

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; amending s. 893.02, F.S.;

62 redefining the term "practitioner" to include advanced  
63 registered nurse practitioners and physician  
64 assistants under the Florida Comprehensive Drug Abuse  
65 Prevention and Control Act for the purpose of  
66 prescribing controlled substances if a certain  
67 requirement is met; amending s. 948.03, F.S.;

68 providing that possession of drugs or narcotics  
69 prescribed by an advanced registered nurse  
70 practitioner or a physician assistant does not violate  
71 a prohibition relating to the possession of drugs or  
72 narcotics during probation; amending ss. 458.348 and  
73 459.025, F.S.; conforming provisions to changes made  
74 by the act; reenacting ss. 458.331(10), 458.347(7)(g),  
75 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,  
76 to incorporate the amendment made to s. 456.072, F.S.,  
77 in references thereto; reenacting ss. 456.072(1)(mm)  
78 and 466.02751, F.S., to incorporate the amendment made  
79 to s. 456.44, F.S., in references thereto; reenacting  
80 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),  
81 and 459.023(7)(b), F.S., to incorporate the amendment  
82 made to s. 458.347, F.S., in references thereto;

83 reenacting s. 464.012(3)(c), F.S., to incorporate the  
84 amendment made to s. 464.003, F.S., in a reference  
85 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and  
86 (2), and 459.025(1), F.S., to incorporate the  
87 amendment made to s. 464.012, F.S., in references

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88 thereto; reenacting s. 464.0205(7), F.S., to  
89 incorporate the amendment made to s. 464.013, F.S., in  
90 a reference thereto; reenacting ss. 320.0848(11),  
91 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and  
92 (4)(b), F.S., to incorporate the amendment made to s.  
93 464.018, F.S., in references thereto; reenacting s.  
94 775.051, F.S., to incorporate the amendment made to s.  
95 893.02, F.S., in a reference thereto; reenacting ss.  
96 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to  
97 incorporate the amendment made to s. 948.03, F.S., in  
98 references thereto; providing effective dates.

99

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

101

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

104 110.12315 Prescription drug program.—The state employees'  
105 prescription drug program is established. This program shall be  
106 administered by the Department of Management Services, according  
107 to the terms and conditions of the plan as established by the  
108 relevant provisions of the annual General Appropriations Act and  
109 implementing legislation, subject to the following conditions:

110 (7) The department shall establish the reimbursement  
111 schedule for prescription pharmaceuticals dispensed under the  
112 program. Reimbursement rates for a prescription pharmaceutical  
113 must be based on the cost of the generic equivalent drug if a  
114 generic equivalent exists, unless the physician, advanced  
115 registered nurse practitioner, or physician assistant  
116 prescribing the pharmaceutical clearly states on the

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117 prescription that the brand name drug is medically necessary or  
118 that the drug product is included on the formulary of drug  
119 products that may not be interchanged as provided in chapter  
120 465, in which case reimbursement must be based on the cost of  
121 the brand name drug as specified in the reimbursement schedule  
122 adopted by the department.

123 Section 2. Paragraph (c) of subsection (1) of section  
124 310.071, Florida Statutes, is amended, and subsection (3) of  
125 that section is republished, to read:

126 310.071 Deputy pilot certification.—

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

130 (c) Be in good physical and mental health, as evidenced by  
131 documentary proof of having satisfactorily passed a complete  
132 physical examination administered by a licensed physician within  
133 the preceding 6 months. The board shall adopt rules to establish  
134 requirements for passing the physical examination, which rules  
135 shall establish minimum standards for the physical or mental  
136 capabilities necessary to carry out the professional duties of a  
137 certificated deputy pilot. Such standards shall include zero  
138 tolerance for any controlled substance regulated under chapter  
139 893 unless that individual is under the care of a physician,  
140 advanced registered nurse practitioner, or physician assistant  
141 and that controlled substance was prescribed by that physician,  
142 advanced registered nurse practitioner, or physician assistant.

