286 ~~Family Services~~ pursuant to chapter 394 as treatment facilities,
1287 or of facilities defined as community mental health centers
1288 pursuant to s. 394.907(1), who are engaged primarily in the
1289 diagnosis or treatment of a mental or emotional condition,
1290 including alcoholism and other drug addiction; or

1291 5. An advanced practice registered nurse ~~practitioner~~
1292 certified under s. 464.012, whose primary scope of practice is
1293 the diagnosis or treatment of mental or emotional conditions,
1294 including chemical abuse, and limited only to actions performed
1295 in accordance with part I of chapter 464.

1296 Section 23. Paragraph (e) of subsection (8) of section
1297 112.0455, Florida Statutes, is amended to read:

1298 112.0455 Drug-Free Workplace Act.—

1299 (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
1300 collection and testing for drugs under this section shall be
1301 performed in accordance with the following procedures:

1302 (e) A specimen for a drug test may be taken or collected by
1303 any of the following persons:

1304 1. A physician, a physician's assistant, a registered
1305 professional nurse, a licensed practical nurse, an advanced

588-03247-14

20141352c1

1306 practice registered a nurse ~~practitioner~~, or a certified
1307 paramedic who is present at the scene of an accident for the
1308 purpose of rendering emergency medical service or treatment.

1309 2. A qualified person employed by a licensed laboratory.

1310 Section 24. Subsection (3) of section 121.0515, Florida
1311 Statutes, is amended to read:

1312 121.0515 Special Risk Class.—

1313 (3) CRITERIA.—A member, to be designated as a special risk
1314 member, must meet the following criteria:

1315 (a) Effective October 1, 1978, the member must be employed
1316 as a law enforcement officer and be certified, or required to be
1317 certified, in compliance with s. 943.1395; however, sheriffs and
1318 elected police chiefs are excluded from meeting the
1319 certification requirements of this paragraph. In addition, the
1320 member's duties and responsibilities must include the pursuit,
1321 apprehension, and arrest of law violators or suspected law
1322 violators; or as of July 1, 1982, the member must be an active
1323 member of a bomb disposal unit whose primary responsibility is
1324 the location, handling, and disposal of explosive devices; or
1325 the member must be the supervisor or command officer of a member
1326 or members who have such responsibilities. Administrative
1327 support personnel, including, but not limited to, those whose
1328 primary duties and responsibilities are in accounting,
1329 purchasing, legal, and personnel, are not included;

1330 (b) Effective October 1, 1978, the member must be employed
1331 as a firefighter and be certified, or required to be certified,
1332 in compliance with s. 633.408 and be employed solely within the
1333 fire department of a local government employer or an agency of
1334 state government with firefighting responsibilities. In

588-03247-14

20141352c1

1335 addition, the member's duties and responsibilities must include
1336 on-the-scene fighting of fires; as of October 1, 2001, fire
1337 prevention or firefighter training; as of October 1, 2001,
1338 direct supervision of firefighting units, fire prevention, or
1339 firefighter training; or as of July 1, 2001, aerial firefighting
1340 surveillance performed by fixed-wing aircraft pilots employed by
1341 the Florida Forest Service of the Department of Agriculture and
1342 Consumer Services; or the member must be the supervisor or
1343 command officer of a member or members who have such
1344 responsibilities. Administrative support personnel, including,
1345 but not limited to, those whose primary duties and
1346 responsibilities are in accounting, purchasing, legal, and
1347 personnel, are not included. All periods of creditable service
1348 in fire prevention or firefighter training, or as the supervisor
1349 or command officer of a member or members who have such
1350 responsibilities, and for which the employer paid the special
1351 risk contribution rate, are included;

1352 (c) Effective October 1, 1978, the member must be employed
1353 as a correctional officer and be certified, or required to be
1354 certified, in compliance with s. 943.1395. In addition, the
1355 member's primary duties and responsibilities must be the
1356 custody, and physical restraint when necessary, of prisoners or
1357 inmates within a prison, jail, or other criminal detention
1358 facility, or while on work detail outside the facility, or while
1359 being transported; or as of July 1, 1984, the member must be the
1360 supervisor or command officer of a member or members who have
1361 such responsibilities. Administrative support personnel,
1362 including, but not limited to, those whose primary duties and
1363 responsibilities are in accounting, purchasing, legal, and

588-03247-14

20141352c1

1364 personnel, are not included; however, wardens and assistant
1365 wardens, as defined by rule, are included;

1366 (d) Effective October 1, 1999, the member must be employed
1367 by a licensed Advance Life Support (ALS) or Basic Life Support
1368 (BLS) employer as an emergency medical technician or a paramedic
1369 and be certified in compliance with s. 401.27. In addition, the
1370 member's primary duties and responsibilities must include on-
1371 the-scene emergency medical care or as of October 1, 2001,
1372 direct supervision of emergency medical technicians or
1373 paramedics, or the member must be the supervisor or command
1374 officer of one or more members who have such responsibility.
1375 Administrative support personnel, including, but not limited to,
1376 those whose primary responsibilities are in accounting,
1377 purchasing, legal, and personnel, are not included;

1378 (e) Effective January 1, 2001, the member must be employed
1379 as a community-based correctional probation officer and be
1380 certified, or required to be certified, in compliance with s.
1381 943.1395. In addition, the member's primary duties and
1382 responsibilities must be the supervised custody, surveillance,
1383 control, investigation, and counseling of assigned inmates,
1384 probationers, parolees, or community controllees within the
1385 community; or the member must be the supervisor of a member or
1386 members who have such responsibilities. Administrative support
1387 personnel, including, but not limited to, those whose primary
1388 duties and responsibilities are in accounting, purchasing, legal
1389 services, and personnel management, are not included; however,
1390 probation and parole circuit and deputy circuit administrators
1391 are included;

1392 (f) Effective January 1, 2001, the member must be employed

588-03247-14

20141352c1

1393 in one of the following classes and must spend at least 75
1394 percent of his or her time performing duties which involve
1395 contact with patients or inmates in a correctional or forensic
1396 facility or institution:

- 1397 1. Dietitian (class codes 5203 and 5204);
- 1398 2. Public health nutrition consultant (class code 5224);
- 1399 3. Psychological specialist (class codes 5230 and 5231);
- 1400 4. Psychologist (class code 5234);
- 1401 5. Senior psychologist (class codes 5237 and 5238);
- 1402 6. Regional mental health consultant (class code 5240);
- 1403 7. Psychological Services Director-DCF (class code 5242);
- 1404 8. Pharmacist (class codes 5245 and 5246);
- 1405 9. Senior pharmacist (class codes 5248 and 5249);
- 1406 10. Dentist (class code 5266);
- 1407 11. Senior dentist (class code 5269);
- 1408 12. Registered nurse (class codes 5290 and 5291);
- 1409 13. Senior registered nurse (class codes 5292 and 5293);
- 1410 14. Registered nurse specialist (class codes 5294 and
1411 5295);
- 1412 15. Clinical associate (class codes 5298 and 5299);
- 1413 16. Advanced practice registered nurse ~~practitioner~~ (class
1414 codes 5297 and 5300);
- 1415 17. Advanced practice registered nurse ~~practitioner~~
1416 specialist (class codes 5304 and 5305);
- 1417 18. Registered nurse supervisor (class codes 5306 and
1418 5307);
- 1419 19. Senior registered nurse supervisor (class codes 5308
1420 and 5309);
- 1421 20. Registered nursing consultant (class codes 5312 and

588-03247-14

20141352c1

- 1422 5313);
- 1423 21. Quality management program supervisor (class code
- 1424 5314);
- 1425 22. Executive nursing director (class codes 5320 and 5321);
- 1426 23. Speech and hearing therapist (class code 5406); or
- 1427 24. Pharmacy manager (class code 5251);

1428 (g) Effective July 1, 2001, the member must be employed as

1429 a youth custody officer and be certified, or required to be

1430 certified, in compliance with s. 943.1395. In addition, the

1431 member's primary duties and responsibilities must be the

1432 supervised custody, surveillance, control, investigation,

1433 apprehension, arrest, and counseling of assigned juveniles

1434 within the community;

1435 (h) Effective October 1, 2005, through June 30, 2008, the

1436 member must be employed by a law enforcement agency or medical

1437 examiner's office in a forensic discipline recognized by the

1438 International Association for Identification and must qualify

1439 for active membership in the International Association for

1440 Identification. The member's primary duties and responsibilities

1441 must include the collection, examination, preservation,

1442 documentation, preparation, or analysis of physical evidence or

1443 testimony, or both, or the member must be the direct supervisor,

1444 quality management supervisor, or command officer of one or more

1445 individuals with such responsibility. Administrative support

1446 personnel, including, but not limited to, those whose primary

1447 responsibilities are clerical or in accounting, purchasing,

1448 legal, and personnel, are not included;

1449 (i) Effective July 1, 2008, the member must be employed by

1450 the Department of Law Enforcement in the crime laboratory or by

588-03247-14

20141352c1

1451 the Division of State Fire Marshal in the forensic laboratory in
1452 one of the following classes:

- 1453 1. Forensic technologist (class code 8459);
- 1454 2. Crime laboratory technician (class code 8461);
- 1455 3. Crime laboratory analyst (class code 8463);
- 1456 4. Senior crime laboratory analyst (class code 8464);
- 1457 5. Crime laboratory analyst supervisor (class code 8466);
- 1458 6. Forensic chief (class code 9602); or
- 1459 7. Forensic services quality manager (class code 9603);

1460 (j) Effective July 1, 2008, the member must be employed by
1461 a local government law enforcement agency or medical examiner's
1462 office and must spend at least 65 percent of his or her time
1463 performing duties that involve the collection, examination,
1464 preservation, documentation, preparation, or analysis of human
1465 tissues or fluids or physical evidence having potential
1466 biological, chemical, or radiological hazard or contamination,
1467 or use chemicals, processes, or materials that may have
1468 carcinogenic or health-damaging properties in the analysis of
1469 such evidence, or the member must be the direct supervisor of
1470 one or more individuals having such responsibility. If a special
1471 risk member changes to another position within the same agency,
1472 he or she must submit a complete application as provided in
1473 paragraph (4) (a); or

1474 (k) The member must have already qualified for and be
1475 actively participating in special risk membership under
1476 paragraph (a), paragraph (b), or paragraph (c), must have
1477 suffered a qualifying injury as defined in this paragraph, must
1478 not be receiving disability retirement benefits as provided in
1479 s. 121.091(4), and must satisfy the requirements of this

588-03247-14

20141352c1

1480 paragraph.

1481 1. The ability to qualify for the class of membership
1482 defined in paragraph (2)(i) occurs when two licensed medical
1483 physicians, one of whom is a primary treating physician of the
1484 member, certify the existence of the physical injury and medical
1485 condition that constitute a qualifying injury as defined in this
1486 paragraph and that the member has reached maximum medical
1487 improvement after August 1, 2008. The certifications from the
1488 licensed medical physicians must include, at a minimum, that the
1489 injury to the special risk member has resulted in a physical
1490 loss, or loss of use, of at least two of the following: left
1491 arm, right arm, left leg, or right leg; and:

1492 a. That this physical loss or loss of use is total and
1493 permanent, except if the loss of use is due to a physical injury
1494 to the member's brain, in which event the loss of use is
1495 permanent with at least 75 percent loss of motor function with
1496 respect to each arm or leg affected.

1497 b. That this physical loss or loss of use renders the
1498 member physically unable to perform the essential job functions
1499 of his or her special risk position.

1500 c. That, notwithstanding this physical loss or loss of use,
1501 the individual can perform the essential job functions required
1502 by the member's new position, as provided in subparagraph 3.

1503 d. That use of artificial limbs is not possible or does not
1504 alter the member's ability to perform the essential job
1505 functions of the member's position.

1506 e. That the physical loss or loss of use is a direct result
1507 of a physical injury and not a result of any mental,
1508 psychological, or emotional injury.

588-03247-14

20141352c1

1509 2. For the purposes of this paragraph, "qualifying injury"
1510 means an injury sustained in the line of duty, as certified by
1511 the member's employing agency, by a special risk member that
1512 does not result in total and permanent disability as defined in
1513 s. 121.091(4)(b). An injury is a qualifying injury if the injury
1514 is a physical injury to the member's physical body resulting in
1515 a physical loss, or loss of use, of at least two of the
1516 following: left arm, right arm, left leg, or right leg.
1517 Notwithstanding any other provision of this section, an injury
1518 that would otherwise qualify as a qualifying injury is not
1519 considered a qualifying injury if and when the member ceases
1520 employment with the employer for whom he or she was providing
1521 special risk services on the date the injury occurred.

1522 3. The new position, as described in sub-subparagraph 1.c.,
1523 that is required for qualification as a special risk member
1524 under this paragraph is not required to be a position with
1525 essential job functions that entitle an individual to special
1526 risk membership. Whether a new position as described in sub-
1527 subparagraph 1.c. exists and is available to the special risk
1528 member is a decision to be made solely by the employer in
1529 accordance with its hiring practices and applicable law.

1530 4. This paragraph does not grant or create additional
1531 rights for any individual to continued employment or to be hired
1532 or rehired by his or her employer that are not already provided
1533 within the Florida Statutes, the State Constitution, the
1534 Americans with Disabilities Act, if applicable, or any other
1535 applicable state or federal law.

1536 Section 25. Paragraph (a) of subsection (3) of section
1537 252.515, Florida Statutes, is amended to read:

588-03247-14

20141352c1

1538 252.515 Postdisaster Relief Assistance Act; immunity from
1539 civil liability.—

1540 (3) As used in this section, the term:

1541 (a) "Emergency first responder" means:

1542 1. A physician licensed under chapter 458.

1543 2. An osteopathic physician licensed under chapter 459.

1544 3. A chiropractic physician licensed under chapter 460.

1545 4. A podiatric physician licensed under chapter 461.

1546 5. A dentist licensed under chapter 466.

1547 6. An advanced practice registered nurse ~~practitioner~~
1548 certified under s. 464.012.

1549 7. A physician assistant licensed under s. 458.347 or s.
1550 459.022.

1551 8. A worker employed by a public or private hospital in the
1552 state.

1553 9. A paramedic as defined in s. 401.23(17).

1554 10. An emergency medical technician as defined in s.
1555 401.23(11).

1556 11. A firefighter as defined in s. 633.102.

1557 12. A law enforcement officer as defined in s. 943.10.

1558 13. A member of the Florida National Guard.

1559 14. Any other personnel designated as emergency personnel
1560 by the Governor pursuant to a declared emergency.

1561 Section 26. Paragraph (b) of subsection (1) of section
1562 381.00315, Florida Statutes, is amended to read:

1563 381.00315 Public health advisories; public health
1564 emergencies; quarantines.—The State Health Officer is
1565 responsible for declaring public health emergencies and
1566 quarantines and issuing public health advisories.

588-03247-14

20141352c1

1567 (1) As used in this section, the term:

1568 (b) "Public health emergency" means any occurrence, or

1569 threat thereof, whether natural or manmade ~~man-made~~, which

1570 results or may result in substantial injury or harm to the

1571 public health from infectious disease, chemical agents, nuclear

1572 agents, biological toxins, or situations involving mass

1573 casualties or natural disasters. Before ~~Prior to~~ declaring a

1574 public health emergency, the State Health Officer shall, to the

1575 extent possible, consult with the Governor and shall notify the

1576 Chief of Domestic Security. The declaration of a public health

1577 emergency shall continue until the State Health Officer finds

1578 that the threat or danger has been dealt with to the extent that

1579 the emergency conditions no longer exist and he or she

1580 terminates the declaration. However, a declaration of a public

1581 health emergency may not continue for longer than 60 days unless

1582 the Governor concurs in the renewal of the declaration. The

1583 State Health Officer, upon declaration of a public health

1584 emergency, may take actions that are necessary to protect the

1585 public health. Such actions include, but are not limited to:

1586 1. Directing manufacturers of prescription drugs or over-

1587 the-counter drugs who are permitted under chapter 499 and

1588 wholesalers of prescription drugs located in this state who are

1589 permitted under chapter 499 to give priority to the shipping of

1590 specified drugs to pharmacies and health care providers within

1591 geographic areas that have been identified by the State Health

1592 Officer. The State Health Officer must identify the drugs to be

1593 shipped. Manufacturers and wholesalers located in the state must

1594 respond to the State Health Officer's priority shipping

1595 directive before shipping the specified drugs.

588-03247-14

20141352c1

1596 2. Notwithstanding chapters 465 and 499 and rules adopted
1597 thereunder, directing pharmacists employed by the department to
1598 compound bulk prescription drugs and provide these bulk
1599 prescription drugs to physicians and nurses of county health
1600 departments or any qualified person authorized by the State
1601 Health Officer for administration to persons as part of a
1602 prophylactic or treatment regimen.

