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Proposed Committee Substitute by the Committee on Appropriations
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to the health care workforce; amending s. 110.12315, F.S.; expanding the categories of persons who may prescribe brand name drugs under the prescription drug program when medically necessary; amending ss. 310.071, 310.073, and 310.081, F.S.; exempting controlled substances prescribed by an advanced registered nurse practitioner or a physician assistant from the disqualifications for certification or licensure, and for continued certification or licensure, as a deputy pilot or state pilot; amending s. 394.453, F.S.; revising legislative intent; amending s. 394.467, F.S.; authorizing procedures for recommending admission of a patient to a treatment facility; amending s. 395.1051, F.S.; requiring a hospital to provide specified advance notice to certain obstetrical physicians before it closes its obstetrical department or ceases to provide obstetrical services; amending s. 397.451, F.S.; revising provisions relating to exemptions from disqualification for certain service provider personnel; amending s. 456.031, F.S.; providing that certain licensing boards must require specified licensees to complete a specified continuing education course that includes a section on human trafficking as a condition of relicensure or recertification; providing requirements and procedures related to the



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28 course; amending s. 456.072, F.S.; providing mandatory
29 administrative penalties for certain violations
30 relating to prescribing or dispensing a controlled
31 substance; amending s. 456.44, F.S.; providing a
32 definition; deleting an obsolete date; requiring
33 advanced registered nurse practitioners and physician
34 assistants who prescribe controlled substances for
35 certain pain to make a certain designation, comply
36 with registration requirements, and follow specified
37 standards of practice; providing applicability;
38 amending ss. 458.3265 and 459.0137, F.S.; limiting the
39 authority to prescribe a controlled substance in a
40 pain-management clinic only to a physician licensed
41 under chapter 458 or chapter 459, F.S.; amending s.
42 458.347, F.S.; revising the required continuing
43 education requirements for a physician assistant;
44 requiring that a specified formulary limit the
45 prescription of certain controlled substances by
46 physician assistants as of a specified date; amending
47 s. 464.003, F.S.; redefining the term "advanced or
48 specialized nursing practice"; deleting the joint
49 committee established in the definition; amending s.
50 464.012, F.S.; requiring the Board of Nursing to
51 establish a committee to recommend a formulary of
52 controlled substances that may not be prescribed, or
53 may be prescribed only on a limited basis, by an
54 advanced registered nurse practitioner; specifying the
55 membership of the committee; providing parameters for
56 the formulary; requiring that the formulary be adopted



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57 by board rule; specifying the process for amending the
58 formulary and imposing a burden of proof; limiting the
59 formulary's application in certain instances;
60 requiring the board to adopt the committee's initial
61 recommendations by a specified date; authorizing an
62 advanced registered nurse practitioner to prescribe,
63 dispense, administer, or order drugs, including
64 certain controlled substances under certain
65 circumstances, as of a specified date; amending s.
66 464.013, F.S.; revising continuing education
67 requirements for renewal of a license or certificate;
68 amending s. 464.018, F.S.; specifying acts that
69 constitute grounds for denial of a license or for
70 disciplinary action against an advanced registered
71 nurse practitioner; amending s. 893.02, F.S.;

72 redefining the term "practitioner" to include advanced
73 registered nurse practitioners and physician
74 assistants under the Florida Comprehensive Drug Abuse
75 Prevention and Control Act for the purpose of
76 prescribing controlled substances if a certain
77 requirement is met; amending s. 948.03, F.S.;

78 providing that possession of drugs or narcotics
79 prescribed by an advanced registered nurse
80 practitioner or a physician assistant does not violate
81 a prohibition relating to the possession of drugs or
82 narcotics during probation; amending ss. 458.348 and
83 459.025, F.S.; conforming provisions to changes made
84 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
85 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,



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86 relating to grounds for disciplinary action against
87 certain licensed health care practitioners or
88 applicants, physician assistant licensure, the
89 imposition of penalties upon physician assistants by
90 the Board of Osteopathic Medicine, and nonresident
91 sterile compounding permits, respectively, to
92 incorporate the amendment made by the act to s.
93 456.072, F.S., in references thereto; reenacting ss.
94 456.072(1)(mm) and 466.02751, F.S., relating to
95 grounds for discipline of certain licensed health care
96 practitioners or applicants and dentist practitioner
97 profiles, respectively, to incorporate the amendment
98 made by the act to s. 456.44, F.S., in references
99 thereto; reenacting ss. 458.303, 458.3475(7)(b),
100 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S.,
101 relating to the nonapplicability of certain provisions
102 to specified health care practitioners, and the duties
103 of the Board of Medicine and the Board of Osteopathic
104 Medicine with respect to anesthesiologist assistants,
105 respectively, to incorporate the amendment made by the
106 act to s. 458.347, F.S., in references thereto;
107 reenacting ss. 456.041(1)(a) and 458.348(1) and (2),
108 F.S., relating to practitioner profiles and notice and
109 standards for formal supervisory relationships,
110 respectively, to incorporate the amendment made by the
111 act to s. 464.012, F.S., in references thereto;
112 reenacting s. 464.0205(7), F.S., relating to
113 certification as a retired volunteer nurse to
114 incorporate the amendment made by the act to s.



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115 464.013, F.S., in a reference thereto; reenacting ss.
116 320.0848(11), 464.008(2), 464.009(5), and
117 464.0205(1)(b), (3), and (4)(b), F.S., relating to
118 violations of provisions for disability parking,
119 licensure by examination of registered nurses and
120 licensed practical nurses, licensure by endorsement to
121 practice professional or practical nursing,
122 disciplinary actions against nursing applicants or
123 licensees, and retired volunteer nurse certifications,
124 respectively, to incorporate the amendment made by the
125 act to s. 464.018, F.S., in references thereto;
126 reenacting s. 775.051, F.S., relating to exclusion as
127 a defense and nonadmissibility as evidence of
128 voluntary intoxication to incorporate the amendment
129 made by the act to s. 893.02, F.S., in a reference
130 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
131 948.101(1)(e), F.S., relating to receipt by the state
132 correctional system of certain persons sentenced to
133 incarceration, the definition of the term "probation,"
134 and the terms and conditions of community control,
135 respectively, to incorporate the amendment made by the
136 act to s. 948.03, F.S., in references thereto;
137 providing effective dates.

138

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

140

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

143 110.12315 Prescription drug program.—The state employees'



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144 prescription drug program is established. This program shall be
145 administered by the Department of Management Services, according
146 to the terms and conditions of the plan as established by the
147 relevant provisions of the annual General Appropriations Act and
148 implementing legislation, subject to the following conditions:

149 (7) The department shall establish the reimbursement
150 schedule for prescription pharmaceuticals dispensed under the
151 program. Reimbursement rates for a prescription pharmaceutical
152 must be based on the cost of the generic equivalent drug if a
153 generic equivalent exists, unless the physician, advanced
154 registered nurse practitioner, or physician assistant
155 prescribing the pharmaceutical clearly states on the
156 prescription that the brand name drug is medically necessary or
157 that the drug product is included on the formulary of drug
158 products that may not be interchanged as provided in chapter
159 465, in which case reimbursement must be based on the cost of
160 the brand name drug as specified in the reimbursement schedule
161 adopted by the department.

162 Section 2. Paragraph (c) of subsection (1) of section
163 310.071, Florida Statutes, is amended, and subsection (3) of
164 that section is republished, to read:

165 310.071 Deputy pilot certification.—

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

169 (c) Be in good physical and mental health, as evidenced by
170 documentary proof of having satisfactorily passed a complete
171 physical examination administered by a licensed physician within
172 the preceding 6 months. The board shall adopt rules to establish



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173 requirements for passing the physical examination, which rules
174 shall establish minimum standards for the physical or mental
175 capabilities necessary to carry out the professional duties of a
176 certificated deputy pilot. Such standards shall include zero
177 tolerance for any controlled substance regulated under chapter
178 893 unless that individual is under the care of a physician,
179 advanced registered nurse practitioner, or physician assistant
180 and that controlled substance was prescribed by that physician,
181 advanced registered nurse practitioner, or physician assistant.

182 To maintain eligibility as a certificated deputy pilot, each
183 certificated deputy pilot must annually provide documentary
184 proof of having satisfactorily passed a complete physical
185 examination administered by a licensed physician. The physician
186 must know the minimum standards and certify that the
187 certificateholder satisfactorily meets the standards. The
188 standards for certificateholders shall include a drug test.

189 (3) The initial certificate issued to a deputy pilot shall
190 be valid for a period of 12 months, and at the end of this
191 period, the certificate shall automatically expire and shall not
192 be renewed. During this period, the board shall thoroughly
193 evaluate the deputy pilot's performance for suitability to
194 continue training and shall make appropriate recommendations to
195 the department. Upon receipt of a favorable recommendation by
196 the board, the department shall issue a certificate to the
197 deputy pilot, which shall be valid for a period of 2 years. The
198 certificate may be renewed only two times, except in the case of
199 a fully licensed pilot who is cross-licensed as a deputy pilot
200 in another port, and provided the deputy pilot meets the
201 requirements specified for pilots in paragraph (1) (c).



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

204 310.073 State pilot licensing.—In addition to meeting other
205 requirements specified in this chapter, each applicant for
206 license as a state pilot must:

207 (3) Be in good physical and mental health, as evidenced by
208 documentary proof of having satisfactorily passed a complete
209 physical examination administered by a licensed physician within
210 the preceding 6 months. The board shall adopt rules to establish
211 requirements for passing the physical examination, which rules
212 shall establish minimum standards for the physical or mental
213 capabilities necessary to carry out the professional duties of a
214 licensed state pilot. Such standards shall include zero
215 tolerance for any controlled substance regulated under chapter
216 893 unless that individual is under the care of a physician,
217 advanced registered nurse practitioner, or physician assistant
218 and that controlled substance was prescribed by that physician,
219 advanced registered nurse practitioner, or physician assistant.

220 To maintain eligibility as a licensed state pilot, each licensed
221 state pilot must annually provide documentary proof of having
222 satisfactorily passed a complete physical examination
223 administered by a licensed physician. The physician must know
224 the minimum standards and certify that the licensee
225 satisfactorily meets the standards. The standards for licensees
226 shall include a drug test.

