



CS/CS/HB 7113, Engrossed 1

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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 permitting a hospital that has operated as a Level I,
7 Level II, or pediatric trauma center for a specified
8 period to continue operating at that trauma center
9 level under certain conditions, notwithstanding any
10 other provision of law; making a hospital that
11 complies with such requirements eligible for renewal
12 of its 7-year approval period under s. 395.4025(6);
13 permitting a hospital that has operated as a Level I,
14 Level II, or pediatric trauma center for a specified
15 period and is verified by the Department of Health on
16 or before a certain date to continue operating at that
17 trauma center level under certain conditions,
18 notwithstanding any other provision of law; making a
19 hospital that complies with such requirements eligible
20 for renewal of its 7-year approval period under s.
21 395.4025(6); amending s. 395.401, F.S.; restricting
22 trauma service fees to \$15,000 until July 1, 2015;
23 amending s. 395.402, F.S.; deleting factors to be
24 considered by the department in conducting an
25 assessment of the trauma system; assigning Collier



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26 County to trauma service area 15 rather than area 17;
27 amending s. 395.4025, F.S.; permitting a trauma center
28 or hospital located in the same trauma service area to
29 protest a decision by the department to approve
30 another trauma center; establishing a moratorium on
31 the approval of additional trauma centers until the
32 earlier of July 1, 2015, or upon the effective date a
33 rule adopted by the department allocating the number
34 of trauma centers needed for each trauma service area;
35 requiring a trauma center to post its trauma
36 activation fee in the trauma center and on its
37 website; creating s. 456.47, F.S.; defining terms;
38 providing for certain practice standards for
39 telehealth providers; providing for the maintenance
40 and confidentiality of medical records; requiring the
41 registration of health care professionals not licensed
42 in this state to use telehealth to deliver health care
43 services; providing registration requirements;
44 prohibiting registrants from opening an office or
45 providing in-person health care services in this
46 state; requiring a registrant to notify the
47 appropriate board or the department of certain actions
48 against the registrant's professional license;
49 prohibiting a health care professional with a revoked
50 license from being registered as a telehealth



51 provider; providing exemptions to the registration
52 requirement; providing rulemaking authority; amending
53 s. 408.036, F.S.; providing an exemption from
54 certificate-of-need requirements for the relocation of
55 a specified percentage of acute care hospital beds
56 from a licensed hospital to another location;
57 requiring certain information to be included in a
58 request for exemption; amending s. 381.026, F.S.;
59 including independent nurse practitioners within the
60 definition of "health care provider"; amending s.
61 382.008, F.S.; authorizing independent nurse
62 practitioners to certify causes of death and to sign,
63 correct, and file death certificates; amending s.
64 394.463, F.S.; authorizing an independent nurse
65 practitioner to execute a certificate to require,
66 under the Baker Act, an involuntary examination of a
67 person; authorizing a qualified independent nurse
68 practitioner to examine a person at a receiving
69 facility and approve the release of a person at the
70 receiving facility under the Baker Act; amending s.
71 456.048, F.S.; requiring independent nurse
72 practitioners to maintain medical malpractice
73 insurance or provide proof of financial
74 responsibility; exempting independent nurse
75 practitioners from such requirements under certain



76 | circumstances; amending s. 456.44, F.S.; providing
77 | certain requirements for independent nurse
78 | practitioners who prescribe controlled substances for
79 | the treatment of chronic nonmalignant pain; amending
80 | s. 464.003, F.S.; revising the definition of the term
81 | "advanced or specialized nursing practice" to require
82 | a joint committee to establish an exclusionary
83 | formulary of controlled substances; defining the term
84 | "independent nurse practitioner"; amending s. 464.012,
85 | F.S.; authorizing advanced registered nurse
86 | practitioners to perform certain acts as they relate
87 | to controlled substances; providing limitations;
88 | amending s. 464.0125, F.S., providing for the
89 | registration of qualified advanced registered nurse
90 | practitioners as independent nurse practitioners;
91 | authorizing registered independent nurse practitioners
92 | to perform certain acts; requiring advanced registered
93 | nurse practitioners registered as independent nurse
94 | practitioners to include their registered status on
95 | their practitioner profiles; requiring independent
96 | nurse practitioners to complete a certain amount of
97 | continuing education in pharmacology for biennial
98 | renewal of registration; aligning the biennial renewal
99 | cycle period for registration for independent nurse
100 | practitioners with the advanced registered nurse



101 practitioner licensure renewal cycle; authorizing the
102 Board of Nursing to establish fees by rule; providing
103 the board with rulemaking authority; amending s.
104 464.015, F.S.; providing title protection for
105 independent nurse practitioners; creating s. 464.0155,
106 F.S., requiring independent nurse practitioners to
107 report adverse incidents to the Board of Nursing in a
108 certain manner; defining the term "adverse incident";
109 providing for board review of the adverse incident;
110 authorizing the board to take disciplinary action for
111 adverse incidents; amending s. 464.018, F.S.; adding
112 certain acts to an existing list of acts for which
113 nurses may be administratively disciplined; amending
114 s. 893.02, F.S.; redefining the term "practitioner" to
115 include independent nurse practitioners; amending s.
116 960.28, F.S.; conforming a cross-reference; amending
117 s. 288.901, F.S.; requiring Enterprise Florida, Inc.,
118 to collaborate with the Department of Economic
119 Opportunity to market this state as a health care
120 destination; amending s. 288.923, F.S.; directing the
121 Division of Tourism Marketing to include the promotion
122 of medical tourism in its marketing plan; creating s.
123 288.924, F.S.; requiring the medical tourism plan to
124 promote national and international awareness of the
125 qualifications, scope of services, and specialized



126 expertise of health care providers in this state and
127 to include an initiative to showcase qualified health
128 care providers; requiring a specified amount of funds
129 appropriated to the Florida Tourism Industry Marketing
130 Corporation to be allocated for the medical tourism
131 marketing plan; requiring the Florida Tourism Industry
132 Marketing Corporation to create a matching grant
133 program; specifying criteria for the grant program;
134 requiring that a specified amount of funds
135 appropriated to the Florida Tourism Industry Marketing
136 Corporation be allocated for the grant program;
137 amending s. 456.072, F.S.; providing additional
138 grounds for discipline of a licensee of the department
139 by a regulatory board; requiring the suspension and
140 fining of an independent nurse practitioner for
141 prescribing or dispensing a controlled substance in a
142 certain manner; amending s. 893.055, F.S.; revising
143 definitions; revising provisions relating to the
144 database of controlled substance dispensing
145 information; revising program funding requirements;
146 requiring a prescriber to access and view certain
147 patient information in the database before initially
148 prescribing a controlled substance; providing
149 requirements related to the release of identifying
150 information; providing requirements for the release of



151 information shared with a state attorney in response
152 to a discovery demand; providing procedures for the
153 release of information to a law enforcement agency
154 during an active investigation; requiring the
155 department to enter into a user agreement with a law
156 enforcement agency requesting the release of
157 information; providing requirements for the user
158 agreement; requiring a law enforcement agency under a
159 user agreement to conduct annual audits; providing for
160 the restriction, suspension, or termination of a user
161 agreement; revising information retention
162 requirements; revising provisions required in a
163 contract with a direct-support organization; requiring
164 the state to use certain properties and funds to
165 support the program; providing for the adoption of
166 specific rules by the department; amending s.
167 893.0551, F.S.; conforming references; amending s.
168 154.11, F.S.; authorizing a public health trust to
169 execute contracts and other instruments with certain
170 organizations without prior approval by the governing
171 body of the county; amending s. 458.3485, F.S.;
172 deleting a provision specifying entities authorized to
173 certify medical assistants; amending s. 456.42, F.S.;
174 requiring written prescriptions for specified
175 controlled substances to be dated in a specified



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176 format; amending s. 465.014, F.S.; providing the
177 number of registered pharmacy technicians a licensed
178 pharmacist may supervise if approved by the Board of
179 Pharmacy after considering certain factors; requiring
180 the board to authorize a licensed pharmacist to
181 supervise more than three pharmacy technicians if a
182 licensee is employed by certain entities; requiring a
183 licensee to provide the board with notice of
184 employment status under certain circumstances;
185 providing an appropriation to the Department of Health
186 to fund the administration of the prescription drug
187 monitoring program; amending s. 400.141, F.S.;
188 revising provisions for administration and management
189 of nursing home facilities; amending s. 465.189, F.S.;
190 authorizing pharmacists to administer meningococcal
191 and shingles vaccines under certain circumstances;
192 amending ss. 458.347 and 459.022, F.S.; increasing the
193 number of licensed physician assistants that a
194 physician may supervise at any one time; providing an
195 exception; revising circumstances under which a
196 physician assistant is authorized to prescribe or
197 dispense medication; revising requirements for
198 medications prescribed or dispensed by physician
199 assistants; revising application requirements for
200 licensure as a physician assistant and license



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201 renewal; amending ss. 458.348 and 459.025, F.S.;

202 defining the term "nonablative aesthetic skin care

203 services"; authorizing a physician assistant who has

204 completed specified education and clinical training

205 requirements, or who has specified work or clinical

206 experience, to perform nonablative aesthetic skin care

207 services under the supervision of a physician;

208 providing that a physician must complete a specified

209 number of education and clinical training hours to be

210 qualified to supervise physician assistants performing

211 certain services; providing effective dates.

212

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

214

215 Section 1. Section 395.1051, Florida Statutes, is amended

216 to read:

217 395.1051 Duty to notify patients and physicians.—

218 (1) An appropriately trained person designated by each

219 licensed facility shall inform each patient, or an individual

220 identified pursuant to s. 765.401(1), in person about adverse

221 incidents that result in serious harm to the patient.

222 Notification of outcomes of care which ~~that~~ result in harm to

223 the patient under this section does ~~shall~~ not constitute an

224 acknowledgment or admission of liability and may not, ~~nor can it~~

225 be introduced as evidence.



226 (2) A hospital shall notify each obstetrical physician who
227 has privileges at the hospital at least 120 days before the
228 hospital closes its obstetrical department or ceases to provide
229 obstetrical services.

230 Section 2. (1) Effective upon this act becoming a law and
231 notwithstanding any other provision of law, a hospital that,
232 after the enactment of chapter 2004-259, Laws of Florida, has
233 operated continuously as a verified Level I, Level II, or
234 pediatric trauma center for a consecutive 12-month period,
235 remains operational for the consecutive 12-month period
236 immediately preceding the effective date of this act, and on or
237 before April 1, 2015, certifies to the department its compliance
238 with the Florida trauma standards, may continue to operate at
239 the same trauma center level as a verified Level I, Level II, or
240 pediatric trauma center until the approval period in s.
241 395.4025(6), Florida Statutes, expires, and as long as the
242 hospital continues to meet the requirements of s. 395.4025(6),
243 Florida Statutes, related to trauma center standards and patient
244 outcomes. A hospital that meets the requirements of this
245 section shall be eligible for renewal of its 7-year approval
246 period pursuant to s. 395.4025(6), Florida Statutes.

247 (2) Effective upon this act becoming a law and
248 notwithstanding any other provision of law, a hospital that,
249 after the enactment of chapter 2004-259, Laws of Florida, has
250 operated continuously as a provisional Level I, Level II, or



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251 | pediatric trauma center for a consecutive 12-month period,
252 | remains operational for the consecutive 12-month period
253 | immediately preceding the effective date of this act, is
254 | determined to be verified by the department on or before
255 | December 31, 2014, and certifies to the department on or before
256 | April 1, 2015, its compliance with the Florida trauma standards,
257 | may continue to operate at the same trauma center level as a
258 | verified Level I, Level II, or pediatric trauma center until the
259 | approval period in s. 395.4025(6), Florida Statutes, expires as
260 | long as the hospital continues to meet the requirements of s.
261 | 395.4025(6), Florida Statutes, related to trauma center
262 | standards and patient outcomes. A hospital that meets the
263 | requirements of this section shall be eligible for renewal of
264 | its 7-year approval period pursuant to s. 395.4025(6), Florida
265 | Statutes.

266 | Section 3. Effective upon this act becoming a law,
267 | paragraphs (k) through (o) of subsection (1) of section 395.401,
268 | Florida Statutes, are redesignated as paragraphs (l) through
269 | (p), respectively, and a new paragraph (k) is added to that
270 | subsection, to read:

271 | 395.401 Trauma services system plans; approval of trauma
272 | centers and pediatric trauma centers; procedures; renewal.—

273 | (1)

274 | (k) A hospital operating a trauma center may not charge a
275 | trauma activation fee greater than \$15,000. This paragraph



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276 expires on July 1, 2015.

277 Section 4. Paragraphs (a) and (e) of subsection (2) and
278 subsection (4) of section 395.402, Florida Statutes, are amended
279 to read:

280 395.402 Trauma service areas; number and location of
281 trauma centers.—

282 (2) Trauma service areas as defined in this section are to
283 be utilized until the Department of Health completes an
284 assessment of the trauma system and reports its finding to the
285 Governor, the President of the Senate, the Speaker of the House
286 of Representatives, and the substantive legislative committees.
287 The report shall be submitted by February 1, 2005. The
288 department shall review the existing trauma system and determine
289 whether it is effective in providing trauma care uniformly
290 throughout the state. The assessment shall:

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

293 ~~(c) Review the Regional Domestic Security Task Force~~
294 ~~structure and determine whether integrating the trauma system~~
295 ~~planning with interagency regional emergency and disaster~~
296 ~~planning efforts is feasible and identify any duplication of~~
297 ~~efforts between the two entities.~~

298 (4) Annually thereafter, the department shall review the
299 assignment of the 67 counties to trauma service areas, in
300 addition to the requirements of paragraphs (2) (a) - (f) ~~(2) (b) - (g)~~



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301 and subsection (3). County assignments are made for the purpose
302 of developing a system of trauma centers. Revisions made by the
303 department shall take into consideration the recommendations
304 made as part of the regional trauma system plans approved by the
305 department and the recommendations made as part of the state
306 trauma system plan. In cases where a trauma service area is
307 located within the boundaries of more than one trauma region,
308 the trauma service area's needs, response capability, and system
309 requirements shall be considered by each trauma region served by
310 that trauma service area in its regional system plan. Until the
311 department completes the February 2005 assessment, the
312 assignment of counties shall remain as established in this
313 section.

