

By Senator Grimsley

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1                   A bill to be entitled  
2       An act relating to drug prescription by advanced  
3       registered nurse practitioners and physician  
4       assistants; amending s. 110.12315, F.S.; expanding the  
5       categories of persons who may prescribe brand drugs  
6       under the prescription drug program when medically  
7       necessary; amending ss. 310.071, 310.073, and 310.081,  
8       F.S.; exempting controlled substances prescribed by an  
9       advanced registered nurse practitioner or a physician  
10      assistant from the disqualifications for certification  
11      or licensure, and for continued certification or  
12      licensure, as a deputy or state pilot; amending s.  
13      456.072, F.S.; applying existing penalties for  
14      violations relating to the prescribing or dispensing  
15      of controlled substances to an advanced registered  
16      nurse practitioner; amending s. 456.44, F.S.; deleting  
17      an obsolete date; requiring advanced registered nurse  
18      practitioners and physician assistants who prescribe  
19      controlled substances for certain pain to make a  
20      certain designation, comply with registration  
21      requirements, and follow specified standards of  
22      practice; providing applicability; amending 458.347,  
23      F.S.; expanding the prescribing authority of a  
24      licensed physician assistant; amending s. 464.012,  
25      F.S.; authorizing an advanced registered nurse  
26      practitioner to prescribe, dispense, administer, or  
27      order drugs, rather than to monitor and alter drug  
28      therapies; amending s. 464.018, F.S.; specifying acts  
29      that constitute grounds for denial of a license for or

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30 disciplinary action against an advanced registered  
31 nurse practitioner; amending s. 893.02, F.S.;  
32 redefining the term "practitioner" to include advanced  
33 registered nurse practitioners and physician  
34 assistants under the Florida Comprehensive Drug Abuse  
35 Prevention and Control Act; amending s. 948.03, F.S.;  
36 providing that possession of drugs or narcotics  
37 prescribed by an advanced registered nurse  
38 practitioner or physician assistant is an exception  
39 from a prohibition relating to the possession of drugs  
40 or narcotics during probation; reenacting s.  
41 310.071(3), F.S., to incorporate the amendment made to  
42 s. 310.071, F.S., in a reference thereto; reenacting  
43 ss. 456.072(1)(mm) and 466.02751, F.S., to incorporate  
44 the amendment made to s. 456.44, F.S., in references  
45 thereto; reenacting ss. 458.303, 458.347(4)(e) and  
46 (9)(c), 458.3475(7)(b), 459.022(4)(e) and (9)(c), and  
47 459.023(7)(b), F.S., to incorporate the amendment made  
48 to s. 458.347, F.S., in references thereto; reenacting  
49 ss. 456.041(1)(a), 458.348(1) and (2), and 459.025(1),  
50 F.S., to incorporate the amendment made to s. 464.012,  
51 F.S., in references thereto; reenacting ss.  
52 320.0848(11), 464.008(2), 464.009(5), 464.018(2), and  
53 464.0205(1)(b), (3), and (4)(b), F.S., to incorporate  
54 the amendment made to s. 464.018, F.S., in references  
55 thereto; reenacting s. 775.051, F.S., to incorporate  
56 the amendment made to s. 893.02, F.S., in a reference  
57 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and  
58 948.101(1)(e), F.S., to incorporate the amendment made

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59 to s. 948.03, F.S., in references thereto; providing  
60 an effective date.

61

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

63

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

66 110.12315 Prescription drug program.—The state employees'  
67 prescription drug program is established. This program shall be  
68 administered by the Department of Management Services, according  
69 to the terms and conditions of the plan as established by the  
70 relevant provisions of the annual General Appropriations Act and  
71 implementing legislation, subject to the following conditions:

72 (7) The department shall establish the reimbursement  
73 schedule for prescription pharmaceuticals dispensed under the  
74 program. Reimbursement rates for a prescription pharmaceutical  
75 must be based on the cost of the generic equivalent drug if a  
76 generic equivalent exists, unless the physician, advanced  
77 registered nurse practitioner, or physician assistant  
78 prescribing the pharmaceutical clearly states on the  
79 prescription that the brand name drug is medically necessary or  
80 that the drug product is included on the formulary of drug  
81 products that may not be interchanged as provided in chapter  
82 465, in which case reimbursement must be based on the cost of  
83 the brand name drug as specified in the reimbursement schedule  
84 adopted by the department.

