

By the Committee on Health Policy; and 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 ss.
23 458.3265 and 459.0137, F.S.; limiting the authority to
24 prescribe a controlled substance in a pain-management
25 clinic to a physician licensed under ch. 458 or ch.
26 459, F.S.; amending s. 458.347, F.S.; expanding the
27 prescribing authority of a licensed physician
28 assistant; amending s. 464.012, F.S.; authorizing an
29 advanced registered nurse practitioner to prescribe,

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30 dispense, administer, or order drugs, rather than to
31 monitor and alter drug therapies; amending s. 464.018,
32 F.S.; specifying acts that constitute grounds for
33 denial of a license for or disciplinary action against
34 an advanced registered nurse practitioner; amending s.
35 893.02, F.S.; redefining the term "practitioner" to
36 include advanced registered nurse practitioners and
37 physician assistants under the Florida Comprehensive
38 Drug Abuse Prevention and Control Act; amending s.
39 948.03, F.S.; providing that possession of drugs or
40 narcotics prescribed by an advanced registered nurse
41 practitioner or physician assistant is an exception
42 from a prohibition relating to the possession of drugs
43 or narcotics during probation; reenacting s.
44 310.071(3), F.S., to incorporate the amendment made to
45 s. 310.071, F.S., in a reference thereto; reenacting
46 ss. 458.331(10), 458.347(7)(g), 459.015(10),
47 459.022(7)(f), and 465.0158(5)(b), F.S., to
48 incorporate the amendment made to s. 456.072, F.S., in
49 references thereto; reenacting ss. 456.072(1)(mm) and
50 466.02751, F.S., to incorporate the amendment made to
51 s. 456.44, F.S., in references thereto; reenacting ss.
52 458.303, 458.347(4)(e) and (9)(c), 458.3475(7)(b),
53 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S., to
54 incorporate the amendment made to s. 458.347, F.S., in
55 references thereto; reenacting ss. 456.041(1)(a),
56 458.348(1) and (2), and 459.025(1), F.S., to
57 incorporate the amendment made to s. 464.012, F.S., in
58 references thereto; reenacting ss. 320.0848(11),

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59 464.008(2), 464.009(5), 464.018(2), and
60 464.0205(1)(b), (3), and (4)(b), F.S., to incorporate
61 the amendment made to s. 464.018, F.S., in references
62 thereto; reenacting s. 775.051, F.S., to incorporate
63 the amendment made to s. 893.02, F.S., in a reference
64 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
65 948.101(1)(e), F.S., to incorporate the amendment made
66 to s. 948.03, F.S., in references thereto; providing
67 an effective date.

68
69 Be It Enacted by the Legislature of the State of Florida:

70
71 Section 1. Subsection (7) of section 110.12315, Florida
72 Statutes, is amended to read:

73 110.12315 Prescription drug program.—The state employees'
74 prescription drug program is established. This program shall be
75 administered by the Department of Management Services, according
76 to the terms and conditions of the plan as established by the
77 relevant provisions of the annual General Appropriations Act and
78 implementing legislation, subject to the following conditions:

79 (7) The department shall establish the reimbursement
80 schedule for prescription pharmaceuticals dispensed under the
81 program. Reimbursement rates for a prescription pharmaceutical
82 must be based on the cost of the generic equivalent drug if a
83 generic equivalent exists, unless the physician, advanced
84 registered nurse practitioner, or physician assistant
85 prescribing the pharmaceutical clearly states on the
86 prescription that the brand name drug is medically necessary or
87 that the drug product is included on the formulary of drug

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88 products that may not be interchanged as provided in chapter
89 465, in which case reimbursement must be based on the cost of
90 the brand name drug as specified in the reimbursement schedule
91 adopted by the department.

92 Section 2. Paragraph (c) of subsection (1) of section
93 310.071, Florida Statutes, is amended to read:

94 310.071 Deputy pilot certification.—

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

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

111 To maintain eligibility as a certificated deputy pilot, each
112 certificated deputy pilot must annually provide documentary
113 proof of having satisfactorily passed a complete physical
114 examination administered by a licensed physician. The physician
115 must know the minimum standards and certify that the
116 certificateholder satisfactorily meets the standards. The

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117 standards for certificateholders shall include a drug test.