314 (a) The following trauma service areas are hereby
315 established:

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

318 2. Trauma service area 2 shall consist of Bay, Gulf,
319 Holmes, and Washington Counties.

320 3. Trauma service area 3 shall consist of Calhoun,
321 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
322 Taylor, and Wakulla Counties.

323 4. Trauma service area 4 shall consist of Alachua,
324 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
325 Putnam, Suwannee, and Union Counties.



- 326 5. Trauma service area 5 shall consist of Baker, Clay,
- 327 Duval, Nassau, and St. Johns Counties.
- 328 6. Trauma service area 6 shall consist of Citrus,
- 329 Hernando, and Marion Counties.
- 330 7. Trauma service area 7 shall consist of Flagler and
- 331 Volusia Counties.
- 332 8. Trauma service area 8 shall consist of Lake, Orange,
- 333 Osceola, Seminole, and Sumter Counties.
- 334 9. Trauma service area 9 shall consist of Pasco and
- 335 Pinellas Counties.
- 336 10. Trauma service area 10 shall consist of Hillsborough
- 337 County.
- 338 11. Trauma service area 11 shall consist of Hardee,
- 339 Highlands, and Polk Counties.
- 340 12. Trauma service area 12 shall consist of Brevard and
- 341 Indian River Counties.
- 342 13. Trauma service area 13 shall consist of DeSoto,
- 343 Manatee, and Sarasota Counties.
- 344 14. Trauma service area 14 shall consist of Martin,
- 345 Okeechobee, and St. Lucie Counties.
- 346 15. Trauma service area 15 shall consist of Charlotte,
- 347 Collier, Glades, Hendry, and Lee Counties.
- 348 16. Trauma service area 16 shall consist of Palm Beach
- 349 County.
- 350 ~~17. Trauma service area 17 shall consist of Collier~~



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351 ~~County.~~

352 ~~17.18.~~ Trauma service area 17 ~~18~~ shall consist of Broward
353 County.

354 ~~18.19.~~ Trauma service area 18 ~~19~~ shall consist of Miami-
355 Dade and Monroe Counties.

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

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

362 Section 5. Effective upon this act becoming a law,
363 subsection (7) of section 395.4025, Florida Statutes, is amended
364 and subsections (15) and (16) are added to read:

365 395.4025 Trauma centers; selection; quality assurance;
366 records.—

367 (7) A trauma center, or a ~~any~~ hospital that has submitted
368 an application for selection as a trauma center within the same
369 trauma service area as another applicant for a trauma center,
370 may ~~that wishes to~~ protest a decision made by the department
371 based on the department's preliminary or in-depth review of
372 applications or on the recommendations of the site visit review
373 team pursuant to this section shall proceed as provided in
374 chapter 120. Hearings held under this subsection shall be
375 conducted in the same manner as provided in ss. 120.569 and



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376 120.57. Cases filed under chapter 120 may combine all disputes
377 between parties.

378 (15) The department may not verify, designate, or
379 provisionally approve any hospital to operate as a trauma center
380 through the procedures established in subsections (1) through
381 (13). This subsection expires the earlier of July 1, 2015, or
382 upon the effective date a rule adopted by the department
383 allocating the number of trauma centers needed for each trauma
384 service area as provided in s. 395.402(4).

385 (16) Each trauma center must post its trauma activation
386 fee amount in a conspicuous place within the trauma center and
387 in a prominent position on the home page of the trauma center's
388 Internet website.

389 Section 6. Effective January 1, 2015, section 456.47,
390 Florida Statutes, is created to read:

391 456.47 Use of telehealth to provide services.-

392 (1) DEFINITIONS.-As used in this section, the term:

393 (a) "Telehealth" means the use of synchronous or
394 asynchronous communication services technology by a telehealth
395 provider to provide health care services, including, but not
396 limited to, patient assessment, diagnosis, consultation,
397 treatment, monitoring and transfer of medical data, patient and
398 professional health-related education, public health, and health
399 administration. The term does not include audio-only telephone
400 calls, e-mail messages, or facsimile transmissions.



401 (b) "Telehealth provider" means a person who provides
402 health care and related services using telehealth and who is
403 licensed under chapter 457; chapter 458; chapter 459; chapter
404 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter
405 466; chapter 467; part I, part III, part IV, part V, part X,
406 part XIII, or part XIV of chapter 468; chapter 478; chapter 480;
407 part III of chapter 483; chapter 484; chapter 486; chapter 490;
408 or chapter 491; or who is registered under this section and is
409 in compliance with paragraph (4) (a).

410 (2) PRACTICE STANDARD.—

411 (a) The standard of care for telehealth providers
412 providing health care services is the same as the standard of
413 care for health care professionals providing in-person health
414 care services to patients in this state. A telehealth provider
415 is not required to research a patient's medical history or
416 conduct a physical examination of the patient before using
417 telehealth to provide services to the patient if the telehealth
418 provider conducts a patient evaluation sufficient to diagnose
419 and treat the patient. The evaluation may be performed using
420 telehealth.

421 (b) A telehealth provider may not use telehealth to
422 prescribe a controlled substance for chronic nonmalignant pain,
423 as defined in s. 456.44, unless the controlled substance is
424 ordered for inpatient treatment at a hospital licensed under
425 chapter 395.



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

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

433 (3) RECORDS.—A telehealth provider shall document in the
434 patient's medical record the health care services rendered using
435 telehealth according to the same standard as used for in-person
436 services in this state. Medical records, including video, audio,
437 electronic, or other records generated as a result of providing
438 such services, are confidential pursuant to ss. 395.3025(4) and
439 456.057.

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

441 (a) A health care professional not licensed in this state
442 may provide health care services to a patient located in this
443 state using telehealth if the telehealth provider annually
444 registers with the applicable board, or the department if there
445 is no board, and provides health care services within the
446 relevant scope of practice established by Florida law and rule.

447 (b) The board, or the department if there is no board,
448 shall register a health care professional as a telehealth
449 provider if the health care professional:

450 1. Completes an application form developed by the



451 department.

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

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

460 (c) A health care professional registered under this
461 section is prohibited from opening an office in this state and
462 from providing in-person health care services to patients
463 located in this state.

464 (d) A health care professional registered under this
465 section must immediately notify the appropriate board, or the
466 department if there is no board, of restrictions placed on the
467 health care professional's license to practice, or disciplinary
468 action taken against the health care professional, in any state
469 or jurisdiction.

470 (e) A pharmacist registered under this section may only
471 use a Florida pharmacy permitted under chapter 465, or a
472 nonresident pharmacy registered under s. 465.0156, to dispense
473 medicinal drugs to Florida patients.

474 (f) A health care professional whose license to provide
475 health care services is subject to a pending disciplinary



476 investigation or which has been revoked in any state or
477 jurisdiction may not register under this section.

478 (g) The department shall publish on its website a list of
479 all registrants and include each registrant's:

480 1. Name.

481 2. Health care occupation.

482 3. Completed health care training and education, including
483 completion dates and any certificates or degrees obtained.

484 4. Out-of-state health care license with license number.

485 5. Florida telehealth provider registration number.

486 6. Specialty.

487 7. Board certification.

488 8. Five-year disciplinary history, including sanctions and
489 board actions.

490 9. Medical malpractice insurance provider and policy
491 limits, including whether the policy covers claims that arise in
492 this state.

493 (h) The department may revoke a telehealth provider's
494 registration if the registrant:

495 1. Fails to immediately notify the department of any
496 adverse actions taken against his or her license as required
497 under paragraph (d).

498 2. Has restrictions placed on or disciplinary action taken
499 against his or her license in any state or jurisdiction.

500 3. Violates any of the requirements of this section.



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501 (5) JURISDICTION.-For the purposes of this section, any
502 act that constitutes the delivery of health care services shall
503 be deemed to occur at the place where the patient is located at
504 the time the act is performed.

505 (6) EXEMPTIONS.-A health care professional who is not
506 licensed to provide health care services in this state but who
507 holds an active license to provide health care services in
508 another state or jurisdiction, and who provides health care
509 services using telehealth to a patient located in this state, is
510 not subject to the registration requirement under this section
511 if the services are provided:

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

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

517 (7) RULEMAKING.-The applicable board, or the department if
518 there is no board, may adopt rules to administer the
519 requirements of this section.

520 Section 7. Paragraph (t) is added to subsection (3) of
521 section 408.036, Florida Statutes, to read:

522 408.036 Projects subject to review; exemptions.-

523 (3) EXEMPTIONS.-Upon request, the following projects are
524 subject to exemption from the provisions of subsection (1):

525 (t) For the relocation of not more than 15 percent of an



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526 acute care hospital's beds licensed under chapter 395 within the
527 county in which the hospital is located. In addition to any
528 other documentation otherwise required by the agency, a request
529 for exemption submitted under this paragraph must certify that:

530 1. The applicant is a nonpublic hospital with at least 600
531 beds licensed under chapter 395.

532 2. The hospital provides care to a greater percentage of
533 charity care as defined in s. 409.911(1)(c) than any other acute
534 care hospital operating in the same county.

535 3. At least 12.5 percent of the care provided by the
536 applicant qualifies as charity care as defined in s.
537 409.911(1)(c) measured by gross revenues or patient days for the
538 most recent fiscal year reported in the Florida Hospital Uniform
539 Reporting System.

540 4. The applicant has no greater than and no less than an
541 investment grade bond credit rating from a nationally recognized
542 statistical rating organization.

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

545 Section 8. Paragraph (c) of subsection (2) of section
546 381.026, Florida Statutes, is amended to read:

547 381.026 Florida Patient's Bill of Rights and
548 Responsibilities.—

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



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551 (c) "Health care provider" means a physician licensed
552 under chapter 458, an osteopathic physician licensed under
553 chapter 459, ~~or~~ a podiatric physician licensed under chapter
554 461, or an independent nurse practitioner registered under part
555 I of chapter 464.

556 Section 9. Paragraph (a) of subsection (2), paragraph (b)
557 of subsection (3), and subsections (4) and (5) of section
558 382.008, Florida Statutes, are amended to read:

559 382.008 Death and fetal death registration.—

560 (2) (a) The funeral director who first assumes custody of a
561 dead body or fetus shall file the certificate of death or fetal
562 death. In the absence of the funeral director, the physician,
563 independent nurse practitioner, or other person in attendance at
564 or after the death or the district medical examiner of the
565 county in which the death occurred or the body was found shall
566 file the certificate of death or fetal death. The person who
567 files the certificate shall obtain personal data from the next
568 of kin or the best qualified person or source available. The
569 medical certification of cause of death shall be furnished to
570 the funeral director, either in person or via certified mail or
571 electronic transfer, by the physician, independent nurse
572 practitioner, or medical examiner responsible for furnishing
573 such information. For fetal deaths, the physician, certified
574 nurse midwife, midwife, or hospital administrator shall provide
575 any medical or health information to the funeral director within



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576 72 hours after expulsion or extraction.

577 (3) Within 72 hours after receipt of a death or fetal
578 death certificate from the funeral director, the medical
579 certification of cause of death shall be completed and made
580 available to the funeral director by the decedent's primary or
581 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
582 district medical examiner of the county in which the death
583 occurred or the body was found. The primary or attending
584 practitioner ~~physician~~ or the medical examiner shall certify
585 over his or her signature the cause of death to the best of his
586 or her knowledge and belief. As used in this section, the term
587 "primary or attending practitioner ~~physician~~" means a physician
588 or independent nurse practitioner registered under s. 464.0125,
589 who treated the decedent through examination, medical advice, or
590 medication during the 12 months preceding the date of death.

591 (b) If the decedent's primary or attending practitioner,
592 ~~physician~~ or the district medical examiner of the county in
593 which the death occurred or the body was found, indicates that
594 he or she will sign and complete the medical certification of
595 cause of death but will not be available until after the 5-day
596 registration deadline, the local registrar may grant an
597 extension of 5 days. If a further extension is required, the
598 funeral director must provide written justification to the
599 registrar.

600 (4) If the department or local registrar grants an



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601 extension of time to provide the medical certification of cause
602 of death, the funeral director shall file a temporary
603 certificate of death or fetal death which shall contain all
604 available information, including the fact that the cause of
605 death is pending. The decedent's primary or attending
606 practitioner ~~physician~~ or the district medical examiner of the
607 county in which the death occurred or the body was found shall
608 provide an estimated date for completion of the permanent
609 certificate.

610 (5) A permanent certificate of death or fetal death,
611 containing the cause of death and any other information that was
612 previously unavailable, shall be registered as a replacement for
613 the temporary certificate. The permanent certificate may also
614 include corrected information if the items being corrected are
615 noted on the back of the certificate and dated and signed by the
616 funeral director, physician, independent nurse practitioner, or
617 district medical examiner of the county in which the death
618 occurred or the body was found, as appropriate.

619 Section 10. Paragraphs (a) and (f) of subsection (2) of
620 section 394.463, Florida Statutes, are amended to read:

621 394.463 Involuntary examination.—

622 (2) INVOLUNTARY EXAMINATION.—

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

625 1. A court may enter an ex parte order stating that a



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626 person appears to meet the criteria for involuntary examination,
627 giving the findings on which that conclusion is based. The ex
628 parte order for involuntary examination must be based on sworn
629 testimony, written or oral. If other less restrictive means are
630 not available, such as voluntary appearance for outpatient
631 evaluation, a law enforcement officer, or other designated agent
632 of the court, shall take the person into custody and deliver him
633 or her to the nearest receiving facility for involuntary
634 examination. The order of the court shall be made a part of the
635 patient's clinical record. No fee shall be charged for the
636 filing of an order under this subsection. Any receiving facility
637 accepting the patient based on this order must send a copy of
638 the order to the Agency for Health Care Administration on the
639 next working day. The order shall be valid only until executed
640 or, if not executed, for the period specified in the order
641 itself. If no time limit is specified in the order, the order
642 shall be valid for 7 days after the date that the order was
643 signed.

