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WITHDRAWN	(Y/N)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

Committee/Subcommittee hearing bill: Health Innovation Subcommittee

Representative Pigman offered the following:

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Amendment (with title amendment)

6 7 Remove everything after the enacting clause and insert: Section 1. Subsections (16) through (23) of section

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464.003, Florida Statutes, are renumbered as subsections (17)

through (24), respectively, present subsections (2), (3), (20),

10 11 and (22) are amended, and a new subsection (16) is added to that section, to read:

12

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

13 14

practice advanced or specialized nursing" means, in addition to

"Advanced or specialized nursing practice" or "to

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the practice of professional nursing, the performance of

16 17 advanced-level nursing acts approved by the board which, by

virtue of postbasic specialized education, training, and

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experience, are appropriately performed by an independent
advanced practice registered nurse or an advanced practice
registered nurse practitioner. Within the context of advanced or
specialized nursing practice, the independent advanced practice
registered nurse and the advanced practice registered nurse
practitioner may perform acts of nursing diagnosis and nursing
treatment of alterations of the health status. The independent
advanced practice registered nurse and the advanced practice
registered nurse practitioner may also perform acts of medical
diagnosis, and treatment, prescription, and operation which are
identified and approved by a joint committee composed of three
members appointed by the Board of Nursing, one of whom must be
an independent advanced practice registered nurse and one two of
whom must be an advanced practice registered nurse
practitioners; three members appointed by the Board of Medicine,
two of whom must have had work experience with advanced practice
registered nurses nurse practitioners; and the State Surgeon
General or the State Surgeon General's designee. Each committee
member appointed by a board shall be appointed to a term of 4
years unless a shorter term is required to establish or maintain
staggered terms. The Board of Nursing shall adopt rules
authorizing the performance of any such acts approved by the
joint committee. Unless otherwise specified by the joint
committee and unless such acts are performed by independent
advanced practice registered nurses, such medical acts must be
performed under the general supervision of a practitioner
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licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348 or s. 459.025.

- (3) "Advanced <u>practice</u> registered nurse practitioner" means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and certified nurse practitioners.
- (16) "Independent advanced practice registered nurse"

 means an advanced practice registered nurse who maintains an
 active and unencumbered certification under s. 464.012(2) and
 registration under s. 464.0125 to practice advanced or
 specialized nursing independently and without the supervision of
 a physician or a protocol.
- (21) (20) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences, which shall include, but not be limited to:
- (a) The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion

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of wellness, maintenance of health, and prevention of illness of others.

- (b) The <u>prescribing and</u> administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
- (c) The supervision and teaching of other personnel in the theory and performance of any of the acts described in this subsection.

A professional nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

(23) (22) "Registered nurse" means any person licensed in this state to practice professional nursing, except such licensed person may only administer medications and treatments authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

Section 2. Section 464.012, Florida Statutes, is amended to read:

- 464.012 Certification of advanced <u>practice</u> registered nurses nurse practitioners; fees.—
- (1) Any nurse desiring to be certified as an advanced practice registered nurse practitioner shall apply to the board department and submit proof that the nurse he or she holds a current license to practice professional nursing and that the

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nurse he or she meets one or more of the following requirements
as determined by the board:

- (a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
- (a) (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a <u>nurse practitioner</u>, registered nurse anesthetist, or nurse midwife. The board may by rule provide for provisional state certification of graduate <u>nurse practitioners</u>, nurse anesthetists, and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.
- (b) (c) Graduation from a program leading to a master's degree program in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a nurse practitioner under paragraph (4)(c). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).
- (2) The board shall provide by rule the appropriate requirements for advanced practice registered nurses nurse

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practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and certified nurse practitioner.

- (3) An advanced practice 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 practice registered nurse practitioner may:
 - (a) Monitor and alter drug therapies.
 - Initiate appropriate therapies for certain conditions.
- (c) Perform additional functions as may be determined by rule in accordance with s. 464.003(2).
- Order diagnostic tests and physical and occupational therapy.
- (e) Administer, dispense, and prescribe medicinal drugs, 145 including controlled substances.

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- (4) In addition to the general functions specified in subsection (3), an advanced <u>practice</u> registered nurse <u>practitioner</u> may perform the following acts within his or her specialty:
- (a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:
- 1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
- 2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
 - 3. Order under the protocol preanesthetic medication.
- 4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
- 5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.

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- 6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
- 7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
- 8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
- 9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
- 10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- (b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:
 - 1. Perform superficial minor surgical procedures.
- 2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
- 3. Order, initiate, and perform appropriate anesthetic procedures.
 - 4. Perform postpartum examination.

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- 198 5. Order appropriate medications.
 - 6. Provide family-planning services and well-woman care.
 - 7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
 - (c) The <u>certified</u> nurse practitioner may perform any or all of the following acts within the framework of established protocol:
 - 1. Manage selected medical problems.
 - 2. Order physical and occupational therapy.
 - 3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
 - 4. Monitor and manage patients with stable chronic diseases.
 - 5. Establish behavioral problems and diagnosis and make treatment recommendations.
 - (5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.
- Section 3. Section 464.0125, Florida Statutes, is created to read:
- 221 464.0125 Registration of independent advanced practice 222 registered nurses; fees.—

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regis	stered	d nı	ırse	e, an	appl	icant	. mu	ıst 1	nold	an	active	and	<u> </u>	
unenc	cumbei	red	cer	tific	ate ı	under	. s.	464	4.012	2, a:	nd must	t ha	ve:	

- (a) Completed, in any jurisdiction of the United States, at least 2,000 clinical practice hours within a 3-year period immediately preceding the submission of the application and while practicing as an advanced practice registered nurse.
- (b) Not been subject to any disciplinary action under s. 464.018 or s. 456.072, or any similar disciplinary action in any other jurisdiction, during the 5 years immediately preceding the submission of the application.
 - (c) Completed a graduate level course in pharmacology.
- (2) The board may provide by rule additional requirements appropriate for each applicant practicing in a specialty under s. 464.012(4).
- (3) An independent advanced practice registered nurse may perform, without physician supervision or a protocol, the functions authorized in s. 464.012(3), the acts within his or her specialty as described in s. 464.012(4), and any of the following:
- (a) For a patient who requires the services of a health care facility, as defined in s. 408.032(8):
 - 1. Admit the patient to the facility.
- 2. Manage the care that the patient receives in the facility.
 - 3. Discharge the patient from the facility.

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- (b) Provide a signature, certification, stamp,
 verification, affidavit, or other endorsement that is otherwise
 required by law to be provided by a physician.
- (4) An advanced practice registered nurse registered under this section must submit to the department proof of registration along with the information required under s. 456.0391, and the department shall include the registration in the advanced practice registered nurse's practitioner profile created pursuant to s. 456.041.
- (5) To be eligible for biennial renewal of registration, an independent advanced practice registered nurse must complete at least 10 hours of continuing education approved by the board in pharmacology in addition to completing the continuing education requirements established by board rule pursuant to s. 464.013. The biennial renewal for registration shall coincide with the independent advanced practice registered nurse's biennial renewal period for advanced practice registered nurse certification. If the initial renewal period occurs before January 1, 2016, an independent advanced practice registered nurse is not required to complete the continuing education requirement under this subsection until the following biennial renewal period.
- (6) The board shall register any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee

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not to exceed \$50. The board is authorized to adopt rules as necessary to implement this section.

Section 4. Subsections (8) and (9) of section 464.015, Florida Statutes, are amended to read:

464.015 Titles and abbreviations; restrictions; penalty.-

- (8) Only a person certified under s. 464.012 persons who hold valid certificates to practice as an advanced practice registered nurse practitioners in this state may use the title "Advanced Practice Registered Nurse Practitioner" and the abbreviation "A.P.R.N." Only a person registered under s. 464.0125 to practice as an independent advanced practice registered nurse in this state may use the title "Independent Advanced Practice Registered Nurse" and the abbreviation "I.A.P.R.N." "A.R.N.P."
- the title of, registered nurse, licensed practical nurse, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, certified nurse practitioner, or advanced practice registered nurse, or independent advanced practice registered nurse practitioner or use the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," "C.N.P.," "A.P.R.N.," or "I.A.P.R.N." "A.R.N.P." or take any other action that would lead the public to believe that person was certified or registered as such or is performing nursing services pursuant to the exception set forth in s.

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Bill No. HB 547

(2015)

Amendment No.

299	464.022(8),	unless	that	person	is	licensed,	or	certified,	or
300	registered	to pract	cice a	as such.					

Section 5. Section 464.0155, Florida Statutes, is created to read:

464.0155 Reports of adverse incidents by independent advanced practice registered nurses.—

- (1) Effective January 1, 2016, an independent advanced practice registered nurse must report an adverse incident to the department in accordance with this section.
- (2) The report must be in writing, sent to the department by certified mail, and postmarked within 15 days after the adverse incident if the adverse incident occurs when the patient is at the office of the independent advanced practice registered nurse. If the adverse incident occurs when the patient is not at the office of the independent advanced practice registered nurse, the report must be postmarked within 15 days after the independent advanced practice registered nurse discovers, or reasonably should have discovered, the occurrence of the adverse incident.
- (3) For the purpose of this section, the term "adverse incident" means any of the following events when it is reasonable to believe that the event is attributable to the prescription of a controlled substance by the independent advanced practice registered nurse:
- (a) A condition that requires the transfer of a patient to a hospital licensed under chapter 395.

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325	(b) Permanent physical injury to the patient.
326	(c) Death of the patient.
327	(4) The department shall review each adverse incident and
328	determine whether the independent advanced practice registered
329	nurse caused the adverse incident. The board may take
330	disciplinary action upon such a finding, in which case s.
331	456.073 applies.
332	Section 6. Paragraph (a) of subsection (2) of section
333	464.016, Florida Statutes, is amended to read:
334	464.016 Violations and penalties.—
335	(2) Each of the following acts constitutes a misdemeanor
336	of the first degree, punishable as provided in s. 775.082 or s.
337	775.083:
338	(a) Using the name or title "Nurse," "Registered Nurse,"
339	"Licensed Practical Nurse," "Clinical Nurse Specialist,"
340	"Certified Registered Nurse Anesthetist," "Certified Nurse
341	Midwife," "Certified Nurse Practitioner," "Advanced Practice
342	Registered Nurse Practitioner ," "Independent Advanced Practice
343	Registered Nurse," or any other name or title that which implies
344	that a person was licensed, or registered as same,
345	unless such person is duly licensed <u>,</u> or certified <u>, or</u>
346	registered.
347	Section 7. Paragraphs (p) through (z) are added to
348	subsection (1) of section 464.018, Florida Statutes, to read:
349	464.018 Disciplinary actions

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(1))]	Гhе	following	acts	cor	nsti	tute	grour	nds	for	den	ial	of	ĉ
license	or	dis	sciplinary	actio	on,	as	speci	fied	in	s.	456.	072 ((2)	:

- (p) Prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the professional practice of the independent advanced practice registered nurse or advanced practice registered nurse. For the purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the professional practice of the independent advanced practice registered nurse or advanced practice registered nurse, without regard to the nurse's intent.
- (q) Dispensing a controlled substance listed in Schedule II or Schedule III in violation of s. 465.0276.
 - (r) Presigning blank prescription forms.
- (s) Prescribing any medicinal drug appearing on Schedule

 II in chapter 893 by the nurse for office use.
- (t) Prescribing, ordering, dispensing, administering, supplying, selling, or giving any Schedule II drug that is an amphetamine or sympathomimetic amine or any compound thereof, pursuant to chapter 893, to or for any person except for:
- 1. The treatment of narcolepsy; hyperkinesis; behavioral syndrome characterized by the developmentally inappropriate

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sympto	oms of	moderate	to s	severe	distractab:	ility	, short	atter	ntion
span,	hyper	activity,	emot	cional	liability,	and	impulsi	vity;	or
drug-induced brain dysfunction;									

- 2. The differential diagnostic psychiatric evaluation of depression or the treatment of depression shown to be refractory to other therapeutic modalities; or
- 3. The clinical investigation of the effects of such drugs or compounds when an investigative protocol therefor is submitted to, reviewed, and approved by the board before such investigation begins.
- (u) Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance. For the purposes of this paragraph, the term "muscle building" does not include the treatment of injured muscle. A prescription written for the drug products listed in this paragraph may be dispensed by the pharmacist with the presumption that the prescription is for legitimate medical use.
- (v) Prescribing, ordering, dispensing, administering, supplying, selling, or giving amygdalin (laetrile) to any person.
- (w) Promoting or advertising on any prescription form of a
 community pharmacy, unless the form also states, "This
 prescription may be filled at any pharmacy of your choice."

706771 - h0547-strike.docx

- (x) Promoting or advertising through any communication media the use, sale, or dispensing of any controlled substance appearing on any schedule in chapter 893.
- on any schedule set forth in chapter 893 by the independent advanced practice registered nurse or the advanced practice registered nurse for himself or herself or administering any such drug by the nurse to himself or herself unless such drug is prescribed for the nurse by another practitioner authorized to prescribe medicinal drugs.
- (z) For an independent advanced practice registered nurse registered under s. 464.0125:
- 1. Paying or receiving any commission, bonus, kickback, or rebate, or engaging in any split-fee arrangement in any form whatsoever with a health care practitioner, organization, agency, or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. The provisions of this subparagraph may not be construed to prevent an independent advanced practice registered nurse from receiving a fee for professional consultation services.
- 2. Exercising influence within a patient-independent advanced practice registered nurse relationship for purposes of engaging a patient in sexual activity. A patient shall be

706771 - h0547 - strike.docx

- presumed to be incapable of giving free, full, and informed consent to sexual activity with his or her independent advanced practice registered nurse.
- 3. Making deceptive, untrue, or fraudulent representations in or related to the practice of advanced or specialized nursing or employing a trick or scheme in the practice of advanced or specialized nursing.
- 4. Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A solicitation is any communication that directly or implicitly requests an immediate oral response from the recipient.
- 5. Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the independent advanced practice registered nurse by name and professional title who is responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations or referrals.
- 6. Exercising influence on a patient or client in a manner as to exploit the patient or client for financial gain of the licensee or of a third party, which shall include, but not be

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- limited to, the promoting or selling of services, goods, appliances, or drugs.
 - 7. Performing professional services that have not been duly authorized by the patient or client, or his or her legal representative, except as provided in s. 766.103 or s. 768.13.
 - 8. Performing any procedure or prescribing any therapy that, by the prevailing standards of advanced or specialized nursing practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed, and written consent.
 - 9. Delegating professional responsibilities to a person when the licensee delegating the responsibilities knows or has reason to know that the person is not qualified by training, experience, or licensure to perform the responsibilities.
 - 10. Conspiring with another independent advanced practice registered nurse or with any other person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another independent advanced practice registered nurse from lawfully advertising his or her services.
 - 11. Advertising or holding oneself out as having certification in a specialty that the independent advanced practice registered nurse has not received.
- 12. Failing to comply with the requirements of ss. 381.026
 and 381.0261 to provide patients with information about their
 patient rights and how to file a patient complaint.

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13. Providing deceptive or fraudulent expert witness testimony related to the advanced or specialized practice of nursing.