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

120 310.073 State pilot licensing.—In addition to meeting other
121 requirements specified in this chapter, each applicant for
122 license as a state pilot must:

123 (3) Be in good physical and mental health, as evidenced by
124 documentary proof of having satisfactorily passed a complete
125 physical examination administered by a licensed physician within
126 the preceding 6 months. The board shall adopt rules to establish
127 requirements for passing the physical examination, which rules
128 shall establish minimum standards for the physical or mental
129 capabilities necessary to carry out the professional duties of a
130 licensed state pilot. Such standards shall include zero
131 tolerance for any controlled substance regulated under chapter
132 893 unless that individual is under the care of a physician,
133 advanced registered nurse practitioner, or physician assistant
134 and that controlled substance was prescribed by that physician,
135 advanced registered nurse practitioner, or physician assistant.

136 To maintain eligibility as a licensed state pilot, each licensed
137 state pilot must annually provide documentary proof of having
138 satisfactorily passed a complete physical examination
139 administered by a licensed physician. The physician must know
140 the minimum standards and certify that the licensee
141 satisfactorily meets the standards. The standards for licensees
142 shall include a drug test.

143 Section 4. Paragraph (b) of subsection (3) of section
144 310.081, Florida Statutes, is amended to read:

145 310.081 Department to examine and license state pilots and

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146 certificate deputy pilots; vacancies.—

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

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

171
172 Upon resignation or in the case of disability permanently
173 affecting a pilot's ability to serve, the state license or
174 certificate issued under this chapter shall be revoked by the

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175 department.

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

178 456.072 Grounds for discipline; penalties; enforcement.—

179 (7) Notwithstanding subsection (2), upon a finding that a
180 physician has prescribed or dispensed a controlled substance, or
181 caused a controlled substance to be prescribed or dispensed, in
182 a manner that violates the standard of practice set forth in s.
183 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
184 or (s), or s. 466.028(1)(p) or (x), or that an advanced
185 registered nurse practitioner has prescribed or dispensed a
186 controlled substance, or caused a controlled substance to be
187 prescribed or dispensed, in a manner that violates the standard
188 of practice set forth in s. 464.018(1)(n) or (p)6., the
189 physician or advanced registered nurse practitioner shall be
190 suspended for a period of not less than 6 months and pay a fine
191 of not less than \$10,000 per count. Repeated violations shall
192 result in increased penalties.

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

195 456.44 Controlled substance prescribing.—

196 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
197 licensed under chapter 458, chapter 459, chapter 461, or chapter
198 466, a physician assistant licensed under chapter 458 or chapter
199 459, or an advanced registered nurse practitioner certified
200 under part I of chapter 464 who prescribes any controlled
201 substance, listed in Schedule II, Schedule III, or Schedule IV
202 as defined in s. 893.03, for the treatment of chronic
203 nonmalignant pain, must:

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204 (a) Designate himself or herself as a controlled substance
205 prescribing practitioner on his or her ~~the physician's~~
206 practitioner profile.

207 (b) Comply with the requirements of this section and
208 applicable board rules.

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

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

232 (b) Each registrant must develop a written individualized

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233 treatment plan for each patient. The treatment plan shall state
234 objectives that will be used to determine treatment success,
235 such as pain relief and improved physical and psychosocial
236 function, and shall indicate if any further diagnostic
237 evaluations or other treatments are planned. After treatment
238 begins, the registrant ~~physician~~ shall adjust drug therapy to
239 the individual medical needs of each patient. Other treatment
240 modalities, including a rehabilitation program, shall be
241 considered depending on the etiology of the pain and the extent
242 to which the pain is associated with physical and psychosocial
243 impairment. The interdisciplinary nature of the treatment plan
244 shall be documented.

245 (c) The registrant ~~physician~~ shall discuss the risks and
246 benefits of the use of controlled substances, including the
247 risks of abuse and addiction, as well as physical dependence and
248 its consequences, with the patient, persons designated by the
249 patient, or the patient's surrogate or guardian if the patient
250 is incompetent. The registrant ~~physician~~ shall use a written
251 controlled substance agreement between the registrant ~~physician~~
252 and the patient outlining the patient's responsibilities,
253 including, but not limited to:

254 1. Number and frequency of controlled substance
255 prescriptions and refills.

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

258 3. An agreement that controlled substances for the
259 treatment of chronic nonmalignant pain shall be prescribed by a
260 single treating registrant ~~physician~~ unless otherwise authorized
261 by the treating registrant ~~physician~~ and documented in the

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262 medical record.