1603 3. Notwithstanding s. 456.036, temporarily reactivating the
1604 inactive license of the following health care practitioners,
1605 when such practitioners are needed to respond to the public
1606 health emergency: physicians licensed under chapter 458 or
1607 chapter 459; physician assistants licensed under chapter 458 or
1608 chapter 459; licensed practical nurses, registered nurses, and
1609 advanced practice registered nurses certified ~~nurse~~
1610 ~~practitioners licensed~~ under part I of chapter 464; respiratory
1611 therapists licensed under part V of chapter 468; and emergency
1612 medical technicians and paramedics certified under part III of
1613 chapter 401. Only those health care practitioners specified in
1614 this paragraph who possess an unencumbered inactive license and
1615 who request that such license be reactivated are eligible for
1616 reactivation. An inactive license that is reactivated under this
1617 paragraph shall return to inactive status when the public health
1618 emergency ends or before ~~prior to~~ the end of the public health
1619 emergency if the State Health Officer determines that the health
1620 care practitioner is no longer needed to provide services during
1621 the public health emergency. Such licenses may only be
1622 reactivated for a period not to exceed 90 days without meeting
1623 the requirements of s. 456.036 or chapter 401, as applicable.

1624 4. Ordering an individual to be examined, tested,

588-03247-14

20141352c1

1625 vaccinated, treated, or quarantined for communicable diseases
1626 that have significant morbidity or mortality and present a
1627 severe danger to public health. Individuals who are unable or
1628 unwilling to be examined, tested, vaccinated, or treated for
1629 reasons of health, religion, or conscience may be subjected to
1630 quarantine.

1631 a. Examination, testing, vaccination, or treatment may be
1632 performed by any qualified person authorized by the State Health
1633 Officer.

1634 b. If the individual poses a danger to the public health,
1635 the State Health Officer may subject the individual to
1636 quarantine. If there is no practical method to quarantine the
1637 individual, the State Health Officer may use any means necessary
1638 to vaccinate or treat the individual.

1639

1640 Any order of the State Health Officer given to effectuate this
1641 paragraph shall be immediately enforceable by a law enforcement
1642 officer under s. 381.0012.

1643 Section 27. Subsection (3) of section 381.00593, Florida
1644 Statutes, is amended to read:

1645 381.00593 Public school volunteer health care practitioner
1646 program.—

1647 (3) For purposes of this section, the term "health care
1648 practitioner" means a physician licensed under chapter 458; an
1649 osteopathic physician licensed under chapter 459; a chiropractic
1650 physician licensed under chapter 460; a podiatric physician
1651 licensed under chapter 461; an optometrist licensed under
1652 chapter 463; an advanced practice registered nurse ~~practitioner~~,
1653 registered nurse, or licensed practical nurse licensed under

588-03247-14

20141352c1

1654 part I of chapter 464; a pharmacist licensed under chapter 465;
1655 a dentist or dental hygienist licensed under chapter 466; a
1656 midwife licensed under chapter 467; a speech-language
1657 pathologist or audiologist licensed under part I of chapter 468;
1658 a dietitian/nutritionist licensed under part X of chapter 468;
1659 or a physical therapist licensed under chapter 486.

1660 Section 28. Paragraph (c) of subsection (1) of section
1661 383.141, Florida Statutes, is amended to read:

1662 383.141 Prenatally diagnosed conditions; patient to be
1663 provided information; definitions; information clearinghouse;
1664 advisory council.—

1665 (1) As used in this section, the term:

1666 (c) "Health care provider" means a practitioner licensed or
1667 registered under chapter 458 or chapter 459 or an advanced
1668 practice registered nurse ~~practitioner~~ certified under chapter
1669 464.

1670 Section 29. Paragraph (a) of subsection (3) of section
1671 390.0111, Florida Statutes, is amended to read:

1672 390.0111 Termination of pregnancies.—

1673 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1674 be performed or induced except with the voluntary and informed
1675 written consent of the pregnant woman or, in the case of a
1676 mental incompetent, the voluntary and informed written consent
1677 of her court-appointed guardian.

1678 (a) Except in the case of a medical emergency, consent to a
1679 termination of pregnancy is voluntary and informed only if:

1680 1. The physician who is to perform the procedure, or the
1681 referring physician, has, at a minimum, orally, in person,
1682 informed the woman of:

588-03247-14

20141352c1

1683 a. The nature and risks of undergoing or not undergoing the
1684 proposed procedure that a reasonable patient would consider
1685 material to making a knowing and willful decision of whether to
1686 terminate a pregnancy.

1687 b. The probable gestational age of the fetus, verified by
1688 an ultrasound, at the time the termination of pregnancy is to be
1689 performed.

1690 (I) The ultrasound must be performed by the physician who
1691 is to perform the abortion or by a person having documented
1692 evidence that he or she has completed a course in the operation
1693 of ultrasound equipment as prescribed by rule and who is working
1694 in conjunction with the physician.

1695 (II) The person performing the ultrasound must offer the
1696 woman the opportunity to view the live ultrasound images and
1697 hear an explanation of them. If the woman accepts the
1698 opportunity to view the images and hear the explanation, a
1699 physician or a registered nurse, licensed practical nurse,
1700 advanced practice registered nurse ~~practitioner~~, or physician
1701 assistant working in conjunction with the physician must
1702 contemporaneously review and explain the images to the woman
1703 before the woman gives informed consent to having an abortion
1704 procedure performed.

1705 (III) The woman has a right to decline to view and hear the
1706 explanation of the live ultrasound images after she is informed
1707 of her right and offered an opportunity to view the images and
1708 hear the explanation. If the woman declines, the woman shall
1709 complete a form acknowledging that she was offered an
1710 opportunity to view and hear the explanation of the images but
1711 that she declined that opportunity. The form must also indicate

588-03247-14

20141352c1

1712 that the woman's decision was not based on any undue influence
1713 from any person to discourage her from viewing the images or
1714 hearing the explanation and that she declined of her own free
1715 will.

1716 (IV) Unless requested by the woman, the person performing
1717 the ultrasound may not offer the opportunity to view the images
1718 and hear the explanation and the explanation may not be given
1719 if, at the time the woman schedules or arrives for her
1720 appointment to obtain an abortion, a copy of a restraining
1721 order, police report, medical record, or other court order or
1722 documentation is presented which provides evidence that the
1723 woman is obtaining the abortion because the woman is a victim of
1724 rape, incest, domestic violence, or human trafficking or that
1725 the woman has been diagnosed as having a condition that, on the
1726 basis of a physician's good faith clinical judgment, would
1727 create a serious risk of substantial and irreversible impairment
1728 of a major bodily function if the woman delayed terminating her
1729 pregnancy.

1730 c. The medical risks to the woman and fetus of carrying the
1731 pregnancy to term.

1732 2. Printed materials prepared and provided by the
1733 department have been provided to the pregnant woman, if she
1734 chooses to view these materials, including:

1735 a. A description of the fetus, including a description of
1736 the various stages of development.

1737 b. A list of entities that offer alternatives to
1738 terminating the pregnancy.

1739 c. Detailed information on the availability of medical
1740 assistance benefits for prenatal care, childbirth, and neonatal

588-03247-14

20141352c1

1741 care.

1742 3. The woman acknowledges in writing, before the
1743 termination of pregnancy, that the information required to be
1744 provided under this subsection has been provided.

1745
1746 ~~Nothing in~~ This paragraph is not intended to prohibit a
1747 physician from providing any additional information that ~~which~~
1748 the physician deems material to the woman's informed decision to
1749 terminate her pregnancy.

1750 Section 30. Paragraphs (c), (e), and (f) of subsection (3)
1751 of section 390.012, Florida Statutes, are amended to read:

1752 390.012 Powers of agency; rules; disposal of fetal
1753 remains.—

1754 (3) For clinics that perform or claim to perform abortions
1755 after the first trimester of pregnancy, the agency shall adopt
1756 rules pursuant to ss. 120.536(1) and 120.54 to implement the
1757 provisions of this chapter, including the following:

1758 (c) Rules relating to abortion clinic personnel. At a
1759 minimum, these rules shall require that:

1760 1. The abortion clinic designate a medical director who is
1761 licensed to practice medicine in this state and who has
1762 admitting privileges at a licensed hospital in this state or has
1763 a transfer agreement with a licensed hospital within reasonable
1764 proximity of the clinic.

1765 2. If a physician is not present after an abortion is
1766 performed, a registered nurse, licensed practical nurse,
1767 advanced practice registered nurse ~~practitioner~~, or physician
1768 assistant shall be present and remain at the clinic to provide
1769 postoperative monitoring and care until the patient is

588-03247-14

20141352c1

1770 discharged.

1771 3. Surgical assistants receive training in counseling,
1772 patient advocacy, and the specific responsibilities associated
1773 with the services the surgical assistants provide.

1774 4. Volunteers receive training in the specific
1775 responsibilities associated with the services the volunteers
1776 provide, including counseling and patient advocacy as provided
1777 in the rules adopted by the director for different types of
1778 volunteers based on their responsibilities.

1779 (e) Rules relating to the abortion procedure. At a minimum,
1780 these rules shall require:

1781 1. That a physician, registered nurse, licensed practical
1782 nurse, advanced practice registered nurse ~~practitioner~~, or
1783 physician assistant is available to all patients throughout the
1784 abortion procedure.

1785 2. Standards for the safe conduct of abortion procedures
1786 that conform to obstetric standards in keeping with established
1787 standards of care regarding the estimation of fetal age as
1788 defined in rule.

1789 3. Appropriate use of general and local anesthesia,
1790 analgesia, and sedation if ordered by the physician.

1791 4. Appropriate precautions, such as the establishment of
1792 intravenous access at least for patients undergoing post-first
1793 trimester abortions.

1794 5. Appropriate monitoring of the vital signs and other
1795 defined signs and markers of the patient's status throughout the
1796 abortion procedure and during the recovery period until the
1797 patient's condition is deemed to be stable in the recovery room.

1798 (f) Rules that prescribe minimum recovery room standards.

588-03247-14

20141352c1

1799 At a minimum, these rules shall require that:

1800 1. Postprocedure recovery rooms are supervised and staffed
1801 to meet the patients' needs.

1802 2. Immediate postprocedure care consists of observation in
1803 a supervised recovery room for as long as the patient's
1804 condition warrants.

1805 3. The clinic arranges hospitalization if any complication
1806 beyond the medical capability of the staff occurs or is
1807 suspected.

1808 4. A registered nurse, licensed practical nurse, advanced
1809 practice registered nurse ~~practitioner~~, or physician assistant
1810 who is trained in the management of the recovery area and is
1811 capable of providing basic cardiopulmonary resuscitation and
1812 related emergency procedures remains on the premises of the
1813 abortion clinic until all patients are discharged.

1814 5. A physician shall sign the discharge order and be
1815 readily accessible and available until the last patient is
1816 discharged to facilitate the transfer of emergency cases if
1817 hospitalization of the patient or viable fetus is necessary.

1818 6. A physician discusses Rho(D) immune globulin with each
1819 patient for whom it is indicated and ensures that it is offered
1820 to the patient in the immediate postoperative period or that it
1821 will be available to her within 72 hours after completion of the
1822 abortion procedure. If the patient refuses the Rho(D) immune
1823 globulin, a refusal form approved by the agency shall be signed
1824 by the patient and a witness and included in the medical record.

1825 7. Written instructions with regard to postabortion coitus,
1826 signs of possible problems, and general aftercare are given to
1827 each patient. Each patient shall have specific written

588-03247-14

20141352c1

1828 instructions regarding access to medical care for complications,
1829 including a telephone number to call for medical emergencies.

1830 8. There is a specified minimum length of time that a
1831 patient remains in the recovery room by type of abortion
1832 procedure and duration of gestation.

1833 9. The physician ensures that a registered nurse, licensed
1834 practical nurse, advanced practice registered nurse
1835 ~~practitioner~~, or physician assistant from the abortion clinic
1836 makes a good faith effort to contact the patient by telephone,
1837 with the patient's consent, within 24 hours after surgery to
1838 assess the patient's recovery.

1839 10. Equipment and services are readily accessible to
1840 provide appropriate emergency resuscitative and life support
1841 procedures pending the transfer of the patient or viable fetus
1842 to the hospital.

1843 Section 31. Paragraph (a) of subsection (2) of section
1844 394.4574, Florida Statutes, is amended to read:

1845 394.4574 Department responsibilities for a mental health
1846 resident who resides in an assisted living facility that holds a
1847 limited mental health license.—

1848 (2) The department must ensure that:

1849 (a) A mental health resident has been assessed by a
1850 psychiatrist, clinical psychologist, clinical social worker, or
1851 psychiatric-mental health advanced practice registered
1852 ~~psychiatric~~ nurse, or an individual who is supervised by one of
1853 these professionals, and determined to be appropriate to reside
1854 in an assisted living facility. The documentation must be
1855 provided to the administrator of the facility within 30 days
1856 after the mental health resident has been admitted to the

588-03247-14

20141352c1

1857 facility. An evaluation completed upon discharge from a state
1858 mental hospital meets the requirements of this subsection
1859 related to appropriateness for placement as a mental health
1860 resident if it was completed within 90 days before ~~prior to~~
1861 admission to the facility.

1862 Section 32. Subsection (2) of section 394.4655, Florida
1863 Statutes, is amended to read:

1864 394.4655 Involuntary outpatient placement.—

1865 (2) INVOLUNTARY OUTPATIENT PLACEMENT.—

1866 (a)1. A patient who is being recommended for involuntary
1867 outpatient placement by the administrator of the receiving
1868 facility where the patient has been examined may be retained by
1869 the facility after adherence to the notice procedures provided
1870 in s. 394.4599. The recommendation must be supported by the
1871 opinion of a psychiatrist and the second opinion of a clinical
1872 psychologist or another psychiatrist, both of whom have
1873 personally examined the patient within the preceding 72 hours,
1874 that the criteria for involuntary outpatient placement are met.
1875 However, in a county having a population of fewer than 50,000,
1876 if the administrator certifies that a psychiatrist or clinical
1877 psychologist is not available to provide the second opinion, the
1878 second opinion may be provided by a licensed physician who has
1879 postgraduate training and experience in diagnosis and treatment
1880 of mental and nervous disorders or by a psychiatric-mental
1881 health advanced practice registered ~~psychiatric~~ nurse. Any
1882 second opinion authorized in this subparagraph may be conducted
1883 through a face-to-face examination, in person or by electronic
1884 means. Such recommendation must be entered on an involuntary
1885 outpatient placement certificate that authorizes the receiving

588-03247-14

20141352c1

1886 facility to retain the patient pending completion of a hearing.
1887 The certificate shall be made a part of the patient's clinical
1888 record.

1889 2. If the patient has been stabilized and no longer meets
1890 the criteria for involuntary examination pursuant to s.
1891 394.463(1), the patient must be released from the receiving
1892 facility while awaiting the hearing for involuntary outpatient
1893 placement. Before filing a petition for involuntary outpatient
1894 treatment, the administrator of a receiving facility or a
1895 designated department representative must identify the service
1896 provider that will have primary responsibility for service
1897 provision under an order for involuntary outpatient placement,
1898 unless the person is otherwise participating in outpatient
1899 psychiatric treatment and is not in need of public financing for
1900 that treatment, in which case the individual, if eligible, may
1901 be ordered to involuntary treatment pursuant to the existing
1902 psychiatric treatment relationship.

1903 3. The service provider shall prepare a written proposed
1904 treatment plan in consultation with the patient or the patient's
1905 guardian advocate, if appointed, for the court's consideration
1906 for inclusion in the involuntary outpatient placement order. The
1907 service provider shall also provide a copy of the proposed
1908 treatment plan to the patient and the administrator of the
1909 receiving facility. The treatment plan must specify the nature
1910 and extent of the patient's mental illness, address the
1911 reduction of symptoms that necessitate involuntary outpatient
1912 placement, and include measurable goals and objectives for the
1913 services and treatment that are provided to treat the person's
1914 mental illness and assist the person in living and functioning

588-03247-14

20141352c1

1915 in the community or to prevent a relapse or deterioration.
1916 Service providers may select and supervise other individuals to
1917 implement specific aspects of the treatment plan. The services
1918 in the treatment plan must be deemed clinically appropriate by a
1919 physician, clinical psychologist, psychiatric-mental health
1920 advanced practice registered ~~psychiatric~~ nurse, mental health
1921 counselor, marriage and family therapist, or clinical social
1922 worker who consults with, or is employed or contracted by, the
1923 service provider. The service provider must certify to the court
1924 in the proposed treatment plan whether sufficient services for
1925 improvement and stabilization are currently available and
1926 whether the service provider agrees to provide those services.
1927 If the service provider certifies that the services in the
1928 proposed treatment plan are not available, the petitioner may
1929 not file the petition.

