

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Pigman offered the following:

4
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Subsection (7) of section 110.12315, Florida
 8 Statutes, is amended to read:

9 110.12315 Prescription drug program.—The state employees'
 10 prescription drug program is established. This program shall be
 11 administered by the Department of Management Services, according
 12 to the terms and conditions of the plan as established by the
 13 relevant provisions of the annual General Appropriations Act and
 14 implementing legislation, subject to the following conditions:

15 (7) The department shall establish the reimbursement
 16 schedule for prescription pharmaceuticals dispensed under the
 17 program. Reimbursement rates for a prescription pharmaceutical

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18 must be based on the cost of the generic equivalent drug if a
19 generic equivalent exists, unless the physician, advanced
20 registered nurse practitioner, or physician assistant
21 prescribing the pharmaceutical clearly states on the
22 prescription that the brand name drug is medically necessary or
23 that the drug product is included on the formulary of drug
24 products that may not be interchanged as provided in chapter
25 465, in which case reimbursement must be based on the cost of
26 the brand name drug as specified in the reimbursement schedule
27 adopted by the department.

28 Section 2. Paragraph (c) of subsection (1) of section
29 310.071, Florida Statutes, is amended to read:

30 310.071 Deputy pilot certification.—

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

34 (c) Be in good physical and mental health, as evidenced by
35 documentary proof of having satisfactorily passed a complete
36 physical examination administered by a licensed physician within
37 the preceding 6 months. The board shall adopt rules to establish
38 requirements for passing the physical examination, which rules
39 shall establish minimum standards for the physical or mental
40 capabilities necessary to carry out the professional duties of a
41 certificated deputy pilot. Such standards shall include zero
42 tolerance for any controlled substance regulated under chapter
43 893 unless that individual is under the care of a physician,

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44 advanced registered nurse practitioner, or physician assistant
45 and that controlled substance was prescribed by that physician,
46 advanced registered nurse practitioner, or physician assistant.

47 To maintain eligibility as a certificated deputy pilot, each
48 certificated deputy pilot must annually provide documentary
49 proof of having satisfactorily passed a complete physical
50 examination administered by a licensed physician. The physician
51 must know the minimum standards and certify that the
52 certificateholder satisfactorily meets the standards. The
53 standards for certificateholders shall include a drug test.

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

56 310.073 State pilot licensing.—In addition to meeting
57 other requirements specified in this chapter, each applicant for
58 license as a state pilot must:

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

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70 and that controlled substance was prescribed by that physician,
71 advanced registered nurse practitioner, or physician assistant.

72 To maintain eligibility as a licensed state pilot, each licensed
73 state pilot must annually provide documentary proof of having
74 satisfactorily passed a complete physical examination
75 administered by a licensed physician. The physician must know
76 the minimum standards and certify that the licensee
77 satisfactorily meets the standards. The standards for licensees
78 shall include a drug test.

79 Section 4. Paragraph (b) of subsection (3) of section
80 310.081, Florida Statutes, is amended to read:

81 310.081 Department to examine and license state pilots and
82 certificate deputy pilots; vacancies.-

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

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

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96 practitioner, or physician assistant and that controlled
97 substance was prescribed by that physician, advanced registered
98 nurse practitioner, or physician assistant. To maintain
99 eligibility as a certificated deputy pilot or licensed state
100 pilot, each certificated deputy pilot or licensed state pilot
101 must annually provide documentary proof of having satisfactorily
102 passed a complete physical examination administered by a
103 licensed physician. The physician must know the minimum
104 standards and certify that the certificateholder or licensee
105 satisfactorily meets the standards. The standards for
106 certificateholders and for licensees shall include a drug test.

107
108 Upon resignation or in the case of disability permanently
109 affecting a pilot's ability to serve, the state license or
110 certificate issued under this chapter shall be revoked by the
111 department.