Section 8. Paragraph (c) of subsection (3) and paragraph (a) of subsection (4) of section 39.303, Florida Statutes, are amended to read:

39.303 Child protection teams; services; eligible cases.-The Children's Medical Services Program in the Department of Health shall develop, maintain, and coordinate the services of one or more multidisciplinary child protection teams in each of the service districts of the Department of Children and Families. Such teams may be composed of appropriate representatives of school districts and appropriate health, mental health, social service, legal service, and law enforcement agencies. The Department of Health and the Department of Children and Families shall maintain an interagency agreement that establishes protocols for oversight and operations of child protection teams and sexual abuse treatment programs. The State Surgeon General and the Deputy Secretary for Children's Medical Services, in consultation with the Secretary of Children and Families, shall maintain the responsibility for the screening, employment, and, if necessary, the termination of child protection team medical directors, at headquarters and in the 15 districts. Child protection team medical directors shall be responsible for oversight of the teams in the districts.

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- (3) All abuse and neglect cases transmitted for investigation to a district by the hotline must be simultaneously transmitted to the Department of Health child protection team for review. For the purpose of determining whether face-to-face medical evaluation by a child protection team is necessary, all cases transmitted to the child protection team which meet the criteria in subsection (2) must be timely reviewed by:
- (c) An advanced <u>practice</u> registered nurse <u>certified</u>, or an <u>independent advanced practice registered nurse registered</u>, <u>practitioner licensed</u> under chapter 464 who has a specialty in pediatrics or family medicine and is a member of a child protection team;
- (4) A face-to-face medical evaluation by a child protection team is not necessary when:
- neglect by a physician or an independent advanced practice registered nurse who is not a member of the child protection team, and a consultation between the child protection team board-certified pediatrician, advanced practice registered nurse practitioner, physician assistant working under the supervision of a child protection team board-certified pediatrician, or registered nurse working under the direct supervision of a child protection team board-certified pediatrician, and the examining practitioner physician concludes that a further medical evaluation is unnecessary;

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

Section 9. Paragraph (b) of subsection (1) of section 39.304, Florida Statutes, is amended to read:

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

(1)

(b) If the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused, the person required to investigate may cause the child to be referred for diagnosis to a licensed physician, an independent advanced practice registered nurse, or an emergency department in a hospital without the consent of the child's parents or legal custodian. Such examination may be performed by a any licensed physician, a physician assistant, a registered independent advanced practice registered nurse, or a certified an advanced practice registered nurse practitioner licensed pursuant to part I of chapter 464. Any examining practitioner licensed physician, or advanced registered nurse practitioner licensed pursuant to part I of chapter 464, who has reasonable cause to suspect that an injury was the result of child abuse, abandonment, or neglect may

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Bill No. HB 547

(2015)

Amendment No.

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authorize a radiological examination to be performed on the child without the consent of the child's parent or legal custodian.

Section 10. Paragraph (a) of subsection (1) of section 90.503, Florida Statutes, is amended to read:

- 90.503 Psychotherapist-patient privilege.-
- (1) For purposes of this section:
- (a) A "psychotherapist" is:
- 1. A person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be, who is engaged in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 2. A person licensed or certified as a psychologist under the laws of any state or nation, who is engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 3. A person licensed or certified as a clinical social worker, marriage and family therapist, or mental health counselor under the laws of this state, who is engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 4. Treatment personnel of facilities licensed by the state pursuant to chapter 394, chapter 395, or chapter 397, of facilities designated by the Department of Children and Families pursuant to chapter 394 as treatment facilities, or of

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facilities defined as community mental health centers pursuant to s. 394.907(1), who are engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction; or

5. An <u>independent advanced practice registered nurse or</u> advanced <u>practice</u> registered nurse practitioner certified under s. 464.012, whose primary scope of practice is the diagnosis or treatment of mental or emotional conditions, including chemical abuse, and limited only to actions performed in accordance with part I of chapter 464.

Section 11. Subsection (3) of section 110.12315, Florida Statutes, as amended by chapter 2014-53, Laws of Florida, is amended to read:

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

(3) The department of Management Services shall establish the reimbursement schedule for prescription pharmaceuticals dispensed under the program. Reimbursement rates for a prescription pharmaceutical must be based on the cost of the generic equivalent drug if a generic equivalent exists, unless the health care practitioner physician prescribing the pharmaceutical clearly states on the prescription that the brand

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name drug is medically necessary or that the drug product is included on the formulary of drug products that may not be interchanged as provided in chapter 465, in which case reimbursement must be based on the cost of the brand name drug as specified in the reimbursement schedule adopted by the department of Management Services.

Section 12. Paragraph (e) of subsection (8) of section 112.0455, Florida Statutes, is amended to read:

112.0455 Drug-Free Workplace Act.-

- (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:
- (e) A specimen for a drug test may be taken or collected by any of the following persons:
- 1. A physician, a physician physician's assistant, an independent advanced practice registered nurse, an advanced practice registered nurse, a registered professional nurse, a licensed practical nurse, a nurse practitioner, or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.
- A qualified person employed by a licensed laboratory.
 Section 13. Paragraph (f) of subsection (3) of section
 121.0515, Florida Statutes, is amended to read:

121.0515 Special Risk Class.-

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

706771 - h0547-strike.docx

Bill No. HB 547 (2015)

Amendment No.

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- 633 Effective January 1, 2001, the member must be employed 634 in one of the following classes and must spend at least 75 635 percent of his or her time performing duties which involve 636 contact with patients or inmates in a correctional or forensic 637 facility or institution: 638 1. Dietitian (class codes 5203 and 5204); 639 2. Public health nutrition consultant (class code 5224); 640 3. Psychological specialist (class codes 5230 and 5231); 641 Psychologist (class code 5234); 4. 642 5. Senior psychologist (class codes 5237 and 5238); 6. 643 Regional mental health consultant (class code 5240);
- 8. Pharmacist (class codes 5245 and 5246);
 - 9. Senior pharmacist (class codes 5248 and 5249);

Psychological Services Director-DCF (class code 5242);

- 10. Dentist (class code 5266);
- 11. Senior dentist (class code 5269);
 - 12. Registered nurse (class codes 5290 and 5291);
 - 13. Senior registered nurse (class codes 5292 and 5293);
- 651 14. Registered nurse specialist (class codes 5294 and 652 5295);
- 15. Clinical associate (class codes 5298 and 5299);
- 16. Advanced <u>practice</u> registered nurse practitioner (class codes 5297 and 5300);
- 17. Advanced <u>practice</u> registered nurse practitioner specialist (class codes 5304 and 5305);

706771 - h0547-strike.docx

- 18. Registered nurse supervisor (class codes 5306 and 5307);
- 19. Senior registered nurse supervisor (class codes 5308 and 5309);
- 20. Registered nursing consultant (class codes 5312 and 5313);
- 21. Quality management program supervisor (class code 5314):
- 22. Executive nursing director (class codes 5320 and 5321);
- 23. Speech and hearing therapist (class code 5406); or
- 24. Pharmacy manager (class code 5251);
- Section 14. Paragraph (a) of subsection (3) of section
- 252.515, Florida Statutes, is amended to read:
- 252.515 Postdisaster Relief Assistance Act; immunity from civil liability.—
- (3) As used in this section, the term:
- (a) "Emergency first responder" means:
- 1. A physician licensed under chapter 458.
 - 2. An osteopathic physician licensed under chapter 459.
 - 3. A chiropractic physician licensed under chapter 460.
- 679 4. A podiatric physician licensed under chapter 461.
- 5. A dentist licensed under chapter 466.
- 681 6. An advanced <u>practice</u> registered nurse practitioner
 682 certified under s. 464.012.

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683	7.	Α	physician	assistant	licensed	under	s.	458.347	or	s.
684	459.022.									

- 8. A worker employed by a public or private hospital in the state.
 - 9. A paramedic as defined in s. 401.23(17).
- 10. An emergency medical technician as defined in s.
- 689 401.23(11).

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- 11. A firefighter as defined in s. 633.102.
- 12. A law enforcement officer as defined in s. 943.10.
- 692 13. A member of the Florida National Guard.
 - 14. Any other personnel designated as emergency personnel by the Governor pursuant to a declared emergency.
 - Section 15. Paragraph (c) of subsection (1) of section 310.071, Florida Statutes, is amended to read:
 - 310.071 Deputy pilot certification.
 - (1) In addition to meeting other requirements specified in this chapter, each applicant for certification as a deputy pilot must:
 - (c) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician.

 Licensed physician assistant, or registered independent advanced practice registered nurse within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to

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carry out the professional duties of a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse and that controlled substance was prescribed by that physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse. To maintain eligibility as a certificated deputy pilot, each certificated deputy pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse. The examining practitioner physician must know the minimum standards and certify that the certificateholder satisfactorily meets the standards. The standards for certificateholders shall include a drug test.

Section 16. Subsection (3) of section 310.073, Florida Statutes, is amended to read:

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

(3) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician,

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licensed physician assistant, or registered independent advanced practice registered nurse within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse and that controlled substance was prescribed by that physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse. To maintain eligibility as a licensed state pilot, each licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse. The examining practitioner physician must know the minimum standards and certify that the licensee satisfactorily meets the standards. The standards for licensees shall include a drug test. Section 17. Paragraph (b) of subsection (3) of section 310.081, Florida Statutes, is amended to read: 310.081 Department to examine and license state pilots and

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certificate deputy pilots; vacancies.-

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- (3) Pilots shall hold their licenses or certificates pursuant to the requirements of this chapter so long as they:
- (b) Are in good physical and mental health as evidenced by documentary proof of having satisfactorily passed a physical examination administered by a licensed physician, an independent advanced practice registered nurse, or a physician assistant within each calendar year. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot or a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse and that controlled substance was prescribed by that physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse. The physician, physician assistant, or independent advanced practice registered nurse must know the

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minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test.

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

Section 18. Paragraph (b) of subsection (1) of section 320.0848, Florida Statutes, is amended to read:

320.0848 Persons who have disabilities; issuance of disabled parking permits; temporary permits; permits for certain providers of transportation services to persons who have disabilities.—

(1)

- (b)1. The person must be currently certified as being legally blind or as having any of the following disabilities that render him or her unable to walk 200 feet without stopping to rest:
- a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without the assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.

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- b. The need to permanently use a wheelchair.
- c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than 1 liter, or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
 - d. Use of portable oxygen.
- e. Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- f. Severe limitation in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.
- 2. The certification of disability which is required under subparagraph 1. must be provided by a physician licensed under chapter 458, chapter 459, or chapter 460; by a podiatric physician licensed under chapter 461; by an optometrist licensed under chapter 463; by an independent advanced practice registered nurse registered, or an advanced practice registered nurse certified, practitioner licensed under part I of chapter 464; under the protocol of a licensed physician as stated in this subparagraph, by a physician assistant licensed under chapter 458 or chapter 459; or by a similarly licensed physician from another state if the application is accompanied by documentation of the physician's licensure in the other state

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and a form signed by the out-of-state physician verifying his or her knowledge of this state's eligibility guidelines.

Section 19. Paragraph (b) of subsection (1) of section 381.00315, Florida Statutes, is amended to read:

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

- (1) As used in this section, the term:
- (b) "Public health emergency" means any occurrence, or threat thereof, whether natural or man made, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters. Prior to declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, upon declaration of a public health emergency, may take

706771 - h0547-strike.docx

actions that are necessary to protect the public health. Such actions include, but are not limited to:

- 1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.
- 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.
- 3. Notwithstanding s. 456.036, temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; independent advanced practice registered nurses registered, licensed practical nurses or registered nurses

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licensed, and advanced practice registered nurses certified nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or prior to the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.

- 4. Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.
- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.

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

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

Section 20. Subsection (3) of section 381.00593, Florida Statutes, is amended to read:

381.00593 Public school volunteer health care practitioner program.—

(3) For purposes of this section, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under chapter 461; an optometrist licensed under chapter 463; an independent advanced practice registered nurse registered, an advanced practice registered nurse certified practitioner, or a registered nurse; or licensed practical nurse licensed under part I of chapter 464; a pharmacist licensed under chapter 465; a dentist or dental hygienist licensed under chapter 466; a midwife licensed under chapter 467; a speech-language pathologist or audiologist licensed under part I of chapter 468;

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- a dietitian/nutritionist licensed under part X of chapter 468; 942 or a physical therapist licensed under chapter 486.
- 943 Section 21. Paragraph (c) of subsection (2) of section 944 381.026, Florida Statutes, is amended to read:
 - 381.026 Florida Patient's Bill of Rights and Responsibilities.—
 - (2) DEFINITIONS.—As used in this section and s. 381.0261, the term:
 - (c) "Health care provider" means a physician or physician assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, or a podiatric physician licensed under chapter 461, or an independent advanced practice registered nurse registered under part I of chapter 464.
 - Section 22. Paragraph (a) of subsection (2) and subsections (3) through (5) of section 382.008, Florida Statutes, are amended to read:
 - 382.008 Death and fetal death registration.-
 - (2) (a) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician, physician assistant, independent advanced practice registered nurse, advanced practice registered nurse, or other person in attendance at or after the death or the district medical examiner of the county in which the death occurred or the body was found shall file the certificate of death or fetal death.

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The person who files the certificate shall obtain personal data from the next of kin or the best qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail or electronic transfer, by the physician, physician assistant, independent advanced practice registered nurse, advanced practice registered nurse, or medical examiner responsible for furnishing such information. For fetal deaths, the physician, certified nurse midwife, midwife, or hospital administrator shall provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.

(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the decedent's primary or attending practitioner physician or, if s. 382.011 applies, the district medical examiner of the county in which the death occurred or the body was found. The primary or attending practitioner physician or the medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief. As used in this section, the term "primary or attending practitioner physician" means a physician, a physician assistant, an independent advanced practice registered nurse, who

706771 - h0547-strike.docx

treated the decedent through examination, medical advice, or medication during the 12 months preceding the date of death.

- (a) The local registrar may grant the funeral director an extension of time upon a good and sufficient showing of any of the following conditions:
 - 1. An autopsy is pending.
- 2. Toxicology, laboratory, or other diagnostic reports have not been completed.
- 3. The identity of the decedent is unknown and further investigation or identification is required.
- (b) If the decedent's primary or attending <u>practitioner</u>, <u>physician</u> or <u>the</u> district medical examiner of the county in which the death occurred or the body was found, indicates that he or she will sign and complete the medical certification of cause of death but will not be available until after the 5-day registration deadline, the local registrar may grant an extension of 5 days. If a further extension is required, the funeral director must provide written justification to the registrar.
- (4) If the department or local registrar grants an extension of time to provide the medical certification of cause of death, the funeral director shall file a temporary certificate of death or fetal death which shall contain all available information, including the fact that the cause of death is pending. The decedent's primary or attending practitioner physician or the district medical examiner of the

706771 - h0547-strike.docx

county in which the death occurred or the body was found shall provide an estimated date for completion of the permanent certificate.

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

Section 23. Paragraph (c) of subsection (1) of section 383.14, Florida Statutes, is amended to read:

383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

(1) SCREENING REQUIREMENTS.—To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all newborns in this state and their families for environmental risk

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factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.

(c) Release of screening results.—Notwithstanding any law to the contrary, the State Public Health Laboratory may release, directly or through the Children's Medical Services program, the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner. As used in this paragraph, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; an independent advanced practice registered nurse registered, an advanced practice registered nurse certified practitioner, or a registered nurse, or licensed practical nurse licensed under part I of chapter 464; a midwife licensed under chapter 467; a speech-language pathologist or audiologist

706771 - h0547-strike.docx

Bill No. HB 547

(2015)

Amendment No.

