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LEGISLATIVE ACTION

Senate

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House

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Floor: WD

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03/11/2016 11:13 AM

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Senator Grimsley moved the following:

1 **Senate Amendment to House Amendment (171349) (with title**
2 **amendment)**

3
4 Delete line 4950

5 and insert:

6 Section 101. Subsection (7) of section 110.12315, Florida
7 Statutes, is amended to read:

8 110.12315 Prescription drug program.—The state employees'
9 prescription drug program is established. This program shall be
10 administered by the Department of Management Services, according
11 to the terms and conditions of the plan as established by the



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12 relevant provisions of the annual General Appropriations Act and
13 implementing legislation, subject to the following conditions:

14 (7) The department shall establish the reimbursement
15 schedule for prescription pharmaceuticals dispensed under the
16 program. Reimbursement rates for a prescription pharmaceutical
17 must be based on the cost of the generic equivalent drug if a
18 generic equivalent exists, unless the physician, advanced
19 registered nurse practitioner, or physician assistant
20 prescribing the pharmaceutical clearly states on the
21 prescription that the brand name drug is medically necessary or
22 that the drug product is included on the formulary of drug
23 products that may not be interchanged as provided in chapter
24 465, in which case reimbursement must be based on the cost of
25 the brand name drug as specified in the reimbursement schedule
26 adopted by the department.

27 Section 102. Paragraph (c) of subsection (1) of section
28 310.071, Florida Statutes, is amended, and subsection (3) of
29 that section is republished, to read:

30 310.071 Deputy pilot certification.—

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

34 (c) Be in good physical and mental health, as evidenced by
35 documentary proof of having satisfactorily passed a complete
36 physical examination administered by a licensed physician within
37 the preceding 6 months. The board shall adopt rules to establish
38 requirements for passing the physical examination, which rules
39 shall establish minimum standards for the physical or mental
40 capabilities necessary to carry out the professional duties of a



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41 certificated deputy pilot. Such standards shall include zero
42 tolerance for any controlled substance regulated under chapter
43 893 unless that individual is under the care of a physician, an
44 advanced registered nurse practitioner, or a physician assistant
45 and that controlled substance was prescribed by that physician,
46 advanced registered nurse practitioner, or physician assistant.

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

54 (3) The initial certificate issued to a deputy pilot shall
55 be valid for a period of 12 months, and at the end of this
56 period, the certificate shall automatically expire and shall not
57 be renewed. During this period, the board shall thoroughly
58 evaluate the deputy pilot's performance for suitability to
59 continue training and shall make appropriate recommendations to
60 the department. Upon receipt of a favorable recommendation by
61 the board, the department shall issue a certificate to the
62 deputy pilot, which shall be valid for a period of 2 years. The
63 certificate may be renewed only two times, except in the case of
64 a fully licensed pilot who is cross-licensed as a deputy pilot
65 in another port, and provided the deputy pilot meets the
66 requirements specified for pilots in paragraph (1) (c).

67 Section 103. Subsection (3) of section 310.073, Florida
68 Statutes, is amended to read:

69 310.073 State pilot licensing.—In addition to meeting other



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70 requirements specified in this chapter, each applicant for
71 license as a state pilot must:

72 (3) Be in good physical and mental health, as evidenced by
73 documentary proof of having satisfactorily passed a complete
74 physical examination administered by a licensed physician within
75 the preceding 6 months. The board shall adopt rules to establish
76 requirements for passing the physical examination, which rules
77 shall establish minimum standards for the physical or mental
78 capabilities necessary to carry out the professional duties of a
79 licensed state pilot. Such standards shall include zero
80 tolerance for any controlled substance regulated under chapter
81 893 unless that individual is under the care of a physician, an
82 advanced registered nurse practitioner, or a physician assistant
83 and that controlled substance was prescribed by that physician,
84 advanced registered nurse practitioner, or physician assistant.

85 To maintain eligibility as a licensed state pilot, each licensed
86 state pilot must annually provide documentary proof of having
87 satisfactorily passed a complete physical examination
88 administered by a licensed physician. The physician must know
89 the minimum standards and certify that the licensee
90 satisfactorily meets the standards. The standards for licensees
91 shall include a drug test.

92 Section 104. Paragraph (b) of subsection (3) of section
93 310.081, Florida Statutes, is amended to read:

94 310.081 Department to examine and license state pilots and
95 certificate deputy pilots; vacancies.—

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

98 (b) Are in good physical and mental health as evidenced by



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99 documentary proof of having satisfactorily passed a physical
100 examination administered by a licensed physician or physician
101 assistant within each calendar year. The board shall adopt rules
102 to establish requirements for passing the physical examination,
103 which rules shall establish minimum standards for the physical
104 or mental capabilities necessary to carry out the professional
105 duties of a licensed state pilot or a certificated deputy pilot.
106 Such standards shall include zero tolerance for any controlled
107 substance regulated under chapter 893 unless that individual is
108 under the care of a physician, an advanced registered nurse
109 practitioner, or a physician assistant and that controlled
110 substance was prescribed by that physician, advanced registered
111 nurse practitioner, or physician assistant. To maintain
112 eligibility as a certificated deputy pilot or licensed state
113 pilot, each certificated deputy pilot or licensed state pilot
114 must annually provide documentary proof of having satisfactorily
115 passed a complete physical examination administered by a
116 licensed physician. The physician must know the minimum
117 standards and certify that the certificateholder or licensee
118 satisfactorily meets the standards. The standards for
119 certificateholders and for licensees shall include a drug test.

120
121 Upon resignation or in the case of disability permanently
122 affecting a pilot's ability to serve, the state license or
123 certificate issued under this chapter shall be revoked by the
124 department.

125 Section 105. Subsection (7) of section 456.072, Florida
126 Statutes, is amended to read:

127 456.072 Grounds for discipline; penalties; enforcement.—



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128 (7) Notwithstanding subsection (2), upon a finding that a
129 physician has prescribed or dispensed a controlled substance, or
130 caused a controlled substance to be prescribed or dispensed, in
131 a manner that violates the standard of practice set forth in s.
132 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
133 or (s), or s. 466.028(1)(p) or (x), or that an advanced
134 registered nurse practitioner has prescribed or dispensed a
135 controlled substance, or caused a controlled substance to be
136 prescribed or dispensed, in a manner that violates the standard
137 of practice set forth in s. 464.018(1)(n) or (p)6., the
138 physician or advanced registered nurse practitioner shall be
139 suspended for a period of not less than 6 months and pay a fine
140 of not less than \$10,000 per count. Repeated violations shall
141 result in increased penalties.