112 Section 5. Subsection (7) of section 456.072, Florida
113 Statutes, is amended to read:

114 456.072 Grounds for discipline; penalties; enforcement.—

115 (7) Notwithstanding subsection (2), upon a finding that a
116 physician has prescribed or dispensed a controlled substance, or
117 caused a controlled substance to be prescribed or dispensed, in
118 a manner that violates the standard of practice set forth in s.
119 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
120 or (s), or s. 466.028(1)(p) or (x), or that an advanced
121 registered nurse practitioner has prescribed or dispensed a

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122 controlled substance, or caused a controlled substance to be
123 prescribed or dispensed, in a manner that violates the standard
124 of practice set forth in s. 464.018(1)(n) or (p)6., the
125 physician or advanced registered nurse practitioner shall be
126 suspended for a period of not less than 6 months and pay a fine
127 of not less than \$10,000 per count. Repeated violations shall
128 result in increased penalties.

129 Section 6. Subsections (2) and (3) of section 456.44,
130 Florida Statutes, are amended to read:

131 456.44 Controlled substance prescribing.-

132 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
133 licensed under chapter 458, chapter 459, chapter 461, or chapter
134 466, a physician assistant licensed under chapter 458 or chapter
135 459, or an advanced registered nurse practitioner certified
136 under part I of chapter 464 who prescribes any controlled
137 substance, listed in Schedule II, Schedule III, or Schedule IV
138 as defined in s. 893.03, for the treatment of chronic
139 nonmalignant pain, must:

140 (a) Designate himself or herself as a controlled substance
141 prescribing practitioner on his or her ~~the physician's~~
142 practitioner profile.

143 (b) Comply with the requirements of this section and
144 applicable board rules.

145 (3) STANDARDS OF PRACTICE.-The standards of practice in
146 this section do not supersede the level of care, skill, and

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147 treatment recognized in general law related to health care
148 licensure.

149 (a) A complete medical history and a physical examination
150 must be conducted before beginning any treatment and must be
151 documented in the medical record. The exact components of the
152 physical examination shall be left to the judgment of the
153 registrant ~~clinician~~ who is expected to perform a physical
154 examination proportionate to the diagnosis that justifies a
155 treatment. The medical record must, at a minimum, document the
156 nature and intensity of the pain, current and past treatments
157 for pain, underlying or coexisting diseases or conditions, the
158 effect of the pain on physical and psychological function, a
159 review of previous medical records, previous diagnostic studies,
160 and history of alcohol and substance abuse. The medical record
161 shall also document the presence of one or more recognized
162 medical indications for the use of a controlled substance. Each
163 registrant must develop a written plan for assessing each
164 patient's risk of aberrant drug-related behavior, which may
165 include patient drug testing. Registrants must assess each
166 patient's risk for aberrant drug-related behavior and monitor
167 that risk on an ongoing basis in accordance with the plan.

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

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173 evaluations or other treatments are planned. After treatment
174 begins, the registrant ~~physician~~ shall adjust drug therapy to
175 the individual medical needs of each patient. Other treatment
176 modalities, including a rehabilitation program, shall be
177 considered depending on the etiology of the pain and the extent
178 to which the pain is associated with physical and psychosocial
179 impairment. The interdisciplinary nature of the treatment plan
180 shall be documented.

181 (c) The registrant ~~physician~~ shall discuss the risks and
182 benefits of the use of controlled substances, including the
183 risks of abuse and addiction, as well as physical dependence and
184 its consequences, with the patient, persons designated by the
185 patient, or the patient's surrogate or guardian if the patient
186 is incompetent. The registrant ~~physician~~ shall use a written
187 controlled substance agreement between the registrant ~~physician~~
188 and the patient outlining the patient's responsibilities,
189 including, but not limited to:

190 1. Number and frequency of controlled substance
191 prescriptions and refills.