644 2. A law enforcement officer shall take a person who
645 appears to meet the criteria for involuntary examination into
646 custody and deliver the person or have him or her delivered to
647 the nearest receiving facility for examination. The officer
648 shall execute a written report detailing the circumstances under
649 which the person was taken into custody, and the report shall be
650 made a part of the patient's clinical record. Any receiving



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651 facility accepting the patient based on this report must send a
652 copy of the report to the Agency for Health Care Administration
653 on the next working day.

654 3. A physician, clinical psychologist, psychiatric nurse,
655 independent nurse practitioner, mental health counselor,
656 marriage and family therapist, or clinical social worker may
657 execute a certificate stating that he or she has examined a
658 person within the preceding 48 hours and finds that the person
659 appears to meet the criteria for involuntary examination and
660 stating the observations upon which that conclusion is based. If
661 other less restrictive means are not available, such as
662 voluntary appearance for outpatient evaluation, a law
663 enforcement officer shall take the person named in the
664 certificate into custody and deliver him or her to the nearest
665 receiving facility for involuntary examination. The law
666 enforcement officer shall execute a written report detailing the
667 circumstances under which the person was taken into custody. The
668 report and certificate shall be made a part of the patient's
669 clinical record. Any receiving facility accepting the patient
670 based on this certificate must send a copy of the certificate to
671 the Agency for Health Care Administration on the next working
672 day.

673 (f) A patient shall be examined by a physician, ~~or a~~
674 clinical psychologist, or an independent nurse practitioner who
675 is nationally certified as a psychiatric-mental health advanced



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676 practice nurse at a receiving facility without unnecessary delay
677 and may, upon the order of a physician, be given emergency
678 treatment if it is determined that such treatment is necessary
679 for the safety of the patient or others. The patient may not be
680 released by the receiving facility or its contractor without the
681 documented approval of a psychiatrist, a clinical psychologist,
682 or an independent nurse practitioner who is nationally certified
683 as a psychiatric-mental health advanced practice nurse, or, if
684 the receiving facility is a hospital, the release may also be
685 approved by an attending emergency department physician with
686 experience in the diagnosis and treatment of mental and nervous
687 disorders and after completion of an involuntary examination
688 pursuant to this subsection. However, a patient may not be held
689 in a receiving facility for involuntary examination longer than
690 72 hours.

691 Section 11. Subsection (1) and paragraphs (a), (d), and
692 (e) of subsection (2) of section 456.048, Florida Statutes, are
693 amended to read:

694 456.048 Financial responsibility requirements for certain
695 health care practitioners.—

696 (1) As a prerequisite for licensure or license renewal,
697 the Board of Acupuncture, the Board of Chiropractic Medicine,
698 the Board of Podiatric Medicine, and the Board of Dentistry
699 shall, by rule, require that all health care practitioners
700 licensed under the respective board, and the Board of Medicine



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701 and the Board of Osteopathic Medicine shall, by rule, require
702 that all anesthesiologist assistants licensed pursuant to s.
703 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,
704 require that independent nurse practitioners registered under s.
705 464.0125 and advanced registered nurse practitioners certified
706 under s. 464.012, and the department shall, by rule, require
707 that midwives maintain medical malpractice insurance or provide
708 proof of financial responsibility in an amount and in a manner
709 determined by the board or department to be sufficient to cover
710 claims arising out of the rendering of or failure to render
711 professional care and services in this state.

712 (2) The board or department may grant exemptions upon
713 application by practitioners meeting any of the following
714 criteria:

715 (a) Any person licensed under chapter 457, s. 458.3475, s.
716 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125,
717 chapter 466, or chapter 467 who practices exclusively as an
718 officer, employee, or agent of the Federal Government or of the
719 state or its agencies or its subdivisions. For the purposes of
720 this subsection, an agent of the state, its agencies, or its
721 subdivisions is a person who is eligible for coverage under any
722 self-insurance or insurance program authorized by the provisions
723 of s. 768.28(16) or who is a volunteer under s. 110.501(1).

724 (d) Any person licensed or certified under chapter 457, s.
725 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s.



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726 464.0125, chapter 466, or chapter 467 who practices only in
727 conjunction with his or her teaching duties at an accredited
728 school or in its main teaching hospitals. Such person may engage
729 in the practice of medicine to the extent that such practice is
730 incidental to and a necessary part of duties in connection with
731 the teaching position in the school.

732 (e) Any person holding an active license or certification
733 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter
734 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is
735 not practicing in this state. If such person initiates or
736 resumes practice in this state, he or she must notify the
737 department of such activity.

738 Section 12. Paragraph (a) of subsection (2) and subsection
739 (3) of section 456.44, Florida Statutes, are amended to read:

740 456.44 Controlled substance prescribing.—

741 (2) REGISTRATION.—Effective January 1, 2012, a physician
742 licensed under chapter 458, chapter 459, chapter 461, or chapter
743 466, or an independent nurse practitioner registered under part
744 I of chapter 464, who prescribes any controlled substance,
745 listed in Schedule II, Schedule III, or Schedule IV as defined
746 in s. 893.03, for the treatment of chronic nonmalignant pain,
747 must:

748 (a) Designate himself or herself as a controlled substance
749 prescribing practitioner on the practitioner's ~~physician's~~
750 ~~practitioner~~ profile.



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

755 (a) A complete medical history and a physical examination
756 must be conducted before beginning any treatment and must be
757 documented in the medical record. The exact components of the
758 physical examination shall be left to the judgment of the
759 clinician who is expected to perform a physical examination
760 proportionate to the diagnosis that justifies a treatment. The
761 medical record must, at a minimum, document the nature and
762 intensity of the pain, current and past treatments for pain,
763 underlying or coexisting diseases or conditions, the effect of
764 the pain on physical and psychological function, a review of
765 previous medical records, previous diagnostic studies, and
766 history of alcohol and substance abuse. The medical record shall
767 also document the presence of one or more recognized medical
768 indications for the use of a controlled substance. Each
769 registrant must develop a written plan for assessing each
770 patient's risk of aberrant drug-related behavior, which may
771 include patient drug testing. Registrants must assess each
772 patient's risk for aberrant drug-related behavior and monitor
773 that risk on an ongoing basis in accordance with the plan.

774 (b) Each registrant must develop a written individualized
775 treatment plan for each patient. The treatment plan shall state



776 objectives that will be used to determine treatment success,
777 such as pain relief and improved physical and psychosocial
778 function, and shall indicate if any further diagnostic
779 evaluations or other treatments are planned. After treatment
780 begins, the practitioner ~~physician~~ shall adjust drug therapy to
781 the individual medical needs of each patient. Other treatment
782 modalities, including a rehabilitation program, shall be
783 considered depending on the etiology of the pain and the extent
784 to which the pain is associated with physical and psychosocial
785 impairment. The interdisciplinary nature of the treatment plan
786 shall be documented.

787 (c) The practitioner ~~physician~~ shall discuss the risks and
788 benefits of the use of controlled substances, including the
789 risks of abuse and addiction, as well as physical dependence and
790 its consequences, with the patient, persons designated by the
791 patient, or the patient's surrogate or guardian if the patient
792 is incompetent. The practitioner ~~physician~~ shall use a written
793 controlled substance agreement between the practitioner
794 ~~physician~~ and the patient outlining the patient's
795 responsibilities, including, but not limited to:

796 1. Number and frequency of controlled substance
797 prescriptions and refills.

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

800 3. An agreement that controlled substances for the



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801 treatment of chronic nonmalignant pain shall be prescribed by a
802 single treating practitioner ~~physician~~ unless otherwise
803 authorized by the treating practitioner ~~physician~~ and documented
804 in the medical record.

805 (d) The patient shall be seen by the practitioner
806 ~~physician~~ at regular intervals, not to exceed 3 months, to
807 assess the efficacy of treatment, ensure that controlled
808 substance therapy remains indicated, evaluate the patient's
809 progress toward treatment objectives, consider adverse drug
810 effects, and review the etiology of the pain. Continuation or
811 modification of therapy shall depend on the practitioner's
812 ~~physician's~~ evaluation of the patient's progress. If treatment
813 goals are not being achieved, despite medication adjustments,
814 the practitioner ~~physician~~ shall reevaluate the appropriateness
815 of continued treatment. The practitioner ~~physician~~ shall monitor
816 patient compliance in medication usage, related treatment plans,
817 controlled substance agreements, and indications of substance
818 abuse or diversion at a minimum of 3-month intervals.

819 (e) The practitioner ~~physician~~ shall refer the patient as
820 necessary for additional evaluation and treatment in order to
821 achieve treatment objectives. Special attention shall be given
822 to those patients who are at risk for misusing their medications
823 and those whose living arrangements pose a risk for medication
824 misuse or diversion. The management of pain in patients with a
825 history of substance abuse or with a comorbid psychiatric



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826 disorder requires extra care, monitoring, and documentation and
827 requires consultation with or referral to an addiction medicine
828 specialist or psychiatrist.

829 (f) A practitioner ~~physician~~ registered under this section
830 must maintain accurate, current, and complete records that are
831 accessible and readily available for review and comply with the
832 requirements of this section, the applicable practice act, and
833 applicable board rules. The medical records must include, but
834 are not limited to:

- 835 1. The complete medical history and a physical
836 examination, including history of drug abuse or dependence.
- 837 2. Diagnostic, therapeutic, and laboratory results.
- 838 3. Evaluations and consultations.
- 839 4. Treatment objectives.
- 840 5. Discussion of risks and benefits.
- 841 6. Treatments.
- 842 7. Medications, including date, type, dosage, and quantity
843 prescribed.
- 844 8. Instructions and agreements.
- 845 9. Periodic reviews.
- 846 10. Results of any drug testing.
- 847 11. A photocopy of the patient's government-issued photo
848 identification.
- 849 12. If a written prescription for a controlled substance
850 is given to the patient, a duplicate of the prescription.



851 13. The practitioner's ~~physician's~~ full name presented in
852 a legible manner.

853 (g) Patients with signs or symptoms of substance abuse
854 shall be immediately referred to a board-certified pain
855 management physician, an addiction medicine specialist, or a
856 mental health addiction facility as it pertains to drug abuse or
857 addiction unless the practitioner is a physician who is board-
858 certified or board-eligible in pain management. Throughout the
859 period of time before receiving the consultant's report, a
860 prescribing practitioner ~~physician~~ shall clearly and completely
861 document medical justification for continued treatment with
862 controlled substances and those steps taken to ensure medically
863 appropriate use of controlled substances by the patient. Upon
864 receipt of the consultant's written report, the prescribing
865 practitioner ~~physician~~ shall incorporate the consultant's
866 recommendations for continuing, modifying, or discontinuing
867 controlled substance therapy. The resulting changes in treatment
868 shall be specifically documented in the patient's medical
869 record. Evidence or behavioral indications of diversion shall be
870 followed by discontinuation of controlled substance therapy, and
871 the patient shall be discharged, and all results of testing and
872 actions taken by the physician shall be documented in the
873 patient's medical record.

874
875 This subsection does not apply to a board-eligible or board-



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876 certified anesthesiologist, physiatrist, rheumatologist, or
877 neurologist, or to a board-certified physician who has surgical
878 privileges at a hospital or ambulatory surgery center and
879 primarily provides surgical services. This subsection does not
880 apply to a board-eligible or board-certified medical specialist
881 who has also completed a fellowship in pain medicine approved by
882 the Accreditation Council for Graduate Medical Education or the
883 American Osteopathic Association, or who is board eligible or
884 board certified in pain medicine by the American Board of Pain
885 Medicine or a board approved by the American Board of Medical
886 Specialties or the American Osteopathic Association and performs
887 interventional pain procedures of the type routinely billed
888 using surgical codes. This subsection does not apply to a
889 practitioner ~~physician~~ who prescribes medically necessary
890 controlled substances for a patient during an inpatient stay in
891 a hospital licensed under chapter 395.

892 Section 13. Subsection (2) of section 464.003, Florida
893 Statutes, is amended, subsections (16) through (23) are
894 renumbered as subsections (17) through (24), respectively, and a
895 new subsection (16) is added to that section, to read:

896 464.003 Definitions.—As used in this part, the term:

897 (2) "Advanced or specialized nursing practice" means, in
898 addition to the practice of professional nursing, the
899 performance of advanced-level nursing acts approved by the board
900 which, by virtue of postbasic specialized education, training,



901 and experience, are appropriately performed by an advanced
902 registered nurse practitioner. Within the context of advanced or
903 specialized nursing practice, the advanced registered nurse
904 practitioner may perform acts of nursing diagnosis and nursing
905 treatment of alterations of the health status. The advanced
906 registered nurse practitioner may also perform acts of medical
907 diagnosis and treatment, prescription, and operation which are
908 identified and approved by a joint committee composed of three
909 members appointed by the Board of Nursing, two of whom must be
910 advanced registered nurse practitioners; three members appointed
911 by the Board of Medicine, two of whom must have had work
912 experience with advanced registered nurse practitioners; and one
913 member appointed by the Board of Pharmacy ~~the State Surgeon~~
914 ~~General or the State Surgeon General's designee~~. Each committee
915 member appointed by a board shall be appointed to a term of 4
916 years unless a shorter term is required to establish or maintain
917 staggered terms. The Board of Nursing shall adopt rules
918 authorizing the performance of any such acts approved by the
919 joint committee. Unless otherwise specified by the joint
920 committee, such medical acts must be performed under the general
921 supervision of a practitioner licensed under chapter 458,
922 chapter 459, or chapter 466 within the framework of standing
923 protocols which identify the medical acts to be performed and
924 the conditions for their performance. The department may, by
925 rule, require that a copy of the protocol be filed with the



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926 department along with the notice required by s. 458.348 or s.
927 459.025. The joint committee must also establish a formulary of
928 controlled substances that independent nurse practitioners
929 registered under s. 464.0125, are prohibited from prescribing,
930 administering, or dispensing. The board must adopt the
931 exclusionary formulary developed by the joint committee in rule.

