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By the Committees on Appropriations; Finance and Tax; and Health Policy; and Senator Grimsley

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A bill to be entitled

An act relating to access to health care services; creating s. 296.42, F.S.; directing the Department of Veterans' Affairs to contract for a study to determine the need and location for additional state veterans' nursing homes; directing the department to submit the study to the Governor and the Legislature; providing study criteria for ranking each county according to need; providing site selection criteria; requiring the approval of the Governor and Cabinet for site selection; requiring the department to use specified studies to select new nursing home sites; directing the department to contract for subsequent studies and to submit the studies to the Governor and the Legislature; amending ss. 458.347 and 459.022, F.S.; revising the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; amending s. 464.012, F.S.; authorizing an advanced registered nurse practitioner to order medication for administration to a specified patient; amending s. 465.003, F.S.; revising the term "prescription" to exclude an order for drugs or medicinal supplies by a licensed practitioner that is dispensed for certain administration; creating s. 624.27, F.S.; defining terms; specifying that a direct primary care agreement does not constitute insurance and is not subject to the Florida Insurance Code; specifying that entering into a direct primary care agreement does not

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constitute the business of insurance and is not subject to the code; providing that a health care provider is not required to obtain a certificate of authority or license to market, sell, or offer to sell a direct primary care agreement; specifying requirements for a direct primary care agreement; amending s. 766.1115, F.S.; redefining terms relating to agency relationships with governmental health care contractors; deleting an obsolete date; extending sovereign immunity to employees or agents of a health care provider that executes a contract with a governmental contractor; clarifying that a receipt of specified notice must be acknowledged by a patient or the patient's representative at the initial visit; requiring the posting of notice that a specified health care provider is an agent of a governmental contractor; amending s. 768.28, F.S.; redefining the term "officer, employee, or agent" to include employees or agents of a health care provider; amending s. 893.02, F.S.; revising the term "administer" to include the term "administration"; revising the term "prescription" to exclude an order for drugs or medicinal supplies by a licensed practitioner that is dispensed for certain administration; amending s. 893.04, F.S.; conforming provisions to changes made by the act; amending s. 893.05, F.S.; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled

576-04664-15 2015532c3 59 substances for a specified patient under certain 60 circumstances; reenacting ss. 400.462(26), 401.445(1), 61 409.906(18), and 766.103(3), F.S., to incorporate the amendments made to ss. 458.347 and 459.022, F.S., in 62 63 references thereto; reenacting ss. 401.445(1) and 64 766.103(3), F.S., to incorporate the amendment made to 65 s. 464.012, F.S., in references thereto; reenacting ss. 409.9201(1)(a), 458.331(1)(pp), 459.015(1)(rr), 66 465.014(1), 465.015(2)(c), 465.016(1)(s), 67 68 465.022(5)(j), 465.023(1)(h), 465.1901, 499.003(43), 69 and 831.30(1), F.S., to incorporate the amendment made 70 to s. 465.003, F.S., in references thereto; reenacting 71 ss. 112.0455(5)(i), 381.986(7)(b), 440.102(1)(1), 72 458.331(1)(pp), 459.015(1)(rr), 465.015(3), 73 465.016(1)(s), 465.022(5)(j), 465.023(1)(h), 74 499.0121(14), 768.36(1)(b), 810.02(3)(f), 75 812.014(2)(c), 856.015(1)(c), 944.47(1)(a), 951.22(1), 76 985.711(1)(a), 1003.57(1)(i), and 1006.09(8), F.S., to 77 incorporate the amendment made to s. 893.02, F.S., in 78 references thereto; reenacting s. 893.0551(3)(e), 79 F.S., to incorporate the amendment made to s. 893.04, 80 F.S., in a reference thereto; reenacting s. 81 893.0551(3)(d), F.S., to incorporate the amendment 82 made to s. 893.05, F.S., in a reference thereto; 83 providing an effective date. 84 85 Be It Enacted by the Legislature of the State of Florida: 86

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Section 1. Section 296.42, Florida Statutes, is created to

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88 read:

296.42 Site-selection process for state veterans' nursing homes.—

- (1) The department shall contract for a site-selection study to determine the need for new state veterans' nursing homes and the most appropriate counties in which to locate the homes based on the greatest level of need. The department shall submit the study to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2015.
- (2) The site-selection study must use the following criteria to rank each county according to need:
- (a) The distance from the geographic center of the county to the nearest existing state veterans' nursing home.
- (b) The number of veterans aged 65 years or older residing in the county.
- (c) The presence of an existing federal Veterans Health Administration medical center or outpatient clinic in the county.
- (d) Elements of emergency health care in the county, as determined by:
 - 1. The number of general hospitals.
- 2. The number of emergency room holding beds per hospital. The term "emergency room holding bed" means a bed located in the emergency room of a hospital licensed under chapter 395 which is used for a patient who is admitted to the hospital through the emergency room but who is waiting for an available bed in an inpatient unit of the hospital.
 - 3. The number of employed physicians per hospital in the

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emergency room 24 hours per day.

- (e) The number of existing community nursing home beds per 1,000 males aged 65 years or older residing in the county.
- (f) The presence of an accredited educational institution offering health care programs in the county.
 - (g) The county poverty rate.
- (3) For each new nursing home, the department shall select the highest-ranked county in the applicable study under this section which does not have a veterans' nursing home. If the highest-ranked county cannot serve as the site, the department shall select the next highest-ranked county. The selection is subject to the approval of the Governor and Cabinet.
- (4) The department shall use the 2014 site-selection study to select a county for any new state veterans' nursing home authorized before November 1, 2015.
- (5) The department shall use the November 2015 site-selection study ranking to select each new state veterans' nursing home site authorized before July 1, 2020.
- (6) The department shall contract for and submit a new site-selection study, which uses the county-ranking criteria under subsections (2) and (3), to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2019, and every 4 years thereafter. Each study applies to the 4-year selection period that begins on July 1 after the date the study is due.
- Section 2. Paragraph (g) of subsection (4) of section 458.347, Florida Statutes, is amended to read:
 - 458.347 Physician assistants.—
 - (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-

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(g) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication medications for administration to the supervisory physician's patient during his or her care in a facility licensed under chapter 395, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation. For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.

Section 3. Paragraph (f) of subsection (4) of section 459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (f) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication medications for administration to the supervisory physician's patient during his or her care in a facility licensed under chapter 395, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation. For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.
 - Section 4. Paragraph (a) of subsection (3) of section

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464.012, Florida Statutes, is amended to read:

464.012 Certification of advanced registered nurse practitioners; fees.—

- (3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:
- (a) Monitor and alter drug therapies <u>and order any</u> <u>medication for administration to a patient in a facility</u> licensed under chapter 395.

Section 5. Subsection (14) of section 465.003, Florida Statutes, is amended to read:

465.003 Definitions.—As used in this chapter, the term:

(14) "Prescription" includes any order for drugs or medicinal supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of this the state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist, except for an order that is dispensed for administration. The term also

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includes an orally transmitted order by the lawfully designated agent of such practitioner: The term also includes an order written or transmitted by a practitioner licensed to practice in a jurisdiction other than this state, but only if the pharmacist called upon to dispense such order determines, in the exercise of her or his professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness: and. The term "prescription" also includes a pharmacist's order for a product selected from the formulary created pursuant to s. 465.186. Prescriptions may be retained in written form or the pharmacist may cause them to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request.

Section 6. Section 624.27, Florida Statutes, is created to read:

- 624.27 Application of the Florida Insurance Code as to direct primary care agreements.—
 - (1) As used in this section, the term:
- (a) "Direct primary care agreement" means a contract between a primary care provider or primary care group practice and a patient, the patient's legal representative, or an employer which satisfies the criteria in subsection (4) and does not indemnify for services provided by a third party.
- (b) "Primary care provider" means a health care provider licensed under chapter 458, chapter 459, or chapter 464 who provides medical services to patients which are commonly provided without referral from another health care provider.
- (c) "Primary care service" means the screening, assessment, diagnosis, and treatment of a patient for the purpose of

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promoting health or detecting and managing disease or injury
within the competency and training of the primary care provider.