1930 (b) If a patient in involuntary inpatient placement meets
1931 the criteria for involuntary outpatient placement, the
1932 administrator of the treatment facility may, before the
1933 expiration of the period during which the treatment facility is
1934 authorized to retain the patient, recommend involuntary
1935 outpatient placement. The recommendation must be supported by
1936 the opinion of a psychiatrist and the second opinion of a
1937 clinical psychologist or another psychiatrist, both of whom have
1938 personally examined the patient within the preceding 72 hours,
1939 that the criteria for involuntary outpatient placement are met.
1940 However, in a county having a population of fewer than 50,000,
1941 if the administrator certifies that a psychiatrist or clinical
1942 psychologist is not available to provide the second opinion, the
1943 second opinion may be provided by a licensed physician who has

588-03247-14

20141352c1

1944 postgraduate training and experience in diagnosis and treatment
1945 of mental and nervous disorders or by a psychiatric-mental
1946 health advanced practice registered ~~psychiatric~~ nurse. Any
1947 second opinion authorized in this subparagraph may be conducted
1948 through a face-to-face examination, in person or by electronic
1949 means. Such recommendation must be entered on an involuntary
1950 outpatient placement certificate, and the certificate must be
1951 made a part of the patient's clinical record.

1952 (c)1. The administrator of the treatment facility shall
1953 provide a copy of the involuntary outpatient placement
1954 certificate and a copy of the state mental health discharge form
1955 to a department representative in the county where the patient
1956 will be residing. For persons who are leaving a state mental
1957 health treatment facility, the petition for involuntary
1958 outpatient placement must be filed in the county where the
1959 patient will be residing.

1960 2. The service provider that will have primary
1961 responsibility for service provision shall be identified by the
1962 designated department representative before ~~prior to~~ the order
1963 for involuntary outpatient placement and must, before ~~prior to~~
1964 filing a petition for involuntary outpatient placement, certify
1965 to the court whether the services recommended in the patient's
1966 discharge plan are available in the local community and whether
1967 the service provider agrees to provide those services. The
1968 service provider must develop with the patient, or the patient's
1969 guardian advocate, if appointed, a treatment or service plan
1970 that addresses the needs identified in the discharge plan. The
1971 plan must be deemed to be clinically appropriate by a physician,
1972 clinical psychologist, psychiatric-mental health advanced

588-03247-14

20141352c1

1973 practice registered ~~psychiatric~~ nurse, mental health counselor,
1974 marriage and family therapist, or clinical social worker, as
1975 defined in this chapter, who consults with, or is employed or
1976 contracted by, the service provider.

1977 3. If the service provider certifies that the services in
1978 the proposed treatment or service plan are not available, the
1979 petitioner may not file the petition.

1980 Section 33. Subsection (2) of section 394.467, Florida
1981 Statutes, is amended to read:

1982 394.467 Involuntary inpatient placement.—

1983 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1984 retained by a receiving facility or involuntarily placed in a
1985 treatment facility upon the recommendation of the administrator
1986 of the receiving facility where the patient has been examined
1987 and after adherence to the notice and hearing procedures
1988 provided in s. 394.4599. The recommendation must be supported by
1989 the opinion of a psychiatrist and the second opinion of a
1990 clinical psychologist or another psychiatrist, both of whom have
1991 personally examined the patient within the preceding 72 hours,
1992 that the criteria for involuntary inpatient placement are met.
1993 However, in a county that has a population of fewer than 50,000,
1994 if the administrator certifies that a psychiatrist or clinical
1995 psychologist is not available to provide the second opinion, the
1996 second opinion may be provided by a licensed physician who has
1997 postgraduate training and experience in diagnosis and treatment
1998 of mental and nervous disorders or by a psychiatric-mental
1999 health advanced practice registered ~~psychiatric~~ nurse. Any
2000 second opinion authorized in this subsection may be conducted
2001 through a face-to-face examination, in person or by electronic

588-03247-14

20141352c1

2002 means. Such recommendation shall be entered on an involuntary
2003 inpatient placement certificate that authorizes the receiving
2004 facility to retain the patient pending transfer to a treatment
2005 facility or completion of a hearing.

2006 Section 34. Paragraphs (a) and (b) of subsection (2) and
2007 subsection (4) of section 395.0191, Florida Statutes, are
2008 amended to read:

2009 395.0191 Staff membership and clinical privileges.—

2010 (2) (a) Each licensed facility shall establish rules and
2011 procedures for consideration of an application for clinical
2012 privileges submitted by an advanced practice registered nurse
2013 ~~practitioner~~ licensed and certified under part I of chapter 464,
2014 in accordance with the provisions of this section. A ~~No~~ licensed
2015 facility may not ~~shall~~ deny such application solely because the
2016 applicant is licensed under part I of chapter 464 or because the
2017 applicant is not a participant in the Florida Birth-Related
2018 Neurological Injury Compensation Plan.

2019 (b) An advanced practice registered nurse ~~practitioner~~ who
2020 is certified as a registered nurse anesthetist licensed under
2021 part I of chapter 464 shall administer anesthesia under the
2022 onsite medical direction of a professional licensed under
2023 chapter 458, chapter 459, or chapter 466, and in accordance with
2024 an established protocol approved by the medical staff. The
2025 medical direction shall specifically address the needs of the
2026 individual patient.

2027 (4) This section does not ~~Nothing herein shall~~ restrict in
2028 ~~any way~~ the authority of the medical staff of a licensed
2029 facility to review for approval or disapproval all applications
2030 for appointment and reappointment to all categories of staff and

588-03247-14

20141352c1

2031 to make recommendations on each applicant to the governing
2032 board, including the delineation of privileges to be granted in
2033 each case. In making such recommendations and in the delineation
2034 of privileges, each applicant shall be considered individually
2035 pursuant to criteria for a doctor licensed under chapter 458,
2036 chapter 459, chapter 461, or chapter 466, ~~or~~ for an advanced
2037 practice registered nurse ~~practitioner~~ licensed and certified
2038 under part I of chapter 464, or for a psychologist licensed
2039 under chapter 490, as applicable. The applicant's eligibility
2040 for staff membership or clinical privileges shall be determined
2041 by the applicant's background, experience, health, training, and
2042 demonstrated competency; the applicant's adherence to applicable
2043 professional ethics; the applicant's reputation; and the
2044 applicant's ability to work with others and by such other
2045 elements as determined by the governing board, consistent with
2046 this part.

2047 Section 35. Subsection (3) of section 395.602, Florida
2048 Statutes, is amended to read:

2049 395.602 Rural hospitals.—

2050 (3) USE OF FUNDS.—It is the intent of the Legislature that
2051 funds as appropriated shall be used ~~utilized~~ by the department
2052 for the purpose of increasing the number of primary care
2053 physicians, physician assistants, certified nurse midwives,
2054 certified nurse practitioners, and nurses in rural areas, either
2055 through the Medical Education Reimbursement and Loan Repayment
2056 Program as defined by s. 1009.65 or through a federal loan
2057 repayment program which requires state matching funds. The
2058 department may use funds appropriated for the Medical Education
2059 Reimbursement and Loan Repayment Program as matching funds for

588-03247-14

20141352c1

2060 federal loan repayment programs for health care personnel, such
2061 as that authorized in Pub. L. No. 100-177, s. 203. If the
2062 department receives federal matching funds, the department shall
2063 only implement the federal program. Reimbursement through either
2064 program shall be limited to:

2065 (a) Primary care physicians, physician assistants,
2066 certified nurse midwives, certified nurse practitioners, and
2067 nurses employed by or affiliated with rural hospitals, as
2068 defined in this act; and

2069 (b) Primary care physicians, physician assistants,
2070 certified nurse midwives, certified nurse practitioners, and
2071 nurses employed by or affiliated with rural area health
2072 education centers, as defined in this section. These personnel
2073 shall practice:

2074 1. In a county with a population density of no greater than
2075 100 persons per square mile; or

2076 2. Within the boundaries of a hospital tax district which
2077 encompasses a population of no greater than 100 persons per
2078 square mile.

2079
2080 If the department administers a federal loan repayment program,
2081 priority shall be given to obligating state and federal matching
2082 funds pursuant to paragraphs (a) and (b). The department may use
2083 federal matching funds in other health workforce shortage areas
2084 and medically underserved areas in the state for loan repayment
2085 programs for primary care physicians, physician assistants,
2086 certified nurse midwives, certified nurse practitioners, and
2087 nurses who are employed by publicly financed health care
2088 programs that serve medically indigent persons.

588-03247-14

20141352c1

2089 Section 36. Paragraphs (b) and (c) of subsection (8) of
2090 section 395.605, Florida Statutes, are amended to read:

2091 395.605 Emergency care hospitals.—

2092 (8)

2093 (b) All patients shall be under the care of a physician or
2094 under the care of an advanced practice registered a nurse
2095 ~~practitioner~~ or a physician assistant supervised by a physician.

2096 (c) A physician, an advanced practice registered nurse
2097 ~~practitioner~~, or a physician assistant shall be on duty at all
2098 times, or a physician shall be on call and available within 30
2099 minutes at all times.

2100 Section 37. Subsection (26) of section 397.311, Florida
2101 Statutes, is amended to read:

2102 397.311 Definitions.—As used in this chapter, except part
2103 VIII, the term:

2104 (26) "Qualified professional" means a physician or a
2105 physician assistant licensed under chapter 458 or chapter 459; a
2106 professional licensed under chapter 490 or chapter 491; an
2107 advanced practice registered nurse ~~practitioner~~ having a
2108 specialty in psychiatry licensed under part I of chapter 464; or
2109 a person who is certified through a department-recognized
2110 certification process for substance abuse treatment services and
2111 who holds, at a minimum, a bachelor's degree. A person who is
2112 certified in substance abuse treatment services by a state-
2113 recognized certification process in another state at the time of
2114 employment with a licensed substance abuse provider in this
2115 state may perform the functions of a qualified professional as
2116 defined in this chapter but must meet certification requirements
2117 contained in this subsection no later than 1 year after his or

588-03247-14

20141352c1

2118 her date of employment.

2119 Section 38. Section 397.405, Florida Statutes, is amended
2120 to read:

2121 397.405 Exemptions from licensure.—The following are exempt
2122 from the licensing provisions of this chapter:

2123 (1) A hospital or hospital-based component licensed under
2124 chapter 395.

2125 (2) A nursing home facility as defined in s. 400.021.

2126 (3) A substance abuse education program established
2127 pursuant to s. 1003.42.

2128 (4) A facility or institution operated by the Federal
2129 Government.

2130 (5) A physician or physician assistant licensed under
2131 chapter 458 or chapter 459.

2132 (6) A psychologist licensed under chapter 490.

2133 (7) A social worker, marriage and family therapist, or
2134 mental health counselor licensed under chapter 491.

2135 (8) A legally cognizable church or nonprofit religious
2136 organization or denomination providing substance abuse services,
2137 including prevention services, which are solely religious,
2138 spiritual, or ecclesiastical in nature. A church or nonprofit
2139 religious organization or denomination providing any of the
2140 licensed service components itemized under s. 397.311(18) is not
2141 exempt from substance abuse licensure but retains its exemption
2142 with respect to all services which are solely religious,
2143 spiritual, or ecclesiastical in nature.

2144 (9) Facilities licensed under chapter 393 which, in
2145 addition to providing services to persons with developmental
2146 disabilities, also provide services to persons developmentally

588-03247-14

20141352c1

2147 at risk as a consequence of exposure to alcohol or other legal
2148 or illegal drugs while in utero.

2149 (10) DUI education and screening services provided pursuant
2150 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
2151 or entities providing treatment services must be licensed under
2152 this chapter unless exempted from licensing as provided in this
2153 section.

2154 (11) A facility licensed under s. 394.875 as a crisis
2155 stabilization unit.

2156

2157 The exemptions from licensure in this section do not apply to
2158 any service provider that receives an appropriation, grant, or
2159 contract from the state to operate as a service provider as
2160 defined in this chapter or to any substance abuse program
2161 regulated pursuant to s. 397.406. Furthermore, this chapter may
2162 not be construed to limit the practice of a physician or
2163 physician assistant licensed under chapter 458 or chapter 459, a
2164 psychologist licensed under chapter 490, a psychotherapist
2165 licensed under chapter 491, or an advanced practice registered
2166 nurse ~~practitioner~~ licensed under part I of chapter 464, who
2167 provides substance abuse treatment, so long as the physician,
2168 physician assistant, psychologist, psychotherapist, or advanced
2169 practice registered nurse ~~practitioner~~ does not represent to the
2170 public that he or she is a licensed service provider and does
2171 not provide services to individuals pursuant to part V of this
2172 chapter. Failure to comply with any requirement necessary to
2173 maintain an exempt status under this section is a misdemeanor of
2174 the first degree, punishable as provided in s. 775.082 or s.
2175 775.083.

588-03247-14

20141352c1

2176 Section 39. Subsections (5), (9), and (10) of section
2177 397.427, Florida Statutes, are amended to read:

2178 397.427 Medication-assisted treatment service providers;
2179 rehabilitation program; needs assessment and provision of
2180 services; persons authorized to issue takeout medication;
2181 unlawful operation; penalty.—

2182 (5) Notwithstanding s. 465.019(2), a physician assistant, a
2183 registered nurse, an advanced practice registered nurse
2184 ~~practitioner~~, or a licensed practical nurse working for a
2185 licensed service provider may deliver takeout medication for
2186 opiate treatment to persons enrolled in a maintenance treatment
2187 program for medication-assisted treatment for opiate addiction
2188 if:

2189 (a) The medication-assisted treatment program for opiate
2190 addiction has an appropriate valid permit issued pursuant to
2191 rules adopted by the Board of Pharmacy.†

2192 (b) The medication for treatment of opiate addiction has
2193 been delivered pursuant to a valid prescription written by the
2194 program's physician licensed pursuant to chapter 458 or chapter
2195 459.†

2196 (c) The medication for treatment of opiate addiction which
2197 is ordered appears on a formulary and is prepackaged and
2198 prelabeled with dosage instructions and distributed from a
2199 source authorized under chapter 499.†

2200 (d) Each licensed provider adopts written protocols which
2201 provide for supervision of the physician assistant, registered
2202 nurse, advanced practice registered nurse ~~practitioner~~, or
2203 licensed practical nurse by a physician licensed pursuant to
2204 chapter 458 or chapter 459 and for the procedures by which

588-03247-14

20141352c1

2205 patients' medications may be delivered by the physician
2206 assistant, registered nurse, advanced practice registered nurse
2207 ~~practitioner~~, or licensed practical nurse. Such protocols shall
2208 be signed by the supervising physician and either the
2209 administering registered nurse, the advanced practice registered
2210 nurse ~~practitioner~~, or the licensed practical nurse.

2211 (e) Each licensed service provider maintains and has
2212 available for inspection by representatives of the Board of
2213 Pharmacy all medical records and patient care protocols,
2214 including records of medications delivered to patients, in
2215 accordance with the board.

2216 (9) A physician assistant, a registered nurse, an advanced
2217 practice registered nurse ~~practitioner~~, or a licensed practical
2218 nurse working for a licensed service provider may deliver
2219 medication as prescribed by rule if:

2220 (a) The service provider is authorized to provide
2221 medication-assisted treatment;

2222 (b) The medication has been administered pursuant to a
2223 valid prescription written by the program's physician who is
2224 licensed under chapter 458 or chapter 459; and

2225 (c) The medication ordered appears on a formulary or meets
2226 federal requirements for medication-assisted treatment.

2227 (10) Each licensed service provider that provides
2228 medication-assisted treatment must adopt written protocols as
2229 specified by the department and in accordance with federally
2230 required rules, regulations, or procedures. The protocol shall
2231 provide for the supervision of the physician assistant,
2232 registered nurse, advanced practice registered nurse
2233 ~~practitioner~~, or licensed practical nurse working under the

588-03247-14

20141352c1

2234 supervision of a physician who is licensed under chapter 458 or
2235 chapter 459. The protocol must specify how the medication will
2236 be used in conjunction with counseling or psychosocial treatment
2237 and that the services provided will be included on the treatment
2238 plan. The protocol must specify the procedures by which
2239 medication-assisted treatment may be administered by the
2240 physician assistant, registered nurse, advanced practice
2241 registered nurse ~~practitioner~~, or licensed practical nurse.
2242 These protocols shall be signed by the supervising physician and
2243 the administering physician assistant, registered nurse,
2244 advanced practice registered nurse ~~practitioner~~, or licensed
2245 practical nurse.

2246 Section 40. Subsection (8) of section 400.021, Florida
2247 Statutes, is amended to read:

2248 400.021 Definitions.—When used in this part, unless the
2249 context otherwise requires, the term:

2250 (8) "Geriatric outpatient clinic" means a site for
2251 providing outpatient health care to persons 60 years of age or
2252 older, which is staffed by a registered nurse, a physician
2253 assistant, or a licensed practical nurse under the direct
2254 supervision of a registered nurse, advanced practice registered
2255 nurse ~~practitioner~~, physician assistant, or physician.