85 Section 2. Paragraph (c) of subsection (1) of section  
86 310.071, Florida Statutes, is amended to read:

87 310.071 Deputy pilot certification.—

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

91 (c) Be in good physical and mental health, as evidenced by  
92 documentary proof of having satisfactorily passed a complete  
93 physical examination administered by a licensed physician within  
94 the preceding 6 months. The board shall adopt rules to establish  
95 requirements for passing the physical examination, which rules  
96 shall establish minimum standards for the physical or mental  
97 capabilities necessary to carry out the professional duties of a  
98 certificated deputy pilot. Such standards shall include zero  
99 tolerance for any controlled substance regulated under chapter  
100 893 unless that individual is under the care of a physician,  
101 advanced registered nurse practitioner, or physician assistant  
102 and that controlled substance was prescribed by that physician,  
103 advanced registered nurse practitioner, or physician assistant.  
104 To maintain eligibility as a certificated deputy pilot, each  
105 certificated deputy pilot must annually provide documentary  
106 proof of having satisfactorily passed a complete physical  
107 examination administered by a licensed physician. The physician  
108 must know the minimum standards and certify that the  
109 certificateholder satisfactorily meets the standards. The  
110 standards for certificateholders shall include a drug test.

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

113 310.073 State pilot licensing.—In addition to meeting other  
114 requirements specified in this chapter, each applicant for  
115 license as a state pilot must:

116 (3) Be in good physical and mental health, as evidenced by

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117 documentary proof of having satisfactorily passed a complete  
118 physical examination administered by a licensed physician within  
119 the preceding 6 months. The board shall adopt rules to establish  
120 requirements for passing the physical examination, which rules  
121 shall establish minimum standards for the physical or mental  
122 capabilities necessary to carry out the professional duties of a  
123 licensed state pilot. Such standards shall include zero  
124 tolerance for any controlled substance regulated under chapter  
125 893 unless that individual is under the care of a physician,  
126 advanced registered nurse practitioner, or physician assistant  
127 and that controlled substance was prescribed by that physician,  
128 advanced registered nurse practitioner, or physician assistant.  
129 To maintain eligibility as a licensed state pilot, each licensed  
130 state pilot must annually provide documentary proof of having  
131 satisfactorily passed a complete physical examination  
132 administered by a licensed physician. The physician must know  
133 the minimum standards and certify that the licensee  
134 satisfactorily meets the standards. The standards for licensees  
135 shall include a drug test.

136 Section 4. Paragraph (b) of subsection (3) of section  
137 310.081, Florida Statutes, is amended to read:

138 310.081 Department to examine and license state pilots and  
139 certificate deputy pilots; vacancies.—

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

142 (b) Are in good physical and mental health as evidenced by  
143 documentary proof of having satisfactorily passed a physical  
144 examination administered by a licensed physician or physician  
145 assistant within each calendar year. The board shall adopt rules

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146 to establish requirements for passing the physical examination,  
147 which rules shall establish minimum standards for the physical  
148 or mental capabilities necessary to carry out the professional  
149 duties of a licensed state pilot or a certificated deputy pilot.  
150 Such standards shall include zero tolerance for any controlled  
151 substance regulated under chapter 893 unless that individual is  
152 under the care of a physician, advanced registered nurse  
153 practitioner, or physician assistant and that controlled  
154 substance was prescribed by that physician, advanced registered  
155 nurse practitioner, or physician assistant. To maintain  
156 eligibility as a certificated deputy pilot or licensed state  
157 pilot, each certificated deputy pilot or licensed state pilot  
158 must annually provide documentary proof of having satisfactorily  
159 passed a complete physical examination administered by a  
160 licensed physician. The physician must know the minimum  
161 standards and certify that the certificateholder or licensee  
162 satisfactorily meets the standards. The standards for  
163 certificateholders and for licensees shall include a drug test.

164  
165 Upon resignation or in the case of disability permanently  
166 affecting a pilot's ability to serve, the state license or  
167 certificate issued under this chapter shall be revoked by the  
168 department.

