

By the Committee on Children, Families, and Elder Affairs; and
Senator Latvala

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1 A bill to be entitled
2 An act relating to behavioral health workforce;
3 amending s. 110.12315, F.S.; expanding the categories
4 of persons who may prescribe brand name drugs under
5 the prescription drug program when medically
6 necessary; amending ss. 310.071, 310.073, and 310.081,
7 F.S.; exempting controlled substances prescribed by an
8 advanced registered nurse practitioner or a physician
9 assistant from the disqualifications for certification
10 or licensure, and for continued certification or
11 licensure, as a deputy pilot or state pilot; amending
12 s. 394.453, F.S.; revising legislative intent;
13 amending s. 394.467, F.S.; authorizing procedures for
14 recommending admission of a patient to a treatment
15 facility; amending s. 395.1051, F.S.; requiring a
16 hospital to provide specified advance notice to
17 certain obstetrical physicians before it closes its
18 obstetrical department or ceases to provide
19 obstetrical services; amending s. 397.451, F.S.;
20 revising provisions relating to exemptions from
21 disqualification for certain service provider
22 personnel; amending s. 456.072, F.S.; providing
23 mandatory administrative penalties for certain
24 violations relating to prescribing or dispensing a
25 controlled substance; amending s. 456.44, F.S.;
26 providing a definition; deleting an obsolete date;
27 requiring advanced registered nurse practitioners and
28 physician assistants who prescribe controlled
29 substances for certain pain to make a certain
30 designation, comply with registration requirements,
31 and follow specified standards of practice; providing

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32 applicability; amending ss. 458.3265 and 459.0137,
33 F.S.; limiting the authority to prescribe a controlled
34 substance in a pain-management clinic only to a
35 physician licensed under chapter 458 or chapter 459,
36 F.S.; amending s. 458.347, F.S.; revising the required
37 continuing education requirements for a physician
38 assistant; requiring that a specified formulary limit
39 the prescription of certain controlled substances by
40 physician assistants as of a specified date; amending
41 s. 464.003, F.S.; redefining the term "advanced or
42 specialized nursing practice"; deleting the joint
43 committee established in the definition; amending s.
44 464.012, F.S.; requiring the Board of Nursing to
45 establish a committee to recommend a formulary of
46 controlled substances that may not be prescribed, or
47 may be prescribed only on a limited basis, by an
48 advanced registered nurse practitioner; specifying the
49 membership of the committee; providing parameters for
50 the formulary; requiring that the formulary be adopted
51 by board rule; specifying the process for amending the
52 formulary and imposing a burden of proof; limiting the
53 formulary's application in certain instances;
54 requiring the board to adopt the committee's initial
55 recommendations by a specified date; authorizing an
56 advanced registered nurse practitioner to prescribe,
57 dispense, administer, or order drugs, including
58 certain controlled substances under certain
59 circumstances, as of a specified date; amending s.
60 464.013, F.S.; revising continuing education

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61 requirements for renewal of a license or certificate;
62 amending s. 464.018, F.S.; specifying acts that
63 constitute grounds for denial of a license or for
64 disciplinary action against an advanced registered
65 nurse practitioner; amending s. 893.02, F.S.;
66 redefining the term "practitioner" to include advanced
67 registered nurse practitioners and physician
68 assistants under the Florida Comprehensive Drug Abuse
69 Prevention and Control Act for the purpose of
70 prescribing controlled substances if a certain
71 requirement is met; amending s. 948.03, F.S.;
72 providing that possession of drugs or narcotics
73 prescribed by an advanced registered nurse
74 practitioner or a physician assistant does not violate
75 a prohibition relating to the possession of drugs or
76 narcotics during probation; amending ss. 458.348 and
77 459.025, F.S.; conforming provisions to changes made
78 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
79 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
80 relating to grounds for disciplinary action against
81 certain licensed health care practitioners or
82 applicants, physician assistant licensure, the
83 imposition of penalties upon physician assistants by
84 the Board of Osteopathic Medicine, and nonresident
85 sterile compounding permits, respectively, to
86 incorporate the amendment made by the act to s.
87 456.072, F.S., in references thereto; reenacting ss.
88 456.072(1)(mm) and 466.02751, F.S., relating to
89 grounds for discipline of certain licensed health care

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90 practitioners or applicants and dentist practitioner
91 profiles, respectively, to incorporate the amendment
92 made by the act to s. 456.44, F.S., in references
93 thereto; reenacting ss. 458.303, 458.3475(7)(b),
94 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S.,
95 relating to the nonapplicability of certain provisions
96 to specified health care practitioners, and the duties
97 of the Board of Medicine and the Board of Osteopathic
98 Medicine with respect to anesthesiologist assistants,
99 respectively, to incorporate the amendment made by the
100 act to s. 458.347, F.S., in references thereto;
101 reenacting ss. 456.041(1)(a) and 458.348(1) and (2),
102 F.S., relating to practitioner profiles and notice and
103 standards for formal supervisory relationships,
104 respectively, to incorporate the amendment made by the
105 act to s. 464.012, F.S., in references thereto;
106 reenacting s. 464.0205(7), F.S., relating to
107 certification as a retired volunteer nurse to
108 incorporate the amendment made by the act to s.
109 464.013, F.S., in a reference thereto; reenacting ss.
110 320.0848(11), 464.008(2), 464.009(5), and
111 464.0205(1)(b), (3), and (4)(b), F.S., relating to
112 violations of provisions for disability parking,
113 licensure by examination of registered nurses and
114 licensed practical nurses, licensure by endorsement to
115 practice professional or practical nursing,
116 disciplinary actions against nursing applicants or
117 licensees, and retired volunteer nurse certifications,
118 respectively, to incorporate the amendment made by the

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119 act to s. 464.018, F.S., in references thereto;
120 reenacting s. 775.051, F.S., relating to exclusion as
121 a defense and nonadmissibility as evidence of
122 voluntary intoxication to incorporate the amendment
123 made by the act to s. 893.02, F.S., in a reference
124 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
125 948.101(1)(e), F.S., relating to receipt by the state
126 correctional system of certain persons sentenced to
127 incarceration, the definition of the term "probation,"
128 and the terms and conditions of community control,
129 respectively, to incorporate the amendment made by the
130 act to s. 948.03, F.S., in references thereto;
131 providing effective dates.

132
133 Be It Enacted by the Legislature of the State of Florida:

134
135 Section 1. Subsection (7) of section 110.12315, Florida
136 Statutes, is amended to read:

137 110.12315 Prescription drug program.—The state employees'
138 prescription drug program is established. This program shall be
139 administered by the Department of Management Services, according
140 to the terms and conditions of the plan as established by the
141 relevant provisions of the annual General Appropriations Act and
142 implementing legislation, subject to the following conditions:

143 (7) The department shall establish the reimbursement
144 schedule for prescription pharmaceuticals dispensed under the
145 program. Reimbursement rates for a prescription pharmaceutical
146 must be based on the cost of the generic equivalent drug if a
147 generic equivalent exists, unless the physician, advanced

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148 registered nurse practitioner, or physician assistant
149 prescribing the pharmaceutical clearly states on the
150 prescription that the brand name drug is medically necessary or
151 that the drug product is included on the formulary of drug
152 products that may not be interchanged as provided in chapter
153 465, in which case reimbursement must be based on the cost of
154 the brand name drug as specified in the reimbursement schedule
155 adopted by the department.

156 Section 2. Paragraph (c) of subsection (1) of section
157 310.071, Florida Statutes, is amended, and subsection (3) of
158 that section is republished, to read:

159 310.071 Deputy pilot certification.—

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

163 (c) Be in good physical and mental health, as evidenced by
164 documentary proof of having satisfactorily passed a complete
165 physical examination administered by a licensed physician within
166 the preceding 6 months. The board shall adopt rules to establish
167 requirements for passing the physical examination, which rules
168 shall establish minimum standards for the physical or mental
169 capabilities necessary to carry out the professional duties of a
170 certificated deputy pilot. Such standards shall include zero
171 tolerance for any controlled substance regulated under chapter
172 893 unless that individual is under the care of a physician,
173 advanced registered nurse practitioner, or physician assistant
174 and that controlled substance was prescribed by that physician,
175 advanced registered nurse practitioner, or physician assistant.

176 To maintain eligibility as a certificated deputy pilot, each

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177 certificated deputy pilot must annually provide documentary
178 proof of having satisfactorily passed a complete physical
179 examination administered by a licensed physician. The physician
180 must know the minimum standards and certify that the
181 certificateholder satisfactorily meets the standards. The
182 standards for certificateholders shall include a drug test.

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

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

198 310.073 State pilot licensing.—In addition to meeting other
199 requirements specified in this chapter, each applicant for
200 license as a state pilot must:

201 (3) Be in good physical and mental health, as evidenced by
202 documentary proof of having satisfactorily passed a complete
203 physical examination administered by a licensed physician within
204 the preceding 6 months. The board shall adopt rules to establish
205 requirements for passing the physical examination, which rules

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206 shall establish minimum standards for the physical or mental
207 capabilities necessary to carry out the professional duties of a
208 licensed state pilot. Such standards shall include zero
209 tolerance for any controlled substance regulated under chapter
210 893 unless that individual is under the care of a physician,
211 advanced registered nurse practitioner, or physician assistant
212 and that controlled substance was prescribed by that physician,
213 advanced registered nurse practitioner, or physician assistant.
214 To maintain eligibility as a licensed state pilot, each licensed
215 state pilot must annually provide documentary proof of having
216 satisfactorily passed a complete physical examination
217 administered by a licensed physician. The physician must know
218 the minimum standards and certify that the licensee
219 satisfactorily meets the standards. The standards for licensees
220 shall include a drug test.