142 Section 106. Section 456.44, Florida Statutes, is amended
143 to read:

144 456.44 Controlled substance prescribing.—

145 (1) DEFINITIONS.—As used in this section, the term:

146 (a) "Addiction medicine specialist" means a board-certified
147 psychiatrist with a subspecialty certification in addiction
148 medicine or who is eligible for such subspecialty certification
149 in addiction medicine, an addiction medicine physician certified
150 or eligible for certification by the American Society of
151 Addiction Medicine, or an osteopathic physician who holds a
152 certificate of added qualification in Addiction Medicine through
153 the American Osteopathic Association.

154 (b) "Adverse incident" means any incident set forth in s.
155 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

156 (c) "Board-certified pain management physician" means a



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157 physician who possesses board certification in pain medicine by
158 the American Board of Pain Medicine, board certification by the
159 American Board of Interventional Pain Physicians, or board
160 certification or subcertification in pain management or pain
161 medicine by a specialty board recognized by the American
162 Association of Physician Specialists or the American Board of
163 Medical Specialties or an osteopathic physician who holds a
164 certificate in Pain Management by the American Osteopathic
165 Association.

166 (d) "Board eligible" means successful completion of an
167 anesthesia, physical medicine and rehabilitation, rheumatology,
168 or neurology residency program approved by the Accreditation
169 Council for Graduate Medical Education or the American
170 Osteopathic Association for a period of 6 years from successful
171 completion of such residency program.

172 (e) "Chronic nonmalignant pain" means pain unrelated to
173 cancer which persists beyond the usual course of disease or the
174 injury that is the cause of the pain or more than 90 days after
175 surgery.

176 (f) "Mental health addiction facility" means a facility
177 licensed under chapter 394 or chapter 397.

178 (g) "Registrant" means a physician, a physician assistant,
179 or an advanced registered nurse practitioner who meets the
180 requirements of subsection (2).

181 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
182 licensed under chapter 458, chapter 459, chapter 461, or chapter
183 466, a physician assistant licensed under chapter 458 or chapter
184 459, or an advanced registered nurse practitioner certified
185 under part I of chapter 464 who prescribes any controlled



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

189 (a) Designate himself or herself as a controlled substance
190 prescribing practitioner on his or her ~~the physician's~~
191 practitioner profile.

192 (b) Comply with the requirements of this section and
193 applicable board rules.

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

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



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215 patient's risk for aberrant drug-related behavior and monitor
216 that risk on an ongoing basis in accordance with the plan.

217 (b) Each registrant must develop a written individualized
218 treatment plan for each patient. The treatment plan shall state
219 objectives that will be used to determine treatment success,
220 such as pain relief and improved physical and psychosocial
221 function, and shall indicate if any further diagnostic
222 evaluations or other treatments are planned. After treatment
223 begins, the registrant ~~physician~~ shall adjust drug therapy to
224 the individual medical needs of each patient. Other treatment
225 modalities, including a rehabilitation program, shall be
226 considered depending on the etiology of the pain and the extent
227 to which the pain is associated with physical and psychosocial
228 impairment. The interdisciplinary nature of the treatment plan
229 shall be documented.

230 (c) The registrant ~~physician~~ shall discuss the risks and
231 benefits of the use of controlled substances, including the
232 risks of abuse and addiction, as well as physical dependence and
233 its consequences, with the patient, persons designated by the
234 patient, or the patient's surrogate or guardian if the patient
235 is incompetent. The registrant ~~physician~~ shall use a written
236 controlled substance agreement between the registrant ~~physician~~
237 and the patient outlining the patient's responsibilities,
238 including, but not limited to:

239 1. Number and frequency of controlled substance
240 prescriptions and refills.

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

243 3. An agreement that controlled substances for the



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244 treatment of chronic nonmalignant pain shall be prescribed by a
245 single treating registrant ~~physician~~ unless otherwise authorized
246 by the treating registrant ~~physician~~ and documented in the
247 medical record.

248 (d) The patient shall be seen by the registrant ~~physician~~
249 at regular intervals, not to exceed 3 months, to assess the
250 efficacy of treatment, ensure that controlled substance therapy
251 remains indicated, evaluate the patient's progress toward
252 treatment objectives, consider adverse drug effects, and review
253 the etiology of the pain. Continuation or modification of
254 therapy shall depend on the registrant's ~~physician's~~ evaluation
255 of the patient's progress. If treatment goals are not being
256 achieved, despite medication adjustments, the registrant
257 ~~physician~~ shall reevaluate the appropriateness of continued
258 treatment. The registrant ~~physician~~ shall monitor patient
259 compliance in medication usage, related treatment plans,
260 controlled substance agreements, and indications of substance
261 abuse or diversion at a minimum of 3-month intervals.

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

272 (f) A registrant ~~physician registered under this section~~



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273 must maintain accurate, current, and complete records that are
274 accessible and readily available for review and comply with the
275 requirements of this section, the applicable practice act, and
276 applicable board rules. The medical records must include, but
277 are not limited to:

278 1. The complete medical history and a physical examination,
279 including history of drug abuse or dependence.

280 2. Diagnostic, therapeutic, and laboratory results.

281 3. Evaluations and consultations.

282 4. Treatment objectives.

283 5. Discussion of risks and benefits.

284 6. Treatments.

285 7. Medications, including date, type, dosage, and quantity
286 prescribed.

287 8. Instructions and agreements.

288 9. Periodic reviews.

289 10. Results of any drug testing.

290 11. A photocopy of the patient's government-issued photo
291 identification.

292 12. If a written prescription for a controlled substance is
293 given to the patient, a duplicate of the prescription.

294 13. The registrant's ~~physician's~~ full name presented in a
295 legible manner.