263 (d) The patient shall be seen by the registrant ~~physician~~
264 at regular intervals, not to exceed 3 months, to assess the
265 efficacy of treatment, ensure that controlled substance therapy
266 remains indicated, evaluate the patient's progress toward
267 treatment objectives, consider adverse drug effects, and review
268 the etiology of the pain. Continuation or modification of
269 therapy shall depend on the registrant's ~~physician's~~ evaluation
270 of the patient's progress. If treatment goals are not being
271 achieved, despite medication adjustments, the registrant
272 ~~physician~~ shall reevaluate the appropriateness of continued
273 treatment. The registrant ~~physician~~ shall monitor patient
274 compliance in medication usage, related treatment plans,
275 controlled substance agreements, and indications of substance
276 abuse or diversion at a minimum of 3-month intervals.

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

287 (f) A registrant ~~physician~~ registered under this section
288 must maintain accurate, current, and complete records that are
289 accessible and readily available for review and comply with the
290 requirements of this section, the applicable practice act, and

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291 applicable board rules. The medical records must include, but
292 are not limited to:

- 293 1. The complete medical history and a physical examination,
294 including history of drug abuse or dependence.
- 295 2. Diagnostic, therapeutic, and laboratory results.
- 296 3. Evaluations and consultations.
- 297 4. Treatment objectives.
- 298 5. Discussion of risks and benefits.
- 299 6. Treatments.
- 300 7. Medications, including date, type, dosage, and quantity
301 prescribed.
- 302 8. Instructions and agreements.
- 303 9. Periodic reviews.
- 304 10. Results of any drug testing.
- 305 11. A photocopy of the patient's government-issued photo
306 identification.
- 307 12. If a written prescription for a controlled substance is
308 given to the patient, a duplicate of the prescription.
- 309 13. The registrant's ~~physician's~~ full name presented in a
310 legible manner.

311 (g) Patients with signs or symptoms of substance abuse
312 shall be immediately referred to a board-certified pain
313 management physician, an addiction medicine specialist, or a
314 mental health addiction facility as it pertains to drug abuse or
315 addiction unless the registrant is a physician who is board-
316 certified or board-eligible in pain management. Throughout the
317 period of time before receiving the consultant's report, a
318 prescribing registrant ~~physician~~ shall clearly and completely
319 document medical justification for continued treatment with

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320 controlled substances and those steps taken to ensure medically
321 appropriate use of controlled substances by the patient. Upon
322 receipt of the consultant's written report, the prescribing
323 registrant ~~physician~~ shall incorporate the consultant's
324 recommendations for continuing, modifying, or discontinuing
325 controlled substance therapy. The resulting changes in treatment
326 shall be specifically documented in the patient's medical
327 record. Evidence or behavioral indications of diversion shall be
328 followed by discontinuation of controlled substance therapy, and
329 the patient shall be discharged, and all results of testing and
330 actions taken by the registrant ~~physician~~ shall be documented in
331 the patient's medical record.

332
333 This subsection does not apply to a board-eligible or board-
334 certified anesthesiologist, physiatrist, rheumatologist, or
335 neurologist, or to a board-certified physician who has surgical
336 privileges at a hospital or ambulatory surgery center and
337 primarily provides surgical services. This subsection does not
338 apply to a board-eligible or board-certified medical specialist
339 who has also completed a fellowship in pain medicine approved by
340 the Accreditation Council for Graduate Medical Education or the
341 American Osteopathic Association, or who is board eligible or
342 board certified in pain medicine by the American Board of Pain
343 Medicine, the American Board of Interventional Pain Physicians,
344 the American Association of Physician Specialists, or a board
345 approved by the American Board of Medical Specialties or the
346 American Osteopathic Association and performs interventional
347 pain procedures of the type routinely billed using surgical
348 codes. This subsection does not apply to a registrant, advanced

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349 registered nurse practitioner, or physician assistant who
350 prescribes medically necessary controlled substances for a
351 patient during an inpatient stay in a hospital licensed under
352 chapter 395.

353 Section 7. Paragraph (b) of subsection (2) of section
354 458.3265, Florida Statutes, is amended to read:

355 458.3265 Pain-management clinics.—

356 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
357 apply to any physician who provides professional services in a
358 pain-management clinic that is required to be registered in
359 subsection (1).