221 Section 4. Paragraph (b) of subsection (3) of section
222 310.081, Florida Statutes, is amended to read:

223 310.081 Department to examine and license state pilots and
224 certificate deputy pilots; vacancies.—

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

227 (b) Are in good physical and mental health as evidenced by
228 documentary proof of having satisfactorily passed a physical
229 examination administered by a licensed physician or physician
230 assistant within each calendar year. The board shall adopt rules
231 to establish requirements for passing the physical examination,
232 which rules shall establish minimum standards for the physical
233 or mental capabilities necessary to carry out the professional
234 duties of a licensed state pilot or a certificated deputy pilot.

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235 Such standards shall include zero tolerance for any controlled
236 substance regulated under chapter 893 unless that individual is
237 under the care of a physician, advanced registered nurse
238 practitioner, or physician assistant and that controlled
239 substance was prescribed by that physician, advanced registered
240 nurse practitioner, or physician assistant. To maintain
241 eligibility as a certificated deputy pilot or licensed state
242 pilot, each certificated deputy pilot or licensed state pilot
243 must annually provide documentary proof of having satisfactorily
244 passed a complete physical examination administered by a
245 licensed physician. The physician must know the minimum
246 standards and certify that the certificateholder or licensee
247 satisfactorily meets the standards. The standards for
248 certificateholders and for licensees shall include a drug test.

249

250 Upon resignation or in the case of disability permanently
251 affecting a pilot's ability to serve, the state license or
252 certificate issued under this chapter shall be revoked by the
253 department.

254 Section 5. Section 394.453, Florida Statutes, is amended to
255 read:

256 394.453 Legislative intent.—It is the intent of the
257 Legislature to authorize and direct the Department of Children
258 and Families to evaluate, research, plan, and recommend to the
259 Governor and the Legislature programs designed to reduce the
260 occurrence, severity, duration, and disabling aspects of mental,
261 emotional, and behavioral disorders. It is the intent of the
262 Legislature that treatment programs for such disorders shall
263 include, but not be limited to, comprehensive health, social,

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264 educational, and rehabilitative services to persons requiring
265 intensive short-term and continued treatment in order to
266 encourage them to assume responsibility for their treatment and
267 recovery. It is intended that such persons be provided with
268 emergency service and temporary detention for evaluation when
269 required; that they be admitted to treatment facilities on a
270 voluntary basis when extended or continuing care is needed and
271 unavailable in the community; that involuntary placement be
272 provided only when expert evaluation determines that it is
273 necessary; that any involuntary treatment or examination be
274 accomplished in a setting which is clinically appropriate and
275 most likely to facilitate the person's return to the community
276 as soon as possible; and that individual dignity and human
277 rights be guaranteed to all persons who are admitted to mental
278 health facilities or who are being held under s. 394.463. It is
279 the further intent of the Legislature that the least restrictive
280 means of intervention be employed based on the individual needs
281 of each person, within the scope of available services. It is
282 the policy of this state that the use of restraint and seclusion
283 on clients is justified only as an emergency safety measure to
284 be used in response to imminent danger to the client or others.
285 It is, therefore, the intent of the Legislature to achieve an
286 ongoing reduction in the use of restraint and seclusion in
287 programs and facilities serving persons with mental illness. The
288 Legislature further finds the need for additional psychiatrists
289 to be of critical state concern and recommends the establishment
290 of an additional psychiatry program to be offered by one of
291 Florida's schools of medicine currently not offering psychiatry.
292 The program shall seek to integrate primary care and psychiatry

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293 and other evolving models of care for persons with mental health
294 and substance use disorders. Additionally, the Legislature finds
295 that the use of telemedicine for patient evaluation, case
296 management, and ongoing care will improve management of patient
297 care and reduce costs of transportation.

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

300 394.467 Involuntary inpatient placement.—

301 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
302 retained by a receiving facility or involuntarily placed in a
303 treatment facility upon the recommendation of the administrator
304 of the receiving facility where the patient has been examined
305 and after adherence to the notice and hearing procedures
306 provided in s. 394.4599. The recommendation must be supported by
307 the opinion of a psychiatrist and the second opinion of a
308 clinical psychologist or another psychiatrist, both of whom have
309 personally examined the patient within the preceding 72 hours,
310 that the criteria for involuntary inpatient placement are met.
311 However, in a county that has a population of fewer than 50,000,
312 if the administrator certifies that a psychiatrist or clinical
313 psychologist is not available to provide the second opinion, the
314 second opinion may be provided by a licensed physician who has
315 postgraduate training and experience in diagnosis and treatment
316 of mental and nervous disorders or by a psychiatric nurse. Any
317 ~~second~~ opinion authorized in this subsection may be conducted
318 through a face-to-face examination, in person or by electronic
319 means. Such recommendation shall be entered on an involuntary
320 inpatient placement certificate that authorizes the receiving
321 facility to retain the patient pending transfer to a treatment

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322 facility or completion of a hearing.

323 Section 7. Section 395.1051, Florida Statutes, is amended
324 to read:

325 395.1051 Duty to notify patients and physicians.-

326 (1) An appropriately trained person designated by each
327 licensed facility shall inform each patient, or an individual
328 identified pursuant to s. 765.401(1), in person about adverse
329 incidents that result in serious harm to the patient.

330 Notification of outcomes of care which ~~that~~ result in harm to
331 the patient under this section does ~~shall~~ not constitute an
332 acknowledgment or admission of liability and may not, ~~nor can it~~
333 be introduced as evidence.

334 (2) A hospital shall notify each obstetrical physician who
335 has privileges at the hospital at least 90 days before the
336 hospital closes its obstetrical department or ceases to provide
337 obstetrical services.

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

341 397.451 Background checks of service provider personnel.-

342 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
343 EXCEPTIONS.-

344 (e) Personnel employed directly or under contract with the
345 Department of Corrections in an inmate substance abuse program
346 ~~who have direct contact with unmarried inmates under the age of~~
347 ~~18 or with inmates who are developmentally disabled~~ are exempt
348 from the fingerprinting and background check requirements of
349 this section unless they have direct contact with unmarried
350 inmates under the age of 18 or with inmates who are

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351 developmentally disabled.

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

364 (4) EXEMPTIONS FROM DISQUALIFICATION.—

365 (b) Since rehabilitated substance abuse impaired persons
366 are effective in the successful treatment and rehabilitation of
367 individuals with substance use disorders ~~substance abuse~~
368 ~~impaired adolescents~~, for service providers which treat
369 adolescents 13 years of age and older, service provider
370 personnel whose background checks indicate crimes under s.
371 817.563, s. 893.13, or s. 893.147 may be exempted from
372 disqualification from employment pursuant to this paragraph.

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

375 456.072 Grounds for discipline; penalties; enforcement.—

376 (7) Notwithstanding subsection (2), upon a finding that a
377 physician has prescribed or dispensed a controlled substance, or
378 caused a controlled substance to be prescribed or dispensed, in
379 a manner that violates the standard of practice set forth in s.

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380 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
381 or (s), or s. 466.028(1)(p) or (x), or that an advanced
382 registered nurse practitioner has prescribed or dispensed a
383 controlled substance, or caused a controlled substance to be
384 prescribed or dispensed in a manner that violates the standard
385 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
386 the physician or advanced registered nurse practitioner shall be
387 suspended for a period of not less than 6 months and pay a fine
388 of not less than \$10,000 per count. Repeated violations shall
389 result in increased penalties.

390 Section 10. Section 456.44, Florida Statutes, is amended to
391 read:

392 456.44 Controlled substance prescribing.—

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

394 (a) "Addiction medicine specialist" means a board-certified
395 psychiatrist with a subspecialty certification in addiction
396 medicine or who is eligible for such subspecialty certification
397 in addiction medicine, an addiction medicine physician certified
398 or eligible for certification by the American Society of
399 Addiction Medicine, or an osteopathic physician who holds a
400 certificate of added qualification in Addiction Medicine through
401 the American Osteopathic Association.

402 (b) "Adverse incident" means any incident set forth in s.
403 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

404 (c) "Board-certified pain management physician" means a
405 physician who possesses board certification in pain medicine by
406 the American Board of Pain Medicine, board certification by the
407 American Board of Interventional Pain Physicians, or board
408 certification or subcertification in pain management or pain

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409 medicine by a specialty board recognized by the American
410 Association of Physician Specialists or the American Board of
411 Medical Specialties or an osteopathic physician who holds a
412 certificate in Pain Management by the American Osteopathic
413 Association.

414 (d) "Board eligible" means successful completion of an
415 anesthesia, physical medicine and rehabilitation, rheumatology,
416 or neurology residency program approved by the Accreditation
417 Council for Graduate Medical Education or the American
418 Osteopathic Association for a period of 6 years from successful
419 completion of such residency program.

420 (e) "Chronic nonmalignant pain" means pain unrelated to
421 cancer which persists beyond the usual course of disease or the
422 injury that is the cause of the pain or more than 90 days after
423 surgery.