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

194 3. An agreement that controlled substances for the
195 treatment of chronic nonmalignant pain shall be prescribed by a
196 single treating registrant ~~physician~~ unless otherwise authorized
197 by the treating registrant ~~physician~~ and documented in the
198 medical record.

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199 (d) The patient shall be seen by the registrant ~~physician~~
200 at regular intervals, not to exceed 3 months, to assess the
201 efficacy of treatment, ensure that controlled substance therapy
202 remains indicated, evaluate the patient's progress toward
203 treatment objectives, consider adverse drug effects, and review
204 the etiology of the pain. Continuation or modification of
205 therapy shall depend on the registrant's ~~physician's~~ evaluation
206 of the patient's progress. If treatment goals are not being
207 achieved, despite medication adjustments, the registrant
208 ~~physician~~ shall reevaluate the appropriateness of continued
209 treatment. The registrant ~~physician~~ shall monitor patient
210 compliance in medication usage, related treatment plans,
211 controlled substance agreements, and indications of substance
212 abuse or diversion at a minimum of 3-month intervals.

213 (e) The registrant ~~physician~~ shall refer the patient as
214 necessary for additional evaluation and treatment in order to
215 achieve treatment objectives. Special attention shall be given
216 to those patients who are at risk for misusing their medications
217 and those whose living arrangements pose a risk for medication
218 misuse or diversion. The management of pain in patients with a
219 history of substance abuse or with a comorbid psychiatric
220 disorder requires extra care, monitoring, and documentation and
221 requires consultation with or referral to an addiction medicine
222 specialist or psychiatrist.

223 (f) A registrant ~~physician~~ registered under this section
224 must maintain accurate, current, and complete records that are

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225 accessible and readily available for review and comply with the
226 requirements of this section, the applicable practice act, and
227 applicable board rules. The medical records must include, but
228 are not limited to:

- 229 1. The complete medical history and a physical
230 examination, including history of drug abuse or dependence.
- 231 2. Diagnostic, therapeutic, and laboratory results.
- 232 3. Evaluations and consultations.
- 233 4. Treatment objectives.
- 234 5. Discussion of risks and benefits.
- 235 6. Treatments.
- 236 7. Medications, including date, type, dosage, and quantity
237 prescribed.
- 238 8. Instructions and agreements.
- 239 9. Periodic reviews.
- 240 10. Results of any drug testing.
- 241 11. A photocopy of the patient's government-issued photo
242 identification.
- 243 12. If a written prescription for a controlled substance
244 is given to the patient, a duplicate of the prescription.
- 245 13. The registrant's ~~physician's~~ full name presented in a
246 legible manner.

247 (g) Patients with signs or symptoms of substance abuse
248 shall be immediately referred to a board-certified pain
249 management physician, an addiction medicine specialist, or a
250 mental health addiction facility as it pertains to drug abuse or

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251 addiction unless the registrant is a physician who is board-
252 certified or board-eligible in pain management. Throughout the
253 period of time before receiving the consultant's report, a
254 prescribing registrant ~~physician~~ shall clearly and completely
255 document medical justification for continued treatment with
256 controlled substances and those steps taken to ensure medically
257 appropriate use of controlled substances by the patient. Upon
258 receipt of the consultant's written report, the prescribing
259 registrant ~~physician~~ shall incorporate the consultant's
260 recommendations for continuing, modifying, or discontinuing
261 controlled substance therapy. The resulting changes in treatment
262 shall be specifically documented in the patient's medical
263 record. Evidence or behavioral indications of diversion shall be
264 followed by discontinuation of controlled substance therapy, and
265 the patient shall be discharged, and all results of testing and
266 actions taken by the registrant ~~physician~~ shall be documented in
267 the patient's medical record.