932 (16) "Independent nurse practitioner" means an advanced
933 registered nurse practitioner who maintains an active and valid
934 certification under s. 464.012(2) and registration under s.
935 464.0125 to practice advanced or specialized nursing
936 independently and without the supervision of a physician or a
937 protocol.

938 Section 14. Paragraph (c) of subsection (4) of section
939 464.012, Florida Statutes, is amended to read:

940 464.012 Certification of advanced registered nurse
941 practitioners; fees.—

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

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

- 947 1. Manage selected medical problems.
- 948 2. Order physical and occupational therapy.
- 949 3. Initiate, monitor, or alter therapies for certain
950 uncomplicated acute illnesses.



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951 4. Monitor and manage patients with stable chronic
952 diseases.

953 5. Establish behavioral problems and diagnosis and make
954 treatment recommendations.

955 6. Prescribe, dispense, order, or administer controlled
956 substances to the extent authorized in the protocol and only to
957 the extent the supervising physician is authorized to prescribe,
958 dispense, order, or administer controlled substances.

959 Section 15. Section 464.0125, Florida Statutes, is created
960 to read:

961 464.0125 Registration of independent nurse practitioners;
962 fees.—

963 (1) To be registered as an independent nurse practitioner,
964 an applicant must hold an active and unencumbered certificate
965 issued by the department under s. 464.012 and a national nurse
966 practitioner certificate issued by a nursing specialty board,
967 and must have:

968 (a) Completed, in any jurisdiction of the United States,
969 at least 2,000 clinical practice hours within a 3-year period
970 immediately preceding the submission of the application and
971 while practicing as an advanced registered nurse practitioner.

972 (b) Not been subject to disciplinary action under s.
973 464.018 or s. 456.072, or similar disciplinary action in any
974 other jurisdiction, during the 5 years immediately preceding the
975 submission of the application.



976 (c) Completed a graduate-level course in pharmacology.
977 (2) An independent nurse practitioner may perform, without
978 physician supervision or a protocol, the acts authorized in s.
979 464.012(3), acts described in s. 464.012(4)(c), and any of the
980 following:
981 (a) For a patient who requires the services of a health
982 care facility, as defined in s. 408.032(8):
983 1. Admit the patient to the facility.
984 2. Manage the care that the patient receives in the
985 facility.
986 3. Discharge the patient from the facility.
987 (b) Provide a signature, certification, stamp,
988 verification, affidavit, or other endorsement that is otherwise
989 required by law to be provided by a physician.
990 (c) Act as a patient's primary care provider.
991 (d) Administer, dispense, order, and prescribe medicinal
992 drugs, including controlled substances if the controlled
993 substances are not included in the formulary created pursuant to
994 s. 464.003(2).
995 (3) An advanced registered nurse practitioner registered
996 as an independent nurse practitioner under this section must
997 submit to the department proof of registration along with the
998 information required under s. 456.0391, and the department shall
999 include the registration in the advanced registered nurse
1000 practitioner's profile created pursuant to s. 456.041.



1001 (4) To be eligible for biennial renewal of registration,
1002 an independent nurse practitioner must complete at least 10
1003 hours of continuing education approved by the board in
1004 pharmacology in addition to completing the continuing education
1005 requirements established by board rule pursuant to s. 464.013.
1006 The biennial renewal for registration shall coincide with the
1007 independent nurse practitioner's biennial renewal period for
1008 advanced registered nurse practitioner certification.

1009 (5) The board shall register any nurse meeting the
1010 qualifications in this section. The board shall establish an
1011 application fee not to exceed \$100 and a biennial renewal fee
1012 not to exceed \$50. The board is authorized to adopt rules as
1013 necessary to implement this section.

1014 Section 16. Subsection (10) of section 464.015, Florida
1015 Statutes, is renumbered as subsection (11), present subsection
1016 (9) is renumbered as subsection (10) and amended, and a new
1017 subsection (9) is added to that section, to read:

1018 464.015 Titles and abbreviations; restrictions; penalty.—

1019 (9) Only persons who are registered to practice as
1020 independent nurse practitioners in this state may use the title
1021 "Independent Nurse Practitioner" and the abbreviation "I.N.P."

1022 (10)~~(9)~~ A person may not practice or advertise as, or
1023 assume the title of, registered nurse, licensed practical nurse,
1024 clinical nurse specialist, certified registered nurse
1025 anesthetist, certified nurse midwife, ~~or~~ advanced registered



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1026 | nurse practitioner, or independent nurse practitioner or use the
1027 | abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"
1028 | ~~or~~ "A.R.N.P.," or "I.N.P." or take any other action that would
1029 | lead the public to believe that person was certified as such or
1030 | is performing nursing services pursuant to the exception set
1031 | forth in s. 464.022(8), unless that person is licensed or
1032 | certified to practice as such.

1033 | Section 17. Section 464.0155, Florida Statutes, is created
1034 | to read:

1035 | 464.0155 Reports of adverse incidents by independent nurse
1036 | practitioners.-

1037 | (1) Effective January 1, 2015, an independent nurse
1038 | practitioner must report an adverse incident to the board in
1039 | accordance with this section.

1040 | (2) The report must be in writing, sent to the board by
1041 | certified mail, and postmarked within 15 days after the adverse
1042 | incident if the adverse incident occurs when the patient is at
1043 | the office of the independent nurse practitioner. If the adverse
1044 | incident occurs when the patient is not at the office of the
1045 | independent nurse practitioner, the report must be postmarked
1046 | within 15 days after the independent nurse practitioner
1047 | discovers, or reasonably should have discovered, the occurrence
1048 | of the adverse incident.

1049 | (3) For the purpose of this section, the term "adverse
1050 | incident" means any of the following events when it is



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1051 reasonable to believe that the event is attributable to the
1052 prescription of a controlled substance by the independent nurse
1053 practitioner:

1054 (a) A condition that requires the transfer of a patient to
1055 a hospital licensed under chapter 395.

1056 (b) A permanent physical injury to the patient.

1057 (c) The death of the patient.

1058 (4) The board shall review each adverse incident and
1059 determine whether the adverse incident is caused by the
1060 independent nurse practitioner. The board may take disciplinary
1061 action upon such a finding, in which event s. 456.073 applies.

1062 Section 18. Paragraph (p) is added to subsection (1) of
1063 section 464.018, Florida Statutes, to read:

1064 464.018 Disciplinary actions.—

1065 (1) The following acts constitute grounds for denial of a
1066 license or disciplinary action, as specified in s. 456.072(2):

1067 (p) For an independent nurse practitioner registered under
1068 s. 464.0125:

1069 1. Prescribing, dispensing, administering, mixing, or
1070 otherwise preparing a legend drug, including any controlled
1071 substance, other than in the course of the professional practice
1072 of the independent nurse practitioner. For the purposes of this
1073 subparagraph, it shall be legally presumed that prescribing,
1074 dispensing, administering, mixing, or otherwise preparing legend
1075 drugs, including all controlled substances, inappropriately or



1076 in excessive or inappropriate quantities is not in the best
1077 interest of the patient and is not in the course of the
1078 professional practice of the independent nurse practitioner,
1079 without regard to the nurse's intent.

1080 2. Dispensing a controlled substance listed in Schedule II
1081 or Schedule III in violation of s. 465.0276.

1082 3. Presigning blank prescription forms.

1083 4. Prescribing any medicinal drug appearing on Schedule II
1084 in chapter 893 by the nurse for office use.

1085 5. Prescribing, ordering, dispensing, administering,
1086 supplying, selling, or giving a drug that is a Schedule II
1087 amphetamine or a Schedule II sympathomimetic amine drug or any
1088 compound thereof, pursuant to chapter 893, to or for any person
1089 except for:

1090 a. The treatment of narcolepsy; hyperkinesis; behavioral
1091 syndrome characterized by the developmentally inappropriate
1092 symptoms of moderate to severe distractability, short attention
1093 span, hyperactivity, emotional liability, and impulsivity; or
1094 drug-induced brain dysfunction;

1095 b. The differential diagnostic psychiatric evaluation of
1096 depression or the treatment of depression shown to be refractory
1097 to other therapeutic modalities; or

1098 c. The clinical investigation of the effects of such drugs
1099 or compounds when an investigative protocol therefor is
1100 submitted to, reviewed, and approved by the board before such



1101 investigation is begun.

1102 6. Prescribing, ordering, dispensing, administering,
1103 supplying, selling, or giving growth hormones, testosterone or
1104 its analogs, human chorionic gonadotropin (HCG), or other
1105 hormones for the purpose of muscle building or to enhance
1106 athletic performance. For the purposes of this subsection, the
1107 term "muscle building" does not include the treatment of injured
1108 muscle. A prescription written for the drug products listed in
1109 this subparagraph may be dispensed by the pharmacist with the
1110 presumption that the prescription is for legitimate medical use.

1111 7. Prescribing, ordering, dispensing, administering,
1112 supplying, selling, or giving amygdalin (laetrile) to any
1113 person.

1114 8. Promoting or advertising on any prescription form of a
1115 community pharmacy, unless the form also states: "This
1116 prescription may be filled at any pharmacy of your choice."

1117 9. Promoting or advertising through any communication
1118 media the use, sale, or dispensing of any controlled substance
1119 appearing on any schedule in chapter 893.

1120 10. Prescribing or dispensing any medicinal drug appearing
1121 on any schedule in chapter 893 by the independent nurse
1122 practitioner for himself or herself or administering any such
1123 drug by the nurse to himself or herself unless such drug is
1124 prescribed for the independent nurse practitioner by another
1125 practitioner authorized to prescribe medicinal drugs.



1126 11. Paying or receiving any commission, bonus, kickback,
1127 or rebate, or engaging in any split-fee arrangement in any form
1128 whatsoever with a health care practitioner, organization,
1129 agency, or person, either directly or indirectly, for patients
1130 referred to providers of health care goods and services,
1131 including, but not limited to, hospitals, nursing homes,
1132 clinical laboratories, ambulatory surgical centers, or
1133 pharmacies. This subparagraph does not prevent an independent
1134 nurse practitioner from receiving a fee for professional
1135 consultation services.

1136 12. Exercising influence within a patient-independent
1137 nurse practitioner relationship for purposes of engaging a
1138 patient in sexual activity. A patient shall be presumed to be
1139 incapable of giving free, full, and informed consent to sexual
1140 activity with his or her independent nurse practitioner.

1141 13. Making deceptive, untrue, or fraudulent
1142 representations in or related to the practice of advanced or
1143 specialized nursing or employing a trick or scheme in the
1144 practice of advanced or specialized nursing.

1145 14. Soliciting patients, either personally or through an
1146 agent, through the use of fraud, intimidation, undue influence,
1147 or a form of overreaching or vexatious conduct. A solicitation
1148 is any communication that directly or implicitly requests an
1149 immediate oral response from the recipient.

1150 15. Failing to keep legible, as defined by department rule



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1151 | in consultation with the board, medical records that identify
1152 | the independent nurse practitioner by name and professional
1153 | title who is responsible for rendering, ordering, supervising,
1154 | or billing for each diagnostic or treatment procedure and that
1155 | justify the course of treatment of the patient, including, but
1156 | not limited to, patient histories; examination results; test
1157 | results; records of drugs prescribed, dispensed, or
1158 | administered; and reports of consultations or referrals.

1159 | 16. Exercising influence on the patient or client in such
1160 | a manner as to exploit the patient or client for financial gain
1161 | of the licensee or of a third party, which shall include, but
1162 | not be limited to, the promoting or selling of services, goods,
1163 | appliances, or drugs.

1164 | 17. Performing professional services that have not been
1165 | duly authorized by the patient or client, or his or her legal
1166 | representative, except as provided in s. 766.103 or s. 768.13.

1167 | 18. Performing any procedure or prescribing any therapy
1168 | that, by the prevailing standards of advanced or specialized
1169 | nursing practice in the community, would constitute
1170 | experimentation on a human subject, without first obtaining
1171 | full, informed, and written consent.

1172 | 19. Delegating professional responsibilities to a person
1173 | when the licensee delegating such responsibilities knows or has
1174 | reason to know that such person is not qualified by training,
1175 | experience, or licensure to perform such responsibilities.



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1176 20. Conspiring with another independent nurse practitioner
1177 or with any other person to commit an act, or committing an act,
1178 which would tend to coerce, intimidate, or preclude another
1179 independent nurse practitioner from lawfully advertising his or
1180 her services.

1181 21. Advertising or holding oneself out as having
1182 certification in a specialty which the independent nurse
1183 practitioner has not received.

1184 22. Failing to comply with the requirements of ss. 381.026
1185 and 381.0261 to provide patients with information about his or
1186 her patient rights and how to file a patient complaint.

1187 23. Providing deceptive or fraudulent expert witness
1188 testimony related to the advanced or specialized practice of
1189 nursing.

1190 Section 19. Subsection (21) of section 893.02, Florida
1191 Statutes, is amended to read:

1192 893.02 Definitions.—The following words and phrases as
1193 used in this chapter shall have the following meanings, unless
1194 the context otherwise requires:

1195 (21) "Practitioner" means a physician licensed pursuant to
1196 chapter 458, a dentist licensed pursuant to chapter 466, a
1197 veterinarian licensed pursuant to chapter 474, an osteopathic
1198 physician licensed pursuant to chapter 459, a naturopath
1199 licensed pursuant to chapter 462, a certified optometrist
1200 licensed pursuant to chapter 463, an independent nurse



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1201 practitioner registered pursuant to s. 464.0125, or a podiatric
1202 physician licensed pursuant to chapter 461, provided such
1203 practitioner holds a valid federal controlled substance registry
1204 number.