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

171 456.072 Grounds for discipline; penalties; enforcement.—

172 (7) Notwithstanding subsection (2), upon a finding that a  
173 physician has prescribed or dispensed a controlled substance, or  
174 caused a controlled substance to be prescribed or dispensed, in

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175 a manner that violates the standard of practice set forth in s.  
176 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
177 or (s), or s. 466.028(1)(p) or (x), or that an advanced  
178 registered nurse practitioner has prescribed or dispensed a  
179 controlled substance, or caused a controlled substance to be  
180 prescribed or dispensed, in a manner that violates the standard  
181 of practice set forth in s. 464.018(1)(n) or (p)6., the  
182 physician or advanced registered nurse practitioner shall be  
183 suspended for a period of not less than 6 months and pay a fine  
184 of not less than \$10,000 per count. Repeated violations shall  
185 result in increased penalties.

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

188 456.44 Controlled substance prescribing.—

189 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician  
190 licensed under chapter 458, chapter 459, chapter 461, or chapter  
191 466, a physician assistant licensed under chapter 458 or chapter  
192 459, or an advanced registered nurse practitioner certified  
193 under part I of chapter 464 who prescribes any controlled  
194 substance, listed in Schedule II, Schedule III, or Schedule IV  
195 as defined in s. 893.03, for the treatment of chronic  
196 nonmalignant pain, must:

197 (a) Designate himself or herself as a controlled substance  
198 prescribing practitioner on his or her ~~the physician's~~  
199 practitioner profile.

200 (b) Comply with the requirements of this section and  
201 applicable board rules.

202 (3) STANDARDS OF PRACTICE.—The standards of practice in  
203 this section do not supersede the level of care, skill, and

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204 treatment recognized in general law related to health care  
205 licensure.

206 (a) A complete medical history and a physical examination  
207 must be conducted before beginning any treatment and must be  
208 documented in the medical record. The exact components of the  
209 physical examination shall be left to the judgment of the  
210 registrant ~~clinician~~ who is expected to perform a physical  
211 examination proportionate to the diagnosis that justifies a  
212 treatment. The medical record must, at a minimum, document the  
213 nature and intensity of the pain, current and past treatments  
214 for pain, underlying or coexisting diseases or conditions, the  
215 effect of the pain on physical and psychological function, a  
216 review of previous medical records, previous diagnostic studies,  
217 and history of alcohol and substance abuse. The medical record  
218 shall also document the presence of one or more recognized  
219 medical indications for the use of a controlled substance. Each  
220 registrant must develop a written plan for assessing each  
221 patient's risk of aberrant drug-related behavior, which may  
222 include patient drug testing. Registrants must assess each  
223 patient's risk for aberrant drug-related behavior and monitor  
224 that risk on an ongoing basis in accordance with the plan.

225 (b) Each registrant must develop a written individualized  
226 treatment plan for each patient. The treatment plan shall state  
227 objectives that will be used to determine treatment success,  
228 such as pain relief and improved physical and psychosocial  
229 function, and shall indicate if any further diagnostic  
230 evaluations or other treatments are planned. After treatment  
231 begins, the registrant ~~physician~~ shall adjust drug therapy to  
232 the individual medical needs of each patient. Other treatment



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233 modalities, including a rehabilitation program, shall be  
234 considered depending on the etiology of the pain and the extent  
235 to which the pain is associated with physical and psychosocial  
236 impairment. The interdisciplinary nature of the treatment plan  
237 shall be documented.

238 (c) The registrant ~~physician~~ shall discuss the risks and  
239 benefits of the use of controlled substances, including the  
240 risks of abuse and addiction, as well as physical dependence and  
241 its consequences, with the patient, persons designated by the  
242 patient, or the patient's surrogate or guardian if the patient  
243 is incompetent. The registrant ~~physician~~ shall use a written  
244 controlled substance agreement between the registrant ~~physician~~  
245 and the patient outlining the patient's responsibilities,  
246 including, but not limited to:

247 1. Number and frequency of controlled substance  
248 prescriptions and refills.

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

251 3. An agreement that controlled substances for the  
252 treatment of chronic nonmalignant pain shall be prescribed by a  
253 single treating registrant ~~physician~~ unless otherwise authorized  
254 by the treating registrant ~~physician~~ and documented in the  
255 medical record.