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071	nutritioni	st licen	sed unde	r part X	of	chapt	ter 468.	

Section 24. Paragraph (c) of subsection (1) of section 383.141, Florida Statutes, is amended to read:

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

- (1) As used in this section, the term:
- (c) "Health care provider" means a practitioner licensed or registered under chapter 458 or chapter 459, or an independent advanced practice registered nurse registered, or an advanced practice registered nurse practitioner certified, under part I of chapter 464.

Section 25. Paragraph (a) of subsection (3) of section 390.0111, Florida Statutes, is amended to read:

390.0111 Termination of pregnancies.-

- (3) CONSENTS REQUIRED.—A termination of pregnancy may not be performed or induced except with the voluntary and informed written consent of the pregnant woman or, in the case of a mental incompetent, the voluntary and informed written consent of her court-appointed guardian.
- (a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:
- 1. The physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, in person, informed the woman of:

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- a. The nature and risks of undergoing or not undergoing the proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy.
- b. The probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.
- (I) The ultrasound must be performed by the physician who is to perform the abortion or by a person having documented evidence that he or she has completed a course in the operation of ultrasound equipment as prescribed by rule and who is working in conjunction with the physician.
- woman the opportunity to view the live ultrasound images and hear an explanation of them. If the woman accepts the opportunity to view the images and hear the explanation, a physician or a registered nurse, a licensed practical nurse, an advanced practice registered nurse practitioner, an independent advanced practice registered nurse, or a physician assistant working in conjunction with the physician must contemporaneously review and explain the images to the woman before the woman gives informed consent to having an abortion procedure performed.
- (III) The woman has a right to decline to view and hear the explanation of the live ultrasound images after she is informed of her right and offered an opportunity to view the

706771 - h0547-strike.docx

images and hear the explanation. If the woman declines, the woman shall complete a form acknowledging that she was offered an opportunity to view and hear the explanation of the images but that she declined that opportunity. The form must also indicate that the woman's decision was not based on any undue influence from any person to discourage her from viewing the images or hearing the explanation and that she declined of her own free will.

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

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- 2. Printed materials prepared and provided by the department have been provided to the pregnant woman, if she chooses to view these materials, including:
 - a. A description of the fetus, including a description of the various stages of development.
 - b. A list of entities that offer alternatives to terminating the pregnancy.
 - c. Detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and neonatal care.
 - 3. The woman acknowledges in writing, before the termination of pregnancy, that the information required to be provided under this subsection has been provided.

Nothing in this paragraph is intended to prohibit a physician from providing any additional information which the physician deems material to the woman's informed decision to terminate her pregnancy.

Section 26. Paragraphs (c), (e), and (f) of subsection (3) of section 390.012, Florida Statutes, are amended to read:

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

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

706771 - h0547-strike.docx

- (c) Rules relating to abortion clinic personnel. At a minimum, these rules shall require that:
- 1. The abortion clinic designate a medical director who is licensed to practice medicine in this state and who has admitting privileges at a licensed hospital in this state or has a transfer agreement with a licensed hospital within reasonable proximity of the clinic.
- 2. If a physician is not present after an abortion is performed, a registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced <u>practice</u> registered nurse <u>practitioner</u>, <u>an independent advanced practice registered nurse</u>, or <u>a</u> physician assistant shall be present and remain at the clinic to provide postoperative monitoring and care until the patient is discharged.
- 3. Surgical assistants receive training in counseling, patient advocacy, and the specific responsibilities associated with the services the surgical assistants provide.
- 4. Volunteers receive training in the specific responsibilities associated with the services the volunteers provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.
- (e) Rules relating to the abortion procedure. At a minimum, these rules shall require:
- 1. That a physician, <u>a</u> registered nurse, <u>a</u> licensed practical nurse, an advanced practice registered nurse

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practitioner, an independent advanced practice registered nurse, or <u>a</u> physician assistant is available to all patients throughout the abortion procedure.

- 2. Standards for the safe conduct of abortion procedures that conform to obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule.
- 3. Appropriate use of general and local anesthesia, analgesia, and sedation if ordered by the physician.
- 4. Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions.
- 5. Appropriate monitoring of the vital signs and other defined signs and markers of the patient's status throughout the abortion procedure and during the recovery period until the patient's condition is deemed to be stable in the recovery room.
- (f) Rules that prescribe minimum recovery room standards.

 At a minimum, these rules shall require that:
- 1. Postprocedure recovery rooms are supervised and staffed to meet the patients' needs.
- 2. Immediate postprocedure care consists of observation in a supervised recovery room for as long as the patient's condition warrants.
- 3. The clinic arranges hospitalization if any complication beyond the medical capability of the staff occurs or is suspected.

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- 4. A registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced <u>practice</u> registered nurse <u>practitioner</u>, <u>an independent advanced practice registered nurse</u>, or <u>a</u> physician assistant who is trained in the management of the recovery area and is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remains on the premises of the abortion clinic until all patients are discharged.
- 5. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary.
- 6. A physician discusses Rho(D) immune globulin with each patient for whom it is indicated and ensures that it is offered to the patient in the immediate postoperative period or that it will be available to her within 72 hours after completion of the abortion procedure. If the patient refuses the Rho(D) immune globulin, a refusal form approved by the agency shall be signed by the patient and a witness and included in the medical record.
- 7. Written instructions with regard to postabortion coitus, signs of possible problems, and general aftercare are given to each patient. Each patient shall have specific written instructions regarding access to medical care for complications, including a telephone number to call for medical emergencies.
- 8. There is a specified minimum length of time that a patient remains in the recovery room by type of abortion procedure and duration of gestation.

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9. The physician ensures that a registered nurse, \underline{a}
licensed practical nurse, $\underline{\text{an}}$ advanced $\underline{\text{practice}}$ registered nurse
practitioner, an independent advanced practice registered nurse,
or \underline{a} physician assistant from the abortion clinic makes a good
faith effort to contact the patient by telephone, with the
patient's consent, within 24 hours after surgery to assess the
patient's recovery.

- 10. Equipment and services are readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or viable fetus to the hospital.
- Section 27. Subsection (23) of section 394.455, Florida Statutes, is amended to read:
- 394.455 Definitions.—As used in this part, unless the context clearly requires otherwise, the term:
- (23) "Psychiatric nurse" means a registered nurse licensed under part I of chapter 464 who has a master's degree or a doctorate in psychiatric nursing and 2 years of post-master's clinical experience under the supervision of a physician, or an independent advanced practice registered nurse registered under, or an advanced practice registered nurse certified under, part I of chapter 464, who obtains national certification as a psychiatric-mental health advanced practice nurse.
- Section 28. Paragraphs (a) and (f) of subsection (2) of section 394.463, Florida Statutes, are amended to read:
 - 394.463 Involuntary examination.-

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- (2) INVOLUNTARY EXAMINATION.—
- (a) An involuntary examination may be initiated by any one of the following means:
- 1. A court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination, giving the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on sworn testimony, written or oral. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to the nearest receiving facility for involuntary examination. The order of the court shall be made a part of the patient's clinical record. No fee shall be charged for the filing of an order under this subsection. Any receiving facility accepting the patient based on this order must send a copy of the order to the Agency for Health Care Administration on the next working day. The order shall be valid only until executed or, if not executed, for the period specified in the order itself. If no time limit is specified in the order, the order shall be valid for 7 days after the date that the order was signed.
- 2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to the nearest receiving facility for examination. The officer

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shall execute a written report detailing the circumstances under which the person was taken into custody, and the report shall be made a part of the patient's clinical record. Any receiving facility accepting the patient based on this report must send a copy of the report to the Agency for Health Care Administration on the next working day.

1308 A physician, a physician assistant, a clinical 1309 psychologist, a psychiatric nurse, an independent advanced practice registered nurse, an advanced practice registered 1310 nurse, a mental health counselor, a marriage and family 1312 therapist, or a clinical social worker may execute a certificate 1313 stating that he or she has examined a person within the 1314 preceding 48 hours and finds that the person appears to meet the 1315 criteria for involuntary examination and stating the 1316 observations upon which that conclusion is based. If other less 1317 restrictive means are not available, such as voluntary 1318 appearance for outpatient evaluation, a law enforcement officer shall take the person named in the certificate into custody and 1319 deliver him or her to the nearest receiving facility for 1320 1321 involuntary examination. The law enforcement officer shall 1322 execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate 1323 shall be made a part of the patient's clinical record. Any 1324 1325 receiving facility accepting the patient based on this 1326 certificate must send a copy of the certificate to the Agency 1327 for Health Care Administration on the next working day.

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assistant, or clinical psychologist, or psychiatric nurse at a receiving facility without unnecessary delay and may, upon the order of a physician, be given emergency treatment if it is determined that such treatment is necessary for the safety of the patient or others. The patient may not be released by the receiving facility or its contractor without the documented approval of a psychiatrist, a clinical psychologist, or psychiatric nurse, or, if the receiving facility is a hospital, the release may also be approved by an attending emergency department physician with experience in the diagnosis and treatment of mental and nervous disorders and after completion of an involuntary examination pursuant to this subsection. However, a patient may not be held in a receiving facility for involuntary examination longer than 72 hours.

Section 29. Paragraphs (a) and (b) of subsection (2) and subsection (4) of section 395.0191, Florida Statutes, are amended to read:

395.0191 Staff membership and clinical privileges.-

(2) (a) Each licensed facility shall establish rules and procedures for consideration of an application for clinical privileges submitted by an <u>independent advanced practice</u> registered nurse registered, or an advanced practice registered nurse practitioner licensed and certified, under part I of chapter 464, in accordance with the provisions of this section. A No licensed facility may not shall deny such application

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solely because the applicant is <u>registered or certified licensed</u> under part I of chapter 464 or because the applicant is not a participant in the Florida Birth-Related Neurological Injury Compensation Plan.

- (b) An advanced <u>practice</u> registered nurse <u>practitioner</u> who is <u>a</u> certified as a registered nurse anesthetist licensed under part I of chapter 464 shall administer anesthesia under the onsite medical direction of a professional licensed under chapter 458, chapter 459, or chapter 466, and in accordance with an established protocol approved by the medical staff. The medical direction shall specifically address the needs of the individual patient. This paragraph does not apply to an independent advanced practice registered nurse who is a certified registered nurse anesthetist under part I of chapter 464.
- of the medical staff of a licensed facility to review for approval or disapproval all applications for appointment and reappointment to all categories of staff and to make recommendations on each applicant to the governing board, including the delineation of privileges to be granted in each case. In making such recommendations and in the delineation of privileges, each applicant shall be considered individually pursuant to criteria for a doctor licensed under chapter 458, chapter 459, chapter 461, or chapter 466; refer for an independent advanced practice registered nurse registered, or an advanced

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practice registered nurse practitioner licensed and certified, under part I of chapter 464; or for a psychologist licensed under chapter 490, as applicable. The applicant's eligibility for staff membership or clinical privileges shall be determined by the applicant's background, experience, health, training, and demonstrated competency; the applicant's adherence to applicable professional ethics; the applicant's reputation; and the applicant's ability to work with others and by such other elements as determined by the governing board, consistent with this part.

Section 30. Subsection (3) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.-

(3) USE OF FUNDS.—It is the intent of the Legislature that funds as appropriated shall be utilized by the department for the purpose of increasing the number of primary care physicians, physician assistants, certified nurse midwives, certified nurse practitioners, and nurses in rural areas, either through the Medical Education Reimbursement and Loan Repayment Program as defined by s. 1009.65 or through a federal loan repayment program which requires state matching funds. The department may use funds appropriated for the Medical Education Reimbursement and Loan Repayment Program as matching funds for federal loan repayment programs for health care personnel, such as that authorized in Pub. L. No. 100-177, s. 203. If the department receives federal matching funds, the department shall only

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implement the federal program. Reimbursement through either program shall be limited to:

- (a) Primary care physicians, physician assistants, certified nurse midwives, certified nurse practitioners, and nurses employed by or affiliated with rural hospitals, as defined in this act; and
- (b) Primary care physicians, physician assistants, certified nurse midwives, <u>certified</u> nurse practitioners, and nurses employed by or affiliated with rural area health education centers, as defined in this section. These personnel shall practice:
- 1. In a county with a population density of no greater than 100 persons per square mile; or
- 2. Within the boundaries of a hospital tax district which encompasses a population of no greater than 100 persons per square mile.

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

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Section 31.	Paragraphs	(b) and (c	e) of subsec	tion (8) of
section 395.605,	Florida Stat	utes, are	amended to	read:

395.605 Emergency care hospitals.-

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- (b) All patients shall be under the care of a physician <u>or</u> an independent advanced practice registered nurse or under the care of <u>an advanced practice registered</u> a nurse practitioner or physician assistant supervised by a physician.
- (c) A physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant shall be on duty at all times, or a physician shall be on call and available within 30 minutes at all times.

Section 32. Subsection (26) of section 397.311, Florida Statutes, is amended to read:

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

(26) "Qualified professional" means a physician or a physician assistant licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; an independent advanced practice registered nurse or advanced practice registered nurse, who has practitioner having a specialty in psychiatry and is registered or certified licensed under part I of chapter 464; or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds, at a minimum,

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a bachelor's degree. A person who is certified in substance					
abuse treatment services by a state-recognized certification					
process in another state at the time of employment with a					
licensed substance abuse provider in this state may perform the					
functions of a qualified professional as defined in this chapter					
but must meet certification requirements contained in this					
subsection no later than 1 year after his or her date of					
employment.					

Section 33. Section 397.405, Florida Statutes, is amended to read:

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

- (1) A hospital or hospital-based component licensed under chapter 395.
 - (2) A nursing home facility as defined in s. 400.021.
- (3) A substance abuse education program established pursuant to s. 1003.42.
- (4) A facility or institution operated by the Federal Government.
- (5) A physician or physician assistant licensed under chapter 458 or chapter 459.
 - (6) A psychologist licensed under chapter 490.
- 1480 (7) A social worker, marriage and family therapist, or 1481 mental health counselor licensed under chapter 491.
- 1482 (8) A legally cognizable church or nonprofit religious
 1483 organization or denomination providing substance abuse services,

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

- Facilities licensed under chapter 393 which, in addition to providing services to persons with developmental disabilities, also provide services to persons developmentally at risk as a consequence of exposure to alcohol or other legal or illegal drugs while in utero.
- (10) DUI education and screening services provided pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons or entities providing treatment services must be licensed under this chapter unless exempted from licensing as provided in this section.
- (11) A facility licensed under s. 394.875 as a crisis stabilization unit.