1205 Section 20. Subsection (2) of section 960.28, Florida
1206 Statutes, is amended to read:

1207 960.28 Payment for victims' initial forensic physical
1208 examinations.—

1209 (2) The Crime Victims' Services Office of the department
1210 shall pay for medical expenses connected with an initial
1211 forensic physical examination of a victim of sexual battery as
1212 defined in chapter 794 or a lewd or lascivious offense as
1213 defined in chapter 800. Such payment shall be made regardless of
1214 whether the victim is covered by health or disability insurance
1215 and whether the victim participates in the criminal justice
1216 system or cooperates with law enforcement. The payment shall be
1217 made only out of moneys allocated to the Crime Victims' Services
1218 Office for the purposes of this section, and the payment may not
1219 exceed \$500 with respect to any violation. The department shall
1220 develop and maintain separate protocols for the initial forensic
1221 physical examination of adults and children. Payment under this
1222 section is limited to medical expenses connected with the
1223 initial forensic physical examination, and payment may be made
1224 to a medical provider using an examiner qualified under part I
1225 of chapter 464, excluding s. 464.003(17) ~~s. 464.003(16)~~; chapter



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1226 458; or chapter 459. Payment made to the medical provider by the
1227 department shall be considered by the provider as payment in
1228 full for the initial forensic physical examination associated
1229 with the collection of evidence. The victim may not be required
1230 to pay, directly or indirectly, the cost of an initial forensic
1231 physical examination performed in accordance with this section.

1232 Section 21. Subsection (2) of section 288.901, Florida
1233 Statutes, is amended to read:

1234 288.901 Enterprise Florida, Inc.—

1235 (2) PURPOSES.—Enterprise Florida, Inc., shall act as the
1236 economic development organization for the state, using ~~utilizing~~
1237 private sector and public sector expertise in collaboration with
1238 the department to:

1239 (a) Increase private investment in Florida;

1240 (b) Advance international and domestic trade
1241 opportunities;

1242 (c) Market the state both as a probusiness location for
1243 new investment and as an unparalleled tourist destination;

1244 (d) Revitalize Florida's space and aerospace industries,
1245 and promote emerging complementary industries;

1246 (e) Promote opportunities for minority-owned businesses;

1247 (f) Assist and market professional and amateur sport teams
1248 and sporting events in Florida; ~~and~~

1249 (g) Assist, promote, and enhance economic opportunities in
1250 this state's rural and urban communities; and



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1251 (h) Market the state as a health care destination by using
1252 the medical tourism initiatives as described in s. 288.924 to
1253 promote quality health care services in this state.

1254 Section 22. Paragraph (c) of subsection (4) of section
1255 288.923, Florida Statutes, is amended to read:

1256 288.923 Division of Tourism Marketing; definitions;
1257 responsibilities.—

1258 (4) The division's responsibilities and duties include,
1259 but are not limited to:

1260 (c) Developing a 4-year marketing plan.

1261 1. At a minimum, the marketing plan shall discuss the
1262 following:

1263 a. Continuation of overall tourism growth in this state.

1264 b. Expansion to new or under-represented tourist markets.

1265 c. Maintenance of traditional and loyal tourist markets.

1266 d. Coordination of efforts with county destination
1267 marketing organizations, other local government marketing
1268 groups, privately owned attractions and destinations, and other
1269 private sector partners to create a seamless, four-season
1270 advertising campaign for the state and its regions.

1271 e. Development of innovative techniques or promotions to
1272 build repeat visitation by targeted segments of the tourist
1273 population.

1274 f. Consideration of innovative sources of state funding
1275 for tourism marketing.



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1276 | g. Promotion of nature-based tourism and heritage tourism.

1277 | h. Promotion of medical tourism, as provided under s.

1278 | 288.924.

1279 | ~~i.h.~~ Development of a component to address emergency
1280 | response to natural and manmade disasters from a marketing
1281 | standpoint.

1282 | 2. The plan shall be annual in construction and ongoing in
1283 | nature. Any annual revisions of the plan shall carry forward the
1284 | concepts of the remaining 3-year portion of the plan and
1285 | consider a continuum portion to preserve the 4-year timeframe of
1286 | the plan. The plan also shall include recommendations for
1287 | specific performance standards and measurable outcomes for the
1288 | division and direct-support organization. The department, in
1289 | consultation with the board of directors of Enterprise Florida,
1290 | Inc., shall base the actual performance metrics on these
1291 | recommendations.

1292 | 3. The 4-year marketing plan shall be developed in
1293 | collaboration with the Florida Tourism Industry Marketing
1294 | Corporation. The plan shall be annually reviewed and approved by
1295 | the board of directors of Enterprise Florida, Inc.

1296 | Section 23. Section 288.924, Florida Statutes, is created
1297 | to read:

1298 | 288.924 Medical tourism.—

1299 | (1) MEDICAL TOURISM MARKETING PLAN.—The Division of
1300 | Tourism Marketing shall include in the 4-year marketing plan



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1301 required under s. 288.923(4)(c) specific initiatives to advance
1302 this state as a destination for quality health care services.

1303 The plan must:

1304 (a) Promote national and international awareness of the
1305 qualifications, scope of services, and specialized expertise of
1306 health care providers throughout this state.

1307 (b) Include an initiative that showcases selected,
1308 qualified providers offering bundled packages of health care and
1309 support services for defined care episodes. The selection of
1310 providers to be showcased must be conducted through a
1311 solicitation of proposals from Florida hospitals and other
1312 licensed providers for plans that describe available services,
1313 provider qualifications, and special arrangements for food,
1314 lodging, transportation, or other support services and amenities
1315 that may be provided to visiting patients and their families. A
1316 single health care provider may submit a proposal describing the
1317 available health care services that will be offered through a
1318 network of multiple providers and explaining any support
1319 services or other amenities associated with the care episode.

1320 The Florida Tourism Industry Marketing Corporation shall assess
1321 the qualifications and credentials of providers submitting
1322 proposals. To the extent funding is available, all qualified
1323 providers shall be selected to be showcased in the initiative.

1324 To be qualified, a health care provider must:



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- 1325 1. Have a full, active, and unencumbered Florida license
1326 and ensure that all health care providers participating in the
1327 proposal have full, active, and unencumbered Florida licenses;
1328 2. Have a current accreditation that is not conditional or
1329 provisional from a nationally recognized accrediting body;
1330 3. Be recognized as a Cancer Center of Excellence under s.
1331 381.925 or have a current national or international recognition
1332 in another specialty area, if such recognition is given through
1333 a specific qualifying process; and
1334 4. Meet other criteria as determined by the Florida
1335 Tourism Industry Marketing Corporation in collaboration with the
1336 Agency for Health Care Administration and the Department of
1337 Health.
- 1338 (2) ALLOCATION OF FUNDS FOR MARKETING PLAN.—Annually, at
1339 least \$3.5 million of the funds appropriated in the General
1340 Appropriations Act to the Florida Tourism Industry Marketing
1341 Corporation shall be allocated for the development and
1342 implementation of the medical tourism marketing plan.
- 1343 (3) MEDICAL TOURISM MATCHING GRANTS.—The Florida Tourism
1344 Industry Marketing Corporation shall create a matching grant
1345 program to provide funding to local or regional economic
1346 development organizations for targeted medical tourism marketing
1347 initiatives. The initiatives must promote and advance Florida as
1348 a destination for quality health care services.



1349 (a) Selection of recipients of a matching grant shall be
1350 based on the following criteria:

1351 1. The providers involved in the local initiative must
1352 meet the criteria specified in subsection (1).

1353 2. The local or regional economic development organization
1354 must demonstrate an ability to involve a variety of businesses
1355 in a collaborative effort to welcome and support patients and
1356 their families who travel to this state to obtain medical
1357 services.

1358 3. The cash or in-kind services available from the local
1359 or regional economic development organization must be at least
1360 equal to the amount of available state financial support.

1361 (b) Proposals must be submitted by November 1 of each
1362 year. Funds must be equally divided among all selected
1363 applicants.

1364 (4) ALLOCATION OF FUNDS FOR MATCHING GRANTS.—Annually, at
1365 least \$1.5 million of the funds appropriated in the General
1366 Appropriations Act to the Florida Tourism Industry Marketing
1367 Corporation shall be allocated for the matching grant program.

1368 Section 24. Subsection (7) of section 456.072, Florida
1369 Statutes, is amended, and paragraph (oo) is added to subsection
1370 (1) of that section, to read:

1371 456.072 Grounds for discipline; penalties; enforcement.—



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1372 (1) The following acts shall constitute grounds for which
1373 the disciplinary actions specified in subsection (2) may be
1374 taken:

1375 (oo) Failing to comply with the requirements of s.
1376 893.055(8) by failing to access the prescription drug monitoring
1377 program database upon an initial visit with a patient and view
1378 her or his prescription drug history before issuing a
1379 prescription for a controlled substance listed in s. 893.03(2),
1380 (3), or (4) to the patient.

1381 (7) Notwithstanding subsection (2), upon a finding that a
1382 physician or an independent nurse practitioner has prescribed or
1383 dispensed a controlled substance, or caused a controlled
1384 substance to be prescribed or dispensed, in a manner that
1385 violates the standard of practice set forth in s. 458.331(1)(q)
1386 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s.
1387 464.018(1)(p), or s. 466.028(1)(p) or (x), such practitioner ~~the~~
1388 ~~physician~~ shall be suspended for a period of at least ~~not less~~
1389 ~~than~~ 6 months and pay a fine of at least ~~not less than~~ \$10,000
1390 per count. Repeated violations shall result in increased
1391 penalties.

1392 Section 25. Section 893.055, Florida Statutes, is amended
1393 to read:

1394 (Substantial rewording of section. See
1395 s. 893.055, F.S., for present text.)
1396 893.055 Prescription drug monitoring program.-



- 1397 (1) As used in this section and s. 893.0551, the term:
1398 (a) "Active investigation" means an open investigation
1399 conducted by a law enforcement agency with a reasonable, good
1400 faith belief that it will lead to the filing of criminal charges
1401 or that is ongoing and for which there is a reasonable, good
1402 faith anticipation of obtaining an arrest or prosecution in the
1403 foreseeable future.
- 1404 (b) "Administer" means to obtain and give a single dose of
1405 a medicinal drug to a patient for her or his consumption.
- 1406 (c) "Controlled substance" means a substance named or
1407 described in s. 893.03(2), (3), or (4).
- 1408 (d) "Dispense" means to transfer possession of one or more
1409 doses of a medicinal drug to the ultimate consumer or her or his
1410 agent.
- 1411 (e) "Dispenser" means a pharmacist or dispensing health
1412 care practitioner.
- 1413 (f) "Health care practitioner" means a person licensed as
1414 a physician or physician assistant under chapter 458, as an
1415 osteopathic physician or physician assistant under chapter 459,
1416 as a podiatric physician under chapter 461, as an optometrist
1417 under chapter 463, as an advanced registered nurse practitioner
1418 under chapter 464, as a pharmacist under chapter 465, or as a
1419 dentist under chapter 466.
- 1420 (g) "Law enforcement agency" means the Department of Law
1421 Enforcement, a Florida sheriff's office, a Florida police



1422 department, or a federal law enforcement agency that enforces
1423 the laws of this state or the United States relating to
1424 controlled substances, and the agents and officers of which are
1425 empowered by law to conduct criminal investigations and make
1426 arrests.

1427 (h) "Patient advisory report" means information provided
1428 by the program to a health care practitioner, dispenser, or
1429 patient concerning the dispensing of a controlled substance to a
1430 patient.

1431 (i) "Pharmacy" means an entity permitted under chapter 465
1432 as a pharmacy, as defined in s. 465.003(11), and a nonresident
1433 pharmacy registered under s. 465.0156.

1434 (j) "Program" means the prescription drug monitoring
1435 program created under this section.

1436 (2) (a) The department shall establish and maintain a
1437 database of controlled substance dispensing information. The
1438 database shall be used to provide information regarding
1439 dispensed prescriptions of controlled substances to persons with
1440 direct and indirect access to such information pursuant to this
1441 section. The database must meet the standards of the American
1442 Society for Automation in Pharmacy and must comply with the
1443 Health Insurance Portability and Accountability Act and all
1444 other relevant state and federal privacy and security laws and
1445 regulations. A transmission of information required by this



1446 section must comply with relevant state and federal privacy and
1447 security laws and regulations.

1448 (b) The department shall designate a program manager to
1449 administer the program and ensure the program's integrity and
1450 compliance with this section. The program manager and each
1451 member of the authorized program and support staff must undergo
1452 a level 2 background screening pursuant to s. 435.04 as a
1453 condition of employment.

1454 (c) The program shall be funded only by federal grants or
1455 private funding received by the state. The department may not
1456 commit funds for the program without ensuring that funding is
1457 available. The department shall cooperate with the direct-
1458 support organization established in subsection (16) in seeking
1459 federal grant funds, other nonstate grant funds, gifts,
1460 donations, or other private funds for the program if the costs
1461 of doing so are nonmaterial. For purposes of this paragraph,
1462 nonmaterial costs include, but are not limited to, costs for
1463 postage and department personnel assigned to research or apply
1464 for a grant. Funds provided by prescription drug manufacturers
1465 may not be used to establish or administer the program.

1466 (d) To the extent that funding is provided for the program
1467 through federal grant funds, other nonstate grant funds, gifts,
1468 donations, or other private funds, the department shall study
1469 the feasibility of enhancing the program for the purposes of
1470 supporting public health initiatives and improving statistical



1471 reporting. The study shall be conducted to reduce drug abuse and
1472 further the safety and quality of health care services by
1473 improving prescribing and dispensing practices related to
1474 controlled substances and incorporating advances in technology.

1475 (e) The department shall comply with s. 287.057 for the
1476 procurement of any goods or services required by this section.

1477 (3) Within 7 days after the date that a prescription
1478 substance is dispensed, a dispenser shall submit to the database
1479 the following information:

1480 (a) The prescribing health care practitioner's full name,
1481 federal Drug Enforcement Administration registration number, and
1482 National Provider Identifier or other appropriate identifier.

1483 (b) The full name, address, and date of birth of the
1484 person for whom the prescription was written.

1485 (c) The date that the prescription was written.

1486 (d) The date that the prescription was filled and the
1487 method of payment. The department may not include credit card
1488 numbers or other account numbers in the database.

