

1 A bill to be entitled

2 An act relating to health care; amending s. 395.1051,  
3 F.S.; requiring a hospital to notify obstetrical  
4 physicians before the hospital closes its obstetrical  
5 department or ceases to provide obstetrical services;  
6 providing legislative findings; permitting a hospital  
7 that has operated as a Level I, Level II, or pediatric  
8 trauma center for a specified period to continue  
9 operating at that trauma center level under certain  
10 conditions, notwithstanding any other provision of  
11 law; making a hospital that complies with such  
12 requirements eligible for renewal of its 7-year  
13 approval period under s. 395.4025(6), F.S.; requiring  
14 a hospital that obtains a trauma center consultation  
15 report after the site visit to provide the report to  
16 the Department of Health; requiring the department to  
17 use the trauma center consultation reports in any  
18 assessment of the state trauma system; amending s.  
19 395.401, F.S.; restricting trauma service fees to  
20 \$15,000 until July 1, 2015; amending s. 395.402, F.S.;  
21 deleting factors to be considered by the department in  
22 conducting an assessment of the trauma system;  
23 assigning Collier County to trauma service area 15  
24 rather than area 17; amending s. 395.4025, F.S.;  
25 requiring a trauma center to post its trauma  
26 activation fee in the trauma center and on its

27 website; creating s. 456.47, F.S.; defining terms;  
28 providing for certain practice standards for  
29 telehealth providers; providing for the maintenance  
30 and confidentiality of medical records; requiring the  
31 registration of health care professionals not licensed  
32 in this state to use telehealth to deliver health care  
33 services; providing registration requirements;  
34 prohibiting registrants from opening an office or  
35 providing in-person health care services in this  
36 state; requiring a registrant to notify the  
37 appropriate board or the department of certain actions  
38 against the registrant's professional license;  
39 prohibiting a health care professional with a revoked  
40 license from being registered as a telehealth  
41 provider; providing exemptions to the registration  
42 requirement; providing rulemaking authority; amending  
43 s. 408.036, F.S.; providing an exemption from  
44 certificate-of-need requirements for the relocation of  
45 a specified percentage of acute care hospital beds  
46 from a licensed hospital to another location;  
47 requiring certain information to be included in a  
48 request for exemption; amending s. 381.026, F.S.;  
49 including independent nurse practitioners within the  
50 definition of "health care provider"; amending s.  
51 382.008, F.S.; authorizing independent nurse  
52 practitioners to certify causes of death and to sign,

53 correct, and file death certificates; amending s.  
54 394.463, F.S.; authorizing an independent nurse  
55 practitioner to execute a certificate to require,  
56 under the Baker Act, an involuntary examination of a  
57 person; authorizing a qualified independent nurse  
58 practitioner to examine a person at a receiving  
59 facility and approve the release of a person at the  
60 receiving facility under the Baker Act; amending s.  
61 456.048, F.S.; requiring independent nurse  
62 practitioners to maintain medical malpractice  
63 insurance or provide proof of financial  
64 responsibility; exempting independent nurse  
65 practitioners from such requirements under certain  
66 circumstances; amending s. 456.44, F.S.; providing  
67 certain requirements for independent nurse  
68 practitioners who prescribe controlled substances for  
69 the treatment of chronic nonmalignant pain; amending  
70 s. 464.003, F.S.; revising the definition of the term  
71 "advanced or specialized nursing practice" to require  
72 a joint committee to establish an exclusionary  
73 formulary of controlled substances; defining the term  
74 "independent nurse practitioner"; amending s. 464.012,  
75 F.S.; authorizing advanced registered nurse  
76 practitioners to perform certain acts as they relate  
77 to controlled substances; providing limitations;  
78 amending s. 464.0125, F.S., providing for the

79 registration of qualified advanced registered nurse  
80 practitioners as independent nurse practitioners;  
81 authorizing registered independent nurse practitioners  
82 to perform certain acts; requiring advanced registered  
83 nurse practitioners registered as independent nurse  
84 practitioners to include their registered status on  
85 their practitioner profiles; requiring independent  
86 nurse practitioners to complete a certain amount of  
87 continuing education in pharmacology for biennial  
88 renewal of registration; aligning the biennial renewal  
89 cycle period for registration for independent nurse  
90 practitioners with the advanced registered nurse  
91 practitioner licensure renewal cycle; authorizing the  
92 Board of Nursing to establish fees by rule; providing  
93 the board with rulemaking authority; amending s.  
94 464.015, F.S.; providing title protection for  
95 independent nurse practitioners; creating s. 464.0155,  
96 F.S., requiring independent nurse practitioners to  
97 report adverse incidents to the Board of Nursing in a  
98 certain manner; defining the term "adverse incident";  
99 providing for board review of the adverse incident;  
100 authorizing the board to take disciplinary action for  
101 adverse incidents; amending s. 464.018, F.S.; adding  
102 certain acts to an existing list of acts for which  
103 nurses may be administratively disciplined; amending  
104 s. 893.02, F.S.; redefining the term "practitioner" to

105 include independent nurse practitioners; amending s.  
106 960.28, F.S.; conforming a cross-reference; amending  
107 s. 288.901, F.S.; requiring Enterprise Florida, Inc.,  
108 to collaborate with the Department of Economic  
109 Opportunity to market this state as a health care  
110 destination; amending s. 288.923, F.S.; directing the  
111 Division of Tourism Marketing to include the promotion  
112 of medical tourism in its marketing plan; creating s.  
113 288.924, F.S.; requiring the medical tourism plan to  
114 promote national and international awareness of the  
115 qualifications, scope of services, and specialized  
116 expertise of health care providers in this state and  
117 to include an initiative to showcase qualified health  
118 care providers; requiring a specified amount of funds  
119 appropriated to the Florida Tourism Industry Marketing  
120 Corporation to be allocated for the medical tourism  
121 marketing plan; requiring the Florida Tourism Industry  
122 Marketing Corporation to create a matching grant  
123 program; specifying criteria for the grant program;  
124 requiring that a specified amount of funds  
125 appropriated to the Florida Tourism Industry Marketing  
126 Corporation be allocated for the grant program;  
127 amending s. 456.072, F.S.; providing additional  
128 grounds for discipline of a licensee of the department  
129 by a regulatory board; requiring the suspension and  
130 fining of an independent nurse practitioner for

131 prescribing or dispensing a controlled substance in a  
132 certain manner; amending s. 893.055, F.S.; revising  
133 definitions; revising provisions relating to the  
134 database of controlled substance dispensing  
135 information; revising program funding requirements;  
136 requiring a prescriber to access and view certain  
137 patient information in the database before initially  
138 prescribing a controlled substance; providing  
139 requirements related to the release of identifying  
140 information; providing requirements for the release of  
141 information shared with a state attorney in response  
142 to a discovery demand; providing procedures for the  
143 release of information to a law enforcement agency  
144 during an active investigation; requiring the  
145 department to enter into a user agreement with a law  
146 enforcement agency requesting the release of  
147 information; providing requirements for the user  
148 agreement; requiring a law enforcement agency under a  
149 user agreement to conduct annual audits; providing for  
150 the restriction, suspension, or termination of a user  
151 agreement; revising information retention  
152 requirements; revising provisions required in a  
153 contract with a direct-support organization; requiring  
154 the state to use certain properties and funds to  
155 support the program; providing for the adoption of  
156 specific rules by the department; amending s.

157 893.0551, F.S.; conforming references; amending s.  
 158 154.11, F.S.; authorizing a public health trust to  
 159 execute contracts and other instruments with certain  
 160 organizations without prior approval by the governing  
 161 body of the county; providing an appropriation to the  
 162 Department of Health to fund the administration of the  
 163 prescription drug monitoring program; providing  
 164 effective dates.  
 165

166 Be It Enacted by the Legislature of the State of Florida:  
 167

168 Section 1. Section 395.1051, Florida Statutes, is amended  
 169 to read:

170 395.1051 Duty to notify patients and physicians.-

171 (1) An appropriately trained person designated by each  
 172 licensed facility shall inform each patient, or an individual  
 173 identified pursuant to s. 765.401(1), in person about adverse  
 174 incidents that result in serious harm to the patient.  
 175 Notification of outcomes of care which ~~that~~ result in harm to  
 176 the patient under this section does ~~shall~~ not constitute an  
 177 acknowledgment or admission of liability and may not, ~~nor can it~~  
 178 be introduced as evidence.

179 (2) A hospital shall notify each obstetrical physician who  
 180 has privileges at the hospital at least 120 days before the  
 181 hospital closes its obstetrical department or ceases to provide  
 182 obstetrical services.

183           Section 2. Effective upon this act becoming a law, the  
184 Legislature finds that an integrated, comprehensive, and  
185 superior quality trauma system is necessary to protect the  
186 health, safety, and welfare of the residents of Florida and  
187 visitors to this state. The Legislature further finds that each  
188 trauma center operating in the state is an integral part of the  
189 trauma system and fulfills a critical need for trauma care in  
190 the area in which it is located. A disruption in the operational  
191 status of a trauma center may disrupt the availability of needed  
192 trauma services for residents of and visitors to Florida. The  
193 Legislature finds that all currently operating trauma centers in  
194 the state are contributing to an inclusive trauma system and are  
195 delivering needed trauma services so that optimal trauma care is  
196 available and accessible throughout the state.

197           Section 3. Effective upon this act becoming a law and  
198 notwithstanding any other provision of law, a hospital that has  
199 operated continuously as a Level I, Level II, or pediatric  
200 trauma center for a consecutive 12-month period after the  
201 enactment of chapter 2004-259, Laws of Florida, remains  
202 operational for the consecutive 12-month period immediately  
203 preceding the effective date of this act, and submits an  
204 application for a site visit by the American College of Surgeons  
205 Committee on Trauma on or before April 1, 2015, for the purpose  
206 of obtaining a trauma center consultation report, may continue  
207 to operate at the same trauma center level as a verified Level  
208 I, Level II, or pediatric trauma center until the approval



209 period in s. 395.4025(6), Florida Statutes, expires as long as  
210 the hospital continues to meet the other requirements of s.  
211 395.4025(6), Florida Statutes, related to trauma center  
212 standards and patient outcomes. A hospital that meets the  
213 requirements of this section shall be eligible for renewal of  
214 its 7-year approval period pursuant to s. 395.4025(6), Florida  
215 Statutes.

216 Section 4. Effective upon this act becoming a law, each  
217 hospital that obtains a trauma center consultation report from  
218 the American College of Surgeons Committee on Trauma shall  
219 provide a copy of the report to the Department of Health. The  
220 department shall use the report in any assessment of the state  
221 trauma system.

222 Section 5. Effective upon this act becoming a law,  
223 paragraphs (k) through (o) of subsection (1) of section 395.401,  
224 Florida Statutes, are redesignated as paragraphs (l) through  
225 (p), respectively, and a new paragraph (k) is added to that  
226 subsection, to read:

227 395.401 Trauma services system plans; approval of trauma  
228 centers and pediatric trauma centers; procedures; renewal.—

229 (1)

230 (k) A hospital operating a trauma center may not charge a  
231 trauma activation fee greater than \$15,000. This paragraph  
232 expires on July 1, 2015.

