

By Senator Grimsley

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1                   A bill to be entitled  
2       An act relating to health care; amending s. 110.12315,  
3       F.S.; expanding the categories of persons who may  
4       prescribe brand name drugs under the prescription drug  
5       program when medically necessary; amending ss.  
6       310.071, 310.073, and 310.081, F.S.; exempting  
7       controlled substances prescribed by an advanced  
8       registered nurse practitioner or a physician assistant  
9       from the disqualifications for certification or  
10      licensure, and for continued certification or  
11      licensure, as a deputy pilot or state pilot; repealing  
12      s. 383.336, F.S., relating to provider hospitals,  
13      practice parameters, and peer review boards; amending  
14      s. 395.1051, F.S.; requiring a hospital to provide  
15      specified advance notice to certain obstetrical  
16      physicians before it closes its obstetrical department  
17      or ceases to provide obstetrical services; amending s.  
18      456.072, F.S.; applying existing penalties for  
19      violations relating to the prescribing or dispensing  
20      of controlled substances by an advanced registered  
21      nurse practitioner; amending s. 456.44, F.S.;  
22      providing a definition; deleting an obsolete date;  
23      requiring advanced registered nurse practitioners and  
24      physician assistants who prescribe controlled  
25      substances for certain pain to make a certain  
26      designation, comply with registration requirements,  
27      and follow specified standards of practice; providing  
28      applicability; amending ss. 458.3265 and 459.0137,  
29      F.S.; limiting the authority to prescribe a controlled

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30 substance in a pain-management clinic only to a  
31 physician licensed under ch. 458 or ch. 459, F.S.;  
32 amending s. 458.347, F.S.; revising the required  
33 continuing education requirements for a physician  
34 assistant; requiring that a specified formulary limit  
35 the prescription of certain controlled substances by  
36 physician assistants as of a specified date; amending  
37 s. 464.003, F.S.; redefining the term "advanced or  
38 specialized nursing practice"; deleting the joint  
39 committee established in the definition; amending s.  
40 464.012, F.S.; requiring the Board of Nursing to  
41 establish a committee to recommend a formulary of  
42 controlled substances that may not be prescribed, or  
43 may be prescribed only on a limited basis, by an  
44 advanced registered nurse practitioner; specifying the  
45 membership of the committee; providing parameters for  
46 the formulary; requiring that the formulary be adopted  
47 by board rule; specifying the process for amending the  
48 formulary and imposing a burden of proof; limiting the  
49 formulary's application in certain instances;  
50 requiring the board to adopt the committee's initial  
51 recommendations by a specified date; authorizing an  
52 advanced registered nurse practitioner to prescribe,  
53 dispense, administer, or order drugs, including  
54 certain controlled substances under certain  
55 circumstances, as of a specified date; amending s.  
56 464.013, F.S.; revising continuing education  
57 requirements for renewal of a license or certificate;  
58 amending s. 464.018, F.S.; specifying acts that

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59 constitute grounds for denial of a license or for  
60 disciplinary action against an advanced registered  
61 nurse practitioner; creating s. 627.42392, F.S.;  
62 defining the term "health insurer"; requiring that  
63 certain health insurers that do not already use a  
64 certain form use only a prior authorization form  
65 approved by the Financial Services Commission;  
66 requiring the commission to adopt by rule guidelines  
67 for such forms; amending s. 627.6131, F.S.;  
68 prohibiting a health insurer from retroactively  
69 denying a claim under specified circumstances;  
70 creating s. 627.6466, F.S.; requiring an insurer to  
71 allow a prescribing provider to request an override of  
72 a restriction on the use of medication imposed through  
73 a step-therapy or fail-first protocol; requiring the  
74 insurer to grant such override within a specified  
75 timeframe under certain circumstances; prohibiting the  
76 duration of a step-therapy or fail-first protocol from  
77 exceeding the time period specified by the prescribing  
78 provider; providing that an override is not required  
79 under certain circumstances; amending s. 641.3155,  
80 F.S.; prohibiting a health maintenance organization  
81 from retroactively denying a claim under specified  
82 circumstances; creating s. 641.393, F.S.; requiring a  
83 health maintenance organization to allow a prescribing  
84 provider to request an override of a restriction on  
85 the use of medication imposed through a step-therapy  
86 or fail-first protocol; requiring the health  
87 maintenance organization to grant such override within

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88 a specified timeframe under certain circumstances;  
89 prohibiting the duration of a step-therapy or fail-  
90 first protocol from exceeding the time period  
91 specified by the prescribing provider; providing that  
92 an override is not required under certain  
93 circumstances; amending s. 893.02, F.S.; redefining  
94 the term "practitioner" to include advanced registered  
95 nurse practitioners and physician assistants under the  
96 Florida Comprehensive Drug Abuse Prevention and  
97 Control Act for the purpose of prescribing controlled  
98 substances if a certain requirement is met; amending  
99 s. 948.03, F.S.; providing that possession of drugs or  
100 narcotics prescribed by an advanced registered nurse  
101 practitioner or a physician assistant does not violate  
102 a prohibition relating to the possession of drugs or  
103 narcotics during probation; amending ss. 458.348 and  
104 459.025, F.S.; conforming provisions to changes made  
105 by the act; reenacting ss. 458.331(10), 458.347(7)(g),  
106 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,  
107 to incorporate the amendment made to s. 456.072, F.S.,  
108 in references thereto; reenacting ss. 456.072(1)(mm)  
109 and 466.02751, F.S., to incorporate the amendment made  
110 to s. 456.44, F.S., in references thereto; reenacting  
111 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),  
112 and 459.023(7)(b), F.S., to incorporate the amendment  
113 made to s. 458.347, F.S., in references thereto;  
114 reenacting s. 464.012(3)(c), F.S., to incorporate the  
115 amendment made to s. 464.003, F.S., in a reference  
116 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and

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117 (2), and 459.025(1), F.S., to incorporate the  
118 amendment made to s. 464.012, F.S., in references  
119 thereto; reenacting s. 464.0205(7), F.S., to  
120 incorporate the amendment made to s. 464.013, F.S., in  
121 a reference thereto; reenacting ss. 320.0848(11),  
122 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and  
123 (4)(b), F.S., to incorporate the amendment made to s.  
124 464.018, F.S., in references thereto; reenacting s.  
125 775.051, F.S., to incorporate the amendment made to s.  
126 893.02, F.S., in a reference thereto; reenacting ss.  
127 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to  
128 incorporate the amendment made to s. 948.03, F.S., in  
129 references thereto; providing effective dates.