227 Section 4. Paragraph (b) of subsection (3) of section
228 310.081, Florida Statutes, is amended to read:

229 310.081 Department to examine and license state pilots and
230 certificate deputy pilots; vacancies.—



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231 (3) Pilots shall hold their licenses or certificates
232 pursuant to the requirements of this chapter so long as they:
233 (b) Are in good physical and mental health as evidenced by
234 documentary proof of having satisfactorily passed a physical
235 examination administered by a licensed physician or physician
236 assistant within each calendar year. The board shall adopt rules
237 to establish requirements for passing the physical examination,
238 which rules shall establish minimum standards for the physical
239 or mental capabilities necessary to carry out the professional
240 duties of a licensed state pilot or a certificated deputy pilot.
241 Such standards shall include zero tolerance for any controlled
242 substance regulated under chapter 893 unless that individual is
243 under the care of a physician, advanced registered nurse
244 practitioner, or physician assistant and that controlled
245 substance was prescribed by that physician, advanced registered
246 nurse practitioner, or physician assistant. To maintain
247 eligibility as a certificated deputy pilot or licensed state
248 pilot, each certificated deputy pilot or licensed state pilot
249 must annually provide documentary proof of having satisfactorily
250 passed a complete physical examination administered by a
251 licensed physician. The physician must know the minimum
252 standards and certify that the certificateholder or licensee
253 satisfactorily meets the standards. The standards for
254 certificateholders and for licensees shall include a drug test.
255
256 Upon resignation or in the case of disability permanently
257 affecting a pilot's ability to serve, the state license or
258 certificate issued under this chapter shall be revoked by the
259 department.



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260 Section 5. Section 394.453, Florida Statutes, is amended to
261 read:

262 394.453 Legislative intent.—It is the intent of the
263 Legislature to authorize and direct the Department of Children
264 and Families to evaluate, research, plan, and recommend to the
265 Governor and the Legislature programs designed to reduce the
266 occurrence, severity, duration, and disabling aspects of mental,
267 emotional, and behavioral disorders. It is the intent of the
268 Legislature that treatment programs for such disorders shall
269 include, but not be limited to, comprehensive health, social,
270 educational, and rehabilitative services to persons requiring
271 intensive short-term and continued treatment in order to
272 encourage them to assume responsibility for their treatment and
273 recovery. It is intended that such persons be provided with
274 emergency service and temporary detention for evaluation when
275 required; that they be admitted to treatment facilities on a
276 voluntary basis when extended or continuing care is needed and
277 unavailable in the community; that involuntary placement be
278 provided only when expert evaluation determines that it is
279 necessary; that any involuntary treatment or examination be
280 accomplished in a setting which is clinically appropriate and
281 most likely to facilitate the person's return to the community
282 as soon as possible; and that individual dignity and human
283 rights be guaranteed to all persons who are admitted to mental
284 health facilities or who are being held under s. 394.463. It is
285 the further intent of the Legislature that the least restrictive
286 means of intervention be employed based on the individual needs
287 of each person, within the scope of available services. It is
288 the policy of this state that the use of restraint and seclusion



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289 on clients is justified only as an emergency safety measure to
290 be used in response to imminent danger to the client or others.
291 It is, therefore, the intent of the Legislature to achieve an
292 ongoing reduction in the use of restraint and seclusion in
293 programs and facilities serving persons with mental illness. The
294 Legislature further finds the need for additional psychiatrists
295 to be of critical state concern and recommends the establishment
296 of an additional psychiatry program to be offered by one of
297 Florida's schools of medicine currently not offering psychiatry.
298 The program shall seek to integrate primary care and psychiatry
299 and other evolving models of care for persons with mental health
300 and substance use disorders. Additionally, the Legislature finds
301 that the use of telemedicine for patient evaluation, case
302 management, and ongoing care will improve management of patient
303 care and reduce costs of transportation.

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

306 394.467 Involuntary inpatient placement.—

307 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
308 retained by a receiving facility or involuntarily placed in a
309 treatment facility upon the recommendation of the administrator
310 of the receiving facility where the patient has been examined
311 and after adherence to the notice and hearing procedures
312 provided in s. 394.4599. The recommendation must be supported by
313 the opinion of a psychiatrist and the second opinion of a
314 clinical psychologist or another psychiatrist, both of whom have
315 personally examined the patient within the preceding 72 hours,
316 that the criteria for involuntary inpatient placement are met.
317 However, in a county that has a population of fewer than 50,000,



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318 if the administrator certifies that a psychiatrist or clinical
319 psychologist is not available to provide the second opinion, the
320 second opinion may be provided by a licensed physician who has
321 postgraduate training and experience in diagnosis and treatment
322 of mental and nervous disorders or by a psychiatric nurse. Any
323 ~~second~~ opinion authorized in this subsection may be conducted
324 through a face-to-face examination, in person or by electronic
325 means. Such recommendation shall be entered on an involuntary
326 inpatient placement certificate that authorizes the receiving
327 facility to retain the patient pending transfer to a treatment
328 facility or completion of a hearing.

329 Section 7. Section 395.1051, Florida Statutes, is amended
330 to read:

331 395.1051 Duty to notify patients and physicians.—

332 (1) An appropriately trained person designated by each
333 licensed facility shall inform each patient, or an individual
334 identified pursuant to s. 765.401(1), in person about adverse
335 incidents that result in serious harm to the patient.
336 Notification of outcomes of care which ~~that~~ result in harm to
337 the patient under this section does ~~shall~~ not constitute an
338 acknowledgment or admission of liability and may not, ~~nor can it~~
339 be introduced as evidence.

340 (2) A hospital shall notify each obstetrical physician who
341 has privileges at the hospital at least 90 days before the
342 hospital closes its obstetrical department or ceases to provide
343 obstetrical services.

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



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347 397.451 Background checks of service provider personnel.-

348 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
349 EXCEPTIONS.-

350 (e) Personnel employed directly or under contract with the
351 Department of Corrections in an inmate substance abuse program
352 ~~who have direct contact with unmarried inmates under the age of~~
353 ~~18 or with inmates who are developmentally disabled~~ are exempt
354 from the fingerprinting and background check requirements of
355 this section unless they have direct contact with unmarried
356 inmates under the age of 18 or with inmates who are
357 developmentally disabled.

358 (f) Service provider personnel who request an exemption
359 from disqualification must submit the request within 30 days
360 after being notified of the disqualification. If 5 years or more
361 have elapsed since the most recent disqualifying offense,
362 service provider personnel may work with adults with substance
363 use disorders under the supervision of a qualified professional
364 licensed under chapter 490 or chapter 491 or a master's level
365 certified addiction professional until the agency makes a final
366 determination regarding the request for an exemption from
367 disqualification ~~Upon notification of the disqualification, the~~
368 ~~service provider shall comply with requirements regarding~~
369 ~~exclusion from employment in s. 435.06.~~

370 (4) EXEMPTIONS FROM DISQUALIFICATION.-

371 (b) Since rehabilitated substance abuse impaired persons
372 are effective in the successful treatment and rehabilitation of
373 individuals with substance use disorders ~~substance abuse~~
374 ~~impaired adolescents~~, for service providers which treat
375 adolescents 13 years of age and older, service provider



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376 personnel whose background checks indicate crimes under s.
377 817.563, s. 893.13, or s. 893.147 may be exempted from
378 disqualification from employment pursuant to this paragraph.

379 Section 9. Effective July 1, 2016, section 456.031, Florida
380 Statutes, is amended to read:

381 456.031 Requirement for instruction on domestic violence
382 and human trafficking.-

383 (1) (a) The appropriate board shall require each person
384 licensed or certified under chapter 458, chapter 459, part I of
385 chapter 464, chapter 466, chapter 467, chapter 490, or chapter
386 491 to complete a 2-hour continuing education course, approved
387 by the board, on domestic violence, as defined in s. 741.28, and
388 on human trafficking, as defined in s. 787.06(2), as part of
389 every third biennial relicensure or recertification.

390 1. The domestic violence section of the course must ~~shall~~
391 consist of data and information on the number of patients in
392 that professional's practice who are likely to be victims of
393 domestic violence and the number who are likely to be
394 perpetrators of domestic violence, screening procedures for
395 determining whether a patient has any history of being either a
396 victim or a perpetrator of domestic violence, and instruction on
397 how to provide such patients with information on, or how to
398 refer such patients to, resources in the local community, such
399 as domestic violence centers and other advocacy groups, that
400 provide legal aid, shelter, victim counseling, batterer
401 counseling, or child protection services.

402 2. The human trafficking section of the course must consist
403 of data and information on the types of human trafficking, such
404 as labor and sex, and the extent of human trafficking; factors



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405 that place a person at greater risk for being a victim of human
406 trafficking; management of medical records of patients who are
407 human trafficking victims; patient safety and security; public
408 and private social services available for rescue, food,
409 clothing, and shelter referrals; hotlines for reporting human
410 trafficking maintained by the National Human Trafficking
411 Resource Center and the United States Department of Homeland
412 Security; validated assessment tools for identifying human
413 trafficking victims and general indicators that a person may be
414 a victim of human trafficking; procedures for sharing
415 information related to human trafficking with a patient; and
416 referral options for legal and social services.

417 (b) Each ~~such~~ licensee or certificateholder shall submit
418 confirmation of having completed the continuing education ~~such~~
419 course, on a form provided by the board, when submitting fees
420 for every third biennial relicensure or recertification ~~renewal~~.

421 (c) The board may approve additional equivalent courses
422 that may be used to satisfy the requirements of paragraph (a).
423 Each licensing board that requires a licensee to complete a
424 continuing education ~~an educational~~ course pursuant to this
425 subsection may include the hour required for completion of the
426 course in the total hours of continuing education required by
427 law for the ~~such~~ profession, unless the continuing education
428 requirements for the ~~such~~ profession consist of fewer than 30
429 hours of continuing education biennially.

430 (d) Any person holding two or more licenses subject to ~~the~~
431 ~~provisions of~~ this subsection must ~~shall~~ be permitted to show
432 proof of completion of ~~having taken~~ one board-approved course on
433 domestic violence and human trafficking, for purposes of



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434 relicensure or recertification for additional licenses.