2256 Section 41. Subsection (3) of section 400.0255, Florida
2257 Statutes, is amended to read:

2258 400.0255 Resident transfer or discharge; requirements and
2259 procedures; hearings.—

2260 (3) When a discharge or transfer is initiated by the
2261 nursing home, the nursing home administrator employed by the
2262 nursing home that is discharging or transferring the resident,

588-03247-14

20141352c1

2263 or an individual employed by the nursing home who is designated
2264 by the nursing home administrator to act on behalf of the
2265 administration, must sign the notice of discharge or transfer.
2266 Any notice indicating a medical reason for transfer or discharge
2267 must either be signed by the resident's attending physician or
2268 the medical director of the facility, or include an attached
2269 written order for the discharge or transfer. The notice or the
2270 order must be signed by the resident's physician, medical
2271 director, treating physician, advanced practice registered nurse
2272 ~~practitioner~~, or physician assistant.

2273 Section 42. Subsection (3) of section 400.172, Florida
2274 Statutes, is amended to read:

2275 400.172 Respite care provided in nursing home facilities.—

2276 (3) A prospective respite care resident must provide
2277 medical information from a physician, physician assistant, or
2278 advanced practice registered nurse ~~practitioner~~ and any other
2279 information provided by the primary caregiver required by the
2280 facility before or when the person is admitted to receive
2281 respite care. The medical information must include a physician's
2282 order for respite care and proof of a physical examination by a
2283 licensed physician, physician assistant, or advanced practice
2284 registered nurse ~~practitioner~~. The physician's order and
2285 physical examination may be used to provide intermittent respite
2286 care for up to 12 months after the date the order is written.

2287 Section 43. Subsection (3) of section 400.462, Florida
2288 Statutes, is amended to read:

2289 400.462 Definitions.—As used in this part, the term:

2290 (3) "Advanced practice registered nurse ~~practitioner~~" means
2291 a person licensed in this state to practice professional nursing

588-03247-14

20141352c1

2292 and certified in advanced or specialized nursing practice, as
2293 defined in s. 464.003.

2294 Section 44. Section 400.487, Florida Statutes, is amended
2295 to read:

2296 400.487 Home health service agreements; physician's,
2297 physician assistant's, and advanced practice registered nurse's
2298 ~~nurse practitioner's~~ treatment orders; patient assessment;
2299 establishment and review of plan of care; provision of services;
2300 orders not to resuscitate.—

2301 (1) Services provided by a home health agency must be
2302 covered by an agreement between the home health agency and the
2303 patient or the patient's legal representative specifying the
2304 home health services to be provided, the rates or charges for
2305 services paid with private funds, and the sources of payment,
2306 which may include Medicare, Medicaid, private insurance,
2307 personal funds, or a combination thereof. A home health agency
2308 providing skilled care must make an assessment of the patient's
2309 needs within 48 hours after the start of services.

2310 (2) When required by the provisions of chapter 464; part I,
2311 part III, or part V of chapter 468; or chapter 486, the
2312 attending physician, physician assistant, or advanced practice
2313 registered nurse ~~practitioner~~, acting within his or her
2314 respective scope of practice, shall establish treatment orders
2315 for a patient who is to receive skilled care. The treatment
2316 orders must be signed by the physician, physician assistant, or
2317 advanced practice registered nurse ~~practitioner~~ before a claim
2318 for payment for the skilled services is submitted by the home
2319 health agency. If the claim is submitted to a managed care
2320 organization, the treatment orders must be signed within the

588-03247-14

20141352c1

2321 time allowed under the provider agreement. The treatment orders
2322 shall be reviewed, as frequently as the patient's illness
2323 requires, by the physician, physician assistant, or advanced
2324 practice registered nurse ~~practitioner~~ in consultation with the
2325 home health agency.

2326 (3) A home health agency shall arrange for supervisory
2327 visits by a registered nurse to the home of a patient receiving
2328 home health aide services in accordance with the patient's
2329 direction, approval, and agreement to pay the charge for the
2330 visits.

2331 (4) Each patient has the right to be informed of and to
2332 participate in the planning of his or her care. Each patient
2333 must be provided, upon request, a copy of the plan of care
2334 established and maintained for that patient by the home health
2335 agency.

2336 (5) When nursing services are ordered, the home health
2337 agency to which a patient has been admitted for care must
2338 provide the initial admission visit, all service evaluation
2339 visits, and the discharge visit by a direct employee. Services
2340 provided by others under contractual arrangements to a home
2341 health agency must be monitored and managed by the admitting
2342 home health agency. The admitting home health agency is fully
2343 responsible for ensuring that all care provided through its
2344 employees or contract staff is delivered in accordance with this
2345 part and applicable rules.

2346 (6) The skilled care services provided by a home health
2347 agency, directly or under contract, must be supervised and
2348 coordinated in accordance with the plan of care.

2349 (7) Home health agency personnel may withhold or withdraw

588-03247-14

20141352c1

2350 cardiopulmonary resuscitation if presented with an order not to
2351 resuscitate executed pursuant to s. 401.45. The agency shall
2352 adopt rules providing for the implementation of such orders.
2353 Home health personnel and agencies may ~~shall~~ not be subject to
2354 criminal prosecution or civil liability, nor be considered to
2355 have engaged in negligent or unprofessional conduct, for
2356 withholding or withdrawing cardiopulmonary resuscitation
2357 pursuant to such an order and rules adopted by the agency.

2358 Section 45. Paragraph (a) of subsection (13) of section
2359 400.506, Florida Statutes, is amended to read:

2360 400.506 Licensure of nurse registries; requirements;
2361 penalties.—

2362 (13) All persons referred for contract in private
2363 residences by a nurse registry must comply with the following
2364 requirements for a plan of treatment:

2365 (a) When, in accordance with the privileges and
2366 restrictions imposed upon a nurse under part I of chapter 464,
2367 the delivery of care to a patient is under the direction or
2368 supervision of a physician or when a physician is responsible
2369 for the medical care of the patient, a medical plan of treatment
2370 must be established for each patient receiving care or treatment
2371 provided by a licensed nurse in the home. The original medical
2372 plan of treatment must be timely signed by the physician,
2373 physician assistant, or advanced practice registered nurse
2374 ~~practitioner~~, acting within his or her respective scope of
2375 practice, and reviewed in consultation with the licensed nurse
2376 at least every 2 months. Any additional order or change in
2377 orders must be obtained from the physician, physician assistant,
2378 or advanced practice registered nurse ~~practitioner~~ and reduced

588-03247-14

20141352c1

2379 to writing and timely signed by the physician, physician
2380 assistant, or advanced practice registered nurse ~~practitioner~~.
2381 The delivery of care under a medical plan of treatment must be
2382 substantiated by the appropriate nursing notes or documentation
2383 made by the nurse in compliance with nursing practices
2384 established under part I of chapter 464.

2385 Section 46. Subsections (1) and (2) of section 401.445,
2386 Florida Statutes, are amended to read:

2387 401.445 Emergency examination and treatment of
2388 incapacitated persons.—

2389 (1) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in
2390 this state against any emergency medical technician, paramedic,
2391 or physician as defined in this chapter, any advanced practice
2392 registered nurse ~~practitioner~~ certified under s. 464.012, or any
2393 physician assistant licensed under s. 458.347 or s. 459.022, or
2394 any person acting under the direct medical supervision of a
2395 physician, in an action brought for examining or treating a
2396 patient without his or her informed consent if:

2397 (a) The patient at the time of examination or treatment is
2398 intoxicated, under the influence of drugs, or otherwise
2399 incapable of providing informed consent as provided in s.
2400 766.103;

2401 (b) The patient at the time of examination or treatment is
2402 experiencing an emergency medical condition; and

2403 (c) The patient would reasonably, under all the surrounding
2404 circumstances, undergo such examination, treatment, or procedure
2405 if he or she were advised by the emergency medical technician,
2406 paramedic, physician, advanced practice registered nurse
2407 ~~practitioner~~, or physician assistant in accordance with s.

588-03247-14

20141352c1

2408 766.103(3).

2409

2410 Examination and treatment provided under this subsection shall
2411 be limited to reasonable examination of the patient to determine
2412 the medical condition of the patient and treatment reasonably
2413 necessary to alleviate the emergency medical condition or to
2414 stabilize the patient.

2415 (2) In examining and treating a person who is apparently
2416 intoxicated, under the influence of drugs, or otherwise
2417 incapable of providing informed consent, the emergency medical
2418 technician, paramedic, physician, advanced practice registered
2419 nurse ~~practitioner~~, or physician assistant, or any person acting
2420 under the direct medical supervision of a physician, shall
2421 proceed wherever possible with the consent of the person. If the
2422 person reasonably appears to be incapacitated and refuses his or
2423 her consent, the person may be examined, treated, or taken to a
2424 hospital or other appropriate treatment resource if he or she is
2425 in need of emergency attention, without his or her consent, but
2426 unreasonable force may ~~shall~~ not be used.

2427 Section 47. Subsections (1) and (11) of section 409.905,
2428 Florida Statutes, are amended to read:

2429 409.905 Mandatory Medicaid services.—The agency may make
2430 payments for the following services, which are required of the
2431 state by Title XIX of the Social Security Act, furnished by
2432 Medicaid providers to recipients who are determined to be
2433 eligible on the dates on which the services were provided. Any
2434 service under this section shall be provided only when medically
2435 necessary and in accordance with state and federal law.
2436 Mandatory services rendered by providers in mobile units to

588-03247-14

20141352c1

2437 Medicaid recipients may be restricted by the agency. Nothing in
2438 this section shall be construed to prevent or limit the agency
2439 from adjusting fees, reimbursement rates, lengths of stay,
2440 number of visits, number of services, or any other adjustments
2441 necessary to comply with the availability of moneys and any
2442 limitations or directions provided for in the General
2443 Appropriations Act or chapter 216.

2444 (1) ADVANCED PRACTICE REGISTERED NURSE PRACTITIONER
2445 SERVICES.—The agency shall pay for services provided to a
2446 recipient by a certified licensed advanced practice registered
2447 nurse ~~practitioner~~ who has, if required under s. 464.012(3), a
2448 current protocol ~~valid collaboration agreement~~ with a licensed
2449 physician on file with the Department of Health or who provides
2450 anesthesia services in accordance with established protocol
2451 required by state law and approved by the medical staff of the
2452 facility in which the anesthetic service is performed.
2453 Reimbursement for such services must be provided in an amount
2454 that equals not less than 80 percent of the reimbursement to a
2455 physician who provides the same services, unless otherwise
2456 provided for in the General Appropriations Act.

2457 (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay for
2458 outpatient primary health care services for a recipient provided
2459 by a clinic certified by and participating in the Medicare
2460 program which is located in a federally designated, rural,
2461 medically underserved area and has on its staff one or more
2462 certified licensed primary care nurse practitioners or physician
2463 assistants, and a licensed staff supervising physician or a
2464 consulting supervising physician.

2465 Section 48. Paragraph (a) of subsection (3) and subsection

588-03247-14

20141352c1

2466 (7) of section 409.908, Florida Statutes, are amended to read:
2467 409.908 Reimbursement of Medicaid providers.—Subject to
2468 specific appropriations, the agency shall reimburse Medicaid
2469 providers, in accordance with state and federal law, according
2470 to methodologies set forth in the rules of the agency and in
2471 policy manuals and handbooks incorporated by reference therein.
2472 These methodologies may include fee schedules, reimbursement
2473 methods based on cost reporting, negotiated fees, competitive
2474 bidding pursuant to s. 287.057, and other mechanisms the agency
2475 considers efficient and effective for purchasing services or
2476 goods on behalf of recipients. If a provider is reimbursed based
2477 on cost reporting and submits a cost report late and that cost
2478 report would have been used to set a lower reimbursement rate
2479 for a rate semester, then the provider's rate for that semester
2480 shall be retroactively calculated using the new cost report, and
2481 full payment at the recalculated rate shall be effected
2482 retroactively. Medicare-granted extensions for filing cost
2483 reports, if applicable, shall also apply to Medicaid cost
2484 reports. Payment for Medicaid compensable services made on
2485 behalf of Medicaid eligible persons is subject to the
2486 availability of moneys and any limitations or directions
2487 provided for in the General Appropriations Act or chapter 216.
2488 Further, nothing in this section shall be construed to prevent
2489 or limit the agency from adjusting fees, reimbursement rates,
2490 lengths of stay, number of visits, or number of services, or
2491 making any other adjustments necessary to comply with the
2492 availability of moneys and any limitations or directions
2493 provided for in the General Appropriations Act, provided the
2494 adjustment is consistent with legislative intent.

588-03247-14

20141352c1

2495 (3) Subject to any limitations or directions provided for
2496 in the General Appropriations Act, the following Medicaid
2497 services and goods may be reimbursed on a fee-for-service basis.
2498 For each allowable service or goods furnished in accordance with
2499 Medicaid rules, policy manuals, handbooks, and state and federal
2500 law, the payment shall be the amount billed by the provider, the
2501 provider's usual and customary charge, or the maximum allowable
2502 fee established by the agency, whichever amount is less, with
2503 the exception of those services or goods for which the agency
2504 makes payment using a methodology based on capitation rates,
2505 average costs, or negotiated fees.

2506 (a) Advanced practice registered nurse ~~practitioner~~
2507 services.

2508 (7) A provider of family planning services shall be
2509 reimbursed the lesser of the amount billed by the provider or an
2510 all-inclusive amount per type of visit for physicians and
2511 advanced practice registered nurses ~~nurse-practitioners~~, as
2512 established by the agency in a fee schedule.

2513 Section 49. Subsection (2) of section 409.9081, Florida
2514 Statutes, is amended to read:

2515 409.9081 Copayments.—

2516 (2) The agency shall, subject to federal regulations and
2517 any directions or limitations provided for in the General
2518 Appropriations Act, require copayments for the following
2519 additional services: hospital inpatient, laboratory and X-ray
2520 services, transportation services, home health care services,
2521 community mental health services, rural health services,
2522 federally qualified health clinic services, and advanced
2523 practice registered nurse ~~practitioner~~ services. The agency may

588-03247-14

20141352c1

2524 only establish copayments for prescribed drugs or for any other
2525 federally authorized service if such copayment is specifically
2526 provided for in the General Appropriations Act or other law.

2527 Section 50. Subsection (11) of section 409.9122, Florida
2528 Statutes, is amended to read:

2529 409.9122 Mandatory Medicaid managed care enrollment;
2530 programs and procedures.—

2531 (11) A managed care plan that has a Medicaid contract shall
2532 at least annually review each primary care physician's active
2533 patient load and shall ensure that additional Medicaid
2534 recipients are not assigned to physicians who have a total
2535 active patient load of more than 3,000 patients. As used in this
2536 subsection, the term "active patient" means a patient who is
2537 seen by the same primary care physician, or by a physician
2538 assistant or advanced practice registered nurse ~~practitioner~~
2539 under the supervision of the primary care physician, at least
2540 three times within a calendar year. Each primary care physician
2541 shall annually certify to the managed care plan whether or not
2542 his or her patient load exceeds the limits established under
2543 this subsection and the managed care plan shall accept such
2544 certification on face value as compliance with this subsection.
2545 The agency shall accept the managed care plan's representations
2546 that it is in compliance with this subsection based on the
2547 certification of its primary care physicians, unless the agency
2548 has an objective indication that access to primary care is being
2549 compromised, such as receiving complaints or grievances relating
2550 to access to care. If the agency determines that an objective
2551 indication exists that access to primary care is being
2552 compromised, it may verify the patient load certifications

588-03247-14

20141352c1

2553 submitted by the managed care plan's primary care physicians and
2554 that the managed care plan is not assigning Medicaid recipients
2555 to primary care physicians who have an active patient load of
2556 more than 3,000 patients. This subsection expires October 1,
2557 2014.

2558 Section 51. Paragraph (a) of subsection (1) of section
2559 409.973, Florida Statutes, is amended to read:

2560 409.973 Benefits.—

2561 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
2562 minimum, the following services:

2563 (a) Advanced practice registered nurse ~~practitioner~~
2564 services.

2565 Section 52. Subsections (2), (4), (5), and (6) of section
2566 429.26, Florida Statutes, are amended to read:

2567 429.26 Appropriateness of placements; examinations of
2568 residents.—

2569 (2) A physician, physician assistant, or advanced practice
2570 registered nurse ~~practitioner~~ who is employed by an assisted
2571 living facility to provide an initial examination for admission
2572 purposes may not have financial interest in the facility.

