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LEGISLATIVE ACTION

Senate

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House

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Senator Grimsley moved the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

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

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



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12 implementing legislation, subject to the following conditions:

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

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

29 310.071 Deputy pilot certification.—

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

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



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

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

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

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

68 310.073 State pilot licensing.—In addition to meeting other  
69 requirements specified in this chapter, each applicant for



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70 license as a state pilot must:

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

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

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

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

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

97 (b) Are in good physical and mental health as evidenced by  
98 documentary proof of having satisfactorily passed a physical



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

124 Section 5. Subsection (7) of section 456.072, Florida  
125 Statutes, is amended to read:

126 456.072 Grounds for discipline; penalties; enforcement.—  
127 (7) Notwithstanding subsection (2), upon a finding that a



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

141 Section 6. Section 456.44, Florida Statutes, is amended to  
142 read:

143 456.44 Controlled substance prescribing.—

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

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

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

155 (c) "Board-certified pain management physician" means a  
156 physician who possesses board certification in pain medicine by



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

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

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

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

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

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



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186 as defined in s. 893.03, for the treatment of chronic  
187 nonmalignant pain, must:

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

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

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

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



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215 that risk on an ongoing basis in accordance with the plan.

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

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

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

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

242 3. An agreement that controlled substances for the  
243 treatment of chronic nonmalignant pain shall be prescribed by a



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244 single treating registrant ~~physician~~ unless otherwise authorized  
245 by the treating registrant ~~physician~~ and documented in the  
246 medical record.

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

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

271 (f) A registrant ~~physician registered under this section~~  
272 must maintain accurate, current, and complete records that are



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

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

279 2. Diagnostic, therapeutic, and laboratory results.

280 3. Evaluations and consultations.

281 4. Treatment objectives.

282 5. Discussion of risks and benefits.

283 6. Treatments.

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

286 8. Instructions and agreements.

287 9. Periodic reviews.

288 10. Results of any drug testing.

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

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

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

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



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

317  
318 This subsection does not apply to a board-eligible or board-  
319 certified anesthesiologist, physiatrist, rheumatologist, or  
320 neurologist, or to a board-certified physician who has surgical  
321 privileges at a hospital or ambulatory surgery center and  
322 primarily provides surgical services. This subsection does not  
323 apply to a board-eligible or board-certified medical specialist  
324 who has also completed a fellowship in pain medicine approved by  
325 the Accreditation Council for Graduate Medical Education or the  
326 American Osteopathic Association, or who is board eligible or  
327 board certified in pain medicine by the American Board of Pain  
328 Medicine, the American Board of Interventional Pain Physicians,  
329 the American Association of Physician Specialists, or a board  
330 approved by the American Board of Medical Specialties or the



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

337 Section 7. Paragraph (b) of subsection (2) of section  
338 458.3265, Florida Statutes, is amended to read:

339 458.3265 Pain-management clinics.—

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

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

350 Section 8. Paragraph (b) of subsection (2) of section  
351 459.0137, Florida Statutes, is amended to read:

352 459.0137 Pain-management clinics.—

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

357 (b) ~~Only a person may not dispense any medication on the~~  
358 ~~premises of a registered pain-management clinic unless he or she~~  
359 ~~is~~ a physician licensed under this chapter or chapter 458 may



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360 dispense medication or prescribe a controlled substance  
361 regulated under chapter 893 on the premises of a registered  
362 pain-management clinic.

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

366 458.347 Physician assistants.—

367 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

387 3. The physician assistant must file with the department a  
388 signed affidavit that he or she has completed a minimum of 10



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

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

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

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

417 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on



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418 Physician Assistants is created within the department.

419 (c) The council shall:

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

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

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

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

445 Section 10. Effective January 1, 2017, paragraph (f) of  
446 subsection (4) of section 458.347, Florida Statutes, is amended



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447 to read:

448 458.347 Physician assistants.—

449 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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



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

480 Section 11. Subsection (2) of section 464.003, Florida  
481 Statutes, is amended to read:

482 464.003 Definitions.—As used in this part, the term:

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



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

514 Section 12. Section 464.012, Florida Statutes, is amended  
515 to read:

516 464.012 Certification of advanced registered nurse  
517 practitioners; fees; controlled substance prescribing.-

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

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

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



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534 examination.