435 (e) Failure to comply with the requirements of this
436 subsection shall constitute grounds for disciplinary action
437 under each respective practice act and under s. 456.072(1)(k).
438 In addition to discipline by the board, the licensee shall be
439 required to complete the board-approved ~~such~~ course under this
440 subsection.

441 (2) Each board may adopt rules to carry out the provisions
442 of this section.

443 Section 10. Subsection (7) of section 456.072, Florida
444 Statutes, is amended to read:

445 456.072 Grounds for discipline; penalties; enforcement.—

446 (7) Notwithstanding subsection (2), upon a finding that a
447 physician has prescribed or dispensed a controlled substance, or
448 caused a controlled substance to be prescribed or dispensed, in
449 a manner that violates the standard of practice set forth in s.
450 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
451 or (s), or s. 466.028(1)(p) or (x), or that an advanced
452 registered nurse practitioner has prescribed or dispensed a
453 controlled substance, or caused a controlled substance to be
454 prescribed or dispensed in a manner that violates the standard
455 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
456 the physician or advanced registered nurse practitioner shall be
457 suspended for a period of not less than 6 months and pay a fine
458 of not less than \$10,000 per count. Repeated violations shall
459 result in increased penalties.

460 Section 11. Section 456.44, Florida Statutes, is amended to
461 read:

462 456.44 Controlled substance prescribing.—



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- 463 (1) DEFINITIONS.— As used in this section, the term:
- 464 (a) "Addiction medicine specialist" means a board-certified
465 psychiatrist with a subspecialty certification in addiction
466 medicine or who is eligible for such subspecialty certification
467 in addiction medicine, an addiction medicine physician certified
468 or eligible for certification by the American Society of
469 Addiction Medicine, or an osteopathic physician who holds a
470 certificate of added qualification in Addiction Medicine through
471 the American Osteopathic Association.
- 472 (b) "Adverse incident" means any incident set forth in s.
473 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).
- 474 (c) "Board-certified pain management physician" means a
475 physician who possesses board certification in pain medicine by
476 the American Board of Pain Medicine, board certification by the
477 American Board of Interventional Pain Physicians, or board
478 certification or subcertification in pain management or pain
479 medicine by a specialty board recognized by the American
480 Association of Physician Specialists or the American Board of
481 Medical Specialties or an osteopathic physician who holds a
482 certificate in Pain Management by the American Osteopathic
483 Association.
- 484 (d) "Board eligible" means successful completion of an
485 anesthesia, physical medicine and rehabilitation, rheumatology,
486 or neurology residency program approved by the Accreditation
487 Council for Graduate Medical Education or the American
488 Osteopathic Association for a period of 6 years from successful
489 completion of such residency program.
- 490 (e) "Chronic nonmalignant pain" means pain unrelated to
491 cancer which persists beyond the usual course of disease or the



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492 injury that is the cause of the pain or more than 90 days after
493 surgery.

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

496 (g) "Registrant" means a physician, physician assistant, or
497 advanced registered nurse practitioner who meets the
498 requirements of subsection (2).

499 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
500 licensed under chapter 458, chapter 459, chapter 461, or chapter
501 466, a physician assistant licensed under chapter 458 or chapter
502 459, or an advanced registered nurse practitioner certified
503 under part I of chapter 464 who prescribes any controlled
504 substance, listed in Schedule II, Schedule III, or Schedule IV
505 as defined in s. 893.03, for the treatment of chronic
506 nonmalignant pain, must:

507 (a) Designate himself or herself as a controlled substance
508 prescribing practitioner on his or her ~~the physician's~~
509 practitioner profile.

510 (b) Comply with the requirements of this section and
511 applicable board rules.

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

516 (a) A complete medical history and a physical examination
517 must be conducted before beginning any treatment and must be
518 documented in the medical record. The exact components of the
519 physical examination shall be left to the judgment of the
520 registrant ~~clinician~~ who is expected to perform a physical



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521 examination proportionate to the diagnosis that justifies a
522 treatment. The medical record must, at a minimum, document the
523 nature and intensity of the pain, current and past treatments
524 for pain, underlying or coexisting diseases or conditions, the
525 effect of the pain on physical and psychological function, a
526 review of previous medical records, previous diagnostic studies,
527 and history of alcohol and substance abuse. The medical record
528 shall also document the presence of one or more recognized
529 medical indications for the use of a controlled substance. Each
530 registrant must develop a written plan for assessing each
531 patient's risk of aberrant drug-related behavior, which may
532 include patient drug testing. Registrants must assess each
533 patient's risk for aberrant drug-related behavior and monitor
534 that risk on an ongoing basis in accordance with the plan.

535 (b) Each registrant must develop a written individualized
536 treatment plan for each patient. The treatment plan shall state
537 objectives that will be used to determine treatment success,
538 such as pain relief and improved physical and psychosocial
539 function, and shall indicate if any further diagnostic
540 evaluations or other treatments are planned. After treatment
541 begins, the registrant ~~physician~~ shall adjust drug therapy to
542 the individual medical needs of each patient. Other treatment
543 modalities, including a rehabilitation program, shall be
544 considered depending on the etiology of the pain and the extent
545 to which the pain is associated with physical and psychosocial
546 impairment. The interdisciplinary nature of the treatment plan
547 shall be documented.

548 (c) The registrant ~~physician~~ shall discuss the risks and
549 benefits of the use of controlled substances, including the



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550 risks of abuse and addiction, as well as physical dependence and
551 its consequences, with the patient, persons designated by the
552 patient, or the patient's surrogate or guardian if the patient
553 is incompetent. The registrant ~~physician~~ shall use a written
554 controlled substance agreement between the registrant ~~physician~~
555 and the patient outlining the patient's responsibilities,
556 including, but not limited to:

557 1. Number and frequency of controlled substance
558 prescriptions and refills.

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

561 3. An agreement that controlled substances for the
562 treatment of chronic nonmalignant pain shall be prescribed by a
563 single treating registrant ~~physician~~ unless otherwise authorized
564 by the treating registrant ~~physician~~ and documented in the
565 medical record.

566 (d) The patient shall be seen by the registrant ~~physician~~
567 at regular intervals, not to exceed 3 months, to assess the
568 efficacy of treatment, ensure that controlled substance therapy
569 remains indicated, evaluate the patient's progress toward
570 treatment objectives, consider adverse drug effects, and review
571 the etiology of the pain. Continuation or modification of
572 therapy shall depend on the registrant's ~~physician's~~ evaluation
573 of the patient's progress. If treatment goals are not being
574 achieved, despite medication adjustments, the registrant
575 ~~physician~~ shall reevaluate the appropriateness of continued
576 treatment. The registrant ~~physician~~ shall monitor patient
577 compliance in medication usage, related treatment plans,
578 controlled substance agreements, and indications of substance



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579 abuse or diversion at a minimum of 3-month intervals.

580 (e) The registrant ~~physician~~ shall refer the patient as
581 necessary for additional evaluation and treatment in order to
582 achieve treatment objectives. Special attention shall be given
583 to those patients who are at risk for misusing their medications
584 and those whose living arrangements pose a risk for medication
585 misuse or diversion. The management of pain in patients with a
586 history of substance abuse or with a comorbid psychiatric
587 disorder requires extra care, monitoring, and documentation and
588 requires consultation with or referral to an addiction medicine
589 specialist or psychiatrist.

590 (f) A registrant ~~physician registered under this section~~
591 must maintain accurate, current, and complete records that are
592 accessible and readily available for review and comply with the
593 requirements of this section, the applicable practice act, and
594 applicable board rules. The medical records must include, but
595 are not limited to:

- 596 1. The complete medical history and a physical examination,
597 including history of drug abuse or dependence.
- 598 2. Diagnostic, therapeutic, and laboratory results.
- 599 3. Evaluations and consultations.
- 600 4. Treatment objectives.
- 601 5. Discussion of risks and benefits.
- 602 6. Treatments.
- 603 7. Medications, including date, type, dosage, and quantity
604 prescribed.
- 605 8. Instructions and agreements.
- 606 9. Periodic reviews.
- 607 10. Results of any drug testing.



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608 11. A photocopy of the patient's government-issued photo
609 identification.

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

612 13. The registrant's ~~physician's~~ full name presented in a
613 legible manner.

614 (g) A registrant shall immediately refer patients with
615 signs or symptoms of substance ~~abuse shall be immediately~~
616 ~~referred~~ to a board-certified pain management physician, an
617 addiction medicine specialist, or a mental health addiction
618 facility as it pertains to drug abuse or addiction unless the
619 registrant is a physician who is board-certified or board-
620 eligible in pain management. Throughout the period of time
621 before receiving the consultant's report, a prescribing
622 registrant ~~physician~~ shall clearly and completely document
623 medical justification for continued treatment with controlled
624 substances and those steps taken to ensure medically appropriate
625 use of controlled substances by the patient. Upon receipt of the
626 consultant's written report, the prescribing registrant
627 ~~physician~~ shall incorporate the consultant's recommendations for
628 continuing, modifying, or discontinuing controlled substance
629 therapy. The resulting changes in treatment shall be
630 specifically documented in the patient's medical record.
631 Evidence or behavioral indications of diversion shall be
632 followed by discontinuation of controlled substance therapy, and
633 the patient shall be discharged, and all results of testing and
634 actions taken by the registrant ~~physician~~ shall be documented in
635 the patient's medical record.

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637 This subsection does not apply to a board-eligible or board-
638 certified anesthesiologist, physiatrist, rheumatologist, or
639 neurologist, or to a board-certified physician who has surgical
640 privileges at a hospital or ambulatory surgery center and
641 primarily provides surgical services. This subsection does not
642 apply to a board-eligible or board-certified medical specialist
643 who has also completed a fellowship in pain medicine approved by
644 the Accreditation Council for Graduate Medical Education or the
645 American Osteopathic Association, or who is board eligible or
646 board certified in pain medicine by the American Board of Pain
647 Medicine or a board approved by the American Board of Medical
648 Specialties or the American Osteopathic Association and performs
649 interventional pain procedures of the type routinely billed
650 using surgical codes. This subsection does not apply to a
651 registrant, physician, advanced registered nurse practitioner,
652 or physician assistant who prescribes medically necessary
653 controlled substances for a patient during an inpatient stay in
654 a hospital licensed under chapter 395.