360 (b) A person may not dispense any medication on the
361 premises of a registered pain-management clinic unless he or she
362 is a physician licensed under this chapter or chapter 459. A
363 person may not prescribe any controlled substance regulated
364 under chapter 893 on the premises of a registered pain-
365 management clinic unless he or she is a physician licensed under
366 this chapter or chapter 459.

367 Section 8. Paragraph (f) of subsection (4) of section
368 458.347, Florida Statutes, is amended to read:

369 458.347 Physician assistants.—

370 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

377 2. In establishing the formulary, the council shall consult

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378 with a pharmacist licensed under chapter 465, but not licensed
379 under this chapter or chapter 459, who shall be selected by the
380 State Surgeon General.

381 3. Only the council shall add to, delete from, or modify
382 the formulary. Any person who requests an addition, deletion, or
383 modification of a medicinal drug listed on such formulary has
384 the burden of proof to show cause why such addition, deletion,
385 or modification should be made.

386 4. The boards shall adopt the formulary required by this
387 paragraph, and each addition, deletion, or modification to the
388 formulary, by rule. Notwithstanding any provision of chapter 120
389 to the contrary, the formulary rule shall be effective 60 days
390 after the date it is filed with the Secretary of State. Upon
391 adoption of the formulary, the department shall mail a copy of
392 such formulary to each fully licensed physician assistant having
393 prescribing authority under this section or s. 459.022, and to
394 each pharmacy licensed by the state. The boards shall establish,
395 by rule, a fee not to exceed \$200 to fund the provisions of this
396 paragraph and paragraph (e).

397 Section 9. Paragraph (b) of subsection (2) of section
398 459.0137, Florida Statutes, is amended to read:

399 459.0137 Pain-management clinics.—

400 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
401 apply to any osteopathic physician who provides professional
402 services in a pain-management clinic that is required to be
403 registered in subsection (1).

404 (b) A person may not dispense any medication on the
405 premises of a registered pain-management clinic unless he or she
406 is a physician licensed under this chapter or chapter 458. A

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407 person may not prescribe any controlled substance regulated
408 under chapter 893 on the premises of a registered pain-
409 management clinic unless he or she is a physician licensed under
410 this chapter or chapter 458.

411 Section 10. Section 464.012, Florida Statutes, is amended
412 to read:

413 464.012 Certification of advanced registered nurse
414 practitioners; fees; controlled substance prescribing.-

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

420 (a) Satisfactory completion of a formal postbasic
421 educational program of at least one academic year, the primary
422 purpose of which is to prepare nurses for advanced or
423 specialized practice.

424 (b) Certification by an appropriate specialty board. Such
425 certification shall be required for initial state certification
426 and any recertification as a registered nurse anesthetist or
427 nurse midwife. The board may by rule provide for provisional
428 state certification of graduate nurse anesthetists and nurse
429 midwives for a period of time determined to be appropriate for
430 preparing for and passing the national certification
431 examination.

432 (c) Graduation from a program leading to a master's degree
433 in a nursing clinical specialty area with preparation in
434 specialized practitioner skills. For applicants graduating on or
435 after October 1, 1998, graduation from a master's degree program

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436 shall be required for initial certification as a nurse
437 practitioner under paragraph (4)(c). For applicants graduating
438 on or after October 1, 2001, graduation from a master's degree
439 program shall be required for initial certification as a
440 registered nurse anesthetist under paragraph (4)(a).

441 (2) The board shall provide by rule the appropriate
442 requirements for advanced registered nurse practitioners in the
443 categories of certified registered nurse anesthetist, certified
444 nurse midwife, and nurse practitioner.

445 (3) An advanced registered nurse practitioner shall perform
446 those functions authorized in this section within the framework
447 of an established protocol that is filed with the board upon
448 biennial license renewal and within 30 days after entering into
449 a supervisory relationship with a physician or changes to the
450 protocol. The board shall review the protocol to ensure
451 compliance with applicable regulatory standards for protocols.
452 The board shall refer to the department licensees submitting
453 protocols that are not compliant with the regulatory standards
454 for protocols. A practitioner currently licensed under chapter
455 458, chapter 459, or chapter 466 shall maintain supervision for
456 directing the specific course of medical treatment. Within the
457 established framework, an advanced registered nurse practitioner
458 may:

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

461 (b) Initiate appropriate therapies for certain conditions.