233 Section 6. Paragraphs (a) and (e) of subsection (2) and  
234 subsection (4) of section 395.402, Florida Statutes, are amended

235 to read:

236 395.402 Trauma service areas; number and location of  
237 trauma centers.—

238 (2) Trauma service areas as defined in this section are to  
239 be utilized until the Department of Health completes an  
240 assessment of the trauma system and reports its finding to the  
241 Governor, the President of the Senate, the Speaker of the House  
242 of Representatives, and the substantive legislative committees.  
243 The report shall be submitted by February 1, 2005. The  
244 department shall review the existing trauma system and determine  
245 whether it is effective in providing trauma care uniformly  
246 throughout the state. The assessment shall:

247 ~~(a) Consider aligning trauma service areas within the~~  
248 ~~trauma region boundaries as established in July 2004.~~

249 ~~(c) Review the Regional Domestic Security Task Force~~  
250 ~~structure and determine whether integrating the trauma system~~  
251 ~~planning with interagency regional emergency and disaster~~  
252 ~~planning efforts is feasible and identify any duplication of~~  
253 ~~efforts between the two entities.~~

254 (4) Annually thereafter, the department shall review the  
255 assignment of the 67 counties to trauma service areas, in  
256 addition to the requirements of paragraphs (2) (a) - (f) ~~(2) (b) - (g)~~  
257 and subsection (3). County assignments are made for the purpose  
258 of developing a system of trauma centers. Revisions made by the  
259 department shall take into consideration the recommendations  
260 made as part of the regional trauma system plans approved by the

261 department and the recommendations made as part of the state  
262 trauma system plan. In cases where a trauma service area is  
263 located within the boundaries of more than one trauma region,  
264 the trauma service area's needs, response capability, and system  
265 requirements shall be considered by each trauma region served by  
266 that trauma service area in its regional system plan. Until the  
267 department completes the February 2005 assessment, the  
268 assignment of counties shall remain as established in this  
269 section.

270 (a) The following trauma service areas are hereby  
271 established:

272 1. Trauma service area 1 shall consist of Escambia,  
273 Okaloosa, Santa Rosa, and Walton Counties.

274 2. Trauma service area 2 shall consist of Bay, Gulf,  
275 Holmes, and Washington Counties.

276 3. Trauma service area 3 shall consist of Calhoun,  
277 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,  
278 Taylor, and Wakulla Counties.

279 4. Trauma service area 4 shall consist of Alachua,  
280 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,  
281 Putnam, Suwannee, and Union Counties.

282 5. Trauma service area 5 shall consist of Baker, Clay,  
283 Duval, Nassau, and St. Johns Counties.

284 6. Trauma service area 6 shall consist of Citrus,  
285 Hernando, and Marion Counties.

- 286           7. Trauma service area 7 shall consist of Flagler and  
 287 Volusia Counties.
- 288           8. Trauma service area 8 shall consist of Lake, Orange,  
 289 Osceola, Seminole, and Sumter Counties.
- 290           9. Trauma service area 9 shall consist of Pasco and  
 291 Pinellas Counties.
- 292           10. Trauma service area 10 shall consist of Hillsborough  
 293 County.
- 294           11. Trauma service area 11 shall consist of Hardee,  
 295 Highlands, and Polk Counties.
- 296           12. Trauma service area 12 shall consist of Brevard and  
 297 Indian River Counties.
- 298           13. Trauma service area 13 shall consist of DeSoto,  
 299 Manatee, and Sarasota Counties.
- 300           14. Trauma service area 14 shall consist of Martin,  
 301 Okeechobee, and St. Lucie Counties.
- 302           15. Trauma service area 15 shall consist of Charlotte,  
 303 Collier, Glades, Hendry, and Lee Counties.
- 304           16. Trauma service area 16 shall consist of Palm Beach  
 305 County.
- 306           ~~17. Trauma service area 17 shall consist of Collier~~  
 307 ~~County.~~
- 308           17.18. Trauma service area 17 ~~18~~ shall consist of Broward  
 309 County.
- 310           18.19. Trauma service area 18 ~~19~~ shall consist of Miami-  
 311 Dade and Monroe Counties.

312 (b) Each trauma service area should have at least one  
 313 Level I or Level II trauma center. The department shall  
 314 allocate, by rule, the number of trauma centers needed for each  
 315 trauma service area.

316 (c) There shall be no more than a total of 44 trauma  
 317 centers in the state.

318 Section 7. Effective upon this act becoming a law,  
 319 subsection (15) is added to section 395.4025, Florida Statutes,  
 320 to read:

321 395.4025 Trauma centers; selection; quality assurance;  
 322 records.—

323 (15) Each trauma center must post its trauma activation  
 324 fee amount in a conspicuous place within the trauma center and  
 325 in a prominent position on the home page of the trauma center's  
 326 Internet website.

327 Section 8. Effective January 1, 2015, section 456.47,  
 328 Florida Statutes, is created to read:

329 456.47 Use of telehealth to provide services.—

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

331 (a) "Telehealth" means the use of synchronous or  
 332 asynchronous communication services technology by a telehealth  
 333 provider to provide health care services, including, but not  
 334 limited to, patient assessment, diagnosis, consultation,  
 335 treatment, monitoring and transfer of medical data, patient and  
 336 professional health-related education, public health, and health  
 337 administration. The term does not include audio-only telephone

338 calls, e-mail messages, or facsimile transmissions.

339 (b) "Telehealth provider" means a person who provides  
340 health care and related services using telehealth and who is  
341 licensed under chapter 457; chapter 458; chapter 459; chapter  
342 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter  
343 466; chapter 467; part I, part III, part IV, part V, part X,  
344 part XIII, or part XIV of chapter 468; chapter 478; chapter 480;  
345 part III of chapter 483; chapter 484; chapter 486; chapter 490;  
346 or chapter 491; or who is registered under this section and is  
347 in compliance with paragraph (4) (a).

348 (2) PRACTICE STANDARD.—

349 (a) The standard of care for telehealth providers  
350 providing health care services is the same as the standard of  
351 care for health care professionals providing in-person health  
352 care services to patients in this state. A telehealth provider  
353 is not required to research a patient's medical history or  
354 conduct a physical examination of the patient before using  
355 telehealth to provide services to the patient if the telehealth  
356 provider conducts a patient evaluation sufficient to diagnose  
357 and treat the patient. The evaluation may be performed using  
358 telehealth.

359 (b) A telehealth provider may not use telehealth to  
360 prescribe a controlled substance for chronic nonmalignant pain,  
361 as defined in s. 456.44, unless the controlled substance is  
362 ordered for inpatient treatment at a hospital licensed under  
363 chapter 395.

364 (c) A telehealth provider and a patient may each be in any  
 365 location when telehealth is used to provide health care services  
 366 to a patient.

367 (d) A nonphysician telehealth provider using telehealth  
 368 and acting within the relevant scope of practice, as established  
 369 by Florida law and rule, may not be interpreted as practicing  
 370 medicine without a license.

371 (3) RECORDS.—A telehealth provider shall document in the  
 372 patient's medical record the health care services rendered using  
 373 telehealth according to the same standard as used for in-person  
 374 services in this state. Medical records, including video, audio,  
 375 electronic, or other records generated as a result of providing  
 376 such services, are confidential pursuant to ss. 395.3025(4) and  
 377 456.057.

378 (4) REGISTRATION OF OUT-OF-STATE TELEHEALTH PROVIDERS.—

379 (a) A health care professional not licensed in this state  
 380 may provide health care services to a patient located in this  
 381 state using telehealth if the telehealth provider annually  
 382 registers with the applicable board, or the department if there  
 383 is no board, and provides health care services within the  
 384 relevant scope of practice established by Florida law and rule.

385 (b) The board, or the department if there is no board,  
 386 shall register a health care professional as a telehealth  
 387 provider if the health care professional:

388 1. Completes an application form developed by the  
 389 department.

390 2. Pays a registration fee of \$150.

391 3. Holds an active, unencumbered license for a profession  
392 included in paragraph (1) (b) issued by another state, the  
393 District of Columbia, or a possession or territory of the United  
394 States and against whom no disciplinary action has been taken  
395 during the 5 years before submission of the application. The  
396 department shall use the National Practitioner Data Bank to  
397 verify information submitted by an applicant.

398 (c) A health care professional registered under this  
399 section is prohibited from opening an office in this state and  
400 from providing in-person health care services to patients  
401 located in this state.

402 (d) A health care professional registered under this  
403 section must immediately notify the appropriate board, or the  
404 department if there is no board, of restrictions placed on the  
405 health care professional's license to practice, or disciplinary  
406 action taken against the health care professional, in any state  
407 or jurisdiction.

408 (e) A pharmacist registered under this section may only  
409 use a Florida pharmacy permitted under chapter 465, or a  
410 nonresident pharmacy registered under s. 465.0156, to dispense  
411 medicinal drugs to Florida patients.

412 (f) A health care professional whose license to provide  
413 health care services is subject to a pending disciplinary  
414 investigation or which has been revoked in any state or  
415 jurisdiction may not register under this section.



- 416        (g) The department shall publish on its website a list of  
417 all registrants and include each registrant's:
- 418        1. Name.
  - 419        2. Health care occupation.
  - 420        3. Completed health care training and education, including  
421 completion dates and any certificates or degrees obtained.
  - 422        4. Out-of-state health care license with license number.
  - 423        5. Florida telehealth provider registration number.
  - 424        6. Specialty.
  - 425        7. Board certification.
  - 426        8. Five-year disciplinary history, including sanctions and  
427 board actions.
  - 428        9. Medical malpractice insurance provider and policy  
429 limits, including whether the policy covers claims that arise in  
430 this state.
- 431        (h) The department may revoke a telehealth provider's  
432 registration if the registrant:
- 433        1. Fails to immediately notify the department of any  
434 adverse actions taken against his or her license as required  
435 under paragraph (d).
  - 436        2. Has restrictions placed on or disciplinary action taken  
437 against his or her license in any state or jurisdiction.
  - 438        3. Violates any of the requirements of this section.
- 439        (5) JURISDICTION.-For the purposes of this section, any  
440 act that constitutes the delivery of health care services shall  
441 be deemed to occur at the place where the patient is located at

442 the time the act is performed.

443 (6) EXEMPTIONS.—A health care professional who is not  
444 licensed to provide health care services in this state but who  
445 holds an active license to provide health care services in  
446 another state or jurisdiction, and who provides health care  
447 services using telehealth to a patient located in this state, is  
448 not subject to the registration requirement under this section  
449 if the services are provided:

450 (a) In response to an emergency medical condition as  
451 defined in s. 395.002; or

452 (b) In consultation with a health care professional  
453 licensed in this state and that health care professional retains  
454 ultimate authority over the diagnosis and care of the patient.

455 (7) RULEMAKING.—The applicable board, or the department if  
456 there is no board, may adopt rules to administer the  
457 requirements of this section.