296 (g) A registrant shall immediately refer patients with
297 signs or symptoms of substance abuse ~~shall be immediately~~
298 ~~referred~~ to a board-certified pain management physician, an
299 addiction medicine specialist, or a mental health addiction
300 facility as it pertains to drug abuse or addiction unless the
301 registrant is a physician who is board-certified or board-



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302 eligible in pain management. Throughout the period of time
303 before receiving the consultant's report, a prescribing
304 registrant ~~physician~~ shall clearly and completely document
305 medical justification for continued treatment with controlled
306 substances and those steps taken to ensure medically appropriate
307 use of controlled substances by the patient. Upon receipt of the
308 consultant's written report, the prescribing registrant
309 ~~physician~~ shall incorporate the consultant's recommendations for
310 continuing, modifying, or discontinuing controlled substance
311 therapy. The resulting changes in treatment shall be
312 specifically documented in the patient's medical record.
313 Evidence or behavioral indications of diversion shall be
314 followed by discontinuation of controlled substance therapy, and
315 the patient shall be discharged, and all results of testing and
316 actions taken by the registrant ~~physician~~ shall be documented in
317 the patient's medical record.

318
319 This subsection does not apply to a board-eligible or board-
320 certified anesthesiologist, physiatrist, rheumatologist, or
321 neurologist, or to a board-certified physician who has surgical
322 privileges at a hospital or ambulatory surgery center and
323 primarily provides surgical services. This subsection does not
324 apply to a board-eligible or board-certified medical specialist
325 who has also completed a fellowship in pain medicine approved by
326 the Accreditation Council for Graduate Medical Education or the
327 American Osteopathic Association, or who is board eligible or
328 board certified in pain medicine by the American Board of Pain
329 Medicine, the American Board of Interventional Pain Physicians,
330 the American Association of Physician Specialists, or a board



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331 approved by the American Board of Medical Specialties or the
332 American Osteopathic Association and performs interventional
333 pain procedures of the type routinely billed using surgical
334 codes. This subsection does not apply to a registrant physician
335 who prescribes medically necessary controlled substances for a
336 patient during an inpatient stay in a hospital licensed under
337 chapter 395.

338 Section 107. Paragraph (b) of subsection (2) of section
339 458.3265, Florida Statutes, is amended to read:

340 458.3265 Pain-management clinics.-

341 (2) PHYSICIAN RESPONSIBILITIES.-These responsibilities
342 apply to any physician who provides professional services in a
343 pain-management clinic that is required to be registered in
344 subsection (1).

345 (b) Only a person may not dispense any medication on the
346 premises of a registered pain-management clinic unless he or she
347 is a physician licensed under this chapter or chapter 459 may
348 dispense medication or prescribe a controlled substance
349 regulated under chapter 893 on the premises of a registered
350 pain-management clinic.

351 Section 108. Paragraph (b) of subsection (2) of section
352 459.0137, Florida Statutes, is amended to read:

353 459.0137 Pain-management clinics.-

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

358 (b) Only a person may not dispense any medication on the
359 premises of a registered pain-management clinic unless he or she



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360 ~~is~~ a physician licensed under this chapter or chapter 458 may
361 dispense medication or prescribe a controlled substance
362 regulated under chapter 893 on the premises of a registered
363 pain-management clinic.

364 Section 109. Paragraph (e) of subsection (4) of section
365 458.347, Florida Statutes, is amended, and paragraph (c) of
366 subsection (9) of that section is republished, to read:

367 458.347 Physician assistants.—

368 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

369 (e) A supervisory physician may delegate to a fully
370 licensed physician assistant the authority to prescribe or
371 dispense any medication used in the supervisory physician's
372 practice unless such medication is listed on the formulary
373 created pursuant to paragraph (f). A fully licensed physician
374 assistant may only prescribe or dispense such medication under
375 the following circumstances:

376 1. A physician assistant must clearly identify to the
377 patient that he or she is a physician assistant. Furthermore,
378 the physician assistant must inform the patient that the patient
379 has the right to see the physician prior to any prescription
380 being prescribed or dispensed by the physician assistant.

381 2. The supervisory physician must notify the department of
382 his or her intent to delegate, on a department-approved form,
383 before delegating such authority and notify the department of
384 any change in prescriptive privileges of the physician
385 assistant. Authority to dispense may be delegated only by a
386 supervising physician who is registered as a dispensing
387 practitioner in compliance with s. 465.0276.

388 3. The physician assistant must file with the department a



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389 signed affidavit that he or she has completed a minimum of 10
390 continuing medical education hours in the specialty practice in
391 which the physician assistant has prescriptive privileges with
392 each licensure renewal application. Three of the 10 hours must
393 consist of a continuing education course on the safe and
394 effective prescribing of controlled substance medications which
395 is offered by a statewide professional association of physicians
396 in this state accredited to provide educational activities
397 designated for the American Medical Association Physician's
398 Recognition Award Category 1 credit or designated by the
399 American Academy of Physician Assistants as a Category 1 credit.

400 4. The department may issue a prescriber number to the
401 physician assistant granting authority for the prescribing of
402 medicinal drugs authorized within this paragraph upon completion
403 of the foregoing requirements. The physician assistant shall not
404 be required to independently register pursuant to s. 465.0276.

405 5. The prescription must be written in a form that complies
406 with chapter 499 and must contain, in addition to the
407 supervisory physician's name, address, and telephone number, the
408 physician assistant's prescriber number. Unless it is a drug or
409 drug sample dispensed by the physician assistant, the
410 prescription must be filled in a pharmacy permitted under
411 chapter 465 and must be dispensed in that pharmacy by a
412 pharmacist licensed under chapter 465. The appearance of the
413 prescriber number creates a presumption that the physician
414 assistant is authorized to prescribe the medicinal drug and the
415 prescription is valid.

416 6. The physician assistant must note the prescription or
417 dispensing of medication in the appropriate medical record.



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418 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
419 Physician Assistants is created within the department.

420 (c) The council shall:

421 1. Recommend to the department the licensure of physician
422 assistants.