143 To maintain eligibility as a certificated deputy pilot, each  
144 certificated deputy pilot must annually provide documentary  
145 proof of having satisfactorily passed a complete physical

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146 examination administered by a licensed physician. The physician  
147 must know the minimum standards and certify that the  
148 certificateholder satisfactorily meets the standards. The  
149 standards for certificateholders shall include a drug test.

150 (3) The initial certificate issued to a deputy pilot shall  
151 be valid for a period of 12 months, and at the end of this  
152 period, the certificate shall automatically expire and shall not  
153 be renewed. During this period, the board shall thoroughly  
154 evaluate the deputy pilot's performance for suitability to  
155 continue training and shall make appropriate recommendations to  
156 the department. Upon receipt of a favorable recommendation by  
157 the board, the department shall issue a certificate to the  
158 deputy pilot, which shall be valid for a period of 2 years. The  
159 certificate may be renewed only two times, except in the case of  
160 a fully licensed pilot who is cross-licensed as a deputy pilot  
161 in another port, and provided the deputy pilot meets the  
162 requirements specified for pilots in paragraph (1) (c).

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

165 310.073 State pilot licensing.—In addition to meeting other  
166 requirements specified in this chapter, each applicant for  
167 license as a state pilot must:

168 (3) Be in good physical and mental health, as evidenced by  
169 documentary proof of having satisfactorily passed a complete  
170 physical examination administered by a licensed physician within  
171 the preceding 6 months. The board shall adopt rules to establish  
172 requirements for passing the physical examination, which rules  
173 shall establish minimum standards for the physical or mental  
174 capabilities necessary to carry out the professional duties of a

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175 licensed state pilot. Such standards shall include zero  
176 tolerance for any controlled substance regulated under chapter  
177 893 unless that individual is under the care of a physician,  
178 advanced registered nurse practitioner, or physician assistant  
179 and that controlled substance was prescribed by that physician,  
180 advanced registered nurse practitioner, or physician assistant.  
181 To maintain eligibility as a licensed state pilot, each licensed  
182 state pilot must annually provide documentary proof of having  
183 satisfactorily passed a complete physical examination  
184 administered by a licensed physician. The physician must know  
185 the minimum standards and certify that the licensee  
186 satisfactorily meets the standards. The standards for licensees  
187 shall include a drug test.

188 Section 4. Paragraph (b) of subsection (3) of section  
189 310.081, Florida Statutes, is amended to read:

190 310.081 Department to examine and license state pilots and  
191 certificate deputy pilots; vacancies.-

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

194 (b) Are in good physical and mental health as evidenced by  
195 documentary proof of having satisfactorily passed a physical  
196 examination administered by a licensed physician or physician  
197 assistant within each calendar year. The board shall adopt rules  
198 to establish requirements for passing the physical examination,  
199 which rules shall establish minimum standards for the physical  
200 or mental capabilities necessary to carry out the professional  
201 duties of a licensed state pilot or a certificated deputy pilot.  
202 Such standards shall include zero tolerance for any controlled  
203 substance regulated under chapter 893 unless that individual is

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204 under the care of a physician, advanced registered nurse  
205 practitioner, or physician assistant and that controlled  
206 substance was prescribed by that physician, advanced registered  
207 nurse practitioner, or physician assistant. To maintain  
208 eligibility as a certificated deputy pilot or licensed state  
209 pilot, each certificated deputy pilot or licensed state pilot  
210 must annually provide documentary proof of having satisfactorily  
211 passed a complete physical examination administered by a  
212 licensed physician. The physician must know the minimum  
213 standards and certify that the certificateholder or licensee  
214 satisfactorily meets the standards. The standards for  
215 certificateholders and for licensees shall include a drug test.  
216  
217 Upon resignation or in the case of disability permanently  
218 affecting a pilot's ability to serve, the state license or  
219 certificate issued under this chapter shall be revoked by the  
220 department.

