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LEGISLATIVE ACTION

Senate	.	House
Comm: FAV	.	
02/11/2016	.	
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The Committee on Children, Families, and Elder Affairs (Hutson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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



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

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

26 Section 2. Paragraph (c) of subsection (1) of section
27 310.071, Florida Statutes, is amended, and subsection (3) of
28 that section is republished, to read:

29 310.071 Deputy pilot certification.—

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

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



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

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

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

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

68 310.073 State pilot licensing.—In addition to meeting other



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

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

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

91 Section 4. Paragraph (b) of subsection (3) of section
92 310.081, Florida Statutes, is amended to read:

93 310.081 Department to examine and license state pilots and
94 certificate deputy pilots; vacancies.—

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

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



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

124 Section 5. Section 394.453, Florida Statutes, is amended to
125 read:

126 394.453 Legislative intent.—It is the intent of the



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127 Legislature to authorize and direct the Department of Children
128 and Families to evaluate, research, plan, and recommend to the
129 Governor and the Legislature programs designed to reduce the
130 occurrence, severity, duration, and disabling aspects of mental,
131 emotional, and behavioral disorders. It is the intent of the
132 Legislature that treatment programs for such disorders shall
133 include, but not be limited to, comprehensive health, social,
134 educational, and rehabilitative services to persons requiring
135 intensive short-term and continued treatment in order to
136 encourage them to assume responsibility for their treatment and
137 recovery. It is intended that such persons be provided with
138 emergency service and temporary detention for evaluation when
139 required; that they be admitted to treatment facilities on a
140 voluntary basis when extended or continuing care is needed and
141 unavailable in the community; that involuntary placement be
142 provided only when expert evaluation determines that it is
143 necessary; that any involuntary treatment or examination be
144 accomplished in a setting which is clinically appropriate and
145 most likely to facilitate the person's return to the community
146 as soon as possible; and that individual dignity and human
147 rights be guaranteed to all persons who are admitted to mental
148 health facilities or who are being held under s. 394.463. It is
149 the further intent of the Legislature that the least restrictive
150 means of intervention be employed based on the individual needs
151 of each person, within the scope of available services. It is
152 the policy of this state that the use of restraint and seclusion
153 on clients is justified only as an emergency safety measure to
154 be used in response to imminent danger to the client or others.
155 It is, therefore, the intent of the Legislature to achieve an



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156 ongoing reduction in the use of restraint and seclusion in
157 programs and facilities serving persons with mental illness. The
158 Legislature further finds the need for additional psychiatrists
159 to be of critical state concern and recommends the establishment
160 of an additional psychiatry program to be offered by one of
161 Florida's schools of medicine currently not offering psychiatry.
162 The program shall seek to integrate primary care and psychiatry
163 and other evolving models of care for persons with mental health
164 and substance use disorders. Additionally, the Legislature finds
165 that the use of telemedicine for patient evaluation, case
166 management, and ongoing care will improve management of patient
167 care and reduce costs of transportation.

168 Section 6. Subsection (2) of section 394.467, Florida
169 Statutes, is amended to read:

170 394.467 Involuntary inpatient placement.—

171 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
172 retained by a receiving facility or involuntarily placed in a
173 treatment facility upon the recommendation of the administrator
174 of the receiving facility where the patient has been examined
175 and after adherence to the notice and hearing procedures
176 provided in s. 394.4599. The recommendation must be supported by
177 the opinion of a psychiatrist and the second opinion of a
178 clinical psychologist or another psychiatrist, both of whom have
179 personally examined the patient within the preceding 72 hours,
180 that the criteria for involuntary inpatient placement are met.
181 However, in a county that has a population of fewer than 50,000,
182 if the administrator certifies that a psychiatrist or clinical
183 psychologist is not available to provide the second opinion, the
184 second opinion may be provided by a licensed physician who has



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185 postgraduate training and experience in diagnosis and treatment
186 of mental and nervous disorders or by a psychiatric nurse. Any
187 ~~second~~ opinion authorized in this subsection may be conducted
188 through a face-to-face examination, in person or by electronic
189 means. Such recommendation shall be entered on an involuntary
190 inpatient placement certificate that authorizes the receiving
191 facility to retain the patient pending transfer to a treatment
192 facility or completion of a hearing.

193 Section 7. Section 395.1051, Florida Statutes, is amended
194 to read:

195 395.1051 Duty to notify patients and physicians.-

196 (1) An appropriately trained person designated by each
197 licensed facility shall inform each patient, or an individual
198 identified pursuant to s. 765.401(1), in person about adverse
199 incidents that result in serious harm to the patient.
200 Notification of outcomes of care which ~~that~~ result in harm to
201 the patient under this section does ~~shall~~ not constitute an
202 acknowledgment or admission of liability and may not, ~~nor can it~~
203 be introduced as evidence.

204 (2) A hospital shall notify each obstetrical physician who
205 has privileges at the hospital at least 90 days before the
206 hospital closes its obstetrical department or ceases to provide
207 obstetrical services.

208 Section 8. Paragraphs (e) and (f) of subsection (1) and
209 paragraph (b) of subsection (4) of section 397.451, Florida
210 Statutes, are amended to read:

211 397.451 Background checks of service provider personnel.-

212 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
213 EXCEPTIONS.-



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214 (e) Personnel employed directly or under contract with the
215 Department of Corrections in an inmate substance abuse program
216 ~~who have direct contact with unmarried inmates under the age of~~
217 ~~18 or with inmates who are developmentally disabled~~ are exempt
218 from the fingerprinting and background check requirements of
219 this section unless they have direct contact with unmarried
220 inmates under the age of 18 or with inmates who are
221 developmentally disabled.

222 (f) Service provider personnel who request an exemption
223 from disqualification must submit the request within 30 days
224 after being notified of the disqualification. If 5 years or more
225 have elapsed since the most recent disqualifying offense,
226 service provider personnel may work with adults with substance
227 use disorders under the supervision of a qualified professional
228 licensed under chapter 490 or chapter 491 or a master's level
229 certified addiction professional until the agency makes a final
230 determination regarding the request for an exemption from
231 disqualification ~~Upon notification of the disqualification, the~~
232 ~~service provider shall comply with requirements regarding~~
233 ~~exclusion from employment in s. 435.06.~~

234 (4) EXEMPTIONS FROM DISQUALIFICATION.—

235 (b) Since rehabilitated substance abuse impaired persons
236 are effective in the successful treatment and rehabilitation of
237 individuals with substance use disorders ~~substance abuse~~
238 ~~impaired adolescents~~, for service providers which treat
239 adolescents 13 years of age and older, service provider
240 personnel whose background checks indicate crimes under s.
241 817.563, s. 893.13, or s. 893.147 may be exempted from
242 disqualification from employment pursuant to this paragraph.



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243 Section 9. Subsection (7) of section 456.072, Florida
244 Statutes, is amended to read:

245 456.072 Grounds for discipline; penalties; enforcement.—

246 (7) Notwithstanding subsection (2), upon a finding that a
247 physician has prescribed or dispensed a controlled substance, or
248 caused a controlled substance to be prescribed or dispensed, in
249 a manner that violates the standard of practice set forth in s.
250 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
251 or (s), or s. 466.028(1)(p) or (x), or that an advanced
252 registered nurse practitioner has prescribed or dispensed a
253 controlled substance, or caused a controlled substance to be
254 prescribed or dispensed in a manner that violates the standard
255 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
256 the physician or advanced registered nurse practitioner shall be
257 suspended for a period of not less than 6 months and pay a fine
258 of not less than \$10,000 per count. Repeated violations shall
259 result in increased penalties.

260 Section 10. Section 456.44, Florida Statutes, is amended to
261 read:

262 456.44 Controlled substance prescribing.—

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

264 (a) "Addiction medicine specialist" means a board-certified
265 psychiatrist with a subspecialty certification in addiction
266 medicine or who is eligible for such subspecialty certification
267 in addiction medicine, an addiction medicine physician certified
268 or eligible for certification by the American Society of
269 Addiction Medicine, or an osteopathic physician who holds a
270 certificate of added qualification in Addiction Medicine through
271 the American Osteopathic Association.



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272 (b) "Adverse incident" means any incident set forth in s.
273 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

274 (c) "Board-certified pain management physician" means a
275 physician who possesses board certification in pain medicine by
276 the American Board of Pain Medicine, board certification by the
277 American Board of Interventional Pain Physicians, or board
278 certification or subcertification in pain management or pain
279 medicine by a specialty board recognized by the American
280 Association of Physician Specialists or the American Board of
281 Medical Specialties or an osteopathic physician who holds a
282 certificate in Pain Management by the American Osteopathic
283 Association.

284 (d) "Board eligible" means successful completion of an
285 anesthesia, physical medicine and rehabilitation, rheumatology,
286 or neurology residency program approved by the Accreditation
287 Council for Graduate Medical Education or the American
288 Osteopathic Association for a period of 6 years from successful
289 completion of such residency program.

290 (e) "Chronic nonmalignant pain" means pain unrelated to
291 cancer which persists beyond the usual course of disease or the
292 injury that is the cause of the pain or more than 90 days after
293 surgery.

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

296 (g) "Registrant" means a physician, physician assistant, or
297 advanced registered nurse practitioner who meets the
298 requirements of subsection (2).