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

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

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

562 (a) Monitor and alter drug therapies.



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563 (b) Initiate appropriate therapies for certain conditions.

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

566 (d) Order diagnostic tests and physical and occupational  
567 therapy.

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

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

575 1. Determine the health status of the patient as it relates  
576 to the risk factors and to the anesthetic management of the  
577 patient through the performance of the general functions.

578 2. Based on history, physical assessment, and supplemental  
579 laboratory results, determine, with the consent of the  
580 responsible physician, the appropriate type of anesthesia within  
581 the framework of the protocol.

582 3. Order under the protocol preanesthetic medication.

583 4. Perform under the protocol procedures commonly used to  
584 render the patient insensible to pain during the performance of  
585 surgical, obstetrical, therapeutic, or diagnostic clinical  
586 procedures. These procedures include ordering and administering  
587 regional, spinal, and general anesthesia; inhalation agents and  
588 techniques; intravenous agents and techniques; and techniques of  
589 hypnosis.

590 5. Order or perform monitoring procedures indicated as  
591 pertinent to the anesthetic health care management of the



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592 patient.

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

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

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

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

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

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

613           1. Perform superficial minor surgical procedures.

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

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

618           4. Perform postpartum examination.

619           5. Order appropriate medications.

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



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

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

- 625           1. Manage selected medical problems.
- 626           2. Order physical and occupational therapy.
- 627           3. Initiate, monitor, or alter therapies for certain  
628 uncomplicated acute illnesses.
- 629           4. Monitor and manage patients with stable chronic  
630 diseases.

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

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

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



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

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

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

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

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

678 Section 13. Effective January 1, 2017, subsection (3) of



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679 section 464.012, Florida Statutes, as amended by this act, is  
680 amended to read:

681 464.012 Certification of advanced registered nurse  
682 practitioners; fees; controlled substance prescribing.—

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

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

704 (b) Initiate appropriate therapies for certain conditions.

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

707 (d) Order diagnostic tests and physical and occupational



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708 therapy.

709 Section 14. Subsection (3) of section 464.013, Florida  
710 Statutes, is amended to read:

711 464.013 Renewal of license or certificate.—

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

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

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

733 Section 15. Paragraph (p) is added to subsection (1) of  
734 section 464.018, Florida Statutes, and subsection (2) of that  
735 section is republished, to read:

736 464.018 Disciplinary actions.—



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

739 (p) For an advanced registered nurse practitioner:

740 1. Presigning blank prescription forms.

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

743 3. Prescribing, ordering, dispensing, administering,  
744 supplying, selling, or giving a drug that is an amphetamine, a  
745 sympathomimetic amine drug, or a compound designated in s.  
746 893.03(2) as a Schedule II controlled substance, to or for any  
747 person except for:

748 a. The treatment of narcolepsy; hyperkinesis; behavioral  
749 syndrome in children characterized by the developmentally  
750 inappropriate symptoms of moderate to severe distractibility,  
751 short attention span, hyperactivity, emotional lability, and  
752 impulsivity; or drug-induced brain dysfunction.

753 b. The differential diagnostic psychiatric evaluation of  
754 depression or the treatment of depression shown to be refractory  
755 to other therapeutic modalities.

756 c. The clinical investigation of the effects of such drugs  
757 or compounds when an investigative protocol is submitted to,  
758 reviewed by, and approved by the department before such  
759 investigation is begun.

760 4. Prescribing, ordering, dispensing, administering,  
761 supplying, selling, or giving growth hormones, testosterone or  
762 its analogs, human chorionic gonadotropin (HCG), or other  
763 hormones for the purpose of muscle building or to enhance  
764 athletic performance. As used in this subparagraph, the term  
765 "muscle building" does not include the treatment of injured



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766 muscle. A prescription written for the drug products identified  
767 in this subparagraph may be dispensed by a pharmacist with the  
768 presumption that the prescription is for legitimate medical use.