The exemptions from licensure in this section do not apply to 1505 any service provider that receives an appropriation, grant, or 1506 contract from the state to operate as a service provider as 1507 defined in this chapter or to any substance abuse program

regulated pursuant to s. 397.406. Furthermore, this chapter may

not be construed to limit the practice of a physician or

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physician assistant licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, a psychotherapist licensed under chapter 491, or an independent advanced practice registered nurse registered, or an advanced practice registered nurse certified, practitioner licensed under part I of chapter 464, who provides substance abuse treatment, unless a practitioner represents so long as the physician, physician assistant, psychologist, psychotherapist, or advanced registered nurse practitioner does not represent to the public that the practitioner he or she is a licensed service provider and provides does not provide services to individuals pursuant to part V of this chapter. Failure to comply with any requirement necessary to maintain an exempt status under this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 34. Subsections (5), (9), and (10) of section 397.427, Florida Statutes, are amended to read:

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

(5) Notwithstanding s. 465.019(2), a physician assistant, a registered nurse, an advanced <u>practice</u> registered nurse <u>practitioner</u>, or a licensed practical nurse working for a licensed service provider may deliver takeout medication for opiate treatment to persons enrolled in a maintenance treatment

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1536 program for medication-assisted treatment for opiate addiction 1537 if:

- (a) The medication-assisted treatment program for opiate addiction has an appropriate valid permit issued pursuant to rules adopted by the Board of Pharmacy;
- (b) The medication for treatment of opiate addiction has been delivered pursuant to a valid prescription written by the program's physician licensed pursuant to chapter 458 or chapter 459;
- (c) The medication for treatment of opiate addiction which is ordered appears on a formulary and is prepackaged and prelabeled with dosage instructions and distributed from a source authorized under chapter 499;
- (d) Each licensed provider adopts written protocols which provide for supervision of the physician assistant, registered nurse, advanced <u>practice</u> registered nurse <u>practitioner</u>, or licensed practical nurse by a physician licensed pursuant to chapter 458 or chapter 459 and for the procedures by which patients' medications may be delivered by the physician assistant, registered nurse, advanced <u>practice</u> registered nurse <u>practitioner</u>, or licensed practical nurse. Such protocols shall be signed by the supervising physician and either the administering registered nurse, the advanced <u>practice</u> registered nurse <u>practitioner</u>, or the licensed practical nurse.
- (e) Each licensed service provider maintains and has available for inspection by representatives of the Board of

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Pharmacy all medical records and patient care protocols, including records of medications delivered to patients, in accordance with the board.

- (9) A physician assistant, a registered nurse, an advanced practice registered nurse practitioner, or a licensed practical nurse working for a licensed service provider may deliver medication as prescribed by rule if:
- (a) The service provider is authorized to provide medication-assisted treatment;
- (b) The medication has been administered pursuant to a valid prescription written by the program's physician who is licensed under chapter 458 or chapter 459; and
- (c) The medication ordered appears on a formulary or meets federal requirements for medication-assisted treatment.
- medication—assisted treatment must adopt written protocols as specified by the department and in accordance with federally required rules, regulations, or procedures. The protocol shall provide for the supervision of the physician assistant, registered nurse, advanced practice registered nurse practitioner, or licensed practical nurse working under the supervision of a physician who is licensed under chapter 458 or chapter 459. The protocol must specify how the medication will be used in conjunction with counseling or psychosocial treatment and that the services provided will be included on the treatment plan. The protocol must specify the procedures by which

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medication-assisted treatment may be administered by the supervised physician assistant, registered nurse, advanced registered nurse practitioner, or licensed practical nurse. These protocols shall be signed by the supervising physician and the supervised administering physician assistant, registered nurse, advanced registered nurse practitioner, or licensed practical nurse.

Section 35. Paragraph (a) of subsection (2) of section 397.501, Florida Statutes, is amended to read:

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

- (2) RIGHT TO NONDISCRIMINATORY SERVICES.-
- (a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources

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are available, deny access to services based solely on inability to pay.

Section 36. Subsection (8) of section 400.021, Florida Statutes, is amended to read:

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

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

Section 37. Subsection (3) of section 400.0255, Florida Statutes, is amended to read:

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

(3) When a discharge or transfer is initiated by the nursing home, the nursing home administrator employed by the nursing home that is discharging or transferring the resident, or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administration, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge must either be signed by the resident's attending physician or the medical director of the facility, or include an attached

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written order for the discharge or transfer. The notice or the order must be signed by the resident's physician, medical director, treating physician, <u>independent advanced practice</u> registered nurse, advanced practice registered nurse practitioner, or physician assistant.

Section 38. Subsection (3) of section 400.172, Florida Statutes, is amended to read:

400.172 Respite care provided in nursing home facilities.-

(3) A prospective respite care resident must provide medical information from a physician, <u>a</u> physician assistant, <u>an</u> independent advanced practice registered nurse, or an advanced practice registered nurse practitioner and any other information provided by the primary caregiver required by the facility before or when the person is admitted to receive respite care. The medical information must include a physician's <u>or an</u> independent advanced practice registered nurse's order for respite care and proof of a physical examination by a licensed physician, <u>a</u> physician assistant, <u>an independent advanced</u> practice registered nurse, or an advanced practice registered nurse practitioner. The physician's order and physical examination may be used to provide intermittent respite care for up to 12 months after the date the order is written.

Section 39. Subsections (20) through (29) of section 400.462, Florida Statutes, are renumbered as subsections (21) through (30), respectively, subsection (3) is amended, and a new subsection (20) is added to that section, to read:

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- 400.462 Definitions.—As used in this part, the term:
- (3) "Advanced <u>practice</u> registered nurse practitioner" means a person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, as defined in s. 464.003.
- means a person licensed in this state to practice professional nursing as defined in s. 464.003 and registered to practice advanced or specialized nursing independently and without physician supervision or a protocol.

Section 40. Subsection (2) of section 400.487, Florida Statutes, is amended to read:

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

(2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, physician assistant, independent advanced

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practice registered nurse, or advanced practice registered nurse practitioner before a claim for payment for the skilled services is submitted by the home health agency. If the claim is submitted to a managed care organization, the treatment orders must be signed within the time allowed under the provider agreement. The treatment orders shall be reviewed, as frequently as the patient's illness requires, by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner in consultation with the home health agency.

Section 41. Paragraph (a) of subsection (13) of section 400.506, Florida Statutes, is amended to read:

400.506 Licensure of nurse registries; requirements; penalties.—

- (13) All persons referred for contract in private residences by a nurse registry must comply with the following requirements for a plan of treatment:
- (a) When, in accordance with the privileges and restrictions imposed upon a nurse under part I of chapter 464, the delivery of care to a patient is under the direction or supervision of a physician or when a physician is responsible for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. The original medical plan of treatment must be timely signed by the physician, physician assistant, independent advanced practice registered

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nurse, or advanced practice registered nurse practitioner, acting within his or her respective scope of practice, and reviewed in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from, reduced to writing by, and timely signed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and reduced to writing and timely signed by the physician, physician assistant, or advanced registered nurse practitioner. The delivery of care under a medical plan of treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464.

Section 42. Paragraph (g) of subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.-

- (4) "Clinic" means an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. As used in this part, the term does not include and the licensure requirements of this part do not apply to:
- (g) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,

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1744 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, 1745 chapter 490, chapter 491, or part I, part III, part X, part 1746 XIII, or part XIV of chapter 468, or s. 464.012 or s. 464.0125, 1747 and that is wholly owned by one or more licensed health care 1748 practitioners, or the licensed health care practitioners set 1749 forth in this paragraph and the spouse, parent, child, or 1750 sibling of a licensed health care practitioner if one of the 1751 owners who is a licensed health care practitioner is supervising the business activities and is legally responsible for the 1752 1753 entity's compliance with all federal and state laws. However, a 1754 health care practitioner may not supervise services beyond the 1755 scope of the practitioner's license, except that, for the 1756 purposes of this part, a clinic owned by a licensee in s. 1757 456.053(3)(b) which provides only services authorized pursuant 1758 to s. 456.053(3)(b) may be supervised by a licensee specified in 1759 s. 456.053(3)(b). 1760 Notwithstanding this subsection, an entity shall be deemed a 1761 clinic and must be licensed under this part in order to receive

clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).

Section 43. Subsections (1) and (2) of section 401.445, Florida Statutes, are amended to read:

401.445 Emergency examination and treatment of incapacitated persons.—

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- (1) No Recovery is not shall be allowed in any court in this state against any emergency medical technician, paramedic, or physician as defined in this chapter; any independent advanced practice registered nurse registered under s.

 464.0125; any advanced practice registered nurse practitioner certified under s. 464.012; or any physician assistant licensed under s. 458.347 or s. 459.022, or any person acting under the direct medical supervision of a physician, in an action brought for examining or treating a patient without his or her informed consent if:
- (a) The patient at the time of examination or treatment is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent as provided in s. 766.103;
 - (b) The patient at the time of examination or treatment is experiencing an emergency medical condition; and
 - (c) The patient would reasonably, under all the surrounding circumstances, undergo such examination, treatment, or procedure if the patient he or she were advised by the emergency medical technician, paramedic, physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant in accordance with s. 766.103(3).

1793 Examination and treatment provided under this sub

Examination and treatment provided under this subsection shall be limited to reasonable examination of the patient to determine

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the medical condition of the patient and treatment reasonably necessary to alleviate the emergency medical condition or to stabilize the patient.

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

Section 44. Subsections (1) and (11) of section 409.905, Florida Statutes, are amended to read:

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

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

- ADVANCED PRACTICE REGISTERED NURSE PRACTITIONER SERVICES.—The agency shall pay for services provided to a recipient by a registered independent advanced practice registered nurse, a certified licensed advanced practice registered nurse practitioner who has a valid collaboration agreement with a licensed physician on file with the Department of Health, or a certified registered nurse anesthetist who provides anesthesia services in accordance with established protocol required by state law and approved by the medical staff of the facility in which the anesthetic service is performed. Reimbursement for such services must be provided in an amount that equals at least not less than 80 percent of the reimbursement to a physician who provides the same services, unless otherwise provided for in the General Appropriations Act.
- (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay for outpatient primary health care services for a recipient provided by a clinic certified by and participating in the Medicare program which is located in a federally designated,

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rural, medically underserved area and has on its staff one or more <u>certified</u> licensed primary care nurse practitioners or physician assistants, and a licensed staff supervising physician, or an independent advanced practice registered nurse.

Section 45. Paragraph (a) of subsection (3) and subsection (7) of section 409.908, Florida Statutes, are amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eliqible persons is subject to the

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availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

- (3) Subject to any limitations or directions provided for in the General Appropriations Act, the following Medicaid services and goods may be reimbursed on a fee-for-service basis. For each allowable service or goods furnished in accordance with Medicaid rules, policy manuals, handbooks, and state and federal law, the payment shall be the amount billed by the provider, the provider's usual and customary charge, or the maximum allowable fee established by the agency, whichever amount is less, with the exception of those services or goods for which the agency makes payment using a methodology based on capitation rates, average costs, or negotiated fees.
- (a) <u>Independent advanced practice registered nurse or</u> advanced practice registered nurse practitioner services.
- (7) A provider of family planning services shall be reimbursed the lesser of the amount billed by the provider or an all-inclusive amount per type of visit for physicians, independent advanced practice registered nurses, and advanced

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1899 <u>practice</u> registered <u>nurses</u> nurse practitioners, as established 1900 by the agency in a fee schedule.

Section 46. Subsection (2) of section 409.9081, Florida Statutes, is amended to read:

409.9081 Copayments.-

- any directions or limitations provided for in the General Appropriations Act, require copayments for the following additional services: hospital inpatient, laboratory and X-ray services, transportation services, home health care services, community mental health services, rural health services, federally qualified health clinic services, and independent advanced practice registered nurse or advanced practice registered nurse services. The agency may only establish copayments for prescribed drugs or for any other federally authorized service if such copayment is specifically provided for in the General Appropriations Act or other law.
- Section 47. Paragraph (a) of subsection (1) of section 409.973, Florida Statutes, is amended to read:

409.973 Benefits.-

- (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a minimum, the following services:
- (a) <u>Independent advanced practice registered nurse and</u> advanced practice registered nurse practitioner services.
- Section 48. Subsections (2), (4), and (5) of section 429.26, Florida Statutes, are amended to read:

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- 429.26 Appropriateness of placements; examinations of residents.—
- (2) A physician, <u>a</u> physician assistant, <u>an independent</u> advanced practice registered nurse, or <u>an advanced practice</u> registered nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.
- If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, a registered independent advanced practice registered nurse, or a certified advanced practice registered licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.
- (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the

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admission of the resident to the facility, a licensed physician, licensed physician assistant, registered independent advanced practice registered nurse, or certified advanced practice registered licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.

Section 49. Paragraph (a) of subsection (2) and paragraph (a) of subsection (7) of section 429.918, Florida Statutes, are amended to read:

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

- (2) As used in this section, the term:
- (a) "ADRD participant" means a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, registered independent advanced practice registered nurse, or certified a licensed advanced practice registered nurse practitioner.
- (7) (a) An ADRD participant admitted to an adult day care center having a license designated under this section, or the caregiver when applicable, must:

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- 1. Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a demonstrated need for a responsible party to oversee his or her care.
- 2. Not actively demonstrate aggressive behavior that places himself, herself, or others at risk of harm.
- 3. Provide the following medical documentation signed by a licensed physician, licensed physician assistant, <u>registered</u> independent advanced practice registered nurse, or <u>certified</u> a licensed advanced practice registered nurse practitioner:
- a. Any physical, health, or emotional conditions that require medical care.
- b. A listing of the ADRD participant's current prescribed and over-the-counter medications and dosages, diet restrictions, mobility restrictions, and other physical limitations.
- 4. Provide documentation signed by a health care provider licensed in this state which indicates that the ADRD participant is free of the communicable form of tuberculosis and free of signs and symptoms of other communicable diseases.
- Section 50. Paragraph (e) of subsection (5) of section 440.102, Florida Statutes, is amended to read:
- 440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

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- (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:
- (e) A specimen for a drug test may be taken or collected by any of the following persons:
- 1. A physician, a physician assistant, an independent advanced practice registered nurse, an advanced practice registered nurse, a registered professional nurse, a licensed practical nurse, or a nurse practitioner or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.
- 2. A qualified person employed by a licensed or certified laboratory as described in subsection (9).
- Section 51. Subsection (2) and paragraph (d) of subsection (4) of section 456.0391, Florida Statutes, are amended to read:
- 456.0391 Advanced <u>practice</u> registered <u>nurses</u> nurse practitioners; information required for certification.—
- (2) The Department of Health shall send a notice to each person certified under s. 464.012 at the certificateholder's last known address of record regarding the requirements for information to be submitted by advanced <u>practice</u> registered <u>nurses</u> <u>nurse</u> <u>practitioners</u> pursuant to this section in conjunction with the renewal of such certificate.

(4)

(d) Any applicant for initial certification or renewal of certification as an advanced practice registered nurse

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practitioner who submits to the Department of Health a set of fingerprints and information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Families for employment or licensure with such agency or department, if the applicant has undergone a criminal history check as a condition of initial certification or renewal of certification as an advanced practice registered nurse practitioner with the Department of Health, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Families shall obtain criminal history information for employment or licensure of persons certified under s. 464.012 by such agency or department from the Department of Health's health care practitioner credentialing system.

Section 52. Subsection (2) of section 456.0392, Florida Statutes, is amended to read:

456.0392 Prescription labeling.-

(2) A prescription for a drug that is not listed as a controlled substance in chapter 893 which is written by an advanced practice registered nurse practitioner certified under s. 464.012 is presumed, subject to rebuttal, to be valid and

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within the parameters of the prescriptive authority delegated by a practitioner licensed under chapter 458, chapter 459, or chapter 466.