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

426 (g) "Registrant" means a physician, physician assistant, or
427 advanced registered nurse practitioner who meets the
428 requirements of subsection (2).

429 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
430 licensed under chapter 458, chapter 459, chapter 461, or chapter
431 466, a physician assistant licensed under chapter 458 or chapter
432 459, or an advanced registered nurse practitioner certified
433 under part I of chapter 464 who prescribes any controlled
434 substance, listed in Schedule II, Schedule III, or Schedule IV
435 as defined in s. 893.03, for the treatment of chronic
436 nonmalignant pain, must:

437 (a) Designate himself or herself as a controlled substance

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438 prescribing practitioner on his or her ~~the physician's~~
439 practitioner profile.

440 (b) Comply with the requirements of this section and
441 applicable board rules.

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

446 (a) A complete medical history and a physical examination
447 must be conducted before beginning any treatment and must be
448 documented in the medical record. The exact components of the
449 physical examination shall be left to the judgment of the
450 registrant ~~clinician~~ who is expected to perform a physical
451 examination proportionate to the diagnosis that justifies a
452 treatment. The medical record must, at a minimum, document the
453 nature and intensity of the pain, current and past treatments
454 for pain, underlying or coexisting diseases or conditions, the
455 effect of the pain on physical and psychological function, a
456 review of previous medical records, previous diagnostic studies,
457 and history of alcohol and substance abuse. The medical record
458 shall also document the presence of one or more recognized
459 medical indications for the use of a controlled substance. Each
460 registrant must develop a written plan for assessing each
461 patient's risk of aberrant drug-related behavior, which may
462 include patient drug testing. Registrants must assess each
463 patient's risk for aberrant drug-related behavior and monitor
464 that risk on an ongoing basis in accordance with the plan.

465 (b) Each registrant must develop a written individualized
466 treatment plan for each patient. The treatment plan shall state

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467 objectives that will be used to determine treatment success,
468 such as pain relief and improved physical and psychosocial
469 function, and shall indicate if any further diagnostic
470 evaluations or other treatments are planned. After treatment
471 begins, the registrant ~~physician~~ shall adjust drug therapy to
472 the individual medical needs of each patient. Other treatment
473 modalities, including a rehabilitation program, shall be
474 considered depending on the etiology of the pain and the extent
475 to which the pain is associated with physical and psychosocial
476 impairment. The interdisciplinary nature of the treatment plan
477 shall be documented.

478 (c) The registrant ~~physician~~ shall discuss the risks and
479 benefits of the use of controlled substances, including the
480 risks of abuse and addiction, as well as physical dependence and
481 its consequences, with the patient, persons designated by the
482 patient, or the patient's surrogate or guardian if the patient
483 is incompetent. The registrant ~~physician~~ shall use a written
484 controlled substance agreement between the registrant ~~physician~~
485 and the patient outlining the patient's responsibilities,
486 including, but not limited to:

487 1. Number and frequency of controlled substance
488 prescriptions and refills.

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

491 3. An agreement that controlled substances for the
492 treatment of chronic nonmalignant pain shall be prescribed by a
493 single treating registrant ~~physician~~ unless otherwise authorized
494 by the treating registrant ~~physician~~ and documented in the
495 medical record.

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496 (d) The patient shall be seen by the registrant ~~physician~~
497 at regular intervals, not to exceed 3 months, to assess the
498 efficacy of treatment, ensure that controlled substance therapy
499 remains indicated, evaluate the patient's progress toward
500 treatment objectives, consider adverse drug effects, and review
501 the etiology of the pain. Continuation or modification of
502 therapy shall depend on the registrant's ~~physician's~~ evaluation
503 of the patient's progress. If treatment goals are not being
504 achieved, despite medication adjustments, the registrant
505 ~~physician~~ shall reevaluate the appropriateness of continued
506 treatment. The registrant ~~physician~~ shall monitor patient
507 compliance in medication usage, related treatment plans,
508 controlled substance agreements, and indications of substance
509 abuse or diversion at a minimum of 3-month intervals.

510 (e) The registrant ~~physician~~ shall refer the patient as
511 necessary for additional evaluation and treatment in order to
512 achieve treatment objectives. Special attention shall be given
513 to those patients who are at risk for misusing their medications
514 and those whose living arrangements pose a risk for medication
515 misuse or diversion. The management of pain in patients with a
516 history of substance abuse or with a comorbid psychiatric
517 disorder requires extra care, monitoring, and documentation and
518 requires consultation with or referral to an addiction medicine
519 specialist or psychiatrist.

520 (f) A registrant ~~physician registered under this section~~
521 must maintain accurate, current, and complete records that are
522 accessible and readily available for review and comply with the
523 requirements of this section, the applicable practice act, and
524 applicable board rules. The medical records must include, but

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525 are not limited to:

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

528 2. Diagnostic, therapeutic, and laboratory results.

529 3. Evaluations and consultations.

530 4. Treatment objectives.

531 5. Discussion of risks and benefits.

532 6. Treatments.

533 7. Medications, including date, type, dosage, and quantity
534 prescribed.

535 8. Instructions and agreements.

536 9. Periodic reviews.

537 10. Results of any drug testing.

538 11. A photocopy of the patient's government-issued photo
539 identification.

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

542 13. The registrant's ~~physician's~~ full name presented in a
543 legible manner.

544 (g) A registrant shall immediately refer patients with
545 signs or symptoms of substance ~~abuse shall be immediately~~
546 ~~referred~~ to a board-certified pain management physician, an
547 addiction medicine specialist, or a mental health addiction
548 facility as it pertains to drug abuse or addiction unless the
549 registrant is a physician who is board-certified or board-
550 eligible in pain management. Throughout the period of time
551 before receiving the consultant's report, a prescribing
552 registrant ~~physician~~ shall clearly and completely document
553 medical justification for continued treatment with controlled

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554 substances and those steps taken to ensure medically appropriate
555 use of controlled substances by the patient. Upon receipt of the
556 consultant's written report, the prescribing registrant
557 ~~physician~~ shall incorporate the consultant's recommendations for
558 continuing, modifying, or discontinuing controlled substance
559 therapy. The resulting changes in treatment shall be
560 specifically documented in the patient's medical record.
561 Evidence or behavioral indications of diversion shall be
562 followed by discontinuation of controlled substance therapy, and
563 the patient shall be discharged, and all results of testing and
564 actions taken by the registrant ~~physician~~ shall be documented in
565 the patient's medical record.

566
567 This subsection does not apply to a board-eligible or board-
568 certified anesthesiologist, physiatrist, rheumatologist, or
569 neurologist, or to a board-certified physician who has surgical
570 privileges at a hospital or ambulatory surgery center and
571 primarily provides surgical services. This subsection does not
572 apply to a board-eligible or board-certified medical specialist
573 who has also completed a fellowship in pain medicine approved by
574 the Accreditation Council for Graduate Medical Education or the
575 American Osteopathic Association, or who is board eligible or
576 board certified in pain medicine by the American Board of Pain
577 Medicine or a board approved by the American Board of Medical
578 Specialties or the American Osteopathic Association and performs
579 interventional pain procedures of the type routinely billed
580 using surgical codes. This subsection does not apply to a
581 registrant, physician, advanced registered nurse practitioner,
582 or physician assistant who prescribes medically necessary

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583 controlled substances for a patient during an inpatient stay in
584 a hospital licensed under chapter 395.

585 Section 11. Paragraph (b) of subsection (2) of section
586 458.3265, Florida Statutes, is amended to read:

587 458.3265 Pain-management clinics.—

588 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
589 apply to any physician who provides professional services in a
590 pain-management clinic that is required to be registered in
591 subsection (1).

592 (b) Only a person may not dispense any medication on the
593 premises of a registered pain-management clinic unless he or she
594 is a physician licensed under this chapter or chapter 459 may
595 dispense medication or prescribe a controlled substance
596 regulated under chapter 893 on the premises of a registered
597 pain-management clinic.

598 Section 12. Paragraph (b) of subsection (2) of section
599 459.0137, Florida Statutes, is amended to read:

600 459.0137 Pain-management clinics.—

601 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
602 apply to any osteopathic physician who provides professional
603 services in a pain-management clinic that is required to be
604 registered in subsection (1).

605 (b) Only a person may not dispense any medication on the
606 premises of a registered pain-management clinic unless he or she
607 is a physician licensed under this chapter or chapter 458 may
608 dispense medication or prescribe a controlled substance
609 regulated under chapter 893 on the premises of a registered
610 pain-management clinic.

611 Section 13. Paragraph (e) of subsection (4) of section

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612 458.347, Florida Statutes, is amended, and paragraph (c) of
613 subsection (9) of that section is republished, to read:

614 458.347 Physician assistants.—

615 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

616 (e) A supervisory physician may delegate to a fully
617 licensed physician assistant the authority to prescribe or
618 dispense any medication used in the supervisory physician's
619 practice unless such medication is listed on the formulary
620 created pursuant to paragraph (f). A fully licensed physician
621 assistant may only prescribe or dispense such medication under
622 the following circumstances:

623 1. A physician assistant must clearly identify to the
624 patient that he or she is a physician assistant. Furthermore,
625 the physician assistant must inform the patient that the patient
626 has the right to see the physician prior to any prescription
627 being prescribed or dispensed by the physician assistant.