423 2. Develop all rules regulating the use of physician
424 assistants by physicians under this chapter and chapter 459,
425 except for rules relating to the formulary developed under
426 paragraph (4)(f). The council shall also develop rules to ensure
427 that the continuity of supervision is maintained in each
428 practice setting. The boards shall consider adopting a proposed
429 rule developed by the council at the regularly scheduled meeting
430 immediately following the submission of the proposed rule by the
431 council. A proposed rule submitted by the council may not be
432 adopted by either board unless both boards have accepted and
433 approved the identical language contained in the proposed rule.
434 The language of all proposed rules submitted by the council must
435 be approved by both boards pursuant to each respective board's
436 guidelines and standards regarding the adoption of proposed
437 rules. If either board rejects the council's proposed rule, that
438 board must specify its objection to the council with
439 particularity and include any recommendations it may have for
440 the modification of the proposed rule.

441 3. Make recommendations to the boards regarding all matters
442 relating to physician assistants.

443 4. Address concerns and problems of practicing physician
444 assistants in order to improve safety in the clinical practices
445 of licensed physician assistants.

446 Section 110. Effective January 1, 2017, paragraph (f) of



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447 subsection (4) of section 458.347, Florida Statutes, is amended
448 to read:

449 458.347 Physician assistants.—

450 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

451 (f)1. The council shall establish a formulary of medicinal
452 drugs that a fully licensed physician assistant having
453 prescribing authority under this section or s. 459.022 may not
454 prescribe. The formulary must include ~~controlled substances as~~
455 ~~defined in chapter 893,~~ general anesthetics, and radiographic
456 contrast materials and must limit the prescription of Schedule
457 II controlled substances as listed in s. 893.03 to a 7-day
458 supply. The formulary must also restrict the prescribing of
459 psychiatric mental health controlled substances for children
460 younger than 18 years of age.

461 2. In establishing the formulary, the council shall consult
462 with a pharmacist licensed under chapter 465, but not licensed
463 under this chapter or chapter 459, who shall be selected by the
464 State Surgeon General.

465 3. Only the council shall add to, delete from, or modify
466 the formulary. Any person who requests an addition, a deletion,
467 or a modification of a medicinal drug listed on such formulary
468 has the burden of proof to show cause why such addition,
469 deletion, or modification should be made.

470 4. The boards shall adopt the formulary required by this
471 paragraph, and each addition, deletion, or modification to the
472 formulary, by rule. Notwithstanding any provision of chapter 120
473 to the contrary, the formulary rule shall be effective 60 days
474 after the date it is filed with the Secretary of State. Upon
475 adoption of the formulary, the department shall mail a copy of



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476 such formulary to each fully licensed physician assistant having
477 prescribing authority under this section or s. 459.022, and to
478 each pharmacy licensed by the state. The boards shall establish,
479 by rule, a fee not to exceed \$200 to fund the provisions of this
480 paragraph and paragraph (e).

481 Section 111. Subsection (2) of section 464.003, Florida
482 Statutes, is amended to read:

483 464.003 Definitions.—As used in this part, the term:

484 (2) "Advanced or specialized nursing practice" means, in
485 addition to the practice of professional nursing, the
486 performance of advanced-level nursing acts approved by the board
487 which, by virtue of postbasic specialized education, training,
488 and experience, are appropriately performed by an advanced
489 registered nurse practitioner. Within the context of advanced or
490 specialized nursing practice, the advanced registered nurse
491 practitioner may perform acts of nursing diagnosis and nursing
492 treatment of alterations of the health status. The advanced
493 registered nurse practitioner may also perform acts of medical
494 diagnosis and treatment, prescription, and operation as
495 authorized within the framework of an established supervisory
496 protocol ~~which are identified and approved by a joint committee~~
497 ~~composed of three members appointed by the Board of Nursing, two~~
498 ~~of whom must be advanced registered nurse practitioners; three~~
499 ~~members appointed by the Board of Medicine, two of whom must~~
500 ~~have had work experience with advanced registered nurse~~
501 ~~practitioners; and the State Surgeon General or the State~~
502 ~~Surgeon General's designee. Each committee member appointed by a~~
503 ~~board shall be appointed to a term of 4 years unless a shorter~~
504 ~~term is required to establish or maintain staggered terms. The~~



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505 ~~Board of Nursing shall adopt rules authorizing the performance~~
506 ~~of any such acts approved by the joint committee. Unless~~
507 ~~otherwise specified by the joint committee, such acts must be~~
508 ~~performed under the general supervision of a practitioner~~
509 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
510 ~~the framework of standing protocols which identify the medical~~
511 ~~acts to be performed and the conditions for their performance.~~
512 The department may, by rule, require that a copy of the protocol
513 be filed with the department along with the notice required by
514 s. 458.348.

515 Section 112. Section 464.012, Florida Statutes, is amended
516 to read:

517 464.012 Certification of advanced registered nurse
518 practitioners; fees; controlled substance prescribing.-

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

524 (a) Satisfactory completion of a formal postbasic
525 educational program of at least one academic year, the primary
526 purpose of which is to prepare nurses for advanced or
527 specialized practice.

528 (b) Certification by an appropriate specialty board. Such
529 certification shall be required for initial state certification
530 and any recertification as a registered nurse anesthetist or
531 nurse midwife. The board may by rule provide for provisional
532 state certification of graduate nurse anesthetists and nurse
533 midwives for a period of time determined to be appropriate for



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534 preparing for and passing the national certification
535 examination.

536 (c) Graduation from a program leading to a master's degree
537 in a nursing clinical specialty area with preparation in
538 specialized practitioner skills. For applicants graduating on or
539 after October 1, 1998, graduation from a master's degree program
540 shall be required for initial certification as a nurse
541 practitioner under paragraph (4) (c). For applicants graduating
542 on or after October 1, 2001, graduation from a master's degree
543 program shall be required for initial certification as a
544 registered nurse anesthetist under paragraph (4) (a).

545 (2) The board shall provide by rule the appropriate
546 requirements for advanced registered nurse practitioners in the
547 categories of certified registered nurse anesthetist, certified
548 nurse midwife, and nurse practitioner.