299 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
300 licensed under chapter 458, chapter 459, chapter 461, or chapter



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301 466, a physician assistant licensed under chapter 458 or chapter
302 459, or an advanced registered nurse practitioner certified
303 under part I of chapter 464 who prescribes any controlled
304 substance, listed in Schedule II, Schedule III, or Schedule IV
305 as defined in s. 893.03, for the treatment of chronic
306 nonmalignant pain, must:

307 (a) Designate himself or herself as a controlled substance
308 prescribing practitioner on his or her ~~the physician's~~
309 practitioner profile.

310 (b) Comply with the requirements of this section and
311 applicable board rules.

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

316 (a) A complete medical history and a physical examination
317 must be conducted before beginning any treatment and must be
318 documented in the medical record. The exact components of the
319 physical examination shall be left to the judgment of the
320 registrant ~~clinician~~ who is expected to perform a physical
321 examination proportionate to the diagnosis that justifies a
322 treatment. The medical record must, at a minimum, document the
323 nature and intensity of the pain, current and past treatments
324 for pain, underlying or coexisting diseases or conditions, the
325 effect of the pain on physical and psychological function, a
326 review of previous medical records, previous diagnostic studies,
327 and history of alcohol and substance abuse. The medical record
328 shall also document the presence of one or more recognized
329 medical indications for the use of a controlled substance. Each



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330 registrant must develop a written plan for assessing each
331 patient's risk of aberrant drug-related behavior, which may
332 include patient drug testing. Registrants must assess each
333 patient's risk for aberrant drug-related behavior and monitor
334 that risk on an ongoing basis in accordance with the plan.

335 (b) Each registrant must develop a written individualized
336 treatment plan for each patient. The treatment plan shall state
337 objectives that will be used to determine treatment success,
338 such as pain relief and improved physical and psychosocial
339 function, and shall indicate if any further diagnostic
340 evaluations or other treatments are planned. After treatment
341 begins, the registrant ~~physician~~ shall adjust drug therapy to
342 the individual medical needs of each patient. Other treatment
343 modalities, including a rehabilitation program, shall be
344 considered depending on the etiology of the pain and the extent
345 to which the pain is associated with physical and psychosocial
346 impairment. The interdisciplinary nature of the treatment plan
347 shall be documented.

348 (c) The registrant ~~physician~~ shall discuss the risks and
349 benefits of the use of controlled substances, including the
350 risks of abuse and addiction, as well as physical dependence and
351 its consequences, with the patient, persons designated by the
352 patient, or the patient's surrogate or guardian if the patient
353 is incompetent. The registrant ~~physician~~ shall use a written
354 controlled substance agreement between the registrant ~~physician~~
355 and the patient outlining the patient's responsibilities,
356 including, but not limited to:

357 1. Number and frequency of controlled substance
358 prescriptions and refills.



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

361 3. An agreement that controlled substances for the
362 treatment of chronic nonmalignant pain shall be prescribed by a
363 single treating registrant ~~physician~~ unless otherwise authorized
364 by the treating registrant ~~physician~~ and documented in the
365 medical record.

366 (d) The patient shall be seen by the registrant ~~physician~~
367 at regular intervals, not to exceed 3 months, to assess the
368 efficacy of treatment, ensure that controlled substance therapy
369 remains indicated, evaluate the patient's progress toward
370 treatment objectives, consider adverse drug effects, and review
371 the etiology of the pain. Continuation or modification of
372 therapy shall depend on the registrant's ~~physician's~~ evaluation
373 of the patient's progress. If treatment goals are not being
374 achieved, despite medication adjustments, the registrant
375 ~~physician~~ shall reevaluate the appropriateness of continued
376 treatment. The registrant ~~physician~~ shall monitor patient
377 compliance in medication usage, related treatment plans,
378 controlled substance agreements, and indications of substance
379 abuse or diversion at a minimum of 3-month intervals.

380 (e) The registrant ~~physician~~ shall refer the patient as
381 necessary for additional evaluation and treatment in order to
382 achieve treatment objectives. Special attention shall be given
383 to those patients who are at risk for misusing their medications
384 and those whose living arrangements pose a risk for medication
385 misuse or diversion. The management of pain in patients with a
386 history of substance abuse or with a comorbid psychiatric
387 disorder requires extra care, monitoring, and documentation and



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388 requires consultation with or referral to an addiction medicine
389 specialist or psychiatrist.

390 (f) A registrant ~~physician registered under this section~~
391 must maintain accurate, current, and complete records that are
392 accessible and readily available for review and comply with the
393 requirements of this section, the applicable practice act, and
394 applicable board rules. The medical records must include, but
395 are not limited to:

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

398 2. Diagnostic, therapeutic, and laboratory results.

399 3. Evaluations and consultations.

400 4. Treatment objectives.

401 5. Discussion of risks and benefits.

402 6. Treatments.

403 7. Medications, including date, type, dosage, and quantity
404 prescribed.

405 8. Instructions and agreements.

406 9. Periodic reviews.

407 10. Results of any drug testing.

408 11. A photocopy of the patient's government-issued photo
409 identification.

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

412 13. The registrant's ~~physician's~~ full name presented in a
413 legible manner.

414 (g) A registrant shall immediately refer patients with
415 signs or symptoms of substance ~~abuse shall be immediately~~
416 ~~referred~~ to a board-certified pain management physician, an



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417 addiction medicine specialist, or a mental health addiction
418 facility as it pertains to drug abuse or addiction unless the
419 registrant is a physician who is board-certified or board-
420 eligible in pain management. Throughout the period of time
421 before receiving the consultant's report, a prescribing
422 registrant ~~physician~~ shall clearly and completely document
423 medical justification for continued treatment with controlled
424 substances and those steps taken to ensure medically appropriate
425 use of controlled substances by the patient. Upon receipt of the
426 consultant's written report, the prescribing registrant
427 ~~physician~~ shall incorporate the consultant's recommendations for
428 continuing, modifying, or discontinuing controlled substance
429 therapy. The resulting changes in treatment shall be
430 specifically documented in the patient's medical record.
431 Evidence or behavioral indications of diversion shall be
432 followed by discontinuation of controlled substance therapy, and
433 the patient shall be discharged, and all results of testing and
434 actions taken by the registrant ~~physician~~ shall be documented in
435 the patient's medical record.

436
437 This subsection does not apply to a board-eligible or board-
438 certified anesthesiologist, physiatrist, rheumatologist, or
439 neurologist, or to a board-certified physician who has surgical
440 privileges at a hospital or ambulatory surgery center and
441 primarily provides surgical services. This subsection does not
442 apply to a board-eligible or board-certified medical specialist
443 who has also completed a fellowship in pain medicine approved by
444 the Accreditation Council for Graduate Medical Education or the
445 American Osteopathic Association, or who is board eligible or



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446 board certified in pain medicine by the American Board of Pain
447 Medicine or a board approved by the American Board of Medical
448 Specialties or the American Osteopathic Association and performs
449 interventional pain procedures of the type routinely billed
450 using surgical codes. This subsection does not apply to a
451 registrant, physician, advanced registered nurse practitioner,
452 or physician assistant who prescribes medically necessary
453 controlled substances for a patient during an inpatient stay in
454 a hospital licensed under chapter 395.

455 Section 11. Paragraph (b) of subsection (2) of section
456 458.3265, Florida Statutes, is amended to read:

457 458.3265 Pain-management clinics.—

458 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
459 apply to any physician who provides professional services in a
460 pain-management clinic that is required to be registered in
461 subsection (1).

462 (b) Only a person may not dispense any medication on the
463 premises of a registered pain-management clinic unless he or she
464 is a physician licensed under this chapter or chapter 459 may
465 dispense medication or prescribe a controlled substance
466 regulated under chapter 893 on the premises of a registered
467 pain-management clinic.

468 Section 12. Paragraph (b) of subsection (2) of section
469 459.0137, Florida Statutes, is amended to read:

470 459.0137 Pain-management clinics.—

471 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
472 apply to any osteopathic physician who provides professional
473 services in a pain-management clinic that is required to be
474 registered in subsection (1).



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475 (b) ~~Only a person may not dispense any medication on the~~
476 ~~premises of a registered pain-management clinic unless he or she~~
477 ~~is~~ a physician licensed under this chapter or chapter 458 may
478 dispense medication or prescribe a controlled substance
479 regulated under chapter 893 on the premises of a registered
480 pain-management clinic.

481 Section 13. Paragraph (e) of subsection (4) of section
482 458.347, Florida Statutes, is amended, and paragraph (c) of
483 subsection (9) of that section is republished, to read:

484 458.347 Physician assistants.—

485 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

486 (e) A supervisory physician may delegate to a fully
487 licensed physician assistant the authority to prescribe or
488 dispense any medication used in the supervisory physician's
489 practice unless such medication is listed on the formulary
490 created pursuant to paragraph (f). A fully licensed physician
491 assistant may only prescribe or dispense such medication under
492 the following circumstances:

493 1. A physician assistant must clearly identify to the
494 patient that he or she is a physician assistant. Furthermore,
495 the physician assistant must inform the patient that the patient
496 has the right to see the physician prior to any prescription
497 being prescribed or dispensed by the physician assistant.

498 2. The supervisory physician must notify the department of
499 his or her intent to delegate, on a department-approved form,
500 before delegating such authority and notify the department of
501 any change in prescriptive privileges of the physician
502 assistant. Authority to dispense may be delegated only by a
503 supervising physician who is registered as a dispensing



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504 practitioner in compliance with s. 465.0276.