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

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

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

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

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

794 10. Promoting or advertising through any communication



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795 medium the use, sale, or dispensing of a substance designated in  
796 s. 893.03 as a controlled substance.

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

802 Section 16. Section 627.42392, Florida Statutes, is created  
803 to read:

804 627.42392 Prior authorization.—

805 (1) As used in this section, the term "health insurer"  
806 means an authorized insurer offering health insurance as defined  
807 in s. 624.603, a managed care plan as defined in s. 409.962(9),  
808 or a health maintenance organization as defined in s.  
809 641.19(12).

810 (2) Notwithstanding any other provision of law, in order to  
811 establish uniformity in the submission of prior authorization  
812 forms on or after January 1, 2017, a health insurer, or a  
813 pharmacy benefits manager on behalf of the health insurer, which  
814 does not use an electronic prior authorization form for its  
815 contracted providers shall use only the prior authorization form  
816 that has been approved by the Financial Services Commission in  
817 consultation with the Agency for Health Care Administration to  
818 obtain a prior authorization for a medical procedure, course of  
819 treatment, or prescription drug benefit. Such form may not  
820 exceed two pages in length, excluding any instructions or  
821 guiding documentation.

822 (3) The Financial Services Commission in consultation with  
823 the Agency for Health Care Administration shall adopt by rule



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824 guidelines for all prior authorization forms which ensure the  
825 general uniformity of such forms.

826 Section 17. Subsection (11) of section 627.6131, Florida  
827 Statutes, is amended to read:

828 627.6131 Payment of claims.—

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

831 (a) At any time, if the health insurer verified the  
832 eligibility of an insured who is not a recipient of advance  
833 payments of the federal premium tax credit and the insurer  
834 issued an authorization for payment to a provider;

835 (b) For services authorized by the insurer and rendered  
836 during the first 30 days of a federally required grace period  
837 when an insured is a recipient of advance payments of the  
838 federal premium tax credit; or

839 (c) More than 1 year after the date of payment of the  
840 claim.

841 Section 18. Subsection (10) of section 641.3155, Florida  
842 Statutes, is amended to read:

843 641.3155 Prompt payment of claims.—

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

846 (a) At any time, if the health maintenance organization  
847 verified the eligibility of a subscriber who is not a recipient  
848 of advance payments of the federal premium tax credit and the  
849 health maintenance organization issued an authorization for  
850 payment to a provider;

851 (b) For services authorized by the health maintenance  
852 organization and rendered during the first 30 days of a



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853 federally required grace period when a subscriber is a recipient  
854 of advance payments of the federal premium tax credit; or

855 (c) More than 1 year after the date of payment of the  
856 claim.

857 Section 19. Subsection (21) of section 893.02, Florida  
858 Statutes, is amended to read:

859 893.02 Definitions.—The following words and phrases as used  
860 in this chapter shall have the following meanings, unless the  
861 context otherwise requires:

862 (21) "Practitioner" means a physician licensed under  
863 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
864 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
865 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
866 459, an advanced registered nurse practitioner certified under  
867 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
868 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
869 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
870 461, or a physician assistant licensed under chapter 458 or  
871 chapter 459, provided such practitioner holds a valid federal  
872 controlled substance registry number.

873 Section 20. Paragraph (n) of subsection (1) of section  
874 948.03, Florida Statutes, is amended to read:

875 948.03 Terms and conditions of probation.—

876 (1) The court shall determine the terms and conditions of  
877 probation. Conditions specified in this section do not require  
878 oral pronouncement at the time of sentencing and may be  
879 considered standard conditions of probation. These conditions  
880 may include among them the following, that the probationer or  
881 offender in community control shall:



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882 (n) Be prohibited from using intoxicants to excess or  
883 possessing any drugs or narcotics unless prescribed by a  
884 physician, an advanced registered nurse practitioner, or a  
885 physician assistant. The probationer or community controllee may  
886 ~~shall~~ not knowingly visit places where intoxicants, drugs, or  
887 other dangerous substances are unlawfully sold, dispensed, or  
888 used.