256 (d) The patient shall be seen by the registrant ~~physician~~  
257 at regular intervals, not to exceed 3 months, to assess the  
258 efficacy of treatment, ensure that controlled substance therapy  
259 remains indicated, evaluate the patient's progress toward  
260 treatment objectives, consider adverse drug effects, and review  
261 the etiology of the pain. Continuation or modification of

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262 therapy shall depend on the registrant's ~~physician's~~ evaluation  
263 of the patient's progress. If treatment goals are not being  
264 achieved, despite medication adjustments, the registrant  
265 ~~physician~~ shall reevaluate the appropriateness of continued  
266 treatment. The registrant ~~physician~~ shall monitor patient  
267 compliance in medication usage, related treatment plans,  
268 controlled substance agreements, and indications of substance  
269 abuse or diversion at a minimum of 3-month intervals.

270 (e) The registrant ~~physician~~ shall refer the patient as  
271 necessary for additional evaluation and treatment in order to  
272 achieve treatment objectives. Special attention shall be given  
273 to those patients who are at risk for misusing their medications  
274 and those whose living arrangements pose a risk for medication  
275 misuse or diversion. The management of pain in patients with a  
276 history of substance abuse or with a comorbid psychiatric  
277 disorder requires extra care, monitoring, and documentation and  
278 requires consultation with or referral to an addiction medicine  
279 specialist or psychiatrist.

280 (f) A registrant ~~physician~~ registered under this section  
281 must maintain accurate, current, and complete records that are  
282 accessible and readily available for review and comply with the  
283 requirements of this section, the applicable practice act, and  
284 applicable board rules. The medical records must include, but  
285 are not limited to:

- 286 1. The complete medical history and a physical examination,  
287 including history of drug abuse or dependence.
- 288 2. Diagnostic, therapeutic, and laboratory results.
- 289 3. Evaluations and consultations.
- 290 4. Treatment objectives.

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- 291 5. Discussion of risks and benefits.
- 292 6. Treatments.
- 293 7. Medications, including date, type, dosage, and quantity  
294 prescribed.
- 295 8. Instructions and agreements.
- 296 9. Periodic reviews.
- 297 10. Results of any drug testing.
- 298 11. A photocopy of the patient's government-issued photo  
299 identification.
- 300 12. If a written prescription for a controlled substance is  
301 given to the patient, a duplicate of the prescription.
- 302 13. The registrant's ~~physician's~~ full name presented in a  
303 legible manner.
- 304 (g) Patients with signs or symptoms of substance abuse  
305 shall be immediately referred to a board-certified pain  
306 management physician, an addiction medicine specialist, or a  
307 mental health addiction facility as it pertains to drug abuse or  
308 addiction unless the registrant is a physician who is board-  
309 certified or board-eligible in pain management. Throughout the  
310 period of time before receiving the consultant's report, a  
311 prescribing registrant ~~physician~~ shall clearly and completely  
312 document medical justification for continued treatment with  
313 controlled substances and those steps taken to ensure medically  
314 appropriate use of controlled substances by the patient. Upon  
315 receipt of the consultant's written report, the prescribing  
316 registrant ~~physician~~ shall incorporate the consultant's  
317 recommendations for continuing, modifying, or discontinuing  
318 controlled substance therapy. The resulting changes in treatment  
319 shall be specifically documented in the patient's medical

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320 record. Evidence or behavioral indications of diversion shall be  
321 followed by discontinuation of controlled substance therapy, and  
322 the patient shall be discharged, and all results of testing and  
323 actions taken by the registrant ~~physician~~ shall be documented in  
324 the patient's medical record.

325

326 This subsection does not apply to a board-eligible or board-  
327 certified anesthesiologist, physiatrist, rheumatologist, or  
328 neurologist, or to a board-certified physician who has surgical  
329 privileges at a hospital or ambulatory surgery center and  
330 primarily provides surgical services. This subsection does not  
331 apply to a board-eligible or board-certified medical specialist  
332 who has also completed a fellowship in pain medicine approved by  
333 the Accreditation Council for Graduate Medical Education or the  
334 American Osteopathic Association, or who is board eligible or  
335 board certified in pain medicine by the American Board of Pain  
336 Medicine, the American Board of Interventional Pain Physicians,  
337 the American Association of Physician Specialists, or a board  
338 approved by the American Board of Medical Specialties or the  
339 American Osteopathic Association and performs interventional  
340 pain procedures of the type routinely billed using surgical  
341 codes. This subsection does not apply to a registrant, advanced  
342 registered nurse practitioner, or physician assistant who  
343 prescribes medically necessary controlled substances for a  
344 patient during an inpatient stay in a hospital licensed under  
345 chapter 395.