628 2. The supervisory physician must notify the department of
629 his or her intent to delegate, on a department-approved form,
630 before delegating such authority and notify the department of
631 any change in prescriptive privileges of the physician
632 assistant. Authority to dispense may be delegated only by a
633 supervising physician who is registered as a dispensing
634 practitioner in compliance with s. 465.0276.

635 3. The physician assistant must file with the department a
636 signed affidavit that he or she has completed a minimum of 10
637 continuing medical education hours in the specialty practice in
638 which the physician assistant has prescriptive privileges with
639 each licensure renewal application. Three of the 10 hours must
640 consist of a continuing education course on the safe and

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641 effective prescribing of controlled substance medications
642 offered by a statewide professional association of physicians in
643 this state accredited to provide educational activities
644 designated for the American Medical Association Physician's
645 Recognition Award Category I Credit or designated by the
646 American Academy of Physician Assistants as a Category 1 Credit.

647 4. The department may issue a prescriber number to the
648 physician assistant granting authority for the prescribing of
649 medicinal drugs authorized within this paragraph upon completion
650 of the foregoing requirements. The physician assistant shall not
651 be required to independently register pursuant to s. 465.0276.

652 5. The prescription must be written in a form that complies
653 with chapter 499 and must contain, in addition to the
654 supervisory physician's name, address, and telephone number, the
655 physician assistant's prescriber number. Unless it is a drug or
656 drug sample dispensed by the physician assistant, the
657 prescription must be filled in a pharmacy permitted under
658 chapter 465 and must be dispensed in that pharmacy by a
659 pharmacist licensed under chapter 465. The appearance of the
660 prescriber number creates a presumption that the physician
661 assistant is authorized to prescribe the medicinal drug and the
662 prescription is valid.

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

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

667 (c) The council shall:

668 1. Recommend to the department the licensure of physician
669 assistants.

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670 2. Develop all rules regulating the use of physician
671 assistants by physicians under this chapter and chapter 459,
672 except for rules relating to the formulary developed under
673 paragraph (4) (f). The council shall also develop rules to ensure
674 that the continuity of supervision is maintained in each
675 practice setting. The boards shall consider adopting a proposed
676 rule developed by the council at the regularly scheduled meeting
677 immediately following the submission of the proposed rule by the
678 council. A proposed rule submitted by the council may not be
679 adopted by either board unless both boards have accepted and
680 approved the identical language contained in the proposed rule.
681 The language of all proposed rules submitted by the council must
682 be approved by both boards pursuant to each respective board's
683 guidelines and standards regarding the adoption of proposed
684 rules. If either board rejects the council's proposed rule, that
685 board must specify its objection to the council with
686 particularity and include any recommendations it may have for
687 the modification of the proposed rule.

688 3. Make recommendations to the boards regarding all matters
689 relating to physician assistants.

690 4. Address concerns and problems of practicing physician
691 assistants in order to improve safety in the clinical practices
692 of licensed physician assistants.

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

696 458.347 Physician assistants.—

697 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

698 (f)1. The council shall establish a formulary of medicinal

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699 drugs that a fully licensed physician assistant having
700 prescribing authority under this section or s. 459.022 may not
701 prescribe. The formulary must include ~~controlled substances as~~
702 ~~defined in chapter 893,~~ general anesthetics, and radiographic
703 contrast materials, and must limit the prescription of Schedule
704 II controlled substances as defined in s. 893.03 to a 7-day
705 supply. The formulary must also restrict the prescribing of
706 psychiatric mental health controlled substances for children
707 under 18 years of age.

708 2. In establishing the formulary, the council shall consult
709 with a pharmacist licensed under chapter 465, but not licensed
710 under this chapter or chapter 459, who shall be selected by the
711 State Surgeon General.

712 3. Only the council shall add to, delete from, or modify
713 the formulary. Any person who requests an addition, deletion, or
714 modification of a medicinal drug listed on such formulary has
715 the burden of proof to show cause why such addition, deletion,
716 or modification should be made.

717 4. The boards shall adopt the formulary required by this
718 paragraph, and each addition, deletion, or modification to the
719 formulary, by rule. Notwithstanding any provision of chapter 120
720 to the contrary, the formulary rule shall be effective 60 days
721 after the date it is filed with the Secretary of State. Upon
722 adoption of the formulary, the department shall mail a copy of
723 such formulary to each fully licensed physician assistant having
724 prescribing authority under this section or s. 459.022, and to
725 each pharmacy licensed by the state. The boards shall establish,
726 by rule, a fee not to exceed \$200 to fund the provisions of this
727 paragraph and paragraph (e).

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

730 464.003 Definitions.—As used in this part, the term:

731 (2) "Advanced or specialized nursing practice" means, in
732 addition to the practice of professional nursing, the
733 performance of advanced-level nursing acts approved by the board
734 which, by virtue of postbasic specialized education, training,
735 and experience, are appropriately performed by an advanced
736 registered nurse practitioner. Within the context of advanced or
737 specialized nursing practice, the advanced registered nurse
738 practitioner may perform acts of nursing diagnosis and nursing
739 treatment of alterations of the health status. The advanced
740 registered nurse practitioner may also perform acts of medical
741 diagnosis and treatment, prescription, and operation as
742 authorized within the framework of an established supervisory
743 protocol ~~which are identified and approved by a joint committee~~
744 ~~composed of three members appointed by the Board of Nursing, two~~
745 ~~of whom must be advanced registered nurse practitioners; three~~
746 ~~members appointed by the Board of Medicine, two of whom must~~
747 ~~have had work experience with advanced registered nurse~~
748 ~~practitioners; and the State Surgeon General or the State~~
749 ~~Surgeon General's designee. Each committee member appointed by a~~
750 ~~board shall be appointed to a term of 4 years unless a shorter~~
751 ~~term is required to establish or maintain staggered terms. The~~
752 ~~Board of Nursing shall adopt rules authorizing the performance~~
753 ~~of any such acts approved by the joint committee. Unless~~
754 ~~otherwise specified by the joint committee, such acts must be~~
755 ~~performed under the general supervision of a practitioner~~
756 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~

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757 ~~the framework of standing protocols which identify the medical~~
758 ~~acts to be performed and the conditions for their performance.~~
759 The department may, by rule, require that a copy of the protocol
760 be filed with the department along with the notice required by
761 s. 458.348.

762 Section 16. Section 464.012, Florida Statutes, is amended
763 to read:

764 464.012 Certification of advanced registered nurse
765 practitioners; fees; controlled substance prescribing.-

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

771 (a) Satisfactory completion of a formal postbasic
772 educational program of at least one academic year, the primary
773 purpose of which is to prepare nurses for advanced or
774 specialized practice.

775 (b) Certification by an appropriate specialty board. Such
776 certification shall be required for initial state certification
777 and any recertification as a registered nurse anesthetist or
778 nurse midwife. The board may by rule provide for provisional
779 state certification of graduate nurse anesthetists and nurse
780 midwives for a period of time determined to be appropriate for
781 preparing for and passing the national certification
782 examination.

783 (c) Graduation from a program leading to a master's degree
784 in a nursing clinical specialty area with preparation in
785 specialized practitioner skills. For applicants graduating on or

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786 after October 1, 1998, graduation from a master's degree program
787 shall be required for initial certification as a nurse
788 practitioner under paragraph (4)(c). For applicants graduating
789 on or after October 1, 2001, graduation from a master's degree
790 program shall be required for initial certification as a
791 registered nurse anesthetist under paragraph (4)(a).

792 (2) The board shall provide by rule the appropriate
793 requirements for advanced registered nurse practitioners in the
794 categories of certified registered nurse anesthetist, certified
795 nurse midwife, and nurse practitioner.

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

810 (a) Monitor and alter drug therapies.

811 (b) Initiate appropriate therapies for certain conditions.

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

814 (d) Order diagnostic tests and physical and occupational

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815 therapy.

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

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

823 1. Determine the health status of the patient as it relates
824 to the risk factors and to the anesthetic management of the
825 patient through the performance of the general functions.

826 2. Based on history, physical assessment, and supplemental
827 laboratory results, determine, with the consent of the
828 responsible physician, the appropriate type of anesthesia within
829 the framework of the protocol.

830 3. Order under the protocol preanesthetic medication.

831 4. Perform under the protocol procedures commonly used to
832 render the patient insensible to pain during the performance of
833 surgical, obstetrical, therapeutic, or diagnostic clinical
834 procedures. These procedures include ordering and administering
835 regional, spinal, and general anesthesia; inhalation agents and
836 techniques; intravenous agents and techniques; and techniques of
837 hypnosis.

838 5. Order or perform monitoring procedures indicated as
839 pertinent to the anesthetic health care management of the
840 patient.

841 6. Support life functions during anesthesia health care,
842 including induction and intubation procedures, the use of
843 appropriate mechanical supportive devices, and the management of

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844 fluid, electrolyte, and blood component balances.

845 7. Recognize and take appropriate corrective action for
846 abnormal patient responses to anesthesia, adjunctive medication,
847 or other forms of therapy.

848 8. Recognize and treat a cardiac arrhythmia while the
849 patient is under anesthetic care.

850 9. Participate in management of the patient while in the
851 postanesthesia recovery area, including ordering the
852 administration of fluids and drugs.

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

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

861 1. Perform superficial minor surgical procedures.