130  
131 Be It Enacted by the Legislature of the State of Florida:

132  
133 Section 1. Subsection (7) of section 110.12315, Florida  
134 Statutes, is amended to read:

135 110.12315 Prescription drug program.—The state employees'  
136 prescription drug program is established. This program shall be  
137 administered by the Department of Management Services, according  
138 to the terms and conditions of the plan as established by the  
139 relevant provisions of the annual General Appropriations Act and  
140 implementing legislation, subject to the following conditions:

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

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

154 Section 2. Paragraph (c) of subsection (1) of section  
155 310.071, Florida Statutes, is amended, and subsection (3) of  
156 that section is republished, to read:

157 310.071 Deputy pilot certification.—

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

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

174 To maintain eligibility as a certificated deputy pilot, each

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

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

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

196 310.073 State pilot licensing.—In addition to meeting other  
197 requirements specified in this chapter, each applicant for  
198 license as a state pilot must:

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

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

219 Section 4. Paragraph (b) of subsection (3) of section  
220 310.081, Florida Statutes, is amended to read:

221 310.081 Department to examine and license state pilots and  
222 certificate deputy pilots; vacancies.—

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

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

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

247

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

252 Section 5. Section 383.336, Florida Statutes, is repealed.

253 Section 6. Section 395.1051, Florida Statutes, is amended  
254 to read:

255 395.1051 Duty to notify patients and physicians.—

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

260 Notification of outcomes of care which ~~that~~ result in harm to  
261 the patient under this section does ~~shall~~ not constitute an

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262 acknowledgment or admission of liability and may not, ~~nor can it~~  
263 be introduced as evidence.

264 (2) A hospital shall notify each obstetrical physician who  
265 has privileges at the hospital at least 90 days before the  
266 hospital closes its obstetrical department or ceases to provide  
267 obstetrical services.

268 Section 7. Subsection (7) of section 456.072, Florida  
269 Statutes, is amended to read:

270 456.072 Grounds for discipline; penalties; enforcement.—

271 (7) Notwithstanding subsection (2), upon a finding that a  
272 physician has prescribed or dispensed a controlled substance, or  
273 caused a controlled substance to be prescribed or dispensed, in  
274 a manner that violates the standard of practice set forth in s.  
275 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
276 or (s), or s. 466.028(1)(p) or (x), or that an advanced  
277 registered nurse practitioner has prescribed or dispensed a  
278 controlled substance, or caused a controlled substance to be  
279 prescribed or dispensed in a manner that violates the standard  
280 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,  
281 the physician or advanced registered nurse practitioner shall be  
282 suspended for a period of not less than 6 months and pay a fine  
283 of not less than \$10,000 per count. Repeated violations shall  
284 result in increased penalties.

285 Section 8. Section 456.44, Florida Statutes, is amended to  
286 read:

287 456.44 Controlled substance prescribing.—

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

289 (a) "Addiction medicine specialist" means a board-certified  
290 psychiatrist with a subspecialty certification in addiction

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291 medicine or who is eligible for such subspecialty certification  
292 in addiction medicine, an addiction medicine physician certified  
293 or eligible for certification by the American Society of  
294 Addiction Medicine, or an osteopathic physician who holds a  
295 certificate of added qualification in Addiction Medicine through  
296 the American Osteopathic Association.

297 (b) "Adverse incident" means any incident set forth in s.  
298 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

299 (c) "Board-certified pain management physician" means a  
300 physician who possesses board certification in pain medicine by  
301 the American Board of Pain Medicine, board certification by the  
302 American Board of Interventional Pain Physicians, or board  
303 certification or subcertification in pain management or pain  
304 medicine by a specialty board recognized by the American  
305 Association of Physician Specialists or the American Board of  
306 Medical Specialties or an osteopathic physician who holds a  
307 certificate in Pain Management by the American Osteopathic  
308 Association.

309 (d) "Board eligible" means successful completion of an  
310 anesthesia, physical medicine and rehabilitation, rheumatology,  
311 or neurology residency program approved by the Accreditation  
312 Council for Graduate Medical Education or the American  
313 Osteopathic Association for a period of 6 years from successful  
314 completion of such residency program.

315 (e) "Chronic nonmalignant pain" means pain unrelated to  
316 cancer which persists beyond the usual course of disease or the  
317 injury that is the cause of the pain or more than 90 days after  
318 surgery.

319 (f) "Mental health addiction facility" means a facility

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320 licensed under chapter 394 or chapter 397.

321 (g) "Registrant" means a physician, physician assistant, or  
322 advanced registered nurse practitioner who meets the  
323 requirements of subsection (2).

324 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician  
325 licensed under chapter 458, chapter 459, chapter 461, or chapter  
326 466, a physician assistant licensed under chapter 458 or chapter  
327 459, or an advanced registered nurse practitioner certified  
328 under part I of chapter 464 who prescribes any controlled  
329 substance, listed in Schedule II, Schedule III, or Schedule IV  
330 as defined in s. 893.03, for the treatment of chronic  
331 nonmalignant pain, must:

332 (a) Designate himself or herself as a controlled substance  
333 prescribing practitioner on his or her ~~the physician's~~  
334 practitioner profile.

335 (b) Comply with the requirements of this section and  
336 applicable board rules.

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

341 (a) A complete medical history and a physical examination  
342 must be conducted before beginning any treatment and must be  
343 documented in the medical record. The exact components of the  
344 physical examination shall be left to the judgment of the  
345 registrant ~~clinician~~ who is expected to perform a physical  
346 examination proportionate to the diagnosis that justifies a  
347 treatment. The medical record must, at a minimum, document the  
348 nature and intensity of the pain, current and past treatments

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349 for pain, underlying or coexisting diseases or conditions, the  
350 effect of the pain on physical and psychological function, a  
351 review of previous medical records, previous diagnostic studies,  
352 and history of alcohol and substance abuse. The medical record  
353 shall also document the presence of one or more recognized  
354 medical indications for the use of a controlled substance. Each  
355 registrant must develop a written plan for assessing each  
356 patient's risk of aberrant drug-related behavior, which may  
357 include patient drug testing. Registrants must assess each  
358 patient's risk for aberrant drug-related behavior and monitor  
359 that risk on an ongoing basis in accordance with the plan.

360 (b) Each registrant must develop a written individualized  
361 treatment plan for each patient. The treatment plan shall state  
362 objectives that will be used to determine treatment success,  
363 such as pain relief and improved physical and psychosocial  
364 function, and shall indicate if any further diagnostic  
365 evaluations or other treatments are planned. After treatment  
366 begins, the registrant ~~physician~~ shall adjust drug therapy to  
367 the individual medical needs of each patient. Other treatment  
368 modalities, including a rehabilitation program, shall be  
369 considered depending on the etiology of the pain and the extent  
370 to which the pain is associated with physical and psychosocial  
371 impairment. The interdisciplinary nature of the treatment plan  
372 shall be documented.