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

222 Section 6. Section 395.1051, Florida Statutes, is amended  
223 to read:

224 395.1051 Duty to notify patients and physicians.-

225 (1) An appropriately trained person designated by each  
226 licensed facility shall inform each patient, or an individual  
227 identified pursuant to s. 765.401(1), in person about adverse  
228 incidents that result in serious harm to the patient.  
229 Notification of outcomes of care which ~~that~~ result in harm to  
230 the patient under this section does ~~shall~~ not constitute an  
231 acknowledgment or admission of liability and may not, ~~nor can it~~  
232 be introduced as evidence.



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233       (2) A hospital shall notify each obstetrical physician who  
234 has privileges at the hospital at least 90 days before the  
235 hospital closes its obstetrical department or ceases to provide  
236 obstetrical services.

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

239       456.072 Grounds for discipline; penalties; enforcement.—

240       (7) Notwithstanding subsection (2), upon a finding that a  
241 physician has prescribed or dispensed a controlled substance, or  
242 caused a controlled substance to be prescribed or dispensed, in  
243 a manner that violates the standard of practice set forth in s.  
244 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
245 or (s), or s. 466.028(1)(p) or (x), or that an advanced  
246 registered nurse practitioner has prescribed or dispensed a  
247 controlled substance, or caused a controlled substance to be  
248 prescribed or dispensed, in a manner that violates the standard  
249 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,  
250 the physician or advanced registered nurse practitioner shall be  
251 suspended for a period of not less than 6 months and pay a fine  
252 of not less than \$10,000 per count. Repeated violations shall  
253 result in increased penalties.

254       Section 8. Section 456.44, Florida Statutes, is amended to  
255 read:

256       456.44 Controlled substance prescribing.—

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

258       (a) "Addiction medicine specialist" means a board-certified  
259 psychiatrist with a subspecialty certification in addiction  
260 medicine or who is eligible for such subspecialty certification  
261 in addiction medicine, an addiction medicine physician certified

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262 or eligible for certification by the American Society of  
263 Addiction Medicine, or an osteopathic physician who holds a  
264 certificate of added qualification in Addiction Medicine through  
265 the American Osteopathic Association.

266 (b) "Adverse incident" means any incident set forth in s.  
267 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

268 (c) "Board-certified pain management physician" means a  
269 physician who possesses board certification in pain medicine by  
270 the American Board of Pain Medicine, board certification by the  
271 American Board of Interventional Pain Physicians, or board  
272 certification or subcertification in pain management or pain  
273 medicine by a specialty board recognized by the American  
274 Association of Physician Specialists or the American Board of  
275 Medical Specialties or an osteopathic physician who holds a  
276 certificate in Pain Management by the American Osteopathic  
277 Association.

278 (d) "Board eligible" means successful completion of an  
279 anesthesia, physical medicine and rehabilitation, rheumatology,  
280 or neurology residency program approved by the Accreditation  
281 Council for Graduate Medical Education or the American  
282 Osteopathic Association for a period of 6 years from successful  
283 completion of such residency program.

284 (e) "Chronic nonmalignant pain" means pain unrelated to  
285 cancer which persists beyond the usual course of disease or the  
286 injury that is the cause of the pain or more than 90 days after  
287 surgery.

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

290 (g) "Registrant" means a physician, physician assistant, or

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291 advanced registered nurse practitioner who meets the  
292 requirements of subsection (2).

293 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician  
294 licensed under chapter 458, chapter 459, chapter 461, or chapter  
295 466, a physician assistant licensed under chapter 458 or chapter  
296 459, or an advanced registered nurse practitioner certified  
297 under part I of chapter 464 who prescribes any controlled  
298 substance, listed in Schedule II, Schedule III, or Schedule IV  
299 as defined in s. 893.03, for the treatment of chronic  
300 nonmalignant pain, must:

301 (a) Designate himself or herself as a controlled substance  
302 prescribing practitioner on his or her ~~the physician's~~  
303 practitioner profile.

304 (b) Comply with the requirements of this section and  
305 applicable board rules.