1489 (e) The name, national drug code, quantity, and strength
1490 of the controlled substance dispensed.

1491 (f) The full name, federal Drug Enforcement Administration
1492 number, and address of the pharmacy or other location from which
1493 the controlled substance was dispensed or, if the controlled
1494 substance was dispensed by a health care practitioner other than
1495 a pharmacist, the health care practitioner's full name, federal



1496 Drug Enforcement Administration registration number, National
1497 Provider Identifier or other appropriate identifier, and
1498 address.

1499 (g) Other appropriate identifying information as
1500 determined by rule.

1501 (4) A dispenser shall submit the information required by
1502 this section electronically, or by another method established by
1503 rule, in a format approved by the department. The cost to the
1504 dispenser to submit the information required by this section may
1505 not be material or extraordinary. The department shall establish
1506 a reporting procedure and format by rule and may authorize an
1507 extension of time to report such information for cause as
1508 defined by rule.

1509 (5) The following acts of a health care practitioner or
1510 dispenser are exempt from reporting under this section:

1511 (a) Administering or dispensing a controlled substance to
1512 a patient in a hospital, nursing home, ambulatory surgical
1513 center, hospice, or intermediate care facility for the
1514 developmentally disabled.

1515 (b) Administering or dispensing a controlled substance
1516 within the Department of Corrections health care system.

1517 (c) Administering or dispensing a controlled substance to
1518 a person under the age of 16.

1519 (d) Dispensing a one-time, 72-hour emergency supply of a
1520 controlled substance to a patient.



1521 (6) A person who knowingly and willfully fails to report
1522 the dispensing of a controlled substance as required by this
1523 section commits a misdemeanor of the first degree, punishable as
1524 provided in s. 775.082 or s. 775.083.

1525 (7) A dispenser or her or his agent, before dispensing a
1526 controlled substance to a person not known to the dispenser,
1527 shall require the person purchasing or receiving the controlled
1528 substance to present identification issued by the state or the
1529 Federal Government that contains the person's photograph,
1530 printed name, and signature, or a document considered acceptable
1531 identification under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B).

1532 (a) If the person does not have such identification, the
1533 dispenser may verify the validity of the prescription and the
1534 identity of the patient with the prescribing health care
1535 practitioner or her or his agent. Verification of health plan
1536 eligibility of the person purchasing or receiving the controlled
1537 substance satisfies the requirement of this subsection.

1538 (b) This subsection does not apply in an institutional
1539 setting or in a long-term care facility, including, but not
1540 limited to, an assisted living facility or a hospital to which
1541 patients are admitted.

1542 (8) (a) The program manager, and program and support staff
1543 only as directed or authorized by the program manager, shall
1544 have direct access to the database for program management in
1545 support of the requirements of this section.



1546 (b) A health care practitioner or dispenser shall have
1547 direct access to information in the database which relates to a
1548 patient of that health care practitioner or dispenser for the
1549 purpose of reviewing the patient's controlled substance
1550 prescription history. A prescribing health care practitioner
1551 must access the database and view a patient's prescription drug
1552 history before issuing a prescription for a controlled substance
1553 to the patient upon her or his initial visit. A health care
1554 practitioner or dispenser acting in good faith is immune from
1555 any civil, criminal, or administrative liability for receiving
1556 or using information from the database. This section does not
1557 create a private cause of action and a person may not recover
1558 damages against a health care practitioner or dispenser who is
1559 authorized to access information from the database for accessing
1560 or failing to access such information. A prescribing health care
1561 practitioner is exempt from the access and viewing requirement
1562 of this paragraph if the database is inaccessible for any reason
1563 not due to the fault of the practitioner before he or she issues
1564 a prescription for a controlled substance at a patient's initial
1565 visit. A prescribing health care practitioner must access the
1566 database and view the patient's prescription drug history when
1567 database accessibility is restored after the patient's initial
1568 visit.



1569 (9) The following entities may not have direct access to
1570 information in the database but may request information from the
1571 program:

1572 (a) The department for the purpose of an active
1573 investigation of a health care practitioner or dispenser who is
1574 authorized to prescribe, administer, or dispense controlled
1575 substances.

1576 (b) The Attorney General for the purpose of an active
1577 investigation of Medicaid fraud involving prescriptions of
1578 controlled substances.

1579 (c) A law enforcement agency for the purpose of an active
1580 investigation regarding potential criminal activity, fraud, or
1581 theft involving prescriptions of controlled substances.

1582 (d) A patient or the legal guardian or health care
1583 surrogate, as defined in s. 765.101(16), of an incapacitated
1584 patient. The department shall verify the identity of the
1585 incapacitated patient or the legal guardian or health care
1586 surrogate. Verification is also required for a request to change
1587 an incapacitated patient's prescription drug history or other
1588 information in the database.

1589 (10) Before releasing information pursuant to paragraph
1590 (9) (c), the department shall enter into a user agreement with
1591 the law enforcement agency requesting information from the
1592 database. At a minimum, the user agreement must:



1593 (a) Provide for access control and information security in
1594 order to ensure the confidentiality of the information.

1595 (b) Contain training requirements.

1596 (c) Require each law enforcement agency head to submit an
1597 annual attestation to the program manager stating that the law
1598 enforcement agency is complying with the user agreement and
1599 disclosing any findings made and actions taken to maintain
1600 compliance. Any findings of noncompliance must be reported
1601 immediately to the program manager by the law enforcement agency
1602 head.

1603 (d) Require each law enforcement agency that receives
1604 information from the database to electronically update the
1605 database biennially with the status of the case for which
1606 information was received, in accordance with procedures
1607 established by department rule.

1608 (e) Require each law enforcement agency head to appoint
1609 one agency administrator who is responsible for appointing
1610 authorized users to request and receive information from the
1611 database and ensure the law enforcement agency maintains
1612 compliance with the user agreement and the laws governing
1613 access, use, and dissemination of the information.

1614 (f) Require each authorized user to attest that each
1615 request for information from the database is predicated on and
1616 related to an active investigation.



1617 (g) Require the law enforcement agency to conduct an
1618 annual audit of the agency administrator and each authorized
1619 user to ensure compliance with the user agreement. Such an audit
1620 must be conducted by the internal affairs or professional
1621 standards division within the law enforcement agency. The review
1622 must include any allegation of noncompliance, potential security
1623 violations, and a report on user compliance with the user
1624 agreement and applicable laws and rules. The law enforcement
1625 agency shall also conduct a routine audit on access to and
1626 dissemination of information received from the database. The
1627 result of each audit shall be submitted to the program manager
1628 within 7 days after completion of the audit.

1629 (h) Allow the program manager to restrict, suspend, or
1630 terminate an agency administrator's or authorized user's access
1631 to the database if the administrator or user has failed to
1632 comply with the user agreement. If a law enforcement agency does
1633 not comply with the audit requirements in paragraph (g), the
1634 program manager shall suspend the law enforcement agency's
1635 access to the database until the agency complies with such
1636 requirements.

1637 (11) The program manager, upon determining a pattern
1638 consistent with the rules established under subsection (17)
1639 evidencing controlled substance abuse or diversion and having
1640 cause to believe a violation of s. 893.13(7)(a)8., (8)(a), or



1641 (8) (b) has occurred, may provide relevant information to the
1642 appropriate law enforcement agency.

1643 (12) An authorized person or entity receiving information
1644 from the database under subsection (9) may maintain the
1645 information for no more than 24 months before purging the
1646 information from official records. Information may be maintained
1647 for more than 24 months if it is pertinent to an active
1648 investigation or criminal prosecution.

1649 (13) Information contained in the database is not
1650 discoverable or admissible in any civil or administrative
1651 action, except in an investigation or disciplinary proceeding
1652 conducted by the department. Information shared with a state
1653 attorney pursuant to s. 893.0551(3) (a) or (c) may be released
1654 only in response to a discovery demand if such information is
1655 directly related to the criminal case for which the information
1656 was requested. If additional information is shared with the
1657 state attorney which is not directly related to the criminal
1658 case, the state attorney shall inform the inquirer that such
1659 information exists. Unrelated information may not be released
1660 except upon an order of a court of competent jurisdiction.

1661 (14) A person who participates in preparing, reviewing,
1662 issuing, or any other activity related to a patient advisory
1663 report may not be permitted or required to testify in any civil
1664 action as to any finding, recommendation, evaluation, opinion,



1665 or other action taken in connection with preparing, reviewing,
1666 or issuing such a report.

1667 (15) The department shall report performance measures
1668 annually to the Governor, the President of the Senate, and the
1669 Speaker of the House of Representatives by December 1.

1670 Department staff may not have direct access to information in
1671 the database for the purpose of reporting performance measures.
1672 To measure performance and undertake public health care and
1673 safety initiatives, department staff may request data from the
1674 database that does not contain patient, health care
1675 practitioner, or dispenser identifying information. Performance
1676 measures may include, but are not limited to:

1677 (a) Reduction of the rate of inappropriate use of
1678 prescription drugs through department education and safety
1679 efforts.

1680 (b) Reduction of the quantity of controlled substances
1681 obtained by individuals attempting to engage in fraud and
1682 deceit.

1683 (c) Increased coordination among partners participating in
1684 the program.

1685 (d) Involvement of stakeholders in achieving improved
1686 patient health care and safety and reduction of prescription
1687 drug abuse and prescription drug diversion.



1688 (16) The department may establish a direct-support
1689 organization to provide assistance, funding, and promotional
1690 support for the activities authorized for the program.

1691 (a) As used in this subsection, the term "direct-support
1692 organization" means an organization that is:

1693 1. A Florida not-for-profit corporation incorporated under
1694 chapter 617, exempted from filing fees, and approved by the
1695 Department of State.

1696 2. Organized and operated to conduct programs and
1697 activities; raise funds; request and receive grants, gifts, and
1698 bequests of money; acquire, receive, hold, and invest, in its
1699 own name, securities, funds, objects of value, or other
1700 property, either real or personal; and make expenditures or
1701 provide funding to or for the benefit of the program.

1702 (b) The State Surgeon General shall appoint a board of
1703 directors for the direct-support organization consisting of at
1704 least five members. Members of the board shall serve at the
1705 pleasure of the State Surgeon General. The State Surgeon General
1706 shall provide guidance to members of the board to ensure that
1707 funds received by the direct-support organization are not from
1708 inappropriate sources. An inappropriate source includes, but is
1709 not limited to, a donor, grantor, person, or organization that
1710 may benefit from the purchase of goods or services by the
1711 department for the program.



1712 (c) The direct-support organization shall operate under
1713 written contract with the department. The contract must, at a
1714 minimum, provide for:

1715 1. Department approval of the articles of incorporation,
1716 bylaws, and annual budgets.

1717 2. Department certification that the direct-support
1718 organization is complying with the terms of the contract in a
1719 manner consistent with and in furtherance of the program. Such
1720 certification must be made annually and reported in the official
1721 minutes of a direct-support organization board meeting.

1722 3. The reversion, without penalty, to the state of all
1723 funds and property held in trust by the direct-support
1724 organization for the benefit of the program if the direct-
1725 support organization ceases to exist or if the contract is
1726 terminated. The state shall use all funds and property reverted
1727 to it to support the program.

1728 4. The fiscal year of the direct-support organization,
1729 which must begin July 1 of each year and end June 30 of the
1730 following year.

1731 5. The disclosure of the material provisions of the
1732 contract to a donor of a gift, contribution, or bequest,
1733 including such disclosure on all promotional and fundraising
1734 publications, and an explanation to the donor of the distinction
1735 between the department and the direct-support organization.



1736 6. The direct-support organization's collecting,
1737 expending, and providing of funds to the department for the
1738 operation of the program.

1739 7. The reversion to the department of any funds of the
1740 direct-support organization held by the department in a separate
1741 depository account received from rentals of facilities and
1742 properties managed by the department for use by the direct-
1743 support organization.

1744 (d) The direct-support organization may collect and expend
1745 funds for the function of its board of directors, as approved by
1746 the department, and provide funds to the department for:

1747 1. Establishing and administering the database, including
1748 hardware and software.

1749 2. Conducting studies on the efficiency and effectiveness
1750 of the program, including the feasibility study described in
1751 paragraph (2) (d).

1752 3. Future enhancements of the program.

1753 4. User training for the program, including the
1754 distribution of materials to promote public awareness and
1755 education and conducting workshops or other meetings for health
1756 care practitioners, pharmacists, and others.

1757 5. Travel expenses incurred by the board.

1758 6. Administrative costs.

1759 7. Fulfilling all other requirements necessary to operate
1760 the program.



1761 (e) The department may authorize, without charge,
1762 appropriate use of its administrative services, property, and
1763 facilities by the direct-support organization.

1764 (f) The department may not authorize the use of any of its
1765 administrative services, property, or facilities by a direct-
1766 support organization if the organization does not provide equal
1767 membership and employment opportunities to all persons
1768 regardless of race, color, religion, gender, age, or national
1769 origin.

1770 (g) The direct-support organization shall provide for an
1771 independent annual financial audit in accordance with s.
1772 215.981. A copy of the audit shall be provided to the department
1773 and the Office of Policy and Budget in the Executive Office of
1774 the Governor.

1775 (h) The direct-support organization is not a lobbying firm
1776 for purposes of s. 11.045.

1777 (17) (a) The department shall adopt rules to administer
1778 this section. Such rules shall include, but not be limited to:

1779 1. Procedures for reporting information to the database
1780 and accessing information in the database.

1781 2. Indicators that identify controlled substance abuse or
1782 diversion.

1783 3. By October 1, 2014, practices to ensure a law
1784 enforcement agency is in compliance with the audit requirements
1785 in paragraph (10) (g).



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1786 4. The form and content of a user agreement pursuant to
1787 subsection (10).

1788 (b) The department may adopt rules to govern the use of
1789 its administrative services, property, or facilities by the
1790 direct-support organization established under subsection (16).