889 Section 21. Paragraph (a) of subsection (1) and subsection  
890 (2) of section 458.348, Florida Statutes, are amended to read:

891 458.348 Formal supervisory relationships, standing orders,  
892 and established protocols; notice; standards.-

893 (1) NOTICE.-

894 (a) When a physician enters into a formal supervisory  
895 relationship or standing orders with an emergency medical  
896 technician or paramedic licensed pursuant to s. 401.27, which  
897 relationship or orders contemplate the performance of medical  
898 acts, or when a physician enters into an established protocol  
899 with an advanced registered nurse practitioner, which protocol  
900 contemplates the performance of medical ~~acts identified and~~  
901 ~~approved by the joint committee pursuant to s. 464.003(2) or~~  
902 acts set forth in s. 464.012(3) and (4), the physician shall  
903 submit notice to the board. The notice shall contain a statement  
904 in substantially the following form:

905  
906 I, ...(name and professional license number of  
907 physician)..., of ...(address of physician)... have hereby  
908 entered into a formal supervisory relationship, standing orders,  
909 or an established protocol with ...(number of persons)...  
910 emergency medical technician(s), ...(number of persons)...



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911 paramedic(s), or ...(number of persons)... advanced registered  
912 nurse practitioner(s).

913

914 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
915 joint committee ~~created under s. 464.003(2)~~ shall determine  
916 minimum standards for the content of established protocols  
917 pursuant to which an advanced registered nurse practitioner may  
918 perform medical acts ~~identified and approved by the joint~~  
919 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.  
920 464.012(3) and (4) and shall determine minimum standards for  
921 supervision of such acts by the physician, unless the joint  
922 committee determines that any act set forth in s. 464.012(3) or  
923 (4) is not a medical act. Such standards shall be based on risk  
924 to the patient and acceptable standards of medical care and  
925 shall take into account the special problems of medically  
926 underserved areas. The standards developed by the joint  
927 committee shall be adopted as rules by the Board of Nursing and  
928 the Board of Medicine for purposes of carrying out their  
929 responsibilities pursuant to part I of chapter 464 and this  
930 chapter, respectively, but neither board shall have disciplinary  
931 powers over the licensees of the other board.

932 Section 22. Paragraph (a) of subsection (1) of section  
933 459.025, Florida Statutes, is amended to read:

934 459.025 Formal supervisory relationships, standing orders,  
935 and established protocols; notice; standards.—

936 (1) NOTICE.—

937 (a) When an osteopathic physician enters into a formal  
938 supervisory relationship or standing orders with an emergency  
939 medical technician or paramedic licensed pursuant to s. 401.27,



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940 which relationship or orders contemplate the performance of  
941 medical acts, or when an osteopathic physician enters into an  
942 established protocol with an advanced registered nurse  
943 practitioner, which protocol contemplates the performance of  
944 medical acts ~~identified and approved by the joint committee~~  
945 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and  
946 (4), the osteopathic physician shall submit notice to the board.  
947 The notice must contain a statement in substantially the  
948 following form:

949  
950 I, ...(name and professional license number of osteopathic  
951 physician)..., of ...(address of osteopathic physician)... have  
952 hereby entered into a formal supervisory relationship, standing  
953 orders, or an established protocol with ...(number of  
954 persons)... emergency medical technician(s), ...(number of  
955 persons)... paramedic(s), or ...(number of persons)... advanced  
956 registered nurse practitioner(s).

957 Section 23. Subsection (10) of s. 458.331, paragraph (g) of  
958 subsection (7) of s. 458.347, subsection (10) of s. 459.015,  
959 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)  
960 of subsection (5) of s. 465.0158, Florida Statutes, are  
961 reenacted for the purpose of incorporating the amendment made by  
962 this act to s. 456.072, Florida Statutes, in references thereto.