268
269 This subsection does not apply to a board-eligible or board-
270 certified anesthesiologist, physiatrist, rheumatologist, or
271 neurologist, or to a board-certified physician who has surgical
272 privileges at a hospital or ambulatory surgery center and
273 primarily provides surgical services. This subsection does not
274 apply to a board-eligible or board-certified medical specialist
275 who has also completed a fellowship in pain medicine approved by
276 the Accreditation Council for Graduate Medical Education or the

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277 American Osteopathic Association, or who is board eligible or
278 board certified in pain medicine by the American Board of Pain
279 Medicine, the American Board of Interventional Pain Physicians,
280 the American Association of Physician Specialists, or a board
281 approved by the American Board of Medical Specialties or the
282 American Osteopathic Association and performs interventional
283 pain procedures of the type routinely billed using surgical
284 codes. This subsection does not apply to a registrant, advanced
285 registered nurse practitioner, or physician assistant who
286 prescribes medically necessary controlled substances for a
287 patient during an inpatient stay in a hospital licensed under
288 chapter 395.

289 Section 7. Paragraph (b) of subsection (2) of section
290 458.3265, Florida Statutes, is amended to read:

291 458.3265 Pain-management clinics.—

292 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
293 apply to any physician who provides professional services in a
294 pain-management clinic that is required to be registered in
295 subsection (1).

296 (b) A person may not dispense any medication on the
297 premises of a registered pain-management clinic unless he or she
298 is a physician licensed under this chapter or chapter 459. A
299 person may not prescribe any controlled substance regulated
300 under chapter 893 on the premises of a registered pain-
301 management clinic unless he or she is a physician licensed under
302 this chapter or chapter 459.

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303 Section 8. Paragraph (f) of subsection (4) of section
304 458.347, Florida Statutes, is amended to read:

305 458.347 Physician assistants.—

306 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

307 (f)1. The council shall establish a formulary of medicinal
308 drugs that a fully licensed physician assistant having
309 prescribing authority under this section or s. 459.022 may not
310 prescribe. The formulary must include ~~controlled substances as~~
311 ~~defined in chapter 893,~~ general anesthetics, and radiographic
312 contrast materials.

313 2. In establishing the formulary, the council shall
314 consult with a pharmacist licensed under chapter 465, but not
315 licensed under this chapter or chapter 459, who shall be
316 selected by the State Surgeon General.

317 3. Only the council shall add to, delete from, or modify
318 the formulary. Any person who requests an addition, deletion, or
319 modification of a medicinal drug listed on such formulary has
320 the burden of proof to show cause why such addition, deletion,
321 or modification should be made.

322 4. The boards shall adopt the formulary required by this
323 paragraph, and each addition, deletion, or modification to the
324 formulary, by rule. Notwithstanding any provision of chapter 120
325 to the contrary, the formulary rule shall be effective 60 days
326 after the date it is filed with the Secretary of State. Upon
327 adoption of the formulary, the department shall mail a copy of
328 such formulary to each fully licensed physician assistant having

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329 prescribing authority under this section or s. 459.022, and to
330 each pharmacy licensed by the state. The boards shall establish,
331 by rule, a fee not to exceed \$200 to fund the provisions of this
332 paragraph and paragraph (e).

333 Section 9. Paragraph (b) of subsection (2) of section
334 459.0137, Florida Statutes, is amended to read:

335 459.0137 Pain-management clinics.—

336 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
337 apply to any osteopathic physician who provides professional
338 services in a pain-management clinic that is required to be
339 registered in subsection (1).

340 (b) A person may not dispense any medication on the
341 premises of a registered pain-management clinic unless he or she
342 is a physician licensed under this chapter or chapter 458. A
343 person may not prescribe any controlled substance regulated
344 under chapter 893 on the premises of a registered pain-
345 management clinic unless he or she is a physician licensed under
346 this chapter or chapter 458.