Section 53. Paragraph (a) of subsection (1) and subsection (6) of section 456.041, Florida Statutes, are amended to read:
456.041 Practitioner profile; creation.—

- (1) (a) The Department of Health shall compile the information submitted pursuant to s. 456.039 into a practitioner profile of the applicant submitting the information, except that the Department of Health shall develop a format to compile uniformly any information submitted under s. 456.039(4)(b). Beginning July 1, 2001, the Department of Health may compile the information submitted pursuant to s. 456.0391 into a practitioner profile of the applicant submitting the information. The protocol submitted pursuant to s. 464.012(3) must be included in the practitioner profile of the advanced practice registered nurse practitioner.
- (6) The Department of Health shall provide in each practitioner profile for every physician or advanced <u>practice</u> registered nurse <u>practitioner</u> terminated for cause from participating in the Medicaid program, pursuant to s. 409.913, or sanctioned by the Medicaid program a statement that the practitioner has been terminated from participating in the Florida Medicaid program or sanctioned by the Medicaid program.

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Section 54. Subsection (1) and paragraphs (a), (d), and (e) of subsection (2) of section 456.048, Florida Statutes, are amended to read:

456.048 Financial responsibility requirements for certain health care practitioners.—

- As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Medicine and the Board of Osteopathic Medicine shall, by rule, require that all anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023, and the Board of Nursing shall, by rule, require that independent advanced practice registered nurses registered under s. 464.0125 and advanced practice registered nurses nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical malpractice insurance or provide proof of financial responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising out of the rendering of or failure to render professional care and services in this state.
- (2) The board or department may grant exemptions upon application by practitioners meeting any of the following criteria:

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- (a) Any person licensed under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, <u>s. 464.0125</u>, chapter 466, or chapter 467 who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(16) or who is a volunteer under s. 110.501(1).
- (d) Any person licensed or certified under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, <u>s.</u> 464.0125, chapter 466, or chapter 467 who practices only in conjunction with his or her teaching duties at an accredited school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.
- (e) Any person holding an active license or certification under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, $\underline{s. 464.0125}$, chapter 466, or chapter 467 who is not practicing in this state. If such person initiates or resumes practice in this state, he or she must notify the department of such activity.
- Section 55. Paragraphs (a), (i), (o), and (r) of subsection (3) and paragraph (g) of subsection (5) of section 456.053, Florida Statutes, are amended to read:

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

- (3) DEFINITIONS.—For the purpose of this section, the word, phrase, or term:
- (a) "Board" means any of the following boards relating to the respective professions: the Board of Medicine as created in s. 458.307; the Board of Osteopathic Medicine as created in s. 459.004; the Board of Chiropractic Medicine as created in s. 460.404; the Board of Podiatric Medicine as created in s. 461.004; the Board of Optometry as created in s. 463.003; the Board of Pharmacy as created in s. 465.004; and the Board of Dentistry as created in s. 466.004; and the Board of Nursing as created in s. 464.004.
- (i) "Health care provider" means \underline{a} any physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461; an independent advanced practice registered nurse registered under \underline{s} . 464.0125; \underline{r} or \underline{a} any health care provider licensed under chapter 463 or chapter 466.
- (o) "Referral" means any referral of a patient by a health care provider for health care services, including, without limitation:
- 1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or

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- 2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.
- 3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:
 - a. By a radiologist for diagnostic-imaging services.
- b. By a physician specializing in the provision of radiation therapy services for such services.
- c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.
 - d. By a cardiologist for cardiac catheterization services.
- e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.
- f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, that effective July 1, 1999, a physician licensed pursuant to chapter

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458, chapter 459, chapter 460, or chapter 461 or an independent advanced practice registered nurse registered under s. 464.0125 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician or independent advanced practice registered nurse has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services.

- g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 395.
 - h. By a urologist for lithotripsy services.
- i. By a dentist for dental services performed by an employee of or health care provider who is an independent contractor with the dentist or group practice of which the dentist is a member.
- j. By a physician for infusion therapy services to a patient of that physician or a member of that physician's group practice.

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- k. By a nephrologist for renal dialysis services and supplies, except laboratory services.
- 1. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this subsubparagraph, the term "private residences" includes patients' private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.
 - m. By a health care provider for sleep-related testing.
- (r) "Sole provider" means one health care provider licensed under chapter 458, chapter 459, chapter 460, or chapter 461, or s. 464.0125, who maintains a separate medical office and a medical practice separate from any other health care provider and who bills for his or her services separately from the services provided by any other health care provider. A sole provider shall not share overhead expenses or professional income with any other person or group practice.
- (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as provided in this section:
- (g) A violation of this section by a health care provider shall constitute grounds for disciplinary action to be taken by the applicable board pursuant to s. 458.331(2), s. 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.

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2230 466.028(2). Any hospital licensed under chapter 395 found in violation of this section shall be subject to s. 395.0185(2).

Section 56. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.-

- (7) Notwithstanding subsection (2), upon a finding that a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s. 464.018(1)(p), or s. 466.028(1)(p) or (x), the practitioner physician shall be suspended for a period of at least not less than 6 months and pay a fine of at least not less than \$10,000 per count. Repeated violations shall result in increased penalties.
- Section 57. Paragraph (a) of subsection (2) and subsection (3) of section 456.44, Florida Statutes, are amended to read:
 456.44 Controlled substance prescribing.—
- (2) REGISTRATION.—Effective January 1, 2012, A physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466; a physician assistant licensed under chapter 458 or chapter 459; or an independent advanced practice registered nurse registered, or an advanced practice registered nurse certified, under part I of chapter 464, who prescribes any controlled

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substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

- (a) Designate himself or herself as a controlled substance prescribing practitioner on the <u>practitioner's</u> physician's practitioner profile.
- (3) STANDARDS OF PRACTICE.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.
- A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the clinician who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may

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include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.

- (b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the <u>practitioner physician</u> shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.
- (c) The <u>practitioner physician</u> shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The <u>practitioner physician</u> shall use a written controlled substance agreement between the <u>practitioner physician</u> and the patient outlining the patient's responsibilities, including, but not limited to:

706771 - h0547-strike.docx

- 1. Number and frequency of controlled substance prescriptions and refills.
- 2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.
- 3. An agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating <u>practitioner</u> <u>physician</u> unless otherwise authorized by the treating <u>practitioner</u> <u>physician</u> and documented in the medical record.
- physician at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that controlled substance therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy shall depend on the practitioner's physician's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the practitioner physician shall reevaluate the appropriateness of continued treatment. The practitioner physician shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.
- (e) The <u>practitioner</u> <u>physician</u> shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given

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to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addiction medicine specialist or psychiatrist.

- A practitioner physician registered under this section must maintain accurate, current, and complete records that are accessible and readily available for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:
- The complete medical history and a physical 2347 examination, including history of drug abuse or dependence.
 - Diagnostic, therapeutic, and laboratory results. 2.
 - 3. Evaluations and consultations.
 - 4. Treatment objectives.
 - Discussion of risks and benefits. 5.
- 2352 6. Treatments.
- 2353 Medications, including date, type, dosage, and quantity 2354 prescribed.
 - Instructions and agreements. 8.
 - 9. Periodic reviews.
- 2357 10. Results of any drug testing.

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- 2358 11. A photocopy of the patient's government-issued photo identification.
 - 12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.
 - 13. The <u>practitioner's</u> physician's full name presented in a legible manner.
 - (q) Patients with signs or symptoms of substance abuse shall be immediately referred to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the practitioner is a physician who is boardcertified or board-eligible in pain management. Throughout the period of time before receiving the consultant's report, a prescribing practitioner physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing practitioner physician shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and

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actions taken by the <u>practitioner</u> physician shall be documented in the patient's medical record.

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

Section 58. Paragraph (c) of subsection (2) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.

(2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a

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pain-management clinic that is required to be registered in subsection (1).

advanced practice registered nurse, or an advanced practice registered nurse practitioner must perform a physical examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a painmanagement clinic. If the physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the physician must document in the patient's record the reason for prescribing that quantity.

Section 59. Paragraph (dd) of subsection (1) of section 458.331, Florida Statutes, is amended to read:

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

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (dd) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced <u>practice</u> registered <u>nurses</u> nurse practitioners, or anesthesiologist assistants acting under the supervision of the physician.

Section 60. Paragraph (f) 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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- (f)1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under this section or s. 459.022 may not prescribe. The formulary must include controlled substances as defined in chapter 893, general anesthetics, and radiographic contrast materials.
- 2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.
- 3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.
- 4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the provisions of this paragraph and paragraph (e).

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Section 61. Paragraph (a) of subsection (1) and subsections (2) and (4) of section 458.348, Florida Statutes, are amended to read:

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

- (1) NOTICE.
- (a) When a physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when a physician enters into an established protocol with an advanced <u>practice</u> registered nurse <u>practitioner</u>, which protocol contemplates the performance of medical acts identified and approved by the joint committee pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and (4), the physician shall submit notice to the board. The notice shall contain a statement in substantially the following form:
- I, ... (name and professional license number of physician)..., of ... (address of physician)... have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with ... (number of persons)... emergency medical technician(s), ... (number of persons)... paramedic(s), or ... (number of persons)... advanced practice registered nurse(s) nurse practitioner(s).
- (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The joint committee created under s. 464.003(2) shall determine

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

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

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- (a) A physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the physician's primary practice location. For the purpose of this subsection, "primary health care" means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.
- (b) A physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the physician's primary practice location. For the purpose of this subsection, "specialty health care" means health care services that are commonly provided to patients with a referral from another practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.
- registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced practice registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs

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- 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.
- 1. The physician shall submit to the board the addresses of all offices where the physician he or she is supervising an advanced practice registered nurse practitioner or a physician physician's assistant which are not the physician's primary practice location.
- 2. The physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the board pursuant to s. 458.3312.
- 3. All such offices that are not the physician's primary place of practice must be within 25 miles of the physician's primary place of practice or in a county that is contiguous to the county of the physician's primary place of practice.

 However, the distance between any of the offices may not exceed 75 miles.
- 4. The physician may supervise only one office other than the physician's primary place of practice except that until July 1, 2011, the physician may supervise up to two medical offices other than the physician's primary place of practice if the addresses of the offices are submitted to the board before July 1, 2006. Effective July 1, 2011, the physician may supervise only one office other than the physician's primary place of

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practice, regardless of when the addresses of the offices were submitted to the board.

- (d) A physician who supervises an office in addition to the physician's primary practice location must conspicuously post in each of the physician's offices a current schedule of the regular hours when the physician is present in that office and the hours when the office is open while the physician is not present.
- This subsection does not apply to health care services (e) provided in facilities licensed under chapter 395 or in conjunction with a college of medicine, a college of nursing, an accredited graduate medical program, or a nursing education program; not-for-profit, family-planning clinics that are not licensed pursuant to chapter 390; rural and federally qualified health centers; health care services provided in a nursing home licensed under part II of chapter 400, an assisted living facility licensed under part I of chapter 429, a continuing care facility licensed under chapter 651, or a retirement community consisting of independent living units and a licensed nursing home or assisted living facility; anesthesia services provided in accordance with law; health care services provided in a designated rural health clinic; health care services provided to persons enrolled in a program designed to maintain elderly persons and persons with disabilities in a home or communitybased setting; university primary care student health centers; school health clinics; or health care services provided in

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federal, state, or local government facilities. Subsection (3) and this subsection do not apply to offices at which the exclusive service being performed is laser hair removal by an advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant.

Section 62. Paragraph (c) of subsection (2) of section 459.0137, Florida Statutes, is amended to read:

459.0137 Pain-management clinics.

- (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- independent advanced practice registered nurse, or an advanced practice registered nurse practitioner must perform a physical examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a pain-management clinic. If the osteopathic physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the osteopathic physician must document in the patient's record the reason for prescribing that quantity.

Section 63. Paragraph (hh) of subsection (1) of section 459.015, Florida Statutes, is amended to read:

 $459.015\,$ Grounds for disciplinary action; action by the board and department.—

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- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (hh) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced <u>practice</u> registered <u>nurses</u> nurse practitioners, anesthesiologist assistants, or other persons acting under the supervision of the osteopathic physician.

Section 64. Paragraph (a) of subsection (1) and subsection (3) of section 459.025, Florida Statutes, are amended to read:
459.025 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—

- (1) NOTICE.
- (a) When an osteopathic physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when an osteopathic physician enters into an established protocol with an advanced <u>practice</u> registered nurse <u>practitioner</u>, which protocol contemplates the performance of medical acts identified and approved by the joint committee pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and (4), the osteopathic physician shall submit notice to the board. The notice must contain a statement in substantially the following form:
- I, ... (name and professional license number of osteopathic physician)..., of ... (address of osteopathic physician)... have

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hereby entered into a formal supervisory relationship, standing orders, or an established protocol with ...(number of persons)... emergency medical technician(s), ...(number of persons)... paramedic(s), or ...(number of persons)... advanced practice registered nurse(s) nurse practitioner(s).

- An osteopathic physician who supervises an advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant at a medical office other than the osteopathic physician's primary practice location, where the advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant is not under the onsite supervision of a supervising osteopathic physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, an osteopathic physician's "primary practice location" means the address reflected on the physician's profile published pursuant to s. 456.041.
- (a) An osteopathic physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the osteopathic physician's primary practice location. For the purpose of this subsection, "primary health care" means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

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- (b) An osteopathic physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the osteopathic physician's primary practice location. For the purpose of this subsection, "specialty health care" means health care services that are commonly provided to patients with a referral from another practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.
- (c) An osteopathic physician who supervises an advanced practice registered nurse practitioner or physician assistant at a medical office other than the osteopathic physician's primary practice location, where the advanced practice registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising osteopathic physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(e)6., an osteopathic physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.
- 1. The osteopathic physician shall submit to the Board of Osteopathic Medicine the addresses of all offices where $\underline{\text{the}}$ osteopathic physician $\underline{\text{he or she}}$ is supervising or has a protocol

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with an advanced <u>practice</u> registered nurse practitioner or a <u>physician</u> physician's assistant which are not the osteopathic physician's primary practice location.

- 2. The osteopathic physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the Board of Osteopathic Medicine pursuant to s. 459.0152.
- 3. All such offices that are not the osteopathic physician's primary place of practice must be within 25 miles of the osteopathic physician's primary place of practice or in a county that is contiguous to the county of the osteopathic physician's primary place of practice. However, the distance between any of the offices may not exceed 75 miles.
- 4. The osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice except that until July 1, 2011, the osteopathic physician may supervise up to two medical offices other than the osteopathic physician's primary place of practice if the addresses of the offices are submitted to the Board of Osteopathic Medicine before July 1, 2006. Effective July 1, 2011, the osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice, regardless of when the addresses of the offices were submitted to the Board of Osteopathic Medicine.
- (d) An osteopathic physician who supervises an office in addition to the osteopathic physician's primary practice location must conspicuously post in each of the osteopathic

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physician's offices a current schedule of the regular hours when the osteopathic physician is present in that office and the hours when the office is open while the osteopathic physician is not present.

This subsection does not apply to health care services (e) provided in facilities licensed under chapter 395 or in conjunction with a college of medicine or college of nursing or an accredited graduate medical or nursing education program; offices where the only service being performed is hair removal by an advanced practice registered nurse practitioner or physician assistant; not-for-profit, family-planning clinics that are not licensed pursuant to chapter 390; rural and federally qualified health centers; health care services provided in a nursing home licensed under part II of chapter 400, an assisted living facility licensed under part I of chapter 429, a continuing care facility licensed under chapter 651, or a retirement community consisting of independent living units and either a licensed nursing home or assisted living facility; anesthesia services provided in accordance with law; health care services provided in a designated rural health clinic; health care services provided to persons enrolled in a program designed to maintain elderly persons and persons with disabilities in a home or community-based setting; university primary care student health centers; school health clinics; or health care services provided in federal, state, or local government facilities.