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

310 (a) A complete medical history and a physical examination  
311 must be conducted before beginning any treatment and must be  
312 documented in the medical record. The exact components of the  
313 physical examination shall be left to the judgment of the  
314 registrant clinician who is expected to perform a physical  
315 examination proportionate to the diagnosis that justifies a  
316 treatment. The medical record must, at a minimum, document the  
317 nature and intensity of the pain, current and past treatments  
318 for pain, underlying or coexisting diseases or conditions, the  
319 effect of the pain on physical and psychological function, a

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320 review of previous medical records, previous diagnostic studies,  
321 and history of alcohol and substance abuse. The medical record  
322 shall also document the presence of one or more recognized  
323 medical indications for the use of a controlled substance. Each  
324 registrant must develop a written plan for assessing each  
325 patient's risk of aberrant drug-related behavior, which may  
326 include patient drug testing. Registrants must assess each  
327 patient's risk for aberrant drug-related behavior and monitor  
328 that risk on an ongoing basis in accordance with the plan.

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

342 (c) The registrant ~~physician~~ shall discuss the risks and  
343 benefits of the use of controlled substances, including the  
344 risks of abuse and addiction, as well as physical dependence and  
345 its consequences, with the patient, persons designated by the  
346 patient, or the patient's surrogate or guardian if the patient  
347 is incompetent. The registrant ~~physician~~ shall use a written  
348 controlled substance agreement between the registrant ~~physician~~

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349 and the patient outlining the patient's responsibilities,  
350 including, but not limited to:

351 1. Number and frequency of controlled substance  
352 prescriptions and refills.

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

355 3. An agreement that controlled substances for the  
356 treatment of chronic nonmalignant pain shall be prescribed by a  
357 single treating registrant ~~physician~~ unless otherwise authorized  
358 by the treating registrant ~~physician~~ and documented in the  
359 medical record.

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

374 (e) The registrant ~~physician~~ shall refer the patient as  
375 necessary for additional evaluation and treatment in order to  
376 achieve treatment objectives. Special attention shall be given  
377 to those patients who are at risk for misusing their medications

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378 and those whose living arrangements pose a risk for medication  
379 misuse or diversion. The management of pain in patients with a  
380 history of substance abuse or with a comorbid psychiatric  
381 disorder requires extra care, monitoring, and documentation and  
382 requires consultation with or referral to an addiction medicine  
383 specialist or psychiatrist.

384 (f) A registrant ~~physician registered under this section~~  
385 must maintain accurate, current, and complete records that are  
386 accessible and readily available for review and comply with the  
387 requirements of this section, the applicable practice act, and  
388 applicable board rules. The medical records must include, but  
389 are not limited to:

- 390 1. The complete medical history and a physical examination,  
391 including history of drug abuse or dependence.
- 392 2. Diagnostic, therapeutic, and laboratory results.
- 393 3. Evaluations and consultations.
- 394 4. Treatment objectives.
- 395 5. Discussion of risks and benefits.
- 396 6. Treatments.
- 397 7. Medications, including date, type, dosage, and quantity  
398 prescribed.
- 399 8. Instructions and agreements.
- 400 9. Periodic reviews.
- 401 10. Results of any drug testing.
- 402 11. A photocopy of the patient's government-issued photo  
403 identification.
- 404 12. If a written prescription for a controlled substance is  
405 given to the patient, a duplicate of the prescription.
- 406 13. The registrant's ~~physician's~~ full name presented in a

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407 legible manner.

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

430  
431 This subsection does not apply to a board-eligible or board-  
432 certified anesthesiologist, physiatrist, rheumatologist, or  
433 neurologist, or to a board-certified physician who has surgical  
434 privileges at a hospital or ambulatory surgery center and  
435 primarily provides surgical services. This subsection does not

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436 apply to a board-eligible or board-certified medical specialist  
437 who has also completed a fellowship in pain medicine approved by  
438 the Accreditation Council for Graduate Medical Education or the  
439 American Osteopathic Association, or who is board eligible or  
440 board certified in pain medicine by the American Board of Pain  
441 Medicine, the American Board of Interventional Pain Physicians,  
442 the American Association of Physician Specialists, or a board  
443 approved by the American Board of Medical Specialties or the  
444 American Osteopathic Association and performs interventional  
445 pain procedures of the type routinely billed using surgical  
446 codes. This subsection does not apply to a registrant, advanced  
447 registered nurse practitioner, or physician assistant who  
448 prescribes medically necessary controlled substances for a  
449 patient during an inpatient stay in a hospital licensed under  
450 chapter 395.