347 Section 10. Section 464.012, Florida Statutes, is amended
348 to read:

349 464.012 Certification of advanced registered nurse
350 practitioners; fees; controlled substance prescribing.—

351 (1) Any nurse desiring to be certified as an advanced
352 registered nurse practitioner shall apply to the department and
353 submit proof that he or she holds a current license to practice

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354 professional nursing and that he or she meets one or more of the
355 following requirements as determined by the board:

356 (a) Satisfactory completion of a formal postbasic
357 educational program of at least one academic year, the primary
358 purpose of which is to prepare nurses for advanced or
359 specialized practice.

360 (b) Certification by an appropriate specialty board. Such
361 certification shall be required for initial state certification
362 and any recertification as a registered nurse anesthetist or
363 nurse midwife. The board may by rule provide for provisional
364 state certification of graduate nurse anesthetists and nurse
365 midwives for a period of time determined to be appropriate for
366 preparing for and passing the national certification
367 examination.

368 (c) Graduation from a program leading to a master's degree
369 in a nursing clinical specialty area with preparation in
370 specialized practitioner skills. For applicants graduating on or
371 after October 1, 1998, graduation from a master's degree program
372 shall be required for initial certification as a nurse
373 practitioner under paragraph (4) (c). For applicants graduating
374 on or after October 1, 2001, graduation from a master's degree
375 program shall be required for initial certification as a
376 registered nurse anesthetist under paragraph (4) (a).

377 (2) The board shall provide by rule the appropriate
378 requirements for advanced registered nurse practitioners in the

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379 categories of certified registered nurse anesthetist, certified
380 nurse midwife, and nurse practitioner.

381 (3) An advanced registered nurse practitioner shall
382 perform those functions authorized in this section within the
383 framework of an established protocol that is filed with the
384 board upon biennial license renewal and within 30 days after
385 entering into a supervisory relationship with a physician or
386 changes to the protocol. The board shall review the protocol to
387 ensure compliance with applicable regulatory standards for
388 protocols. The board shall refer to the department licensees
389 submitting protocols that are not compliant with the regulatory
390 standards for protocols. A practitioner currently licensed under
391 chapter 458, chapter 459, or chapter 466 shall maintain
392 supervision for directing the specific course of medical
393 treatment. Within the established framework, an advanced
394 registered nurse practitioner may:

395 (a) Prescribe, dispense, administer, or order any ~~Monitor~~
396 ~~and alter drug therapies.~~

397 (b) Initiate appropriate therapies for certain conditions.

398 (c) Perform additional functions as may be determined by
399 rule in accordance with s. 464.003(2).

400 (d) Order diagnostic tests and physical and occupational
401 therapy.

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

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

409 1. Determine the health status of the patient as it
410 relates to the risk factors and to the anesthetic management of
411 the patient through the performance of the general functions.

412 2. Based on history, physical assessment, and supplemental
413 laboratory results, determine, with the consent of the
414 responsible physician, the appropriate type of anesthesia within
415 the framework of the protocol.

416 3. Order under the protocol preanesthetic medication.

417 4. Perform under the protocol procedures commonly used to
418 render the patient insensible to pain during the performance of
419 surgical, obstetrical, therapeutic, or diagnostic clinical
420 procedures. These procedures include ordering and administering
421 regional, spinal, and general anesthesia; inhalation agents and
422 techniques; intravenous agents and techniques; and techniques of
423 hypnosis.

424 5. Order or perform monitoring procedures indicated as
425 pertinent to the anesthetic health care management of the
426 patient.

427 6. Support life functions during anesthesia health care,
428 including induction and intubation procedures, the use of
429 appropriate mechanical supportive devices, and the management of
430 fluid, electrolyte, and blood component balances.

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431 7. Recognize and take appropriate corrective action for
432 abnormal patient responses to anesthesia, adjunctive medication,
433 or other forms of therapy.

434 8. Recognize and treat a cardiac arrhythmia while the
435 patient is under anesthetic care.

436 9. Participate in management of the patient while in the
437 postanesthesia recovery area, including ordering the
438 administration of fluids and drugs.

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

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

447 1. Perform superficial minor surgical procedures.