1791 Section 26. Paragraphs (d) and (h) of subsection (1) of
1792 section 893.0551, Florida Statutes, are amended to read:

1793 893.0551 Public records exemption for the prescription
1794 drug monitoring program.—

1795 (1) For purposes of this section, the term:

1796 (d) "Health care regulatory board" means any board for a
1797 practitioner or health care practitioner who is licensed or
1798 regulated by the department ~~has the same meaning as provided in~~
1799 ~~s. 893.055.~~

1800 (h) "Prescriber" means a prescribing physician,
1801 prescribing practitioner, or other prescribing health care
1802 practitioner ~~has the same meaning as provided in s. 893.055.~~

1803 Section 27. Paragraph (d) of subsection (1) of section
1804 154.11, Florida Statutes, is amended to read:

1805 154.11 Powers of board of trustees.—

1806 (1) The board of trustees of each public health trust
1807 shall be deemed to exercise a public and essential governmental
1808 function of both the state and the county and in furtherance
1809 thereof it shall, subject to limitation by the governing body of
1810 the county in which such board is located, have all of the



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1811 powers necessary or convenient to carry out the operation and
1812 governance of designated health care facilities, including, but
1813 without limiting the generality of, the foregoing:

1814 (d) To make and execute contracts and other instruments
1815 necessary to exercise the powers of the board. Notwithstanding
1816 s. 154.10(7), the public health trust is authorized to execute
1817 contracts with any labor union or other labor organization
1818 without prior approval by the governing body of the county.

1819 Section 28. Subsection (3) of section 458.3485, Florida
1820 Statutes, is amended to read:

1821 458.3485 Medical assistant.—

1822 ~~(3) CERTIFICATION. Medical assistants may be certified by~~
1823 ~~the American Association of Medical Assistants or as a~~
1824 ~~Registered Medical Assistant by the American Medical~~
1825 ~~Technologists.~~

1826 Section 29. Subsection (2) of section 456.42, Florida
1827 Statutes, is amended to read:

1828 456.42 Written prescriptions for medicinal drugs.—

1829 (2) A written prescription for a controlled substance
1830 listed in chapter 893 must have the quantity of the drug
1831 prescribed in both textual and numerical formats, must be dated
1832 on the prescription in numerical, month/day/year format, or with
1833 the abbreviated month written out, or the month written out in
1834 whole ~~on the face of the prescription~~, and must be either
1835 written on a standardized counterfeit-proof prescription pad



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1836 produced by a vendor approved by the department or
1837 electronically prescribed as that term is used in s. 408.0611.
1838 As a condition of being an approved vendor, a prescription pad
1839 vendor must submit a monthly report to the department which, at
1840 a minimum, documents the number of prescription pads sold and
1841 identifies the purchasers. The department may, by rule, require
1842 the reporting of additional information.

1843 Section 30. Subsection (1) of section 465.014, Florida
1844 Statutes, is amended to read:

1845 465.014 Pharmacy technician.—

1846 (1) A person other than a licensed pharmacist or pharmacy
1847 intern may not engage in the practice of the profession of
1848 pharmacy, except that a licensed pharmacist may delegate to
1849 pharmacy technicians who are registered pursuant to this section
1850 those duties, tasks, and functions that do not fall within the
1851 purview of s. 465.003(13). All such delegated acts must ~~shall~~ be
1852 performed under the direct supervision of a licensed pharmacist
1853 who is ~~shall be~~ responsible for all such acts performed by
1854 persons under his or her supervision. A registered pharmacy
1855 ~~registered~~ technician, under the supervision of a pharmacist,
1856 may initiate or receive communications with a practitioner or
1857 his or her agent, on behalf of a patient, regarding refill
1858 authorization requests. A licensed pharmacist may supervise up
1859 to three registered pharmacy technicians ~~not supervise more than~~
1860 ~~one registered pharmacy technician~~ unless otherwise authorized



1861 by the board pursuant to this subsection ~~permitted by the~~
1862 ~~guidelines adopted by the board.~~

1863 (a) The board shall establish by rule the circumstances
1864 under which a licensee, who applies to the board for approval,
1865 ~~guidelines to be followed by licensees or permittees in~~
1866 ~~determining the circumstances under which a licensed pharmacist~~
1867 ~~may supervise more than three, one but not more than six~~
1868 registered three pharmacy technicians. In establishing these
1869 circumstances, the board shall consider, for safety, the
1870 following factors:

1871 1. The average number of prescriptions filled each month
1872 by the pharmacy where the applicant works.

1873 2. Whether the pharmacy is a community pharmacy, nuclear
1874 pharmacy, special pharmacy, Internet pharmacy, or institutional
1875 pharmacy.

1876 3. Whether the pharmacy holds a special sterile
1877 compounding permit or special parenteral or enteral permit.

1878 4. The pharmacy's hours of operation.

1879 5. The number of licensed pharmacists working in the
1880 pharmacy and the number of registered pharmacy technicians
1881 supervised by each pharmacist.

1882 (b) The board must authorize a licensee, who submits proof
1883 to the board that he or she is employed by an entity operating
1884 an automated pharmacy system or by a pharmacy performing
1885 centralized prescription filling, to supervise more than three



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1886 registered pharmacy technicians as long as that licensee is
1887 employed by that entity or pharmacy. The licensee must notify
1888 the board within 30 days after the licensee is no longer
1889 employed by the entity or pharmacy.

1890 Section 31. Notwithstanding s. 893.055, Florida Statutes,
1891 for the 2014-2015 fiscal year, the sum of \$500,000 in
1892 nonrecurring funds is appropriated from the General Revenue Fund
1893 to the Department of Health for the general administration of
1894 the prescription drug monitoring program.

1895 Section 32. Paragraph (t) of subsection (1) of section
1896 400.141, Florida Statutes, is amended to read:

1897 400.141 Administration and management of nursing home
1898 facilities.—

1899 (1) Every licensed facility shall comply with all
1900 applicable standards and rules of the agency and shall:

1901 (t) Assess all residents within 5 working days after
1902 admission for eligibility for pneumococcal ~~polysaccharide~~
1903 vaccination or revaccination (PPV) and vaccinate residents when
1904 indicated within 60 days ~~after the effective date of this act~~ in
1905 accordance with the recommendations of the United States Centers
1906 for Disease Control and Prevention, subject to exemptions for
1907 medical contraindications and religious or personal beliefs.
1908 ~~Residents admitted after the effective date of this act shall be~~
1909 ~~assessed within 5 working days of admission and, when indicated,~~
1910 ~~vaccinated within 60 days in accordance with the recommendations~~



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1911 ~~of the United States Centers for Disease Control and Prevention,~~
1912 ~~subject to exemptions for medical contraindications and~~
1913 ~~religious or personal beliefs.~~ Immunization shall not be
1914 provided to any resident who provides documentation that he or
1915 she has been immunized as required by this paragraph. This
1916 paragraph does not prohibit a resident from receiving the
1917 immunization from his or her personal physician if he or she so
1918 chooses. A resident who chooses to receive the immunization from
1919 his or her personal physician shall provide proof of
1920 immunization to the facility. The agency may adopt and enforce
1921 any rules necessary to comply with or implement this paragraph.

1922 Section 33. Subsections (1) and (2) of section 465.189,
1923 Florida Statutes, are amended to read:

1924 465.189 Administration of vaccines and epinephrine
1925 autoinjection.—

1926 (1) In accordance with guidelines of the Centers for
1927 Disease Control and Prevention for each recommended immunization
1928 or vaccine, a pharmacist may administer the following vaccines
1929 to an adult within the framework of an established protocol
1930 under a supervising physician licensed under chapter 458 or
1931 chapter 459:

- 1932 (a) Influenza vaccine.
1933 (b) Pneumococcal vaccine.
1934 (c) Meningococcal vaccine.
1935 (d) Shingles vaccine.



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1936 ~~(2) In accordance with guidelines of the Centers for~~
1937 ~~Disease Control and Prevention, a pharmacist may administer the~~
1938 ~~shingles vaccine within the framework of an established protocol~~
1939 ~~and pursuant to a written or electronic prescription issued to~~
1940 ~~the patient by a physician licensed under chapter 458 or chapter~~
1941 ~~459.~~

1942 Section 34. Subsection (3), paragraph (e) of subsection
1943 (4), and paragraphs (a), (c), and (e) of subsection (7) of
1944 section 458.347, Florida Statutes, are amended to read:

1945 458.347 Physician assistants.—

1946 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
1947 or group of physicians supervising a licensed physician
1948 assistant must be qualified in the medical areas in which the
1949 physician assistant is to perform and shall be individually or
1950 collectively responsible and liable for the performance and the
1951 acts and omissions of the physician assistant. A physician may
1952 not supervise more than eight ~~four~~ currently licensed physician
1953 assistants at any one time. A physician supervising a physician
1954 assistant pursuant to this section may not be required to review
1955 and cosign charts or medical records prepared by such physician
1956 assistant. Notwithstanding this subsection, a physician may only
1957 supervise up to four physician assistants in medical offices
1958 other than the physician's primary practice location pursuant to
1959 s. 458.348(4)(c).

1960 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—



1961 (e) A supervisory physician may delegate to a fully
1962 licensed physician assistant the authority to prescribe or
1963 dispense any medication used in the supervisory physician's
1964 practice unless such medication is listed on the formulary
1965 created pursuant to paragraph (f). A fully licensed physician
1966 assistant may only prescribe or dispense such medication under
1967 the following circumstances:

1968 1. A physician assistant must clearly identify to the
1969 patient that he or she is a physician assistant. Furthermore,
1970 the physician assistant must inform the patient that the patient
1971 has the right to see the physician prior to any prescription
1972 being prescribed or dispensed by the physician assistant.

1973 2. The supervisory physician must notify the department of
1974 his or her intent to delegate, on a department-approved form,
1975 before delegating such authority and notify the department of
1976 any change in prescriptive privileges of the physician
1977 assistant. Authority to dispense may be delegated only by a
1978 supervising physician who is registered as a dispensing
1979 practitioner in compliance with s. 465.0276.

1980 3. The physician assistant must certify to ~~file with~~ the
1981 department ~~a signed affidavit~~ that he or she has completed a
1982 minimum of 10 continuing medical education hours in the
1983 specialty practice in which the physician assistant has
1984 prescriptive privileges with each licensure renewal application.

1985 4. The department may issue a prescriber number to the



1986 physician assistant granting authority for the prescribing of
1987 medicinal drugs authorized within this paragraph upon completion
1988 of the foregoing requirements. The physician assistant shall not
1989 be required to independently register pursuant to s. 465.0276.

1990 5. The prescription may ~~must~~ be written or electronic, but
1991 must be in a form that complies with ss. 456.0392(1) and
1992 456.42(1) chapter 499 and must contain, in addition to the
1993 supervisory physician's name, address, and telephone number, the
1994 physician assistant's prescriber number. Unless it is a drug or
1995 drug sample dispensed by the physician assistant, the
1996 prescription must be filled in a pharmacy permitted under
1997 chapter 465 and must be dispensed in that pharmacy by a
1998 pharmacist licensed under chapter 465. The appearance of the
1999 prescriber number creates a presumption that the physician
2000 assistant is authorized to prescribe the medicinal drug and the
2001 prescription is valid.

2002 6. The physician assistant must note the prescription or
2003 dispensing of medication in the appropriate medical record.

2004 (7) PHYSICIAN ASSISTANT LICENSURE.—

2005 (a) Any person desiring to be licensed as a physician
2006 assistant must apply to the department. The department shall
2007 issue a license to any person certified by the council as having
2008 met the following requirements:

- 2009 1. Is at least 18 years of age.
2010 2. Has satisfactorily passed a proficiency examination by



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2011 an acceptable score established by the National Commission on
2012 Certification of Physician Assistants. If an applicant does not
2013 hold a current certificate issued by the National Commission on
2014 Certification of Physician Assistants and has not actively
2015 practiced as a physician assistant within the immediately
2016 preceding 4 years, the applicant must retake and successfully
2017 complete the entry-level examination of the National Commission
2018 on Certification of Physician Assistants to be eligible for
2019 licensure.

2020 3. Has completed the application form and remitted an
2021 application fee not to exceed \$300 as set by the boards. An
2022 application for licensure made by a physician assistant must
2023 include:

2024 a. A certificate of completion of a physician assistant
2025 training program specified in subsection (6).

2026 b. A ~~sworn~~ statement of any prior felony convictions.

2027 c. A ~~sworn~~ statement of any previous revocation or denial
2028 of licensure or certification in any state.

2029 ~~d. Two letters of recommendation.~~

2030 d.e. A copy of course transcripts and a copy of the course
2031 description from a physician assistant training program
2032 describing course content in pharmacotherapy, if the applicant
2033 wishes to apply for prescribing authority. These documents must
2034 meet the evidence requirements for prescribing authority.

2035 e. For physician assistants seeking initial licensure on



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2036 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

2037 (c) The license must be renewed biennially. Each renewal
2038 must include:

2039 1. A renewal fee not to exceed \$500 as set by the boards.

2040 2. A ~~sworn~~ statement of no felony convictions in the
2041 previous 2 years.

2042 (e) Upon employment as a physician assistant, a licensed
2043 physician assistant must notify the department in writing within
2044 30 days after such employment and provide ~~or after any~~
2045 ~~subsequent changes in the supervising physician. The~~
2046 ~~notification must include~~ the full name, Florida medical license
2047 number, specialty, and address of a designated ~~the~~ supervising
2048 physician. Any subsequent change in the designated supervising
2049 physician shall be reported to the department within 30 days
2050 after the change. Assignment of a designated supervising
2051 physician does not preclude a physician assistant from
2052 practicing under multiple supervising physicians.

2053 Section 35. Paragraph (c) of subsection (4) of section
2054 458.348, Florida Statutes, is amended to read:

2055 458.348 Formal supervisory relationships, standing orders,
2056 and established protocols; notice; standards.—

2057 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

2058 A physician who supervises an advanced registered nurse
2059 practitioner or physician assistant at a medical office other
2060 than the physician's primary practice location, where the



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2061 advanced registered nurse practitioner or physician assistant is
2062 not under the onsite supervision of a supervising physician,
2063 must comply with the standards set forth in this subsection. For
2064 the purpose of this subsection, a physician's "primary practice
2065 location" means the address reflected on the physician's profile
2066 published pursuant to s. 456.041.