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

464 (d) Order diagnostic tests and physical and occupational

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465 therapy.

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

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

473 1. Determine the health status of the patient as it relates
474 to the risk factors and to the anesthetic management of the
475 patient through the performance of the general functions.

476 2. Based on history, physical assessment, and supplemental
477 laboratory results, determine, with the consent of the
478 responsible physician, the appropriate type of anesthesia within
479 the framework of the protocol.

480 3. Order under the protocol preanesthetic medication.

481 4. Perform under the protocol procedures commonly used to
482 render the patient insensible to pain during the performance of
483 surgical, obstetrical, therapeutic, or diagnostic clinical
484 procedures. These procedures include ordering and administering
485 regional, spinal, and general anesthesia; inhalation agents and
486 techniques; intravenous agents and techniques; and techniques of
487 hypnosis.

488 5. Order or perform monitoring procedures indicated as
489 pertinent to the anesthetic health care management of the
490 patient.

491 6. Support life functions during anesthesia health care,
492 including induction and intubation procedures, the use of
493 appropriate mechanical supportive devices, and the management of

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494 fluid, electrolyte, and blood component balances.

495 7. Recognize and take appropriate corrective action for
496 abnormal patient responses to anesthesia, adjunctive medication,
497 or other forms of therapy.

498 8. Recognize and treat a cardiac arrhythmia while the
499 patient is under anesthetic care.

500 9. Participate in management of the patient while in the
501 postanesthesia recovery area, including ordering the
502 administration of fluids and drugs.

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

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

511 1. Perform superficial minor surgical procedures.

512 2. Manage the patient during labor and delivery to include
513 amniotomy, episiotomy, and repair.

514 3. Order, initiate, and perform appropriate anesthetic
515 procedures.

516 4. Perform postpartum examination.

517 5. Order appropriate medications.

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

519 7. Manage the medical care of the normal obstetrical
520 patient and the initial care of a newborn patient.

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

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- 523 1. Manage selected medical problems.
524 2. Order physical and occupational therapy.
525 3. Initiate, monitor, or alter therapies for certain
526 uncomplicated acute illnesses.
527 4. Monitor and manage patients with stable chronic
528 diseases.
529 5. Establish behavioral problems and diagnosis and make
530 treatment recommendations.

531 (5) The board shall certify, and the department shall issue
532 a certificate to, any nurse meeting the qualifications in this
533 section. The board shall establish an application fee not to
534 exceed \$100 and a biennial renewal fee not to exceed \$50. The
535 board is authorized to adopt such other rules as are necessary
536 to implement the provisions of this section.

537

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

540 464.018 Disciplinary actions.—

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

543 (p) For an advanced registered nurse practitioner:

544 1. Presigning blank prescription forms.

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

547 3. Prescribing, ordering, dispensing, administering,
548 supplying, selling, or giving a drug that is an amphetamine or a
549 sympathomimetic amine drug, or a compound designated pursuant to
550 chapter 893 as a Schedule II controlled substance, to or for any
551 person except for:

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552 a. The treatment of narcolepsy; hyperkinesis; behavioral
553 syndrome in children characterized by the developmentally
554 inappropriate symptoms of moderate to severe distractibility,
555 short attention span, hyperactivity, emotional lability, and
556 impulsivity; or drug-induced brain dysfunction.

557 b. The differential diagnostic psychiatric evaluation of
558 depression or the treatment of depression shown to be refractory
559 to other therapeutic modalities.

560 c. The clinical investigation of the effects of such drugs
561 or compounds when an investigative protocol is submitted to,
562 reviewed by, and approved by the department before such
563 investigation is begun.

564 4. Prescribing, ordering, dispensing, administering,
565 supplying, selling, or giving growth hormones, testosterone or
566 its analogs, human chorionic gonadotropin (HCG), or other
567 hormones for the purpose of muscle building or to enhance
568 athletic performance. As used in this subparagraph, the term
569 "muscle building" does not include the treatment of injured
570 muscle. A prescription written for the drug products listed in
571 this paragraph may be dispensed by a pharmacist with the
572 presumption that the prescription is for legitimate medical use.

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

576 6. Prescribing, dispensing, administering, mixing, or
577 otherwise preparing a legend drug, including a controlled
578 substance, other than in the course of his or her professional
579 practice. For the purposes of this subparagraph, it is legally
580 presumed that prescribing, dispensing, administering, mixing, or

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581 otherwise preparing legend drugs, including all controlled
582 substances, inappropriately or in excessive or inappropriate
583 quantities is not in the best interest of the patient and is not
584 in the course of the advanced registered nurse practitioner's
585 professional practice, without regard to his or her intent.