655 Section 12. Paragraph (b) of subsection (2) of section
656 458.3265, Florida Statutes, is amended to read:

657 458.3265 Pain-management clinics.—

658 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
659 apply to any physician who provides professional services in a
660 pain-management clinic that is required to be registered in
661 subsection (1).

662 (b) ~~Only a person may not dispense any medication on the~~
663 ~~premises of a registered pain-management clinic unless he or she~~
664 ~~is~~ a physician licensed under this chapter or chapter 459 may
665 dispense medication or prescribe a controlled substance



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666 regulated under chapter 893 on the premises of a registered
667 pain-management clinic.

668 Section 13. Paragraph (b) of subsection (2) of section
669 459.0137, Florida Statutes, is amended to read:

670 459.0137 Pain-management clinics.—

671 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
672 apply to any osteopathic physician who provides professional
673 services in a pain-management clinic that is required to be
674 registered in subsection (1).

675 (b) Only a person may not dispense any medication on the
676 premises of a registered pain-management clinic unless he or she
677 is a physician licensed under this chapter or chapter 458 may
678 dispense medication or prescribe a controlled substance
679 regulated under chapter 893 on the premises of a registered
680 pain-management clinic.

681 Section 14. Paragraph (e) of subsection (4) of section
682 458.347, Florida Statutes, is amended, and paragraph (c) of
683 subsection (9) of that section is republished, to read:

684 458.347 Physician assistants.—

685 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

686 (e) A supervisory physician may delegate to a fully
687 licensed physician assistant the authority to prescribe or
688 dispense any medication used in the supervisory physician's
689 practice unless such medication is listed on the formulary
690 created pursuant to paragraph (f). A fully licensed physician
691 assistant may only prescribe or dispense such medication under
692 the following circumstances:

693 1. A physician assistant must clearly identify to the
694 patient that he or she is a physician assistant. Furthermore,



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695 the physician assistant must inform the patient that the patient
696 has the right to see the physician prior to any prescription
697 being prescribed or dispensed by the physician assistant.

698 2. The supervisory physician must notify the department of
699 his or her intent to delegate, on a department-approved form,
700 before delegating such authority and notify the department of
701 any change in prescriptive privileges of the physician
702 assistant. Authority to dispense may be delegated only by a
703 supervising physician who is registered as a dispensing
704 practitioner in compliance with s. 465.0276.

705 3. The physician assistant must file with the department a
706 signed affidavit that he or she has completed a minimum of 10
707 continuing medical education hours in the specialty practice in
708 which the physician assistant has prescriptive privileges with
709 each licensure renewal application. Three of the 10 hours must
710 consist of a continuing education course on the safe and
711 effective prescribing of controlled substance medications
712 offered by a statewide professional association of physicians in
713 this state accredited to provide educational activities
714 designated for the American Medical Association Physician's
715 Recognition Award Category I Credit or designated by the
716 American Academy of Physician Assistants as a Category 1 Credit.

717 4. The department may issue a prescriber number to the
718 physician assistant granting authority for the prescribing of
719 medicinal drugs authorized within this paragraph upon completion
720 of the foregoing requirements. The physician assistant shall not
721 be required to independently register pursuant to s. 465.0276.

722 5. The prescription must be written in a form that complies
723 with chapter 499 and must contain, in addition to the



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724 supervisory physician's name, address, and telephone number, the
725 physician assistant's prescriber number. Unless it is a drug or
726 drug sample dispensed by the physician assistant, the
727 prescription must be filled in a pharmacy permitted under
728 chapter 465 and must be dispensed in that pharmacy by a
729 pharmacist licensed under chapter 465. The appearance of the
730 prescriber number creates a presumption that the physician
731 assistant is authorized to prescribe the medicinal drug and the
732 prescription is valid.

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

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

737 (c) The council shall:

738 1. Recommend to the department the licensure of physician
739 assistants.

740 2. Develop all rules regulating the use of physician
741 assistants by physicians under this chapter and chapter 459,
742 except for rules relating to the formulary developed under
743 paragraph (4) (f). The council shall also develop rules to ensure
744 that the continuity of supervision is maintained in each
745 practice setting. The boards shall consider adopting a proposed
746 rule developed by the council at the regularly scheduled meeting
747 immediately following the submission of the proposed rule by the
748 council. A proposed rule submitted by the council may not be
749 adopted by either board unless both boards have accepted and
750 approved the identical language contained in the proposed rule.
751 The language of all proposed rules submitted by the council must
752 be approved by both boards pursuant to each respective board's



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753 guidelines and standards regarding the adoption of proposed
754 rules. If either board rejects the council's proposed rule, that
755 board must specify its objection to the council with
756 particularity and include any recommendations it may have for
757 the modification of the proposed rule.

758 3. Make recommendations to the boards regarding all matters
759 relating to physician assistants.

760 4. Address concerns and problems of practicing physician
761 assistants in order to improve safety in the clinical practices
762 of licensed physician assistants.

763 Section 15. Effective January 1, 2017, paragraph (f) of
764 subsection (4) of section 458.347, Florida Statutes, is amended
765 to read:

766 458.347 Physician assistants.—

767 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

768 (f)1. The council shall establish a formulary of medicinal
769 drugs that a fully licensed physician assistant having
770 prescribing authority under this section or s. 459.022 may not
771 prescribe. The formulary must include ~~controlled substances as~~
772 ~~defined in chapter 893,~~ general anesthetics, and radiographic
773 contrast materials, and must limit the prescription of Schedule
774 II controlled substances as defined in s. 893.03 to a 7-day
775 supply. The formulary must also restrict the prescribing of
776 psychiatric mental health controlled substances for children
777 under 18 years of age.

778 2. In establishing the formulary, the council shall consult
779 with a pharmacist licensed under chapter 465, but not licensed
780 under this chapter or chapter 459, who shall be selected by the
781 State Surgeon General.



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782 3. Only the council shall add to, delete from, or modify
783 the formulary. Any person who requests an addition, deletion, or
784 modification of a medicinal drug listed on such formulary has
785 the burden of proof to show cause why such addition, deletion,
786 or modification should be made.

787 4. The boards shall adopt the formulary required by this
788 paragraph, and each addition, deletion, or modification to the
789 formulary, by rule. Notwithstanding any provision of chapter 120
790 to the contrary, the formulary rule shall be effective 60 days
791 after the date it is filed with the Secretary of State. Upon
792 adoption of the formulary, the department shall mail a copy of
793 such formulary to each fully licensed physician assistant having
794 prescribing authority under this section or s. 459.022, and to
795 each pharmacy licensed by the state. The boards shall establish,
796 by rule, a fee not to exceed \$200 to fund the provisions of this
797 paragraph and paragraph (e).

798 Section 16. Subsection (2) of section 464.003, Florida
799 Statutes, is amended to read:

800 464.003 Definitions.—As used in this part, the term:

801 (2) "Advanced or specialized nursing practice" means, in
802 addition to the practice of professional nursing, the
803 performance of advanced-level nursing acts approved by the board
804 which, by virtue of postbasic specialized education, training,
805 and experience, are appropriately performed by an advanced
806 registered nurse practitioner. Within the context of advanced or
807 specialized nursing practice, the advanced registered nurse
808 practitioner may perform acts of nursing diagnosis and nursing
809 treatment of alterations of the health status. The advanced
810 registered nurse practitioner may also perform acts of medical



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811 diagnosis and treatment, prescription, and operation as
812 authorized within the framework of an established supervisory
813 protocol ~~which are identified and approved by a joint committee~~
814 ~~composed of three members appointed by the Board of Nursing, two~~
815 ~~of whom must be advanced registered nurse practitioners; three~~
816 ~~members appointed by the Board of Medicine, two of whom must~~
817 ~~have had work experience with advanced registered nurse~~
818 ~~practitioners; and the State Surgeon General or the State~~
819 ~~Surgeon General's designee. Each committee member appointed by a~~
820 ~~board shall be appointed to a term of 4 years unless a shorter~~
821 ~~term is required to establish or maintain staggered terms. The~~
822 ~~Board of Nursing shall adopt rules authorizing the performance~~
823 ~~of any such acts approved by the joint committee. Unless~~
824 ~~otherwise specified by the joint committee, such acts must be~~
825 ~~performed under the general supervision of a practitioner~~
826 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
827 ~~the framework of standing protocols which identify the medical~~
828 ~~acts to be performed and the conditions for their performance.~~
829 The department may, by rule, require that a copy of the protocol
830 be filed with the department along with the notice required by
831 s. 458.348.

832 Section 17. Section 464.012, Florida Statutes, is amended
833 to read:

834 464.012 Certification of advanced registered nurse
835 practitioners; fees; controlled substance prescribing.-

836 (1) Any nurse desiring to be certified as an advanced
837 registered nurse practitioner shall apply to the department and
838 submit proof that he or she holds a current license to practice
839 professional nursing and that he or she meets one or more of the



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840 following requirements as determined by the board:

841 (a) Satisfactory completion of a formal postbasic
842 educational program of at least one academic year, the primary
843 purpose of which is to prepare nurses for advanced or
844 specialized practice.

845 (b) Certification by an appropriate specialty board. Such
846 certification shall be required for initial state certification
847 and any recertification as a registered nurse anesthetist or
848 nurse midwife. The board may by rule provide for provisional
849 state certification of graduate nurse anesthetists and nurse
850 midwives for a period of time determined to be appropriate for
851 preparing for and passing the national certification
852 examination.

853 (c) Graduation from a program leading to a master's degree
854 in a nursing clinical specialty area with preparation in
855 specialized practitioner skills. For applicants graduating on or
856 after October 1, 1998, graduation from a master's degree program
857 shall be required for initial certification as a nurse
858 practitioner under paragraph (4) (c). For applicants graduating
859 on or after October 1, 2001, graduation from a master's degree
860 program shall be required for initial certification as a
861 registered nurse anesthetist under paragraph (4) (a).

862 (2) The board shall provide by rule the appropriate
863 requirements for advanced registered nurse practitioners in the
864 categories of certified registered nurse anesthetist, certified
865 nurse midwife, and nurse practitioner.