346 Section 7. Paragraph (f) of subsection (4) of section  
347 458.347, Florida Statutes, is amended to read:

348 458.347 Physician assistants.—

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349 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

356 2. In establishing the formulary, the council shall consult  
357 with a pharmacist licensed under chapter 465, but not licensed  
358 under this chapter or chapter 459, who shall be selected by the  
359 State Surgeon General.

360 3. Only the council shall add to, delete from, or modify  
361 the formulary. Any person who requests an addition, deletion, or  
362 modification of a medicinal drug listed on such formulary has  
363 the burden of proof to show cause why such addition, deletion,  
364 or modification should be made.

365 4. The boards shall adopt the formulary required by this  
366 paragraph, and each addition, deletion, or modification to the  
367 formulary, by rule. Notwithstanding any provision of chapter 120  
368 to the contrary, the formulary rule shall be effective 60 days  
369 after the date it is filed with the Secretary of State. Upon  
370 adoption of the formulary, the department shall mail a copy of  
371 such formulary to each fully licensed physician assistant having  
372 prescribing authority under this section or s. 459.022, and to  
373 each pharmacy licensed by the state. The boards shall establish,  
374 by rule, a fee not to exceed \$200 to fund the provisions of this  
375 paragraph and paragraph (e).

376 Section 8. Section 464.012, Florida Statutes, is amended to  
377 read:

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378 464.012 Certification of advanced registered nurse  
379 practitioners; fees; controlled substance prescribing.-

380 (1) Any nurse desiring to be certified as an advanced  
381 registered nurse practitioner shall apply to the department and  
382 submit proof that he or she holds a current license to practice  
383 professional nursing and that he or she meets one or more of the  
384 following requirements as determined by the board:

385 (a) Satisfactory completion of a formal postbasic  
386 educational program of at least one academic year, the primary  
387 purpose of which is to prepare nurses for advanced or  
388 specialized practice.

389 (b) Certification by an appropriate specialty board. Such  
390 certification shall be required for initial state certification  
391 and any recertification as a registered nurse anesthetist or  
392 nurse midwife. The board may by rule provide for provisional  
393 state certification of graduate nurse anesthetists and nurse  
394 midwives for a period of time determined to be appropriate for  
395 preparing for and passing the national certification  
396 examination.

397 (c) Graduation from a program leading to a master's degree  
398 in a nursing clinical specialty area with preparation in  
399 specialized practitioner skills. For applicants graduating on or  
400 after October 1, 1998, graduation from a master's degree program  
401 shall be required for initial certification as a nurse  
402 practitioner under paragraph (4) (c). For applicants graduating  
403 on or after October 1, 2001, graduation from a master's degree  
404 program shall be required for initial certification as a  
405 registered nurse anesthetist under paragraph (4) (a).

406 (2) The board shall provide by rule the appropriate

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407 requirements for advanced registered nurse practitioners in the  
408 categories of certified registered nurse anesthetist, certified  
409 nurse midwife, and certified nurse practitioner.

410 (3) An advanced registered nurse practitioner shall perform  
411 those functions authorized in this section within the framework  
412 of an established protocol that is filed with the board upon  
413 biennial license renewal and within 30 days after entering into  
414 a supervisory relationship with a physician or changes to the  
415 protocol. The board shall review the protocol to ensure  
416 compliance with applicable regulatory standards for protocols.  
417 The board shall refer to the department licensees submitting  
418 protocols that are not compliant with the regulatory standards  
419 for protocols. A practitioner currently licensed under chapter  
420 458, chapter 459, or chapter 466 shall maintain supervision for  
421 directing the specific course of medical treatment. Within the  
422 established framework, an advanced registered nurse practitioner  
423 may:

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

426 (b) Initiate appropriate therapies for certain conditions.

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

429 (d) Order diagnostic tests and physical and occupational  
430 therapy.

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

434 (a) The certified registered nurse anesthetist may, to the  
435 extent authorized by established protocol approved by the

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436 medical staff of the facility in which the anesthetic service is  
437 performed, perform any or all of the following:

438 1. Determine the health status of the patient as it relates  
439 to the risk factors and to the anesthetic management of the  
440 patient through the performance of the general functions.

441 2. Based on history, physical assessment, and supplemental  
442 laboratory results, determine, with the consent of the  
443 responsible physician, the appropriate type of anesthesia within  
444 the framework of the protocol.