2573 (4) If possible, each resident shall have been examined by
2574 a licensed physician, a licensed physician assistant, or a
2575 certified advanced practice registered ~~licensed~~ nurse
2576 ~~practitioner~~ within 60 days before admission to the facility.
2577 The signed and completed medical examination report shall be
2578 submitted to the owner or administrator of the facility who
2579 shall use the information contained therein to assist in the
2580 determination of the appropriateness of the resident's admission
2581 and continued stay in the facility. The medical examination

588-03247-14

20141352c1

2582 report shall become a permanent part of the record of the
2583 resident at the facility and shall be made available to the
2584 agency during inspection or upon request. An assessment that has
2585 been completed through the Comprehensive Assessment and Review
2586 for Long-Term Care Services (CARES) Program fulfills the
2587 requirements for a medical examination under this subsection and
2588 s. 429.07(3)(b)6.

2589 (5) Except as provided in s. 429.07, if a medical
2590 examination has not been completed within 60 days before the
2591 admission of the resident to the facility, a licensed physician,
2592 licensed physician assistant, or certified advanced practice
2593 registered ~~licensed~~ nurse ~~practitioner~~ shall examine the
2594 resident and complete a medical examination form provided by the
2595 agency within 30 days following the admission to the facility to
2596 enable the facility owner or administrator to determine the
2597 appropriateness of the admission. The medical examination form
2598 shall become a permanent part of the record of the resident at
2599 the facility and shall be made available to the agency during
2600 inspection by the agency or upon request.

2601 (6) Any resident accepted in a facility and placed by the
2602 department or the Department of Children and Families ~~Family~~
2603 ~~Services~~ shall have been examined by medical personnel within 30
2604 days before placement in the facility. The examination shall
2605 include an assessment of the appropriateness of placement in a
2606 facility. The findings of this examination shall be recorded on
2607 the examination form provided by the agency. The completed form
2608 shall accompany the resident and shall be submitted to the
2609 facility owner or administrator. Additionally, in the case of a
2610 mental health resident, the Department of Children and Families

588-03247-14

20141352c1

2611 ~~Family Services~~ must provide documentation that the individual
2612 has been assessed by a psychiatrist, clinical psychologist,
2613 clinical social worker, or psychiatric-mental health advanced
2614 practice registered psychiatric nurse, or an individual who is
2615 supervised by one of these professionals, and determined to be
2616 appropriate to reside in an assisted living facility. The
2617 documentation must be in the facility within 30 days after the
2618 mental health resident has been admitted to the facility. An
2619 evaluation completed upon discharge from a state mental hospital
2620 meets the requirements of this subsection related to
2621 appropriateness for placement as a mental health resident
2622 providing it was completed within 90 days before ~~prior to~~
2623 admission to the facility. The applicable department shall
2624 provide to the facility administrator any information about the
2625 resident that would help the administrator meet his or her
2626 responsibilities under subsection (1). Further, department
2627 personnel shall explain to the facility operator any special
2628 needs of the resident and advise the operator whom to call
2629 should problems arise. The applicable department shall advise
2630 and assist the facility administrator where the special needs of
2631 residents who are recipients of optional state supplementation
2632 require such assistance.

2633 Section 53. Paragraph (a) of subsection (2) and paragraph
2634 (a) of subsection (7) of section 429.918, Florida Statutes, are
2635 amended to read:

2636 429.918 Licensure designation as a specialized Alzheimer's
2637 services adult day care center.—

2638 (2) As used in this section, the term:

2639 (a) "ADRD participant" means a participant who has a

588-03247-14

20141352c1

2640 documented diagnosis of Alzheimer's disease or a dementia-
2641 related disorder (ADRD) from a licensed physician, licensed
2642 physician assistant, or a licensed advanced practice registered
2643 nurse ~~practitioner~~.

2644 (7) (a) An ADRD participant admitted to an adult day care
2645 center having a license designated under this section, or the
2646 caregiver when applicable, must:

2647 1. Require ongoing supervision to maintain the highest
2648 level of medical or custodial functioning and have a
2649 demonstrated need for a responsible party to oversee his or her
2650 care.

2651 2. Not actively demonstrate aggressive behavior that places
2652 himself, herself, or others at risk of harm.

2653 3. Provide the following medical documentation signed by a
2654 licensed physician, licensed physician assistant, or a licensed
2655 advanced practice registered nurse ~~practitioner~~:

2656 a. Any physical, health, or emotional conditions that
2657 require medical care.

2658 b. A listing of the ADRD participant's current prescribed
2659 and over-the-counter medications and dosages, diet restrictions,
2660 mobility restrictions, and other physical limitations.

2661 4. Provide documentation signed by a health care provider
2662 licensed in this state which indicates that the ADRD participant
2663 is free of the communicable form of tuberculosis and free of
2664 signs and symptoms of other communicable diseases.

2665 Section 54. Paragraph (e) of subsection (5) of section
2666 440.102, Florida Statutes, is amended to read:

2667 440.102 Drug-free workplace program requirements.—The
2668 following provisions apply to a drug-free workplace program

588-03247-14

20141352c1

2669 implemented pursuant to law or to rules adopted by the Agency
2670 for Health Care Administration:

2671 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2672 collection and testing for drugs under this section shall be
2673 performed in accordance with the following procedures:

2674 (e) A specimen for a drug test may be taken or collected by
2675 any of the following persons:

2676 1. A physician, a physician assistant, a registered
2677 professional nurse, a licensed practical nurse, or an advanced
2678 practice registered ~~a nurse practitioner~~ or a certified
2679 paramedic who is present at the scene of an accident for the
2680 purpose of rendering emergency medical service or treatment.

2681 2. A qualified person employed by a licensed or certified
2682 laboratory as described in subsection (9).

2683 Section 55. Section 456.0391, Florida Statutes, is amended
2684 to read:

2685 456.0391 Advanced practice registered nurses ~~nurse~~
2686 ~~practitioners~~; information required for certification.—

2687 (1) (a) Each person who applies for initial certification
2688 under s. 464.012 must, at the time of application, and each
2689 person certified under s. 464.012 who applies for certification
2690 renewal must, in conjunction with the renewal of such
2691 certification and under procedures adopted by the Department of
2692 Health, and in addition to any other information that may be
2693 required from the applicant, furnish the following information
2694 to the Department of Health:

2695 1. The name of each school or training program that the
2696 applicant has attended, with the months and years of attendance
2697 and the month and year of graduation, and a description of all

588-03247-14

20141352c1

2698 graduate professional education completed by the applicant,
2699 excluding any coursework taken to satisfy continuing education
2700 requirements.

2701 2. The name of each location at which the applicant
2702 practices.

2703 3. The address at which the applicant will primarily
2704 conduct his or her practice.

2705 4. Any certification or designation that the applicant has
2706 received from a specialty or certification board that is
2707 recognized or approved by the regulatory board or department to
2708 which the applicant is applying.

2709 5. The year that the applicant received initial
2710 certification and began practicing the profession in any
2711 jurisdiction and the year that the applicant received initial
2712 certification in this state.

2713 6. Any appointment which the applicant currently holds to
2714 the faculty of a school related to the profession and an
2715 indication as to whether the applicant has had the
2716 responsibility for graduate education within the most recent 10
2717 years.

2718 7. A description of any criminal offense of which the
2719 applicant has been found guilty, regardless of whether
2720 adjudication of guilt was withheld, or to which the applicant
2721 has pled guilty or nolo contendere. A criminal offense committed
2722 in another jurisdiction which would have been a felony or
2723 misdemeanor if committed in this state must be reported. If the
2724 applicant indicates that a criminal offense is under appeal and
2725 submits a copy of the notice for appeal of that criminal
2726 offense, the department must state that the criminal offense is

588-03247-14

20141352c1

2727 under appeal if the criminal offense is reported in the
2728 applicant's profile. If the applicant indicates to the
2729 department that a criminal offense is under appeal, the
2730 applicant must, within 15 days after the disposition of the
2731 appeal, submit to the department a copy of the final written
2732 order of disposition.

2733 8. A description of any final disciplinary action taken
2734 within the previous 10 years against the applicant by a
2735 licensing or regulatory body in any jurisdiction, by a specialty
2736 board that is recognized by the board or department, or by a
2737 licensed hospital, health maintenance organization, prepaid
2738 health clinic, ambulatory surgical center, or nursing home.
2739 Disciplinary action includes resignation from or nonrenewal of
2740 staff membership or the restriction of privileges at a licensed
2741 hospital, health maintenance organization, prepaid health
2742 clinic, ambulatory surgical center, or nursing home taken in
2743 lieu of or in settlement of a pending disciplinary case related
2744 to competence or character. If the applicant indicates that the
2745 disciplinary action is under appeal and submits a copy of the
2746 document initiating an appeal of the disciplinary action, the
2747 department must state that the disciplinary action is under
2748 appeal if the disciplinary action is reported in the applicant's
2749 profile.

2750 (b) In addition to the information required under paragraph
2751 (a), each applicant for initial certification or certification
2752 renewal must provide the information required of licensees
2753 pursuant to s. 456.049.

2754 (2) The Department of Health shall send a notice to each
2755 person certified under s. 464.012 at the certificateholder's

588-03247-14

20141352c1

2756 last known address of record regarding the requirements for
2757 information to be submitted by advanced practice registered
2758 nurses ~~nurse-practitioners~~ pursuant to this section in
2759 conjunction with the renewal of such certificate.

2760 (3) Each person certified under s. 464.012 who has
2761 submitted information pursuant to subsection (1) must update
2762 that information in writing by notifying the Department of
2763 Health within 45 days after the occurrence of an event or the
2764 attainment of a status that is required to be reported by
2765 subsection (1). Failure to comply with the requirements of this
2766 subsection to update and submit information constitutes a ground
2767 for disciplinary action under chapter 464 and s. 456.072(1)(k).
2768 For failure to comply with the requirements of this subsection
2769 to update and submit information, the department or board, as
2770 appropriate, may:

2771 (a) Refuse to issue a certificate to any person applying
2772 for initial certification who fails to submit and update the
2773 required information.

2774 (b) Issue a citation to any certificateholder who fails to
2775 submit and update the required information and may fine the
2776 certificateholder up to \$50 for each day that the
2777 certificateholder is not in compliance with this subsection. The
2778 citation must clearly state that the certificateholder may
2779 choose, in lieu of accepting the citation, to follow the
2780 procedure under s. 456.073. If the certificateholder disputes
2781 the matter in the citation, the procedures set forth in s.
2782 456.073 must be followed. However, if the certificateholder does
2783 not dispute the matter in the citation with the department
2784 within 30 days after the citation is served, the citation

588-03247-14

20141352c1

2785 becomes a final order and constitutes discipline. Service of a
2786 citation may be made by personal service or certified mail,
2787 restricted delivery, to the subject at the certificateholder's
2788 last known address.

2789 (4) (a) An applicant for initial certification under s.
2790 464.012 must submit a set of fingerprints to the Department of
2791 Health on a form and under procedures specified by the
2792 department, along with payment in an amount equal to the costs
2793 incurred by the Department of Health for a national criminal
2794 history check of the applicant.

2795 (b) An applicant for renewed certification who has not
2796 previously submitted a set of fingerprints to the Department of
2797 Health for purposes of certification must submit a set of
2798 fingerprints to the department as a condition of the initial
2799 renewal of his or her certificate after the effective date of
2800 this section. The applicant must submit the fingerprints on a
2801 form and under procedures specified by the department, along
2802 with payment in an amount equal to the costs incurred by the
2803 Department of Health for a national criminal history check. For
2804 subsequent renewals, the applicant for renewed certification
2805 must only submit information necessary to conduct a statewide
2806 criminal history check, along with payment in an amount equal to
2807 the costs incurred by the Department of Health for a statewide
2808 criminal history check.

2809 (c)1. The Department of Health shall submit the
2810 fingerprints provided by an applicant for initial certification
2811 to the Florida Department of Law Enforcement for a statewide
2812 criminal history check, and the Florida Department of Law
2813 Enforcement shall forward the fingerprints to the Federal Bureau

588-03247-14

20141352c1

2814 of Investigation for a national criminal history check of the
2815 applicant.

2816 2. The department shall submit the fingerprints provided by
2817 an applicant for the initial renewal of certification to the
2818 Florida Department of Law Enforcement for a statewide criminal
2819 history check, and the Florida Department of Law Enforcement
2820 shall forward the fingerprints to the Federal Bureau of
2821 Investigation for a national criminal history check for the
2822 initial renewal of the applicant's certificate after the
2823 effective date of this section.

2824 3. For any subsequent renewal of the applicant's
2825 certificate, the department shall submit the required
2826 information for a statewide criminal history check of the
2827 applicant to the Florida Department of Law Enforcement.

2828 (d) Any applicant for initial certification or renewal of
2829 certification as an advanced practice registered nurse
2830 ~~practitioner~~ who submits to the Department of Health a set of
2831 fingerprints and information required for the criminal history
2832 check required under this section may ~~shall~~ not be required to
2833 provide a subsequent set of fingerprints or other duplicate
2834 information required for a criminal history check to the Agency
2835 for Health Care Administration, the Department of Juvenile
2836 Justice, or the Department of Children and Families ~~Family~~
2837 ~~Services~~ for employment or licensure with such agency or
2838 department, if the applicant has undergone a criminal history
2839 check as a condition of initial certification or renewal of
2840 certification as an advanced practice registered nurse
2841 ~~practitioner~~ with the Department of Health, notwithstanding any
2842 other provision of law to the contrary. In lieu of such

588-03247-14

20141352c1

2843 duplicate submission, the Agency for Health Care Administration,
2844 the Department of Juvenile Justice, and the Department of
2845 Children and Families ~~Family Services~~ shall obtain criminal
2846 history information for employment or licensure of persons
2847 certified under s. 464.012 by such agency or department from the
2848 Department of Health's health care practitioner credentialing
2849 system.

2850 (5) Each person who is required to submit information
2851 pursuant to this section may submit additional information to
2852 the Department of Health. Such information may include, but is
2853 not limited to:

2854 (a) Information regarding publications in peer-reviewed
2855 professional literature within the previous 10 years.

2856 (b) Information regarding professional or community service
2857 activities or awards.

2858 (c) Languages, other than English, used by the applicant to
2859 communicate with patients or clients and identification of any
2860 translating service that may be available at the place where the
2861 applicant primarily conducts his or her practice.

2862 (d) An indication of whether the person participates in the
2863 Medicaid program.

2864 Section 56. Subsection (2) of section 456.0392, Florida
2865 Statutes, is amended to read:

2866 456.0392 Prescription labeling.—

2867 (2) A prescription for a drug ~~that is not listed as a~~
2868 ~~controlled substance in chapter 893~~ which is written by an
2869 advanced practice registered nurse ~~practitioner~~ certified under
2870 s. 464.012 is presumed, subject to rebuttal, to be valid and
2871 within the parameters of the prescriptive authority delegated by

588-03247-14

20141352c1

2872 a practitioner licensed under chapter 458, chapter 459, or
2873 chapter 466.

2874 Section 57. Paragraph (a) of subsection (1) and subsection
2875 (6) of section 456.041, Florida Statutes, are amended to read:
2876 456.041 Practitioner profile; creation.—

2877 (1) (a) The Department of Health shall compile the
2878 information submitted pursuant to s. 456.039 into a practitioner
2879 profile of the applicant submitting the information, except that
2880 the Department of Health shall develop a format to compile
2881 uniformly any information submitted under s. 456.039 (4) (b).

2882 ~~Beginning July 1, 2001,~~ The Department of Health may compile the
2883 information submitted pursuant to s. 456.0391 into a
2884 practitioner profile of the applicant submitting the
2885 information. The protocol submitted pursuant to s. 464.012(3)
2886 must be included in the practitioner profile of the advanced
2887 practice registered nurse ~~practitioner~~.

2888 (6) The Department of Health shall provide in each
2889 practitioner profile for every physician or advanced practice
2890 registered nurse ~~practitioner~~ terminated for cause from
2891 participating in the Medicaid program, pursuant to s. 409.913,
2892 or sanctioned by the Medicaid program a statement that the
2893 practitioner has been terminated from participating in the
2894 Florida Medicaid program or sanctioned by the Medicaid program.

2895 Section 58. Subsection (1) of section 456.048, Florida
2896 Statutes, is amended to read:

2897 456.048 Financial responsibility requirements for certain
2898 health care practitioners.—

2899 (1) As a prerequisite for licensure or license renewal, the
2900 Board of Acupuncture, the Board of Chiropractic Medicine, the

588-03247-14

20141352c1

2901 Board of Podiatric Medicine, and the Board of Dentistry shall,
2902 by rule, require that all health care practitioners licensed
2903 under the respective board, and the Board of Medicine and the
2904 Board of Osteopathic Medicine shall, by rule, require that all
2905 anesthesiologist assistants licensed pursuant to s. 458.3475 or
2906 s. 459.023, and the Board of Nursing shall, by rule, require
2907 that advanced practice registered nurses ~~nurse-practitioners~~
2908 certified under s. 464.012, and the department shall, by rule,
2909 require that midwives maintain medical malpractice insurance or
2910 provide proof of financial responsibility in an amount and in a
2911 manner determined by the board or department to be sufficient to
2912 cover claims arising out of the rendering of or failure to
2913 render professional care and services in this state.