549 (3) An advanced registered nurse practitioner shall perform
550 those functions authorized in this section within the framework
551 of an established protocol that is filed with the board upon
552 biennial license renewal and within 30 days after entering into
553 a supervisory relationship with a physician or changes to the
554 protocol. The board shall review the protocol to ensure
555 compliance with applicable regulatory standards for protocols.
556 The board shall refer to the department licensees submitting
557 protocols that are not compliant with the regulatory standards
558 for protocols. A practitioner currently licensed under chapter
559 458, chapter 459, or chapter 466 shall maintain supervision for
560 directing the specific course of medical treatment. Within the
561 established framework, an advanced registered nurse practitioner
562 may:



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- 563 (a) Monitor and alter drug therapies.
- 564 (b) Initiate appropriate therapies for certain conditions.
- 565 (c) Perform additional functions as may be determined by
566 rule in accordance with s. 464.003(2).
- 567 (d) Order diagnostic tests and physical and occupational
568 therapy.
- 569 (4) In addition to the general functions specified in
570 subsection (3), an advanced registered nurse practitioner may
571 perform the following acts within his or her specialty:
- 572 (a) The certified registered nurse anesthetist may, to the
573 extent authorized by established protocol approved by the
574 medical staff of the facility in which the anesthetic service is
575 performed, perform any or all of the following:
- 576 1. Determine the health status of the patient as it relates
577 to the risk factors and to the anesthetic management of the
578 patient through the performance of the general functions.
- 579 2. Based on history, physical assessment, and supplemental
580 laboratory results, determine, with the consent of the
581 responsible physician, the appropriate type of anesthesia within
582 the framework of the protocol.
- 583 3. Order under the protocol preanesthetic medication.
- 584 4. Perform under the protocol procedures commonly used to
585 render the patient insensible to pain during the performance of
586 surgical, obstetrical, therapeutic, or diagnostic clinical
587 procedures. These procedures include ordering and administering
588 regional, spinal, and general anesthesia; inhalation agents and
589 techniques; intravenous agents and techniques; and techniques of
590 hypnosis.
- 591 5. Order or perform monitoring procedures indicated as



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592 pertinent to the anesthetic health care management of the
593 patient.

594 6. Support life functions during anesthesia health care,
595 including induction and intubation procedures, the use of
596 appropriate mechanical supportive devices, and the management of
597 fluid, electrolyte, and blood component balances.

598 7. Recognize and take appropriate corrective action for
599 abnormal patient responses to anesthesia, adjunctive medication,
600 or other forms of therapy.

601 8. Recognize and treat a cardiac arrhythmia while the
602 patient is under anesthetic care.

603 9. Participate in management of the patient while in the
604 postanesthesia recovery area, including ordering the
605 administration of fluids and drugs.

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

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

614 1. Perform superficial minor surgical procedures.

615 2. Manage the patient during labor and delivery to include
616 amniotomy, episiotomy, and repair.

617 3. Order, initiate, and perform appropriate anesthetic
618 procedures.

619 4. Perform postpartum examination.

620 5. Order appropriate medications.



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

622 7. Manage the medical care of the normal obstetrical
623 patient and the initial care of a newborn patient.

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

626 1. Manage selected medical problems.

627 2. Order physical and occupational therapy.

628 3. Initiate, monitor, or alter therapies for certain
629 uncomplicated acute illnesses.

630 4. Monitor and manage patients with stable chronic
631 diseases.

632 5. Establish behavioral problems and diagnosis and make
633 treatment recommendations.

634 (5) The board shall certify, and the department shall issue
635 a certificate to, any nurse meeting the qualifications in this
636 section. The board shall establish an application fee not to
637 exceed \$100 and a biennial renewal fee not to exceed \$50. The
638 board is authorized to adopt such other rules as are necessary
639 to implement the provisions of this section.

640 (6) (a) The board shall establish a committee to recommend a
641 formulary of controlled substances that an advanced registered
642 nurse practitioner may not prescribe or may prescribe only for
643 specific uses or in limited quantities. The committee must
644 consist of three advanced registered nurse practitioners
645 licensed under this section, recommended by the board; three
646 physicians licensed under chapter 458 or chapter 459 who have
647 work experience with advanced registered nurse practitioners,
648 recommended by the Board of Medicine; and a pharmacist licensed
649 under chapter 465 who is a doctor of pharmacy, recommended by



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650 the Board of Pharmacy. The committee may recommend an evidence-
651 based formulary applicable to all advanced registered nurse
652 practitioners which is limited by specialty certification, is
653 limited to approved uses of controlled substances, or is subject
654 to other similar restrictions the committee finds are necessary
655 to protect the health, safety, and welfare of the public. The
656 formulary must restrict the prescribing of psychiatric mental
657 health controlled substances for children younger than 18 years
658 of age to advanced registered nurse practitioners who also are
659 psychiatric nurses as defined in s. 394.455. The formulary must
660 also limit the prescribing of Schedule II controlled substances
661 as listed in s. 893.03 to a 7-day supply, except that such
662 restriction does not apply to controlled substances that are
663 psychiatric medications prescribed by psychiatric nurses as
664 defined in s. 394.455.

665 (b) The board shall adopt by rule the recommended formulary
666 and any revision to the formulary which it finds is supported by
667 evidence-based clinical findings presented by the Board of
668 Medicine, the Board of Osteopathic Medicine, or the Board of
669 Dentistry.

670 (c) The formulary required under this subsection does not
671 apply to a controlled substance that is dispensed for
672 administration pursuant to an order, including an order for
673 medication authorized by subparagraph (4) (a)3., subparagraph
674 (4) (a)4., or subparagraph (4) (a)9.

675 (d) The board shall adopt the committee's initial
676 recommendation no later than October 31, 2016.

677 (7) This section shall be known as "The Barbara Lumpkin
678 Prescribing Act."



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679 Section 113. Effective January 1, 2017, subsection (3) of
680 section 464.012, Florida Statutes, as amended by this act, is
681 amended to read:

682 464.012 Certification of advanced registered nurse
683 practitioners; fees; controlled substance prescribing.—

684 (3) An advanced registered nurse practitioner shall perform
685 those functions authorized in this section within the framework
686 of an established protocol that is filed with the board upon
687 biennial license renewal and within 30 days after entering into
688 a supervisory relationship with a physician or changes to the
689 protocol. The board shall review the protocol to ensure
690 compliance with applicable regulatory standards for protocols.
691 The board shall refer to the department licensees submitting
692 protocols that are not compliant with the regulatory standards
693 for protocols. A practitioner currently licensed under chapter
694 458, chapter 459, or chapter 466 shall maintain supervision for
695 directing the specific course of medical treatment. Within the
696 established framework, an advanced registered nurse practitioner
697 may:

698 (a) Prescribe, dispense, administer, or order any drug;
699 however, an advanced registered nurse practitioner may prescribe
700 or dispense a controlled substance as defined in s. 893.03 only
701 if the advanced registered nurse practitioner has graduated from
702 a program leading to a master's or doctoral degree in a clinical
703 nursing specialty area with training in specialized practitioner
704 skills ~~Monitor and alter drug therapies.~~

705 (b) Initiate appropriate therapies for certain conditions.