505 3. The physician assistant must file with the department a
506 signed affidavit that he or she has completed a minimum of 10
507 continuing medical education hours in the specialty practice in
508 which the physician assistant has prescriptive privileges with
509 each licensure renewal application. Three of the 10 hours must
510 consist of a continuing education course on the safe and
511 effective prescribing of controlled substance medications
512 offered by a statewide professional association of physicians in
513 this state accredited to provide educational activities
514 designated for the American Medical Association Physician's
515 Recognition Award Category I Credit or designated by the
516 American Academy of Physician Assistants as a Category 1 Credit.

517 4. The department may issue a prescriber number to the
518 physician assistant granting authority for the prescribing of
519 medicinal drugs authorized within this paragraph upon completion
520 of the foregoing requirements. The physician assistant shall not
521 be required to independently register pursuant to s. 465.0276.

522 5. The prescription must be written in a form that complies
523 with chapter 499 and must contain, in addition to the
524 supervisory physician's name, address, and telephone number, the
525 physician assistant's prescriber number. Unless it is a drug or
526 drug sample dispensed by the physician assistant, the
527 prescription must be filled in a pharmacy permitted under
528 chapter 465 and must be dispensed in that pharmacy by a
529 pharmacist licensed under chapter 465. The appearance of the
530 prescriber number creates a presumption that the physician
531 assistant is authorized to prescribe the medicinal drug and the
532 prescription is valid.



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

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

537 (c) The council shall:

538 1. Recommend to the department the licensure of physician
539 assistants.

540 2. Develop all rules regulating the use of physician
541 assistants by physicians under this chapter and chapter 459,
542 except for rules relating to the formulary developed under
543 paragraph (4) (f). The council shall also develop rules to ensure
544 that the continuity of supervision is maintained in each
545 practice setting. The boards shall consider adopting a proposed
546 rule developed by the council at the regularly scheduled meeting
547 immediately following the submission of the proposed rule by the
548 council. A proposed rule submitted by the council may not be
549 adopted by either board unless both boards have accepted and
550 approved the identical language contained in the proposed rule.
551 The language of all proposed rules submitted by the council must
552 be approved by both boards pursuant to each respective board's
553 guidelines and standards regarding the adoption of proposed
554 rules. If either board rejects the council's proposed rule, that
555 board must specify its objection to the council with
556 particularity and include any recommendations it may have for
557 the modification of the proposed rule.

558 3. Make recommendations to the boards regarding all matters
559 relating to physician assistants.

560 4. Address concerns and problems of practicing physician
561 assistants in order to improve safety in the clinical practices



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562 of licensed physician assistants.

563 Section 14. Effective January 1, 2017, paragraph (f) of
564 subsection (4) of section 458.347, Florida Statutes, is amended
565 to read:

566 458.347 Physician assistants.—

567 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

568 (f)1. The council shall establish a formulary of medicinal
569 drugs that a fully licensed physician assistant having
570 prescribing authority under this section or s. 459.022 may not
571 prescribe. The formulary must include ~~controlled substances as~~
572 ~~defined in chapter 893,~~ general anesthetics, and radiographic
573 contrast materials, and must limit the prescription of Schedule
574 II controlled substances as defined in s. 893.03 to a 7-day
575 supply. The formulary must also restrict the prescribing of
576 psychiatric mental health controlled substances for children
577 under 18 years of age.

578 2. In establishing the formulary, the council shall consult
579 with a pharmacist licensed under chapter 465, but not licensed
580 under this chapter or chapter 459, who shall be selected by the
581 State Surgeon General.

582 3. Only the council shall add to, delete from, or modify
583 the formulary. Any person who requests an addition, deletion, or
584 modification of a medicinal drug listed on such formulary has
585 the burden of proof to show cause why such addition, deletion,
586 or modification should be made.

587 4. The boards shall adopt the formulary required by this
588 paragraph, and each addition, deletion, or modification to the
589 formulary, by rule. Notwithstanding any provision of chapter 120
590 to the contrary, the formulary rule shall be effective 60 days



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591 after the date it is filed with the Secretary of State. Upon
592 adoption of the formulary, the department shall mail a copy of
593 such formulary to each fully licensed physician assistant having
594 prescribing authority under this section or s. 459.022, and to
595 each pharmacy licensed by the state. The boards shall establish,
596 by rule, a fee not to exceed \$200 to fund the provisions of this
597 paragraph and paragraph (e).

598 Section 15. Subsection (2) of section 464.003, Florida
599 Statutes, is amended to read:

600 464.003 Definitions.—As used in this part, the term:

601 (2) "Advanced or specialized nursing practice" means, in
602 addition to the practice of professional nursing, the
603 performance of advanced-level nursing acts approved by the board
604 which, by virtue of postbasic specialized education, training,
605 and experience, are appropriately performed by an advanced
606 registered nurse practitioner. Within the context of advanced or
607 specialized nursing practice, the advanced registered nurse
608 practitioner may perform acts of nursing diagnosis and nursing
609 treatment of alterations of the health status. The advanced
610 registered nurse practitioner may also perform acts of medical
611 diagnosis and treatment, prescription, and operation as
612 authorized within the framework of an established supervisory
613 protocol ~~which are identified and approved by a joint committee~~
614 ~~composed of three members appointed by the Board of Nursing, two~~
615 ~~of whom must be advanced registered nurse practitioners; three~~
616 ~~members appointed by the Board of Medicine, two of whom must~~
617 ~~have had work experience with advanced registered nurse~~
618 ~~practitioners; and the State Surgeon General or the State~~
619 ~~Surgeon General's designee. Each committee member appointed by a~~



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620 ~~board shall be appointed to a term of 4 years unless a shorter~~
621 ~~term is required to establish or maintain staggered terms. The~~
622 ~~Board of Nursing shall adopt rules authorizing the performance~~
623 ~~of any such acts approved by the joint committee. Unless~~
624 ~~otherwise specified by the joint committee, such acts must be~~
625 ~~performed under the general supervision of a practitioner~~
626 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
627 ~~the framework of standing protocols which identify the medical~~
628 ~~acts to be performed and the conditions for their performance.~~
629 The department may, by rule, require that a copy of the protocol
630 be filed with the department along with the notice required by
631 s. 458.348.

632 Section 16. Section 464.012, Florida Statutes, is amended
633 to read:

634 464.012 Certification of advanced registered nurse
635 practitioners; fees; controlled substance prescribing.—

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

641 (a) Satisfactory completion of a formal postbasic
642 educational program of at least one academic year, the primary
643 purpose of which is to prepare nurses for advanced or
644 specialized practice.

645 (b) Certification by an appropriate specialty board. Such
646 certification shall be required for initial state certification
647 and any recertification as a registered nurse anesthetist or
648 nurse midwife. The board may by rule provide for provisional



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649 state certification of graduate nurse anesthetists and nurse
650 midwives for a period of time determined to be appropriate for
651 preparing for and passing the national certification
652 examination.

653 (c) Graduation from a program leading to a master's degree
654 in a nursing clinical specialty area with preparation in
655 specialized practitioner skills. For applicants graduating on or
656 after October 1, 1998, graduation from a master's degree program
657 shall be required for initial certification as a nurse
658 practitioner under paragraph (4) (c). For applicants graduating
659 on or after October 1, 2001, graduation from a master's degree
660 program shall be required for initial certification as a
661 registered nurse anesthetist under paragraph (4) (a).

662 (2) The board shall provide by rule the appropriate
663 requirements for advanced registered nurse practitioners in the
664 categories of certified registered nurse anesthetist, certified
665 nurse midwife, and nurse practitioner.

666 (3) An advanced registered nurse practitioner shall perform
667 those functions authorized in this section within the framework
668 of an established protocol that is filed with the board upon
669 biennial license renewal and within 30 days after entering into
670 a supervisory relationship with a physician or changes to the
671 protocol. The board shall review the protocol to ensure
672 compliance with applicable regulatory standards for protocols.
673 The board shall refer to the department licensees submitting
674 protocols that are not compliant with the regulatory standards
675 for protocols. A practitioner currently licensed under chapter
676 458, chapter 459, or chapter 466 shall maintain supervision for
677 directing the specific course of medical treatment. Within the



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678 established framework, an advanced registered nurse practitioner
679 may:

680 (a) Monitor and alter drug therapies.

681 (b) Initiate appropriate therapies for certain conditions.

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

684 (d) Order diagnostic tests and physical and occupational
685 therapy.

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

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

693 1. Determine the health status of the patient as it relates
694 to the risk factors and to the anesthetic management of the
695 patient through the performance of the general functions.

696 2. Based on history, physical assessment, and supplemental
697 laboratory results, determine, with the consent of the
698 responsible physician, the appropriate type of anesthesia within
699 the framework of the protocol.

700 3. Order under the protocol preanesthetic medication.

701 4. Perform under the protocol procedures commonly used to
702 render the patient insensible to pain during the performance of
703 surgical, obstetrical, therapeutic, or diagnostic clinical
704 procedures. These procedures include ordering and administering
705 regional, spinal, and general anesthesia; inhalation agents and
706 techniques; intravenous agents and techniques; and techniques of



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707 hypnosis.

708 5. Order or perform monitoring procedures indicated as
709 pertinent to the anesthetic health care management of the
710 patient.

711 6. Support life functions during anesthesia health care,
712 including induction and intubation procedures, the use of
713 appropriate mechanical supportive devices, and the management of
714 fluid, electrolyte, and blood component balances.