862 2. Manage the patient during labor and delivery to include
863 amniotomy, episiotomy, and repair.

864 3. Order, initiate, and perform appropriate anesthetic
865 procedures.

866 4. Perform postpartum examination.

867 5. Order appropriate medications.

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

869 7. Manage the medical care of the normal obstetrical
870 patient and the initial care of a newborn patient.

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

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- 873 1. Manage selected medical problems.
874 2. Order physical and occupational therapy.
875 3. Initiate, monitor, or alter therapies for certain
876 uncomplicated acute illnesses.
877 4. Monitor and manage patients with stable chronic
878 diseases.
879 5. Establish behavioral problems and diagnosis and make
880 treatment recommendations.
- 881 (5) The board shall certify, and the department shall issue
882 a certificate to, any nurse meeting the qualifications in this
883 section. The board shall establish an application fee not to
884 exceed \$100 and a biennial renewal fee not to exceed \$50. The
885 board is authorized to adopt such other rules as are necessary
886 to implement the provisions of this section.
- 887 (6) (a) The board shall establish a committee to recommend a
888 formulary of controlled substances that an advanced registered
889 nurse practitioner may not prescribe or may prescribe only for
890 specific uses or in limited quantities. The committee must
891 consist of three advanced registered nurse practitioners
892 licensed under this section, recommended by the Board of
893 Nursing; three physicians licensed under chapter 458 or chapter
894 459 who have work experience with advanced registered nurse
895 practitioners, recommended by the Board of Medicine; and a
896 pharmacist licensed under chapter 465 who holds a Doctor of
897 Pharmacy degree, recommended by the Board of Pharmacy. The
898 committee may recommend an evidence-based formulary applicable
899 to all advanced registered nurse practitioners which is limited
900 by specialty certification, is limited to approved uses of
901 controlled substances, or is subject to other similar

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902 restrictions the committee finds are necessary to protect the
903 health, safety, and welfare of the public. The formulary must
904 restrict the prescribing of psychiatric mental health controlled
905 substances for children under 18 years of age to advanced
906 registered nurse practitioners who also are psychiatric nurses
907 as defined in s. 394.455. The formulary must also limit the
908 prescribing of Schedule II controlled substances as defined in
909 s. 893.03 to a 7-day supply, except that such restriction does
910 not apply to controlled substances that are psychiatric
911 medications prescribed by psychiatric nurses as defined in s.
912 394.455.

913 (b) The board shall adopt by rule the recommended formulary
914 and any revisions to the formulary which it finds are supported
915 by evidence-based clinical findings presented by the Board of
916 Medicine, the Board of Osteopathic Medicine, or the Board of
917 Dentistry.

918 (c) The formulary required under this subsection does not
919 apply to a controlled substance that is dispensed for
920 administration pursuant to an order, including an order for
921 medication authorized by subparagraph (4) (a) 3., subparagraph
922 (4) (a) 4., or subparagraph (4) (a) 9.

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

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

928 464.012 Certification of advanced registered nurse
929 practitioners; fees; controlled substance prescribing.—

930 (3) An advanced registered nurse practitioner shall perform

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931 those functions authorized in this section within the framework
932 of an established protocol that is filed with the board upon
933 biennial license renewal and within 30 days after entering into
934 a supervisory relationship with a physician or changes to the
935 protocol. The board shall review the protocol to ensure
936 compliance with applicable regulatory standards for protocols.
937 The board shall refer to the department licensees submitting
938 protocols that are not compliant with the regulatory standards
939 for protocols. A practitioner currently licensed under chapter
940 458, chapter 459, or chapter 466 shall maintain supervision for
941 directing the specific course of medical treatment. Within the
942 established framework, an advanced registered nurse practitioner
943 may:

944 (a) Prescribe, dispense, administer, or order any drug;
945 however, an advanced registered nurse practitioner may only
946 prescribe or dispense a controlled substance as defined in s.
947 893.03 if the advanced registered nurse practitioner has
948 graduated from a program leading to a master's or doctoral
949 degree in a clinical nursing specialty area with training in
950 specialized practitioner skills. ~~Monitor and alter drug~~
951 ~~therapies.~~

952 (b) Initiate appropriate therapies for certain conditions.

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

955 (d) Order diagnostic tests and physical and occupational
956 therapy.

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

959 464.013 Renewal of license or certificate.-

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

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

968 (b) Notwithstanding the exemption in paragraph (a), as part
969 of the maximum 30 hours of continuing education hours required
970 under this subsection, advanced registered nurse practitioners
971 certified under s. 464.012 must complete at least 3 hours of
972 continuing education on the safe and effective prescription of
973 controlled substances. Such continuing education courses must be
974 offered by a statewide professional association of physicians in
975 this state accredited to provide educational activities
976 designated for the American Medical Association Physician's
977 Recognition Award Category 1 Credit, the American Nurses
978 Credentialing Center, the American Association of Nurse
979 Anesthetists, or the American Association of Nurse Practitioners
980 and may be offered in a distance-learning format.

981 Section 19. Paragraph (p) is added to subsection (1) of
982 section 464.018, Florida Statutes, and subsection (2) of that
983 section is republished, to read:

984 464.018 Disciplinary actions.—

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

987 (p) For an advanced registered nurse practitioner:

988 1. Presigning blank prescription forms.

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

991 3. Prescribing, ordering, dispensing, administering,
992 supplying, selling, or giving a drug that is an amphetamine or a
993 sympathomimetic amine drug, or a compound designated in s.
994 893.03(2) as a Schedule II controlled substance, to or for any
995 person except for:

996 a. The treatment of narcolepsy; hyperkinesis; behavioral
997 syndrome in children characterized by the developmentally
998 inappropriate symptoms of moderate to severe distractibility,
999 short attention span, hyperactivity, emotional lability, and
1000 impulsivity; or drug-induced brain dysfunction.

1001 b. The differential diagnostic psychiatric evaluation of
1002 depression or the treatment of depression shown to be refractory
1003 to other therapeutic modalities.

1004 c. The clinical investigation of the effects of such drugs
1005 or compounds when an investigative protocol is submitted to,
1006 reviewed by, and approved by the department before such
1007 investigation is begun.

1008 4. Prescribing, ordering, dispensing, administering,
1009 supplying, selling, or giving growth hormones, testosterone or
1010 its analogs, human chorionic gonadotropin (HCG), or other
1011 hormones for the purpose of muscle building or to enhance
1012 athletic performance. As used in this subparagraph, the term
1013 "muscle building" does not include the treatment of injured
1014 muscle. A prescription written for the drug products identified
1015 in this subparagraph may be dispensed by a pharmacist with the
1016 presumption that the prescription is for legitimate medical use.

1017 5. Promoting or advertising on any prescription form a

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1018 community pharmacy unless the form also states: "This
1019 prescription may be filled at any pharmacy of your choice."

1020 6. Prescribing, dispensing, administering, mixing, or
1021 otherwise preparing a legend drug, including a controlled
1022 substance, other than in the course of his or her professional
1023 practice. For the purposes of this subparagraph, it is legally
1024 presumed that prescribing, dispensing, administering, mixing, or
1025 otherwise preparing legend drugs, including all controlled
1026 substances, inappropriately or in excessive or inappropriate
1027 quantities is not in the best interest of the patient and is not
1028 in the course of the advanced registered nurse practitioner's
1029 professional practice, without regard to his or her intent.

1030 7. Prescribing, dispensing, or administering a medicinal
1031 drug appearing on any schedule set forth in chapter 893 to
1032 himself or herself, except a drug prescribed, dispensed, or
1033 administered to the advanced registered nurse practitioner by
1034 another practitioner authorized to prescribe, dispense, or
1035 administer medicinal drugs.

1036 8. Prescribing, ordering, dispensing, administering,
1037 supplying, selling, or giving amygdalin (laetrile) to any
1038 person.

1039 9. Dispensing a substance designated in s. 893.03(2) or (3)
1040 as a substance controlled in Schedule II or Schedule III,
1041 respectively, in violation of s. 465.0276.

1042 10. Promoting or advertising through any communication
1043 medium the use, sale, or dispensing of a substance designated in
1044 s. 893.03 as a controlled substance.

1045 (2) The board may enter an order denying licensure or
1046 imposing any of the penalties in s. 456.072(2) against any

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1047 applicant for licensure or licensee who is found guilty of
1048 violating any provision of subsection (1) of this section or who
1049 is found guilty of violating any provision of s. 456.072(1).

1050 Section 20. Subsection (21) of section 893.02, Florida
1051 Statutes, is amended to read:

1052 893.02 Definitions.—The following words and phrases as used
1053 in this chapter shall have the following meanings, unless the
1054 context otherwise requires:

1055 (21) "Practitioner" means a physician licensed under
1056 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
1057 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
1058 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
1059 459, an advanced registered nurse practitioner certified under
1060 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
1061 462, a certified optometrist licensed under ~~pursuant to~~ chapter
1062 463, or a podiatric physician licensed under ~~pursuant to~~ chapter
1063 461, or a physician assistant licensed under chapter 458 or
1064 chapter 459, provided such practitioner holds a valid federal
1065 controlled substance registry number.