963 Section 24. Paragraph (mm) of subsection (1) of s. 456.072  
964 and s. 466.02751, Florida Statutes, are reenacted for the  
965 purpose of incorporating the amendment made by this act to s.  
966 456.44, Florida Statutes, in references thereto.

967 Section 25. Section 458.303, paragraph (b) of subsection  
968 (7) of s. 458.3475, paragraph (e) of subsection (4) and



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969 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)  
970 of subsection (7) of s. 459.023, Florida Statutes, are reenacted  
971 for the purpose of incorporating the amendment made by this act  
972 to s. 458.347, Florida Statutes, in references thereto.

973 Section 26. Paragraph (c) of subsection (3) of s. 464.012,  
974 Florida Statutes, is reenacted for the purpose of incorporating  
975 the amendment made by this act to s. 464.003, Florida Statutes,  
976 in a reference thereto.

977 Section 27. Paragraph (a) of subsection (1) of s. 456.041,  
978 subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
979 459.025, Florida Statutes, are reenacted for the purpose of  
980 incorporating the amendment made by this act to s. 464.012,  
981 Florida Statutes, in references thereto.

982 Section 28. Subsection (7) of s. 464.0205, Florida  
983 Statutes, is reenacted for the purpose of incorporating the  
984 amendment made by this act to s. 464.013, Florida Statutes, in a  
985 reference thereto.

986 Section 29. Subsection (11) of s. 320.0848, subsection (2)  
987 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)  
988 of subsection (1), subsection (3), and paragraph (b) of  
989 subsection (4) of s. 464.0205, Florida Statutes, are reenacted  
990 for the purpose of incorporating the amendment made by this act  
991 to s. 464.018, Florida Statutes, in references thereto.

992 Section 30. Section 775.051, Florida Statutes, is reenacted  
993 for the purpose of incorporating the amendment made by this act  
994 to s. 893.02, Florida Statutes, in a reference thereto.

995 Section 31. Paragraph (a) of subsection (3) of s. 944.17,  
996 subsection (8) of s. 948.001, and paragraph (e) of subsection  
997 (1) of s. 948.101, Florida Statutes, are reenacted for the



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998 purpose of incorporating the amendment made by this act to s.  
999 948.03, Florida Statutes, in references thereto.

1000 Section 32. Except as otherwise expressly provided in this  
1001 act, this act shall take effect upon becoming a law.

1002  
1003 ===== T I T L E A M E N D M E N T =====

1004 And the title is amended as follows:

1005 Delete everything before the enacting clause  
1006 and insert:

1007 A bill to be entitled  
1008 An act relating to access to health care services;  
1009 amending s. 110.12315, F.S.; expanding the categories  
1010 of persons who may prescribe brand name drugs under  
1011 the prescription drug program when medically  
1012 necessary; amending ss. 310.071, 310.073, and 310.081,  
1013 F.S.; exempting controlled substances prescribed by an  
1014 advanced registered nurse practitioner or a physician  
1015 assistant from the disqualifications for certification  
1016 or licensure, and for continued certification or  
1017 licensure, as a deputy pilot or state pilot; amending  
1018 s. 456.072, F.S.; applying existing penalties for  
1019 violations relating to the prescribing or dispensing  
1020 of controlled substances by an advanced registered  
1021 nurse practitioner; amending s. 456.44, F.S.; defining  
1022 the term "registrant"; deleting an obsolete date;  
1023 requiring advanced registered nurse practitioners and  
1024 physician assistants who prescribe controlled  
1025 substances for the treatment of certain pain to make a  
1026 certain designation, comply with registration