866 (3) An advanced registered nurse practitioner shall perform
867 those functions authorized in this section within the framework
868 of an established protocol that is filed with the board upon



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869 biennial license renewal and within 30 days after entering into
870 a supervisory relationship with a physician or changes to the
871 protocol. The board shall review the protocol to ensure
872 compliance with applicable regulatory standards for protocols.
873 The board shall refer to the department licensees submitting
874 protocols that are not compliant with the regulatory standards
875 for protocols. A practitioner currently licensed under chapter
876 458, chapter 459, or chapter 466 shall maintain supervision for
877 directing the specific course of medical treatment. Within the
878 established framework, an advanced registered nurse practitioner
879 may:

- 880 (a) Monitor and alter drug therapies.
- 881 (b) Initiate appropriate therapies for certain conditions.
- 882 (c) Perform additional functions as may be determined by
883 rule in accordance with s. 464.003(2).
- 884 (d) Order diagnostic tests and physical and occupational
885 therapy.

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

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

893 1. Determine the health status of the patient as it relates
894 to the risk factors and to the anesthetic management of the
895 patient through the performance of the general functions.

896 2. Based on history, physical assessment, and supplemental
897 laboratory results, determine, with the consent of the



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898 responsible physician, the appropriate type of anesthesia within
899 the framework of the protocol.

900 3. Order under the protocol preanesthetic medication.

901 4. Perform under the protocol procedures commonly used to
902 render the patient insensible to pain during the performance of
903 surgical, obstetrical, therapeutic, or diagnostic clinical
904 procedures. These procedures include ordering and administering
905 regional, spinal, and general anesthesia; inhalation agents and
906 techniques; intravenous agents and techniques; and techniques of
907 hypnosis.

908 5. Order or perform monitoring procedures indicated as
909 pertinent to the anesthetic health care management of the
910 patient.

911 6. Support life functions during anesthesia health care,
912 including induction and intubation procedures, the use of
913 appropriate mechanical supportive devices, and the management of
914 fluid, electrolyte, and blood component balances.

915 7. Recognize and take appropriate corrective action for
916 abnormal patient responses to anesthesia, adjunctive medication,
917 or other forms of therapy.

918 8. Recognize and treat a cardiac arrhythmia while the
919 patient is under anesthetic care.

920 9. Participate in management of the patient while in the
921 postanesthesia recovery area, including ordering the
922 administration of fluids and drugs.

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

925 (b) The certified nurse midwife may, to the extent
926 authorized by an established protocol which has been approved by



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927 the medical staff of the health care facility in which the
928 midwifery services are performed, or approved by the nurse
929 midwife's physician backup when the delivery is performed in a
930 patient's home, perform any or all of the following:

- 931 1. Perform superficial minor surgical procedures.
- 932 2. Manage the patient during labor and delivery to include
933 amniotomy, episiotomy, and repair.
- 934 3. Order, initiate, and perform appropriate anesthetic
935 procedures.
- 936 4. Perform postpartum examination.
- 937 5. Order appropriate medications.
- 938 6. Provide family-planning services and well-woman care.
- 939 7. Manage the medical care of the normal obstetrical
940 patient and the initial care of a newborn patient.

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

- 943 1. Manage selected medical problems.
- 944 2. Order physical and occupational therapy.
- 945 3. Initiate, monitor, or alter therapies for certain
946 uncomplicated acute illnesses.
- 947 4. Monitor and manage patients with stable chronic
948 diseases.
- 949 5. Establish behavioral problems and diagnosis and make
950 treatment recommendations.

951 (5) The board shall certify, and the department shall issue
952 a certificate to, any nurse meeting the qualifications in this
953 section. The board shall establish an application fee not to
954 exceed \$100 and a biennial renewal fee not to exceed \$50. The
955 board is authorized to adopt such other rules as are necessary



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956 to implement the provisions of this section.

957 (6) (a) The board shall establish a committee to recommend a
958 formulary of controlled substances that an advanced registered
959 nurse practitioner may not prescribe or may prescribe only for
960 specific uses or in limited quantities. The committee must
961 consist of three advanced registered nurse practitioners
962 licensed under this section, recommended by the Board of
963 Nursing; three physicians licensed under chapter 458 or chapter
964 459 who have work experience with advanced registered nurse
965 practitioners, recommended by the Board of Medicine; and a
966 pharmacist licensed under chapter 465 who holds a Doctor of
967 Pharmacy degree, recommended by the Board of Pharmacy. The
968 committee may recommend an evidence-based formulary applicable
969 to all advanced registered nurse practitioners which is limited
970 by specialty certification, is limited to approved uses of
971 controlled substances, or is subject to other similar
972 restrictions the committee finds are necessary to protect the
973 health, safety, and welfare of the public. The formulary must
974 restrict the prescribing of psychiatric mental health controlled
975 substances for children under 18 years of age to advanced
976 registered nurse practitioners who also are psychiatric nurses
977 as defined in s. 394.455. The formulary must also limit the
978 prescribing of Schedule II controlled substances as defined in
979 s. 893.03 to a 7-day supply, except that such restriction does
980 not apply to controlled substances that are psychiatric
981 medications prescribed by psychiatric nurses as defined in s.
982 394.455.

983 (b) The board shall adopt by rule the recommended formulary
984 and any revisions to the formulary which it finds are supported



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985 by evidence-based clinical findings presented by the Board of
986 Medicine, the Board of Osteopathic Medicine, or the Board of
987 Dentistry.

988 (c) The formulary required under this subsection does not
989 apply to a controlled substance that is dispensed for
990 administration pursuant to an order, including an order for
991 medication authorized by subparagraph (4) (a)3., subparagraph
992 (4) (a)4., or subparagraph (4) (a)9.

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

995 Section 18. Effective January 1, 2017, subsection (3) of
996 section 464.012, Florida Statutes, as amended by this act, is
997 amended to read:

998 464.012 Certification of advanced registered nurse
999 practitioners; fees; controlled substance prescribing.—

1000 (3) An advanced registered nurse practitioner shall perform
1001 those functions authorized in this section within the framework
1002 of an established protocol that is filed with the board upon
1003 biennial license renewal and within 30 days after entering into
1004 a supervisory relationship with a physician or changes to the
1005 protocol. The board shall review the protocol to ensure
1006 compliance with applicable regulatory standards for protocols.
1007 The board shall refer to the department licensees submitting
1008 protocols that are not compliant with the regulatory standards
1009 for protocols. A practitioner currently licensed under chapter
1010 458, chapter 459, or chapter 466 shall maintain supervision for
1011 directing the specific course of medical treatment. Within the
1012 established framework, an advanced registered nurse practitioner
1013 may:



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1014 (a) Prescribe, dispense, administer, or order any drug;
1015 however, an advanced registered nurse practitioner may only
1016 prescribe or dispense a controlled substance as defined in s.
1017 893.03 if the advanced registered nurse practitioner has
1018 graduated from a program leading to a master's or doctoral
1019 degree in a clinical nursing specialty area with training in
1020 specialized practitioner skills. ~~Monitor and alter drug~~
1021 therapies.

1022 (b) Initiate appropriate therapies for certain conditions.

1023 (c) Perform additional functions as may be determined by
1024 rule in accordance with s. 464.003(2).

1025 (d) Order diagnostic tests and physical and occupational
1026 therapy.

1027 Section 19. Subsection (3) of section 464.013, Florida
1028 Statutes, is amended to read:

1029 464.013 Renewal of license or certificate.—

1030 (3) The board shall by rule prescribe up to 30 hours of
1031 continuing education biennially as a condition for renewal of a
1032 license or certificate.

1033 (a) A nurse who is certified by a health care specialty
1034 program accredited by the National Commission for Certifying
1035 Agencies or the Accreditation Board for Specialty Nursing
1036 Certification is exempt from continuing education requirements.
1037 The criteria for programs must ~~shall~~ be approved by the board.

1038 (b) Notwithstanding the exemption in paragraph (a), as part
1039 of the maximum 30 hours of continuing education hours required
1040 under this subsection, advanced registered nurse practitioners
1041 certified under s. 464.012 must complete at least 3 hours of
1042 continuing education on the safe and effective prescription of



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1043 controlled substances. Such continuing education courses must be
1044 offered by a statewide professional association of physicians in
1045 this state accredited to provide educational activities
1046 designated for the American Medical Association Physician's
1047 Recognition Award Category 1 Credit, the American Nurses
1048 Credentialing Center, the American Association of Nurse
1049 Anesthetists, or the American Association of Nurse Practitioners
1050 and may be offered in a distance-learning format.

1051 Section 20. Paragraph (p) is added to subsection (1) of
1052 section 464.018, Florida Statutes, and subsection (2) of that
1053 section is republished, to read:

1054 464.018 Disciplinary actions.—

1055 (1) The following acts constitute grounds for denial of a
1056 license or disciplinary action, as specified in s. 456.072(2):

1057 (p) For an advanced registered nurse practitioner:

1058 1. Presigning blank prescription forms.

1059 2. Prescribing for office use any medicinal drug appearing
1060 on Schedule II in chapter 893.

1061 3. Prescribing, ordering, dispensing, administering,
1062 supplying, selling, or giving a drug that is an amphetamine or a
1063 sympathomimetic amine drug, or a compound designated in s.
1064 893.03(2) as a Schedule II controlled substance, to or for any
1065 person except for:

1066 a. The treatment of narcolepsy; hyperkinesis; behavioral
1067 syndrome in children characterized by the developmentally
1068 inappropriate symptoms of moderate to severe distractibility,
1069 short attention span, hyperactivity, emotional lability, and
1070 impulsivity; or drug-induced brain dysfunction.

1071 b. The differential diagnostic psychiatric evaluation of



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1072 depression or the treatment of depression shown to be refractory
1073 to other therapeutic modalities.

1074 c. The clinical investigation of the effects of such drugs
1075 or compounds when an investigative protocol is submitted to,
1076 reviewed by, and approved by the department before such
1077 investigation is begun.

1078 4. Prescribing, ordering, dispensing, administering,
1079 supplying, selling, or giving growth hormones, testosterone or
1080 its analogs, human chorionic gonadotropin (HCG), or other
1081 hormones for the purpose of muscle building or to enhance
1082 athletic performance. As used in this subparagraph, the term
1083 "muscle building" does not include the treatment of injured
1084 muscle. A prescription written for the drug products identified
1085 in this subparagraph may be dispensed by a pharmacist with the
1086 presumption that the prescription is for legitimate medical use.