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



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708 (d) Order diagnostic tests and physical and occupational
709 therapy.

710 Section 114. Subsection (3) of section 464.013, Florida
711 Statutes, is amended to read:

712 464.013 Renewal of license or certificate.—

713 (3) The board shall by rule prescribe up to 30 hours of
714 continuing education biennially as a condition for renewal of a
715 license or certificate.

716 (a) A nurse who is certified by a health care specialty
717 program accredited by the National Commission for Certifying
718 Agencies or the Accreditation Board for Specialty Nursing
719 Certification is exempt from continuing education requirements.
720 The criteria for programs must ~~shall~~ be approved by the board.

721 (b) Notwithstanding the exemption in paragraph (a), as part
722 of the maximum 30 hours of continuing education hours required
723 under this subsection, advanced registered nurse practitioners
724 certified under s. 464.012 must complete at least 3 hours of
725 continuing education on the safe and effective prescription of
726 controlled substances. Such continuing education courses must be
727 offered by a statewide professional association of physicians in
728 this state accredited to provide educational activities
729 designated for the American Medical Association Physician's
730 Recognition Award Category 1 credit, the American Nurses
731 Credentialing Center, the American Association of Nurse
732 Anesthetists, or the American Association of Nurse Practitioners
733 and may be offered in a distance learning format.

734 Section 115. Paragraph (p) is added to subsection (1) of
735 section 464.018, Florida Statutes, and subsection (2) of that
736 section is republished, to read:



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737 464.018 Disciplinary actions.—
738 (1) The following acts constitute grounds for denial of a
739 license or disciplinary action, as specified in s. 456.072(2):
740 (p) For an advanced registered nurse practitioner:
741 1. Presigning blank prescription forms.
742 2. Prescribing for office use any medicinal drug appearing
743 on Schedule II in chapter 893.
744 3. Prescribing, ordering, dispensing, administering,
745 supplying, selling, or giving a drug that is an amphetamine, a
746 sympathomimetic amine drug, or a compound designated in s.
747 893.03(2) as a Schedule II controlled substance, to or for any
748 person except for:
749 a. The treatment of narcolepsy; hyperkinesis; behavioral
750 syndrome in children characterized by the developmentally
751 inappropriate symptoms of moderate to severe distractibility,
752 short attention span, hyperactivity, emotional lability, and
753 impulsivity; or drug-induced brain dysfunction.
754 b. The differential diagnostic psychiatric evaluation of
755 depression or the treatment of depression shown to be refractory
756 to other therapeutic modalities.
757 c. The clinical investigation of the effects of such drugs
758 or compounds when an investigative protocol is submitted to,
759 reviewed by, and approved by the department before such
760 investigation is begun.
761 4. Prescribing, ordering, dispensing, administering,
762 supplying, selling, or giving growth hormones, testosterone or
763 its analogs, human chorionic gonadotropin (HCG), or other
764 hormones for the purpose of muscle building or to enhance
765 athletic performance. As used in this subparagraph, the term



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766 "muscle building" does not include the treatment of injured
767 muscle. A prescription written for the drug products identified
768 in this subparagraph may be dispensed by a pharmacist with the
769 presumption that the prescription is for legitimate medical use.

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

773 6. Prescribing, dispensing, administering, mixing, or
774 otherwise preparing a legend drug, including a controlled
775 substance, other than in the course of his or her professional
776 practice. For the purposes of this subparagraph, it is legally
777 presumed that prescribing, dispensing, administering, mixing, or
778 otherwise preparing legend drugs, including all controlled
779 substances, inappropriately or in excessive or inappropriate
780 quantities is not in the best interest of the patient and is not
781 in the course of the advanced registered nurse practitioner's
782 professional practice, without regard to his or her intent.

783 7. Prescribing, dispensing, or administering a medicinal
784 drug appearing on any schedule set forth in chapter 893 to
785 himself or herself, except a drug prescribed, dispensed, or
786 administered to the advanced registered nurse practitioner by
787 another practitioner authorized to prescribe, dispense, or
788 administer medicinal drugs.

789 8. Prescribing, ordering, dispensing, administering,
790 supplying, selling, or giving amygdalin (laetrile) to any
791 person.

792 9. Dispensing a substance designated in s. 893.03(2) or (3)
793 as a controlled substance listed in Schedule II or Schedule III,
794 respectively, in violation of s. 465.0276.



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795 10. Promoting or advertising through any communication
796 medium the use, sale, or dispensing of a substance designated in
797 s. 893.03 as a controlled substance.

798 (2) The board may enter an order denying licensure or
799 imposing any of the penalties in s. 456.072(2) against any
800 applicant for licensure or licensee who is found guilty of
801 violating any provision of subsection (1) of this section or who
802 is found guilty of violating any provision of s. 456.072(1).

803 Section 116. Paragraph (a) of subsection (3) of section
804 766.1115, Florida Statutes, is amended to read:

805 766.1115 Health care providers; creation of agency
806 relationship with governmental contractors.-

807 (3) DEFINITIONS.-As used in this section, the term:

808 (a) "Contract" means an agreement executed in compliance
809 with this section between a health care provider and a
810 governmental contractor for volunteer, uncompensated services
811 which allows the health care provider to deliver health care
812 services to low-income recipients as an agent of the
813 governmental contractor. ~~The contract must be for volunteer,~~
814 ~~uncompensated services, except as provided in paragraph (4)(g).~~
815 For services to qualify as volunteer, uncompensated services
816 under this section, the health care provider, or any employee or
817 agent of the health care provider, must receive no compensation
818 from the governmental contractor for any services provided under
819 the contract and must not bill or accept compensation from the
820 recipient, or a public or private third-party payor, for the
821 specific services provided to the low-income recipients covered
822 by the contract, except as provided in paragraph (4)(g). A free
823 clinic as described in subparagraph (d)14. may receive a



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824 legislative appropriation, a grant through a legislative
825 appropriation, or a grant from a governmental entity or
826 nonprofit corporation to support the delivery of contracted
827 services by volunteer health care providers, including the
828 employment of health care providers to supplement, coordinate,
829 or support the delivery of such services. The appropriation or
830 grant for the free clinic does not constitute compensation under
831 this paragraph from the governmental contractor for services
832 provided under the contract, nor does receipt or use of the
833 appropriation or grant constitute the acceptance of compensation
834 under this paragraph for the specific services provided to the
835 low-income recipients covered by the contract.