- (2) A direct primary care agreement does not constitute insurance and is not subject to the Florida Insurance Code. The act of entering into a direct primary care agreement does not constitute the business of insurance and is not subject to the Florida Insurance Code.
- (3) A primary care provider or an agent of a primary care provider is not required to obtain a certificate of authority or license under this code to market, sell, or offer to sell a direct primary care agreement.
- (4) For purposes of this section, a direct primary care agreement must:
 - (a) Be in writing.
- (b) Be signed by the primary care provider or an agent of the primary care provider and the patient or the patient's legal representative.
- (c) Allow a party to terminate the agreement by written notice to the other party after a period specified in the agreement.
- (d) Describe the scope of the primary care services that are covered by the monthly fee.
- (e) Specify the monthly fee and any fees for primary care services not covered by the monthly fee.
- (f) Specify the duration of the agreement and any automatic renewal provisions.
- (g) Offer a refund to the patient of monthly fees paid in advance if the primary care provider ceases to offer primary care services for any reason.

are amended to read:

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(h) State that the agreement is not health insurance.

Section 7. Paragraphs (a) and (d) of subsection (3) and subsections (4) and (5) of section 766.1115, Florida Statutes,

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

- (3) DEFINITIONS.—As used in this section, the term:
- (a) "Contract" means an agreement executed in compliance with this section between a health care provider and a governmental contractor which allows the health care provider, or any employee or agent of the health care provider, to deliver health care services to low-income recipients as an agent of the governmental contractor. The contract must be for volunteer, uncompensated services, except as provided in paragraph (4)(g). For services to qualify as volunteer, uncompensated services under this section, the health care provider must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or a public or private thirdparty payor, for the specific services provided to the lowincome recipients covered by the contract except as provided in paragraph (4)(g). A free clinic as described in subparagraph (d) 14. may receive a legislative appropriation, a grant through a legislative appropriation, or a grant from a governmental entity or nonprofit corporation to support the delivery of such contracted services by volunteer health care providers, including the employment of health care providers to supplement, coordinate, or support the delivery of services by volunteer health care providers. Such an appropriation or grant does not

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constitute compensation under this paragraph from the governmental contractor for services provided under the contract, and receipt and use of the appropriation or grant does not constitute the acceptance of compensation under this paragraph for the specific services provided to the low-income recipients covered by the contract.

- (d) "Health care provider" or "provider" means:
- 1. A birth center licensed under chapter 383.
- 2. An ambulatory surgical center licensed under chapter 395.
 - 3. A hospital licensed under chapter 395.
- 4. A physician or physician assistant licensed under chapter 458.
- 5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
 - 6. A chiropractic physician licensed under chapter 460.
 - 7. A podiatric physician licensed under chapter 461.
- 8. A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this section.
 - 9. A midwife licensed under chapter 467.
- 10. A health maintenance organization certificated under part I of chapter 641.
- 11. A health care professional association and its employees or a corporate medical group and its employees.
 - 12. Any other medical facility the primary purpose of which

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is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.

- 13. A dentist or dental hygienist licensed under chapter 466.
- 14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.
- 15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

- The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.
- (4) CONTRACT REQUIREMENTS.—A health care provider that executes a contract with a governmental contractor to deliver health care services on or after April 17, 1992, as an agent of the governmental contractor, or any employee or agent of such health care provider, is an agent for purposes of s. 768.28(9), while acting within the scope of duties under the contract, if the contract complies with the requirements of this section and

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regardless of whether the individual treated is later found to be ineligible. A health care provider, or any employee or agent of such health care provider, shall continue to be an agent for purposes of s. 768.28(9) for 30 days after a determination of ineligibility to allow for treatment until the individual transitions to treatment by another health care provider. A health care provider under contract with the state, or any employee or agent of such health care provider, may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:

- (a) The right of dismissal or termination of any health care provider delivering services under the contract is retained by the governmental contractor.
- (b) The governmental contractor has access to the patient records of any health care provider delivering services under the contract.
- (c) Adverse incidents and information on treatment outcomes must be reported by any health care provider to the governmental contractor if the incidents and information pertain to a patient treated under the contract. The health care provider shall submit the reports required by s. 395.0197. If an incident involves a professional licensed by the Department of Health or a facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such incident reports to the appropriate department or agency, which shall review each incident and determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information

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contained in adverse incident reports and treatment outcomes which are obtained by governmental entities under this paragraph are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

- (d) Patient selection and initial referral must be made by the governmental contractor or the provider. Patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.
- (e) If emergency care is required, the patient need not be referred before receiving treatment, but must be referred within 48 hours after treatment is commenced or within 48 hours after the patient has the mental capacity to consent to treatment, whichever occurs later.
- (f) The provider is subject to supervision and regular inspection by the governmental contractor.
- of s. 768.28(9), while acting within the scope of duties under the contract, A health care provider licensed under chapter 466, as an agent of the governmental contractor for purposes of s. 768.28(9), may allow a patient, or a parent or guardian of the patient, to voluntarily contribute a monetary amount to cover costs of dental laboratory work related to the services provided to the patient within the scope of duties under the contract. This contribution may not exceed the actual cost of the dental laboratory charges.