1087 5. Promoting or advertising on any prescription form a
1088 community pharmacy unless the form also states: "This
1089 prescription may be filled at any pharmacy of your choice."

1090 6. Prescribing, dispensing, administering, mixing, or
1091 otherwise preparing a legend drug, including a controlled
1092 substance, other than in the course of his or her professional
1093 practice. For the purposes of this subparagraph, it is legally
1094 presumed that prescribing, dispensing, administering, mixing, or
1095 otherwise preparing legend drugs, including all controlled
1096 substances, inappropriately or in excessive or inappropriate
1097 quantities is not in the best interest of the patient and is not
1098 in the course of the advanced registered nurse practitioner's
1099 professional practice, without regard to his or her intent.

1100 7. Prescribing, dispensing, or administering a medicinal



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1101 drug appearing on any schedule set forth in chapter 893 to
1102 himself or herself, except a drug prescribed, dispensed, or
1103 administered to the advanced registered nurse practitioner by
1104 another practitioner authorized to prescribe, dispense, or
1105 administer medicinal drugs.

1106 8. Prescribing, ordering, dispensing, administering,
1107 supplying, selling, or giving amygdalin (laetrile) to any
1108 person.

1109 9. Dispensing a substance designated in s. 893.03(2) or (3)
1110 as a substance controlled in Schedule II or Schedule III,
1111 respectively, in violation of s. 465.0276.

1112 10. Promoting or advertising through any communication
1113 medium the use, sale, or dispensing of a substance designated in
1114 s. 893.03 as a controlled substance.

1115 (2) The board may enter an order denying licensure or
1116 imposing any of the penalties in s. 456.072(2) against any
1117 applicant for licensure or licensee who is found guilty of
1118 violating any provision of subsection (1) of this section or who
1119 is found guilty of violating any provision of s. 456.072(1).

1120 Section 21. Subsection (21) of section 893.02, Florida
1121 Statutes, is amended to read:

1122 893.02 Definitions.—The following words and phrases as used
1123 in this chapter shall have the following meanings, unless the
1124 context otherwise requires:

1125 (21) "Practitioner" means a physician licensed under
1126 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
1127 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
1128 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
1129 459, an advanced registered nurse practitioner certified under



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1130 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
1131 462, a certified optometrist licensed under ~~pursuant to~~ chapter
1132 463, or a podiatric physician licensed under ~~pursuant to~~ chapter
1133 461, or a physician assistant licensed under chapter 458 or
1134 chapter 459, provided such practitioner holds a valid federal
1135 controlled substance registry number.

1136 Section 22. Paragraph (n) of subsection (1) of section
1137 948.03, Florida Statutes, is amended to read:

1138 948.03 Terms and conditions of probation.—

1139 (1) The court shall determine the terms and conditions of
1140 probation. Conditions specified in this section do not require
1141 oral pronouncement at the time of sentencing and may be
1142 considered standard conditions of probation. These conditions
1143 may include among them the following, that the probationer or
1144 offender in community control shall:

1145 (n) Be prohibited from using intoxicants to excess or
1146 possessing any drugs or narcotics unless prescribed by a
1147 physician, advanced registered nurse practitioner, or physician
1148 assistant. The probationer or community controllee may ~~shall~~ not
1149 knowingly visit places where intoxicants, drugs, or other
1150 dangerous substances are unlawfully sold, dispensed, or used.

1151 Section 23. Paragraph (a) of subsection (1) and subsection
1152 (2) of section 458.348, Florida Statutes, are amended to read:

1153 458.348 Formal supervisory relationships, standing orders,
1154 and established protocols; notice; standards.—

1155 (1) NOTICE.—

1156 (a) When a physician enters into a formal supervisory
1157 relationship or standing orders with an emergency medical
1158 technician or paramedic licensed pursuant to s. 401.27, which



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1159 relationship or orders contemplate the performance of medical
1160 acts, or when a physician enters into an established protocol
1161 with an advanced registered nurse practitioner, which protocol
1162 contemplates the performance of medical ~~acts identified and~~
1163 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
1164 acts set forth in s. 464.012(3) and (4), the physician shall
1165 submit notice to the board. The notice shall contain a statement
1166 in substantially the following form:

1167
1168 I, ...(name and professional license number of
1169 physician)..., of ...(address of physician)... have hereby
1170 entered into a formal supervisory relationship, standing orders,
1171 or an established protocol with ...(number of persons)...
1172 emergency medical technician(s), ...(number of persons)...
1173 paramedic(s), or ...(number of persons)... advanced registered
1174 nurse practitioner(s).

1175
1176 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1177 joint committee ~~created under s. 464.003(2)~~ shall determine
1178 minimum standards for the content of established protocols
1179 pursuant to which an advanced registered nurse practitioner may
1180 perform medical acts ~~identified and approved by the joint~~
1181 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
1182 464.012(3) and (4) and shall determine minimum standards for
1183 supervision of such acts by the physician, unless the joint
1184 committee determines that any act set forth in s. 464.012(3) or
1185 (4) is not a medical act. Such standards shall be based on risk
1186 to the patient and acceptable standards of medical care and
1187 shall take into account the special problems of medically



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1188 underserved areas. The standards developed by the joint
1189 committee shall be adopted as rules by the Board of Nursing and
1190 the Board of Medicine for purposes of carrying out their
1191 responsibilities pursuant to part I of chapter 464 and this
1192 chapter, respectively, but neither board shall have disciplinary
1193 powers over the licensees of the other board.

1194 Section 24. Paragraph (a) of subsection (1) of section
1195 459.025, Florida Statutes, is amended to read:

1196 459.025 Formal supervisory relationships, standing orders,
1197 and established protocols; notice; standards.—

1198 (1) NOTICE.—

1199 (a) When an osteopathic physician enters into a formal
1200 supervisory relationship or standing orders with an emergency
1201 medical technician or paramedic licensed pursuant to s. 401.27,
1202 which relationship or orders contemplate the performance of
1203 medical acts, or when an osteopathic physician enters into an
1204 established protocol with an advanced registered nurse
1205 practitioner, which protocol contemplates the performance of
1206 medical acts ~~identified and approved by the joint committee~~
1207 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1208 (4), the osteopathic physician shall submit notice to the board.
1209 The notice must contain a statement in substantially the
1210 following form:

1211
1212 I, ...(name and professional license number of osteopathic
1213 physician)..., of ...(address of osteopathic physician)... have
1214 hereby entered into a formal supervisory relationship, standing
1215 orders, or an established protocol with ...(number of
1216 persons)... emergency medical technician(s), ...(number of



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1217 persons)... paramedic(s), or ...(number of persons)... advanced
1218 registered nurse practitioner(s).

1219 Section 25. For the purpose of incorporating the amendment
1220 made by this act to section 456.072, Florida Statutes, in a
1221 reference thereto, subsection (10) of section 458.331, Florida
1222 Statutes, is reenacted to read:

1223 458.331 Grounds for disciplinary action; action by the
1224 board and department.—

1225 (10) A probable cause panel convened to consider
1226 disciplinary action against a physician assistant alleged to
1227 have violated s. 456.072 or this section must include one
1228 physician assistant. The physician assistant must hold a valid
1229 license to practice as a physician assistant in this state and
1230 be appointed to the panel by the Council of Physician
1231 Assistants. The physician assistant may hear only cases
1232 involving disciplinary actions against a physician assistant. If
1233 the appointed physician assistant is not present at the
1234 disciplinary hearing, the panel may consider the matter and vote
1235 on the case in the absence of the physician assistant. The
1236 training requirements set forth in s. 458.307(4) do not apply to
1237 the appointed physician assistant. Rules need not be adopted to
1238 implement this subsection.

1239 Section 26. For the purpose of incorporating the amendment
1240 made by this act to section 456.072, Florida Statutes, in a
1241 reference thereto, paragraph (g) of subsection (7) of section
1242 458.347, Florida Statutes, is reenacted to read:

1243 458.347 Physician assistants.—

1244 (7) PHYSICIAN ASSISTANT LICENSURE.—

1245 (g) The Board of Medicine may impose any of the penalties



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1246 authorized under ss. 456.072 and 458.331(2) upon a physician
1247 assistant if the physician assistant or the supervising
1248 physician has been found guilty of or is being investigated for
1249 any act that constitutes a violation of this chapter or chapter
1250 456.

1251 Section 27. For the purpose of incorporating the amendment
1252 made by this act to section 456.072, Florida Statutes, in a
1253 reference thereto, subsection (10) of section 459.015, Florida
1254 Statutes, is reenacted to read:

1255 459.015 Grounds for disciplinary action; action by the
1256 board and department.—

1257 (10) A probable cause panel convened to consider
1258 disciplinary action against a physician assistant alleged to
1259 have violated s. 456.072 or this section must include one
1260 physician assistant. The physician assistant must hold a valid
1261 license to practice as a physician assistant in this state and
1262 be appointed to the panel by the Council of Physician
1263 Assistants. The physician assistant may hear only cases
1264 involving disciplinary actions against a physician assistant. If
1265 the appointed physician assistant is not present at the
1266 disciplinary hearing, the panel may consider the matter and vote
1267 on the case in the absence of the physician assistant. The
1268 training requirements set forth in s. 458.307(4) do not apply to
1269 the appointed physician assistant. Rules need not be adopted to
1270 implement this subsection.

1271 Section 28. For the purpose of incorporating the amendment
1272 made by this act to section 456.072, Florida Statutes, in a
1273 reference thereto, paragraph (f) of subsection (7) of section
1274 459.022, Florida Statutes, is reenacted to read:



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1275 459.022 Physician assistants.—

1276 (7) PHYSICIAN ASSISTANT LICENSURE.—

1277 (f) The Board of Osteopathic Medicine may impose any of the
1278 penalties authorized under ss. 456.072 and 459.015(2) upon a
1279 physician assistant if the physician assistant or the
1280 supervising physician has been found guilty of or is being
1281 investigated for any act that constitutes a violation of this
1282 chapter or chapter 456.