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1027 requirements, and follow specified standards of  
1028 practice; providing applicability; amending ss.  
1029 458.3265 and 459.0137, F.S.; limiting the authority to  
1030 prescribe a controlled substance in a pain-management  
1031 clinic only to a physician licensed under ch. 458 or  
1032 ch. 459, F.S.; amending s. 458.347, F.S.; revising the  
1033 required continuing education requirements for a  
1034 physician assistant; requiring that a specified  
1035 formulary limit the prescription of certain controlled  
1036 substances by physician assistants as of a specified  
1037 date; amending s. 464.003, F.S.; revising the term  
1038 "advanced or specialized nursing practice"; deleting  
1039 the joint committee established in the definition;  
1040 amending s. 464.012, F.S.; requiring the Board of  
1041 Nursing to establish a committee to recommend a  
1042 formulary of controlled substances that may not be  
1043 prescribed, or may be prescribed only on a limited  
1044 basis, by an advanced registered nurse practitioner;  
1045 specifying the membership of the committee; providing  
1046 parameters for the formulary; requiring that the  
1047 formulary be adopted by board rule; specifying the  
1048 process for amending the formulary and imposing a  
1049 burden of proof; limiting the formulary's application  
1050 in certain instances; requiring the board to adopt the  
1051 committee's initial recommendations by a specified  
1052 date; providing a short title; authorizing an advanced  
1053 registered nurse practitioner to prescribe, dispense,  
1054 administer, or order drugs, including certain  
1055 controlled substances under certain circumstances, as



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1056 of a specified date; amending s. 464.013, F.S.;

1057 revising continuing education requirements for renewal

1058 of a license or certificate; amending s. 464.018,

1059 F.S.; specifying acts that constitute grounds for

1060 denial of a license or for disciplinary action against

1061 an advanced registered nurse practitioner; creating s.

1062 627.42392, F.S.; defining the term "health insurer";

1063 requiring that certain health insurers that do not

1064 already use a certain form use only a prior

1065 authorization form approved by the Financial Services

1066 Commission in consultation with the Agency for Health

1067 Care Administration; requiring the commission in

1068 consultation with the agency to adopt by rule

1069 guidelines for such forms; amending s. 627.6131, F.S.;

1070 prohibiting a health insurer from retroactively

1071 denying a claim under specified circumstances;

1072 amending s. 641.3155, F.S.; prohibiting a health

1073 maintenance organization from retroactively denying a

1074 claim under specified circumstances; amending s.

1075 893.02, F.S.; revising the term "practitioner" to

1076 include advanced registered nurse practitioners and

1077 physician assistants under the Florida Comprehensive

1078 Drug Abuse Prevention and Control Act if a certain

1079 requirement is met; amending s. 948.03, F.S.;

1080 providing that possession of drugs or narcotics

1081 prescribed by an advanced registered nurse

1082 practitioner or a physician assistant does not violate

1083 a prohibition relating to the possession of drugs or

1084 narcotics during probation; amending ss. 458.348 and



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1085 459.025, F.S.; conforming provisions to changes made  
1086 by the act; reenacting ss. 458.331(10), 458.347(7)(g),  
1087 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,  
1088 to incorporate the amendment made to s. 456.072, F.S.,  
1089 in references thereto; reenacting ss. 456.072(1)(mm)  
1090 and 466.02751, F.S., to incorporate the amendment made  
1091 to s. 456.44, F.S., in references thereto; reenacting  
1092 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),  
1093 and 459.023(7)(b), F.S., to incorporate the amendment  
1094 made to s. 458.347, F.S., in references thereto;  
1095 reenacting s. 464.012(3)(c), F.S., to incorporate the  
1096 amendment made to s. 464.003, F.S., in a reference  
1097 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and  
1098 (2), and 459.025(1), F.S., to incorporate the  
1099 amendment made to s. 464.012, F.S., in references  
1100 thereto; reenacting s. 464.0205(7), F.S., to  
1101 incorporate the amendment made to s. 464.013, F.S., in  
1102 a reference thereto; reenacting ss. 320.0848(11),  
1103 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and  
1104 (4)(b), F.S., to incorporate the amendment made to s.  
1105 464.018, F.S., in references thereto; reenacting s.  
1106 775.051, F.S., to incorporate the amendment made to s.  
1107 893.02, F.S., in a reference thereto; reenacting ss.  
1108 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to  
1109 incorporate the amendment made to s. 948.03, F.S., in  
1110 references thereto; providing effective dates.