458 Section 9. Paragraph (t) is added to subsection (3) of  
459 section 408.036, Florida Statutes, to read:

460 408.036 Projects subject to review; exemptions.—

461 (3) EXEMPTIONS.—Upon request, the following projects are  
462 subject to exemption from the provisions of subsection (1):

463 (t) For the relocation of not more than 15 percent of an  
464 acute care hospital's beds licensed under chapter 395 within the  
465 county in which the hospital is located. In addition to any  
466 other documentation otherwise required by the agency, a request  
467 for exemption submitted under this paragraph must certify that:

468       1. The applicant has at least 500 beds licensed under  
469 chapter 395.

470       2. The hospital provides care to a greater number of  
471 indigent persons than any other acute care hospital operating in  
472 the same county. For purposes of this paragraph, the term  
473 "indigent persons" means Medicaid recipients and uninsured  
474 individuals.

475       3. At least 40 percent of the care provided by the  
476 applicant qualifies as care for indigent persons measured by  
477 gross revenues or patient days as demonstrated by the four most  
478 recent quarterly reports filed with the agency or demonstrated  
479 for the most recent complete fiscal year.

480       4. The applicant has an investment grade bond credit  
481 rating from a nationally recognized statistical rating  
482 organization.

483       5. Relocation of the beds is for the purpose of enhancing  
484 the fiscal stability of the applicant's facility.

485       Section 10. Paragraph (c) of subsection (2) of section  
486 381.026, Florida Statutes, is amended to read:

487       381.026 Florida Patient's Bill of Rights and  
488 Responsibilities.—

489       (2) DEFINITIONS.—As used in this section and s. 381.0261,  
490 the term:

491       (c) "Health care provider" means a physician licensed  
492 under chapter 458, an osteopathic physician licensed under  
493 chapter 459, ~~or~~ a podiatric physician licensed under chapter

494 461, or an independent nurse practitioner registered under part  
495 I of chapter 464.

496 Section 11. Paragraph (a) of subsection (2), paragraph (b)  
497 of subsection (3), and subsections (4) and (5) of section  
498 382.008, Florida Statutes, are amended to read:

499 382.008 Death and fetal death registration.—

500 (2) (a) The funeral director who first assumes custody of a  
501 dead body or fetus shall file the certificate of death or fetal  
502 death. In the absence of the funeral director, the physician,  
503 independent nurse practitioner, or other person in attendance at  
504 or after the death or the district medical examiner of the  
505 county in which the death occurred or the body was found shall  
506 file the certificate of death or fetal death. The person who  
507 files the certificate shall obtain personal data from the next  
508 of kin or the best qualified person or source available. The  
509 medical certification of cause of death shall be furnished to  
510 the funeral director, either in person or via certified mail or  
511 electronic transfer, by the physician, independent nurse  
512 practitioner, or medical examiner responsible for furnishing  
513 such information. For fetal deaths, the physician, certified  
514 nurse midwife, midwife, or hospital administrator shall provide  
515 any medical or health information to the funeral director within  
516 72 hours after expulsion or extraction.

517 (3) Within 72 hours after receipt of a death or fetal  
518 death certificate from the funeral director, the medical  
519 certification of cause of death shall be completed and made

520 available to the funeral director by the decedent's primary or  
521 attending practitioner ~~physician~~ or, if s. 382.011 applies, the  
522 district medical examiner of the county in which the death  
523 occurred or the body was found. The primary or attending  
524 practitioner ~~physician~~ or the medical examiner shall certify  
525 over his or her signature the cause of death to the best of his  
526 or her knowledge and belief. As used in this section, the term  
527 "primary or attending practitioner ~~physician~~" means a physician  
528 or independent nurse practitioner registered under s. 464.0125,  
529 who treated the decedent through examination, medical advice, or  
530 medication during the 12 months preceding the date of death.

531 (b) If the decedent's primary or attending practitioner,  
532 ~~physician~~ or the district medical examiner of the county in  
533 which the death occurred or the body was found, indicates that  
534 he or she will sign and complete the medical certification of  
535 cause of death but will not be available until after the 5-day  
536 registration deadline, the local registrar may grant an  
537 extension of 5 days. If a further extension is required, the  
538 funeral director must provide written justification to the  
539 registrar.

540 (4) If the department or local registrar grants an  
541 extension of time to provide the medical certification of cause  
542 of death, the funeral director shall file a temporary  
543 certificate of death or fetal death which shall contain all  
544 available information, including the fact that the cause of  
545 death is pending. The decedent's primary or attending

546 practitioner ~~physician~~ or the district medical examiner of the  
547 county in which the death occurred or the body was found shall  
548 provide an estimated date for completion of the permanent  
549 certificate.

550 (5) A permanent certificate of death or fetal death,  
551 containing the cause of death and any other information that was  
552 previously unavailable, shall be registered as a replacement for  
553 the temporary certificate. The permanent certificate may also  
554 include corrected information if the items being corrected are  
555 noted on the back of the certificate and dated and signed by the  
556 funeral director, physician, independent nurse practitioner, or  
557 district medical examiner of the county in which the death  
558 occurred or the body was found, as appropriate.

559 Section 12. Paragraphs (a) and (f) of subsection (2) of  
560 section 394.463, Florida Statutes, are amended to read:

561 394.463 Involuntary examination.—

562 (2) INVOLUNTARY EXAMINATION.—

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

565 1. A court may enter an ex parte order stating that a  
566 person appears to meet the criteria for involuntary examination,  
567 giving the findings on which that conclusion is based. The ex  
568 parte order for involuntary examination must be based on sworn  
569 testimony, written or oral. If other less restrictive means are  
570 not available, such as voluntary appearance for outpatient  
571 evaluation, a law enforcement officer, or other designated agent

572 of the court, shall take the person into custody and deliver him  
573 or her to the nearest receiving facility for involuntary  
574 examination. The order of the court shall be made a part of the  
575 patient's clinical record. No fee shall be charged for the  
576 filing of an order under this subsection. Any receiving facility  
577 accepting the patient based on this order must send a copy of  
578 the order to the Agency for Health Care Administration on the  
579 next working day. The order shall be valid only until executed  
580 or, if not executed, for the period specified in the order  
581 itself. If no time limit is specified in the order, the order  
582 shall be valid for 7 days after the date that the order was  
583 signed.

584         2. A law enforcement officer shall take a person who  
585 appears to meet the criteria for involuntary examination into  
586 custody and deliver the person or have him or her delivered to  
587 the nearest receiving facility for examination. The officer  
588 shall execute a written report detailing the circumstances under  
589 which the person was taken into custody, and the report shall be  
590 made a part of the patient's clinical record. Any receiving  
591 facility accepting the patient based on this report must send a  
592 copy of the report to the Agency for Health Care Administration  
593 on the next working day.

594         3. A physician, clinical psychologist, psychiatric nurse,  
595 independent nurse practitioner, mental health counselor,  
596 marriage and family therapist, or clinical social worker may  
597 execute a certificate stating that he or she has examined a

598 person within the preceding 48 hours and finds that the person  
599 appears to meet the criteria for involuntary examination and  
600 stating the observations upon which that conclusion is based. If  
601 other less restrictive means are not available, such as  
602 voluntary appearance for outpatient evaluation, a law  
603 enforcement officer shall take the person named in the  
604 certificate into custody and deliver him or her to the nearest  
605 receiving facility for involuntary examination. The law  
606 enforcement officer shall execute a written report detailing the  
607 circumstances under which the person was taken into custody. The  
608 report and certificate shall be made a part of the patient's  
609 clinical record. Any receiving facility accepting the patient  
610 based on this certificate must send a copy of the certificate to  
611 the Agency for Health Care Administration on the next working  
612 day.

613 (f) A patient shall be examined by a physician, ~~or a~~  
614 clinical psychologist, or an independent nurse practitioner who  
615 is nationally certified as a psychiatric-mental health advanced  
616 practice nurse at a receiving facility without unnecessary delay  
617 and may, upon the order of a physician, be given emergency  
618 treatment if it is determined that such treatment is necessary  
619 for the safety of the patient or others. The patient may not be  
620 released by the receiving facility or its contractor without the  
621 documented approval of a psychiatrist, a clinical psychologist,  
622 or an independent nurse practitioner who is nationally certified  
623 as a psychiatric-mental health advanced practice nurse, or, if



624 the receiving facility is a hospital, the release may also be  
625 approved by an attending emergency department physician with  
626 experience in the diagnosis and treatment of mental and nervous  
627 disorders and after completion of an involuntary examination  
628 pursuant to this subsection. However, a patient may not be held  
629 in a receiving facility for involuntary examination longer than  
630 72 hours.

631 Section 13. Subsection (1) and paragraphs (a), (d), and  
632 (e) of subsection (2) of section 456.048, Florida Statutes, are  
633 amended to read:

634 456.048 Financial responsibility requirements for certain  
635 health care practitioners.—

636 (1) As a prerequisite for licensure or license renewal,  
637 the Board of Acupuncture, the Board of Chiropractic Medicine,  
638 the Board of Podiatric Medicine, and the Board of Dentistry  
639 shall, by rule, require that all health care practitioners  
640 licensed under the respective board, and the Board of Medicine  
641 and the Board of Osteopathic Medicine shall, by rule, require  
642 that all anesthesiologist assistants licensed pursuant to s.  
643 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,  
644 require that independent nurse practitioners registered under s.  
645 464.0125 and advanced registered nurse practitioners certified  
646 under s. 464.012, and the department shall, by rule, require  
647 that midwives maintain medical malpractice insurance or provide  
648 proof of financial responsibility in an amount and in a manner  
649 determined by the board or department to be sufficient to cover

650 claims arising out of the rendering of or failure to render  
651 professional care and services in this state.

652 (2) The board or department may grant exemptions upon  
653 application by practitioners meeting any of the following  
654 criteria:

655 (a) Any person licensed under chapter 457, s. 458.3475, s.  
656 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125,  
657 chapter 466, or chapter 467 who practices exclusively as an  
658 officer, employee, or agent of the Federal Government or of the  
659 state or its agencies or its subdivisions. For the purposes of  
660 this subsection, an agent of the state, its agencies, or its  
661 subdivisions is a person who is eligible for coverage under any  
662 self-insurance or insurance program authorized by the provisions  
663 of s. 768.28(16) or who is a volunteer under s. 110.501(1).

664 (d) Any person licensed or certified under chapter 457, s.  
665 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s.  
666 464.0125, chapter 466, or chapter 467 who practices only in  
667 conjunction with his or her teaching duties at an accredited  
668 school or in its main teaching hospitals. Such person may engage  
669 in the practice of medicine to the extent that such practice is  
670 incidental to and a necessary part of duties in connection with  
671 the teaching position in the school.

672 (e) Any person holding an active license or certification  
673 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter  
674 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is  
675 not practicing in this state. If such person initiates or

676 resumes practice in this state, he or she must notify the  
 677 department of such activity.

678 Section 14. Paragraph (a) of subsection (2) and subsection  
 679 (3) of section 456.44, Florida Statutes, are amended to read:

680 456.44 Controlled substance prescribing.—

681 (2) REGISTRATION.—Effective January 1, 2012, a physician  
 682 licensed under chapter 458, chapter 459, chapter 461, or chapter  
 683 466, or an independent nurse practitioner registered under part  
 684 I of chapter 464, who prescribes any controlled substance,  
 685 listed in Schedule II, Schedule III, or Schedule IV as defined  
 686 in s. 893.03, for the treatment of chronic nonmalignant pain,  
 687 must:

688 (a) Designate himself or herself as a controlled substance  
 689 prescribing practitioner on the practitioner's ~~physician's~~  
 690 ~~practitioner~~ profile.