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Section 65. Subsection (2) of section 464.004, Florida Statutes, is amended to read:

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

Seven members of the board must be registered nurses who are residents of this state and who have been engaged in the practice of professional nursing for at least 4 years, including at least one advanced practice registered nurse practitioner, one nurse educator member of an approved program, and one nurse executive. These seven board members should be representative of the diverse areas of practice within the nursing profession. In addition, three members of the board must be licensed practical nurses who are residents of this state and who have been actively engaged in the practice of practical nursing for at least 4 years prior to their appointment. The remaining three members must be residents of the state who have never been licensed as nurses and who are in no way connected with the practice of nursing. No person may be appointed as a lay member who is in any way connected with, or has any financial interest in, any health care facility, agency, or insurer. At least one member of the board must be 60 years of age or older.

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

464.0205 Retired volunteer nurse certificate.-

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

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(a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. 458.317 or s. 459.0075, a physician licensed under chapter 458 or chapter 459, an independent advanced practice registered nurse registered under s. 464.0125, an advanced practice registered nurse practitioner certified under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.

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

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

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

Section 68. Paragraph (b) of subsection (1) of section 480.0475, Florida Statutes, is amended to read:

480.0475 Massage establishments; prohibited practices.-

- (1) A person may not operate a massage establishment between the hours of midnight and 5 a.m. This subsection does not apply to a massage establishment:
- (b) In which every massage performed between the hours of midnight and 5 a.m. is performed by a massage therapist acting under the prescription of a physician or physician assistant licensed under chapter 458, an osteopathic physician or

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physician assistant licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, an independent advanced practice registered nurse registered, or an advanced practice registered nurse certified, practitioner licensed under part I of chapter 464, or a dentist licensed under chapter 466; or

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

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

under chapter 458, chapter 459, chapter 460, or chapter 461; a physician assistant licensed under chapter 458 or chapter 459; a certified optometrist licensed under chapter 463; a dentist licensed under chapter 463; a dentist licensed under chapter 466; a person licensed under chapter 462; an independent advanced practice registered nurse registered, or an advanced practice registered nurse certified, practitioner licensed under part I of chapter 464; or a duly licensed practitioner from another state licensed under similar statutes who orders examinations on materials or specimens for nonresidents of the State of Florida, but who reside in the same state as the requesting licensed practitioner.

Section 70. Subsection (5) of section 483.181, Florida Statutes, is amended to read:

483.181 Acceptance, collection, identification, and examination of specimens.—

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(5) A clinical laboratory licensed under this part must
accept a human specimen submitted for examination by a
practitioner licensed under chapter 458, chapter 459, chapter
460, chapter 461, chapter 462, chapter 463, s. 464.012, <u>s.</u>
$\underline{464.0125}$, or chapter 466, if the specimen and test are the type
performed by the clinical laboratory. A clinical laboratory may
only refuse a specimen based upon a history of nonpayment for
services by the practitioner. A clinical laboratory shall not
charge different prices for tests based upon the chapter under
which a practitioner submitting a specimen for testing is
licensed.

- Section 71. Subsection (5) of section 483.801, Florida Statutes, is amended to read:
- 483.801 Exemptions.—This part applies to all clinical laboratories and clinical laboratory personnel within this state, except:
- (5) Advanced <u>practice</u> registered <u>nurses certified</u> nurse practitioners licensed under part I of chapter 464 who perform provider-performed microscopy procedures (PPMP) in an exclusive-use laboratory setting.
- Section 72. Paragraph (a) of subsection (11) of section 486.021, Florida Statutes, is amended to read:
- 486.021 Definitions.—In this chapter, unless the context otherwise requires, the term:
- (11) "Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any

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disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs; the use of radiant energy, including ultraviolet, visible, and infrared rays; ultrasound; water; the use of apparatus and equipment in the application of the foregoing or related thereto; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

(a) A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record or by an independent advanced practice registered nurse registered under s. 464.0125 or an advanced practice registered nurse certified practitioner licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 21 days for a condition not previously assessed by a practitioner of record, the physical therapist shall obtain a

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practitioner of record who will review and sign the plan. For purposes of this paragraph, a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 and engaged in active practice is eligible to serve as a practitioner of record.

Section 73. Paragraph (d) of subsection (1) of section 490.012, Florida Statutes, is amended to read:

490.012 Violations; penalties; injunction.-

(1)

(d) No person shall hold herself or himself out by any title or description incorporating the word, or a permutation of the word, "psychotherapy" unless such person holds a valid, active license under chapter 458, chapter 459, chapter 490, or chapter 491, or such person is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse under practitioner, pursuant to s. 464.012 and, who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health.

Section 74. Subsection (1) of section 491.0057, Florida Statutes, is amended to read:

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

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(1) Holds a valid, active license as a psychologist under chapter 490 or as a clinical social worker or mental health counselor under this chapter, or is registered under s. 464.0125 as an independent advanced practice registered nurse or certified under s. 464.012 as an advanced practice registered nurse and practitioner who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health.

Section 75. Paragraph (d) of subsection (1) and subsection (2) of section 491.012, Florida Statutes, are amended to read:
491.012 Violations; penalty; injunction.—

- (1) It is unlawful and a violation of this chapter for any person to:
- (d) Use the terms "psychotherapist," "sex therapist," or "juvenile sexual offender therapist" unless such person is licensed pursuant to this chapter or chapter 490, or is registered under s. 464.0125 as an independent advanced practice registered nurse or certified under s. 464.012 as an advanced practice registered nurse and practitioner who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health and the use of such terms is within the scope of her or his practice based on education, training, and licensure.
- (2) It is unlawful and a violation of this chapter for any person to describe her or his services using the following terms or any derivative thereof, unless such person holds a valid, active license under this chapter or chapter 490, or <u>is</u>

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Bill No. HB 547

(2015)

Amendment No.

2923	registered under s. 464.0125 as an independent advanced practice
2924	registered nurse or is certified under s. 464.012 as an advanced
2925	practice registered nurse and practitioner who has been
2926	determined by the Board of Nursing $\underline{to}\ be\ as$ a specialist in
2927	psychiatric mental health and the use of such terms is within
2928	the scope of her or his practice based on education, training,
2929	and licensure:

- 2930 (a) "Psychotherapy."
 - (b) "Sex therapy."

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- (c) "Sex counseling."
- (d) "Clinical social work."
- (e) "Psychiatric social work."
- (f) "Marriage and family therapy."
- (g) "Marriage and family counseling."
- (h) "Marriage counseling."
- 2938 (i) "Family counseling."
 - (j) "Mental health counseling."
- 2940 Section 76. Subsection (2) of section 493.6108, Florida 2941 Statutes, is amended to read:
 - 493.6108 Investigation of applicants by Department of Agriculture and Consumer Services.—
 - (2) In addition to subsection (1), the department shall make an investigation of the general physical fitness of the Class "G" applicant to bear a weapon or firearm. Determination of physical fitness shall be certified by a physician or physician assistant currently licensed pursuant to chapter 458,

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chapter 459, or any similar law of another state or authorized to act as a licensed physician by a federal agency or department, or by an independent advanced practice registered nurse registered, or an advanced practice registered nurse certified, under part I of practitioner currently licensed pursuant to chapter 464. Such certification shall be submitted on a form provided by the department.

Section 77. Subsection (1) of section 626.9707, Florida Statutes, is amended to read:

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

(1) An No insurer authorized to transact insurance in this state may not shall refuse to issue and deliver in this state any policy of disability insurance, whether such policy is defined as individual, group, blanket, franchise, industrial, or otherwise, which is currently being issued for delivery in this state and which affords benefits and coverage for any medical treatment or service authorized and permitted to be furnished by a hospital, a clinic, a health clinic, a neighborhood health clinic, a health maintenance organization, a physician, a physician physician's assistant, an independent advanced practice registered nurse practitioner, or a medical service facility or personnel solely because the person to be insured has the sickle-cell trait.

Section 78. Paragraph (b) of subsection (1) of section 627.357, Florida Statutes, is amended to read:

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- 2975 627.357 Medical malpractice self-insurance.
 - (1) DEFINITIONS.—As used in this section, the term:
 - (b) "Health care provider" means any:
 - 1. Hospital licensed under chapter 395.
- 2979 2. Physician licensed, or physician assistant licensed, 2980 under chapter 458.
- 2981 3. Osteopathic physician or physician assistant licensed under chapter 459.
 - 4. Podiatric physician licensed under chapter 461.
- 5. Health maintenance organization certificated under part 1 of chapter 641.
 - 6. Ambulatory surgical center licensed under chapter 395.
 - 7. Chiropractic physician licensed under chapter 460.
 - 8. Psychologist licensed under chapter 490.
 - 9. Optometrist licensed under chapter 463.
- 2990 10. Dentist licensed under chapter 466.
- 2991 11. Pharmacist licensed under chapter 465.
- 2992 12. Registered nurse, licensed practical nurse,
- 2993 <u>independent advanced practice registered nurse</u>, or advanced
- 2994 <u>practice</u> registered nurse practitioner licensed, registered, or
- 2995 <u>certified</u> registered under part I of chapter 464.
- 2996 13. Other medical facility.
- 2997 14. Professional association, partnership, corporation,
- 2998 joint venture, or other association established by the
- 2999 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
- 3000 10., 11., and 12. for professional activity.

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Section 79. Subsection (6) of section 627.6471, Florida Statutes, is amended to read:

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

- If psychotherapeutic services are covered by a policy issued by the insurer, the insurer shall provide eliqibility criteria for each group of health care providers licensed under chapter 458, chapter 459, chapter 490, or chapter 491, which include psychotherapy within the scope of their practice as provided by law, or for any person who is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse practitioner in psychiatric mental health under s. 464.012 and who specializes in psychiatric mental health. When psychotherapeutic services are covered, eligibility criteria shall be established by the insurer to be included in the insurer's criteria for selection of network providers. The insurer may not discriminate against a health care provider by excluding such practitioner from its provider network solely on the basis of the practitioner's license.
- Section 80. Subsections (15) and (17) of section 627.6472, Florida Statutes, are amended to read:
 - 627.6472 Exclusive provider organizations.-
- 3024 (15) If psychotherapeutic services are covered by a policy 3025 issued by the insurer, the insurer shall provide eligibility 3026 criteria for all groups of health care providers licensed under

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chapter 458, chapter 459, chapter 490, or chapter 491, which include psychotherapy within the scope of their practice as provided by law, or for any person who is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse practitioner in psychiatric mental health under s. 464.012 and who specializes in psychiatric mental health. When psychotherapeutic services are covered, eligibility criteria shall be established by the insurer to be included in the insurer's criteria for selection of network providers. The insurer may not discriminate against a health care provider by excluding such practitioner from its provider network solely on the basis of the practitioner's license.

discriminate with respect to participation as to any independent advanced practice registered nurse registered pursuant to s.

464.0125 or advanced practice registered nurse practitioner

licensed and certified pursuant to s. 464.012, who is acting within the scope of such registration or license and certification, solely on the basis of such registration license or certification. This subsection shall not be construed to prohibit a plan from including providers only to the extent necessary to meet the needs of the plan's enrollees or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the plan.

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Section 81. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

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

- (1) REQUIRED BENEFITS.—An insurance policy complying with the security requirements of s. 627.733 must provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to subsection (2) and paragraph (4)(e), to a limit of \$10,000 in medical and disability benefits and \$5,000 in death benefits resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:
- (a) Medical benefits.—Eighty percent of all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care pursuant to subparagraph 1. within 14 days after the motor vehicle accident. The medical benefits provide reimbursement only for:
- 1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter

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466, or a chiropractic physician licensed under chapter 460, or an independent advanced practice registered nurse registered under s. 464.0125, or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401 which provides emergency transportation and treatment.

- 2. Upon referral by a provider described in subparagraph 1., followup services and care consistent with the underlying medical diagnosis rendered pursuant to subparagraph 1. which may be provided, supervised, ordered, or prescribed only by a physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, a dentist licensed under chapter 466, an independent advanced practice registered nurse registered under s. 464.0125, or, to the extent permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, or independent advanced practice registered nurse, by a physician assistant licensed under chapter 458 or chapter 459 or an advanced practice registered nurse certified practitioner licensed under s. 464.012 chapter 464. Followup services and care may also be provided by the following persons or entities:
- a. A hospital or ambulatory surgical center licensed under chapter 395.
- 3102 b. An entity wholly owned by one or more physicians 3103 licensed under chapter 458 or chapter 459, chiropractic

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physicians licensed under chapter 460, <u>independent advanced</u>

<u>practice registered nurses registered under s. 464.0125</u>, or

dentists licensed under chapter 466 or by such practitioners and
the spouse, parent, child, or sibling of such practitioners.

- c. An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.
- d. A physical therapist licensed under chapter 486, based upon a referral by a provider described in this subparagraph.
- e. A health care clinic licensed under part X of chapter 400 which is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state, or
- (I) Has a medical director licensed under chapter 458, chapter 459, or chapter 460;
- (II) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and
- (III) Provides at least four of the following medical specialties:
 - (A) General medicine.
 - (B) Radiography.
- (C) Orthopedic medicine.
 - (D) Physical medicine.
- 3129 (E) Physical therapy.

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- (F) Physical rehabilitation.
- (G) Prescribing or dispensing outpatient prescription medication.
 - (H) Laboratory services.
- 3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to \$10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, an independent advanced practice registered nurse registered under s. 464.0125, a physician assistant licensed under chapter 458 or chapter 459, or an advanced practice registered nurse certified practitioner licensed under s. 464.012 chapter 464 has determined that the injured person had an emergency medical condition.
- 4. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. is limited to \$2,500 if a provider listed in subparagraph 1. or subparagraph 2. determines that the injured person did not have an emergency medical condition.
- 5. Medical benefits do not include massage as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical benefits under this section.
- 3154 6. The Financial Services Commission shall adopt by rule 3155 the form that must be used by an insurer and a health care

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provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. to document that the health care provider meets the criteria of this paragraph. Such rule must include a requirement for a sworn statement or affidavit.

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

Section 82. Paragraph (e) of subsection (1) of section 633.412, Florida Statutes, is amended to read:

633.412 Firefighters; qualifications for certification.-

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- (1) A person applying for certification as a firefighter must:
- (e) Be in good physical condition as determined by a medical examination given by a physician, surgeon, or physician assistant licensed to practice in the state <u>under pursuant to</u> chapter 458; an osteopathic physician, surgeon, or physician assistant licensed to practice in the state <u>under pursuant to</u> chapter 459; an independent advanced practice registered nurse registered, or an advanced <u>practice</u> registered nurse certified, practitioner licensed to practice in the state <u>under part I of</u> pursuant to chapter 464. Such examination may include, but need not be limited to, the National Fire Protection Association Standard 1582. A medical examination evidencing good physical condition shall be submitted to the division, on a form as provided by rule, before an individual is eligible for admission into a course under s. 633.408.

Section 83. Section 641.3923, Florida Statutes, is amended to read:

health maintenance organization <u>may shall</u> not discriminate with respect to participation as to any <u>independent advanced practice</u> registered nurse registered under s. 464.0125, advanced <u>practice</u> registered nurse <u>practitioner licensed and</u> certified <u>under pursuant to</u> s. 464.012, <u>or physician assistant licensed under chapter 458 or chapter 459, who is acting within the scope of such registration, license and certification, or license, solely</u>

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on the basis of such <u>registration</u>, <u>license or</u> certification, <u>or</u> <u>license</u>. This section shall not be construed to prohibit a plan from including providers only to the extent necessary to meet the needs of the plan's enrollees or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the plan.