445 3. Order under the protocol preanesthetic medication.

446 4. Perform under the protocol procedures commonly used to  
447 render the patient insensible to pain during the performance of  
448 surgical, obstetrical, therapeutic, or diagnostic clinical  
449 procedures. These procedures include ordering and administering  
450 regional, spinal, and general anesthesia; inhalation agents and  
451 techniques; intravenous agents and techniques; and techniques of  
452 hypnosis.

453 5. Order or perform monitoring procedures indicated as  
454 pertinent to the anesthetic health care management of the  
455 patient.

456 6. Support life functions during anesthesia health care,  
457 including induction and intubation procedures, the use of  
458 appropriate mechanical supportive devices, and the management of  
459 fluid, electrolyte, and blood component balances.

460 7. Recognize and take appropriate corrective action for  
461 abnormal patient responses to anesthesia, adjunctive medication,  
462 or other forms of therapy.

463 8. Recognize and treat a cardiac arrhythmia while the  
464 patient is under anesthetic care.



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465 9. Participate in management of the patient while in the  
466 postanesthesia recovery area, including ordering the  
467 administration of fluids and drugs.

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

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

476 1. Perform superficial minor surgical procedures.

477 2. Manage the patient during labor and delivery to include  
478 amniotomy, episiotomy, and repair.

479 3. Order, initiate, and perform appropriate anesthetic  
480 procedures.

481 4. Perform postpartum examination.

482 5. Order appropriate medications.

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

484 7. Manage the medical care of the normal obstetrical  
485 patient and the initial care of a newborn patient.

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

488 1. Manage selected medical problems.

489 2. Order physical and occupational therapy.

490 3. Initiate, monitor, or alter therapies for certain  
491 uncomplicated acute illnesses.

492 4. Monitor and manage patients with stable chronic  
493 diseases.

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494 5. Establish behavioral problems and diagnosis and make  
495 treatment recommendations.

496 (5) The board shall certify, and the department shall issue  
497 a certificate to, any nurse meeting the qualifications in this  
498 section. The board shall establish an application fee not to  
499 exceed \$100 and a biennial renewal fee not to exceed \$50. The  
500 board is authorized to adopt such other rules as are necessary  
501 to implement the provisions of this section.

502 Section 9. Paragraph (p) is added to subsection (1) of  
503 section 464.018, Florida Statutes, to read:

504 464.018 Disciplinary actions.—

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

507 (p) For an advanced registered nurse practitioner:

508 1. Presigning blank prescription forms.

509 2. Prescribing for office use any medicinal drug appearing  
510 on Schedule II in chapter 893.

511 3. Prescribing, ordering, dispensing, administering,  
512 supplying, selling, or giving a drug that is an amphetamine or a  
513 sympathomimetic amine drug, or a compound designated pursuant to  
514 chapter 893 as a Schedule II controlled substance, to or for any  
515 person except for:

516 a. The treatment of narcolepsy; hyperkinesis; behavioral  
517 syndrome in children characterized by the developmentally  
518 inappropriate symptoms of moderate to severe distractibility,  
519 short attention span, hyperactivity, emotional lability, and  
520 impulsivity; or drug-induced brain dysfunction.

521 b. The differential diagnostic psychiatric evaluation of  
522 depression or the treatment of depression shown to be refractory

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523 to other therapeutic modalities.

524 c. The clinical investigation of the effects of such drugs  
525 or compounds when an investigative protocol is submitted to,  
526 reviewed by, and approved by the department before such  
527 investigation is begun.

528 4. Prescribing, ordering, dispensing, administering,  
529 supplying, selling, or giving growth hormones, testosterone or  
530 its analogs, human chorionic gonadotropin (HCG), or other  
531 hormones for the purpose of muscle building or to enhance  
532 athletic performance. As used in this subparagraph, the term  
533 "muscle building" does not include the treatment of injured  
534 muscle. A prescription written for the drug products listed in  
535 this paragraph may be dispensed by a pharmacist with the  
536 presumption that the prescription is for legitimate medical use.

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

540 6. Prescribing, dispensing, administering, mixing, or  
541 otherwise preparing a legend drug, including a controlled  
542 substance, other than in the course of his or her professional  
543 practice. For the purposes of this subparagraph, it is legally  
544 presumed that prescribing, dispensing, administering, mixing, or  
545 otherwise preparing legend drugs, including all controlled  
546 substances, inappropriately or in excessive or inappropriate  
547 quantities is not in the best interest of the patient and is not  
548 in the course of the advanced registered nurse practitioner's  
549 professional practice, without regard to his or her intent.