373 (c) The registrant ~~physician~~ shall discuss the risks and  
374 benefits of the use of controlled substances, including the  
375 risks of abuse and addiction, as well as physical dependence and  
376 its consequences, with the patient, persons designated by the  
377 patient, or the patient's surrogate or guardian if the patient

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378 is incompetent. The registrant ~~physician~~ shall use a written  
379 controlled substance agreement between the registrant ~~physician~~  
380 and the patient outlining the patient's responsibilities,  
381 including, but not limited to:

382 1. Number and frequency of controlled substance  
383 prescriptions and refills.

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

386 3. An agreement that controlled substances for the  
387 treatment of chronic nonmalignant pain shall be prescribed by a  
388 single treating registrant ~~physician~~ unless otherwise authorized  
389 by the treating registrant ~~physician~~ and documented in the  
390 medical record.

391 (d) The patient shall be seen by the registrant ~~physician~~  
392 at regular intervals, not to exceed 3 months, to assess the  
393 efficacy of treatment, ensure that controlled substance therapy  
394 remains indicated, evaluate the patient's progress toward  
395 treatment objectives, consider adverse drug effects, and review  
396 the etiology of the pain. Continuation or modification of  
397 therapy shall depend on the registrant's ~~physician's~~ evaluation  
398 of the patient's progress. If treatment goals are not being  
399 achieved, despite medication adjustments, the registrant  
400 ~~physician~~ shall reevaluate the appropriateness of continued  
401 treatment. The registrant ~~physician~~ shall monitor patient  
402 compliance in medication usage, related treatment plans,  
403 controlled substance agreements, and indications of substance  
404 abuse or diversion at a minimum of 3-month intervals.

405 (e) The registrant ~~physician~~ shall refer the patient as  
406 necessary for additional evaluation and treatment in order to

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407 achieve treatment objectives. Special attention shall be given  
408 to those patients who are at risk for misusing their medications  
409 and those whose living arrangements pose a risk for medication  
410 misuse or diversion. The management of pain in patients with a  
411 history of substance abuse or with a comorbid psychiatric  
412 disorder requires extra care, monitoring, and documentation and  
413 requires consultation with or referral to an addiction medicine  
414 specialist or psychiatrist.

415 (f) A registrant ~~physician registered under this section~~  
416 must maintain accurate, current, and complete records that are  
417 accessible and readily available for review and comply with the  
418 requirements of this section, the applicable practice act, and  
419 applicable board rules. The medical records must include, but  
420 are not limited to:

- 421 1. The complete medical history and a physical examination,  
422 including history of drug abuse or dependence.
- 423 2. Diagnostic, therapeutic, and laboratory results.
- 424 3. Evaluations and consultations.
- 425 4. Treatment objectives.
- 426 5. Discussion of risks and benefits.
- 427 6. Treatments.
- 428 7. Medications, including date, type, dosage, and quantity  
429 prescribed.
- 430 8. Instructions and agreements.
- 431 9. Periodic reviews.
- 432 10. Results of any drug testing.
- 433 11. A photocopy of the patient's government-issued photo  
434 identification.
- 435 12. If a written prescription for a controlled substance is

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436 given to the patient, a duplicate of the prescription.

437 13. The registrant's ~~physician's~~ full name presented in a  
438 legible manner.

439 (g) A registrant shall immediately refer patients with  
440 signs or symptoms of substance abuse ~~shall be immediately~~  
441 ~~referred~~ to a board-certified pain management physician, an  
442 addiction medicine specialist, or a mental health addiction  
443 facility as it pertains to drug abuse or addiction unless the  
444 registrant is a physician who is board-certified or board-  
445 eligible in pain management. Throughout the period of time  
446 before receiving the consultant's report, a prescribing  
447 registrant ~~physician~~ shall clearly and completely document  
448 medical justification for continued treatment with controlled  
449 substances and those steps taken to ensure medically appropriate  
450 use of controlled substances by the patient. Upon receipt of the  
451 consultant's written report, the prescribing registrant  
452 ~~physician~~ shall incorporate the consultant's recommendations for  
453 continuing, modifying, or discontinuing controlled substance  
454 therapy. The resulting changes in treatment shall be  
455 specifically documented in the patient's medical record.  
456 Evidence or behavioral indications of diversion shall be  
457 followed by discontinuation of controlled substance therapy, and  
458 the patient shall be discharged, and all results of testing and  
459 actions taken by the registrant ~~physician~~ shall be documented in  
460 the patient's medical record.

461  
462 This subsection does not apply to a board-eligible or board-  
463 certified anesthesiologist, physiatrist, rheumatologist, or  
464 neurologist, or to a board-certified physician who has surgical

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465 privileges at a hospital or ambulatory surgery center and  
466 primarily provides surgical services. This subsection does not  
467 apply to a board-eligible or board-certified medical specialist  
468 who has also completed a fellowship in pain medicine approved by  
469 the Accreditation Council for Graduate Medical Education or the  
470 American Osteopathic Association, or who is board eligible or  
471 board certified in pain medicine by the American Board of Pain  
472 Medicine, the American Board of Interventional Pain Physicians,  
473 the American Association of Physician Specialists, or a board  
474 approved by the American Board of Medical Specialties or the  
475 American Osteopathic Association and performs interventional  
476 pain procedures of the type routinely billed using surgical  
477 codes. This subsection does not apply to a registrant, advanced  
478 registered nurse practitioner, or physician assistant who  
479 prescribes medically necessary controlled substances for a  
480 patient during an inpatient stay in a hospital licensed under  
481 chapter 395.

482 Section 9. Paragraph (b) of subsection (2) of section  
483 458.3265, Florida Statutes, is amended to read:

484 458.3265 Pain-management clinics.—

485 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
486 apply to any physician who provides professional services in a  
487 pain-management clinic that is required to be registered in  
488 subsection (1).

489 (b) ~~Only a person may not dispense any medication on the~~  
490 ~~premises of a registered pain-management clinic unless he or she~~  
491 ~~is~~ a physician licensed under this chapter or chapter 459 may  
492 dispense medication or prescribe a controlled substance  
493 regulated under chapter 893 on the premises of a registered

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494 pain-management clinic.

495 Section 10. Paragraph (b) of subsection (2) of section  
496 459.0137, Florida Statutes, is amended to read:

497 459.0137 Pain-management clinics.—

498 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
499 apply to any osteopathic physician who provides professional  
500 services in a pain-management clinic that is required to be  
501 registered in subsection (1).

502 (b) Only ~~a person may not dispense any medication on the~~  
503 ~~premises of a registered pain-management clinic unless he or she~~  
504 ~~is~~ a physician licensed under this chapter or chapter 458 may  
505 dispense medication or prescribe a controlled substance  
506 regulated under chapter 893 on the premises of a registered  
507 pain-management clinic.