A governmental contractor that is also a health care provider is

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not required to enter into a contract under this section with respect to the health care services delivered by its employees.

(5) NOTICE OF AGENCY RELATIONSHIP.—The governmental contractor must provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing at the initial visit, that the provider is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28. Thereafter, and with respect to any federally funded community health center, the notice requirements may be met by posting in a place conspicuous to all persons a notice that the health care provider federally funded community health center is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28.

Section 8. Paragraph (b) of subsection (9) of section 768.28, Florida Statutes, is amended to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.—

(9)

(b) As used in this subsection, the term:

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1. "Employee" includes any volunteer firefighter.

2. "Officer, employee, or agent" includes, but is not limited to, any health care provider, and its employees or agents, when providing services pursuant to s. 766.1115; any nonprofit independent college or university located and chartered in this state which owns or operates an accredited medical school, and its employees or agents, when providing patient services pursuant to paragraph (10)(f); and any public defender or her or his employee or agent, including, among others, an assistant public defender and an investigator.

Section 9. Subsections (1) and (22) of section 893.02, Florida Statutes, are amended to read:

- 893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:
- (1) "Administer" or "administration" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a person or animal.
- (22) "Prescription" means and includes any an order for drugs or medicinal supplies which is written, signed, or transmitted by any word of mouth, telephone, telegram, or other means of communication by a duly licensed practitioner authorized licensed by the laws of this the state to prescribe such drugs or medicinal supplies, is issued in good faith and in the course of professional practice, is intended to be filled, compounded, or dispensed by a another person authorized licensed by the laws of this the state to do so, and meets meeting the requirements of s. 893.04.

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(a) The term also includes an order for drugs or medicinal supplies so transmitted or written by a physician, dentist, veterinarian, or other practitioner licensed to practice in a state other than Florida, but only if the pharmacist called upon to fill such an order determines, in the exercise of his or her professional judgment, that the order was issued pursuant to a valid patient-physician relationship, that it is authentic, and that the drugs or medicinal supplies so ordered are considered necessary for the continuation of treatment of a chronic or recurrent illness.

- (b) The term does not include an order that is dispensed for administration by a licensed practitioner authorized by the laws of this state to administer such drugs or medicinal supplies.
- $\underline{\text{(c)}}$ However, If the physician writing the prescription is not known to the pharmacist, the pharmacist shall obtain proof to a reasonable certainty of the validity of $\underline{\text{the}}$ said prescription.
- (d) A prescription order for a controlled substance may shall not be issued on the same prescription blank with another prescription order for a controlled substance that which is named or described in a different schedule or with another, nor shall any prescription order for a controlled substance be issued on the same prescription blank as a prescription order for a medicinal drug, as defined in s. 465.003(8), that is which does not fall within the definition of a controlled substance as defined in this act.
- Section 10. Paragraphs (a), (d), and (f) of subsection (2) of section 893.04, Florida Statutes, are amended to read:

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893.04 Pharmacist and practitioner.

- (2) (a) A pharmacist may not dispense a controlled substance listed in Schedule II, Schedule III, or Schedule IV to any patient or patient's agent without first determining, in the exercise of her or his professional judgment, that the prescription order is valid. The pharmacist may dispense the controlled substance, in the exercise of her or his professional judgment, when the pharmacist or pharmacist's agent has obtained satisfactory patient information from the patient or the patient's agent.
- (d) Each written prescription written prescribed by a practitioner in this state for a controlled substance listed in Schedule II, Schedule III, or Schedule IV must include both a written and a numerical notation of the quantity of the controlled substance prescribed and a notation of the date in numerical, month/day/year format, or with the abbreviated month written out, or the month written out in whole. A pharmacist may, upon verification by the prescriber, document any information required by this paragraph. If the prescriber is not available to verify a prescription, the pharmacist may dispense the controlled substance, but may insist that the person to whom the controlled substance is dispensed provide valid photographic identification. If a prescription includes a numerical notation of the quantity of the controlled substance or date, but does not include the quantity or date written out in textual format, the pharmacist may dispense the controlled substance without verification by the prescriber of the quantity or date if the pharmacy previously dispensed another prescription for the person to whom the prescription was written.