2067 (c) A physician who supervises an advanced registered
2068 nurse practitioner or physician assistant at a medical office
2069 other than the physician's primary practice location, where the
2070 advanced registered nurse practitioner or physician assistant is
2071 not under the onsite supervision of a supervising physician and
2072 the services offered at the office are primarily dermatologic or
2073 skin care services, which include aesthetic skin care services
2074 other than plastic surgery, must comply with the standards
2075 listed in subparagraphs 1.-4. Notwithstanding s.
2076 458.347(4)(e)6., a physician supervising a physician assistant
2077 pursuant to this paragraph may not be required to review and
2078 cosign charts or medical records prepared by such physician
2079 assistant.

2080 1. The physician shall submit to the board the addresses
2081 of all offices where he or she is supervising an advanced
2082 registered nurse practitioner or a physician's assistant which
2083 are not the physician's primary practice location.

2084 2. The physician must be board certified or board eligible
2085 in dermatology or plastic surgery as recognized by the board



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2086 pursuant to s. 458.3312.

2087 3. All such offices that are not the physician's primary
2088 place of practice must be within 25 miles of the physician's
2089 primary place of practice or in a county that is contiguous to
2090 the county of the physician's primary place of practice.
2091 However, the distance between any of the offices may not exceed
2092 75 miles.

2093 4. The physician may supervise only one office other than
2094 the physician's primary place of practice except that until July
2095 1, 2011, the physician may supervise up to two medical offices
2096 other than the physician's primary place of practice if the
2097 addresses of the offices are submitted to the board before July
2098 1, 2006. Effective July 1, 2011, the physician may supervise
2099 only one office other than the physician's primary place of
2100 practice, regardless of when the addresses of the offices were
2101 submitted to the board.

2102 5. As used in this subparagraph, the term "nonablative
2103 aesthetic skin care services" includes, but is not limited to,
2104 services provided using intense pulsed light, lasers, radio
2105 frequency, ultrasound, injectables, and fillers.

2106 a. Subparagraph 2. does not apply to offices at which
2107 nonablative aesthetic skin care services are performed by a
2108 physician assistant under the supervision of a physician if the
2109 physician assistant has successfully completed at least:

2110 (I) Forty hours of postlicensure education and clinical



2111 training on physiology of the skin, skin conditions, skin
2112 disorders, skin diseases, preprocedure and postprocedure skin
2113 care, and infection control, or has worked under the supervision
2114 of a board-certified dermatologist within the preceding 12
2115 months.

2116 (II) Forty hours of postlicensure education and clinical
2117 training on laser and light technologies and skin applications,
2118 or has 6 months of clinical experience working under the
2119 supervision of a board-certified dermatologist who is authorized
2120 to perform nonablative aesthetic skin care services.

2121 (III) Thirty-two hours of postlicensure education and
2122 clinical training on injectables and fillers, or has 6 months of
2123 clinical experience working under the supervision of a board-
2124 certified dermatologist who is authorized to perform nonablative
2125 aesthetic skin care services.

2126 b. The physician assistant shall submit to the board
2127 documentation evidencing successful completion of the education
2128 and training required under this subparagraph.

2129 c. For purposes of compliance with s. 458.347(3), a
2130 physician who has completed 24 hours of education and clinical
2131 training on nonablative aesthetic skin care services, the
2132 curriculum of which has been preapproved by the Board of
2133 Medicine, is qualified to supervise a physician assistant
2134 performing nonablative aesthetic skin care services pursuant to
2135 this subparagraph.



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2136 Section 36. Subsection (3), paragraph (e) of subsection
2137 (4), and paragraphs (a), (b), and (d) of subsection (7) of
2138 section 459.022, Florida Statutes, are amended to read:

2139 459.022 Physician assistants.—

2140 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
2141 or group of physicians supervising a licensed physician
2142 assistant must be qualified in the medical areas in which the
2143 physician assistant is to perform and shall be individually or
2144 collectively responsible and liable for the performance and the
2145 acts and omissions of the physician assistant. A physician may
2146 not supervise more than eight ~~four~~ currently licensed physician
2147 assistants at any one time. A physician supervising a physician
2148 assistant pursuant to this section may not be required to review
2149 and cosign charts or medical records prepared by such physician
2150 assistant. Notwithstanding this subsection, a physician may only
2151 supervise up to four physician assistants in medical offices
2152 other than the physician's primary practice location pursuant to
2153 s. 459.025(3)(c).

2154 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

2155 (e) A supervisory physician may delegate to a fully
2156 licensed physician assistant the authority to prescribe or
2157 dispense any medication used in the supervisory physician's
2158 practice unless such medication is listed on the formulary
2159 created pursuant to s. 458.347. A fully licensed physician
2160 assistant may only prescribe or dispense such medication under



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2161 the following circumstances:

2162 1. A physician assistant must clearly identify to the
2163 patient that she or he is a physician assistant. Furthermore,
2164 the physician assistant must inform the patient that the patient
2165 has the right to see the physician prior to any prescription
2166 being prescribed or dispensed by the physician assistant.

2167 2. The supervisory physician must notify the department of
2168 her or his intent to delegate, on a department-approved form,
2169 before delegating such authority and notify the department of
2170 any change in prescriptive privileges of the physician
2171 assistant. Authority to dispense may be delegated only by a
2172 supervisory physician who is registered as a dispensing
2173 practitioner in compliance with s. 465.0276.

2174 3. The physician assistant must certify to ~~file with~~ the
2175 department ~~a signed affidavit~~ that she or he has completed a
2176 minimum of 10 continuing medical education hours in the
2177 specialty practice in which the physician assistant has
2178 prescriptive privileges with each licensure renewal application.

2179 4. The department may issue a prescriber number to the
2180 physician assistant granting authority for the prescribing of
2181 medicinal drugs authorized within this paragraph upon completion
2182 of the foregoing requirements. The physician assistant shall not
2183 be required to independently register pursuant to s. 465.0276.

2184 5. The prescription may ~~must~~ be written or electronic, but
2185 must be in a form that complies with ss. 456.0392(1) and



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2186 | 456.42(1) ~~chapter 499~~ and must contain, in addition to the
2187 | supervisory physician's name, address, and telephone number, the
2188 | physician assistant's prescriber number. Unless it is a drug or
2189 | drug sample dispensed by the physician assistant, the
2190 | prescription must be filled in a pharmacy permitted under
2191 | chapter 465, and must be dispensed in that pharmacy by a
2192 | pharmacist licensed under chapter 465. The appearance of the
2193 | prescriber number creates a presumption that the physician
2194 | assistant is authorized to prescribe the medicinal drug and the
2195 | prescription is valid.

2196 | 6. The physician assistant must note the prescription or
2197 | dispensing of medication in the appropriate medical record.

2198 | (7) PHYSICIAN ASSISTANT LICENSURE.—

2199 | (a) Any person desiring to be licensed as a physician
2200 | assistant must apply to the department. The department shall
2201 | issue a license to any person certified by the council as having
2202 | met the following requirements:

2203 | 1. Is at least 18 years of age.

2204 | 2. Has satisfactorily passed a proficiency examination by
2205 | an acceptable score established by the National Commission on
2206 | Certification of Physician Assistants. If an applicant does not
2207 | hold a current certificate issued by the National Commission on
2208 | Certification of Physician Assistants and has not actively
2209 | practiced as a physician assistant within the immediately
2210 | preceding 4 years, the applicant must retake and successfully



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2211 complete the entry-level examination of the National Commission
2212 on Certification of Physician Assistants to be eligible for
2213 licensure.

2214 3. Has completed the application form and remitted an
2215 application fee not to exceed \$300 as set by the boards. An
2216 application for licensure made by a physician assistant must
2217 include:

2218 a. A certificate of completion of a physician assistant
2219 training program specified in subsection (6).

2220 b. A ~~sworn~~ statement of any prior felony convictions.

2221 c. A ~~sworn~~ statement of any previous revocation or denial
2222 of licensure or certification in any state.

2223 ~~d. Two letters of recommendation.~~

2224 d.e. A copy of course transcripts and a copy of the course
2225 description from a physician assistant training program
2226 describing course content in pharmacotherapy, if the applicant
2227 wishes to apply for prescribing authority. These documents must
2228 meet the evidence requirements for prescribing authority.

2229 e. For physician assistants seeking initial licensure on
2230 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

2231 (b) The licensure must be renewed biennially. Each renewal
2232 must include:

2233 1. A renewal fee not to exceed \$500 as set by the boards.

2234 2. A ~~sworn~~ statement of no felony convictions in the
2235 previous 2 years.



2236 (d) Upon employment as a physician assistant, a licensed
2237 physician assistant must notify the department in writing within
2238 30 days after such employment and provide ~~or after any~~
2239 ~~subsequent changes in the supervising physician. The~~
2240 ~~notification must include~~ the full name, Florida medical license
2241 number, specialty, and address of a designated ~~the~~ supervising
2242 physician. Any subsequent change in the designated supervising
2243 physician shall be reported to the department within 30 days
2244 after the change. Assignment of a designated supervising
2245 physician does not preclude a physician assistant from
2246 practicing under multiple supervising physicians.

2247 Section 37. Paragraph (c) of subsection (3) of section
2248 459.025, Florida Statutes, is amended to read:

2249 459.025 Formal supervisory relationships, standing orders,
2250 and established protocols; notice; standards.—

2251 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—
2252 An osteopathic physician who supervises an advanced registered
2253 nurse practitioner or physician assistant at a medical office
2254 other than the osteopathic physician's primary practice
2255 location, where the advanced registered nurse practitioner or
2256 physician assistant is not under the onsite supervision of a
2257 supervising osteopathic physician, must comply with the
2258 standards set forth in this subsection. For the purpose of this
2259 subsection, an osteopathic physician's "primary practice
2260 location" means the address reflected on the physician's profile



2261 published pursuant to s. 456.041.

2262 (c) An osteopathic physician who supervises an advanced
2263 registered nurse practitioner or physician assistant at a
2264 medical office other than the osteopathic physician's primary
2265 practice location, where the advanced registered nurse
2266 practitioner or physician assistant is not under the onsite
2267 supervision of a supervising osteopathic physician and the
2268 services offered at the office are primarily dermatologic or
2269 skin care services, which include aesthetic skin care services
2270 other than plastic surgery, must comply with the standards
2271 listed in subparagraphs 1.-4. Notwithstanding s.
2272 459.022(4)(e)6., an osteopathic physician supervising a
2273 physician assistant pursuant to this paragraph may not be
2274 required to review and cosign charts or medical records prepared
2275 by such physician assistant.

2276 1. The osteopathic physician shall submit to the Board of
2277 Osteopathic Medicine the addresses of all offices where he or
2278 she is supervising or has a protocol with an advanced registered
2279 nurse practitioner or a physician's assistant which are not the
2280 osteopathic physician's primary practice location.

2281 2. The osteopathic physician must be board certified or
2282 board eligible in dermatology or plastic surgery as recognized
2283 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

2284 3. All such offices that are not the osteopathic
2285 physician's primary place of practice must be within 25 miles of



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2286 | the osteopathic physician's primary place of practice or in a
2287 | county that is contiguous to the county of the osteopathic
2288 | physician's primary place of practice. However, the distance
2289 | between any of the offices may not exceed 75 miles.

2290 | 4. The osteopathic physician may supervise only one office
2291 | other than the osteopathic physician's primary place of practice
2292 | except that until July 1, 2011, the osteopathic physician may
2293 | supervise up to two medical offices other than the osteopathic
2294 | physician's primary place of practice if the addresses of the
2295 | offices are submitted to the Board of Osteopathic Medicine
2296 | before July 1, 2006. Effective July 1, 2011, the osteopathic
2297 | physician may supervise only one office other than the
2298 | osteopathic physician's primary place of practice, regardless of
2299 | when the addresses of the offices were submitted to the Board of
2300 | Osteopathic Medicine.

2301 | 5. As used in this subparagraph, the term "nonablative
2302 | aesthetic skin care services" includes, but is not limited to,
2303 | services provided using intense pulsed light, lasers, radio
2304 | frequency, ultrasound, injectables, and fillers.

2305 | a. Subparagraph 2. does not apply to offices at which
2306 | nonablative aesthetic skin care services are performed by a
2307 | physician assistant under the supervision of a physician if the
2308 | physician assistant has successfully completed at least:

2309 | (I) Forty hours of postlicensure education and clinical
2310 | training on physiology of the skin, skin conditions, skin



2311 disorders, skin diseases, preprocedure and postprocedure skin
2312 care, and infection control, or has worked under the supervision
2313 of a board-certified dermatologist within the preceding 12
2314 months.

2315 (II) Forty hours of postlicensure education and clinical
2316 training on laser and light technologies and skin applications,
2317 or has 6 months of clinical experience working under the
2318 supervision of a board-certified dermatologist who is authorized
2319 to perform nonablative aesthetic skin care services.

2320 (III) Thirty-two hours of postlicensure education and
2321 clinical training on injectables and fillers, or has 6 months of
2322 clinical experience working under the supervision of a board-
2323 certified dermatologist who is authorized to perform nonablative
2324 aesthetic skin care services.

2325 b. The physician assistant shall submit to the board
2326 documentation evidencing successful completion of the education
2327 and training required under this subparagraph.

2328 c. For purposes of compliance with s. 459.022(3), a
2329 physician who has completed 24 hours of education and clinical
2330 training on nonablative aesthetic skin care services, the
2331 curriculum of which has been preapproved by the Board of
2332 Osteopathic Medicine, is qualified to supervise a physician
2333 assistant performing nonablative aesthetic skin care services
2334 pursuant to this subparagraph.

2335 Section 38. Except as otherwise expressly provided in this



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2336 | act and except for this section, which shall take effect upon
2337 | this act becoming a law, this act shall take effect July 1,
2338 | 2014.