1066 Section 21. Paragraph (n) of subsection (1) of section
1067 948.03, Florida Statutes, is amended to read:

1068 948.03 Terms and conditions of probation.—

1069 (1) The court shall determine the terms and conditions of
1070 probation. Conditions specified in this section do not require
1071 oral pronouncement at the time of sentencing and may be
1072 considered standard conditions of probation. These conditions
1073 may include among them the following, that the probationer or
1074 offender in community control shall:

1075 (n) Be prohibited from using intoxicants to excess or

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1076 possessing any drugs or narcotics unless prescribed by a
1077 physician, advanced registered nurse practitioner, or physician
1078 assistant. The probationer or community controllee may ~~shall~~ not
1079 knowingly visit places where intoxicants, drugs, or other
1080 dangerous substances are unlawfully sold, dispensed, or used.

1081 Section 22. Paragraph (a) of subsection (1) and subsection
1082 (2) of section 458.348, Florida Statutes, are amended to read:

1083 458.348 Formal supervisory relationships, standing orders,
1084 and established protocols; notice; standards.—

1085 (1) NOTICE.—

1086 (a) When a physician enters into a formal supervisory
1087 relationship or standing orders with an emergency medical
1088 technician or paramedic licensed pursuant to s. 401.27, which
1089 relationship or orders contemplate the performance of medical
1090 acts, or when a physician enters into an established protocol
1091 with an advanced registered nurse practitioner, which protocol
1092 contemplates the performance of medical ~~acts identified and~~
1093 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
1094 acts set forth in s. 464.012(3) and (4), the physician shall
1095 submit notice to the board. The notice shall contain a statement
1096 in substantially the following form:

1097
1098 I, ...(name and professional license number of
1099 physician)..., of ...(address of physician)... have hereby
1100 entered into a formal supervisory relationship, standing orders,
1101 or an established protocol with ...(number of persons)...
1102 emergency medical technician(s), ...(number of persons)...
1103 paramedic(s), or ...(number of persons)... advanced registered
1104 nurse practitioner(s).

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1106 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1107 joint committee ~~created under s. 464.003(2)~~ shall determine
1108 minimum standards for the content of established protocols
1109 pursuant to which an advanced registered nurse practitioner may
1110 perform medical acts ~~identified and approved by the joint~~
1111 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
1112 464.012(3) and (4) and shall determine minimum standards for
1113 supervision of such acts by the physician, unless the joint
1114 committee determines that any act set forth in s. 464.012(3) or
1115 (4) is not a medical act. Such standards shall be based on risk
1116 to the patient and acceptable standards of medical care and
1117 shall take into account the special problems of medically
1118 underserved areas. The standards developed by the joint
1119 committee shall be adopted as rules by the Board of Nursing and
1120 the Board of Medicine for purposes of carrying out their
1121 responsibilities pursuant to part I of chapter 464 and this
1122 chapter, respectively, but neither board shall have disciplinary
1123 powers over the licensees of the other board.

1124 Section 23. Paragraph (a) of subsection (1) of section
1125 459.025, Florida Statutes, is amended to read:

1126 459.025 Formal supervisory relationships, standing orders,
1127 and established protocols; notice; standards.—

1128 (1) NOTICE.—

1129 (a) When an osteopathic physician enters into a formal
1130 supervisory relationship or standing orders with an emergency
1131 medical technician or paramedic licensed pursuant to s. 401.27,
1132 which relationship or orders contemplate the performance of
1133 medical acts, or when an osteopathic physician enters into an

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1134 established protocol with an advanced registered nurse
1135 practitioner, which protocol contemplates the performance of
1136 medical acts ~~identified and approved by the joint committee~~
1137 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1138 (4), the osteopathic physician shall submit notice to the board.
1139 The notice must contain a statement in substantially the
1140 following form:

1141
1142 I, ...(name and professional license number of osteopathic
1143 physician)..., of ...(address of osteopathic physician)... have
1144 hereby entered into a formal supervisory relationship, standing
1145 orders, or an established protocol with ...(number of
1146 persons)... emergency medical technician(s), ...(number of
1147 persons)... paramedic(s), or ...(number of persons)... advanced
1148 registered nurse practitioner(s).

1149 Section 24. For the purpose of incorporating the amendment
1150 made by this act to section 456.072, Florida Statutes, in a
1151 reference thereto, subsection (10) of section 458.331, Florida
1152 Statutes, is reenacted to read:

1153 458.331 Grounds for disciplinary action; action by the
1154 board and department.—

1155 (10) A probable cause panel convened to consider
1156 disciplinary action against a physician assistant alleged to
1157 have violated s. 456.072 or this section must include one
1158 physician assistant. The physician assistant must hold a valid
1159 license to practice as a physician assistant in this state and
1160 be appointed to the panel by the Council of Physician
1161 Assistants. The physician assistant may hear only cases
1162 involving disciplinary actions against a physician assistant. If

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1163 the appointed physician assistant is not present at the
1164 disciplinary hearing, the panel may consider the matter and vote
1165 on the case in the absence of the physician assistant. The
1166 training requirements set forth in s. 458.307(4) do not apply to
1167 the appointed physician assistant. Rules need not be adopted to
1168 implement this subsection.

1169 Section 25. For the purpose of incorporating the amendment
1170 made by this act to section 456.072, Florida Statutes, in a
1171 reference thereto, paragraph (g) of subsection (7) of section
1172 458.347, Florida Statutes, is reenacted to read:

1173 458.347 Physician assistants.—

1174 (7) PHYSICIAN ASSISTANT LICENSURE.—

1175 (g) The Board of Medicine may impose any of the penalties
1176 authorized under ss. 456.072 and 458.331(2) upon a physician
1177 assistant if the physician assistant or the supervising
1178 physician has been found guilty of or is being investigated for
1179 any act that constitutes a violation of this chapter or chapter
1180 456.

1181 Section 26. For the purpose of incorporating the amendment
1182 made by this act to section 456.072, Florida Statutes, in a
1183 reference thereto, subsection (10) of section 459.015, Florida
1184 Statutes, is reenacted to read:

1185 459.015 Grounds for disciplinary action; action by the
1186 board and department.—

1187 (10) A probable cause panel convened to consider
1188 disciplinary action against a physician assistant alleged to
1189 have violated s. 456.072 or this section must include one
1190 physician assistant. The physician assistant must hold a valid
1191 license to practice as a physician assistant in this state and

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1192 be appointed to the panel by the Council of Physician
1193 Assistants. The physician assistant may hear only cases
1194 involving disciplinary actions against a physician assistant. If
1195 the appointed physician assistant is not present at the
1196 disciplinary hearing, the panel may consider the matter and vote
1197 on the case in the absence of the physician assistant. The
1198 training requirements set forth in s. 458.307(4) do not apply to
1199 the appointed physician assistant. Rules need not be adopted to
1200 implement this subsection.

1201 Section 27. For the purpose of incorporating the amendment
1202 made by this act to section 456.072, Florida Statutes, in a
1203 reference thereto, paragraph (f) of subsection (7) of section
1204 459.022, Florida Statutes, is reenacted to read:

1205 459.022 Physician assistants.—

1206 (7) PHYSICIAN ASSISTANT LICENSURE.—

1207 (f) The Board of Osteopathic Medicine may impose any of the
1208 penalties authorized under ss. 456.072 and 459.015(2) upon a
1209 physician assistant if the physician assistant or the
1210 supervising physician has been found guilty of or is being
1211 investigated for any act that constitutes a violation of this
1212 chapter or chapter 456.

1213 Section 28. For the purpose of incorporating the amendment
1214 made by this act to section 456.072, Florida Statutes, in a
1215 reference thereto, subsection (5) of section 465.0158, Florida
1216 Statutes, is reenacted to read:

1217 465.0158 Nonresident sterile compounding permit.—

1218 (5) In accordance with this chapter, the board may deny,
1219 revoke, or suspend the permit of; fine; or reprimand a permittee
1220 for:

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- 1221 (a) Failure to comply with this section;
- 1222 (b) A violation listed under s. 456.0635, s. 456.065, or s.
- 1223 456.072, except s. 456.072(1)(s) or (1)(u);
- 1224 (c) A violation under s. 465.0156(5); or
- 1225 (d) A violation listed under s. 465.016.

1226 Section 29. For the purpose of incorporating the amendment

1227 made by this act to section 456.44, Florida Statutes, in a

1228 reference thereto, paragraph (mm) of subsection (1) of section

1229 456.072, Florida Statutes, is reenacted to read:

1230 456.072 Grounds for discipline; penalties; enforcement.—

1231 (1) The following acts shall constitute grounds for which

1232 the disciplinary actions specified in subsection (2) may be

1233 taken:

1234 (mm) Failure to comply with controlled substance

1235 prescribing requirements of s. 456.44.

1236 Section 30. For the purpose of incorporating the amendment

1237 made by this act to section 456.44, Florida Statutes, in a

1238 reference thereto, section 466.02751, Florida Statutes, is

1239 reenacted to read:

1240 466.02751 Establishment of practitioner profile for

1241 designation as a controlled substance prescribing practitioner.—

1242 The Department of Health shall establish a practitioner profile

1243 for dentists licensed under this chapter for a practitioner's

1244 designation as a controlled substance prescribing practitioner

1245 as provided in s. 456.44.