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

695 (a) A complete medical history and a physical examination  
 696 must be conducted before beginning any treatment and must be  
 697 documented in the medical record. The exact components of the  
 698 physical examination shall be left to the judgment of the  
 699 clinician who is expected to perform a physical examination  
 700 proportionate to the diagnosis that justifies a treatment. The  
 701 medical record must, at a minimum, document the nature and

702 intensity of the pain, current and past treatments for pain,  
703 underlying or coexisting diseases or conditions, the effect of  
704 the pain on physical and psychological function, a review of  
705 previous medical records, previous diagnostic studies, and  
706 history of alcohol and substance abuse. The medical record shall  
707 also document the presence of one or more recognized medical  
708 indications for the use of a controlled substance. Each  
709 registrant must develop a written plan for assessing each  
710 patient's risk of aberrant drug-related behavior, which may  
711 include patient drug testing. Registrants must assess each  
712 patient's risk for aberrant drug-related behavior and monitor  
713 that risk on an ongoing basis in accordance with the plan.

714 (b) Each registrant must develop a written individualized  
715 treatment plan for each patient. The treatment plan shall state  
716 objectives that will be used to determine treatment success,  
717 such as pain relief and improved physical and psychosocial  
718 function, and shall indicate if any further diagnostic  
719 evaluations or other treatments are planned. After treatment  
720 begins, the practitioner ~~physician~~ shall adjust drug therapy to  
721 the individual medical needs of each patient. Other treatment  
722 modalities, including a rehabilitation program, shall be  
723 considered depending on the etiology of the pain and the extent  
724 to which the pain is associated with physical and psychosocial  
725 impairment. The interdisciplinary nature of the treatment plan  
726 shall be documented.

727 (c) The practitioner ~~physician~~ shall discuss the risks and

728 benefits of the use of controlled substances, including the  
729 risks of abuse and addiction, as well as physical dependence and  
730 its consequences, with the patient, persons designated by the  
731 patient, or the patient's surrogate or guardian if the patient  
732 is incompetent. The practitioner ~~physician~~ shall use a written  
733 controlled substance agreement between the practitioner  
734 ~~physician~~ and the patient outlining the patient's  
735 responsibilities, including, but not limited to:

736 1. Number and frequency of controlled substance  
737 prescriptions and refills.

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

740 3. An agreement that controlled substances for the  
741 treatment of chronic nonmalignant pain shall be prescribed by a  
742 single treating practitioner ~~physician~~ unless otherwise  
743 authorized by the treating practitioner ~~physician~~ and documented  
744 in the medical record.

745 (d) The patient shall be seen by the practitioner  
746 ~~physician~~ at regular intervals, not to exceed 3 months, to  
747 assess the efficacy of treatment, ensure that controlled  
748 substance therapy remains indicated, evaluate the patient's  
749 progress toward treatment objectives, consider adverse drug  
750 effects, and review the etiology of the pain. Continuation or  
751 modification of therapy shall depend on the practitioner's  
752 ~~physician's~~ evaluation of the patient's progress. If treatment  
753 goals are not being achieved, despite medication adjustments,

754 the practitioner ~~physician~~ shall reevaluate the appropriateness  
755 of continued treatment. The practitioner ~~physician~~ shall monitor  
756 patient compliance in medication usage, related treatment plans,  
757 controlled substance agreements, and indications of substance  
758 abuse or diversion at a minimum of 3-month intervals.

759 (e) The practitioner ~~physician~~ shall refer the patient as  
760 necessary for additional evaluation and treatment in order to  
761 achieve treatment objectives. Special attention shall be given  
762 to those patients who are at risk for misusing their medications  
763 and those whose living arrangements pose a risk for medication  
764 misuse or diversion. The management of pain in patients with a  
765 history of substance abuse or with a comorbid psychiatric  
766 disorder requires extra care, monitoring, and documentation and  
767 requires consultation with or referral to an addiction medicine  
768 specialist or psychiatrist.

769 (f) A practitioner ~~physician~~ registered under this section  
770 must maintain accurate, current, and complete records that are  
771 accessible and readily available for review and comply with the  
772 requirements of this section, the applicable practice act, and  
773 applicable board rules. The medical records must include, but  
774 are not limited to:

- 775 1. The complete medical history and a physical  
776 examination, including history of drug abuse or dependence.
- 777 2. Diagnostic, therapeutic, and laboratory results.
- 778 3. Evaluations and consultations.
- 779 4. Treatment objectives.

- 780 5. Discussion of risks and benefits.
- 781 6. Treatments.
- 782 7. Medications, including date, type, dosage, and quantity  
783 prescribed.
- 784 8. Instructions and agreements.
- 785 9. Periodic reviews.
- 786 10. Results of any drug testing.
- 787 11. A photocopy of the patient's government-issued photo  
788 identification.
- 789 12. If a written prescription for a controlled substance  
790 is given to the patient, a duplicate of the prescription.
- 791 13. The practitioner's ~~physician's full~~ name presented in  
792 a legible manner.
- 793 (g) Patients with signs or symptoms of substance abuse  
794 shall be immediately referred to a board-certified pain  
795 management physician, an addiction medicine specialist, or a  
796 mental health addiction facility as it pertains to drug abuse or  
797 addiction unless the practitioner is a physician who is board-  
798 certified or board-eligible in pain management. Throughout the  
799 period of time before receiving the consultant's report, a  
800 prescribing practitioner ~~physician~~ shall clearly and completely  
801 document medical justification for continued treatment with  
802 controlled substances and those steps taken to ensure medically  
803 appropriate use of controlled substances by the patient. Upon  
804 receipt of the consultant's written report, the prescribing  
805 practitioner ~~physician~~ shall incorporate the consultant's

806 recommendations for continuing, modifying, or discontinuing  
807 controlled substance therapy. The resulting changes in treatment  
808 shall be specifically documented in the patient's medical  
809 record. Evidence or behavioral indications of diversion shall be  
810 followed by discontinuation of controlled substance therapy, and  
811 the patient shall be discharged, and all results of testing and  
812 actions taken by the physician shall be documented in the  
813 patient's medical record.

814

815 This subsection does not apply to a board-eligible or board-  
816 certified anesthesiologist, physiatrist, rheumatologist, or  
817 neurologist, or to a board-certified physician who has surgical  
818 privileges at a hospital or ambulatory surgery center and  
819 primarily provides surgical services. This subsection does not  
820 apply to a board-eligible or board-certified medical specialist  
821 who has also completed a fellowship in pain medicine approved by  
822 the Accreditation Council for Graduate Medical Education or the  
823 American Osteopathic Association, or who is board eligible or  
824 board certified in pain medicine by the American Board of Pain  
825 Medicine or a board approved by the American Board of Medical  
826 Specialties or the American Osteopathic Association and performs  
827 interventional pain procedures of the type routinely billed  
828 using surgical codes. This subsection does not apply to a  
829 practitioner ~~physician~~ who prescribes medically necessary  
830 controlled substances for a patient during an inpatient stay in  
831 a hospital licensed under chapter 395.



832 Section 15. Subsection (2) of section 464.003, Florida  
833 Statutes, is amended, subsections (16) through (23) are  
834 renumbered as subsections (17) through (24), respectively, and a  
835 new subsection (16) is added to that section, to read:

836 464.003 Definitions.—As used in this part, the term:

837 (2) "Advanced or specialized nursing practice" means, in  
838 addition to the practice of professional nursing, the  
839 performance of advanced-level nursing acts approved by the board  
840 which, by virtue of postbasic specialized education, training,  
841 and experience, are appropriately performed by an advanced  
842 registered nurse practitioner. Within the context of advanced or  
843 specialized nursing practice, the advanced registered nurse  
844 practitioner may perform acts of nursing diagnosis and nursing  
845 treatment of alterations of the health status. The advanced  
846 registered nurse practitioner may also perform acts of medical  
847 diagnosis and treatment, prescription, and operation which are  
848 identified and approved by a joint committee composed of three  
849 members appointed by the Board of Nursing, two of whom must be  
850 advanced registered nurse practitioners; three members appointed  
851 by the Board of Medicine, two of whom must have had work  
852 experience with advanced registered nurse practitioners; and one  
853 member appointed by the Board of Pharmacy ~~the State Surgeon~~  
854 ~~General or the State Surgeon General's designee~~. Each committee  
855 member appointed by a board shall be appointed to a term of 4  
856 years unless a shorter term is required to establish or maintain  
857 staggered terms. The Board of Nursing shall adopt rules

858 authorizing the performance of any such acts approved by the  
 859 joint committee. Unless otherwise specified by the joint  
 860 committee, such medical acts must be performed under the general  
 861 supervision of a practitioner licensed under chapter 458,  
 862 chapter 459, or chapter 466 within the framework of standing  
 863 protocols which identify the medical acts to be performed and  
 864 the conditions for their performance. The department may, by  
 865 rule, require that a copy of the protocol be filed with the  
 866 department along with the notice required by s. 458.348 or s.  
 867 459.025. The joint committee must also establish a formulary of  
 868 controlled substances that independent nurse practitioners  
 869 registered under s. 464.0125, are prohibited from prescribing,  
 870 administering, or dispensing. The board must adopt the  
 871 exclusionary formulary developed by the joint committee in rule.

872 (16) "Independent nurse practitioner" means an advanced  
 873 registered nurse practitioner who maintains an active and valid  
 874 certification under s. 464.012(2) and registration under s.  
 875 464.0125 to practice advanced or specialized nursing  
 876 independently and without the supervision of a physician or a  
 877 protocol.

878 Section 16. Paragraph (c) of subsection (4) of section  
 879 464.012, Florida Statutes, is amended to read:

880 464.012 Certification of advanced registered nurse  
 881 practitioners; fees.—

882 (4) In addition to the general functions specified in  
 883 subsection (3), an advanced registered nurse practitioner may

884 perform the following acts within his or her specialty:

885 (c) The nurse practitioner may perform any or all of the  
886 following acts within the framework of established protocol:

- 887 1. Manage selected medical problems.
- 888 2. Order physical and occupational therapy.
- 889 3. Initiate, monitor, or alter therapies for certain  
890 uncomplicated acute illnesses.

891 4. Monitor and manage patients with stable chronic  
892 diseases.

893 5. Establish behavioral problems and diagnosis and make  
894 treatment recommendations.

895 6. Prescribe, dispense, order, or administer controlled  
896 substances to the extent authorized in the protocol and only to  
897 the extent the supervising physician is authorized to prescribe,  
898 dispense, order, or administer controlled substances.