2914 Section 59. Paragraph (c) of subsection (2) of section
2915 458.3265, Florida Statutes, is amended to read:

2916 458.3265 Pain-management clinics.—

2917 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2918 apply to any physician who provides professional services in a
2919 pain-management clinic that is required to be registered in
2920 subsection (1).

2921 (c) A physician, a physician assistant, or an advanced
2922 practice registered nurse ~~practitioner~~ must perform a physical
2923 examination of a patient on the same day that the physician
2924 prescribes a controlled substance to a patient at a pain-
2925 management clinic. If the physician prescribes more than a 72-
2926 hour dose of controlled substances for the treatment of chronic
2927 nonmalignant pain, the physician must document in the patient's
2928 record the reason for prescribing that quantity.

2929 Section 60. Paragraph (dd) of subsection (1) of section

588-03247-14

20141352c1

2930 458.331, Florida Statutes, is amended to read:

2931 458.331 Grounds for disciplinary action; action by the
2932 board and department.—

2933 (1) The following acts constitute grounds for denial of a
2934 license or disciplinary action, as specified in s. 456.072(2):

2935 (dd) Failing to supervise adequately the activities of
2936 those physician assistants, paramedics, emergency medical
2937 technicians, advanced practice registered nurses ~~nurse~~
2938 ~~practitioners~~, or anesthesiologist assistants acting under the
2939 supervision of the physician.

2940 Section 61. Paragraph (c) of subsection (2) of section
2941 459.0137, Florida Statutes, is amended to read:

2942 459.0137 Pain-management clinics.—

2943 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2944 apply to any osteopathic physician who provides professional
2945 services in a pain-management clinic that is required to be
2946 registered in subsection (1).

2947 (c) An osteopathic physician, a physician assistant, or an
2948 advanced practice registered nurse ~~practitioner~~ must perform a
2949 physical examination of a patient on the same day that the
2950 physician prescribes a controlled substance to a patient at a
2951 pain-management clinic. If the osteopathic physician prescribes
2952 more than a 72-hour dose of controlled substances for the
2953 treatment of chronic nonmalignant pain, the osteopathic
2954 physician must document in the patient's record the reason for
2955 prescribing that quantity.

2956 Section 62. Paragraph (hh) of subsection (1) of section
2957 459.015, Florida Statutes, is amended to read:

2958 459.015 Grounds for disciplinary action; action by the

588-03247-14

20141352c1

2959 board and department.—

2960 (1) The following acts constitute grounds for denial of a
2961 license or disciplinary action, as specified in s. 456.072(2):

2962 (hh) Failing to supervise adequately the activities of
2963 those physician assistants, paramedics, emergency medical
2964 technicians, advanced practice registered nurses ~~nurse~~
2965 ~~practitioners~~, anesthesiologist assistants, or other persons
2966 acting under the supervision of the osteopathic physician.

2967 Section 63. Subsections (2) and (3) of section 464.003,
2968 Florida Statutes, are amended to read:

2969 464.003 Definitions.—As used in this part, the term:

2970 (2) "Advanced or specialized nursing practice" means, in
2971 addition to the practice of professional nursing, the
2972 performance of advanced-level nursing acts approved by the board
2973 which, by virtue of postbasic specialized education, training,
2974 and experience, are appropriately performed by an advanced
2975 practice registered nurse ~~practitioner~~. Within the context of
2976 advanced or specialized nursing practice, the advanced practice
2977 registered nurse ~~practitioner~~ may perform acts of nursing
2978 diagnosis and nursing treatment of alterations of the health
2979 status. The advanced practice registered nurse ~~practitioner~~ may
2980 also perform acts of medical diagnosis and treatment,
2981 prescription, and operation which are identified and approved by
2982 a joint committee composed of three members appointed by the
2983 Board of Nursing, two of whom must be advanced registered nurse
2984 practitioners; three members appointed by the Board of Medicine,
2985 two of whom must have had work experience with advanced
2986 registered nurse practitioners; and the State Surgeon General or
2987 the State Surgeon General's designee. Each committee member

588-03247-14

20141352c1

2988 appointed by a board shall be appointed to a term of 4 years
2989 unless a shorter term is required to establish or maintain
2990 staggered terms. The Board of Nursing shall adopt rules
2991 authorizing the performance of any such acts approved by the
2992 joint committee. Unless otherwise specified by the joint
2993 committee, such acts must be performed under the general
2994 supervision of a practitioner licensed under chapter 458,
2995 chapter 459, or chapter 466 within the framework of standing
2996 protocols which identify the medical acts to be performed and
2997 the conditions for their performance. The department may, by
2998 rule, require that a copy of the protocol be filed with the
2999 department along with the notice required by s. 458.348 or s.
3000 459.025.

3001 (3) "Advanced practice registered nurse ~~practitioner~~" means
3002 any person licensed in this state to practice professional
3003 nursing and certified in advanced or specialized nursing
3004 practice, including certified registered nurse anesthetists,
3005 certified nurse midwives, and certified nurse practitioners.

3006 Section 64. Subsection (2) of section 464.004, Florida
3007 Statutes, is amended to read:

3008 464.004 Board of Nursing; membership; appointment; terms.-

3009 (2) Seven members of the board must be registered nurses
3010 who are residents of this state and who have been engaged in the
3011 practice of professional nursing for at least 4 years, including
3012 at least one advanced practice registered nurse ~~practitioner~~,
3013 one nurse educator member of an approved program, and one nurse
3014 executive. These seven board members should be representative of
3015 the diverse areas of practice within the nursing profession. In
3016 addition, three members of the board must be licensed practical

588-03247-14

20141352c1

3017 nurses who are residents of this state and who have been
3018 actively engaged in the practice of practical nursing for at
3019 least 4 years before ~~prior to~~ their appointment. The remaining
3020 three members must be residents of the state who have never been
3021 licensed as nurses and who are in no way connected with the
3022 practice of nursing. No person may be appointed as a lay member
3023 who is in any way connected with, or has any financial interest
3024 in, any health care facility, agency, or insurer. At least one
3025 member of the board must be 60 years of age or older.

3026 Section 65. Paragraph (a) of subsection (2) of section
3027 464.016, Florida Statutes, is amended to read:

3028 464.016 Violations and penalties.—

3029 (2) Each of the following acts constitutes a misdemeanor of
3030 the first degree, punishable as provided in s. 775.082 or s.
3031 775.083:

3032 (a) Using the name or title "Nurse," "Registered Nurse,"
3033 "Licensed Practical Nurse," "Clinical Nurse Specialist,"
3034 "Certified Registered Nurse Anesthetist," "Certified Nurse
3035 Midwife," "Certified Nurse Practitioner," "Advanced Practice
3036 Registered Nurse ~~Practitioner~~," or any other name or title which
3037 implies that a person was licensed or certified as same, unless
3038 such person is duly licensed or certified.

3039 Section 66. Paragraph (a) of subsection (4) of section
3040 464.0205, Florida Statutes, is amended to read:

3041 464.0205 Retired volunteer nurse certificate.—

3042 (4) A retired volunteer nurse receiving certification from
3043 the board shall:

3044 (a) Work under the direct supervision of the director of a
3045 county health department, a physician working under a limited

588-03247-14

20141352c1

3046 license issued pursuant to s. 458.317 or s. 459.0075, a
3047 physician licensed under chapter 458 or chapter 459, an advanced
3048 practice registered nurse ~~practitioner~~ certified under s.
3049 464.012, or a registered nurse licensed under s. 464.008 or s.
3050 464.009.

3051 Section 67. Subsection (2) of section 467.003, Florida
3052 Statutes, is amended to read:

3053 467.003 Definitions.—As used in this chapter, unless the
3054 context otherwise requires:

3055 (2) "Certified nurse midwife" means a person who is
3056 licensed as an advanced practice registered nurse ~~practitioner~~
3057 under part I of chapter 464 and who is certified to practice
3058 midwifery by the American College of Nurse Midwives.

3059 Section 68. Subsection (1) of section 480.0475, Florida
3060 Statutes, is amended to read:

3061 480.0475 Massage establishments; prohibited practices.—

3062 (1) A person may not operate a massage establishment
3063 between the hours of midnight and 5 a.m. This subsection does
3064 not apply to a massage establishment:

3065 (a) Located on the premises of a health care facility as
3066 defined in s. 408.07; a health care clinic as defined in s.
3067 400.9905(4); a hotel, motel, or bed and breakfast inn, as those
3068 terms are defined in s. 509.242; a timeshare property as defined
3069 in s. 721.05; a public airport as defined in s. 330.27; or a
3070 pari-mutuel facility as defined in s. 550.002;

3071 (b) In which every massage performed between the hours of
3072 midnight and 5 a.m. is performed by a massage therapist acting
3073 under the prescription of a physician or physician assistant
3074 licensed under chapter 458, an osteopathic physician or

588-03247-14

20141352c1

3075 physician assistant licensed under chapter 459, a chiropractic
3076 physician licensed under chapter 460, a podiatric physician
3077 licensed under chapter 461, an advanced practice registered
3078 nurse ~~practitioner~~ licensed under part I of chapter 464, or a
3079 dentist licensed under chapter 466; or

3080 (c) Operating during a special event if the county or
3081 municipality in which the establishment operates has approved
3082 such operation during the special event.

3083 Section 69. Subsection (7) of section 483.041, Florida
3084 Statutes, is amended to read:

3085 483.041 Definitions.—As used in this part, the term:

3086 (7) "Licensed practitioner" means a physician licensed
3087 under chapter 458, chapter 459, chapter 460, or chapter 461; a
3088 certified optometrist licensed under chapter 463; a dentist
3089 licensed under chapter 466; a person licensed under chapter 462;
3090 or an advanced practice registered nurse ~~practitioner~~ licensed
3091 under part I of chapter 464; or a duly licensed practitioner
3092 from another state licensed under similar statutes who orders
3093 examinations on materials or specimens for nonresidents of the
3094 State of Florida, but who reside in the same state as the
3095 requesting licensed practitioner.

3096 Section 70. Subsection (5) of section 483.801, Florida
3097 Statutes, is amended to read:

3098 483.801 Exemptions.—This part applies to all clinical
3099 laboratories and clinical laboratory personnel within this
3100 state, except:

3101 (5) Advanced practice registered nurses certified nurse
3102 ~~practitioners~~ licensed under part I of chapter 464 who perform
3103 provider-performed microscopy procedures (PPMP) in an exclusive-

588-03247-14

20141352c1

3104 use laboratory setting.

3105 Section 71. Paragraph (a) of subsection (11) of section
3106 486.021, Florida Statutes, is amended to read:

3107 486.021 Definitions.—In this chapter, unless the context
3108 otherwise requires, the term:

3109 (11) "Practice of physical therapy" means the performance
3110 of physical therapy assessments and the treatment of any
3111 disability, injury, disease, or other health condition of human
3112 beings, or the prevention of such disability, injury, disease,
3113 or other condition of health, and rehabilitation as related
3114 thereto by the use of the physical, chemical, and other
3115 properties of air; electricity; exercise; massage; the
3116 performance of acupuncture only upon compliance with the
3117 criteria set forth by the Board of Medicine, when no penetration
3118 of the skin occurs; the use of radiant energy, including
3119 ultraviolet, visible, and infrared rays; ultrasound; water; the
3120 use of apparatus and equipment in the application of the
3121 foregoing or related thereto; the performance of tests of
3122 neuromuscular functions as an aid to the diagnosis or treatment
3123 of any human condition; or the performance of electromyography
3124 as an aid to the diagnosis of any human condition only upon
3125 compliance with the criteria set forth by the Board of Medicine.

3126 (a) A physical therapist may implement a plan of treatment
3127 developed by the physical therapist for a patient or provided
3128 for a patient by a practitioner of record or by an advanced
3129 practice registered nurse ~~practitioner~~ licensed under s.
3130 464.012. The physical therapist shall refer the patient to or
3131 consult with a practitioner of record if the patient's condition
3132 is found to be outside the scope of physical therapy. If

588-03247-14

20141352c1

3133 physical therapy treatment for a patient is required beyond 21
3134 days for a condition not previously assessed by a practitioner
3135 of record, the physical therapist shall obtain a practitioner of
3136 record who will review and sign the plan. For purposes of this
3137 paragraph, a health care practitioner licensed under chapter
3138 458, chapter 459, chapter 460, chapter 461, or chapter 466 and
3139 engaged in active practice is eligible to serve as a
3140 practitioner of record.

3141 Section 72. Paragraph (d) of subsection (1) of section
3142 490.012, Florida Statutes, is amended to read:

3143 490.012 Violations; penalties; injunction.-

3144 (1)

3145 (d) No person shall hold herself or himself out by any
3146 title or description incorporating the word, or a permutation of
3147 the word, "psychotherapy" unless such person holds a valid,
3148 active license under chapter 458, chapter 459, chapter 490, or
3149 chapter 491, or such person is certified as an advanced practice
3150 registered nurse ~~practitioner~~, pursuant to s. 464.012, who has
3151 been determined by the Board of Nursing as a specialist in
3152 psychiatric mental health.

3153 Section 73. Subsection (1) of section 491.0057, Florida
3154 Statutes, is amended to read:

3155 491.0057 Dual licensure as a marriage and family
3156 therapist.-The department shall license as a marriage and family
3157 therapist any person who demonstrates to the board that he or
3158 she:

3159 (1) Holds a valid, active license as a psychologist under
3160 chapter 490 or as a clinical social worker or mental health
3161 counselor under this chapter, or is certified under s. 464.012

588-03247-14

20141352c1

3162 as an advanced practice registered nurse ~~practitioner~~ who has
3163 been determined by the Board of Nursing as a specialist in
3164 psychiatric mental health.

3165 Section 74. Paragraph (d) of subsection (1) and subsection
3166 (2) of section 491.012, Florida Statutes, are amended to read:

3167 491.012 Violations; penalty; injunction.—

3168 (1) It is unlawful and a violation of this chapter for any
3169 person to:

3170 (d) Use the terms psychotherapist, sex therapist, or
3171 juvenile sexual offender therapist unless such person is
3172 licensed pursuant to this chapter or chapter 490, or is
3173 certified under s. 464.012 as an advanced practice registered
3174 nurse ~~practitioner~~ who has been determined by the Board of
3175 Nursing as a specialist in psychiatric mental health and the use
3176 of such terms is within the scope of her or his practice based
3177 on education, training, and licensure.

3178 (2) It is unlawful and a violation of this chapter for any
3179 person to describe her or his services using the following terms
3180 or any derivative thereof, unless such person holds a valid,
3181 active license under this chapter or chapter 490, or is
3182 certified under s. 464.012 as an advanced practice registered
3183 nurse ~~practitioner~~ who has been determined by the Board of
3184 Nursing as a specialist in psychiatric mental health and the use
3185 of such terms is within the scope of her or his practice based
3186 on education, training, and licensure:

3187 (a) "Psychotherapy."

3188 (b) "Sex therapy."

3189 (c) "Sex counseling."

3190 (d) "Clinical social work."

588-03247-14

20141352c1

- 3191 (e) "Psychiatric social work."
 3192 (f) "Marriage and family therapy."
 3193 (g) "Marriage and family counseling."
 3194 (h) "Marriage counseling."
 3195 (i) "Family counseling."
 3196 (j) "Mental health counseling."

3197 Section 75. Subsection (2) of section 493.6108, Florida
 3198 Statutes, is amended to read:

3199 493.6108 Investigation of applicants by Department of
 3200 Agriculture and Consumer Services.—

3201 (2) In addition to subsection (1), the department shall
 3202 make an investigation of the general physical fitness of the
 3203 Class "G" applicant to bear a weapon or firearm. Determination
 3204 of physical fitness shall be certified by a physician or
 3205 physician assistant currently licensed pursuant to chapter 458,
 3206 chapter 459, or any similar law of another state or authorized
 3207 to act as a licensed physician by a federal agency or department
 3208 or by an advanced practice registered nurse ~~practitioner~~
 3209 currently licensed pursuant to chapter 464. Such certification
 3210 shall be submitted on a form provided by the department.