451 Section 9. Paragraph (b) of subsection (2) of section  
452 458.3265, Florida Statutes, is amended to read:

453 458.3265 Pain-management clinics.—

454 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
455 apply to any physician who provides professional services in a  
456 pain-management clinic that is required to be registered in  
457 subsection (1).

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

464 Section 10. Paragraph (b) of subsection (2) of section



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465 459.0137, Florida Statutes, is amended to read:

466 459.0137 Pain-management clinics.—

467 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
468 apply to any osteopathic physician who provides professional  
469 services in a pain-management clinic that is required to be  
470 registered in subsection (1).

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

477 Section 11. Paragraph (e) of subsection (4) of section  
478 458.347, Florida Statutes, is amended, and paragraph (c) of  
479 subsection (9) of that section is republished, to read:

480 458.347 Physician assistants.—

481 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

489 1. A physician assistant must clearly identify to the  
490 patient that he or she is a physician assistant. Furthermore,  
491 the physician assistant must inform the patient that the patient  
492 has the right to see the physician prior to any prescription  
493 being prescribed or dispensed by the physician assistant.

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494           2. The supervisory physician must notify the department of  
495 his or her intent to delegate, on a department-approved form,  
496 before delegating such authority and notify the department of  
497 any change in prescriptive privileges of the physician  
498 assistant. Authority to dispense may be delegated only by a  
499 supervising physician who is registered as a dispensing  
500 practitioner in compliance with s. 465.0276.

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

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

518           5. The prescription must be written in a form that complies  
519 with chapter 499 and must contain, in addition to the  
520 supervisory physician's name, address, and telephone number, the  
521 physician assistant's prescriber number. Unless it is a drug or  
522 drug sample dispensed by the physician assistant, the

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523 prescription must be filled in a pharmacy permitted under  
524 chapter 465 and must be dispensed in that pharmacy by a  
525 pharmacist licensed under chapter 465. The appearance of the  
526 prescriber number creates a presumption that the physician  
527 assistant is authorized to prescribe the medicinal drug and the  
528 prescription is valid.

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

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

533 (c) The council shall:

534 1. Recommend to the department the licensure of physician  
535 assistants.

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

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552 particularity and include any recommendations it may have for  
553 the modification of the proposed rule.

554 3. Make recommendations to the boards regarding all matters  
555 relating to physician assistants.

556 4. Address concerns and problems of practicing physician  
557 assistants in order to improve safety in the clinical practices  
558 of licensed physician assistants.

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

562 458.347 Physician assistants.—

563 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

574 2. In establishing the formulary, the council shall consult  
575 with a pharmacist licensed under chapter 465, but not licensed  
576 under this chapter or chapter 459, who shall be selected by the  
577 State Surgeon General.

578 3. Only the council shall add to, delete from, or modify  
579 the formulary. Any person who requests an addition, deletion, or  
580 modification of a medicinal drug listed on such formulary has

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581 the burden of proof to show cause why such addition, deletion,  
582 or modification should be made.

583 4. The boards shall adopt the formulary required by this  
584 paragraph, and each addition, deletion, or modification to the  
585 formulary, by rule. Notwithstanding any provision of chapter 120  
586 to the contrary, the formulary rule shall be effective 60 days  
587 after the date it is filed with the Secretary of State. Upon  
588 adoption of the formulary, the department shall mail a copy of  
589 such formulary to each fully licensed physician assistant having  
590 prescribing authority under this section or s. 459.022, and to  
591 each pharmacy licensed by the state. The boards shall establish,  
592 by rule, a fee not to exceed \$200 to fund the provisions of this  
593 paragraph and paragraph (e).