Section 84. Subsection (8) of section 641.495, Florida Statutes, is amended to read:

641.495 Requirements for issuance and maintenance of certificate.—

(8) Each organization's contracts, certificates, and subscriber handbooks shall contain a provision, if applicable, disclosing that, for certain types of described medical procedures, services may be provided by physician assistants, independent advanced practice registered nurses, advanced practice registered nurses, or other individuals who are not licensed physicians.

Section 85. Paragraph (a) of subsection (3) of section 744.331, Florida Statutes, is amended to read:

744.331 Procedures to determine incapacity.-

- (3) EXAMINING COMMITTEE.-
- (a) Within 5 days after a petition for determination of incapacity has been filed, the court shall appoint an examining committee consisting of three members. One member must be a psychiatrist or other physician. The remaining members must be either a psychologist, a gerontologist, a another psychiatrist,

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a or other physician, a registered nurse, an advanced practice 3234 3235 registered nurse practitioner, a physician assistant, a licensed 3236 social worker, a person with an advanced degree in gerontology 3237 from an accredited institution of higher education, or another other person who by knowledge, skill, experience, training, or 3238 3239 education may, in the court's discretion, advise the court in 3240 the form of an expert opinion. One of three members of the 3241 committee must have knowledge of the type of incapacity alleged in the petition. Unless good cause is shown, the attending or 3242 3243 family physician may not be appointed to the committee. If the 3244 attending or family physician is available for consultation, the 3245 committee must consult with the physician. Members of the 3246 examining committee may not be related to or associated with one 3247 another, with the petitioner, with counsel for the petitioner or 3248 the proposed quardian, or with the person alleged to be totally or partially incapacitated. A member may not be employed by any 3249 3250 private or governmental agency that has custody of, or furnishes, services or subsidies, directly or indirectly, to the 3251 person or the family of the person alleged to be incapacitated 3252 3253 or for whom a guardianship is sought. A petitioner may not serve 3254 as a member of the examining committee. Members of the examining 3255 committee must be able to communicate, either directly or 3256 through an interpreter, in the language that the alleged 3257 incapacitated person speaks or to communicate in a medium 3258 understandable to the alleged incapacitated person if she or he 3259 is able to communicate. The clerk of the court shall send notice

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of the appointment to each person appointed no later than 3 days after the court's appointment.

Section 86. Subsection (1) of section 744.703, Florida Statutes, is amended to read:

744.703 Office of public guardian; appointment, notification.—

The executive director of the Statewide Public (1)Guardianship Office, after consultation with the chief judge and other circuit judges within the judicial circuit and with appropriate advocacy groups and individuals and organizations who are knowledgeable about the needs of incapacitated persons, may establish, within a county in the judicial circuit or within the judicial circuit, one or more offices of public guardian and if so established, shall create a list of persons best qualified to serve as the public quardian, who have been investigated pursuant to s. 744.3135. The public guardian must have knowledge of the legal process and knowledge of social services available to meet the needs of incapacitated persons. The public quardian shall maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another person who has a master's degree in social work, or a gerontologist, a psychologist, a registered nurse, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner. A public guardian that is a nonprofit corporate guardian under s. 744.309(5) must

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(2015)

Amendment No.

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3286 receive tax-exempt status from the United States Internal 3287 Revenue Service.

> Section 87. Subsection (6) of section 766.102, Florida Statutes, is amended to read:

766.102 Medical negligence; standards of recovery; expert witness.-

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

Section 88. Subsection (3) of section 766.103, Florida Statutes, is amended to read:

766.103 Florida Medical Consent Law.-

No Recovery is not shall be allowed in any court in this state against any physician licensed under chapter 458, osteopathic physician licensed under chapter 459, chiropractic physician licensed under chapter 460, podiatric physician licensed under chapter 461, dentist licensed under chapter 466, independent advanced practice registered nurse registered under

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- s. 464.0125, advanced practice registered nurse practitioner certified under s. 464.012, or physician assistant licensed under s. 458.347 or s. 459.022 in an action brought for treating, examining, or operating on a patient without his or her informed consent when:
- (a)1. The action of the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant in obtaining the consent of the patient or another person authorized to give consent for the patient was in accordance with an accepted standard of medical practice among members of the medical profession with similar training and experience in the same or similar medical community as that of the person treating, examining, or operating on the patient for whom the consent is obtained; and
- 2. A reasonable individual, from the information provided by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant, under the circumstances, would have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures, which are recognized among other physicians, osteopathic physicians, chiropractic physicians,

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podiatric physicians, or dentists in the same or similar community who perform similar treatments or procedures; or

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

Section 89. Paragraph (d) of subsection (3) of section 766.1115, Florida Statutes, is amended to read:

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

- (3) DEFINITIONS.—As used in this section, the term:
- (d) "Health care provider" or "provider" means:
- 1. A birth center licensed under chapter 383.
- 3355 2. An ambulatory surgical center licensed under chapter 3356 395.
 - 3. A hospital licensed under chapter 395.
- 3358 4. A physician or physician assistant licensed under 3359 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.

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- 8. A registered nurse, nurse midwife, <u>a</u> licensed practical nurse, <u>an independent advanced practice registered nurse</u>, or <u>an advanced practice registered nurse practitioner licensed</u>, <u>registered</u>, or <u>certified registered</u> under part I of chapter 464 or any facility <u>that which</u> employs nurses licensed, <u>registered</u>, or <u>certified registered</u> 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 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.

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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.

3399 Section 90. Subsection (1) of section 766.1116, Florida 3400 Statutes, is amended to read:

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

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

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Section 91. Paragraph (c) of subsection (1) of section 766.118, Florida Statutes, is amended to read:

766.118 Determination of noneconomic damages.-

- (1) DEFINITIONS.—As used in this section, the term:
- (c) "Practitioner" means any person licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, or chapter 486; registered under s. 464.0125; or certified under s. 464.012. "Practitioner" also means any association, corporation, firm, partnership, or other business entity under which such practitioner practices or any employee of such practitioner or entity acting in the scope of his or her employment. For the purpose of determining the limitations on noneconomic damages set forth in this section, the term "practitioner" includes any person or entity for whom a practitioner is vicariously liable and any person or entity whose liability is based solely on such person or entity being vicariously liable for the actions of a practitioner.

Section 92. Subsection (3) of section 768.135, Florida Statutes, is amended to read:

768.135 Volunteer team <u>practitioners</u> physicians; immunity.—

(3) A practitioner licensed under chapter 458, chapter 459, chapter 460, or s. 464.012, or s. 464.0125 who gratuitously and in good faith conducts an evaluation pursuant to s. 1006.20(2)(c) is not liable for any civil damages arising from

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that evaluation unless the evaluation was conducted in a wrongful manner.

Section 93. Subsection (4) of section 782.071, Florida Statutes, is amended to read:

782.071 Vehicular homicide.—"Vehicular homicide" is the killing of a human being, or the killing of an unborn child by any injury to the mother, caused by the operation of a motor vehicle by another in a reckless manner likely to cause the death of, or great bodily harm to, another.

order the person to serve 120 community service hours in a trauma center or hospital that regularly receives victims of vehicle accidents, under the supervision of an independent advanced practice registered nurse, an advanced practice registered nurse, an emergency room physician, or an emergency medical technician pursuant to a voluntary community service program operated by the trauma center or hospital.

Section 94. Subsection (5) of section 794.08, Florida Statutes, is amended to read:

794.08 Female genital mutilation.-

(5) This section does not apply to procedures performed by or under the direction of a physician licensed under chapter 458; an osteopathic physician licensed under chapter 459; a registered nurse licensed under part I of chapter 464, a practical nurse licensed under part I of chapter 464, an

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independent advanced practice registered nurse, or an advanced practice registered nurse licensed, registered, or certified practitioner licensed under part I of chapter 464; a midwife licensed under chapter 467; or a physician assistant licensed under chapter 458 or chapter 459, when necessary to preserve the physical health of a female person. This section also does not apply to any autopsy or limited dissection conducted pursuant to chapter 406.

Section 95. Subsection (21) of section 893.02, Florida Statutes, is 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:

assistant licensed under pursuant to chapter 458, a dentist licensed under pursuant to chapter 466, a veterinarian licensed under pursuant to chapter 474, an osteopathic physician or physician assistant licensed under pursuant to chapter 459, a naturopath licensed under pursuant to chapter 462, a certified optometrist licensed under pursuant to chapter 463, an independent advanced practice registered nurse registered under s. 464.0125, an advanced practice registered nurse certified under s. 464.012, or a podiatric physician licensed under pursuant to chapter 461, provided such practitioner holds a valid federal controlled substance registry number.

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Section 96. Subsection (6) of section 943.13, Florida Statutes, is amended to read:

943.13 Officers' minimum qualifications for employment or appointment.—On or after October 1, 1984, any person employed or appointed as a full-time, part-time, or auxiliary law enforcement officer or correctional officer; on or after October 1, 1986, any person employed as a full-time, part-time, or auxiliary correctional probation officer; and on or after October 1, 1986, any person employed as a full-time, part-time, or auxiliary correctional officer by a private entity under contract to the Department of Corrections, to a county commission, or to the Department of Management Services shall:

(6) Have passed a physical examination by a licensed physician, a physician assistant, an independent advanced practice registered nurse, or a certified advanced practice registered nurse practitioner, based on specifications established by the commission. In order to be eligible for the presumption set forth in s. 112.18 while employed with an employing agency, a law enforcement officer, correctional officer, or correctional probation officer must have successfully passed the physical examination required by this subsection upon entering into service as a law enforcement officer, correctional officer, or correctional probation officer with the employing agency, which examination must have failed to reveal any evidence of tuberculosis, heart disease, or hypertension. A law enforcement officer, correctional officer,

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or correctional probation officer may not use a physical examination from a former employing agency for purposes of claiming the presumption set forth in s. 112.18 against the current employing agency.

Section 97. Subsection (2) of section 945.603, Florida Statutes, is amended to read:

945.603 Powers and duties of authority.—The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the Secretary of Corrections on the professional conduct of primary, convalescent, dental, and mental health care and the management of costs consistent with quality care, by advising the Governor and the Legislature on the status of the Department of Corrections' health care delivery system, and by assuring that adequate standards of physical and mental health care for inmates are maintained at all Department of Corrections institutions. For this purpose, the authority has the authority to:

(2) Review and make recommendations regarding health care for the delivery of health care services including, but not limited to, acute hospital-based services and facilities, primary and tertiary care services, ancillary and clinical services, dental services, mental health services, intake and screening services, medical transportation services, and the use of advanced practice registered nurses nurse practitioner and physician assistants assistant personnel to act as physician

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extenders as these relate to inmates in the Department of Corrections.

Section 98. Subsection (2) of section 960.28, Florida Statutes, is amended to read:

960.28 Payment for victims' initial forensic physical examinations.—

The Crime Victims' Services Office of the department shall pay for medical expenses connected with an initial forensic physical examination of a victim of sexual battery as defined in chapter 794 or a lewd or lascivious offense as defined in chapter 800. Such payment shall be made regardless of whether the victim is covered by health or disability insurance and whether the victim participates in the criminal justice system or cooperates with law enforcement. The payment shall be made only out of moneys allocated to the Crime Victims' Services Office for the purposes of this section, and the payment may not exceed \$500 with respect to any violation. The department shall develop and maintain separate protocols for the initial forensic physical examination of adults and children. Payment under this section is limited to medical expenses connected with the initial forensic physical examination, and payment may be made to a medical provider using an examiner qualified under part I of chapter 464, excluding s. $464.003(17) \frac{464.003(16)}{}$; chapter 458; or chapter 459. Payment made to the medical provider by the department shall be considered by the provider as payment in full for the initial forensic physical examination associated

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with the collection of evidence. The victim may not be required to pay, directly or indirectly, the cost of an initial forensic physical examination performed in accordance with this section.

Section 99. Paragraph (i) of subsection (3) of section 1002.20, Florida Statutes, is amended to read:

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

- (3) HEALTH ISSUES.-
- (i) Epinephrine use and supply.-
- 1. A student who has experienced or is at risk for lifethreatening allergic reactions may carry an epinephrine autoinjector and self-administer epinephrine by auto-injector while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization. The State Board of Education, in cooperation with the Department of Health, shall adopt rules for such use of epinephrine auto-injectors that shall include provisions to protect the safety of all students from the misuse or abuse of auto-injectors. A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified by the parent of a student authorized to carry an

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epinephrine auto-injector for any and all liability with respect to the student's use of an epinephrine auto-injector pursuant to this paragraph.

- 2. A public school may purchase from a wholesale distributor as defined in s. 499.003 and maintain in a locked, secure location on its premises a supply of epinephrine autoinjectors for use if a student is having an anaphylactic reaction. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine autoinjection. The supply of epinephrine auto-injectors may be provided to and used by a student authorized to self-administer epinephrine by auto-injector under subparagraph 1. or trained school personnel.
- 3. The school district and its employees and agents, including the physician who provides the standing protocol for school epinephrine auto-injectors, are not liable for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:
- a. Unless the trained school personnel's action is willful and wanton;
- 3619 b. Notwithstanding that the parents or guardians of the 3620 student to whom the epinephrine is administered have not been

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provided notice or have not signed a statement acknowledging that the school district is not liable; and

c. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, a physician physician's assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner.

Section 100. Paragraph (b) of subsection (17) of section 1002.42, Florida Statutes, is amended to read:

1002.42 Private schools.-

- (17) EPINEPHRINE SUPPLY.-
- (b) The private school and its employees and agents, including the physician who provides the standing protocol for school epinephrine auto-injectors, are not liable for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:
- 1. Unless the trained school personnel's action is willful and wanton;
- 2. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and
- 3. Regardless of whether authorization has been given by the student's parents or guardians or by the student's

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physician, <u>a physician physician's</u> assistant, <u>an independent advanced practice registered nurse</u>, or <u>an advanced practice registered nurse</u>, an independent registered nurse practitioner.

Section 101. Subsections (4) and (5) of section 1006.062, Florida Statutes, are amended to read:

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

- (4) Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by a registered nurse, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner licensed, registered, or certified under part I of chapter 464; a physician licensed pursuant to chapter 458 or chapter 459; or a physician assistant licensed pursuant to chapter 458 or chapter 459. All procedures shall be monitored periodically by a nurse, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a physician assistant, or a physician, including, but not limited to:
 - (a) Intermittent clean catheterization.
 - (b) Gastrostomy tube feeding.
 - (c) Monitoring blood glucose.
 - (d) Administering emergency injectable medication.
- (5) For all other invasive medical services not listed in this subsection, a registered nurse, an independent advanced practice registered nurse, or an advanced practice registered

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nurse practitioner licensed, registered, or certified under part I of chapter 464; a physician licensed pursuant to chapter 458 or chapter 459; or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical district school board personnel shall be allowed to perform such service.