1283 Section 29. For the purpose of incorporating the amendment
1284 made by this act to section 456.072, Florida Statutes, in a
1285 reference thereto, subsection (5) of section 465.0158, Florida
1286 Statutes, is reenacted to read:

1287 465.0158 Nonresident sterile compounding permit.—

1288 (5) In accordance with this chapter, the board may deny,
1289 revoke, or suspend the permit of; fine; or reprimand a permittee
1290 for:

1291 (a) Failure to comply with this section;

1292 (b) A violation listed under s. 456.0635, s. 456.065, or s.
1293 456.072, except s. 456.072(1)(s) or (1)(u);

1294 (c) A violation under s. 465.0156(5); or

1295 (d) A violation listed under s. 465.016.

1296 Section 30. For the purpose of incorporating the amendment
1297 made by this act to section 456.44, Florida Statutes, in a
1298 reference thereto, paragraph (mm) of subsection (1) of section
1299 456.072, Florida Statutes, is reenacted to read:

1300 456.072 Grounds for discipline; penalties; enforcement.—

1301 (1) The following acts shall constitute grounds for which
1302 the disciplinary actions specified in subsection (2) may be
1303 taken:



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1304 (mm) Failure to comply with controlled substance
1305 prescribing requirements of s. 456.44.

1306 Section 31. For the purpose of incorporating the amendment
1307 made by this act to section 456.44, Florida Statutes, in a
1308 reference thereto, section 466.02751, Florida Statutes, is
1309 reenacted to read:

1310 466.02751 Establishment of practitioner profile for
1311 designation as a controlled substance prescribing practitioner.—
1312 The Department of Health shall establish a practitioner profile
1313 for dentists licensed under this chapter for a practitioner's
1314 designation as a controlled substance prescribing practitioner
1315 as provided in s. 456.44.

1316 Section 32. For the purpose of incorporating the amendment
1317 made by this act to section 458.347, Florida Statutes, in a
1318 reference thereto, section 458.303, Florida Statutes, is
1319 reenacted to read:

1320 458.303 Provisions not applicable to other practitioners;
1321 exceptions, etc.—

1322 (1) The provisions of ss. 458.301, 458.305, 458.307,
1323 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321,
1324 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343,
1325 458.345, 458.347, and this section shall have no application to:

1326 (a) Other duly licensed health care practitioners acting
1327 within their scope of practice authorized by statute.

1328 (b) Any physician lawfully licensed in another state or
1329 territory or foreign country, when meeting duly licensed
1330 physicians of this state in consultation.

1331 (c) Commissioned medical officers of the Armed Forces of
1332 the United States and of the Public Health Service of the United



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1333 States while on active duty and while acting within the scope of
1334 their military or public health responsibilities.

1335 (d) Any person while actually serving without salary or
1336 professional fees on the resident medical staff of a hospital in
1337 this state, subject to the provisions of s. 458.321.

1338 (e) Any person furnishing medical assistance in case of an
1339 emergency.

1340 (f) The domestic administration of recognized family
1341 remedies.

1342 (g) The practice of the religious tenets of any church in
1343 this state.

1344 (h) Any person or manufacturer who, without the use of
1345 drugs or medicine, mechanically fits or sells lenses, artificial
1346 eyes or limbs, or other apparatus or appliances or is engaged in
1347 the mechanical examination of eyes for the purpose of
1348 constructing or adjusting spectacles, eyeglasses, or lenses.

1349 (2) Nothing in s. 458.301, s. 458.305, s. 458.307, s.
1350 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s.
1351 458.327, s. 458.329, s. 458.331, s. 458.337, s. 458.339, s.
1352 458.341, s. 458.343, s. 458.345, s. 458.347, or this section
1353 shall be construed to prohibit any service rendered by a
1354 registered nurse or a licensed practical nurse, if such service
1355 is rendered under the direct supervision and control of a
1356 licensed physician who provides specific direction for any
1357 service to be performed and gives final approval to all services
1358 performed. Further, nothing in this or any other chapter shall
1359 be construed to prohibit any service rendered by a medical
1360 assistant in accordance with the provisions of s. 458.3485.

1361 Section 33. For the purpose of incorporating the amendment



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1362 made by this act to section 458.347, Florida Statutes, in a
1363 reference thereto, paragraph (b) of subsection (7) of section
1364 458.3475, Florida Statutes, is reenacted to read:

1365 458.3475 Anesthesiologist assistants.—

1366 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1367 ADVISE THE BOARD.—

1368 (b) In addition to its other duties and responsibilities as
1369 prescribed by law, the board shall:

1370 1. Recommend to the department the licensure of
1371 anesthesiologist assistants.

1372 2. Develop all rules regulating the use of anesthesiologist
1373 assistants by qualified anesthesiologists under this chapter and
1374 chapter 459, except for rules relating to the formulary
1375 developed under s. 458.347(4)(f). The board shall also develop
1376 rules to ensure that the continuity of supervision is maintained
1377 in each practice setting. The boards shall consider adopting a
1378 proposed rule at the regularly scheduled meeting immediately
1379 following the submission of the proposed rule. A proposed rule
1380 may not be adopted by either board unless both boards have
1381 accepted and approved the identical language contained in the
1382 proposed rule. The language of all proposed rules must be
1383 approved by both boards pursuant to each respective board's
1384 guidelines and standards regarding the adoption of proposed
1385 rules.

1386 3. Address concerns and problems of practicing
1387 anesthesiologist assistants to improve safety in the clinical
1388 practices of licensed anesthesiologist assistants.

1389 Section 34. For the purpose of incorporating the amendment
1390 made by this act to section 458.347, Florida Statutes, in



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1391 references thereto, paragraph (e) of subsection (4) and
1392 paragraph (c) of subsection (9) of section 459.022, Florida
1393 Statutes, are reenacted to read:

1394 459.022 Physician assistants.—

1395 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1396 (e) A supervisory physician may delegate to a fully
1397 licensed physician assistant the authority to prescribe or
1398 dispense any medication used in the supervisory physician's
1399 practice unless such medication is listed on the formulary
1400 created pursuant to s. 458.347. A fully licensed physician
1401 assistant may only prescribe or dispense such medication under
1402 the following circumstances:

1403 1. A physician assistant must clearly identify to the
1404 patient that she or he is a physician assistant. Furthermore,
1405 the physician assistant must inform the patient that the patient
1406 has the right to see the physician prior to any prescription
1407 being prescribed or dispensed by the physician assistant.

1408 2. The supervisory physician must notify the department of
1409 her or his intent to delegate, on a department-approved form,
1410 before delegating such authority and notify the department of
1411 any change in prescriptive privileges of the physician
1412 assistant. Authority to dispense may be delegated only by a
1413 supervisory physician who is registered as a dispensing
1414 practitioner in compliance with s. 465.0276.

1415 3. The physician assistant must file with the department a
1416 signed affidavit that she or he has completed a minimum of 10
1417 continuing medical education hours in the specialty practice in
1418 which the physician assistant has prescriptive privileges with
1419 each licensure renewal application.



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1420 4. The department may issue a prescriber number to the
1421 physician assistant granting authority for the prescribing of
1422 medicinal drugs authorized within this paragraph upon completion
1423 of the foregoing requirements. The physician assistant shall not
1424 be required to independently register pursuant to s. 465.0276.

1425 5. The prescription must be written in a form that complies
1426 with chapter 499 and must contain, in addition to the
1427 supervisory physician's name, address, and telephone number, the
1428 physician assistant's prescriber number. Unless it is a drug or
1429 drug sample dispensed by the physician assistant, the
1430 prescription must be filled in a pharmacy permitted under
1431 chapter 465, and must be dispensed in that pharmacy by a
1432 pharmacist licensed under chapter 465. The appearance of the
1433 prescriber number creates a presumption that the physician
1434 assistant is authorized to prescribe the medicinal drug and the
1435 prescription is valid.

1436 6. The physician assistant must note the prescription or
1437 dispensing of medication in the appropriate medical record.

1438 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1439 Physician Assistants is created within the department.

1440 (c) The council shall:

1441 1. Recommend to the department the licensure of physician
1442 assistants.

1443 2. Develop all rules regulating the use of physician
1444 assistants by physicians under chapter 458 and this chapter,
1445 except for rules relating to the formulary developed under s.
1446 458.347. The council shall also develop rules to ensure that the
1447 continuity of supervision is maintained in each practice
1448 setting. The boards shall consider adopting a proposed rule



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1449 developed by the council at the regularly scheduled meeting
1450 immediately following the submission of the proposed rule by the
1451 council. A proposed rule submitted by the council may not be
1452 adopted by either board unless both boards have accepted and
1453 approved the identical language contained in the proposed rule.
1454 The language of all proposed rules submitted by the council must
1455 be approved by both boards pursuant to each respective board's
1456 guidelines and standards regarding the adoption of proposed
1457 rules. If either board rejects the council's proposed rule, that
1458 board must specify its objection to the council with
1459 particularity and include any recommendations it may have for
1460 the modification of the proposed rule.

1461 3. Make recommendations to the boards regarding all matters
1462 relating to physician assistants.

1463 4. Address concerns and problems of practicing physician
1464 assistants in order to improve safety in the clinical practices
1465 of licensed physician assistants.

1466 Section 35. For the purpose of incorporating the amendment
1467 made by this act to section 458.347, Florida Statutes, in a
1468 reference thereto, paragraph (b) of subsection (7) of section
1469 459.023, Florida Statutes, is reenacted to read:

1470 459.023 Anesthesiologist assistants.—

1471 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1472 ADVISE THE BOARD.—

1473 (b) In addition to its other duties and responsibilities as
1474 prescribed by law, the board shall:

1475 1. Recommend to the department the licensure of
1476 anesthesiologist assistants.

1477 2. Develop all rules regulating the use of anesthesiologist



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1478 assistants by qualified anesthesiologists under this chapter and
1479 chapter 458, except for rules relating to the formulary
1480 developed under s. 458.347(4) (f). The board shall also develop
1481 rules to ensure that the continuity of supervision is maintained
1482 in each practice setting. The boards shall consider adopting a
1483 proposed rule at the regularly scheduled meeting immediately
1484 following the submission of the proposed rule. A proposed rule
1485 may not be adopted by either board unless both boards have
1486 accepted and approved the identical language contained in the
1487 proposed rule. The language of all proposed rules must be
1488 approved by both boards pursuant to each respective board's
1489 guidelines and standards regarding the adoption of proposed
1490 rules.