899 Section 17. Section 464.0125, Florida Statutes, is created  
900 to read:

901 464.0125 Registration of independent nurse practitioners;  
902 fees.—

903 (1) To be registered as an independent nurse practitioner,  
904 an applicant must hold an active and unencumbered certificate  
905 issued by the department under s. 464.012 and a national nurse  
906 practitioner certificate issued by a nursing specialty board,  
907 and must have:

908 (a) Completed, in any jurisdiction of the United States,  
909 at least 2,000 clinical practice hours within a 3-year period

910 immediately preceding the submission of the application and  
 911 while practicing as an advanced registered nurse practitioner.

912 (b) Not been subject to disciplinary action under s.  
 913 464.018 or s. 456.072, or similar disciplinary action in any  
 914 other jurisdiction, during the 5 years immediately preceding the  
 915 submission of the application.

916 (c) Completed a graduate-level course in pharmacology.

917 (2) An independent nurse practitioner may perform, without  
 918 physician supervision or a protocol, the acts authorized in s.  
 919 464.012(3), acts described in s. 464.012(4)(c), and any of the  
 920 following:

921 (a) For a patient who requires the services of a health  
 922 care facility, as defined in s. 408.032(8):

923 1. Admit the patient to the facility.

924 2. Manage the care that the patient receives in the  
 925 facility.

926 3. Discharge the patient from the facility.

927 (b) Provide a signature, certification, stamp,  
 928 verification, affidavit, or other endorsement that is otherwise  
 929 required by law to be provided by a physician.

930 (c) Act as a patient's primary care provider.

931 (d) Administer, dispense, order, and prescribe medicinal  
 932 drugs, including controlled substances if the controlled  
 933 substances are not included in the formulary created pursuant to  
 934 s. 464.003(2).

935 (3) An advanced registered nurse practitioner registered

936 as an independent nurse practitioner under this section must  
937 submit to the department proof of registration along with the  
938 information required under s. 456.0391, and the department shall  
939 include the registration in the advanced registered nurse  
940 practitioner's profile created pursuant to s. 456.041.

941 (4) To be eligible for biennial renewal of registration,  
942 an independent nurse practitioner must complete at least 10  
943 hours of continuing education approved by the board in  
944 pharmacology in addition to completing the continuing education  
945 requirements established by board rule pursuant to s. 464.013.  
946 The biennial renewal for registration shall coincide with the  
947 independent nurse practitioner's biennial renewal period for  
948 advanced registered nurse practitioner certification.

949 (5) The board shall register any nurse meeting the  
950 qualifications in this section. The board shall establish an  
951 application fee not to exceed \$100 and a biennial renewal fee  
952 not to exceed \$50. The board is authorized to adopt rules as  
953 necessary to implement this section.

954 Section 18. Subsection (10) of section 464.015, Florida  
955 Statutes, is renumbered as subsection (11), present subsection  
956 (9) is renumbered as subsection (10) and amended, and a new  
957 subsection (9) is added to that section, to read:

958 464.015 Titles and abbreviations; restrictions; penalty.—

959 (9) Only persons who are registered to practice as  
960 independent nurse practitioners in this state may use the title  
961 "Independent Nurse Practitioner" and the abbreviation "I.N.P."

962           ~~(10)-(9)~~ A person may not practice or advertise as, or  
 963 assume the title of, registered nurse, licensed practical nurse,  
 964 clinical nurse specialist, certified registered nurse  
 965 anesthetist, certified nurse midwife, ~~or~~ advanced registered  
 966 nurse practitioner, or independent nurse practitioner or use the  
 967 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"  
 968 ~~or~~ "A.R.N.P.," or "I.N.P." or take any other action that would  
 969 lead the public to believe that person was certified as such or  
 970 is performing nursing services pursuant to the exception set  
 971 forth in s. 464.022(8), unless that person is licensed or  
 972 certified to practice as such.

973           Section 19. Section 464.0155, Florida Statutes, is created  
 974 to read:

975           464.0155 Reports of adverse incidents by independent nurse  
 976 practitioners.-

977           (1) Effective January 1, 2015, an independent nurse  
 978 practitioner must report an adverse incident to the board in  
 979 accordance with this section.

980           (2) The report must be in writing, sent to the board by  
 981 certified mail, and postmarked within 15 days after the adverse  
 982 incident if the adverse incident occurs when the patient is at  
 983 the office of the independent nurse practitioner. If the adverse  
 984 incident occurs when the patient is not at the office of the  
 985 independent nurse practitioner, the report must be postmarked  
 986 within 15 days after the independent nurse practitioner  
 987 discovers, or reasonably should have discovered, the occurrence

988 of the adverse incident.

989 (3) For the purpose of this section, the term "adverse  
 990 incident" means any of the following events when it is  
 991 reasonable to believe that the event is attributable to the  
 992 prescription of a controlled substance by the independent nurse  
 993 practitioner:

994 (a) A condition that requires the transfer of a patient to  
 995 a hospital licensed under chapter 395.

996 (b) A permanent physical injury to the patient.

997 (c) The death of the patient.

998 (4) The board shall review each adverse incident and  
 999 determine whether the adverse incident is caused by the  
 1000 independent nurse practitioner. The board may take disciplinary  
 1001 action upon such a finding, in which event s. 456.073 applies.

1002 Section 20. Paragraph (p) is added to subsection (1) of  
 1003 section 464.018, Florida Statutes, to read:

1004 464.018 Disciplinary actions.—

1005 (1) The following acts constitute grounds for denial of a  
 1006 license or disciplinary action, as specified in s. 456.072(2):

1007 (p) For an independent nurse practitioner registered under  
 1008 s. 464.0125:

1009 1. Prescribing, dispensing, administering, mixing, or  
 1010 otherwise preparing a legend drug, including any controlled  
 1011 substance, other than in the course of the professional practice  
 1012 of the independent nurse practitioner. For the purposes of this  
 1013 subparagraph, it shall be legally presumed that prescribing,

1014 dispensing, administering, mixing, or otherwise preparing legend  
 1015 drugs, including all controlled substances, inappropriately or  
 1016 in excessive or inappropriate quantities is not in the best  
 1017 interest of the patient and is not in the course of the  
 1018 professional practice of the independent nurse practitioner,  
 1019 without regard to the nurse's intent.

1020 2. Dispensing a controlled substance listed in Schedule II  
 1021 or Schedule III in violation of s. 465.0276.

1022 3. Presigning blank prescription forms.

1023 4. Prescribing any medicinal drug appearing on Schedule II  
 1024 in chapter 893 by the nurse for office use.

1025 5. Prescribing, ordering, dispensing, administering,  
 1026 supplying, selling, or giving a drug that is a Schedule II  
 1027 amphetamine or a Schedule II sympathomimetic amine drug or any  
 1028 compound thereof, pursuant to chapter 893, to or for any person  
 1029 except for:

1030 a. The treatment of narcolepsy; hyperkinesis; behavioral  
 1031 syndrome characterized by the developmentally inappropriate  
 1032 symptoms of moderate to severe distractability, short attention  
 1033 span, hyperactivity, emotional liability, and impulsivity; or  
 1034 drug-induced brain dysfunction;

1035 b. The differential diagnostic psychiatric evaluation of  
 1036 depression or the treatment of depression shown to be refractory  
 1037 to other therapeutic modalities; or

1038 c. The clinical investigation of the effects of such drugs  
 1039 or compounds when an investigative protocol therefor is



1040 submitted to, reviewed, and approved by the board before such  
1041 investigation is begun.

1042 6. Prescribing, ordering, dispensing, administering,  
1043 supplying, selling, or giving growth hormones, testosterone or  
1044 its analogs, human chorionic gonadotropin (HCG), or other  
1045 hormones for the purpose of muscle building or to enhance  
1046 athletic performance. For the purposes of this subsection, the  
1047 term "muscle building" does not include the treatment of injured  
1048 muscle. A prescription written for the drug products listed in  
1049 this subparagraph may be dispensed by the pharmacist with the  
1050 presumption that the prescription is for legitimate medical use.

1051 7. Prescribing, ordering, dispensing, administering,  
1052 supplying, selling, or giving amygdalin (laetrile) to any  
1053 person.

1054 8. Promoting or advertising on any prescription form of a  
1055 community pharmacy, unless the form also states: "This  
1056 prescription may be filled at any pharmacy of your choice."

1057 9. Promoting or advertising through any communication  
1058 media the use, sale, or dispensing of any controlled substance  
1059 appearing on any schedule in chapter 893.

1060 10. Prescribing or dispensing any medicinal drug appearing  
1061 on any schedule in chapter 893 by the independent nurse  
1062 practitioner for himself or herself or administering any such  
1063 drug by the nurse to himself or herself unless such drug is  
1064 prescribed for the independent nurse practitioner by another  
1065 practitioner authorized to prescribe medicinal drugs.

1066 11. Paying or receiving any commission, bonus, kickback,  
1067 or rebate, or engaging in any split-fee arrangement in any form  
1068 whatsoever with a health care practitioner, organization,  
1069 agency, or person, either directly or indirectly, for patients  
1070 referred to providers of health care goods and services,  
1071 including, but not limited to, hospitals, nursing homes,  
1072 clinical laboratories, ambulatory surgical centers, or  
1073 pharmacies. This subparagraph does not prevent an independent  
1074 nurse practitioner from receiving a fee for professional  
1075 consultation services.

1076 12. Exercising influence within a patient-independent  
1077 nurse practitioner relationship for purposes of engaging a  
1078 patient in sexual activity. A patient shall be presumed to be  
1079 incapable of giving free, full, and informed consent to sexual  
1080 activity with his or her independent nurse practitioner.

1081 13. Making deceptive, untrue, or fraudulent  
1082 representations in or related to the practice of advanced or  
1083 specialized nursing or employing a trick or scheme in the  
1084 practice of advanced or specialized nursing.

1085 14. Soliciting patients, either personally or through an  
1086 agent, through the use of fraud, intimidation, undue influence,  
1087 or a form of overreaching or vexatious conduct. A solicitation  
1088 is any communication that directly or implicitly requests an  
1089 immediate oral response from the recipient.

1090 15. Failing to keep legible, as defined by department rule  
1091 in consultation with the board, medical records that identify

1092 the independent nurse practitioner by name and professional  
 1093 title who is responsible for rendering, ordering, supervising,  
 1094 or billing for each diagnostic or treatment procedure and that  
 1095 justify the course of treatment of the patient, including, but  
 1096 not limited to, patient histories; examination results; test  
 1097 results; records of drugs prescribed, dispensed, or  
 1098 administered; and reports of consultations or referrals.

1099 16. Exercising influence on the patient or client in such  
 1100 a manner as to exploit the patient or client for financial gain  
 1101 of the licensee or of a third party, which shall include, but  
 1102 not be limited to, the promoting or selling of services, goods,  
 1103 appliances, or drugs.

1104 17. Performing professional services that have not been  
 1105 duly authorized by the patient or client, or his or her legal  
 1106 representative, except as provided in s. 766.103 or s. 768.13.

1107 18. Performing any procedure or prescribing any therapy  
 1108 that, by the prevailing standards of advanced or specialized  
 1109 nursing practice in the community, would constitute  
 1110 experimentation on a human subject, without first obtaining  
 1111 full, informed, and written consent.

1112 19. Delegating professional responsibilities to a person  
 1113 when the licensee delegating such responsibilities knows or has  
 1114 reason to know that such person is not qualified by training,  
 1115 experience, or licensure to perform such responsibilities.