715 7. Recognize and take appropriate corrective action for
716 abnormal patient responses to anesthesia, adjunctive medication,
717 or other forms of therapy.

718 8. Recognize and treat a cardiac arrhythmia while the
719 patient is under anesthetic care.

720 9. Participate in management of the patient while in the
721 postanesthesia recovery area, including ordering the
722 administration of fluids and drugs.

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

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

731 1. Perform superficial minor surgical procedures.

732 2. Manage the patient during labor and delivery to include
733 amniotomy, episiotomy, and repair.

734 3. Order, initiate, and perform appropriate anesthetic
735 procedures.



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- 736 4. Perform postpartum examination.
737 5. Order appropriate medications.
738 6. Provide family-planning services and well-woman care.
739 7. Manage the medical care of the normal obstetrical
740 patient and the initial care of a newborn patient.

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

- 743 1. Manage selected medical problems.
744 2. Order physical and occupational therapy.
745 3. Initiate, monitor, or alter therapies for certain
746 uncomplicated acute illnesses.
747 4. Monitor and manage patients with stable chronic
748 diseases.
749 5. Establish behavioral problems and diagnosis and make
750 treatment recommendations.

751 (5) The board shall certify, and the department shall issue
752 a certificate to, any nurse meeting the qualifications in this
753 section. The board shall establish an application fee not to
754 exceed \$100 and a biennial renewal fee not to exceed \$50. The
755 board is authorized to adopt such other rules as are necessary
756 to implement the provisions of this section.

757 (6) (a) The board shall establish a committee to recommend a
758 formulary of controlled substances that an advanced registered
759 nurse practitioner may not prescribe or may prescribe only for
760 specific uses or in limited quantities. The committee must
761 consist of three advanced registered nurse practitioners
762 licensed under this section, recommended by the Board of
763 Nursing; three physicians licensed under chapter 458 or chapter
764 459 who have work experience with advanced registered nurse



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765 practitioners, recommended by the Board of Medicine; and a
766 pharmacist licensed under chapter 465 who holds a Doctor of
767 Pharmacy degree, recommended by the Board of Pharmacy. The
768 committee may recommend an evidence-based formulary applicable
769 to all advanced registered nurse practitioners which is limited
770 by specialty certification, is limited to approved uses of
771 controlled substances, or is subject to other similar
772 restrictions the committee finds are necessary to protect the
773 health, safety, and welfare of the public. The formulary must
774 restrict the prescribing of psychiatric mental health controlled
775 substances for children under 18 years of age to advanced
776 registered nurse practitioners who also are psychiatric nurses
777 as defined in s. 394.455. The formulary must also limit the
778 prescribing of Schedule II controlled substances as defined in
779 s. 893.03 to a 7-day supply, except that such restriction does
780 not apply to controlled substances that are psychiatric
781 medications prescribed by psychiatric nurses as defined in s.
782 394.455.

783 (b) The board shall adopt by rule the recommended formulary
784 and any revisions to the formulary which it finds are supported
785 by evidence-based clinical findings presented by the Board of
786 Medicine, the Board of Osteopathic Medicine, or the Board of
787 Dentistry.

788 (c) The formulary required under this subsection does not
789 apply to a controlled substance that is dispensed for
790 administration pursuant to an order, including an order for
791 medication authorized by subparagraph (4)(a)3., subparagraph
792 (4)(a)4., or subparagraph (4)(a)9.

793 (d) The board shall adopt the committee's initial



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794 recommendation no later October 31, 2016.

795 Section 17. Effective January 1, 2017, subsection (3) of
796 section 464.012, Florida Statutes, as amended by this act, is
797 amended to read:

798 464.012 Certification of advanced registered nurse
799 practitioners; fees; controlled substance prescribing.—

800 (3) An advanced registered nurse practitioner shall perform
801 those functions authorized in this section within the framework
802 of an established protocol that is filed with the board upon
803 biennial license renewal and within 30 days after entering into
804 a supervisory relationship with a physician or changes to the
805 protocol. The board shall review the protocol to ensure
806 compliance with applicable regulatory standards for protocols.
807 The board shall refer to the department licensees submitting
808 protocols that are not compliant with the regulatory standards
809 for protocols. A practitioner currently licensed under chapter
810 458, chapter 459, or chapter 466 shall maintain supervision for
811 directing the specific course of medical treatment. Within the
812 established framework, an advanced registered nurse practitioner
813 may:

814 (a) Prescribe, dispense, administer, or order any drug;
815 however, an advanced registered nurse practitioner may only
816 prescribe or dispense a controlled substance as defined in s.
817 893.03 if the advanced registered nurse practitioner has
818 graduated from a program leading to a master's or doctoral
819 degree in a clinical nursing specialty area with training in
820 specialized practitioner skills. ~~Monitor and alter drug~~
821 therapies.

822 (b) Initiate appropriate therapies for certain conditions.



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

825 (d) Order diagnostic tests and physical and occupational
826 therapy.

827 Section 18. Subsection (3) of section 464.013, Florida
828 Statutes, is amended to read:

829 464.013 Renewal of license or certificate.-

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

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

838 (b) Notwithstanding the exemption in paragraph (a), as part
839 of the maximum 30 hours of continuing education hours required
840 under this subsection, advanced registered nurse practitioners
841 certified under s. 464.012 must complete at least 3 hours of
842 continuing education on the safe and effective prescription of
843 controlled substances. Such continuing education courses must be
844 offered by a statewide professional association of physicians in
845 this state accredited to provide educational activities
846 designated for the American Medical Association Physician's
847 Recognition Award Category 1 Credit, the American Nurses
848 Credentialing Center, the American Association of Nurse
849 Anesthetists, or the American Association of Nurse Practitioners
850 and may be offered in a distance-learning format.

851 Section 19. Paragraph (p) is added to subsection (1) of



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852 section 464.018, Florida Statutes, and subsection (2) of that
853 section is republished, to read:

854 464.018 Disciplinary actions.—

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

857 (p) For an advanced registered nurse practitioner:

858 1. Presigning blank prescription forms.

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

861 3. Prescribing, ordering, dispensing, administering,
862 supplying, selling, or giving a drug that is an amphetamine or a
863 sympathomimetic amine drug, or a compound designated in s.
864 893.03(2) as a Schedule II controlled substance, to or for any
865 person except for:

866 a. The treatment of narcolepsy; hyperkinesis; behavioral
867 syndrome in children characterized by the developmentally
868 inappropriate symptoms of moderate to severe distractibility,
869 short attention span, hyperactivity, emotional lability, and
870 impulsivity; or drug-induced brain dysfunction.

871 b. The differential diagnostic psychiatric evaluation of
872 depression or the treatment of depression shown to be refractory
873 to other therapeutic modalities.

874 c. The clinical investigation of the effects of such drugs
875 or compounds when an investigative protocol is submitted to,
876 reviewed by, and approved by the department before such
877 investigation is begun.

878 4. Prescribing, ordering, dispensing, administering,
879 supplying, selling, or giving growth hormones, testosterone or
880 its analogs, human chorionic gonadotropin (HCG), or other



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881 hormones for the purpose of muscle building or to enhance
882 athletic performance. As used in this subparagraph, the term
883 "muscle building" does not include the treatment of injured
884 muscle. A prescription written for the drug products identified
885 in this subparagraph may be dispensed by a pharmacist with the
886 presumption that the prescription is for legitimate medical use.

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

890 6. Prescribing, dispensing, administering, mixing, or
891 otherwise preparing a legend drug, including a controlled
892 substance, other than in the course of his or her professional
893 practice. For the purposes of this subparagraph, it is legally
894 presumed that prescribing, dispensing, administering, mixing, or
895 otherwise preparing legend drugs, including all controlled
896 substances, inappropriately or in excessive or inappropriate
897 quantities is not in the best interest of the patient and is not
898 in the course of the advanced registered nurse practitioner's
899 professional practice, without regard to his or her intent.

900 7. Prescribing, dispensing, or administering a medicinal
901 drug appearing on any schedule set forth in chapter 893 to
902 himself or herself, except a drug prescribed, dispensed, or
903 administered to the advanced registered nurse practitioner by
904 another practitioner authorized to prescribe, dispense, or
905 administer medicinal drugs.

906 8. Prescribing, ordering, dispensing, administering,
907 supplying, selling, or giving amygdalin (laetrile) to any
908 person.

909 9. Dispensing a substance designated in s. 893.03(2) or (3)



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910 as a substance controlled in Schedule II or Schedule III,
911 respectively, in violation of s. 465.0276.

912 10. Promoting or advertising through any communication
913 medium the use, sale, or dispensing of a substance designated in
914 s. 893.03 as a controlled substance.

915 (2) The board may enter an order denying licensure or
916 imposing any of the penalties in s. 456.072(2) against any
917 applicant for licensure or licensee who is found guilty of
918 violating any provision of subsection (1) of this section or who
919 is found guilty of violating any provision of s. 456.072(1).

920 Section 20. Section 627.42392, Florida Statutes, is created
921 to read:

922 627.42392 Prior authorization.—

923 (1) As used in this section, the term "health insurer"
924 means an authorized insurer offering health insurance as defined
925 in s. 624.603, a managed care plan as defined in s. 409.901(13),
926 or a health maintenance organization as defined in s.
927 641.19(12).