836 Section 117. Subsection (21) of section 893.02, Florida
837 Statutes, is amended to read:

838 893.02 Definitions.—The following words and phrases as used
839 in this chapter shall have the following meanings, unless the
840 context otherwise requires:

841 (21) "Practitioner" means a physician licensed under
842 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
843 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
844 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
845 459, an advanced registered nurse practitioner certified under
846 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
847 462, a certified optometrist licensed under ~~pursuant to~~ chapter
848 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
849 461, or a physician assistant licensed under chapter 458 or
850 chapter 459, provided such practitioner holds a valid federal
851 controlled substance registry number.

852 Section 118. Paragraph (n) of subsection (1) of section



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853 948.03, Florida Statutes, is amended to read:

854 948.03 Terms and conditions of probation.—

855 (1) The court shall determine the terms and conditions of
856 probation. Conditions specified in this section do not require
857 oral pronouncement at the time of sentencing and may be
858 considered standard conditions of probation. These conditions
859 may include among them the following, that the probationer or
860 offender in community control shall:

861 (n) Be prohibited from using intoxicants to excess or
862 possessing any drugs or narcotics unless prescribed by a
863 physician, an advanced registered nurse practitioner, or a
864 physician assistant. The probationer or community controllee may
865 ~~shall~~ not knowingly visit places where intoxicants, drugs, or
866 other dangerous substances are unlawfully sold, dispensed, or
867 used.

868 Section 119. Paragraph (a) of subsection (1) and subsection
869 (2) of section 458.348, Florida Statutes, are amended to read:

870 458.348 Formal supervisory relationships, standing orders,
871 and established protocols; notice; standards.—

872 (1) NOTICE.—

873 (a) When a physician enters into a formal supervisory
874 relationship or standing orders with an emergency medical
875 technician or paramedic licensed pursuant to s. 401.27, which
876 relationship or orders contemplate the performance of medical
877 acts, or when a physician enters into an established protocol
878 with an advanced registered nurse practitioner, which protocol
879 contemplates the performance of medical ~~acts identified and~~
880 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
881 acts set forth in s. 464.012(3) and (4), the physician shall



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882 submit notice to the board. The notice shall contain a statement
883 in substantially the following form:

884

885 I, ...(name and professional license number of
886 physician)..., of ...(address of physician)... have hereby
887 entered into a formal supervisory relationship, standing orders,
888 or an established protocol with ...(number of persons)...
889 emergency medical technician(s), ...(number of persons)...
890 paramedic(s), or ...(number of persons)... advanced registered
891 nurse practitioner(s).

892

893 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
894 joint committee ~~created under s. 464.003(2)~~ shall determine
895 minimum standards for the content of established protocols
896 pursuant to which an advanced registered nurse practitioner may
897 perform medical acts ~~identified and approved by the joint~~
898 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
899 464.012(3) and (4) and shall determine minimum standards for
900 supervision of such acts by the physician, unless the joint
901 committee determines that any act set forth in s. 464.012(3) or
902 (4) is not a medical act. Such standards shall be based on risk
903 to the patient and acceptable standards of medical care and
904 shall take into account the special problems of medically
905 underserved areas. The standards developed by the joint
906 committee shall be adopted as rules by the Board of Nursing and
907 the Board of Medicine for purposes of carrying out their
908 responsibilities pursuant to part I of chapter 464 and this
909 chapter, respectively, but neither board shall have disciplinary
910 powers over the licensees of the other board.



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911 Section 120. Paragraph (a) of subsection (1) of section
912 459.025, Florida Statutes, is amended to read:

913 459.025 Formal supervisory relationships, standing orders,
914 and established protocols; notice; standards.—

915 (1) NOTICE.—

916 (a) When an osteopathic physician enters into a formal
917 supervisory relationship or standing orders with an emergency
918 medical technician or paramedic licensed pursuant to s. 401.27,
919 which relationship or orders contemplate the performance of
920 medical acts, or when an osteopathic physician enters into an
921 established protocol with an advanced registered nurse
922 practitioner, which protocol contemplates the performance of
923 medical acts ~~identified and approved by the joint committee~~
924 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
925 (4), the osteopathic physician shall submit notice to the board.
926 The notice must contain a statement in substantially the
927 following form:

928
929 I, ...(name and professional license number of osteopathic
930 physician)..., of ...(address of osteopathic physician)... have
931 hereby entered into a formal supervisory relationship, standing
932 orders, or an established protocol with ...(number of
933 persons)... emergency medical technician(s), ...(number of
934 persons)... paramedic(s), or ...(number of persons)... advanced
935 registered nurse practitioner(s).

936 Section 121. Subsection (10) of s. 458.331, paragraph (g)
937 of subsection (7) of s. 458.347, subsection (10) of s. 459.015,
938 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
939 of subsection (5) of s. 465.0158, Florida Statutes, are



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

942 Section 122. Paragraph (mm) of subsection (1) of s. 456.072
943 and s. 466.02751, Florida Statutes, are reenacted for the
944 purpose of incorporating the amendment made by this act to s.
945 456.44, Florida Statutes, in references thereto.

946 Section 123. Section 458.303, paragraph (b) of subsection
947 (7) of s. 458.3475, paragraph (e) of subsection (4) and
948 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
949 of subsection (7) of s. 459.023, Florida Statutes, are reenacted
950 for the purpose of incorporating the amendment made by this act
951 to s. 458.347, Florida Statutes, in references thereto.

952 Section 124. Paragraph (c) of subsection (3) of s. 464.012,
953 Florida Statutes, is reenacted for the purpose of incorporating
954 the amendment made by this act to s. 464.003, Florida Statutes,
955 in a reference thereto.