3211 Section 76. Subsection (1) of section 626.9707, Florida
 3212 Statutes, is amended to read:

3213 626.9707 Disability insurance; discrimination on basis of
 3214 sickle-cell trait prohibited.—

3215 (1) An ~~No~~ insurer authorized to transact insurance in this
 3216 state may not ~~shall~~ refuse to issue and deliver in this state
 3217 any policy of disability insurance, whether such policy is
 3218 defined as individual, group, blanket, franchise, industrial, or
 3219 otherwise, which is currently being issued for delivery in this

588-03247-14

20141352c1

3220 state and which affords benefits and coverage for any medical
 3221 treatment or service authorized and permitted to be furnished by
 3222 a hospital, clinic, health clinic, neighborhood health clinic,
 3223 health maintenance organization, physician, physician's
 3224 assistant, advanced practice registered nurse practitioner, or
 3225 medical service facility or personnel solely because the person
 3226 to be insured has the sickle-cell trait.

3227 Section 77. Paragraph (b) of subsection (1) of section
 3228 627.357, Florida Statutes, is amended to read:

3229 627.357 Medical malpractice self-insurance.—

3230 (1) DEFINITIONS.—As used in this section, the term:

3231 (b) "Health care provider" means any:

3232 1. Hospital licensed under chapter 395.

3233 2. Physician licensed, or physician assistant licensed,
 3234 under chapter 458.

3235 3. Osteopathic physician or physician assistant licensed
 3236 under chapter 459.

3237 4. Podiatric physician licensed under chapter 461.

3238 5. Health maintenance organization certificated under part
 3239 I of chapter 641.

3240 6. Ambulatory surgical center licensed under chapter 395.

3241 7. Chiropractic physician licensed under chapter 460.

3242 8. Psychologist licensed under chapter 490.

3243 9. Optometrist licensed under chapter 463.

3244 10. Dentist licensed under chapter 466.

3245 11. Pharmacist licensed under chapter 465.

3246 12. Registered nurse, licensed practical nurse, or advanced
 3247 practice registered nurse ~~practitioner~~ licensed or registered
 3248 under part I of chapter 464.

588-03247-14

20141352c1

3249 13. Other medical facility.

3250 14. Professional association, partnership, corporation,
3251 joint venture, or other association established by the
3252 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
3253 10., 11., and 12. for professional activity.

3254 Section 78. Subsection (6) of section 627.6471, Florida
3255 Statutes, is amended to read:

3256 627.6471 Contracts for reduced rates of payment;
3257 limitations; coinsurance and deductibles.—

3258 (6) If psychotherapeutic services are covered by a policy
3259 issued by the insurer, the insurer shall provide eligibility
3260 criteria for each group of health care providers licensed under
3261 chapter 458, chapter 459, chapter 490, or chapter 491, which
3262 include psychotherapy within the scope of their practice as
3263 provided by law, or for any person who is certified as an
3264 advanced practice registered nurse ~~practitioner~~ in psychiatric
3265 mental health under s. 464.012. When psychotherapeutic services
3266 are covered, eligibility criteria shall be established by the
3267 insurer to be included in the insurer's criteria for selection
3268 of network providers. The insurer may not discriminate against a
3269 health care provider by excluding such practitioner from its
3270 provider network solely on the basis of the practitioner's
3271 license.

3272 Section 79. Subsections (15) and (17) of section 627.6472,
3273 Florida Statutes, are amended to read:

3274 627.6472 Exclusive provider organizations.—

3275 (15) If psychotherapeutic services are covered by a policy
3276 issued by the insurer, the insurer shall provide eligibility
3277 criteria for all groups of health care providers licensed under

588-03247-14

20141352c1

3278 chapter 458, chapter 459, chapter 490, or chapter 491, which
3279 include psychotherapy within the scope of their practice as
3280 provided by law, or for any person who is certified as an
3281 advanced practice registered nurse ~~practitioner~~ in psychiatric
3282 mental health under s. 464.012. When psychotherapeutic services
3283 are covered, eligibility criteria shall be established by the
3284 insurer to be included in the insurer's criteria for selection
3285 of network providers. The insurer may not discriminate against a
3286 health care provider by excluding such practitioner from its
3287 provider network solely on the basis of the practitioner's
3288 license.

3289 (17) An exclusive provider organization may ~~shall~~ not
3290 discriminate with respect to participation as to any advanced
3291 practice registered nurse ~~practitioner~~ licensed and certified
3292 pursuant to s. 464.012, who is acting within the scope of such
3293 license and certification, solely on the basis of such license
3294 or certification. This subsection may ~~shall~~ not be construed to
3295 prohibit a plan from including providers only to the extent
3296 necessary to meet the needs of the plan's enrollees or from
3297 establishing any measure designed to maintain quality and
3298 control costs consistent with the responsibilities of the plan.

3299 Section 80. Paragraph (a) of subsection (1) of section
3300 627.736, Florida Statutes, is amended to read:

3301 627.736 Required personal injury protection benefits;
3302 exclusions; priority; claims.—

3303 (1) REQUIRED BENEFITS.—An insurance policy complying with
3304 the security requirements of s. 627.733 must provide personal
3305 injury protection to the named insured, relatives residing in
3306 the same household, persons operating the insured motor vehicle,

588-03247-14

20141352c1

3307 passengers in the motor vehicle, and other persons struck by the
3308 motor vehicle and suffering bodily injury while not an occupant
3309 of a self-propelled vehicle, subject to subsection (2) and
3310 paragraph (4) (e), to a limit of \$10,000 in medical and
3311 disability benefits and \$5,000 in death benefits resulting from
3312 bodily injury, sickness, disease, or death arising out of the
3313 ownership, maintenance, or use of a motor vehicle as follows:

3314 (a) *Medical benefits.*—Eighty percent of all reasonable
3315 expenses for medically necessary medical, surgical, X-ray,
3316 dental, and rehabilitative services, including prosthetic
3317 devices and medically necessary ambulance, hospital, and nursing
3318 services if the individual receives initial services and care
3319 pursuant to subparagraph 1. within 14 days after the motor
3320 vehicle accident. The medical benefits provide reimbursement
3321 only for:

3322 1. Initial services and care that are lawfully provided,
3323 supervised, ordered, or prescribed by a physician licensed under
3324 chapter 458 or chapter 459, a dentist licensed under chapter
3325 466, or a chiropractic physician licensed under chapter 460 or
3326 that are provided in a hospital or in a facility that owns, or
3327 is wholly owned by, a hospital. Initial services and care may
3328 also be provided by a person or entity licensed under part III
3329 of chapter 401 which provides emergency transportation and
3330 treatment.

3331 2. Upon referral by a provider described in subparagraph
3332 1., followup services and care consistent with the underlying
3333 medical diagnosis rendered pursuant to subparagraph 1. which may
3334 be provided, supervised, ordered, or prescribed only by a
3335 physician licensed under chapter 458 or chapter 459, a

588-03247-14

20141352c1

3336 chiropractic physician licensed under chapter 460, a dentist
3337 licensed under chapter 466, or, to the extent permitted by
3338 applicable law and under the supervision of such physician,
3339 osteopathic physician, chiropractic physician, or dentist, by a
3340 physician assistant licensed under chapter 458 or chapter 459 or
3341 an advanced practice registered nurse ~~practitioner~~ licensed
3342 under chapter 464. Followup services and care may also be
3343 provided by the following persons or entities:

3344 a. A hospital or ambulatory surgical center licensed under
3345 chapter 395.

3346 b. An entity wholly owned by one or more physicians
3347 licensed under chapter 458 or chapter 459, chiropractic
3348 physicians licensed under chapter 460, or dentists licensed
3349 under chapter 466 or by such practitioners and the spouse,
3350 parent, child, or sibling of such practitioners.

3351 c. An entity that owns or is wholly owned, directly or
3352 indirectly, by a hospital or hospitals.

3353 d. A physical therapist licensed under chapter 486, based
3354 upon a referral by a provider described in this subparagraph.

3355 e. A health care clinic licensed under part X of chapter
3356 400 which is accredited by an accrediting organization whose
3357 standards incorporate comparable regulations required by this
3358 state, or

3359 (I) Has a medical director licensed under chapter 458,
3360 chapter 459, or chapter 460;

3361 (II) Has been continuously licensed for more than 3 years
3362 or is a publicly traded corporation that issues securities
3363 traded on an exchange registered with the United States
3364 Securities and Exchange Commission as a national securities

588-03247-14

20141352c1

3365 exchange; and

3366 (III) Provides at least four of the following medical
3367 specialties:

3368 (A) General medicine.

3369 (B) Radiography.

3370 (C) Orthopedic medicine.

3371 (D) Physical medicine.

3372 (E) Physical therapy.

3373 (F) Physical rehabilitation.

3374 (G) Prescribing or dispensing outpatient prescription
3375 medication.

3376 (H) Laboratory services.

3377 3. Reimbursement for services and care provided in
3378 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
3379 licensed under chapter 458 or chapter 459, a dentist licensed
3380 under chapter 466, a physician assistant licensed under chapter
3381 458 or chapter 459, or an advanced practice registered nurse
3382 ~~practitioner~~ licensed under chapter 464 has determined that the
3383 injured person had an emergency medical condition.

3384 4. Reimbursement for services and care provided in
3385 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
3386 provider listed in subparagraph 1. or subparagraph 2. determines
3387 that the injured person did not have an emergency medical
3388 condition.

3389 5. Medical benefits do not include massage as defined in s.
3390 480.033 or acupuncture as defined in s. 457.102, regardless of
3391 the person, entity, or licensee providing massage or
3392 acupuncture, and a licensed massage therapist or licensed
3393 acupuncturist may not be reimbursed for medical benefits under

588-03247-14

20141352c1

3394 this section.

3395 6. The Financial Services Commission shall adopt by rule
3396 the form that must be used by an insurer and a health care
3397 provider specified in sub-subparagraph 2.b., sub-subparagraph
3398 2.c., or sub-subparagraph 2.e. to document that the health care
3399 provider meets the criteria of this paragraph. Such rule must
3400 include a requirement for a sworn statement or affidavit.

3401
3402 Only insurers writing motor vehicle liability insurance in this
3403 state may provide the required benefits of this section, and
3404 such insurer may not require the purchase of any other motor
3405 vehicle coverage other than the purchase of property damage
3406 liability coverage as required by s. 627.7275 as a condition for
3407 providing such benefits. Insurers may not require that property
3408 damage liability insurance in an amount greater than \$10,000 be
3409 purchased in conjunction with personal injury protection. Such
3410 insurers shall make benefits and required property damage
3411 liability insurance coverage available through normal marketing
3412 channels. An insurer writing motor vehicle liability insurance
3413 in this state who fails to comply with such availability
3414 requirement as a general business practice violates part IX of
3415 chapter 626, and such violation constitutes an unfair method of
3416 competition or an unfair or deceptive act or practice involving
3417 the business of insurance. An insurer committing such violation
3418 is subject to the penalties provided under that part, as well as
3419 those provided elsewhere in the insurance code.

3420 Section 81. Paragraph (e) of subsection (1) of section
3421 633.412, Florida Statutes, is amended to read:

3422 633.412 Firefighters; qualifications for certification.—

588-03247-14

20141352c1

3423 (1) A person applying for certification as a firefighter
3424 must:

3425 (e) Be in good physical condition as determined by a
3426 medical examination given by a physician, surgeon, or physician
3427 assistant licensed to practice in the state pursuant to chapter
3428 458; an osteopathic physician, surgeon, or physician assistant
3429 licensed to practice in the state pursuant to chapter 459; or an
3430 advanced practice registered nurse ~~practitioner~~ licensed to
3431 practice in the state pursuant to chapter 464. Such examination
3432 may include, but need not be limited to, the National Fire
3433 Protection Association Standard 1582. A medical examination
3434 evidencing good physical condition shall be submitted to the
3435 division, on a form as provided by rule, before an individual is
3436 eligible for admission into a course under s. 633.408.

3437 Section 82. Section 641.3923, Florida Statutes, is amended
3438 to read:

3439 641.3923 Discrimination against providers prohibited.—A
3440 health maintenance organization may ~~shall~~ not discriminate with
3441 respect to participation as to any advanced practice registered
3442 nurse ~~practitioner~~ licensed and certified pursuant to s.
3443 464.012, who is acting within the scope of such license and
3444 certification, solely on the basis of such license or
3445 certification. This section may ~~shall~~ not be construed to
3446 prohibit a plan from including providers only to the extent
3447 necessary to meet the needs of the plan's enrollees or from
3448 establishing any measure designed to maintain quality and
3449 control costs consistent with the responsibilities of the plan.

3450 Section 83. Subsection (8) of section 641.495, Florida
3451 Statutes, is amended to read:

588-03247-14

20141352c1

3452 641.495 Requirements for issuance and maintenance of
3453 certificate.—

3454 (8) Each organization's contracts, certificates, and
3455 subscriber handbooks shall contain a provision, if applicable,
3456 disclosing that, for certain types of described medical
3457 procedures, services may be provided by physician assistants,
3458 certified nurse practitioners, or other individuals who are not
3459 licensed physicians.

3460 Section 84. Paragraph (a) of subsection (3) of section
3461 744.331, Florida Statutes, is amended to read:

3462 744.331 Procedures to determine incapacity.—

3463 (3) EXAMINING COMMITTEE.—

3464 (a) Within 5 days after a petition for determination of
3465 incapacity has been filed, the court shall appoint an examining
3466 committee consisting of three members. One member must be a
3467 psychiatrist or other physician. The remaining members must be
3468 either a psychologist, gerontologist, another psychiatrist, or
3469 other physician, a registered nurse, advanced practice
3470 registered nurse ~~practitioner~~, licensed social worker, a person
3471 with an advanced degree in gerontology from an accredited
3472 institution of higher education, or other person who by
3473 knowledge, skill, experience, training, or education may, in the
3474 court's discretion, advise the court in the form of an expert
3475 opinion. One of three members of the committee must have
3476 knowledge of the type of incapacity alleged in the petition.
3477 Unless good cause is shown, the attending or family physician
3478 may not be appointed to the committee. If the attending or
3479 family physician is available for consultation, the committee
3480 must consult with the physician. Members of the examining

588-03247-14

20141352c1

3481 committee may not be related to or associated with one another,
3482 with the petitioner, with counsel for the petitioner or the
3483 proposed guardian, or with the person alleged to be totally or
3484 partially incapacitated. A member may not be employed by any
3485 private or governmental agency that has custody of, or
3486 furnishes, services or subsidies, directly or indirectly, to the
3487 person or the family of the person alleged to be incapacitated
3488 or for whom a guardianship is sought. A petitioner may not serve
3489 as a member of the examining committee. Members of the examining
3490 committee must be able to communicate, either directly or
3491 through an interpreter, in the language that the alleged
3492 incapacitated person speaks or to communicate in a medium
3493 understandable to the alleged incapacitated person if she or he
3494 is able to communicate. The clerk of the court shall send notice
3495 of the appointment to each person appointed no later than 3 days
3496 after the court's appointment.

3497 Section 85. Subsection (1) of section 744.703, Florida
3498 Statutes, is amended to read:

3499 744.703 Office of public guardian; appointment,
3500 notification.—

3501 (1) The executive director of the Statewide Public
3502 Guardianship Office, after consultation with the chief judge and
3503 other circuit judges within the judicial circuit and with
3504 appropriate advocacy groups and individuals and organizations
3505 who are knowledgeable about the needs of incapacitated persons,
3506 may establish, within a county in the judicial circuit or within
3507 the judicial circuit, one or more offices of public guardian and
3508 if so established, shall create a list of persons best qualified
3509 to serve as the public guardian, who have been investigated

588-03247-14

20141352c1

3510 pursuant to s. 744.3135. The public guardian must have knowledge
3511 of the legal process and knowledge of social services available
3512 to meet the needs of incapacitated persons. The public guardian
3513 shall maintain a staff or contract with professionally qualified
3514 individuals to carry out the guardianship functions, including
3515 an attorney who has experience in probate areas and another
3516 person who has a master's degree in social work, or a
3517 gerontologist, psychologist, registered nurse, or advanced
3518 practice registered nurse ~~practitioner~~. A public guardian that
3519 is a nonprofit corporate guardian under s. 744.309(5) must
3520 receive tax-exempt status from the United States Internal
3521 Revenue Service.

3522 Section 86. Subsection (6) of section 766.102, Florida
3523 Statutes, is amended to read:

3524 766.102 Medical negligence; standards of recovery; expert
3525 witness.—

3526 (6) A physician licensed under chapter 458 or chapter 459
3527 who qualifies as an expert witness under subsection (5) and who,
3528 by reason of active clinical practice or instruction of
3529 students, has knowledge of the applicable standard of care for
3530 nurses, certified nurse practitioners, certified registered
3531 nurse anesthetists, certified registered nurse midwives,
3532 physician assistants, or other medical support staff may give
3533 expert testimony in a medical negligence action with respect to
3534 the standard of care of such medical support staff.