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

596 464.003 Definitions.—As used in this part, the term:

597 (2) "Advanced or specialized nursing practice" means, in  
598 addition to the practice of professional nursing, the  
599 performance of advanced-level nursing acts approved by the board  
600 which, by virtue of postbasic specialized education, training,  
601 and experience, are appropriately performed by an advanced  
602 registered nurse practitioner. Within the context of advanced or  
603 specialized nursing practice, the advanced registered nurse  
604 practitioner may perform acts of nursing diagnosis and nursing  
605 treatment of alterations of the health status. The advanced  
606 registered nurse practitioner may also perform acts of medical  
607 diagnosis and treatment, prescription, and operation as  
608 authorized within the framework of an established supervisory  
609 protocol ~~which are identified and approved by a joint committee~~

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610 ~~composed of three members appointed by the Board of Nursing, two~~  
611 ~~of whom must be advanced registered nurse practitioners; three~~  
612 ~~members appointed by the Board of Medicine, two of whom must~~  
613 ~~have had work experience with advanced registered nurse~~  
614 ~~practitioners; and the State Surgeon General or the State~~  
615 ~~Surgeon General's designee. Each committee member appointed by a~~  
616 ~~board shall be appointed to a term of 4 years unless a shorter~~  
617 ~~term is required to establish or maintain staggered terms. The~~  
618 ~~Board of Nursing shall adopt rules authorizing the performance~~  
619 ~~of any such acts approved by the joint committee. Unless~~  
620 ~~otherwise specified by the joint committee, such acts must be~~  
621 ~~performed under the general supervision of a practitioner~~  
622 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~  
623 ~~the framework of standing protocols which identify the medical~~  
624 ~~acts to be performed and the conditions for their performance.~~  
625 The department may, by rule, require that a copy of the protocol  
626 be filed with the department along with the notice required by  
627 s. 458.348.

628 Section 14. Section 464.012, Florida Statutes, is amended  
629 to read:

630 464.012 Certification of advanced registered nurse  
631 practitioners; fees; controlled substance prescribing.-

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

637 (a) Satisfactory completion of a formal postbasic  
638 educational program of at least one academic year, the primary

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639 purpose of which is to prepare nurses for advanced or  
640 specialized practice.

641 (b) Certification by an appropriate specialty board. Such  
642 certification shall be required for initial state certification  
643 and any recertification as a registered nurse anesthetist or  
644 nurse midwife. The board may by rule provide for provisional  
645 state certification of graduate nurse anesthetists and nurse  
646 midwives for a period of time determined to be appropriate for  
647 preparing for and passing the national certification  
648 examination.

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

658 (2) The board shall provide by rule the appropriate  
659 requirements for advanced registered nurse practitioners in the  
660 categories of certified registered nurse anesthetist, certified  
661 nurse midwife, and nurse practitioner.

662 (3) An advanced registered nurse practitioner shall perform  
663 those functions authorized in this section within the framework  
664 of an established protocol that is filed with the board upon  
665 biennial license renewal and within 30 days after entering into  
666 a supervisory relationship with a physician or changes to the  
667 protocol. The board shall review the protocol to ensure

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668 compliance with applicable regulatory standards for protocols.  
669 The board shall refer to the department licensees submitting  
670 protocols that are not compliant with the regulatory standards  
671 for protocols. A practitioner currently licensed under chapter  
672 458, chapter 459, or chapter 466 shall maintain supervision for  
673 directing the specific course of medical treatment. Within the  
674 established framework, an advanced registered nurse practitioner  
675 may:

- 676 (a) Monitor and alter drug therapies.  
677 (b) Initiate appropriate therapies for certain conditions.  
678 (c) Perform additional functions as may be determined by  
679 rule in accordance with s. 464.003(2).  
680 (d) Order diagnostic tests and physical and occupational  
681 therapy.
- 682 (4) In addition to the general functions specified in  
683 subsection (3), an advanced registered nurse practitioner may  
684 perform the following acts within his or her specialty:
- 685 (a) The certified registered nurse anesthetist may, to the  
686 extent authorized by established protocol approved by the  
687 medical staff of the facility in which the anesthetic service is  
688 performed, perform any or all of the following:
- 689 1. Determine the health status of the patient as it relates  
690 to the risk factors and to the anesthetic management of the  
691 patient through the performance of the general functions.
  - 692 2. Based on history, physical assessment, and supplemental  
693 laboratory results, determine, with the consent of the  
694 responsible physician, the appropriate type of anesthesia within  
695 the framework of the protocol.
  - 696 3. Order under the protocol preanesthetic medication.