956 Section 125. Paragraph (a) of subsection (1) of s. 456.041,
957 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
958 459.025, Florida Statutes, are reenacted for the purpose of
959 incorporating the amendment made by this act to s. 464.012,
960 Florida Statutes, in references thereto.

961 Section 126. Subsection (7) of s. 464.0205, Florida
962 Statutes, is reenacted for the purpose of incorporating the
963 amendment made by this act to s. 464.013, Florida Statutes, in a
964 reference thereto.

965 Section 127. Subsection (11) of s. 320.0848, subsection (2)
966 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)
967 of subsection (1), subsection (3), and paragraph (b) of
968 subsection (4) of s. 464.0205, Florida Statutes, are reenacted



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969 for the purpose of incorporating the amendment made by this act
970 to s. 464.018, Florida Statutes, in references thereto.

971 Section 128. Section 775.051, Florida Statutes, is
972 reenacted for the purpose of incorporating the amendment made by
973 this act to s. 893.02, Florida Statutes, in a reference thereto.

974 Section 129. Paragraph (a) of subsection (3) of s. 944.17,
975 subsection (8) of s. 948.001, and paragraph (e) of subsection
976 (1) of s. 948.101, Florida Statutes, are reenacted for the
977 purpose of incorporating the amendment made by this act to s.
978 948.03, Florida Statutes, in references thereto.

979 Section 130. Except as otherwise expressly provided in this
980 act, this act shall take effect upon becoming a law.

981
982 ===== T I T L E A M E N D M E N T =====

983 And the title is amended as follows:

984 Delete line 5263

985 and insert:

986 amending s. 110.12315, F.S.; expanding the categories
987 of persons who may prescribe brand name drugs under
988 the prescription drug program under certain
989 circumstances; amending ss. 310.071, 310.073, and
990 310.081, F.S.; exempting controlled substances
991 prescribed by an advanced registered nurse
992 practitioner or a physician assistant from the
993 disqualifications for certification or licensure, and
994 for continued certification or licensure, as a deputy
995 pilot or state pilot; amending s. 456.072, F.S.;

996 applying existing penalties for violations relating to
997 the prescribing or dispensing of controlled substances



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998 by an advanced registered nurse practitioner; amending
999 s. 456.44, F.S.; defining the term "registrant";
1000 deleting an obsolete date; requiring advanced
1001 registered nurse practitioners and physician
1002 assistants who prescribe controlled substances for the
1003 treatment of certain pain to make a certain
1004 designation, comply with registration requirements,
1005 and follow specified standards of practice; providing
1006 applicability; amending ss. 458.3265 and 459.0137,
1007 F.S.; limiting the authority to prescribe a controlled
1008 substance in a pain-management clinic only to a
1009 physician licensed under ch. 458, F.S., or ch. 459,
1010 F.S.; amending s. 458.347, F.S.; revising the required
1011 continuing education requirements for a physician
1012 assistant; requiring that a specified formulary limit
1013 the prescription of certain controlled substances by
1014 physician assistants as of a specified date; amending
1015 s. 464.003, F.S.; revising the term "advanced or
1016 specialized nursing practice"; deleting the joint
1017 committee established in the definition; amending s.
1018 464.012, F.S.; requiring the Board of Nursing to
1019 establish a committee to recommend a formulary of
1020 controlled substances that may not be prescribed, or
1021 may be prescribed only on a limited basis, by an
1022 advanced registered nurse practitioner; specifying the
1023 membership of the committee; providing parameters for
1024 the formulary; requiring that the formulary be adopted
1025 by board rule; specifying the process for amending the
1026 formulary and imposing a burden of proof; limiting the



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1027 formulary's application in certain instances;
1028 requiring the board to adopt the committee's initial
1029 recommendations by a specified date; providing a short
1030 title; authorizing an advanced registered nurse
1031 practitioner to prescribe, dispense, administer, or
1032 order drugs, including certain controlled substances
1033 under certain circumstances, as of a specified date;
1034 amending s. 464.013, F.S.; revising continuing
1035 education requirements for renewal of a license or
1036 certificate; amending s. 464.018, F.S.; specifying
1037 acts that constitute grounds for denial of a license
1038 or for disciplinary action against an advanced
1039 registered nurse practitioner; amending s. 766.1115,
1040 F.S.; revising the definition of the term "contract";
1041 amending s. 893.02, F.S.; revising the term
1042 "practitioner" to include advanced registered nurse
1043 practitioners and physician assistants under the
1044 Florida Comprehensive Drug Abuse Prevention and
1045 Control Act if a certain requirement is met; amending
1046 s. 948.03, F.S.; providing that possession of drugs or
1047 narcotics prescribed by an advanced registered nurse
1048 practitioner or a physician assistant does not violate
1049 a prohibition relating to the possession of drugs or
1050 narcotics during probation; amending ss. 458.348 and
1051 459.025, F.S.; conforming provisions to changes made
1052 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
1053 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
1054 to incorporate the amendment made to s. 456.072, F.S.,
1055 in references thereto; reenacting ss. 456.072(1)(mm)



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1056 and 466.02751, F.S., to incorporate the amendment made
1057 to s. 456.44, F.S., in references thereto; reenacting
1058 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
1059 and 459.023(7)(b), F.S., to incorporate the amendment
1060 made to s. 458.347, F.S., in references thereto;
1061 reenacting s. 464.012(3)(c), F.S., to incorporate the
1062 amendment made to s. 464.003, F.S., in a reference
1063 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
1064 (2), and 459.025(1), F.S., to incorporate the
1065 amendment made to s. 464.012, F.S., in references
1066 thereto; reenacting s. 464.0205(7), F.S., to
1067 incorporate the amendment made to s. 464.013, F.S., in
1068 a reference thereto; reenacting ss. 320.0848(11),
1069 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
1070 (4)(b), F.S., to incorporate the amendment made to s.
1071 464.018, F.S., in references thereto; reenacting s.
1072 775.051, F.S., to incorporate the amendment made to s.
1073 893.02, F.S., in a reference thereto; reenacting ss.
1074 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
1075 incorporate the amendment made to s. 948.03, F.S., in
1076 references thereto; providing effective dates.