550 7. Prescribing, dispensing, or administering a medicinal  
551 drug appearing on any schedule set forth in chapter 893 to

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552 himself or herself, except a drug prescribed, dispensed, or  
553 administered to the advanced registered nurse practitioner by  
554 another practitioner authorized to prescribe, dispense, or  
555 administer medicinal drugs.

556 8. Prescribing, ordering, dispensing, administering,  
557 supplying, selling, or giving amygdalin (laetrile) to any  
558 person.

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

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

564 Section 10. Subsection (21) of section 893.02, Florida  
565 Statutes, is amended to read:

566 893.02 Definitions.—The following words and phrases as used  
567 in this chapter shall have the following meanings, unless the  
568 context otherwise requires:

569 (21) "Practitioner" means a physician licensed under  
570 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
571 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
572 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
573 459, an advanced registered nurse practitioner certified under  
574 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
575 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
576 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
577 461, or a physician assistant licensed under chapter 458 or  
578 chapter 459, provided such practitioner holds a valid federal  
579 controlled substance registry number.

580 Section 11. Paragraph (n) of subsection (1) of section

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581 948.03, Florida Statutes, is amended to read:

582 948.03 Terms and conditions of probation.—

583 (1) The court shall determine the terms and conditions of  
584 probation. Conditions specified in this section do not require  
585 oral pronouncement at the time of sentencing and may be  
586 considered standard conditions of probation. These conditions  
587 may include among them the following, that the probationer or  
588 offender in community control shall:

589 (n) Be prohibited from using intoxicants to excess or  
590 possessing any drugs or narcotics unless prescribed by a  
591 physician, advanced registered nurse practitioner, or physician  
592 assistant. The probationer or community controllee may ~~shall~~ not  
593 knowingly visit places where intoxicants, drugs, or other  
594 dangerous substances are unlawfully sold, dispensed, or used.

595 Section 12. Subsection (3) of s. 310.071, Florida Statutes,  
596 is reenacted for the purpose of incorporating the amendment made  
597 by this act to s. 310.071, Florida Statutes, in a reference  
598 thereto.

599 Section 13. Paragraph (mm) of subsection (1) of s. 456.072  
600 and s. 466.02751, Florida Statutes, are reenacted for the  
601 purpose of incorporating the amendment made by this act to s.  
602 456.44, Florida Statutes, in references thereto.

603 Section 14. Section 458.303, paragraph (e) of subsection  
604 (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph  
605 (b) of subsection (7) of s. 458.3475, paragraph (e) of  
606 subsection (4) and paragraph (c) of subsection (9) of s.  
607 459.022, and paragraph (b) of subsection (7) of s. 459.023,  
608 Florida Statutes, are reenacted for the purpose of incorporating  
609 the amendment made by this act to s. 458.347, Florida Statutes,

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610 in references thereto.

611 Section 15. Paragraph (a) of subsection (1) of s. 456.041,  
612 subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
613 459.025, Florida Statutes, are reenacted for the purpose of  
614 incorporating the amendment made by this act to s. 464.012,  
615 Florida Statutes, in references thereto.

616 Section 16. Subsection (11) of s. 320.0848, subsection (2)  
617 of s. 464.008, subsection (5) of s. 464.009, subsection (2) of  
618 s. 464.018, and paragraph (b) of subsection (1), subsection (3),  
619 and paragraph (b) of subsection (4) of s. 464.0205, Florida  
620 Statutes, are reenacted for the purpose of incorporating the  
621 amendment made by this act to s. 464.018, Florida Statutes, in  
622 references thereto.

623 Section 17. Section 775.051, Florida Statutes, is reenacted  
624 for the purpose of incorporating the amendment made by this act  
625 to s. 893.02, Florida Statutes, in a reference thereto.

626 Section 18. Paragraph (a) of subsection (3) of s. 944.17,  
627 subsection (8) of s. 948.001, and paragraph (e) of subsection  
628 (1) of s. 948.101, Florida Statutes, are reenacted for the  
629 purpose of incorporating the amendment made by this act to s.  
630 948.03, Florida Statutes, in references thereto.

631 Section 19. This act shall take effect July 1, 2015.