508 Section 11. Paragraph (e) of subsection (4) of section  
509 458.347, Florida Statutes, is amended, and paragraph (c) of  
510 subsection (9) of that section is republished, to read:

511 458.347 Physician assistants.—

512 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

513 (e) A supervisory physician may delegate to a fully  
514 licensed physician assistant the authority to prescribe or  
515 dispense any medication used in the supervisory physician's  
516 practice unless such medication is listed on the formulary  
517 created pursuant to paragraph (f). A fully licensed physician  
518 assistant may only prescribe or dispense such medication under  
519 the following circumstances:

520 1. A physician assistant must clearly identify to the  
521 patient that he or she is a physician assistant. Furthermore,  
522 the physician assistant must inform the patient that the patient

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523 has the right to see the physician prior to any prescription  
524 being prescribed or dispensed by the physician assistant.

525 2. The supervisory physician must notify the department of  
526 his or her intent to delegate, on a department-approved form,  
527 before delegating such authority and notify the department of  
528 any change in prescriptive privileges of the physician  
529 assistant. Authority to dispense may be delegated only by a  
530 supervising physician who is registered as a dispensing  
531 practitioner in compliance with s. 465.0276.

532 3. The physician assistant must file with the department a  
533 signed affidavit that he or she has completed a minimum of 10  
534 continuing medical education hours in the specialty practice in  
535 which the physician assistant has prescriptive privileges with  
536 each licensure renewal application. Three of the 10 hours must  
537 consist of a continuing education course on the safe and  
538 effective prescribing of controlled substance medications  
539 offered by a statewide professional association of physicians in  
540 this state accredited to provide educational activities  
541 designated for the American Medical Association Physician's  
542 Recognition Award Category I Credit or designated by the  
543 American Academy of Physician Assistants as a Category 1 Credit.

544 4. The department may issue a prescriber number to the  
545 physician assistant granting authority for the prescribing of  
546 medicinal drugs authorized within this paragraph upon completion  
547 of the foregoing requirements. The physician assistant shall not  
548 be required to independently register pursuant to s. 465.0276.

549 5. The prescription must be written in a form that complies  
550 with chapter 499 and must contain, in addition to the  
551 supervisory physician's name, address, and telephone number, the

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552 physician assistant's prescriber number. Unless it is a drug or  
553 drug sample dispensed by the physician assistant, the  
554 prescription must be filled in a pharmacy permitted under  
555 chapter 465 and must be dispensed in that pharmacy by a  
556 pharmacist licensed under chapter 465. The appearance of the  
557 prescriber number creates a presumption that the physician  
558 assistant is authorized to prescribe the medicinal drug and the  
559 prescription is valid.

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

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

564 (c) The council shall:

565 1. Recommend to the department the licensure of physician  
566 assistants.

567 2. Develop all rules regulating the use of physician  
568 assistants by physicians under this chapter and chapter 459,  
569 except for rules relating to the formulary developed under  
570 paragraph (4)(f). The council shall also develop rules to ensure  
571 that the continuity of supervision is maintained in each  
572 practice setting. The boards shall consider adopting a proposed  
573 rule developed by the council at the regularly scheduled meeting  
574 immediately following the submission of the proposed rule by the  
575 council. A proposed rule submitted by the council may not be  
576 adopted by either board unless both boards have accepted and  
577 approved the identical language contained in the proposed rule.  
578 The language of all proposed rules submitted by the council must  
579 be approved by both boards pursuant to each respective board's  
580 guidelines and standards regarding the adoption of proposed

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581 rules. If either board rejects the council's proposed rule, that  
582 board must specify its objection to the council with  
583 particularity and include any recommendations it may have for  
584 the modification of the proposed rule.

585 3. Make recommendations to the boards regarding all matters  
586 relating to physician assistants.

587 4. Address concerns and problems of practicing physician  
588 assistants in order to improve safety in the clinical practices  
589 of licensed physician assistants.

590 Section 12. Effective January 1, 2017, paragraph (f) of  
591 subsection (4) of section 458.347, Florida Statutes, is amended  
592 to read:

593 458.347 Physician assistants.—

594 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

595 (f)1. The council shall establish a formulary of medicinal  
596 drugs that a fully licensed physician assistant having  
597 prescribing authority under this section or s. 459.022 may not  
598 prescribe. The formulary must include ~~controlled substances as~~  
599 ~~defined in chapter 893,~~ general anesthetics, and radiographic  
600 contrast materials, and must limit the prescription of Schedule  
601 II controlled substances as defined in s. 893.03 to a 7-day  
602 supply. The formulary must also restrict the prescribing of  
603 psychiatric mental health controlled substances for children  
604 under 18 years of age.

605 2. In establishing the formulary, the council shall consult  
606 with a pharmacist licensed under chapter 465, but not licensed  
607 under this chapter or chapter 459, who shall be selected by the  
608 State Surgeon General.

609 3. Only the council shall add to, delete from, or modify

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610 the formulary. Any person who requests an addition, deletion, or  
611 modification of a medicinal drug listed on such formulary has  
612 the burden of proof to show cause why such addition, deletion,  
613 or modification should be made.

614 4. The boards shall adopt the formulary required by this  
615 paragraph, and each addition, deletion, or modification to the  
616 formulary, by rule. Notwithstanding any provision of chapter 120  
617 to the contrary, the formulary rule shall be effective 60 days  
618 after the date it is filed with the Secretary of State. Upon  
619 adoption of the formulary, the department shall mail a copy of  
620 such formulary to each fully licensed physician assistant having  
621 prescribing authority under this section or s. 459.022, and to  
622 each pharmacy licensed by the state. The boards shall establish,  
623 by rule, a fee not to exceed \$200 to fund the provisions of this  
624 paragraph and paragraph (e).

625 Section 13. Subsection (2) of section 464.003, Florida  
626 Statutes, is amended to read:

627 464.003 Definitions.—As used in this part, the term:

628 (2) "Advanced or specialized nursing practice" means, in  
629 addition to the practice of professional nursing, the  
630 performance of advanced-level nursing acts approved by the board  
631 which, by virtue of postbasic specialized education, training,  
632 and experience, are appropriately performed by an advanced  
633 registered nurse practitioner. Within the context of advanced or  
634 specialized nursing practice, the advanced registered nurse  
635 practitioner may perform acts of nursing diagnosis and nursing  
636 treatment of alterations of the health status. The advanced  
637 registered nurse practitioner may also perform acts of medical  
638 diagnosis and treatment, prescription, and operation as

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639 authorized within the framework of an established supervisory  
640 protocol ~~which are identified and approved by a joint committee~~  
641 ~~composed of three members appointed by the Board of Nursing, two~~  
642 ~~of whom must be advanced registered nurse practitioners; three~~  
643 ~~members appointed by the Board of Medicine, two of whom must~~  
644 ~~have had work experience with advanced registered nurse~~  
645 ~~practitioners; and the State Surgeon General or the State~~  
646 ~~Surgeon General's designee. Each committee member appointed by a~~  
647 ~~board shall be appointed to a term of 4 years unless a shorter~~  
648 ~~term is required to establish or maintain staggered terms. The~~  
649 ~~Board of Nursing shall adopt rules authorizing the performance~~  
650 ~~of any such acts approved by the joint committee. Unless~~  
651 ~~otherwise specified by the joint committee, such acts must be~~  
652 ~~performed under the general supervision of a practitioner~~  
653 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~  
654 ~~the framework of standing protocols which identify the medical~~  
655 ~~acts to be performed and the conditions for their performance.~~  
656 The department may, by rule, require that a copy of the protocol  
657 be filed with the department along with the notice required by  
658 s. 458.348.