3535 Section 87. Subsection (3) of section 766.103, Florida
3536 Statutes, is amended to read:

3537 766.103 Florida Medical Consent Law.—

3538 (3) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in

588-03247-14

20141352c1

3539 this state against any physician licensed under chapter 458,
3540 osteopathic physician licensed under chapter 459, chiropractic
3541 physician licensed under chapter 460, podiatric physician
3542 licensed under chapter 461, dentist licensed under chapter 466,
3543 advanced practice registered nurse ~~practitioner~~ certified under
3544 s. 464.012, or physician assistant licensed under s. 458.347 or
3545 s. 459.022 in an action brought for treating, examining, or
3546 operating on a patient without his or her informed consent when:

3547 (a)1. The action of the physician, osteopathic physician,
3548 chiropractic physician, podiatric physician, dentist, advanced
3549 practice registered nurse ~~practitioner~~, or physician assistant
3550 in obtaining the consent of the patient or another person
3551 authorized to give consent for the patient was in accordance
3552 with an accepted standard of medical practice among members of
3553 the medical profession with similar training and experience in
3554 the same or similar medical community as that of the person
3555 treating, examining, or operating on the patient for whom the
3556 consent is obtained; and

3557 2. A reasonable individual, from the information provided
3558 by the physician, osteopathic physician, chiropractic physician,
3559 podiatric physician, dentist, advanced practice registered nurse
3560 ~~practitioner~~, or physician assistant, under the circumstances,
3561 would have a general understanding of the procedure, the
3562 medically acceptable alternative procedures or treatments, and
3563 the substantial risks and hazards inherent in the proposed
3564 treatment or procedures, which are recognized among other
3565 physicians, osteopathic physicians, chiropractic physicians,
3566 podiatric physicians, or dentists in the same or similar
3567 community who perform similar treatments or procedures; or

588-03247-14

20141352c1

3568 (b) The patient would reasonably, under all the surrounding
3569 circumstances, have undergone such treatment or procedure had he
3570 or she been advised by the physician, osteopathic physician,
3571 chiropractic physician, podiatric physician, dentist, advanced
3572 practice registered nurse ~~practitioner~~, or physician assistant
3573 in accordance with the provisions of paragraph (a).

3574 Section 88. Paragraph (d) of subsection (3) of section
3575 766.1115, Florida Statutes, is amended to read:

3576 766.1115 Health care providers; creation of agency
3577 relationship with governmental contractors.—

3578 (3) DEFINITIONS.—As used in this section, the term:

3579 (d) "Health care provider" or "provider" means:

- 3580 1. A birth center licensed under chapter 383.
- 3581 2. An ambulatory surgical center licensed under chapter
3582 395.
- 3583 3. A hospital licensed under chapter 395.
- 3584 4. A physician or physician assistant licensed under
3585 chapter 458.
- 3586 5. An osteopathic physician or osteopathic physician
3587 assistant licensed under chapter 459.
- 3588 6. A chiropractic physician licensed under chapter 460.
- 3589 7. A podiatric physician licensed under chapter 461.
- 3590 8. A registered nurse, nurse midwife, licensed practical
3591 nurse, or advanced practice registered nurse ~~practitioner~~
3592 licensed or registered under part I of chapter 464 or any
3593 facility which employs nurses licensed or registered under part
3594 I of chapter 464 to supply all or part of the care delivered
3595 under this section.
- 3596 9. A midwife licensed under chapter 467.

588-03247-14

20141352c1

3597 10. A health maintenance organization certificated under
3598 part I of chapter 641.

3599 11. A health care professional association and its
3600 employees or a corporate medical group and its employees.

3601 12. Any other medical facility the primary purpose of which
3602 is to deliver human medical diagnostic services or which
3603 delivers nonsurgical human medical treatment, and which includes
3604 an office maintained by a provider.

3605 13. A dentist or dental hygienist licensed under chapter
3606 466.

3607 14. A free clinic that delivers only medical diagnostic
3608 services or nonsurgical medical treatment free of charge to all
3609 low-income recipients.

3610 15. Any other health care professional, practitioner,
3611 provider, or facility under contract with a governmental
3612 contractor, including a student enrolled in an accredited
3613 program that prepares the student for licensure as any one of
3614 the professionals listed in subparagraphs 4.-9.

3615
3616 The term includes any nonprofit corporation qualified as exempt
3617 from federal income taxation under s. 501(a) of the Internal
3618 Revenue Code, and described in s. 501(c) of the Internal Revenue
3619 Code, which delivers health care services provided by licensed
3620 professionals listed in this paragraph, any federally funded
3621 community health center, and any volunteer corporation or
3622 volunteer health care provider that delivers health care
3623 services.

3624 Section 89. Subsection (1) of section 766.1116, Florida
3625 Statutes, is amended to read:

588-03247-14

20141352c1

3626 766.1116 Health care practitioner; waiver of license
3627 renewal fees and continuing education requirements.—

3628 (1) As used in this section, the term "health care
3629 practitioner" means a physician or physician assistant licensed
3630 under chapter 458; an osteopathic physician or physician
3631 assistant licensed under chapter 459; a chiropractic physician
3632 licensed under chapter 460; a podiatric physician licensed under
3633 chapter 461; an advanced practice registered nurse ~~practitioner~~,
3634 registered nurse, or licensed practical nurse licensed under
3635 part I of chapter 464; a dentist or dental hygienist licensed
3636 under chapter 466; or a midwife licensed under chapter 467, who
3637 participates as a health care provider under s. 766.1115.

3638 Section 90. Subsection (5) of section 794.08, Florida
3639 Statutes, is amended to read:

3640 794.08 Female genital mutilation.—

3641 (5) This section does not apply to procedures performed by
3642 or under the direction of a physician licensed under chapter
3643 458, an osteopathic physician licensed under chapter 459, a
3644 registered nurse licensed under part I of chapter 464, a
3645 practical nurse licensed under part I of chapter 464, an
3646 advanced practice registered nurse ~~practitioner~~ licensed under
3647 part I of chapter 464, a midwife licensed under chapter 467, or
3648 a physician assistant licensed under chapter 458 or chapter 459
3649 when necessary to preserve the physical health of a female
3650 person. This section also does not apply to any autopsy or
3651 limited dissection conducted pursuant to chapter 406.

3652 Section 91. Subsection (6) of section 943.13, Florida
3653 Statutes, is amended to read:

3654 943.13 Officers' minimum qualifications for employment or

588-03247-14

20141352c1

3655 appointment.—On or after October 1, 1984, any person employed or
3656 appointed as a full-time, part-time, or auxiliary law
3657 enforcement officer or correctional officer; on or after October
3658 1, 1986, any person employed as a full-time, part-time, or
3659 auxiliary correctional probation officer; and on or after
3660 October 1, 1986, any person employed as a full-time, part-time,
3661 or auxiliary correctional officer by a private entity under
3662 contract to the Department of Corrections, to a county
3663 commission, or to the Department of Management Services shall:

3664 (6) Have passed a physical examination by a licensed
3665 physician, physician assistant, or certified advanced practice
3666 registered nurse ~~practitioner~~, based on specifications
3667 established by the commission. In order to be eligible for the
3668 presumption set forth in s. 112.18 while employed with an
3669 employing agency, a law enforcement officer, correctional
3670 officer, or correctional probation officer must have
3671 successfully passed the physical examination required by this
3672 subsection upon entering into service as a law enforcement
3673 officer, correctional officer, or correctional probation officer
3674 with the employing agency, which examination must have failed to
3675 reveal any evidence of tuberculosis, heart disease, or
3676 hypertension. A law enforcement officer, correctional officer,
3677 or correctional probation officer may not use a physical
3678 examination from a former employing agency for purposes of
3679 claiming the presumption set forth in s. 112.18 against the
3680 current employing agency.

3681 Section 92. Subsection (2) of section 945.603, Florida
3682 Statutes, is amended to read:

3683 945.603 Powers and duties of authority.—The purpose of the

588-03247-14

20141352c1

3684 authority is to assist in the delivery of health care services
3685 for inmates in the Department of Corrections by advising the
3686 Secretary of Corrections on the professional conduct of primary,
3687 convalescent, dental, and mental health care and the management
3688 of costs consistent with quality care, by advising the Governor
3689 and the Legislature on the status of the Department of
3690 Corrections' health care delivery system, and by assuring that
3691 adequate standards of physical and mental health care for
3692 inmates are maintained at all Department of Corrections
3693 institutions. For this purpose, the authority has the authority
3694 to:

3695 (2) Review and make recommendations regarding health care
3696 for the delivery of health care services including, but not
3697 limited to, acute hospital-based services and facilities,
3698 primary and tertiary care services, ancillary and clinical
3699 services, dental services, mental health services, intake and
3700 screening services, medical transportation services, and the use
3701 of advanced practice registered nurse ~~practitioner~~ and physician
3702 assistant personnel to act as physician extenders as these
3703 relate to inmates in the Department of Corrections.

3704 Section 93. Paragraph (i) of subsection (3) of section
3705 1002.20, Florida Statutes, is amended to read:

3706 1002.20 K-12 student and parent rights.—Parents of public
3707 school students must receive accurate and timely information
3708 regarding their child's academic progress and must be informed
3709 of ways they can help their child to succeed in school. K-12
3710 students and their parents are afforded numerous statutory
3711 rights including, but not limited to, the following:

3712 (3) HEALTH ISSUES.—

588-03247-14

20141352c1

3713 (i) *Epinephrine use and supply.*—

3714 1. A student who has experienced or is at risk for life-
3715 threatening allergic reactions may carry an epinephrine auto-
3716 injector and self-administer epinephrine by auto-injector while
3717 in school, participating in school-sponsored activities, or in
3718 transit to or from school or school-sponsored activities if the
3719 school has been provided with parental and physician
3720 authorization. The State Board of Education, in cooperation with
3721 the Department of Health, shall adopt rules for such use of
3722 epinephrine auto-injectors that shall include provisions to
3723 protect the safety of all students from the misuse or abuse of
3724 auto-injectors. A school district, county health department,
3725 public-private partner, and their employees and volunteers shall
3726 be indemnified by the parent of a student authorized to carry an
3727 epinephrine auto-injector for any and all liability with respect
3728 to the student's use of an epinephrine auto-injector pursuant to
3729 this paragraph.

3730 2. A public school may purchase from a wholesale
3731 distributor as defined in s. 499.003 and maintain in a locked,
3732 secure location on its premises a supply of epinephrine auto-
3733 injectors for use if a student is having an anaphylactic
3734 reaction. The participating school district shall adopt a
3735 protocol developed by a licensed physician for the
3736 administration by school personnel who are trained to recognize
3737 an anaphylactic reaction and to administer an epinephrine auto-
3738 injection. The supply of epinephrine auto-injectors may be
3739 provided to and used by a student authorized to self-administer
3740 epinephrine by auto-injector under subparagraph 1. or trained
3741 school personnel.

588-03247-14

20141352c1

3742 3. The school district and its employees and agents,
3743 including the physician who provides the standing protocol for
3744 school epinephrine auto-injectors, are not liable for any injury
3745 arising from the use of an epinephrine auto-injector
3746 administered by trained school personnel who follow the adopted
3747 protocol and whose professional opinion is that the student is
3748 having an anaphylactic reaction:

3749 a. Unless the trained school personnel's action is willful
3750 and wanton;

3751 b. Notwithstanding that the parents or guardians of the
3752 student to whom the epinephrine is administered have not been
3753 provided notice or have not signed a statement acknowledging
3754 that the school district is not liable; and

3755 c. Regardless of whether authorization has been given by
3756 the student's parents or guardians or by the student's
3757 physician, physician's assistant, or advanced practice
3758 registered nurse ~~practitioner~~.

3759 Section 94. Paragraph (b) of subsection (17) of section
3760 1002.42, Florida Statutes, is amended to read:

3761 1002.42 Private schools.—

3762 (17) EPINEPHRINE SUPPLY.—

3763 (b) The private school and its employees and agents,
3764 including the physician who provides the standing protocol for
3765 school epinephrine auto-injectors, are not liable for any injury
3766 arising from the use of an epinephrine auto-injector
3767 administered by trained school personnel who follow the adopted
3768 protocol and whose professional opinion is that the student is
3769 having an anaphylactic reaction:

3770 1. Unless the trained school personnel's action is willful

588-03247-14

20141352c1

3771 and wanton;

3772 2. Notwithstanding that the parents or guardians of the
3773 student to whom the epinephrine is administered have not been
3774 provided notice or have not signed a statement acknowledging
3775 that the school district is not liable; and

3776 3. Regardless of whether authorization has been given by
3777 the student's parents or guardians or by the student's
3778 physician, physician's assistant, or advanced practice
3779 registered nurse ~~practitioner~~.

3780 Section 95. Subsections (4) and (5) of section 1006.062,
3781 Florida Statutes, are amended to read:

3782 1006.062 Administration of medication and provision of
3783 medical services by district school board personnel.—

3784 (4) Nonmedical assistive personnel shall be allowed to
3785 perform health-related services upon successful completion of
3786 child-specific training by a registered nurse or advanced
3787 practice registered nurse ~~practitioner~~ licensed under chapter
3788 464, a physician licensed pursuant to chapter 458 or chapter
3789 459, or a physician assistant licensed pursuant to chapter 458
3790 or chapter 459. All procedures shall be monitored periodically
3791 by a nurse, advanced practice registered nurse ~~practitioner~~,
3792 physician assistant, or physician, including, but not limited
3793 to:

3794 (a) Intermittent clean catheterization.

3795 (b) Gastrostomy tube feeding.

3796 (c) Monitoring blood glucose.

3797 (d) Administering emergency injectable medication.

3798 (5) For all other invasive medical services not listed in
3799 this subsection, a registered nurse or advanced practice

588-03247-14

20141352c1

3800 registered nurse ~~practitioner~~ licensed under chapter 464, a
3801 physician licensed pursuant to chapter 458 or chapter 459, or a
3802 physician assistant licensed pursuant to chapter 458 or chapter
3803 459 shall determine if nonmedical district school board
3804 personnel shall be allowed to perform such service.

3805 Section 96. Subsection (1) and paragraph (a) of subsection
3806 (2) of section 1009.65, Florida Statutes, are amended to read:

3807 1009.65 Medical Education Reimbursement and Loan Repayment
3808 Program.—

3809 (1) To encourage qualified medical professionals to
3810 practice in underserved locations where there are shortages of
3811 such personnel, there is established the Medical Education
3812 Reimbursement and Loan Repayment Program. The function of the
3813 program is to make payments that offset loans and educational
3814 expenses incurred by students for studies leading to a medical
3815 or nursing degree, medical or nursing licensure, or advanced
3816 practice registered nurse ~~practitioner~~ certification or
3817 physician assistant licensure. The following licensed or
3818 certified health care professionals are eligible to participate
3819 in this program: medical doctors with primary care specialties,
3820 doctors of osteopathic medicine with primary care specialties,
3821 physician's assistants, licensed practical nurses and registered
3822 nurses, and advanced practice registered nurses ~~nurse~~
3823 ~~practitioners~~ with primary care specialties such as certified
3824 nurse midwives. Primary care medical specialties for physicians
3825 include obstetrics, gynecology, general and family practice,
3826 internal medicine, pediatrics, and other specialties which may
3827 be identified by the Department of Health.

3828 (2) From the funds available, the Department of Health

588-03247-14

20141352c1

3829 shall make payments to selected medical professionals as
3830 follows:

3831 (a) Up to \$4,000 per year for licensed practical nurses and
3832 registered nurses, up to \$10,000 per year for advanced practice
3833 registered nurses ~~nurse practitioners~~ and physician's
3834 assistants, and up to \$20,000 per year for physicians. Penalties
3835 for noncompliance shall be the same as those in the National
3836 Health Services Corps Loan Repayment Program. Educational
3837 expenses include costs for tuition, matriculation, registration,
3838 books, laboratory and other fees, other educational costs, and
3839 reasonable living expenses as determined by the Department of
3840 Health.

3841 Section 97. Subsection (2) of section 1009.66, Florida
3842 Statutes, is amended to read:

3843 1009.66 Nursing Student Loan Forgiveness Program.—

3844 (2) To be eligible, a candidate must have graduated from an
3845 accredited or approved nursing program and have received a
3846 Florida license as a licensed practical nurse or a registered
3847 nurse or a Florida certificate as an advanced practice
3848 registered nurse ~~practitioner~~.

3849 Section 98. Subsection (3) of section 1009.67, Florida
3850 Statutes, is amended to read:

3851 1009.67 Nursing scholarship program.—

3852 (3) A scholarship may be awarded for no more than 2 years,
3853 in an amount not to exceed \$8,000 per year. However, registered
3854 nurses pursuing a graduate degree for a faculty position or to
3855 practice as an advanced practice registered nurse ~~practitioner~~
3856 may receive up to \$12,000 per year. These amounts shall be
3857 adjusted by the amount of increase or decrease in the Consumer

588-03247-14

20141352c1

3858 Price Index for All Urban Consumers published by the United
3859 States Department of Commerce.

3860 Section 99. This act shall take effect July 1, 2014.