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(f) A pharmacist may not knowingly <u>dispense</u> fill a prescription that has been forged for a controlled substance listed in Schedule II, Schedule III, or Schedule IV.

Section 11. Subsection (1) of section 893.05, Florida Statutes, is amended to read:

- 893.05 Practitioners and persons administering controlled substances in their absence.—
- (1) (a) A practitioner, in good faith and in the course of his or her professional practice only, may prescribe, administer, dispense, mix, or otherwise prepare a controlled substance, or the practitioner may cause the <u>controlled</u> <u>substance same</u> to be administered by a licensed nurse or an intern practitioner under his or her direction and supervision only.
- (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or advanced registered nurse practitioner may authorize the licensed physician assistant or advanced registered nurse practitioner to order controlled substances for administration to a patient in a facility licensed under chapter 395.
- (c) A veterinarian may so prescribe, administer, dispense, mix, or prepare a controlled substance for use on animals only, and may cause the controlled substance it to be administered by an assistant or orderly under the veterinarian's direction and supervision only.
- (d) A certified optometrist licensed under chapter 463 may not administer or prescribe a controlled substance listed in Schedule I or Schedule II of s. 893.03.

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Section 12. Subsection (26) of s. 400.462, subsection (1) of s. 401.445, subsection (18) of s. 409.906, and subsection (3) of s. 766.103, Florida Statutes, are reenacted for the purpose of incorporating the amendments made by this act to ss. 458.347 and 459.022, Florida Statutes, in references thereto.

Section 13. Subsection (1) of s. 401.445 and subsection (3) of s. 766.103, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.012, Florida Statutes, in references thereto.

Section 14. Paragraph (a) of subsection (1) of s. 409.9201, paragraph (pp) of subsection (1) of s. 458.331, paragraph (rr) of subsection (1) of s. 459.015, subsection (1) of s. 465.014, paragraph (c) of subsection (2) of s. 465.015, paragraph (s) of subsection (1) of s. 465.016, paragraph (j) of subsection (5) of s. 465.022, paragraph (h) of subsection (1) of s. 465.023, s. 465.1901, subsection (43) of s. 499.003, and subsection (1) of s. 831.30, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 465.003, Florida Statutes, in references thereto.

Section 15. Paragraph (i) of subsection (5) of s. 112.0455, paragraph (b) of subsection (7) of s. 381.986, paragraph (1) of subsection (1) of s. 440.102, paragraph (pp) of subsection (1) of s. 458.331, paragraph (rr) of subsection (1) of s. 459.015, subsection (3) of s. 465.015, paragraph (s) of subsection (1) of s. 465.016, paragraph (j) of subsection (5) of s. 465.022, paragraph (h) of subsection (1) of s. 465.023, subsection (14) of s. 499.0121, paragraph (b) of subsection (1) of s. 768.36, paragraph (f) of subsection (3) of s. 810.02, paragraph (c) of subsection (2) of s. 812.014, paragraph (c) of subsection (1) of

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576-04664-15 2015532c3 s. 856.015, paragraph (a) of subsection (1) of s. 944.47, subsection (1) of s. 951.22, paragraph (a) of subsection (1) of 582 s. 985.711, paragraph (i) of subsection (1) of s. 1003.57, and 583 subsection (8) of s. 1006.09, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act 586 to s. 893.02, Florida Statutes, in references thereto. Section 16. Paragraph (e) of subsection (3) of s. 893.0551, 588 Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 893.04, Florida Statutes, in a reference thereto. Section 17. Paragraph (d) of subsection (3) of s. 893.0551, 592 Florida Statutes, is reenacted for the purpose of incorporating 593 the amendment made by this act to s. 893.05, Florida Statutes, in a reference thereto.

Section 18. This act shall take effect July 1, 2015.

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