Section 102. Paragraph (c) of subsection (2) of section 1006.20, Florida Statutes, is amended to read:

1006.20 Athletics in public K-12 schools.-

- (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.-
- The FHSAA shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team. Such medical evaluation may be administered only by a practitioner licensed under chapter 458, chapter 459, chapter 460, or s. 464.012, or s. 464.0125, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform

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preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. No student shall be eliqible to participate in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school. Section 103. Subsection (1) and paragraph (a) of subsection (2) of section 1009.65, Florida Statutes, are amended to read:

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1009.65 Medical Education Reimbursement and Loan Repayment Program.—

- To encourage qualified medical professionals to (1)practice in underserved locations where there are shortages of such personnel, there is established the Medical Education Reimbursement and Loan Repayment Program. The function of the program is to make payments that offset loans and educational expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced practice registered nurse practitioner certification or physician assistant licensure. The following licensed or certified health care professionals are eligible to participate in this program: medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, physician physician's assistants, licensed practical nurses and registered nurses, and advanced practice registered nurses nurse practitioners with primary care specialties such as certified nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health.
- (2) From the funds available, the Department of Health shall make payments to selected medical professionals as follows:
- (a) Up to \$4,000 per year for licensed practical nurses and registered nurses, up to \$10,000 per year for advanced

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practice registered <u>nurses</u> nurse practitioners and <u>physician</u> physician's assistants, and up to \$20,000 per year for physicians. Penalties for noncompliance shall be the same as those in the National Health Services Corps Loan Repayment Program. Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by the Department of Health.

Section 104. Subsection (2) of section 1009.66, Florida Statutes, is amended to read:

1009.66 Nursing Student Loan Forgiveness Program.-

(2) To be eligible, a candidate must have graduated from an accredited or approved nursing program and have received a Florida license as a licensed practical nurse or a registered nurse or a Florida certificate as an advanced <u>practice</u> registered nurse <u>practitioner</u>.

Section 105. Subsection (3) of section 1009.67, Florida Statutes, is amended to read:

1009.67 Nursing scholarship program.—

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

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3776 Price Index for All Urban Consumers published by the United 3777 States Department of Commerce.

Section 106. This act shall take effect July 1, 2015.

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Remove everything before the enacting clause and insert:

TITLE AMENDMENT

A bill to be entitled

An act relating to scope of practice of advanced practice registered nurses and physician assistants; amending s. 464.003, F.S.; revising and providing definitions; redesignating advanced registered nurse practitioners as advanced practice registered nurses; providing for independent advanced practice registered nurses to practice advanced or specialized nursing; revising composition of a joint committee to include an independent advanced practice registered nurse; exempting an independent advanced practice registered nurse from a requirement that certain medical acts be supervised by a physician; amending s. 464.012, F.S.; revising advanced practice registered nurse certification requirements; authorizing advanced practice registered nurses to administer, dispense, and prescribe medicinal drugs pursuant to a protocol; creating s. 464.0125, F.S.; providing for the registration of independent advanced practice

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registered nurses who meet certain requirements; specifying acts that independent advanced practice registered nurses are authorized to perform without physician supervision or protocol; providing for biennial renewal of registration, including continuing education requirements; providing for application and biennial renewal fees; providing rulemaking authority; amending s. 464.015, F.S.; providing title protection for independent advanced practice registered nurses; creating s. 464.0155, F.S.; requiring independent advanced practice registered nurses to report adverse incidents to the Department of Health in a certain manner; providing for department review of adverse incidents; authorizing the department to take disciplinary action in cases of adverse incidents; amending s. 464.016, F.S.; providing penalties for illegally using certain titles; amending s. 464.018, F.S.; adding grounds for disciplinary actions against nurses; amending s. 39.303, F.S.; revising requirements relating to review of certain cases of abuse or neglect and standards for face-to-face medical evaluations by a child protection team; amending s. 39.304, F.S.; authorizing a physician assistant and an independent advanced practice registered nurse to perform or order an examination and diagnose a child without parental consent under

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certain circumstances; amending s. 90.503, F.S.; redefining the term "psychotherapist" to include an independent advanced practice registered nurse with a specified scope of practice; amending s. 112.0455, F.S.; authorizing an independent advanced practice registered nurse to collect specimens for drug testing; amending s. 121.0515, F.S.; designating an advanced practice registered nurse as a special risk member under certain conditions; amending ss. 310.071, 310.073, and 310.081, F.S.; authorizing a physician assistant and an independent advanced practice registered nurse to administer the physical examination required for deputy pilot certification and state pilot licensure; broadening an exception to the prohibition against the use of controlled substances by an applicant for a deputy pilot certificate or a state pilot license to allow the use of controlled substances prescribed by a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse; requiring a physician assistant or an independent advanced practice registered nurse performing the physical examination to know the minimum licensure standards and certify that such standards are met; amending s. 320.0848, F.S.; authorizing an independent advanced practice registered nurse to certify that a

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person is disabled; amending s. 381.00315, F.S.; authorizing the reactivation of an independent advanced practice registered nurse license in a public health emergency; amending s. 381.00593, F.S.; redefining the term "health care practitioner" to include a physician assistant and an independent advanced practice registered nurse; amending s. 381.026, F.S.; revising the definition of the term "health care provider" to include a physician assistant and an independent advanced practice registered nurse; amending s. 382.008, F.S.; authorizing a physician assistant, an independent advanced practice nurse, or an advanced practice registered nurse to file a certificate of death or fetal death under certain circumstances; authorizing a certified nurse midwife to provide certain information to a funeral director within a specified time period; revising the definition of the term "primary or attending physician"; amending s. 383.14, F.S.; authorizing the release of certain newborn tests and screening results to an independent advanced practice registered nurse; amending ss. 383.141, 627.357, and 766.1115, F.S.; revising the definition of the term "health care provider" to include an independent advanced practice registered nurse; amending s. 390.0111, F.S.; including an independent advanced

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practice registered nurse in a list of health care practitioners authorized to review an ultrasound with a woman prior to an abortion procedure; amending s. 390.012, F.S.; including an independent advanced practice registered nurse in a list of health care practitioners authorized to provide postoperative monitoring and required to be available throughout an abortion procedure, remain at the abortion clinic until all patients are discharged, and attempt to assess the patient's recovery within a specified time; amending s. 394.455, F.S.; revising the definition of the term "psychiatric nurse" to include an independent advanced practice registered nurse certified in a specified specialty; amending s. 394.463, F.S.; authorizing a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse to initiate an involuntary examination for mental illness under certain circumstances; providing for examination of a patient by a physician assistant or psychiatric nurse; authorizing a psychiatric nurse to approve the release of a patient under certain conditions; amending s. 395.0191, F.S.; authorizing an independent advanced practice registered nurse to apply for clinical privileges; providing an exception to the requirement for onsite medical direction for certain independent

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advanced practice registered nurses; amending s. 395.605, F.S.; including independent advanced practice registered nurses in a list of health care practitioners who must supervise the care of a patient or be on duty for a specified duration in an emergency care setting; amending s. 397.311, F.S.; revising the definition of the term "qualified professional" to include an independent advanced practice registered nurse; conforming terminology; amending s. 397.405, F.S.; providing that an independent advanced practice registered nurse's practice may not be limited under certain circumstances; amending s. 397.501, F.S.; prohibiting the denial of certain services to an individual who takes medication prescribed by a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse; amending s. 400.021, F.S.; revising the definition of the term "geriatric outpatient clinic" to include a site staffed by an independent advanced practice registered nurse; amending s. 400.0255, F.S.; including independent advanced practice registered nurses in a list of health care practitioners who must sign a notice of discharge or transfer; amending s. 400.172, F.S.; including independent advanced practice registered nurses and advanced practice registered nurses in a list of health care practitioners who may

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provide a prospective respite care resident with certain medical information; amending s. 400.462, F.S.; defining the term "independent advanced practice registered nurse"; amending s. 400.487, F.S.; including independent advanced practice registered nurses in a list of health care practitioners who must establish treatment orders for certain patients under certain circumstances; amending s. 400.506, F.S.; applying medical treatment plan requirements to independent advanced practice registered nurses; amending s. 400.9905, F.S.; exempting entities where health care services are provided by independent advanced practice registered nurses from clinic licensure requirements; amending s. 401.445, F.S.; prohibiting recovery of damages in court against an independent advanced practice registered nurse under certain circumstances; requiring an independent advanced practice registered nurse to attempt to obtain a person's consent prior to providing emergency services; amending ss. 409.905 and 409.908, F.S.; requiring the agency to reimburse independent advanced practice registered nurses for providing certain mandatory Medicaid services; amending s. 409.9081, F.S.; requiring copayments under the Medicaid program to be paid for independent advanced practice registered nurse services; amending s. 409.973, F.S.;

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requiring managed care plans to cover independent advanced practice registered nurse services; amending s. 429.26, F.S.; prohibiting independent advanced practice registered nurses from having a financial interest in the assisted living facility that employs them; including independent advanced practice registered nurses in a list of health care practitioners from whom an assisted living facility resident may obtain an examination prior to admission; amending s. 429.918, F.S.; revising the definition of the term "ADRD participant" to include participants who have a documented diagnosis of Alzheimer's disease or a dementia-related disorder from an independent advanced practice registered nurse; including independent advanced practice registered nurses in a list of health care practitioners from whom an ADRD participant may obtain signed medical documentation; amending s. 440.102, F.S.; authorizing, for the purpose of drug-free workforce program requirements, an independent advanced practice registered nurse to collect a specimen for a drug test; amending s. 456.048, F.S.; requiring independent advanced practice registered nurses to maintain medical malpractice insurance or provide proof of financial responsibility; exempting independent advanced practice registered nurses from such requirements

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under certain circumstances; amending s. 456.053, F.S.; revising the definition of the term "board" to include the Board of Nursing; revising the definitions of the terms "health care provider" and "sole provider" to include independent advanced practice registered nurses; authorizing an independent advanced practice registered nurse to make referrals under certain circumstances; conforming a reference; amending s. 456.072, F.S.; requiring the suspension and fining of a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse for prescribing or dispensing a controlled substance in a certain manner; amending s. 456.44, F.S.; providing certain requirements for physician assistants, independent advanced practice registered nurses, and advanced practice registered nurses who prescribe controlled substances for the treatment of chronic nonmalignant pain; amending ss. 458.3265 and 459.0137, F.S.; requiring an independent advanced practice registered nurse to perform a physical examination of a patient at a pain-management clinic under certain circumstances; amending s. 458.347, F.S.; deleting the requirement that a formulary list controlled substances that a physician assistant may not prescribe; amending ss. 458.348 and 459.025, F.S.;

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deleting obsolete provisions; amending s. 464.0205, F.S.; authorizing an independent advanced practice registered nurse to directly supervise a certified retired volunteer nurse; amending s. 480.0475; authorizing the operation of a massage establishment during specified times if a massage is prescribed by an independent advanced practice registered nurse; amending s. 483.041, F.S.; revising the definition of the term "licensed practitioner" to include a physician assistant and an independent advanced practice registered nurse; amending s. 483.181, F.S.; requiring clinical laboratories to accept a human specimen submitted by an independent advanced practice registered nurse; amending s. 486.021, F.S.; authorizing a physical therapist to implement a plan of treatment provided by an independent advanced practice registered nurse; amending s. 490.012, F.S.; allowing certain qualified independent advanced practice registered nurses to use the word, or a form of the word, "psychotherapy"; amending s. 491.0057, F.S.; authorizing certain qualified independent advanced practice registered nurses to be licensed as marriage and family therapists; amending s. 491.012, F.S.; authorizing certain qualified independent advanced practice registered nurses to use specified terms; amending s. 493.6108, F.S.; authorizing an

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independent advanced practice registered nurse to certify the physical fitness of a certain class of applicants to bear a weapon or firearm; amending s. 626.9707, F.S.; including independent advanced practice registered nurses in a list of entities and individuals that are protected from insurer discrimination when providing services to a person with the sickle-cell trait; amending s. 627.6471, F.S.; requiring insurers to provide eligibility criteria for certain qualified independent advanced practice registered nurses under certain circumstances; amending s. 627.6472, F.S.; requiring insurers to provide eligibility criteria for certain qualified independent advanced practice registered nurses under certain circumstances; prohibiting an exclusive provider organization from discriminating against participation by an independent advanced practice registered nurse; amending s. 627.736, F.S.; requiring personal injury protection insurance to cover a certain percentage of medical services and care provided by an independent advanced practice registered nurse, a practitioner supervised by an independent advanced practice registered nurse, or an entity wholly owned by one or more independent advanced practice registered nurses; reimbursing independent advanced practice registered nurses up to

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4062	a specified amount for providing medical services and
4063	care; amending s. 633.412, F.S.; authorizing an
4064	independent advanced practice registered nurse to
4065	medically examine an applicant for firefighter
4066	certification; amending s. 641.3923, F.S.; prohibiting
4067	a health maintenance organization from discriminating
4068	against the participation of a physician assistant or
4069	an independent advanced practice registered nurse;
4070	amending s. 641.495, F.S.; requiring a health
4071	maintenance organization to disclose in certain
4072	documents that certain services may be provided by
4073	independent advanced practice registered nurses;
4074	amending s. 744.331, F.S.; including a physician
4075	assistant as an eligible member of an examining
4076	committee; conforming terminology; amending s.
4077	744.703, F.S.; adding independent advanced practice
4078	registered nurses to a list of authorized
4079	professionals with whom a public guardian may contract
4080	to carry out guardianship functions; amending s.
4081	766.102, F.S.; providing requirements for
4082	qualification as an expert witness in a medical
4083	negligence case concerning the standard of care for an
4084	independent advanced practice registered nurse and an
4085	advanced practice registered nurse; amending s.
4086	766.103, F.S.; prohibiting recovery of damages against
4087	an independent advanced practice registered nurse

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under certain conditions; amending s. 766.1116, F.S.; revising the definition of the term "health care practitioner" to include an independent advanced practice registered nurse; amending s. 766.118, F.S.; revising the definition of the term "practitioner" to include an independent advanced practice registered nurse; amending s. 768.135, F.S.; providing immunity from liability for an independent advanced practice registered nurse who provides volunteer services under certain circumstances; amending s. 782.071, F.S.; allowing an independent advanced practice registered nurse or an advanced practice registered nurse to supervise a person who is completing community service hours in a trauma center or hospital; amending s. 794.08, F.S.; providing that the section does not apply to procedures conducted by an independent advanced practice registered nurse under certain circumstances; amending s. 893.02, F.S.; revising the definition of the term "practitioner" to include a physician assistant, an independent advanced practice registered nurse, and an advanced practice registered nurse; amending s. 943.13, F.S.; authorizing a law enforcement officer or correctional officer to satisfy qualifications for employment or appointment by passing a physical examination conducted by an independent advanced practice registered nurse;

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amending s. 945.603, F.S.; authorizing the Correctional Medical Authority to review and make recommendations relating to the use of advanced practice registered nurses as physician extenders; amending ss. 1002.20 and 1002.42, F.S.; including independent advanced practice registered nurses in a list of individuals who have immunity relating to the use of epinephrine auto-injectors in public and private schools; amending s. 1006.062, F.S.; authorizing nonmedical assistive personnel to perform health services if trained by an independent advanced practice registered nurse; requiring monitoring of such personnel by an independent advanced practice registered nurse; including independent advanced practice registered nurses in a list of practitioners who must determine whether such personnel may perform certain invasive medical services; amending s. 1006.20, F.S.; authorizing an independent advanced practice registered nurse to medically evaluate a student athlete; amending ss. 110.12315, 252.515, 395.602, 397.427, 456.0391, 456.0392, 456.041, 458.331, 459.015, 464.004, 467.003, 483.801, 960.28, 1009.65, 1009.66, and 1009.67, F.S.; conforming terminology; providing an effective date.

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