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

704 5. Order or perform monitoring procedures indicated as  
705 pertinent to the anesthetic health care management of the  
706 patient.

707 6. Support life functions during anesthesia health care,  
708 including induction and intubation procedures, the use of  
709 appropriate mechanical supportive devices, and the management of  
710 fluid, electrolyte, and blood component balances.

711 7. Recognize and take appropriate corrective action for  
712 abnormal patient responses to anesthesia, adjunctive medication,  
713 or other forms of therapy.

714 8. Recognize and treat a cardiac arrhythmia while the  
715 patient is under anesthetic care.

716 9. Participate in management of the patient while in the  
717 postanesthesia recovery area, including ordering the  
718 administration of fluids and drugs.

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

721 (b) The certified nurse midwife may, to the extent  
722 authorized by an established protocol which has been approved by  
723 the medical staff of the health care facility in which the  
724 midwifery services are performed, or approved by the nurse  
725 midwife's physician backup when the delivery is performed in a

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726 patient's home, perform any or all of the following:

- 727 1. Perform superficial minor surgical procedures.
- 728 2. Manage the patient during labor and delivery to include
- 729 amniotomy, episiotomy, and repair.
- 730 3. Order, initiate, and perform appropriate anesthetic
- 731 procedures.
- 732 4. Perform postpartum examination.
- 733 5. Order appropriate medications.
- 734 6. Provide family-planning services and well-woman care.
- 735 7. Manage the medical care of the normal obstetrical
- 736 patient and the initial care of a newborn patient.

737 (c) The nurse practitioner may perform any or all of the

738 following acts within the framework of established protocol:

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

747 (5) The board shall certify, and the department shall issue

748 a certificate to, any nurse meeting the qualifications in this

749 section. The board shall establish an application fee not to

750 exceed \$100 and a biennial renewal fee not to exceed \$50. The

751 board is authorized to adopt such other rules as are necessary

752 to implement the provisions of this section.

753 (6) (a) The board shall establish a committee to recommend a

754 formulary of controlled substances that an advanced registered

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755 nurse practitioner may not prescribe or may prescribe only for  
756 specific uses or in limited quantities. The committee must  
757 consist of three advanced registered nurse practitioners  
758 licensed under this section, recommended by the Board of  
759 Nursing; three physicians licensed under chapter 458 or chapter  
760 459 who have work experience with advanced registered nurse  
761 practitioners, recommended by the Board of Medicine; and a  
762 pharmacist licensed under chapter 465 who holds a Doctor of  
763 Pharmacy degree, recommended by the Board of Pharmacy. The  
764 committee may recommend an evidence-based formulary applicable  
765 to all advanced registered nurse practitioners which is limited  
766 by specialty certification, is limited to approved uses of  
767 controlled substances, or is subject to other similar  
768 restrictions the committee finds are necessary to protect the  
769 health, safety, and welfare of the public. The formulary must  
770 restrict the prescribing of psychiatric mental health controlled  
771 substances for children under 18 years of age to advanced  
772 registered nurse practitioners who also are psychiatric nurses  
773 as defined in s. 394.455. The formulary must also limit the  
774 prescribing of Schedule II controlled substances as defined in  
775 s. 893.03 to a 7-day supply, except that such restriction does  
776 not apply to controlled substances that are psychiatric  
777 medications prescribed by psychiatric nurses as defined in s.  
778 394.455.

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

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

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

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

794       464.012 Certification of advanced registered nurse  
795 practitioners; fees; controlled substance prescribing.—

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

810       (a) Prescribe, dispense, administer, or order any drug;  
811 however, an advanced registered nurse practitioner may only  
812 prescribe or dispense a controlled substance as defined in s.