928 (2) Notwithstanding any other provision of law, in order to
929 establish uniformity in the submission of prior authorization
930 forms on or after January 1, 2017, a health insurer, or a
931 pharmacy benefits manager on behalf of the health insurer, which
932 does not use an electronic prior authorization form for its
933 contracted providers shall use only the prior authorization form
934 that has been approved by the Financial Services Commission to
935 obtain a prior authorization for a medical procedure, course of
936 treatment, or prescription drug benefit. Such form may not
937 exceed two pages in length, excluding any instructions or
938 guiding documentation.



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939 (3) The Financial Services Commission shall adopt by rule
940 guidelines for all prior authorization forms which ensure the
941 general uniformity of such forms.

942 Section 21. Subsection (11) of section 627.6131, Florida
943 Statutes, is amended to read:

944 627.6131 Payment of claims.—

945 (11) A health insurer may not retroactively deny a claim
946 because of insured ineligibility:

947 (a) At any time, if the health insurer verified the
948 eligibility of an insured at the time of treatment and provided
949 an authorization number.

950 (b) More than 1 year after the date of payment of the
951 claim.

952 Section 22. Subsection (10) of section 641.3155, Florida
953 Statutes, is amended to read:

954 641.3155 Prompt payment of claims.—

955 (10) A health maintenance organization may not
956 retroactively deny a claim because of subscriber ineligibility:

957 (a) At any time, if the health maintenance organization
958 verified the eligibility of an insured at the time of treatment
959 and provided an authorization number.

960 (b) More than 1 year after the date of payment of the
961 claim.

962 Section 23. Subsection (21) of section 893.02, Florida
963 Statutes, is amended to read:

964 893.02 Definitions.—The following words and phrases as used
965 in this chapter shall have the following meanings, unless the
966 context otherwise requires:

967 (21) "Practitioner" means a physician licensed under



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968 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
969 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
970 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
971 459, an advanced registered nurse practitioner certified under
972 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
973 462, a certified optometrist licensed under ~~pursuant to~~ chapter
974 463, or a podiatric physician licensed under ~~pursuant to~~ chapter
975 461, or a physician assistant licensed under chapter 458 or
976 chapter 459, provided such practitioner holds a valid federal
977 controlled substance registry number.

978 Section 24. Paragraph (n) of subsection (1) of section
979 948.03, Florida Statutes, is amended to read:

980 948.03 Terms and conditions of probation.—

981 (1) The court shall determine the terms and conditions of
982 probation. Conditions specified in this section do not require
983 oral pronouncement at the time of sentencing and may be
984 considered standard conditions of probation. These conditions
985 may include among them the following, that the probationer or
986 offender in community control shall:

987 (n) Be prohibited from using intoxicants to excess or
988 possessing any drugs or narcotics unless prescribed by a
989 physician, advanced registered nurse practitioner, or physician
990 assistant. The probationer or community controllee may ~~shall~~ not
991 knowingly visit places where intoxicants, drugs, or other
992 dangerous substances are unlawfully sold, dispensed, or used.

993 Section 25. Paragraph (a) of subsection (1) and subsection
994 (2) of section 458.348, Florida Statutes, are amended to read:

995 458.348 Formal supervisory relationships, standing orders,
996 and established protocols; notice; standards.—



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997 (1) NOTICE.—

998 (a) When a physician enters into a formal supervisory
999 relationship or standing orders with an emergency medical
1000 technician or paramedic licensed pursuant to s. 401.27, which
1001 relationship or orders contemplate the performance of medical
1002 acts, or when a physician enters into an established protocol
1003 with an advanced registered nurse practitioner, which protocol
1004 contemplates the performance of medical acts ~~identified and~~
1005 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
1006 acts set forth in s. 464.012(3) and (4), the physician shall
1007 submit notice to the board. The notice shall contain a statement
1008 in substantially the following form:

1009
1010 I, ...(name and professional license number of
1011 physician)..., of ...(address of physician)... have hereby
1012 entered into a formal supervisory relationship, standing orders,
1013 or an established protocol with ...(number of persons)...
1014 emergency medical technician(s), ...(number of persons)...
1015 paramedic(s), or ...(number of persons)... advanced registered
1016 nurse practitioner(s).

1017
1018 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1019 joint committee ~~created under s. 464.003(2)~~ shall determine
1020 minimum standards for the content of established protocols
1021 pursuant to which an advanced registered nurse practitioner may
1022 perform medical acts ~~identified and approved by the joint~~
1023 ~~committee pursuant to s. 464.003(2) or~~ acts set forth in s.
1024 464.012(3) and (4) and shall determine minimum standards for
1025 supervision of such acts by the physician, unless the joint



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1026 committee determines that any act set forth in s. 464.012(3) or
1027 (4) is not a medical act. Such standards shall be based on risk
1028 to the patient and acceptable standards of medical care and
1029 shall take into account the special problems of medically
1030 underserved areas. The standards developed by the joint
1031 committee shall be adopted as rules by the Board of Nursing and
1032 the Board of Medicine for purposes of carrying out their
1033 responsibilities pursuant to part I of chapter 464 and this
1034 chapter, respectively, but neither board shall have disciplinary
1035 powers over the licensees of the other board.

1036 Section 26. Paragraph (a) of subsection (1) of section
1037 459.025, Florida Statutes, is amended to read:

1038 459.025 Formal supervisory relationships, standing orders,
1039 and established protocols; notice; standards.—

1040 (1) NOTICE.—

1041 (a) When an osteopathic physician enters into a formal
1042 supervisory relationship or standing orders with an emergency
1043 medical technician or paramedic licensed pursuant to s. 401.27,
1044 which relationship or orders contemplate the performance of
1045 medical acts, or when an osteopathic physician enters into an
1046 established protocol with an advanced registered nurse
1047 practitioner, which protocol contemplates the performance of
1048 medical acts ~~identified and approved by the joint committee~~
1049 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1050 (4), the osteopathic physician shall submit notice to the board.
1051 The notice must contain a statement in substantially the
1052 following form:

1053
1054 I, ...(name and professional license number of osteopathic



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1055 physician)..., of ...(address of osteopathic physician)... have
1056 hereby entered into a formal supervisory relationship, standing
1057 orders, or an established protocol with ...(number of
1058 persons)... emergency medical technician(s), ...(number of
1059 persons)... paramedic(s), or ...(number of persons)... advanced
1060 registered nurse practitioner(s).

1061 Section 27. For the purpose of incorporating the amendment
1062 made by this act to section 456.072, Florida Statutes, in a
1063 reference thereto, subsection (10) of section 458.331, Florida
1064 Statutes, is reenacted to read:

1065 458.331 Grounds for disciplinary action; action by the
1066 board and department.-

1067 (10) A probable cause panel convened to consider
1068 disciplinary action against a physician assistant alleged to
1069 have violated s. 456.072 or this section must include one
1070 physician assistant. The physician assistant must hold a valid
1071 license to practice as a physician assistant in this state and
1072 be appointed to the panel by the Council of Physician
1073 Assistants. The physician assistant may hear only cases
1074 involving disciplinary actions against a physician assistant. If
1075 the appointed physician assistant is not present at the
1076 disciplinary hearing, the panel may consider the matter and vote
1077 on the case in the absence of the physician assistant. The
1078 training requirements set forth in s. 458.307(4) do not apply to
1079 the appointed physician assistant. Rules need not be adopted to
1080 implement this subsection.

1081 Section 28. For the purpose of incorporating the amendment
1082 made by this act to section 456.072, Florida Statutes, in a
1083 reference thereto, paragraph (g) of subsection (7) of section



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1084 458.347, Florida Statutes, is reenacted to read:

1085 458.347 Physician assistants.—

1086 (7) PHYSICIAN ASSISTANT LICENSURE.—

1087 (g) The Board of Medicine may impose any of the penalties
1088 authorized under ss. 456.072 and 458.331(2) upon a physician
1089 assistant if the physician assistant or the supervising
1090 physician has been found guilty of or is being investigated for
1091 any act that constitutes a violation of this chapter or chapter
1092 456.

1093 Section 29. For the purpose of incorporating the amendment
1094 made by this act to section 456.072, Florida Statutes, in a
1095 reference thereto, subsection (10) of section 459.015, Florida
1096 Statutes, is reenacted to read:

1097 459.015 Grounds for disciplinary action; action by the
1098 board and department.—

1099 (10) A probable cause panel convened to consider
1100 disciplinary action against a physician assistant alleged to
1101 have violated s. 456.072 or this section must include one
1102 physician assistant. The physician assistant must hold a valid
1103 license to practice as a physician assistant in this state and
1104 be appointed to the panel by the Council of Physician
1105 Assistants. The physician assistant may hear only cases
1106 involving disciplinary actions against a physician assistant. If
1107 the appointed physician assistant is not present at the
1108 disciplinary hearing, the panel may consider the matter and vote
1109 on the case in the absence of the physician assistant. The
1110 training requirements set forth in s. 458.307(4) do not apply to
1111 the appointed physician assistant. Rules need not be adopted to
1112 implement this subsection.



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1113 Section 30. For the purpose of incorporating the amendment
1114 made by this act to section 456.072, Florida Statutes, in a
1115 reference thereto, paragraph (f) of subsection (7) of section
1116 459.022, Florida Statutes, is reenacted to read:

1117 459.022 Physician assistants.—

1118 (7) PHYSICIAN ASSISTANT LICENSURE.—

1119 (f) The Board of Osteopathic Medicine may impose any of the
1120 penalties authorized under ss. 456.072 and 459.015(2) upon a
1121 physician assistant if the physician assistant or the
1122 supervising physician has been found guilty of or is being
1123 investigated for any act that constitutes a violation of this
1124 chapter or chapter 456.