1116 20. Conspiring with another independent nurse practitioner  
 1117 or with any other person to commit an act, or committing an act,

1118 which would tend to coerce, intimidate, or preclude another  
 1119 independent nurse practitioner from lawfully advertising his or  
 1120 her services.

1121 21. Advertising or holding oneself out as having  
 1122 certification in a specialty which the independent nurse  
 1123 practitioner has not received.

1124 22. Failing to comply with the requirements of ss. 381.026  
 1125 and 381.0261 to provide patients with information about his or  
 1126 her patient rights and how to file a patient complaint.

1127 23. Providing deceptive or fraudulent expert witness  
 1128 testimony related to the advanced or specialized practice of  
 1129 nursing.

1130 Section 21. Subsection (21) of section 893.02, Florida  
 1131 Statutes, is amended to read:

1132 893.02 Definitions.—The following words and phrases as  
 1133 used in this chapter shall have the following meanings, unless  
 1134 the context otherwise requires:

1135 (21) "Practitioner" means a physician licensed pursuant to  
 1136 chapter 458, a dentist licensed pursuant to chapter 466, a  
 1137 veterinarian licensed pursuant to chapter 474, an osteopathic  
 1138 physician licensed pursuant to chapter 459, a naturopath  
 1139 licensed pursuant to chapter 462, a certified optometrist  
 1140 licensed pursuant to chapter 463, an independent nurse  
 1141 practitioner registered pursuant to s. 464.0125, or a podiatric  
 1142 physician licensed pursuant to chapter 461, provided such  
 1143 practitioner holds a valid federal controlled substance registry

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1144 number.

1145 Section 22. Subsection (2) of section 960.28, Florida  
1146 Statutes, is amended to read:

1147 960.28 Payment for victims' initial forensic physical  
1148 examinations.—

1149 (2) The Crime Victims' Services Office of the department  
1150 shall pay for medical expenses connected with an initial  
1151 forensic physical examination of a victim of sexual battery as  
1152 defined in chapter 794 or a lewd or lascivious offense as  
1153 defined in chapter 800. Such payment shall be made regardless of  
1154 whether the victim is covered by health or disability insurance  
1155 and whether the victim participates in the criminal justice  
1156 system or cooperates with law enforcement. The payment shall be  
1157 made only out of moneys allocated to the Crime Victims' Services  
1158 Office for the purposes of this section, and the payment may not  
1159 exceed \$500 with respect to any violation. The department shall  
1160 develop and maintain separate protocols for the initial forensic  
1161 physical examination of adults and children. Payment under this  
1162 section is limited to medical expenses connected with the  
1163 initial forensic physical examination, and payment may be made  
1164 to a medical provider using an examiner qualified under part I  
1165 of chapter 464, excluding s. 464.003(17) ~~s. 464.003(16)~~; chapter  
1166 458; or chapter 459. Payment made to the medical provider by the  
1167 department shall be considered by the provider as payment in  
1168 full for the initial forensic physical examination associated  
1169 with the collection of evidence. The victim may not be required

1170 to pay, directly or indirectly, the cost of an initial forensic  
 1171 physical examination performed in accordance with this section.

1172 Section 23. Subsection (2) of section 288.901, Florida  
 1173 Statutes, is amended to read:

1174 288.901 Enterprise Florida, Inc.—

1175 (2) PURPOSES.—Enterprise Florida, Inc., shall act as the  
 1176 economic development organization for the state, using ~~utilizing~~  
 1177 private sector and public sector expertise in collaboration with  
 1178 the department to:

1179 (a) Increase private investment in Florida;

1180 (b) Advance international and domestic trade  
 1181 opportunities;

1182 (c) Market the state both as a probusiness location for  
 1183 new investment and as an unparalleled tourist destination;

1184 (d) Revitalize Florida's space and aerospace industries,  
 1185 and promote emerging complementary industries;

1186 (e) Promote opportunities for minority-owned businesses;

1187 (f) Assist and market professional and amateur sport teams  
 1188 and sporting events in Florida; ~~and~~

1189 (g) Assist, promote, and enhance economic opportunities in  
 1190 this state's rural and urban communities; and

1191 (h) Market the state as a health care destination by using  
 1192 the medical tourism initiatives as described in s. 288.924 to  
 1193 promote quality health care services in this state.

1194 Section 24. Paragraph (c) of subsection (4) of section  
 1195 288.923, Florida Statutes, is amended to read:

1196 288.923 Division of Tourism Marketing; definitions;  
 1197 responsibilities.—

1198 (4) The division's responsibilities and duties include,  
 1199 but are not limited to:

1200 (c) Developing a 4-year marketing plan.

1201 1. At a minimum, the marketing plan shall discuss the  
 1202 following:

1203 a. Continuation of overall tourism growth in this state.

1204 b. Expansion to new or under-represented tourist markets.

1205 c. Maintenance of traditional and loyal tourist markets.

1206 d. Coordination of efforts with county destination  
 1207 marketing organizations, other local government marketing  
 1208 groups, privately owned attractions and destinations, and other  
 1209 private sector partners to create a seamless, four-season  
 1210 advertising campaign for the state and its regions.

1211 e. Development of innovative techniques or promotions to  
 1212 build repeat visitation by targeted segments of the tourist  
 1213 population.

1214 f. Consideration of innovative sources of state funding  
 1215 for tourism marketing.

1216 g. Promotion of nature-based tourism and heritage tourism.

1217 h. Promotion of medical tourism, as provided under s.

1218 288.924.

1219 ~~i.h.~~ Development of a component to address emergency  
 1220 response to natural and manmade disasters from a marketing  
 1221 standpoint.

1222           2. The plan shall be annual in construction and ongoing in  
 1223 nature. Any annual revisions of the plan shall carry forward the  
 1224 concepts of the remaining 3-year portion of the plan and  
 1225 consider a continuum portion to preserve the 4-year timeframe of  
 1226 the plan. The plan also shall include recommendations for  
 1227 specific performance standards and measurable outcomes for the  
 1228 division and direct-support organization. The department, in  
 1229 consultation with the board of directors of Enterprise Florida,  
 1230 Inc., shall base the actual performance metrics on these  
 1231 recommendations.

1232           3. The 4-year marketing plan shall be developed in  
 1233 collaboration with the Florida Tourism Industry Marketing  
 1234 Corporation. The plan shall be annually reviewed and approved by  
 1235 the board of directors of Enterprise Florida, Inc.

1236           Section 25. Section 288.924, Florida Statutes, is created  
 1237 to read:

1238           288.924 Medical tourism.—

1239           (1) MEDICAL TOURISM MARKETING PLAN.—The Division of  
 1240 Tourism Marketing shall include in the 4-year marketing plan  
 1241 required under s. 288.923(4) (c) specific initiatives to advance  
 1242 this state as a destination for quality health care services.

1243           The plan must:

1244           (a) Promote national and international awareness of the  
 1245 qualifications, scope of services, and specialized expertise of  
 1246 health care providers throughout this state.



1247 (b) Include an initiative that showcases selected,  
 1248 qualified providers offering bundled packages of health care and  
 1249 support services for defined care episodes. The selection of  
 1250 providers to be showcased must be conducted through a  
 1251 solicitation of proposals from Florida hospitals and other  
 1252 licensed providers for plans that describe available services,  
 1253 provider qualifications, and special arrangements for food,  
 1254 lodging, transportation, or other support services and amenities  
 1255 that may be provided to visiting patients and their families. A  
 1256 single health care provider may submit a proposal describing the  
 1257 available health care services that will be offered through a  
 1258 network of multiple providers and explaining any support  
 1259 services or other amenities associated with the care episode.  
 1260 The Florida Tourism Industry Marketing Corporation shall assess  
 1261 the qualifications and credentials of providers submitting  
 1262 proposals. To the extent funding is available, all qualified  
 1263 providers shall be selected to be showcased in the initiative.  
 1264 To be qualified, a health care provider must:  
 1265 1. Have a full, active, and unencumbered Florida license  
 1266 and ensure that all health care providers participating in the  
 1267 proposal have full, active, and unencumbered Florida licenses;  
 1268 2. Have a current accreditation that is not conditional or  
 1269 provisional from a nationally recognized accrediting body;  
 1270 3. Be recognized as a Cancer Center of Excellence under s.  
 1271 381.925 or have a current national or international recognition

1272 in another specialty area, if such recognition is given through  
 1273 a specific qualifying process; and

1274 4. Meet other criteria as determined by the Florida  
 1275 Tourism Industry Marketing Corporation in collaboration with the  
 1276 Agency for Health Care Administration and the Department of  
 1277 Health.

1278 (2) ALLOCATION OF FUNDS FOR MARKETING PLAN.—Annually, at  
 1279 least \$3.5 million of the funds appropriated in the General  
 1280 Appropriations Act to the Florida Tourism Industry Marketing  
 1281 Corporation shall be allocated for the development and  
 1282 implementation of the medical tourism marketing plan.

1283 (3) MEDICAL TOURISM MATCHING GRANTS.—The Florida Tourism  
 1284 Industry Marketing Corporation shall create a matching grant  
 1285 program to provide funding to local or regional economic  
 1286 development organizations for targeted medical tourism marketing  
 1287 initiatives. The initiatives must promote and advance Florida as  
 1288 a destination for quality health care services.

1289 (a) Selection of recipients of a matching grant shall be  
 1290 based on the following criteria:

1291 1. The providers involved in the local initiative must  
 1292 meet the criteria specified in subsection (1).

1293 2. The local or regional economic development organization  
 1294 must demonstrate an ability to involve a variety of businesses  
 1295 in a collaborative effort to welcome and support patients and  
 1296 their families who travel to this state to obtain medical  
 1297 services.

1298           3. The cash or in-kind services available from the local  
 1299 or regional economic development organization must be at least  
 1300 equal to the amount of available state financial support.

1301           (b) Proposals must be submitted by November 1 of each  
 1302 year. Funds must be equally divided among all selected  
 1303 applicants.

1304           (4) ALLOCATION OF FUNDS FOR MATCHING GRANTS.—Annually, at  
 1305 least \$1.5 million of the funds appropriated in the General  
 1306 Appropriations Act to the Florida Tourism Industry Marketing  
 1307 Corporation shall be allocated for the matching grant program.

1308           Section 26. Subsection (7) of section 456.072, Florida  
 1309 Statutes, is amended, and paragraph (oo) is added to subsection  
 1310 (1) of that section, to read:

1311           456.072 Grounds for discipline; penalties; enforcement.—

1312           (1) The following acts shall constitute grounds for which  
 1313 the disciplinary actions specified in subsection (2) may be  
 1314 taken:

1315           (oo) Failing to comply with the requirements of s.  
 1316 893.055(8) by failing to access the prescription drug monitoring  
 1317 program database upon an initial visit with a patient and view  
 1318 her or his prescription drug history before issuing a  
 1319 prescription for a controlled substance listed in s. 893.03(2),  
 1320 (3), or (4) to the patient.