659 Section 14. Subsection (6) is added to section 464.012,  
660 Florida Statutes, to read:

661 464.012 Certification of advanced registered nurse  
662 practitioners; fees; controlled substance prescribing.-

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

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668 (a) Satisfactory completion of a formal postbasic  
669 educational program of at least one academic year, the primary  
670 purpose of which is to prepare nurses for advanced or  
671 specialized practice.

672 (b) Certification by an appropriate specialty board. Such  
673 certification shall be required for initial state certification  
674 and any recertification as a registered nurse anesthetist or  
675 nurse midwife. The board may by rule provide for provisional  
676 state certification of graduate nurse anesthetists and nurse  
677 midwives for a period of time determined to be appropriate for  
678 preparing for and passing the national certification  
679 examination.

680 (c) Graduation from a program leading to a master's degree  
681 in a nursing clinical specialty area with preparation in  
682 specialized practitioner skills. For applicants graduating on or  
683 after October 1, 1998, graduation from a master's degree program  
684 shall be required for initial certification as a nurse  
685 practitioner under paragraph (4) (c). For applicants graduating  
686 on or after October 1, 2001, graduation from a master's degree  
687 program shall be required for initial certification as a  
688 registered nurse anesthetist under paragraph (4) (a).

689 (2) The board shall provide by rule the appropriate  
690 requirements for advanced registered nurse practitioners in the  
691 categories of certified registered nurse anesthetist, certified  
692 nurse midwife, and nurse practitioner.

693 (3) An advanced registered nurse practitioner shall perform  
694 those functions authorized in this section within the framework  
695 of an established protocol that is filed with the board upon  
696 biennial license renewal and within 30 days after entering into

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697 a supervisory relationship with a physician or changes to the  
698 protocol. The board shall review the protocol to ensure  
699 compliance with applicable regulatory standards for protocols.  
700 The board shall refer to the department licensees submitting  
701 protocols that are not compliant with the regulatory standards  
702 for protocols. A practitioner currently licensed under chapter  
703 458, chapter 459, or chapter 466 shall maintain supervision for  
704 directing the specific course of medical treatment. Within the  
705 established framework, an advanced registered nurse practitioner  
706 may:

- 707 (a) Monitor and alter drug therapies.  
708 (b) Initiate appropriate therapies for certain conditions.  
709 (c) Perform additional functions as may be determined by  
710 rule in accordance with s. 464.003(2).  
711 (d) Order diagnostic tests and physical and occupational  
712 therapy.

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

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

720 1. Determine the health status of the patient as it relates  
721 to the risk factors and to the anesthetic management of the  
722 patient through the performance of the general functions.

723 2. Based on history, physical assessment, and supplemental  
724 laboratory results, determine, with the consent of the  
725 responsible physician, the appropriate type of anesthesia within

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726 the framework of the protocol.

727 3. Order under the protocol preanesthetic medication.

728 4. Perform under the protocol procedures commonly used to  
729 render the patient insensible to pain during the performance of  
730 surgical, obstetrical, therapeutic, or diagnostic clinical  
731 procedures. These procedures include ordering and administering  
732 regional, spinal, and general anesthesia; inhalation agents and  
733 techniques; intravenous agents and techniques; and techniques of  
734 hypnosis.

735 5. Order or perform monitoring procedures indicated as  
736 pertinent to the anesthetic health care management of the  
737 patient.

738 6. Support life functions during anesthesia health care,  
739 including induction and intubation procedures, the use of  
740 appropriate mechanical supportive devices, and the management of  
741 fluid, electrolyte, and blood component balances.

742 7. Recognize and take appropriate corrective action for  
743 abnormal patient responses to anesthesia, adjunctive medication,  
744 or other forms of therapy.

745 8. Recognize and treat a cardiac arrhythmia while the  
746 patient is under anesthetic care.

747 9. Participate in management of the patient while in the  
748 postanesthesia recovery area, including ordering the  
749 administration of fluids and drugs.

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

752 (b) The certified nurse midwife may, to the extent  
753 authorized by an established protocol which has been approved by  
754 the medical staff of the health care facility in which the

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755 midwifery services are performed, or approved by the nurse  
756 midwife's physician backup when the delivery is performed in a  
757 patient's home, perform any or all of the following:

- 758 1. Perform superficial minor surgical procedures.
- 759 2. Manage the patient during labor and delivery to include  
760 amniotomy, episiotomy, and repair.
- 761 3. Order, initiate, and perform appropriate anesthetic  
762 procedures.
- 763 4. Perform postpartum examination.
- 764 5. Order appropriate medications.
- 765 6. Provide family-planning services and well-woman care.
- 766 7. Manage the medical care of the normal obstetrical  
767 patient and the initial care of a newborn patient.

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

- 770 1. Manage selected medical problems.
- 771 2. Order physical and occupational therapy.
- 772 3. Initiate, monitor, or alter therapies for certain  
773 uncomplicated acute illnesses.
- 774 4. Monitor and manage patients with stable chronic  
775 diseases.
- 776 5. Establish behavioral problems and diagnosis and make  
777 treatment recommendations.

778 (5) The board shall certify, and the department shall issue  
779 a certificate to, any nurse meeting the qualifications in this  
780 section. The board shall establish an application fee not to  
781 exceed \$100 and a biennial renewal fee not to exceed \$50. The  
782 board is authorized to adopt such other rules as are necessary  
783 to implement the provisions of this section.