1125 Section 31. For the purpose of incorporating the amendment
1126 made by this act to section 456.072, Florida Statutes, in a
1127 reference thereto, subsection (5) of section 465.0158, Florida
1128 Statutes, is reenacted to read:

1129 465.0158 Nonresident sterile compounding permit.—

1130 (5) In accordance with this chapter, the board may deny,
1131 revoke, or suspend the permit of; fine; or reprimand a permittee
1132 for:

1133 (a) Failure to comply with this section;

1134 (b) A violation listed under s. 456.0635, s. 456.065, or s.
1135 456.072, except s. 456.072(1)(s) or (1)(u);

1136 (c) A violation under s. 465.0156(5); or

1137 (d) A violation listed under s. 465.016.

1138 Section 32. For the purpose of incorporating the amendment
1139 made by this act to section 456.44, Florida Statutes, in a
1140 reference thereto, paragraph (mm) of subsection (1) of section
1141 456.072, Florida Statutes, is reenacted to read:



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1142 456.072 Grounds for discipline; penalties; enforcement.—

1143 (1) The following acts shall constitute grounds for which
1144 the disciplinary actions specified in subsection (2) may be
1145 taken:

1146 (mm) Failure to comply with controlled substance
1147 prescribing requirements of s. 456.44.

1148 Section 33. For the purpose of incorporating the amendment
1149 made by this act to section 456.44, Florida Statutes, in a
1150 reference thereto, section 466.02751, Florida Statutes, is
1151 reenacted to read:

1152 466.02751 Establishment of practitioner profile for
1153 designation as a controlled substance prescribing practitioner.—
1154 The Department of Health shall establish a practitioner profile
1155 for dentists licensed under this chapter for a practitioner's
1156 designation as a controlled substance prescribing practitioner
1157 as provided in s. 456.44.

1158 Section 34. For the purpose of incorporating the amendment
1159 made by this act to section 458.347, Florida Statutes, in a
1160 reference thereto, section 458.303, Florida Statutes, is
1161 reenacted to read:

1162 458.303 Provisions not applicable to other practitioners;
1163 exceptions, etc.—

1164 (1) The provisions of ss. 458.301, 458.305, 458.307,
1165 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321,
1166 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343,
1167 458.345, 458.347, and this section shall have no application to:

1168 (a) Other duly licensed health care practitioners acting
1169 within their scope of practice authorized by statute.

1170 (b) Any physician lawfully licensed in another state or



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1171 territory or foreign country, when meeting duly licensed
1172 physicians of this state in consultation.

1173 (c) Commissioned medical officers of the Armed Forces of
1174 the United States and of the Public Health Service of the United
1175 States while on active duty and while acting within the scope of
1176 their military or public health responsibilities.

1177 (d) Any person while actually serving without salary or
1178 professional fees on the resident medical staff of a hospital in
1179 this state, subject to the provisions of s. 458.321.

1180 (e) Any person furnishing medical assistance in case of an
1181 emergency.

1182 (f) The domestic administration of recognized family
1183 remedies.

1184 (g) The practice of the religious tenets of any church in
1185 this state.

1186 (h) Any person or manufacturer who, without the use of
1187 drugs or medicine, mechanically fits or sells lenses, artificial
1188 eyes or limbs, or other apparatus or appliances or is engaged in
1189 the mechanical examination of eyes for the purpose of
1190 constructing or adjusting spectacles, eyeglasses, or lenses.

1191 (2) Nothing in s. 458.301, s. 458.305, s. 458.307, s.
1192 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s.
1193 458.327, s. 458.329, s. 458.331, s. 458.337, s. 458.339, s.
1194 458.341, s. 458.343, s. 458.345, s. 458.347, or this section
1195 shall be construed to prohibit any service rendered by a
1196 registered nurse or a licensed practical nurse, if such service
1197 is rendered under the direct supervision and control of a
1198 licensed physician who provides specific direction for any
1199 service to be performed and gives final approval to all services



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1200 performed. Further, nothing in this or any other chapter shall
1201 be construed to prohibit any service rendered by a medical
1202 assistant in accordance with the provisions of s. 458.3485.

1203 Section 35. For the purpose of incorporating the amendment
1204 made by this act to section 458.347, Florida Statutes, in a
1205 reference thereto, paragraph (b) of subsection (7) of section
1206 458.3475, Florida Statutes, is reenacted to read:

1207 458.3475 Anesthesiologist assistants.—

1208 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1209 ADVISE THE BOARD.—

1210 (b) In addition to its other duties and responsibilities as
1211 prescribed by law, the board shall:

1212 1. Recommend to the department the licensure of
1213 anesthesiologist assistants.

1214 2. Develop all rules regulating the use of anesthesiologist
1215 assistants by qualified anesthesiologists under this chapter and
1216 chapter 459, except for rules relating to the formulary
1217 developed under s. 458.347(4)(f). The board shall also develop
1218 rules to ensure that the continuity of supervision is maintained
1219 in each practice setting. The boards shall consider adopting a
1220 proposed rule at the regularly scheduled meeting immediately
1221 following the submission of the proposed rule. A proposed rule
1222 may not be adopted by either board unless both boards have
1223 accepted and approved the identical language contained in the
1224 proposed rule. The language of all proposed rules must be
1225 approved by both boards pursuant to each respective board's
1226 guidelines and standards regarding the adoption of proposed
1227 rules.

1228 3. Address concerns and problems of practicing



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1229 anesthesiologist assistants to improve safety in the clinical
1230 practices of licensed anesthesiologist assistants.

1231 Section 36. For the purpose of incorporating the amendment
1232 made by this act to section 458.347, Florida Statutes, in
1233 references thereto, paragraph (e) of subsection (4) and
1234 paragraph (c) of subsection (9) of section 459.022, Florida
1235 Statutes, are reenacted to read:

1236 459.022 Physician assistants.—

1237 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1238 (e) A supervisory physician may delegate to a fully
1239 licensed physician assistant the authority to prescribe or
1240 dispense any medication used in the supervisory physician's
1241 practice unless such medication is listed on the formulary
1242 created pursuant to s. 458.347. A fully licensed physician
1243 assistant may only prescribe or dispense such medication under
1244 the following circumstances:

1245 1. A physician assistant must clearly identify to the
1246 patient that she or he is a physician assistant. Furthermore,
1247 the physician assistant must inform the patient that the patient
1248 has the right to see the physician prior to any prescription
1249 being prescribed or dispensed by the physician assistant.

1250 2. The supervisory physician must notify the department of
1251 her or his intent to delegate, on a department-approved form,
1252 before delegating such authority and notify the department of
1253 any change in prescriptive privileges of the physician
1254 assistant. Authority to dispense may be delegated only by a
1255 supervisory physician who is registered as a dispensing
1256 practitioner in compliance with s. 465.0276.

1257 3. The physician assistant must file with the department a



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1258 signed affidavit that she or he has completed a minimum of 10
1259 continuing medical education hours in the specialty practice in
1260 which the physician assistant has prescriptive privileges with
1261 each licensure renewal application.

1262 4. The department may issue a prescriber number to the
1263 physician assistant granting authority for the prescribing of
1264 medicinal drugs authorized within this paragraph upon completion
1265 of the foregoing requirements. The physician assistant shall not
1266 be required to independently register pursuant to s. 465.0276.

1267 5. The prescription must be written in a form that complies
1268 with chapter 499 and must contain, in addition to the
1269 supervisory physician's name, address, and telephone number, the
1270 physician assistant's prescriber number. Unless it is a drug or
1271 drug sample dispensed by the physician assistant, the
1272 prescription must be filled in a pharmacy permitted under
1273 chapter 465, and must be dispensed in that pharmacy by a
1274 pharmacist licensed under chapter 465. The appearance of the
1275 prescriber number creates a presumption that the physician
1276 assistant is authorized to prescribe the medicinal drug and the
1277 prescription is valid.

1278 6. The physician assistant must note the prescription or
1279 dispensing of medication in the appropriate medical record.

1280 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1281 Physician Assistants is created within the department.

1282 (c) The council shall:

1283 1. Recommend to the department the licensure of physician
1284 assistants.

1285 2. Develop all rules regulating the use of physician
1286 assistants by physicians under chapter 458 and this chapter,



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1287 except for rules relating to the formulary developed under s.
1288 458.347. The council shall also develop rules to ensure that the
1289 continuity of supervision is maintained in each practice
1290 setting. The boards shall consider adopting a proposed rule
1291 developed by the council at the regularly scheduled meeting
1292 immediately following the submission of the proposed rule by the
1293 council. A proposed rule submitted by the council may not be
1294 adopted by either board unless both boards have accepted and
1295 approved the identical language contained in the proposed rule.
1296 The language of all proposed rules submitted by the council must
1297 be approved by both boards pursuant to each respective board's
1298 guidelines and standards regarding the adoption of proposed
1299 rules. If either board rejects the council's proposed rule, that
1300 board must specify its objection to the council with
1301 particularity and include any recommendations it may have for
1302 the modification of the proposed rule.

1303 3. Make recommendations to the boards regarding all matters
1304 relating to physician assistants.