448 2. Manage the patient during labor and delivery to include
449 amniotomy, episiotomy, and repair.

450 3. Order, initiate, and perform appropriate anesthetic
451 procedures.

452 4. Perform postpartum examination.

453 5. Order appropriate medications.

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

455 7. Manage the medical care of the normal obstetrical
456 patient and the initial care of a newborn patient.

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

- 459 1. Manage selected medical problems.
460 2. Order physical and occupational therapy.
461 3. Initiate, monitor, or alter therapies for certain
462 uncomplicated acute illnesses.
463 4. Monitor and manage patients with stable chronic
464 diseases.
465 5. Establish behavioral problems and diagnosis and make
466 treatment recommendations.

467 (5) The board shall certify, and the department shall
468 issue a certificate to, any nurse meeting the qualifications in
469 this section. The board shall establish an application fee not
470 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
471 board is authorized to adopt such other rules as are necessary
472 to implement the provisions of this section.

473 Section 11. Paragraph (p) is added to subsection (1) of
474 section 464.018, Florida Statutes, to read:

475 464.018 Disciplinary actions.—

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

478 (p) For an advanced registered nurse practitioner:

- 479 1. Presigning blank prescription forms.
480 2. Prescribing for office use any medicinal drug appearing
481 on Schedule II in chapter 893.

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482 3. Prescribing, ordering, dispensing, administering,
483 supplying, selling, or giving a drug that is an amphetamine or a
484 sympathomimetic amine drug, or a compound designated pursuant to
485 chapter 893 as a Schedule II controlled substance, to or for any
486 person except for:

487 a. The treatment of narcolepsy; hyperkinesis; behavioral
488 syndrome in children characterized by the developmentally
489 inappropriate symptoms of moderate to severe distractibility,
490 short attention span, hyperactivity, emotional lability, and
491 impulsivity; or drug-induced brain dysfunction.

492 b. The differential diagnostic psychiatric evaluation of
493 depression or the treatment of depression shown to be refractory
494 to other therapeutic modalities.

495 c. The clinical investigation of the effects of such drugs
496 or compounds when an investigative protocol is submitted to,
497 reviewed by, and approved by the department before such
498 investigation is begun.

499 4. Prescribing, ordering, dispensing, administering,
500 supplying, selling, or giving growth hormones, testosterone or
501 its analogs, human chorionic gonadotropin (HCG), or other
502 hormones for the purpose of muscle building or to enhance
503 athletic performance. As used in this subparagraph, the term
504 "muscle building" does not include the treatment of injured
505 muscle. A prescription written for the drug products listed in
506 this paragraph may be dispensed by a pharmacist with the
507 presumption that the prescription is for legitimate medical use.

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508 5. Promoting or advertising on any prescription form a
509 community pharmacy unless the form also states: "This
510 prescription may be filled at any pharmacy of your choice."

511 6. Prescribing, dispensing, administering, mixing, or
512 otherwise preparing a legend drug, including a controlled
513 substance, other than in the course of his or her professional
514 practice. For the purposes of this subparagraph, it is legally
515 presumed that prescribing, dispensing, administering, mixing, or
516 otherwise preparing legend drugs, including all controlled
517 substances, inappropriately or in excessive or inappropriate
518 quantities is not in the best interest of the patient and is not
519 in the course of the advanced registered nurse practitioner's
520 professional practice, without regard to his or her intent.

521 7. Prescribing, dispensing, or administering a medicinal
522 drug appearing on any schedule set forth in chapter 893 to
523 himself or herself, except a drug prescribed, dispensed, or
524 administered to the advanced registered nurse practitioner by
525 another practitioner authorized to prescribe, dispense, or
526 administer medicinal drugs.

527 8. Prescribing, ordering, dispensing, administering,
528 supplying, selling, or giving amygdalin (laetrile) to any
529 person.