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784       (6) (a) The board shall establish a committee to recommend a  
785 formulary of controlled substances that an advanced registered  
786 nurse practitioner may not prescribe or may prescribe only for  
787 specific uses or in limited quantities. The committee must  
788 consist of three advanced registered nurse practitioners  
789 licensed under this section, recommended by the Board of  
790 Nursing; three physicians licensed under chapter 458 or chapter  
791 459 who have work experience with advanced registered nurse  
792 practitioners, recommended by the Board of Medicine; and a  
793 pharmacist licensed under chapter 465 who holds a Doctor of  
794 Pharmacy degree, recommended by the Board of Pharmacy. The  
795 committee may recommend an evidence-based formulary applicable  
796 to all advanced registered nurse practitioners which is limited  
797 by specialty certification, is limited to approved uses of  
798 controlled substances, or is subject to other similar  
799 restrictions the committee finds are necessary to protect the  
800 health, safety, and welfare of the public. The formulary must  
801 restrict the prescribing of psychiatric mental health controlled  
802 substances for children under 18 years of age to advanced  
803 registered nurse practitioners who also are psychiatric nurses  
804 as defined in s. 394.455. The formulary must also limit the  
805 prescribing of Schedule II controlled substances as defined in  
806 s. 893.03 to a 7-day supply, except that such restriction does  
807 not apply to controlled substances that are psychiatric  
808 medications prescribed by psychiatric nurses as defined in s.  
809 394.455.

810       (b) The board shall adopt by rule the recommended formulary  
811 and any revisions to the formulary which it finds are supported  
812 by evidence-based clinical findings presented by the Board of

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813 Medicine, the Board of Osteopathic Medicine, or the Board of  
814 Dentistry.

815 (c) The formulary required under this subsection does not  
816 apply to a controlled substance that is dispensed for  
817 administration pursuant to an order, including an order for  
818 medication authorized by subparagraph (4)(a)3., subparagraph  
819 (4)(a)4., or subparagraph (4)(a)9.

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

822 Section 15. Effective January 1, 2017, subsection (3) of  
823 section 464.012, Florida Statutes, as amended by this act, is  
824 amended to read:

825 464.012 Certification of advanced registered nurse  
826 practitioners; fees; controlled substance prescribing.—

827 (3) An advanced registered nurse practitioner shall perform  
828 those functions authorized in this section within the framework  
829 of an established protocol that is filed with the board upon  
830 biennial license renewal and within 30 days after entering into  
831 a supervisory relationship with a physician or changes to the  
832 protocol. The board shall review the protocol to ensure  
833 compliance with applicable regulatory standards for protocols.  
834 The board shall refer to the department licensees submitting  
835 protocols that are not compliant with the regulatory standards  
836 for protocols. A practitioner currently licensed under chapter  
837 458, chapter 459, or chapter 466 shall maintain supervision for  
838 directing the specific course of medical treatment. Within the  
839 established framework, an advanced registered nurse practitioner  
840 may:

841 (a) Prescribe, dispense, administer, or order any drug;

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842 however, an advanced registered nurse practitioner may only  
843 prescribe or dispense a controlled substance as defined in s.  
844 893.03 if the advanced registered nurse practitioner has  
845 graduated from a program leading to a master's or doctoral  
846 degree in a clinical nursing specialty area with training in  
847 specialized practitioner skills. ~~Monitor and alter drug~~  
848 therapies.

849 (b) Initiate appropriate therapies for certain conditions.

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

852 (d) Order diagnostic tests and physical and occupational  
853 therapy.

854 Section 16. Subsection (3) of section 464.013, Florida  
855 Statutes, is amended to read:

856 464.013 Renewal of license or certificate.—

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

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

865 (b) Notwithstanding the exemption in paragraph (a), as part  
866 of the maximum 30 hours of continuing education hours required  
867 under this subsection, advanced registered nurse practitioners  
868 certified under s. 464.012 must complete at least 3 hours of  
869 continuing education on the safe and effective prescription of  
870 controlled substances. Such continuing education courses must be

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871 offered by a statewide professional association of physicians in  
872 this state accredited to provide educational activities  
873 designated for the American Medical Association Physician's  
874 Recognition Award Category 1 Credit, the American Nurses  
875 Credentialing Center, or the American Association of Nurse  
876 Practitioners and may be offered in a distance-learning format.

877 Section 17. Paragraph (p) is added to subsection (1) of  
878 section 464.018, Florida Statutes, and subsection (2) of that  
879 section is republished, to read:

880 464.018 Disciplinary actions.—

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

883 (p) For an advanced registered nurse practitioner:

884 1. Presigning blank prescription forms.

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

887 3. Prescribing, ordering, dispensing, administering,  
888 supplying, selling, or giving a drug that is an amphetamine or a  
889 sympathomimetic amine drug, or a compound designated in s.  
890 893.03(2) as a Schedule II controlled substance, to or for any  
891 person except for:

892 a. The treatment of narcolepsy; hyperkinesis; behavioral  
893 syndrome in children characterized by the developmentally  
894 inappropriate symptoms of moderate to severe distractibility,  
895 short attention span, hyperactivity, emotional lability, and  
896 impulsivity; or drug-induced brain dysfunction.

897 b. The differential diagnostic psychiatric evaluation of  
898 depression or the treatment of depression shown to be refractory  
899 to other therapeutic modalities.

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900 c. The clinical investigation of the effects of such drugs  
901 or compounds when an investigative protocol is submitted to,  
902 reviewed by, and approved by the department before such  
903 investigation is begun.

904 4. Prescribing, ordering, dispensing, administering,  
905 supplying, selling, or giving growth hormones, testosterone or  
906 its analogs, human chorionic gonadotropin (HCG), or other  
907 hormones for the purpose of muscle building or to enhance  
908 athletic performance. As used in this subparagraph, the term  
909 "muscle building" does not include the treatment of injured  
910 muscle. A prescription written for the drug products identified  
911 in this subparagraph may be dispensed by a pharmacist with the  
912 presumption that the prescription is for legitimate medical use.

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

916 6. Prescribing, dispensing, administering, mixing, or  
917 otherwise preparing a legend drug, including a controlled  
918 substance, other than in the course of his or her professional  
919 practice. For the purposes of this subparagraph, it is legally  
920 presumed that prescribing, dispensing, administering, mixing, or  
921 otherwise preparing legend drugs, including all controlled  
922 substances, inappropriately or in excessive or inappropriate  
923 quantities is not in the best interest of the patient and is not  
924 in the course of the advanced registered nurse practitioner's  
925 professional practice, without regard to his or her intent.

926 7. Prescribing, dispensing, or administering a medicinal  
927 drug appearing on any schedule set forth in chapter 893 to  
928 himself or herself, except a drug prescribed, dispensed, or

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929 administered to the advanced registered nurse practitioner by  
930 another practitioner authorized to prescribe, dispense, or  
931 administer medicinal drugs.

932 8. Prescribing, ordering, dispensing, administering,  
933 supplying, selling, or giving amygdalin (laetrile) to any  
934 person.

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

938 10. Promoting or advertising through any communication  
939 medium the use, sale, or dispensing of a substance designated in  
940 s. 893.03 as a controlled substance.