1305 4. Address concerns and problems of practicing physician
1306 assistants in order to improve safety in the clinical practices
1307 of licensed physician assistants.

1308 Section 37. For the purpose of incorporating the amendment
1309 made by this act to section 458.347, Florida Statutes, in a
1310 reference thereto, paragraph (b) of subsection (7) of section
1311 459.023, Florida Statutes, is reenacted to read:

1312 459.023 Anesthesiologist assistants.—

1313 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1314 ADVISE THE BOARD.—

1315 (b) In addition to its other duties and responsibilities as



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1316 prescribed by law, the board shall:

1317 1. Recommend to the department the licensure of
1318 anesthesiologist assistants.

1319 2. Develop all rules regulating the use of anesthesiologist
1320 assistants by qualified anesthesiologists under this chapter and
1321 chapter 458, except for rules relating to the formulary
1322 developed under s. 458.347(4)(f). The board shall also develop
1323 rules to ensure that the continuity of supervision is maintained
1324 in each practice setting. The boards shall consider adopting a
1325 proposed rule at the regularly scheduled meeting immediately
1326 following the submission of the proposed rule. A proposed rule
1327 may not be adopted by either board unless both boards have
1328 accepted and approved the identical language contained in the
1329 proposed rule. The language of all proposed rules must be
1330 approved by both boards pursuant to each respective board's
1331 guidelines and standards regarding the adoption of proposed
1332 rules.

1333 3. Address concerns and problems of practicing
1334 anesthesiologist assistants to improve safety in the clinical
1335 practices of licensed anesthesiologist assistants.

1336 Section 38. For the purpose of incorporating the amendment
1337 made by this act to section 464.012, Florida Statutes, in a
1338 reference thereto, paragraph (a) of subsection (1) of section
1339 456.041, Florida Statutes, is reenacted to read:

1340 456.041 Practitioner profile; creation.—

1341 (1)(a) The Department of Health shall compile the
1342 information submitted pursuant to s. 456.039 into a practitioner
1343 profile of the applicant submitting the information, except that
1344 the Department of Health shall develop a format to compile



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1345 uniformly any information submitted under s. 456.039(4)(b).
1346 Beginning July 1, 2001, the Department of Health may compile the
1347 information submitted pursuant to s. 456.0391 into a
1348 practitioner profile of the applicant submitting the
1349 information. The protocol submitted pursuant to s. 464.012(3)
1350 must be included in the practitioner profile of the advanced
1351 registered nurse practitioner.

1352 Section 39. For the purpose of incorporating the amendment
1353 made by this act to section 464.012, Florida Statutes, in
1354 references thereto, subsections (1) and (2) of section 458.348,
1355 Florida Statutes, are reenacted to read:

1356 458.348 Formal supervisory relationships, standing orders,
1357 and established protocols; notice; standards.—

1358 (1) NOTICE.—

1359 (a) When a physician enters into a formal supervisory
1360 relationship or standing orders with an emergency medical
1361 technician or paramedic licensed pursuant to s. 401.27, which
1362 relationship or orders contemplate the performance of medical
1363 acts, or when a physician enters into an established protocol
1364 with an advanced registered nurse practitioner, which protocol
1365 contemplates the performance of medical acts identified and
1366 approved by the joint committee pursuant to s. 464.003(2) or
1367 acts set forth in s. 464.012(3) and (4), the physician shall
1368 submit notice to the board. The notice shall contain a statement
1369 in substantially the following form:

1370 I, ...(name and professional license number of
1371 physician)..., of ...(address of physician)... have hereby
1372 entered into a formal supervisory relationship, standing orders,
1373 or an established protocol with ...(number of persons)...



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1374 emergency medical technician(s), ...(number of persons)...
1375 paramedic(s), or ...(number of persons)... advanced registered
1376 nurse practitioner(s).

1377 (b) Notice shall be filed within 30 days of entering into
1378 the relationship, orders, or protocol. Notice also shall be
1379 provided within 30 days after the physician has terminated any
1380 such relationship, orders, or protocol.

1381 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1382 joint committee created under s. 464.003(2) shall determine
1383 minimum standards for the content of established protocols
1384 pursuant to which an advanced registered nurse practitioner may
1385 perform medical acts identified and approved by the joint
1386 committee pursuant to s. 464.003(2) or acts set forth in s.
1387 464.012(3) and (4) and shall determine minimum standards for
1388 supervision of such acts by the physician, unless the joint
1389 committee determines that any act set forth in s. 464.012(3) or
1390 (4) is not a medical act. Such standards shall be based on risk
1391 to the patient and acceptable standards of medical care and
1392 shall take into account the special problems of medically
1393 underserved areas. The standards developed by the joint
1394 committee shall be adopted as rules by the Board of Nursing and
1395 the Board of Medicine for purposes of carrying out their
1396 responsibilities pursuant to part I of chapter 464 and this
1397 chapter, respectively, but neither board shall have disciplinary
1398 powers over the licensees of the other board.

1399 Section 40. For the purpose of incorporating the amendment
1400 made by this act to section 464.013, Florida Statutes, in a
1401 reference thereto, subsection (7) of section 464.0205, Florida
1402 Statutes, is reenacted to read:



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1403 464.0205 Retired volunteer nurse certificate.—

1404 (7) The retired volunteer nurse certificate shall be valid
1405 for 2 years, and a certificateholder may reapply for a
1406 certificate so long as the certificateholder continues to meet
1407 the eligibility requirements of this section. Any legislatively
1408 mandated continuing education on specific topics must be
1409 completed by the certificateholder prior to renewal; otherwise,
1410 the provisions of s. 464.013 do not apply.

1411 Section 41. For the purpose of incorporating the amendment
1412 made by this act to section 464.018, Florida Statutes, in a
1413 reference thereto, subsection (11) of section 320.0848, Florida
1414 Statutes, is reenacted to read:

1415 320.0848 Persons who have disabilities; issuance of
1416 disabled parking permits; temporary permits; permits for certain
1417 providers of transportation services to persons who have
1418 disabilities.—

1419 (11) A violation of this section is grounds for
1420 disciplinary action under s. 458.331, s. 459.015, s. 460.413, s.
1421 461.013, s. 463.016, or s. 464.018, as applicable.

1422 Section 42. For the purpose of incorporating the amendment
1423 made by this act to section 464.018, Florida Statutes, in a
1424 reference thereto, subsection (2) of section 464.008, Florida
1425 Statutes, is reenacted to read:

1426 464.008 Licensure by examination.—

1427 (2) Each applicant who passes the examination and provides
1428 proof of meeting the educational requirements specified in
1429 subsection (1) shall, unless denied pursuant to s. 464.018, be
1430 entitled to licensure as a registered professional nurse or a
1431 licensed practical nurse, whichever is applicable.



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1432 Section 43. For the purpose of incorporating the amendment
1433 made by this act to section 464.018, Florida Statutes, in a
1434 reference thereto, subsection (5) of section 464.009, Florida
1435 Statutes, is reenacted to read:

1436 464.009 Licensure by endorsement.—

1437 (5) The department shall not issue a license by endorsement
1438 to any applicant who is under investigation in another state,
1439 jurisdiction, or territory of the United States for an act which
1440 would constitute a violation of this part or chapter 456 until
1441 such time as the investigation is complete, at which time the
1442 provisions of s. 464.018 shall apply.

1443 Section 44. For the purpose of incorporating the amendment
1444 made by this act to section 464.018, Florida Statutes, in
1445 references thereto, paragraph (b) of subsection (1), subsection
1446 (3), and paragraph (b) of subsection (4) of section 464.0205,
1447 Florida Statutes, are reenacted to read:

1448 464.0205 Retired volunteer nurse certificate.—

1449 (1) Any retired practical or registered nurse desiring to
1450 serve indigent, underserved, or critical need populations in
1451 this state may apply to the department for a retired volunteer
1452 nurse certificate by providing:

1453 (b) Verification that the applicant had been licensed to
1454 practice nursing in any jurisdiction in the United States for at
1455 least 10 years, had retired or plans to retire, intends to
1456 practice nursing only pursuant to the limitations provided by
1457 the retired volunteer nurse certificate, and has not committed
1458 any act that would constitute a violation under s. 464.018(1).

1459 (3) The board may deny a retired volunteer nurse
1460 certificate to any applicant who has committed, or who is under



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1461 investigation or prosecution for, any act that would constitute
1462 a ground for disciplinary action under s. 464.018.

1463 (4) A retired volunteer nurse receiving certification from
1464 the board shall:

1465 (b) Comply with the minimum standards of practice for
1466 nurses and be subject to disciplinary action for violations of
1467 s. 464.018, except that the scope of practice for certified
1468 volunteers shall be limited to primary and preventive health
1469 care, or as further defined by board rule.

1470 Section 45. For the purpose of incorporating the amendment
1471 made by this act to section 893.02, Florida Statutes, in a
1472 reference thereto, section 775.051, Florida Statutes, is
1473 reenacted to read:

1474 775.051 Voluntary intoxication; not a defense; evidence not
1475 admissible for certain purposes; exception.—Voluntary
1476 intoxication resulting from the consumption, injection, or other
1477 use of alcohol or other controlled substance as described in
1478 chapter 893 is not a defense to any offense proscribed by law.
1479 Evidence of a defendant's voluntary intoxication is not
1480 admissible to show that the defendant lacked the specific intent
1481 to commit an offense and is not admissible to show that the
1482 defendant was insane at the time of the offense, except when the
1483 consumption, injection, or use of a controlled substance under
1484 chapter 893 was pursuant to a lawful prescription issued to the
1485 defendant by a practitioner as defined in s. 893.02.