530 9. Dispensing a controlled substance listed on Schedule II
531 or Schedule III in chapter 893 in violation of s. 465.0276.

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

535 Section 12. Subsection (21) of section 893.02, Florida
536 Statutes, is amended to read:

537 893.02 Definitions.—The following words and phrases as
538 used in this chapter shall have the following meanings, unless
539 the context otherwise requires:

540 (21) "Practitioner" means a physician licensed under
541 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
542 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
543 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
544 459, an advanced registered nurse practitioner certified under
545 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
546 462, a certified optometrist licensed under ~~pursuant to~~ chapter
547 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
548 461, or a physician assistant licensed under chapter 458 or
549 chapter 459, provided such practitioner holds a valid federal
550 controlled substance registry number.

551 Section 13. Paragraph (n) of subsection (1) of section
552 948.03, Florida Statutes, is amended to read:

553 948.03 Terms and conditions of probation.—

554 (1) The court shall determine the terms and conditions of
555 probation. Conditions specified in this section do not require
556 oral pronouncement at the time of sentencing and may be
557 considered standard conditions of probation. These conditions

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558 may include among them the following, that the probationer or
559 offender in community control shall:

560 (n) Be prohibited from using intoxicants to excess or
561 possessing any drugs or narcotics unless prescribed by a
562 physician, advanced registered nurse practitioner, or physician
563 assistant. The probationer or community controllee may shall not
564 knowingly visit places where intoxicants, drugs, or other
565 dangerous substances are unlawfully sold, dispensed, or used.

566 Section 14. Subsection (3) of s. 310.071, Florida
567 Statutes, is reenacted for the purpose of incorporating the
568 amendment made by this act to s. 310.071, Florida Statutes, in a
569 reference thereto.

570 Section 15. Subsection (10) of s. 458.331, paragraph (g)
571 of subsection (7) of s. 458.347, subsection (10) of s. 459.015,
572 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
573 of subsection (5) of s. 465.0158, Florida Statutes, are
574 reenacted for the purpose of incorporating the amendment made by
575 this act to s. 456.072, Florida Statutes, in references thereto.

576 Section 16. Paragraph (mm) of subsection (1) of s. 456.072
577 and s. 466.02751, Florida Statutes, are reenacted for the
578 purpose of incorporating the amendment made by this act to s.
579 456.44, Florida Statutes, in references thereto.

580 Section 17. Section 458.303, paragraph (e) of subsection
581 (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph
582 (b) of subsection (7) of s. 458.3475, paragraph (e) of
583 subsection (4) and paragraph (c) of subsection (9) of s.

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584 459.022, and paragraph (b) of subsection (7) of s. 459.023,
585 Florida Statutes, are reenacted for the purpose of incorporating
586 the amendment made by this act to s. 458.347, Florida Statutes,
587 in references thereto.

588 Section 18. Paragraph (a) of subsection (1) of s. 456.041,
589 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
590 459.025, Florida Statutes, are reenacted for the purpose of
591 incorporating the amendment made by this act to s. 464.012,
592 Florida Statutes, in references thereto.

593 Section 19. Subsection (11) of s. 320.0848, subsection (2)
594 of s. 464.008, subsection (5) of s. 464.009, subsection (2) of
595 s. 464.018, and paragraph (b) of subsection (1), subsection (3),
596 and paragraph (b) of subsection (4) of s. 464.0205, Florida
597 Statutes, are reenacted for the purpose of incorporating the
598 amendment made by this act to s. 464.018, Florida Statutes, in
599 references thereto.

600 Section 20. Section 775.051, Florida Statutes, is
601 reenacted for the purpose of incorporating the amendment made by
602 this act to s. 893.02, Florida Statutes, in a reference thereto.

603 Section 21. Paragraph (a) of subsection (3) of s. 944.17,
604 subsection (8) of s. 948.001, and paragraph (e) of subsection
605 (1) of s. 948.101, Florida Statutes, are reenacted for the
606 purpose of incorporating the amendment made by this act to s.
607 948.03, Florida Statutes, in references thereto.