941 (2) The board may enter an order denying licensure or  
942 imposing any of the penalties in s. 456.072(2) against any  
943 applicant for licensure or licensee who is found guilty of  
944 violating any provision of subsection (1) of this section or who  
945 is found guilty of violating any provision of s. 456.072(1).

946 Section 18. Section 627.42392, Florida Statutes, is created  
947 to read:

948 627.42392 Prior authorization.—

949 (1) As used in this section, the term "health insurer"  
950 means an authorized insurer offering health insurance as defined  
951 in s. 624.603, a managed care plan as defined in s. 409.901(13),  
952 or a health maintenance organization as defined in s.  
953 641.19(12).

954 (2) Notwithstanding any other provision of law, in order to  
955 establish uniformity in the submission of prior authorization  
956 forms on or after January 1, 2017, a health insurer, or a  
957 pharmacy benefits manager on behalf of the health insurer, which

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958 does not use an electronic prior authorization form for its  
 959 contracted providers shall use only the prior authorization form  
 960 that has been approved by the Financial Services Commission to  
 961 obtain a prior authorization for a medical procedure, course of  
 962 treatment, or prescription drug benefit. Such form may not  
 963 exceed two pages in length, excluding any instructions or  
 964 guiding documentation.

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

968 Section 19. Subsection (11) of section 627.6131, Florida  
 969 Statutes, is amended to read:

970 627.6131 Payment of claims.—

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

973 (a) At any time, if the health insurer verified the  
 974 eligibility of an insured at the time of treatment and provided  
 975 an authorization number.

976 (b) More than 1 year after the date of payment of the  
 977 claim.

978 Section 20. Section 627.6466, Florida Statutes, is created  
 979 to read:

980 627.6466 Fail-first protocols.—If medication for the  
 981 treatment of a medical condition is restricted for use by an  
 982 insurer through a step-therapy or fail-first protocol, the  
 983 prescribing provider shall have access to a clear and convenient  
 984 process to request an override of such restriction from the  
 985 insurer. The insurer shall grant an override of the protocol  
 986 within 24 hours under the following circumstances:

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987       (1) The prescribing provider determines, based on sound  
988 clinical evidence, that the preferred treatment required under  
989 the step-therapy or fail-first protocol has been ineffective in  
990 the treatment of the insured's disease or medical condition; or

991       (2) The prescribing provider believes, based on sound  
992 clinical evidence or medical and scientific evidence, that the  
993 preferred treatment required under the step-therapy or fail-  
994 first protocol:

995       (a) Is expected to, or is likely to, be ineffective given  
996 the known relevant physical or mental characteristics and  
997 medical history of the insured and the known characteristics of  
998 the drug regimen; or

999       (b) Will cause, or is likely to cause, an adverse reaction  
1000 or other physical harm to the insured.

1001       (3) If the prescribing provider allows the insured to enter  
1002 the step-therapy or fail-first protocol recommended by the  
1003 health insurer, the duration of the step-therapy or fail-first  
1004 protocol may not exceed a period deemed appropriate by the  
1005 provider. If the prescribing provider deems the treatment  
1006 clinically ineffective, the insured is entitled to receive the  
1007 recommended course of therapy and the prescribing provider is  
1008 not required to seek approval for an override of the step-  
1009 therapy or fail-first protocol.

1010       Section 21. Subsection (10) of section 641.3155, Florida  
1011 Statutes, is amended to read:

1012       641.3155 Prompt payment of claims.—

1013       (10) A health maintenance organization may not  
1014 retroactively deny a claim because of subscriber ineligibility:

1015       (a) At any time, if the health maintenance organization

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1016 verified the eligibility of an insured at the time of treatment  
1017 and provided an authorization number.

1018 (b) More than 1 year after the date of payment of the  
1019 claim.

1020 Section 22. Section 641.393, Florida Statutes, is created  
1021 to read:

1022 641.393 Fail-first protocols.—If medication for the  
1023 treatment of a medical condition is restricted for use by a  
1024 health maintenance organization through a step-therapy or fail-  
1025 first protocol, the prescribing provider shall have access to a  
1026 clear and convenient process to request an override of such  
1027 restriction from the organization. The health maintenance  
1028 organization shall grant an override of the protocol within 24  
1029 hours under the following circumstances:

1030 (1) The prescribing provider determines, based on sound  
1031 clinical evidence, that the preferred treatment required under  
1032 step-therapy or fail-first protocol has been ineffective in the  
1033 treatment of the subscriber's disease or medical condition; or

1034 (2) The prescribing provider believes, based on sound  
1035 clinical evidence or medical and scientific evidence, that the  
1036 preferred treatment required under the step-therapy or fail-  
1037 first protocol:

1038 (a) Is expected to, or is likely to, be ineffective given  
1039 the known relevant physical or mental characteristics and  
1040 medical history of the subscriber and the known characteristics  
1041 of the drug regimen; or

1042 (b) Will cause, or is likely to cause, an adverse reaction  
1043 or other physical harm to the subscriber.

1044 (3) If the prescribing provider allows the subscriber to

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1045 enter the step-therapy or fail-first protocol recommended by the  
1046 health maintenance organization, the duration of the step-  
1047 therapy or fail-first protocol may not exceed a period deemed  
1048 appropriate by the provider. If the prescribing provider deems  
1049 the treatment clinically ineffective, the subscriber is entitled  
1050 to receive the recommended course of therapy without requiring  
1051 the prescribing provider to seek approval for an override of the  
1052 step-therapy or fail-first protocol.

1053 Section 23. Subsection (21) of section 893.02, Florida  
1054 Statutes, is amended to read:

1055 893.02 Definitions.—The following words and phrases as used  
1056 in this chapter shall have the following meanings, unless the  
1057 context otherwise requires:

1058 (21) "Practitioner" means a physician licensed under  
1059 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
1060 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
1061 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
1062 459, an advanced registered nurse practitioner certified under  
1063 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
1064 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
1065 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
1066 461, or a physician assistant licensed under chapter 458 or  
1067 chapter 459, provided such practitioner holds a valid federal  
1068 controlled substance registry number.

1069 Section 24. Paragraph (n) of subsection (1) of section  
1070 948.03, Florida Statutes, is amended to read:

1071 948.03 Terms and conditions of probation.—

1072 (1) The court shall determine the terms and conditions of  
1073 probation. Conditions specified in this section do not require

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1074 oral pronouncement at the time of sentencing and may be  
 1075 considered standard conditions of probation. These conditions  
 1076 may include among them the following, that the probationer or  
 1077 offender in community control shall:

1078 (n) Be prohibited from using intoxicants to excess or  
 1079 possessing any drugs or narcotics unless prescribed by a  
 1080 physician, advanced registered nurse practitioner, or physician  
 1081 assistant. The probationer or community controllee may ~~shall~~ not  
 1082 knowingly visit places where intoxicants, drugs, or other  
 1083 dangerous substances are unlawfully sold, dispensed, or used.