1246 Section 31. For the purpose of incorporating the amendment

1247 made by this act to section 458.347, Florida Statutes, in a

1248 reference thereto, section 458.303, Florida Statutes, is

1249 reenacted to read:

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1250 458.303 Provisions not applicable to other practitioners;
1251 exceptions, etc.—

1252 (1) The provisions of ss. 458.301, 458.305, 458.307,
1253 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321,
1254 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343,
1255 458.345, 458.347, and this section shall have no application to:

1256 (a) Other duly licensed health care practitioners acting
1257 within their scope of practice authorized by statute.

1258 (b) Any physician lawfully licensed in another state or
1259 territory or foreign country, when meeting duly licensed
1260 physicians of this state in consultation.

1261 (c) Commissioned medical officers of the Armed Forces of
1262 the United States and of the Public Health Service of the United
1263 States while on active duty and while acting within the scope of
1264 their military or public health responsibilities.

1265 (d) Any person while actually serving without salary or
1266 professional fees on the resident medical staff of a hospital in
1267 this state, subject to the provisions of s. 458.321.

1268 (e) Any person furnishing medical assistance in case of an
1269 emergency.

1270 (f) The domestic administration of recognized family
1271 remedies.

1272 (g) The practice of the religious tenets of any church in
1273 this state.

1274 (h) Any person or manufacturer who, without the use of
1275 drugs or medicine, mechanically fits or sells lenses, artificial
1276 eyes or limbs, or other apparatus or appliances or is engaged in
1277 the mechanical examination of eyes for the purpose of
1278 constructing or adjusting spectacles, eyeglasses, or lenses.

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1279 (2) Nothing in s. 458.301, s. 458.305, s. 458.307, s.
1280 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s.
1281 458.327, s. 458.329, s. 458.331, s. 458.337, s. 458.339, s.
1282 458.341, s. 458.343, s. 458.345, s. 458.347, or this section
1283 shall be construed to prohibit any service rendered by a
1284 registered nurse or a licensed practical nurse, if such service
1285 is rendered under the direct supervision and control of a
1286 licensed physician who provides specific direction for any
1287 service to be performed and gives final approval to all services
1288 performed. Further, nothing in this or any other chapter shall
1289 be construed to prohibit any service rendered by a medical
1290 assistant in accordance with the provisions of s. 458.3485.

1291 Section 32. For the purpose of incorporating the amendment
1292 made by this act to section 458.347, Florida Statutes, in a
1293 reference thereto, paragraph (b) of subsection (7) of section
1294 458.3475, Florida Statutes, is reenacted to read:

1295 458.3475 Anesthesiologist assistants.—

1296 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1297 ADVISE THE BOARD.—

1298 (b) In addition to its other duties and responsibilities as
1299 prescribed by law, the board shall:

1300 1. Recommend to the department the licensure of
1301 anesthesiologist assistants.

1302 2. Develop all rules regulating the use of anesthesiologist
1303 assistants by qualified anesthesiologists under this chapter and
1304 chapter 459, except for rules relating to the formulary
1305 developed under s. 458.347(4)(f). The board shall also develop
1306 rules to ensure that the continuity of supervision is maintained
1307 in each practice setting. The boards shall consider adopting a

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1308 proposed rule at the regularly scheduled meeting immediately
1309 following the submission of the proposed rule. A proposed rule
1310 may not be adopted by either board unless both boards have
1311 accepted and approved the identical language contained in the
1312 proposed rule. The language of all proposed rules must be
1313 approved by both boards pursuant to each respective board's
1314 guidelines and standards regarding the adoption of proposed
1315 rules.

1316 3. Address concerns and problems of practicing
1317 anesthesiologist assistants to improve safety in the clinical
1318 practices of licensed anesthesiologist assistants.

1319 Section 33. For the purpose of incorporating the amendment
1320 made by this act to section 458.347, Florida Statutes, in
1321 references thereto, paragraph (e) of subsection (4) and
1322 paragraph (c) of subsection (9) of section 459.022, Florida
1323 Statutes, are reenacted to read:

1324 459.022 Physician assistants.—

1325 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1326 (e) A supervisory physician may delegate to a fully
1327 licensed physician assistant the authority to prescribe or
1328 dispense any medication used in the supervisory physician's
1329 practice unless such medication is listed on the formulary
1330 created pursuant to s. 458.347. A fully licensed physician
1331 assistant may only prescribe or dispense such medication under
1332 the following circumstances:

1333 1. A physician assistant must clearly identify to the
1334 patient that she or he is a physician assistant. Furthermore,
1335 the physician assistant must inform the patient that the patient
1336 has the right to see the physician prior to any prescription

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1337 being prescribed or dispensed by the physician assistant.

1338 2. The supervisory physician must notify the department of
1339 her or his intent to delegate, on a department-approved form,
1340 before delegating such authority and notify the department of
1341 any change in prescriptive privileges of the physician
1342 assistant. Authority to dispense may be delegated only by a
1343 supervisory physician who is registered as a dispensing
1344 practitioner in compliance with s. 465.0276.

1345 3. The physician assistant must file with the department a
1346 signed affidavit that she or he has completed a minimum of 10
1347 continuing medical education hours in the specialty practice in
1348 which the physician assistant has prescriptive privileges with
1349 each licensure renewal application.

1350 4. The department may issue a prescriber number to the
1351 physician assistant granting authority for the prescribing of
1352 medicinal drugs authorized within this paragraph upon completion
1353 of the foregoing requirements. The physician assistant shall not
1354 be required to independently register pursuant to s. 465.0276.

1355 5. The prescription must be written in a form that complies
1356 with chapter 499 and must contain, in addition to the
1357 supervisory physician's name, address, and telephone number, the
1358 physician assistant's prescriber number. Unless it is a drug or
1359 drug sample dispensed by the physician assistant, the
1360 prescription must be filled in a pharmacy permitted under
1361 chapter 465, and must be dispensed in that pharmacy by a
1362 pharmacist licensed under chapter 465. The appearance of the
1363 prescriber number creates a presumption that the physician
1364 assistant is authorized to prescribe the medicinal drug and the
1365 prescription is valid.

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1366 6. The physician assistant must note the prescription or
1367 dispensing of medication in the appropriate medical record.

1368 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1369 Physician Assistants is created within the department.

1370 (c) The council shall:

1371 1. Recommend to the department the licensure of physician
1372 assistants.

1373 2. Develop all rules regulating the use of physician
1374 assistants by physicians under chapter 458 and this chapter,
1375 except for rules relating to the formulary developed under s.
1376 458.347. The council shall also develop rules to ensure that the
1377 continuity of supervision is maintained in each practice
1378 setting. The boards shall consider adopting a proposed rule
1379 developed by the council at the regularly scheduled meeting
1380 immediately following the submission of the proposed rule by the
1381 council. A proposed rule submitted by the council may not be
1382 adopted by either board unless both boards have accepted and
1383 approved the identical language contained in the proposed rule.
1384 The language of all proposed rules submitted by the council must
1385 be approved by both boards pursuant to each respective board's
1386 guidelines and standards regarding the adoption of proposed
1387 rules. If either board rejects the council's proposed rule, that
1388 board must specify its objection to the council with
1389 particularity and include any recommendations it may have for
1390 the modification of the proposed rule.

1391 3. Make recommendations to the boards regarding all matters
1392 relating to physician assistants.

1393 4. Address concerns and problems of practicing physician
1394 assistants in order to improve safety in the clinical practices

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1395 of licensed physician assistants.

1396 Section 34. For the purpose of incorporating the amendment
1397 made by this act to section 458.347, Florida Statutes, in a
1398 reference thereto, paragraph (b) of subsection (7) of section
1399 459.023, Florida Statutes, is reenacted to read:

1400 459.023 Anesthesiologist assistants.—

1401 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1402 ADVISE THE BOARD.—

1403 (b) In addition to its other duties and responsibilities as
1404 prescribed by law, the board shall:

1405 1. Recommend to the department the licensure of
1406 anesthesiologist assistants.

1407 2. Develop all rules regulating the use of anesthesiologist
1408 assistants by qualified anesthesiologists under this chapter and
1409 chapter 458, except for rules relating to the formulary
1410 developed under s. 458.347(4)(f). The board shall also develop
1411 rules to ensure that the continuity of supervision is maintained
1412 in each practice setting. The boards shall consider adopting a
1413 proposed rule at the regularly scheduled meeting immediately
1414 following the submission of the proposed rule. A proposed rule
1415 may not be adopted by either board unless both boards have
1416 accepted and approved the identical language contained in the
1417 proposed rule. The language of all proposed rules must be
1418 approved by both boards pursuant to each respective board's
1419 guidelines and standards regarding the adoption of proposed
1420 rules.

1421 3. Address concerns and problems of practicing
1422 anesthesiologist assistants to improve safety in the clinical
1423 practices of licensed anesthesiologist assistants.

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1424 Section 35. For the purpose of incorporating the amendment
1425 made by this act to section 464.012, Florida Statutes, in a
1426 reference thereto, paragraph (a) of subsection (1) of section
1427 456.041, Florida Statutes, is reenacted to read:

1428 456.041 Practitioner profile; creation.—

1429 (1) (a) The Department of Health shall compile the
1430 information submitted pursuant to s. 456.039 into a practitioner
1431 profile of the applicant submitting the information, except that
1432 the Department of Health shall develop a format to compile
1433 uniformly any information submitted under s. 456.039(4)(b).
1434 Beginning July 1, 2001, the Department of Health may compile the
1435 information submitted pursuant to s. 456.0391 into a
1436 practitioner profile of the applicant submitting the
1437 information. The protocol submitted pursuant to s. 464.012(3)
1438 must be included in the practitioner profile of the advanced
1439 registered nurse practitioner.