608 Section 22. This act shall take effect July 1, 2015.

609

Amendment No.

610 -----
611 **T I T L E A M E N D M E N T**
612 Remove everything before the enacting clause and insert:
613 An act relating to drug prescription by advanced registered
614 nurse practitioners and physician assistants; amending s.
615 110.12315, F.S.; expanding the categories of persons who may
616 prescribe brand drugs under the prescription drug program when
617 medically necessary; amending ss. 310.071, 310.073, and 310.081,
618 F.S.; exempting controlled substances prescribed by an advanced
619 registered nurse practitioner or a physician assistant from the
620 disqualifications for certification or licensure, and for
621 continued certification or licensure, as a deputy or state
622 pilot; amending s. 456.072, F.S.; applying existing penalties
623 for violations relating to the prescribing or dispensing of
624 controlled substances to an advanced registered nurse
625 practitioner; amending s. 456.44, F.S.; deleting an obsolete
626 date; requiring advanced registered nurse practitioners and
627 physician assistants who prescribe controlled substances for
628 certain pain to make a certain designation, comply with
629 registration requirements, and follow specified standards of
630 practice; providing applicability; amending ss. 458.3265 and
631 459.0137, F.S.; limiting the authority to prescribe a controlled
632 substance in a pain-management clinic to a physician licensed
633 under ch. 458 or ch. 459, F.S.; amending s. 458.347, F.S.;
634 expanding the prescribing authority of a licensed physician
635 assistant; amending s. 464.012, F.S.; authorizing an advanced

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636 registered nurse practitioner to prescribe, dispense,
637 administer, or order drugs, rather than to monitor and alter
638 drug therapies; amending s. 464.018, F.S.; specifying acts that
639 constitute grounds for denial of a license for or disciplinary
640 action against an advanced registered nurse practitioner;
641 amending s. 893.02, F.S.; redefining the term "practitioner" to
642 include advanced registered nurse practitioners and physician
643 assistants under the Florida Comprehensive Drug Abuse Prevention
644 and Control Act; amending s. 948.03, F.S.; providing that
645 possession of drugs or narcotics prescribed by an advanced
646 registered nurse practitioner or physician assistant is an
647 exception from a prohibition relating to the possession of drugs
648 or narcotics during probation; reenacting s. 310.071(3), F.S.,
649 to incorporate the amendment made to s. 310.071, F.S., in a
650 reference thereto; reenacting ss. 458.331(10), 458.347(7)(g),
651 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S., to
652 incorporate the amendment made to s. 456.072, F.S., in
653 references thereto; reenacting ss. 456.072(1)(mm) and 466.02751,
654 F.S., to incorporate the amendment made to s. 456.44, F.S., in
655 references thereto; reenacting ss. 458.303, 458.347(4)(e) and
656 (9)(c), 458.3475(7)(b), 459.022(4)(e) and (9)(c), and
657 459.023(7)(b), F.S., to incorporate the amendment made to s.
658 458.347, F.S., in references thereto; reenacting ss.
659 456.041(1)(a), 458.348(1) and (2), and 459.025(1), F.S., to
660 incorporate the amendment made to s. 464.012, F.S., in
661 references thereto; reenacting ss. 320.0848(11), 464.008(2),

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 281 (2015)

Amendment No.

662 464.009(5), 464.018(2), and 464.0205(1)(b), (3), and (4)(b),
663 F.S., to incorporate the amendment made to s. 464.018, F.S., in
664 references thereto; reenacting s. 775.051, F.S., to incorporate
665 the amendment made to s. 893.02, F.S., in a reference thereto;
666 reenacting ss. 944.17(3)(a), 948.001(8), and 948.101(1)(e),
667 F.S., to incorporate the amendment made to s. 948.03, F.S., in
668 references thereto; providing an effective date.