1084 Section 25. Paragraph (a) of subsection (1) and subsection  
 1085 (2) of section 458.348, Florida Statutes, are amended to read:

1086 458.348 Formal supervisory relationships, standing orders,  
 1087 and established protocols; notice; standards.—

1088 (1) NOTICE.—

1089 (a) When a physician enters into a formal supervisory  
 1090 relationship or standing orders with an emergency medical  
 1091 technician or paramedic licensed pursuant to s. 401.27, which  
 1092 relationship or orders contemplate the performance of medical  
 1093 acts, or when a physician enters into an established protocol  
 1094 with an advanced registered nurse practitioner, which protocol  
 1095 contemplates the performance of medical ~~acts identified and~~  
 1096 ~~approved by the joint committee pursuant to s. 464.003(2) or~~  
 1097 acts set forth in s. 464.012(3) and (4), the physician shall  
 1098 submit notice to the board. The notice shall contain a statement  
 1099 in substantially the following form:

1100

1101 I, ... (name and professional license number of  
 1102 physician) ..., of ... (address of physician) ... have hereby

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1103 entered into a formal supervisory relationship, standing orders,  
 1104 or an established protocol with ...(number of persons)...  
 1105 emergency medical technician(s), ...(number of persons)...  
 1106 paramedic(s), or ...(number of persons)... advanced registered  
 1107 nurse practitioner(s).

1108  
 1109 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
 1110 joint committee ~~created under s. 464.003(2)~~ shall determine  
 1111 minimum standards for the content of established protocols  
 1112 pursuant to which an advanced registered nurse practitioner may  
 1113 perform medical acts ~~identified and approved by the joint~~  
 1114 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.  
 1115 464.012(3) and (4) and shall determine minimum standards for  
 1116 supervision of such acts by the physician, unless the joint  
 1117 committee determines that any act set forth in s. 464.012(3) or  
 1118 (4) is not a medical act. Such standards shall be based on risk  
 1119 to the patient and acceptable standards of medical care and  
 1120 shall take into account the special problems of medically  
 1121 underserved areas. The standards developed by the joint  
 1122 committee shall be adopted as rules by the Board of Nursing and  
 1123 the Board of Medicine for purposes of carrying out their  
 1124 responsibilities pursuant to part I of chapter 464 and this  
 1125 chapter, respectively, but neither board shall have disciplinary  
 1126 powers over the licensees of the other board.

1127 Section 26. Paragraph (a) of subsection (1) of section  
 1128 459.025, Florida Statutes, is amended to read:

1129 459.025 Formal supervisory relationships, standing orders,  
 1130 and established protocols; notice; standards.—

1131 (1) NOTICE.—

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1132 (a) When an osteopathic physician enters into a formal  
1133 supervisory relationship or standing orders with an emergency  
1134 medical technician or paramedic licensed pursuant to s. 401.27,  
1135 which relationship or orders contemplate the performance of  
1136 medical acts, or when an osteopathic physician enters into an  
1137 established protocol with an advanced registered nurse  
1138 practitioner, which protocol contemplates the performance of  
1139 medical acts ~~identified and approved by the joint committee~~  
1140 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and  
1141 (4), the osteopathic physician shall submit notice to the board.  
1142 The notice must contain a statement in substantially the  
1143 following form:

1144  
1145 I, ...(name and professional license number of osteopathic  
1146 physician)..., of ...(address of osteopathic physician)... have  
1147 hereby entered into a formal supervisory relationship, standing  
1148 orders, or an established protocol with ...(number of  
1149 persons)... emergency medical technician(s), ...(number of  
1150 persons)... paramedic(s), or ...(number of persons)... advanced  
1151 registered nurse practitioner(s).

1152 Section 27. Subsection (10) of s. 458.331, paragraph (g) of  
1153 subsection (7) of s. 458.347, subsection (10) of s. 459.015,  
1154 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)  
1155 of subsection (5) of s. 465.0158, Florida Statutes, are  
1156 reenacted for the purpose of incorporating the amendment made by  
1157 this act to s. 456.072, Florida Statutes, in references thereto.

1158 Section 28. Paragraph (mm) of subsection (1) of s. 456.072  
1159 and s. 466.02751, Florida Statutes, are reenacted for the  
1160 purpose of incorporating the amendment made by this act to s.

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1161 456.44, Florida Statutes, in references thereto.

1162 Section 29. Section 458.303, paragraph (b) of subsection  
1163 (7) of s. 458.3475, paragraph (e) of subsection (4) and  
1164 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)  
1165 of subsection (7) of s. 459.023, Florida Statutes, are reenacted  
1166 for the purpose of incorporating the amendment made by this act  
1167 to s. 458.347, Florida Statutes, in references thereto.

1168 Section 30. Paragraph (c) of subsection (3) of s. 464.012,  
1169 Florida Statutes, is reenacted for the purpose of incorporating  
1170 the amendment made by this act to s. 464.003, Florida Statutes,  
1171 in a reference thereto.

1172 Section 31. Paragraph (a) of subsection (1) of s. 456.041,  
1173 subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
1174 459.025, Florida Statutes, are reenacted for the purpose of  
1175 incorporating the amendment made by this act to s. 464.012,  
1176 Florida Statutes, in references thereto.

1177 Section 32. Subsection (7) of s. 464.0205, Florida  
1178 Statutes, is reenacted for the purpose of incorporating the  
1179 amendment made by this act to s. 464.013, Florida Statutes, in a  
1180 reference thereto.

1181 Section 33. Subsection (11) of s. 320.0848, subsection (2)  
1182 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)  
1183 of subsection (1), subsection (3), and paragraph (b) of  
1184 subsection (4) of s. 464.0205, Florida Statutes, are reenacted  
1185 for the purpose of incorporating the amendment made by this act  
1186 to s. 464.018, Florida Statutes, in references thereto.

1187 Section 34. Section 775.051, Florida Statutes, is reenacted  
1188 for the purpose of incorporating the amendment made by this act  
1189 to s. 893.02, Florida Statutes, in a reference thereto.

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1190           Section 35. Paragraph (a) of subsection (3) of s. 944.17,  
1191 subsection (8) of s. 948.001, and paragraph (e) of subsection  
1192 (1) of s. 948.101, Florida Statutes, are reenacted for the  
1193 purpose of incorporating the amendment made by this act to s.  
1194 948.03, Florida Statutes, in references thereto.

1195           Section 36. Except as otherwise expressly provided in this  
1196 act, this act shall take effect upon becoming a law.