1321           (7) Notwithstanding subsection (2), upon a finding that a  
 1322 physician or an independent nurse practitioner has prescribed or  
 1323 dispensed a controlled substance, or caused a controlled

1324 substance to be prescribed or dispensed, in a manner that  
 1325 violates the standard of practice set forth in s. 458.331(1)(q)  
 1326 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s.  
 1327 464.018(1)(p), or s. 466.028(1)(p) or (x), such practitioner ~~the~~  
 1328 ~~physician~~ shall be suspended for a period of at least ~~not less~~  
 1329 ~~than~~ 6 months and pay a fine of at least ~~not less than~~ \$10,000  
 1330 per count. Repeated violations shall result in increased  
 1331 penalties.

1332 Section 27. Section 893.055, Florida Statutes, is amended  
 1333 to read:

1334 (Substantial rewording of section. See  
 1335 s. 893.055, F.S., for present text.)

1336 893.055 Prescription drug monitoring program.—

1337 (1) As used in this section and s. 893.0551, the term:

1338 (a) "Active investigation" means an open investigation  
 1339 conducted by a law enforcement agency with a reasonable, good  
 1340 faith belief that it will lead to the filing of criminal charges  
 1341 or that is ongoing and for which there is a reasonable, good  
 1342 faith anticipation of obtaining an arrest or prosecution in the  
 1343 foreseeable future.

1344 (b) "Administer" means to obtain and give a single dose of  
 1345 a medicinal drug to a patient for her or his consumption.

1346 (c) "Controlled substance" means a substance named or  
 1347 described in s. 893.03(2), (3), or (4).

1348        (d) "Dispense" means to transfer possession of one or more  
1349 doses of a medicinal drug to the ultimate consumer or her or his  
1350 agent.

1351        (e) "Dispenser" means a pharmacist or dispensing health  
1352 care practitioner.

1353        (f) "Health care practitioner" means a person licensed as  
1354 a physician or physician assistant under chapter 458, as an  
1355 osteopathic physician or physician assistant under chapter 459,  
1356 as a podiatric physician under chapter 461, as an optometrist  
1357 under chapter 463, as an advanced registered nurse practitioner  
1358 under chapter 464, as a pharmacist under chapter 465, or as a  
1359 dentist under chapter 466.

1360        (g) "Law enforcement agency" means the Department of Law  
1361 Enforcement, a Florida sheriff's office, a Florida police  
1362 department, or a federal law enforcement agency that enforces  
1363 the laws of this state or the United States relating to  
1364 controlled substances, and the agents and officers of which are  
1365 empowered by law to conduct criminal investigations and make  
1366 arrests.

1367        (h) "Patient advisory report" means information provided  
1368 by the program to a health care practitioner, dispenser, or  
1369 patient concerning the dispensing of a controlled substance to a  
1370 patient.

1371        (i) "Pharmacy" means an entity permitted under chapter 465  
1372 as a pharmacy, as defined in s. 465.003(11), and a nonresident  
1373 pharmacy registered under s. 465.0156.

1374 (j) "Program" means the prescription drug monitoring  
1375 program created under this section.

1376 (2) (a) The department shall establish and maintain a  
1377 database of controlled substance dispensing information. The  
1378 database shall be used to provide information regarding  
1379 dispensed prescriptions of controlled substances to persons with  
1380 direct and indirect access to such information pursuant to this  
1381 section. The database must meet the standards of the American  
1382 Society for Automation in Pharmacy and must comply with the  
1383 Health Insurance Portability and Accountability Act and all  
1384 other relevant state and federal privacy and security laws and  
1385 regulations. A transmission of information required by this  
1386 section must comply with relevant state and federal privacy and  
1387 security laws and regulations.

1388 (b) The department shall designate a program manager to  
1389 administer the program and ensure the program's integrity and  
1390 compliance with this section. The program manager and each  
1391 member of the authorized program and support staff must undergo  
1392 a level 2 background screening pursuant to s. 435.04 as a  
1393 condition of employment.

1394 (c) The program shall be funded only by federal grants or  
1395 private funding received by the state. The department may not  
1396 commit funds for the program without ensuring that funding is  
1397 available. The department shall cooperate with the direct-  
1398 support organization established in subsection (16) in seeking  
1399 federal grant funds, other nonstate grant funds, gifts,

1400 donations, or other private funds for the program if the costs  
 1401 of doing so are nonmaterial. For purposes of this paragraph,  
 1402 nonmaterial costs include, but are not limited to, costs for  
 1403 postage and department personnel assigned to research or apply  
 1404 for a grant. Funds provided by prescription drug manufacturers  
 1405 may not be used to establish or administer the program.

1406 (d) To the extent that funding is provided for the program  
 1407 through federal grant funds, other nonstate grant funds, gifts,  
 1408 donations, or other private funds, the department shall study  
 1409 the feasibility of enhancing the program for the purposes of  
 1410 supporting public health initiatives and improving statistical  
 1411 reporting. The study shall be conducted to reduce drug abuse and  
 1412 further the safety and quality of health care services by  
 1413 improving prescribing and dispensing practices related to  
 1414 controlled substances and incorporating advances in technology.

1415 (e) The department shall comply with s. 287.057 for the  
 1416 procurement of any goods or services required by this section.

1417 (3) Within 7 days after the date that a prescription  
 1418 substance is dispensed, a dispenser shall submit to the database  
 1419 the following information:

1420 (a) The prescribing health care practitioner's full name,  
 1421 federal Drug Enforcement Administration registration number, and  
 1422 National Provider Identifier or other appropriate identifier.

1423 (b) The full name, address, and date of birth of the  
 1424 person for whom the prescription was written.

1425 (c) The date that the prescription was written.

1426 (d) The date that the prescription was filled and the  
1427 method of payment. The department may not include credit card  
1428 numbers or other account numbers in the database.

1429 (e) The name, national drug code, quantity, and strength  
1430 of the controlled substance dispensed.

1431 (f) The full name, federal Drug Enforcement Administration  
1432 number, and address of the pharmacy or other location from which  
1433 the controlled substance was dispensed or, if the controlled  
1434 substance was dispensed by a health care practitioner other than  
1435 a pharmacist, the health care practitioner's full name, federal  
1436 Drug Enforcement Administration registration number, National  
1437 Provider Identifier or other appropriate identifier, and  
1438 address.

1439 (g) Other appropriate identifying information as  
1440 determined by rule.

1441 (4) A dispenser shall submit the information required by  
1442 this section electronically, or by another method established by  
1443 rule, in a format approved by the department. The cost to the  
1444 dispenser to submit the information required by this section may  
1445 not be material or extraordinary. The department shall establish  
1446 a reporting procedure and format by rule and may authorize an  
1447 extension of time to report such information for cause as  
1448 defined by rule.

1449 (5) The following acts of a health care practitioner or  
1450 dispenser are exempt from reporting under this section:



1451 (a) Administering or dispensing a controlled substance to  
 1452 a patient in a hospital, nursing home, ambulatory surgical  
 1453 center, hospice, or intermediate care facility for the  
 1454 developmentally disabled.

1455 (b) Administering or dispensing a controlled substance  
 1456 within the Department of Corrections health care system.

1457 (c) Administering or dispensing a controlled substance to  
 1458 a person under the age of 16.

1459 (d) Dispensing a one-time, 72-hour emergency supply of a  
 1460 controlled substance to a patient.

1461 (6) A person who knowingly and willfully fails to report  
 1462 the dispensing of a controlled substance as required by this  
 1463 section commits a misdemeanor of the first degree, punishable as  
 1464 provided in s. 775.082 or s. 775.083.

1465 (7) A dispenser or her or his agent, before dispensing a  
 1466 controlled substance to a person not known to the dispenser,  
 1467 shall require the person purchasing or receiving the controlled  
 1468 substance to present identification issued by the state or the  
 1469 Federal Government that contains the person's photograph,  
 1470 printed name, and signature, or a document considered acceptable  
 1471 identification under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B).

1472 (a) If the person does not have such identification, the  
 1473 dispenser may verify the validity of the prescription and the  
 1474 identity of the patient with the prescribing health care  
 1475 practitioner or her or his agent. Verification of health plan

1476 eligibility of the person purchasing or receiving the controlled  
1477 substance satisfies the requirement of this subsection.

1478 (b) This subsection does not apply in an institutional  
1479 setting or in a long-term care facility, including, but not  
1480 limited to, an assisted living facility or a hospital to which  
1481 patients are admitted.

1482 (8) (a) The program manager, and program and support staff  
1483 only as directed or authorized by the program manager, shall  
1484 have direct access to the database for program management in  
1485 support of the requirements of this section.

1486 (b) A health care practitioner or dispenser shall have  
1487 direct access to information in the database which relates to a  
1488 patient of that health care practitioner or dispenser for the  
1489 purpose of reviewing the patient's controlled substance  
1490 prescription history. A prescribing health care practitioner  
1491 must access the database and view a patient's prescription drug  
1492 history before issuing a prescription for a controlled substance  
1493 to the patient upon her or his initial visit. A health care  
1494 practitioner or dispenser acting in good faith is immune from  
1495 any civil, criminal, or administrative liability for receiving  
1496 or using information from the database. This section does not  
1497 create a private cause of action and a person may not recover  
1498 damages against a health care practitioner or dispenser who is  
1499 authorized to access information from the database for accessing  
1500 or failing to access such information. A prescribing health care  
1501 practitioner is exempt from the access and viewing requirement

1502 of this paragraph if the database is inaccessible for any reason  
1503 not due to the fault of the practitioner before he or she issues  
1504 a prescription for a controlled substance at a patient's initial  
1505 visit. A prescribing health care practitioner must access the  
1506 database and view the patient's prescription drug history when  
1507 database accessibility is restored after the patient's initial  
1508 visit.

1509 (9) The following entities may not have direct access to  
1510 information in the database but may request information from the  
1511 program:

1512 (a) The department for the purpose of an active  
1513 investigation of a health care practitioner or dispenser who is  
1514 authorized to prescribe, administer, or dispense controlled  
1515 substances.

1516 (b) The Attorney General for the purpose of an active  
1517 investigation of Medicaid fraud involving prescriptions of  
1518 controlled substances.

1519 (c) A law enforcement agency for the purpose of an active  
1520 investigation regarding potential criminal activity, fraud, or  
1521 theft involving prescriptions of controlled substances.

1522 (d) A patient or the legal guardian or health care  
1523 surrogate, as defined in s. 765.101(16), of an incapacitated  
1524 patient. The department shall verify the identity of the  
1525 incapacitated patient or the legal guardian or health care  
1526 surrogate. Verification is also required for a request to change

1527 an incapacitated patient's prescription drug history or other  
1528 information in the database.

1529 (10) Before releasing information pursuant to paragraph  
1530 (9)(c), the department shall enter into a user agreement with  
1531 the law enforcement agency requesting information from the  
1532 database. At a minimum, the user agreement must:

1533 (a) Provide for access control and information security in  
1534 order to ensure the confidentiality of the information.

1535 (b) Contain training requirements.

1536 (c) Require each law enforcement agency head to submit an  
1537 annual attestation to the program manager stating that the law  
1538 enforcement agency is complying with the user agreement and  
1539 disclosing any findings made and actions taken to maintain  
1540 compliance. Any findings of noncompliance must be reported  
1541 immediately to the program manager by the law enforcement agency  
1542 head.