586 7. Prescribing, dispensing, or administering a medicinal
587 drug appearing on any schedule set forth in chapter 893 to
588 himself or herself, except a drug prescribed, dispensed, or
589 administered to the advanced registered nurse practitioner by
590 another practitioner authorized to prescribe, dispense, or
591 administer medicinal drugs.

592 8. Prescribing, ordering, dispensing, administering,
593 supplying, selling, or giving amygdalin (laetrile) to any
594 person.

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

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

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

602 893.02 Definitions.—The following words and phrases as used
603 in this chapter shall have the following meanings, unless the
604 context otherwise requires:

605 (21) "Practitioner" means a physician licensed under
606 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
607 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
608 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
609 459, an advanced registered nurse practitioner certified under

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610 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
611 462, a certified optometrist licensed under ~~pursuant to~~ chapter
612 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
613 461, or a physician assistant licensed under chapter 458 or
614 chapter 459, provided such practitioner holds a valid federal
615 controlled substance registry number.

616 Section 13. Paragraph (n) of subsection (1) of section
617 948.03, Florida Statutes, is amended to read:

618 948.03 Terms and conditions of probation.—

619 (1) The court shall determine the terms and conditions of
620 probation. Conditions specified in this section do not require
621 oral pronouncement at the time of sentencing and may be
622 considered standard conditions of probation. These conditions
623 may include among them the following, that the probationer or
624 offender in community control shall:

625 (n) Be prohibited from using intoxicants to excess or
626 possessing any drugs or narcotics unless prescribed by a
627 physician, advanced registered nurse practitioner, or physician
628 assistant. The probationer or community controllee may ~~shall~~ not
629 knowingly visit places where intoxicants, drugs, or other
630 dangerous substances are unlawfully sold, dispensed, or used.

631 Section 14. Subsection (3) of s. 310.071, Florida Statutes,
632 is reenacted for the purpose of incorporating the amendment made
633 by this act to s. 310.071, Florida Statutes, in a reference
634 thereto.

635 Section 15. Subsection (10) of s. 458.331, paragraph (g) of
636 subsection (7) of s. 458.347, subsection (10) of s. 459.015,
637 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
638 of subsection (5) of s. 465.0158, Florida Statutes, are

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639 reenacted for the purpose of incorporating the amendment made by
640 this act to s. 456.072, Florida Statutes, in references thereto.

641 Section 16. Paragraph (mm) of subsection (1) of s. 456.072
642 and s. 466.02751, Florida Statutes, are reenacted for the
643 purpose of incorporating the amendment made by this act to s.
644 456.44, Florida Statutes, in references thereto.

645 Section 17. Section 458.303, paragraph (e) of subsection
646 (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph
647 (b) of subsection (7) of s. 458.3475, paragraph (e) of
648 subsection (4) and paragraph (c) of subsection (9) of s.
649 459.022, and paragraph (b) of subsection (7) of s. 459.023,
650 Florida Statutes, are reenacted for the purpose of incorporating
651 the amendment made by this act to s. 458.347, Florida Statutes,
652 in references thereto.

653 Section 18. Paragraph (a) of subsection (1) of s. 456.041,
654 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
655 459.025, Florida Statutes, are reenacted for the purpose of
656 incorporating the amendment made by this act to s. 464.012,
657 Florida Statutes, in references thereto.

658 Section 19. Subsection (11) of s. 320.0848, subsection (2)
659 of s. 464.008, subsection (5) of s. 464.009, subsection (2) of
660 s. 464.018, and paragraph (b) of subsection (1), subsection (3),
661 and paragraph (b) of subsection (4) of s. 464.0205, Florida
662 Statutes, are reenacted for the purpose of incorporating the
663 amendment made by this act to s. 464.018, Florida Statutes, in
664 references thereto.

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

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668 Section 21. Paragraph (a) of subsection (3) of s. 944.17,
669 subsection (8) of s. 948.001, and paragraph (e) of subsection
670 (1) of s. 948.101, Florida Statutes, are reenacted for the
671 purpose of incorporating the amendment made by this act to s.
672 948.03, Florida Statutes, in references thereto.

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