1440 Section 36. For the purpose of incorporating the amendment
1441 made by this act to section 464.012, Florida Statutes, in
1442 references thereto, subsections (1) and (2) of section 458.348,
1443 Florida Statutes, are reenacted to read:

1444 458.348 Formal supervisory relationships, standing orders,
1445 and established protocols; notice; standards.—

1446 (1) NOTICE.—

1447 (a) When a physician enters into a formal supervisory
1448 relationship or standing orders with an emergency medical
1449 technician or paramedic licensed pursuant to s. 401.27, which
1450 relationship or orders contemplate the performance of medical
1451 acts, or when a physician enters into an established protocol
1452 with an advanced registered nurse practitioner, which protocol

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1453 contemplates the performance of medical acts identified and
1454 approved by the joint committee pursuant to s. 464.003(2) or
1455 acts set forth in s. 464.012(3) and (4), the physician shall
1456 submit notice to the board. The notice shall contain a statement
1457 in substantially the following form:

1458 I, ...(name and professional license number of
1459 physician)..., of ...(address of physician)... have hereby
1460 entered into a formal supervisory relationship, standing orders,
1461 or an established protocol with ...(number of persons)...
1462 emergency medical technician(s), ...(number of persons)...
1463 paramedic(s), or ...(number of persons)... advanced registered
1464 nurse practitioner(s).

1465 (b) Notice shall be filed within 30 days of entering into
1466 the relationship, orders, or protocol. Notice also shall be
1467 provided within 30 days after the physician has terminated any
1468 such relationship, orders, or protocol.

1469 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1470 joint committee created under s. 464.003(2) shall determine
1471 minimum standards for the content of established protocols
1472 pursuant to which an advanced registered nurse practitioner may
1473 perform medical acts identified and approved by the joint
1474 committee pursuant to s. 464.003(2) or acts set forth in s.
1475 464.012(3) and (4) and shall determine minimum standards for
1476 supervision of such acts by the physician, unless the joint
1477 committee determines that any act set forth in s. 464.012(3) or
1478 (4) is not a medical act. Such standards shall be based on risk
1479 to the patient and acceptable standards of medical care and
1480 shall take into account the special problems of medically
1481 underserved areas. The standards developed by the joint

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1482 committee shall be adopted as rules by the Board of Nursing and
1483 the Board of Medicine for purposes of carrying out their
1484 responsibilities pursuant to part I of chapter 464 and this
1485 chapter, respectively, but neither board shall have disciplinary
1486 powers over the licensees of the other board.

1487 Section 37. For the purpose of incorporating the amendment
1488 made by this act to section 464.013, Florida Statutes, in a
1489 reference thereto, subsection (7) of section 464.0205, Florida
1490 Statutes, is reenacted to read:

1491 464.0205 Retired volunteer nurse certificate.—

1492 (7) The retired volunteer nurse certificate shall be valid
1493 for 2 years, and a certificateholder may reapply for a
1494 certificate so long as the certificateholder continues to meet
1495 the eligibility requirements of this section. Any legislatively
1496 mandated continuing education on specific topics must be
1497 completed by the certificateholder prior to renewal; otherwise,
1498 the provisions of s. 464.013 do not apply.

1499 Section 38. For the purpose of incorporating the amendment
1500 made by this act to section 464.018, Florida Statutes, in a
1501 reference thereto, subsection (11) of section 320.0848, Florida
1502 Statutes, is reenacted to read:

1503 320.0848 Persons who have disabilities; issuance of
1504 disabled parking permits; temporary permits; permits for certain
1505 providers of transportation services to persons who have
1506 disabilities.—

1507 (11) A violation of this section is grounds for
1508 disciplinary action under s. 458.331, s. 459.015, s. 460.413, s.
1509 461.013, s. 463.016, or s. 464.018, as applicable.

1510 Section 39. For the purpose of incorporating the amendment

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1511 made by this act to section 464.018, Florida Statutes, in a
1512 reference thereto, subsection (2) of section 464.008, Florida
1513 Statutes, is reenacted to read:

1514 464.008 Licensure by examination.—

1515 (2) Each applicant who passes the examination and provides
1516 proof of meeting the educational requirements specified in
1517 subsection (1) shall, unless denied pursuant to s. 464.018, be
1518 entitled to licensure as a registered professional nurse or a
1519 licensed practical nurse, whichever is applicable.

1520 Section 40. For the purpose of incorporating the amendment
1521 made by this act to section 464.018, Florida Statutes, in a
1522 reference thereto, subsection (5) of section 464.009, Florida
1523 Statutes, is reenacted to read:

1524 464.009 Licensure by endorsement.—

1525 (5) The department shall not issue a license by endorsement
1526 to any applicant who is under investigation in another state,
1527 jurisdiction, or territory of the United States for an act which
1528 would constitute a violation of this part or chapter 456 until
1529 such time as the investigation is complete, at which time the
1530 provisions of s. 464.018 shall apply.

1531 Section 41. For the purpose of incorporating the amendment
1532 made by this act to section 464.018, Florida Statutes, in
1533 references thereto, paragraph (b) of subsection (1), subsection
1534 (3), and paragraph (b) of subsection (4) of section 464.0205,
1535 Florida Statutes, are reenacted to read:

1536 464.0205 Retired volunteer nurse certificate.—

1537 (1) Any retired practical or registered nurse desiring to
1538 serve indigent, underserved, or critical need populations in
1539 this state may apply to the department for a retired volunteer

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1540 nurse certificate by providing:

1541 (b) Verification that the applicant had been licensed to
1542 practice nursing in any jurisdiction in the United States for at
1543 least 10 years, had retired or plans to retire, intends to
1544 practice nursing only pursuant to the limitations provided by
1545 the retired volunteer nurse certificate, and has not committed
1546 any act that would constitute a violation under s. 464.018(1).

1547 (3) The board may deny a retired volunteer nurse
1548 certificate to any applicant who has committed, or who is under
1549 investigation or prosecution for, any act that would constitute
1550 a ground for disciplinary action under s. 464.018.

1551 (4) A retired volunteer nurse receiving certification from
1552 the board shall:

1553 (b) Comply with the minimum standards of practice for
1554 nurses and be subject to disciplinary action for violations of
1555 s. 464.018, except that the scope of practice for certified
1556 volunteers shall be limited to primary and preventive health
1557 care, or as further defined by board rule.

1558 Section 42. For the purpose of incorporating the amendment
1559 made by this act to section 893.02, Florida Statutes, in a
1560 reference thereto, section 775.051, Florida Statutes, is
1561 reenacted to read:

1562 775.051 Voluntary intoxication; not a defense; evidence not
1563 admissible for certain purposes; exception.—Voluntary
1564 intoxication resulting from the consumption, injection, or other
1565 use of alcohol or other controlled substance as described in
1566 chapter 893 is not a defense to any offense proscribed by law.
1567 Evidence of a defendant's voluntary intoxication is not
1568 admissible to show that the defendant lacked the specific intent

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1569 to commit an offense and is not admissible to show that the
1570 defendant was insane at the time of the offense, except when the
1571 consumption, injection, or use of a controlled substance under
1572 chapter 893 was pursuant to a lawful prescription issued to the
1573 defendant by a practitioner as defined in s. 893.02.

1574 Section 43. For the purpose of incorporating the amendment
1575 made by this act to section 948.03, Florida Statutes, in a
1576 reference thereto, paragraph (a) of subsection (3) of section
1577 944.17, Florida Statutes, is reenacted to read:

1578 944.17 Commitments and classification; transfers.—

1579 (3) (a) Notwithstanding the provisions of s. 948.03, only
1580 those persons who are convicted and sentenced in circuit court
1581 to a cumulative sentence of incarceration for 1 year or more,
1582 whether sentence is imposed in the same or separate circuits,
1583 may be received by the department into the state correctional
1584 system. Such persons shall be delivered to the custody of the
1585 department at such reception and classification centers as shall
1586 be provided for this purpose.

1587 Section 44. For the purpose of incorporating the amendment
1588 made by this act to section 948.03, Florida Statutes, in a
1589 reference thereto, subsection (8) of section 948.001, Florida
1590 Statutes, is reenacted to read:

1591 948.001 Definitions.—As used in this chapter, the term:

1592 (8) "Probation" means a form of community supervision
1593 requiring specified contacts with parole and probation officers
1594 and other terms and conditions as provided in s. 948.03.

1595 Section 45. For the purpose of incorporating the amendment
1596 made by this act to section 948.03, Florida Statutes, in a
1597 reference thereto, paragraph (e) of subsection (1) of section

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1598 948.101, Florida Statutes, is reenacted to read:

1599 948.101 Terms and conditions of community control.—

1600 (1) The court shall determine the terms and conditions of
1601 community control. Conditions specified in this subsection do
1602 not require oral pronouncement at the time of sentencing and may
1603 be considered standard conditions of community control. The
1604 court shall require intensive supervision and surveillance for
1605 an offender placed into community control, which may include,
1606 but is not limited to:

1607 (e) The standard conditions of probation set forth in s.
1608 948.03.

1609 Section 46. Except as otherwise expressly provided in this
1610 act, this act shall take effect upon becoming a law.