1543 (d) Require each law enforcement agency that receives  
1544 information from the database to electronically update the  
1545 database biennially with the status of the case for which  
1546 information was received, in accordance with procedures  
1547 established by department rule.

1548 (e) Require each law enforcement agency head to appoint  
1549 one agency administrator who is responsible for appointing  
1550 authorized users to request and receive information from the  
1551 database and ensure the law enforcement agency maintains

1552 compliance with the user agreement and the laws governing  
1553 access, use, and dissemination of the information.

1554 (f) Require each authorized user to attest that each  
1555 request for information from the database is predicated on and  
1556 related to an active investigation.

1557 (g) Require the law enforcement agency to conduct an  
1558 annual audit of the agency administrator and each authorized  
1559 user to ensure compliance with the user agreement. Such an audit  
1560 must be conducted by the internal affairs or professional  
1561 standards division within the law enforcement agency. The review  
1562 must include any allegation of noncompliance, potential security  
1563 violations, and a report on user compliance with the user  
1564 agreement and applicable laws and rules. The law enforcement  
1565 agency shall also conduct a routine audit on access to and  
1566 dissemination of information received from the database. The  
1567 result of each audit shall be submitted to the program manager  
1568 within 7 days after completion of the audit.

1569 (h) Allow the program manager to restrict, suspend, or  
1570 terminate an agency administrator's or authorized user's access  
1571 to the database if the administrator or user has failed to  
1572 comply with the user agreement. If a law enforcement agency does  
1573 not comply with the audit requirements in paragraph (g), the  
1574 program manager shall suspend the law enforcement agency's  
1575 access to the database until the agency complies with such  
1576 requirements.

1577       (11) The program manager, upon determining a pattern  
1578 consistent with the rules established under subsection (17)  
1579 evidencing controlled substance abuse or diversion and having  
1580 cause to believe a violation of s. 893.13(7)(a)8., (8)(a), or  
1581 (8)(b) has occurred, may provide relevant information to the  
1582 appropriate law enforcement agency.

1583       (12) An authorized person or entity receiving information  
1584 from the database under subsection (9) may maintain the  
1585 information for no more than 24 months before purging the  
1586 information from official records. Information may be maintained  
1587 for more than 24 months if it is pertinent to an active  
1588 investigation or criminal prosecution.

1589       (13) Information contained in the database is not  
1590 discoverable or admissible in any civil or administrative  
1591 action, except in an investigation or disciplinary proceeding  
1592 conducted by the department. Information shared with a state  
1593 attorney pursuant to s. 893.0551(3)(a) or (c) may be released  
1594 only in response to a discovery demand if such information is  
1595 directly related to the criminal case for which the information  
1596 was requested. If additional information is shared with the  
1597 state attorney which is not directly related to the criminal  
1598 case, the state attorney shall inform the inquirer that such  
1599 information exists. Unrelated information may not be released  
1600 except upon an order of a court of competent jurisdiction.

1601       (14) A person who participates in preparing, reviewing,  
1602 issuing, or any other activity related to a patient advisory

1603 report may not be permitted or required to testify in any civil  
1604 action as to any finding, recommendation, evaluation, opinion,  
1605 or other action taken in connection with preparing, reviewing,  
1606 or issuing such a report.

1607 (15) The department shall report performance measures  
1608 annually to the Governor, the President of the Senate, and the  
1609 Speaker of the House of Representatives by December 1.

1610 Department staff may not have direct access to information in  
1611 the database for the purpose of reporting performance measures.  
1612 To measure performance and undertake public health care and  
1613 safety initiatives, department staff may request data from the  
1614 database that does not contain patient, health care  
1615 practitioner, or dispenser identifying information. Performance  
1616 measures may include, but are not limited to:

1617 (a) Reduction of the rate of inappropriate use of  
1618 prescription drugs through department education and safety  
1619 efforts.

1620 (b) Reduction of the quantity of controlled substances  
1621 obtained by individuals attempting to engage in fraud and  
1622 deceit.

1623 (c) Increased coordination among partners participating in  
1624 the program.

1625 (d) Involvement of stakeholders in achieving improved  
1626 patient health care and safety and reduction of prescription  
1627 drug abuse and prescription drug diversion.

1628       (16) The department may establish a direct-support  
1629 organization to provide assistance, funding, and promotional  
1630 support for the activities authorized for the program.

1631       (a) As used in this subsection, the term "direct-support  
1632 organization" means an organization that is:

1633           1. A Florida not-for-profit corporation incorporated under  
1634 chapter 617, exempted from filing fees, and approved by the  
1635 Department of State.

1636           2. Organized and operated to conduct programs and  
1637 activities; raise funds; request and receive grants, gifts, and  
1638 bequests of money; acquire, receive, hold, and invest, in its  
1639 own name, securities, funds, objects of value, or other  
1640 property, either real or personal; and make expenditures or  
1641 provide funding to or for the benefit of the program.

1642       (b) The State Surgeon General shall appoint a board of  
1643 directors for the direct-support organization consisting of at  
1644 least five members. Members of the board shall serve at the  
1645 pleasure of the State Surgeon General. The State Surgeon General  
1646 shall provide guidance to members of the board to ensure that  
1647 funds received by the direct-support organization are not from  
1648 inappropriate sources. An inappropriate source includes, but is  
1649 not limited to, a donor, grantor, person, or organization that  
1650 may benefit from the purchase of goods or services by the  
1651 department for the program.



1652        (c) The direct-support organization shall operate under  
1653 written contract with the department. The contract must, at a  
1654 minimum, provide for:

1655        1. Department approval of the articles of incorporation,  
1656 bylaws, and annual budgets.

1657        2. Department certification that the direct-support  
1658 organization is complying with the terms of the contract in a  
1659 manner consistent with and in furtherance of the program. Such  
1660 certification must be made annually and reported in the official  
1661 minutes of a direct-support organization board meeting.

1662        3. The reversion, without penalty, to the state of all  
1663 funds and property held in trust by the direct-support  
1664 organization for the benefit of the program if the direct-  
1665 support organization ceases to exist or if the contract is  
1666 terminated. The state shall use all funds and property reverted  
1667 to it to support the program.

1668        4. The fiscal year of the direct-support organization,  
1669 which must begin July 1 of each year and end June 30 of the  
1670 following year.

1671        5. The disclosure of the material provisions of the  
1672 contract to a donor of a gift, contribution, or bequest,  
1673 including such disclosure on all promotional and fundraising  
1674 publications, and an explanation to the donor of the distinction  
1675 between the department and the direct-support organization.

1676       6. The direct-support organization's collecting,  
 1677 expending, and providing of funds to the department for the  
 1678 operation of the program.

1679       7. The reversion to the department of any funds of the  
 1680 direct-support organization held by the department in a separate  
 1681 depository account received from rentals of facilities and  
 1682 properties managed by the department for use by the direct-  
 1683 support organization.

1684       (d) The direct-support organization may collect and expend  
 1685 funds for the function of its board of directors, as approved by  
 1686 the department, and provide funds to the department for:

1687           1. Establishing and administering the database, including  
 1688 hardware and software.

1689           2. Conducting studies on the efficiency and effectiveness  
 1690 of the program, including the feasibility study described in  
 1691 paragraph (2) (d).

1692           3. Future enhancements of the program.

1693           4. User training for the program, including the  
 1694 distribution of materials to promote public awareness and  
 1695 education and conducting workshops or other meetings for health  
 1696 care practitioners, pharmacists, and others.

1697           5. Travel expenses incurred by the board.

1698           6. Administrative costs.

1699           7. Fulfilling all other requirements necessary to operate  
 1700 the program.

1701       (e) The department may authorize, without charge,  
 1702 appropriate use of its administrative services, property, and  
 1703 facilities by the direct-support organization.

1704       (f) The department may not authorize the use of any of its  
 1705 administrative services, property, or facilities by a direct-  
 1706 support organization if the organization does not provide equal  
 1707 membership and employment opportunities to all persons  
 1708 regardless of race, color, religion, gender, age, or national  
 1709 origin.

1710       (g) The direct-support organization shall provide for an  
 1711 independent annual financial audit in accordance with s.  
 1712 215.981. A copy of the audit shall be provided to the department  
 1713 and the Office of Policy and Budget in the Executive Office of  
 1714 the Governor.

1715       (h) The direct-support organization is not a lobbying firm  
 1716 for purposes of s. 11.045.

1717       (17) (a) The department shall adopt rules to administer  
 1718 this section. Such rules shall include, but not be limited to:

1719       1. Procedures for reporting information to the database  
 1720 and accessing information in the database.

1721       2. Indicators that identify controlled substance abuse or  
 1722 diversion.

1723       3. By October 1, 2014, practices to ensure a law  
 1724 enforcement agency is in compliance with the audit requirements  
 1725 in paragraph (10) (g).

1726 4. The form and content of a user agreement pursuant to  
 1727 subsection (10).

1728 (b) The department may adopt rules to govern the use of  
 1729 its administrative services, property, or facilities by the  
 1730 direct-support organization established under subsection (16).

1731 Section 28. Paragraphs (d) and (h) of subsection (1) of  
 1732 section 893.0551, Florida Statutes, are amended to read:

1733 893.0551 Public records exemption for the prescription  
 1734 drug monitoring program.—

1735 (1) For purposes of this section, the term:

1736 (d) "Health care regulatory board" means any board for a  
 1737 practitioner or health care practitioner who is licensed or  
 1738 regulated by the department ~~has the same meaning as provided in~~  
 1739 ~~s. 893.055.~~

1740 (h) "Prescriber" means a prescribing physician,  
 1741 prescribing practitioner, or other prescribing health care  
 1742 practitioner ~~has the same meaning as provided in s. 893.055.~~

1743 Section 29. Paragraph (d) of subsection (1) of section  
 1744 154.11, Florida Statutes, is amended to read:

1745 154.11 Powers of board of trustees.—

1746 (1) The board of trustees of each public health trust  
 1747 shall be deemed to exercise a public and essential governmental  
 1748 function of both the state and the county and in furtherance  
 1749 thereof it shall, subject to limitation by the governing body of  
 1750 the county in which such board is located, have all of the  
 1751 powers necessary or convenient to carry out the operation and

1752 governance of designated health care facilities, including, but  
1753 without limiting the generality of, the foregoing:

1754 (d) To make and execute contracts and other instruments  
1755 necessary to exercise the powers of the board. Notwithstanding  
1756 s. 154.10(7), the public health trust is authorized to execute  
1757 contracts with any labor union or other labor organization  
1758 without prior approval by the governing body of the county.

1759 Section 30. Notwithstanding s. 893.055, Florida Statutes,  
1760 for the 2014-2015 fiscal year, the sum of \$500,000 in  
1761 nonrecurring funds is appropriated from the General Revenue Fund  
1762 to the Department of Health for the general administration of  
1763 the prescription drug monitoring program.

1764 Section 31. Except as otherwise expressly provided in this  
1765 act and except for this section, which shall take effect upon  
1766 this act becoming a law, this act shall take effect July 1,  
1767 2014.