1486 Section 46. For the purpose of incorporating the amendment
1487 made by this act to section 948.03, Florida Statutes, in a
1488 reference thereto, paragraph (a) of subsection (3) of section
1489 944.17, Florida Statutes, is reenacted to read:



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1490 944.17 Commitments and classification; transfers.—
1491 (3) (a) Notwithstanding the provisions of s. 948.03, only
1492 those persons who are convicted and sentenced in circuit court
1493 to a cumulative sentence of incarceration for 1 year or more,
1494 whether sentence is imposed in the same or separate circuits,
1495 may be received by the department into the state correctional
1496 system. Such persons shall be delivered to the custody of the
1497 department at such reception and classification centers as shall
1498 be provided for this purpose.

1499 Section 47. For the purpose of incorporating the amendment
1500 made by this act to section 948.03, Florida Statutes, in a
1501 reference thereto, subsection (8) of section 948.001, Florida
1502 Statutes, is reenacted to read:

1503 948.001 Definitions.—As used in this chapter, the term:
1504 (8) "Probation" means a form of community supervision
1505 requiring specified contacts with parole and probation officers
1506 and other terms and conditions as provided in s. 948.03.

1507 Section 48. For the purpose of incorporating the amendment
1508 made by this act to section 948.03, Florida Statutes, in a
1509 reference thereto, paragraph (e) of subsection (1) of section
1510 948.101, Florida Statutes, is reenacted to read:

1511 948.101 Terms and conditions of community control.—
1512 (1) The court shall determine the terms and conditions of
1513 community control. Conditions specified in this subsection do
1514 not require oral pronouncement at the time of sentencing and may
1515 be considered standard conditions of community control. The
1516 court shall require intensive supervision and surveillance for
1517 an offender placed into community control, which may include,
1518 but is not limited to:



1519 (e) The standard conditions of probation set forth in s.
1520 948.03.

1521 Section 49. Except as otherwise expressly provided in this
1522 act, this act shall take effect upon becoming a law.

1523

1524 ===== T I T L E A M E N D M E N T =====

1525 And the title is amended as follows:

1526 Delete everything before the enacting clause
1527 and insert:

1528 A bill to be entitled
1529 An act relating to behavioral health workforce;
1530 amending s. 110.12315, F.S.; expanding the categories
1531 of persons who may prescribe brand name drugs under
1532 the prescription drug program when medically
1533 necessary; amending ss. 310.071, 310.073, and 310.081,
1534 F.S.; exempting controlled substances prescribed by an
1535 advanced registered nurse practitioner or a physician
1536 assistant from the disqualifications for certification
1537 or licensure, and for continued certification or
1538 licensure, as a deputy pilot or state pilot; amending
1539 s. 394.453, F.S.; revising legislative intent;
1540 amending s. 394.467, F.S.; authorizing procedures for
1541 recommending admission of a patient to a treatment
1542 facility; amending s. 395.1051, F.S.; requiring a
1543 hospital to provide specified advance notice to
1544 certain obstetrical physicians before it closes its
1545 obstetrical department or ceases to provide
1546 obstetrical services; amending s. 397.451, F.S.;
1547 revising provisions relating to exemptions from



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1548 disqualification for certain service provider
1549 personnel; amending s. 456.072, F.S.; providing
1550 mandatory administrative penalties for certain
1551 violations relating to prescribing or dispensing a
1552 controlled substance; amending s. 456.44, F.S.;
1553 providing a definition; deleting an obsolete date;
1554 requiring advanced registered nurse practitioners and
1555 physician assistants who prescribe controlled
1556 substances for certain pain to make a certain
1557 designation, comply with registration requirements,
1558 and follow specified standards of practice; providing
1559 applicability; amending ss. 458.3265 and 459.0137,
1560 F.S.; limiting the authority to prescribe a controlled
1561 substance in a pain-management clinic only to a
1562 physician licensed under chapter 458 or chapter 459,
1563 F.S.; amending s. 458.347, F.S.; revising the required
1564 continuing education requirements for a physician
1565 assistant; requiring that a specified formulary limit
1566 the prescription of certain controlled substances by
1567 physician assistants as of a specified date; amending
1568 s. 464.003, F.S.; redefining the term "advanced or
1569 specialized nursing practice"; deleting the joint
1570 committee established in the definition; amending s.
1571 464.012, F.S.; requiring the Board of Nursing to
1572 establish a committee to recommend a formulary of
1573 controlled substances that may not be prescribed, or
1574 may be prescribed only on a limited basis, by an
1575 advanced registered nurse practitioner; specifying the
1576 membership of the committee; providing parameters for



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1577 the formulary; requiring that the formulary be adopted
1578 by board rule; specifying the process for amending the
1579 formulary and imposing a burden of proof; limiting the
1580 formulary's application in certain instances;
1581 requiring the board to adopt the committee's initial
1582 recommendations by a specified date; authorizing an
1583 advanced registered nurse practitioner to prescribe,
1584 dispense, administer, or order drugs, including
1585 certain controlled substances under certain
1586 circumstances, as of a specified date; amending s.
1587 464.013, F.S.; revising continuing education
1588 requirements for renewal of a license or certificate;
1589 amending s. 464.018, F.S.; specifying acts that
1590 constitute grounds for denial of a license or for
1591 disciplinary action against an advanced registered
1592 nurse practitioner; creating s. 627.42392, F.S.;
1593 defining the term "health insurer"; requiring that
1594 certain health insurers that do not already use a
1595 certain form use only a prior authorization form
1596 approved by the Financial Services Commission;
1597 requiring the commission to adopt by rule guidelines
1598 for such forms; amending s. 627.6131, F.S.;
1599 prohibiting a health insurer from retroactively
1600 denying a claim under specified circumstances;
1601 amending s. 641.3155, F.S.; prohibiting a health
1602 maintenance organization from retroactively denying a
1603 claim under specified circumstances;
1604 amending s. 893.02, F.S.; redefining the term
1605 "practitioner" to include advanced registered nurse



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1606 practitioners and physician assistants under the
1607 Florida Comprehensive Drug Abuse Prevention and
1608 Control Act for the purpose of prescribing controlled
1609 substances if a certain requirement is met; amending
1610 s. 948.03, F.S.; providing that possession of drugs or
1611 narcotics prescribed by an advanced registered nurse
1612 practitioner or a physician assistant does not violate
1613 a prohibition relating to the possession of drugs or
1614 narcotics during probation; amending ss. 458.348 and
1615 459.025, F.S.; conforming provisions to changes made
1616 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
1617 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
1618 relating to grounds for disciplinary action against
1619 certain licensed health care practitioners or
1620 applicants, physician assistant licensure, the
1621 imposition of penalties upon physician assistants by
1622 the Board of Osteopathic Medicine, and nonresident
1623 sterile compounding permits, respectively, to
1624 incorporate the amendment made by the act to s.
1625 456.072, F.S., in references thereto; reenacting ss.
1626 456.072(1)(mm) and 466.02751, F.S., relating to
1627 grounds for discipline of certain licensed health care
1628 practitioners or applicants and dentist practitioner
1629 profiles, respectively, to incorporate the amendment
1630 made by the act to s. 456.44, F.S., in references
1631 thereto; reenacting ss. 458.303, 458.3475(7)(b),
1632 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S.,
1633 relating to the nonapplicability of certain provisions
1634 to specified health care practitioners, and the duties



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1635 of the Board of Medicine and the Board of Osteopathic
1636 Medicine with respect to anesthesiologist assistants,
1637 respectively, to incorporate the amendment made by the
1638 act to s. 458.347, F.S., in references thereto;
1639 reenacting ss. 456.041(1)(a) and 458.348(1) and (2),
1640 F.S., relating to practitioner profiles and notice and
1641 standards for formal supervisory relationships,
1642 respectively, to incorporate the amendment made by the
1643 act to s. 464.012, F.S., in references thereto;
1644 reenacting s. 464.0205(7), F.S., relating to
1645 certification as a retired volunteer nurse to
1646 incorporate the amendment made by the act to s.
1647 464.013, F.S., in a reference thereto; reenacting ss.
1648 320.0848(11), 464.008(2), 464.009(5), and
1649 464.0205(1)(b), (3), and (4)(b), F.S., relating to
1650 violations of provisions for disability parking,
1651 licensure by examination of registered nurses and
1652 licensed practical nurses, licensure by endorsement to
1653 practice professional or practical nursing,
1654 disciplinary actions against nursing applicants or
1655 licensees, and retired volunteer nurse certifications,
1656 respectively, to incorporate the amendment made by the
1657 act to s. 464.018, F.S., in references thereto;
1658 reenacting s. 775.051, F.S., relating to exclusion as
1659 a defense and nonadmissibility as evidence of
1660 voluntary intoxication to incorporate the amendment
1661 made by the act to s. 893.02, F.S., in a reference
1662 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
1663 948.101(1)(e), F.S., relating to receipt by the state



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1664 correctional system of certain persons sentenced to
1665 incarceration, the definition of the term "probation,"
1666 and the terms and conditions of community control,
1667 respectively, to incorporate the amendment made by the
1668 act to s. 948.03, F.S., in references thereto;
1669 providing effective dates.