1491 3. Address concerns and problems of practicing
1492 anesthesiologist assistants to improve safety in the clinical
1493 practices of licensed anesthesiologist assistants.

1494 Section 36. For the purpose of incorporating the amendment
1495 made by this act to section 464.012, Florida Statutes, in a
1496 reference thereto, paragraph (a) of subsection (1) of section
1497 456.041, Florida Statutes, is reenacted to read:

1498 456.041 Practitioner profile; creation.—

1499 (1) (a) The Department of Health shall compile the
1500 information submitted pursuant to s. 456.039 into a practitioner
1501 profile of the applicant submitting the information, except that
1502 the Department of Health shall develop a format to compile
1503 uniformly any information submitted under s. 456.039(4) (b).
1504 Beginning July 1, 2001, the Department of Health may compile the
1505 information submitted pursuant to s. 456.0391 into a
1506 practitioner profile of the applicant submitting the



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1507 information. The protocol submitted pursuant to s. 464.012(3)
1508 must be included in the practitioner profile of the advanced
1509 registered nurse practitioner.

1510 Section 37. For the purpose of incorporating the amendment
1511 made by this act to section 464.012, Florida Statutes, in
1512 references thereto, subsections (1) and (2) of section 458.348,
1513 Florida Statutes, are reenacted to read:

1514 458.348 Formal supervisory relationships, standing orders,
1515 and established protocols; notice; standards.—

1516 (1) NOTICE.—

1517 (a) When a physician enters into a formal supervisory
1518 relationship or standing orders with an emergency medical
1519 technician or paramedic licensed pursuant to s. 401.27, which
1520 relationship or orders contemplate the performance of medical
1521 acts, or when a physician enters into an established protocol
1522 with an advanced registered nurse practitioner, which protocol
1523 contemplates the performance of medical acts identified and
1524 approved by the joint committee pursuant to s. 464.003(2) or
1525 acts set forth in s. 464.012(3) and (4), the physician shall
1526 submit notice to the board. The notice shall contain a statement
1527 in substantially the following form:

1528 I, ...(name and professional license number of
1529 physician)..., of ...(address of physician)... have hereby
1530 entered into a formal supervisory relationship, standing orders,
1531 or an established protocol with ...(number of persons)...
1532 emergency medical technician(s), ...(number of persons)...
1533 paramedic(s), or ...(number of persons)... advanced registered
1534 nurse practitioner(s).

1535 (b) Notice shall be filed within 30 days of entering into



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1536 the relationship, orders, or protocol. Notice also shall be
1537 provided within 30 days after the physician has terminated any
1538 such relationship, orders, or protocol.

1539 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1540 joint committee created under s. 464.003(2) shall determine
1541 minimum standards for the content of established protocols
1542 pursuant to which an advanced registered nurse practitioner may
1543 perform medical acts identified and approved by the joint
1544 committee pursuant to s. 464.003(2) or acts set forth in s.
1545 464.012(3) and (4) and shall determine minimum standards for
1546 supervision of such acts by the physician, unless the joint
1547 committee determines that any act set forth in s. 464.012(3) or
1548 (4) is not a medical act. Such standards shall be based on risk
1549 to the patient and acceptable standards of medical care and
1550 shall take into account the special problems of medically
1551 underserved areas. The standards developed by the joint
1552 committee shall be adopted as rules by the Board of Nursing and
1553 the Board of Medicine for purposes of carrying out their
1554 responsibilities pursuant to part I of chapter 464 and this
1555 chapter, respectively, but neither board shall have disciplinary
1556 powers over the licensees of the other board.

1557 Section 38. For the purpose of incorporating the amendment
1558 made by this act to section 464.013, Florida Statutes, in a
1559 reference thereto, subsection (7) of section 464.0205, Florida
1560 Statutes, is reenacted to read:

1561 464.0205 Retired volunteer nurse certificate.—

1562 (7) The retired volunteer nurse certificate shall be valid
1563 for 2 years, and a certificateholder may reapply for a
1564 certificate so long as the certificateholder continues to meet



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1565 the eligibility requirements of this section. Any legislatively
1566 mandated continuing education on specific topics must be
1567 completed by the certificateholder prior to renewal; otherwise,
1568 the provisions of s. 464.013 do not apply.

1569 Section 39. For the purpose of incorporating the amendment
1570 made by this act to section 464.018, Florida Statutes, in a
1571 reference thereto, subsection (11) of section 320.0848, Florida
1572 Statutes, is reenacted to read:

1573 320.0848 Persons who have disabilities; issuance of
1574 disabled parking permits; temporary permits; permits for certain
1575 providers of transportation services to persons who have
1576 disabilities.—

1577 (11) A violation of this section is grounds for
1578 disciplinary action under s. 458.331, s. 459.015, s. 460.413, s.
1579 461.013, s. 463.016, or s. 464.018, as applicable.

1580 Section 40. For the purpose of incorporating the amendment
1581 made by this act to section 464.018, Florida Statutes, in a
1582 reference thereto, subsection (2) of section 464.008, Florida
1583 Statutes, is reenacted to read:

1584 464.008 Licensure by examination.—

1585 (2) Each applicant who passes the examination and provides
1586 proof of meeting the educational requirements specified in
1587 subsection (1) shall, unless denied pursuant to s. 464.018, be
1588 entitled to licensure as a registered professional nurse or a
1589 licensed practical nurse, whichever is applicable.

1590 Section 41. For the purpose of incorporating the amendment
1591 made by this act to section 464.018, Florida Statutes, in a
1592 reference thereto, subsection (5) of section 464.009, Florida
1593 Statutes, is reenacted to read:



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1594 464.009 Licensure by endorsement.-

1595 (5) The department shall not issue a license by endorsement
1596 to any applicant who is under investigation in another state,
1597 jurisdiction, or territory of the United States for an act which
1598 would constitute a violation of this part or chapter 456 until
1599 such time as the investigation is complete, at which time the
1600 provisions of s. 464.018 shall apply.

1601 Section 42. For the purpose of incorporating the amendment
1602 made by this act to section 464.018, Florida Statutes, in
1603 references thereto, paragraph (b) of subsection (1), subsection
1604 (3), and paragraph (b) of subsection (4) of section 464.0205,
1605 Florida Statutes, are reenacted to read:

1606 464.0205 Retired volunteer nurse certificate.-

1607 (1) Any retired practical or registered nurse desiring to
1608 serve indigent, underserved, or critical need populations in
1609 this state may apply to the department for a retired volunteer
1610 nurse certificate by providing:

1611 (b) Verification that the applicant had been licensed to
1612 practice nursing in any jurisdiction in the United States for at
1613 least 10 years, had retired or plans to retire, intends to
1614 practice nursing only pursuant to the limitations provided by
1615 the retired volunteer nurse certificate, and has not committed
1616 any act that would constitute a violation under s. 464.018(1).

1617 (3) The board may deny a retired volunteer nurse
1618 certificate to any applicant who has committed, or who is under
1619 investigation or prosecution for, any act that would constitute
1620 a ground for disciplinary action under s. 464.018.

1621 (4) A retired volunteer nurse receiving certification from
1622 the board shall:



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1623 (b) Comply with the minimum standards of practice for
1624 nurses and be subject to disciplinary action for violations of
1625 s. 464.018, except that the scope of practice for certified
1626 volunteers shall be limited to primary and preventive health
1627 care, or as further defined by board rule.

1628 Section 43. For the purpose of incorporating the amendment
1629 made by this act to section 893.02, Florida Statutes, in a
1630 reference thereto, section 775.051, Florida Statutes, is
1631 reenacted to read:

1632 775.051 Voluntary intoxication; not a defense; evidence not
1633 admissible for certain purposes; exception.—Voluntary
1634 intoxication resulting from the consumption, injection, or other
1635 use of alcohol or other controlled substance as described in
1636 chapter 893 is not a defense to any offense proscribed by law.
1637 Evidence of a defendant's voluntary intoxication is not
1638 admissible to show that the defendant lacked the specific intent
1639 to commit an offense and is not admissible to show that the
1640 defendant was insane at the time of the offense, except when the
1641 consumption, injection, or use of a controlled substance under
1642 chapter 893 was pursuant to a lawful prescription issued to the
1643 defendant by a practitioner as defined in s. 893.02.

1644 Section 44. For the purpose of incorporating the amendment
1645 made by this act to section 948.03, Florida Statutes, in a
1646 reference thereto, paragraph (a) of subsection (3) of section
1647 944.17, Florida Statutes, is reenacted to read:

1648 944.17 Commitments and classification; transfers.—

1649 (3) (a) Notwithstanding the provisions of s. 948.03, only
1650 those persons who are convicted and sentenced in circuit court
1651 to a cumulative sentence of incarceration for 1 year or more,



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1652 whether sentence is imposed in the same or separate circuits,
1653 may be received by the department into the state correctional
1654 system. Such persons shall be delivered to the custody of the
1655 department at such reception and classification centers as shall
1656 be provided for this purpose.

1657 Section 45. For the purpose of incorporating the amendment
1658 made by this act to section 948.03, Florida Statutes, in a
1659 reference thereto, subsection (8) of section 948.001, Florida
1660 Statutes, is reenacted to read:

1661 948.001 Definitions.—As used in this chapter, the term:

1662 (8) "Probation" means a form of community supervision
1663 requiring specified contacts with parole and probation officers
1664 and other terms and conditions as provided in s. 948.03.

1665 Section 46. For the purpose of incorporating the amendment
1666 made by this act to section 948.03, Florida Statutes, in a
1667 reference thereto, paragraph (e) of subsection (1) of section
1668 948.101, Florida Statutes, is reenacted to read:

1669 948.101 Terms and conditions of community control.—

1670 (1) The court shall determine the terms and conditions of
1671 community control. Conditions specified in this subsection do
1672 not require oral pronouncement at the time of sentencing and may
1673 be considered standard conditions of community control. The
1674 court shall require intensive supervision and surveillance for
1675 an offender placed into community control, which may include,
1676 but is not limited to:

1677 (e) The standard conditions of probation set forth in s.
1678 948.03.

1679 Section 47. Except as otherwise expressly provided in this
1680 act, this act shall take effect upon becoming a law.