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813 893.03 if the advanced registered nurse practitioner has  
814 graduated from a program leading to a master's or doctoral  
815 degree in a clinical nursing specialty area with training in  
816 specialized practitioner skills ~~Monitor and alter drug~~  
817 ~~therapies.~~

818 (b) Initiate appropriate therapies for certain conditions.

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

821 (d) Order diagnostic tests and physical and occupational  
822 therapy.

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

825 464.013 Renewal of license or certificate.—

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

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

834 (b) Notwithstanding the exemption in paragraph (a), as part  
835 of the maximum 30 hours of continuing education hours required  
836 under this subsection, advanced registered nurse practitioners  
837 certified under s. 464.012 must complete at least 3 hours of  
838 continuing education on the safe and effective prescription of  
839 controlled substances. Such continuing education courses must be  
840 offered by a statewide professional association of physicians in  
841 this state accredited to provide educational activities

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842 designated for the American Medical Association Physician's  
843 Recognition Award Category 1 Credit, the American Nurses  
844 Credentialing Center, or the American Association of Nurse  
845 Practitioners and may be offered in a distance-learning format.

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

849 464.018 Disciplinary actions.—

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

852 (p) For an advanced registered nurse practitioner:

853 1. Presigning blank prescription forms.

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

856 3. Prescribing, ordering, dispensing, administering,  
857 supplying, selling, or giving a drug that is an amphetamine or a  
858 sympathomimetic amine drug, or a compound designated in s.  
859 893.03(2) as a Schedule II controlled substance, to or for any  
860 person except for:

861 a. The treatment of narcolepsy; hyperkinesis; behavioral  
862 syndrome in children characterized by the developmentally  
863 inappropriate symptoms of moderate to severe distractibility,  
864 short attention span, hyperactivity, emotional lability, and  
865 impulsivity; or drug-induced brain dysfunction.

866 b. The differential diagnostic psychiatric evaluation of  
867 depression or the treatment of depression shown to be refractory  
868 to other therapeutic modalities.

869 c. The clinical investigation of the effects of such drugs  
870 or compounds when an investigative protocol is submitted to,

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871 reviewed by, and approved by the department before such  
872 investigation is begun.

873 4. Prescribing, ordering, dispensing, administering,  
874 supplying, selling, or giving growth hormones, testosterone or  
875 its analogs, human chorionic gonadotropin (HCG), or other  
876 hormones for the purpose of muscle building or to enhance  
877 athletic performance. As used in this subparagraph, the term  
878 "muscle building" does not include the treatment of injured  
879 muscle. A prescription written for the drug products identified  
880 in this subparagraph may be dispensed by a pharmacist with the  
881 presumption that the prescription is for legitimate medical use.

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

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

895 7. Prescribing, dispensing, or administering a medicinal  
896 drug appearing on any schedule set forth in chapter 893 to  
897 himself or herself, except a drug prescribed, dispensed, or  
898 administered to the advanced registered nurse practitioner by  
899 another practitioner authorized to prescribe, dispense, or

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900 administer medicinal drugs.

901 8. Prescribing, ordering, dispensing, administering,  
 902 supplying, selling, or giving amygdalin (laetrile) to any  
 903 person.

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

907 10. Promoting or advertising through any communication  
 908 medium the use, sale, or dispensing of a substance designated in  
 909 s. 893.03 as a controlled substance.

910 (2) The board may enter an order denying licensure or  
 911 imposing any of the penalties in s. 456.072(2) against any  
 912 applicant for licensure or licensee who is found guilty of  
 913 violating any provision of subsection (1) of this section or who  
 914 is found guilty of violating any provision of s. 456.072(1).

915 Section 18. Subsection (21) of section 893.02, Florida  
 916 Statutes, is amended to read:

917 893.02 Definitions.—The following words and phrases as used  
 918 in this chapter shall have the following meanings, unless the  
 919 context otherwise requires:

920 (21) "Practitioner" means a physician licensed under  
 921 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
 922 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
 923 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
 924 459, an advanced registered nurse practitioner certified under  
 925 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
 926 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
 927 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
 928 461, or a physician assistant licensed under chapter 458 or



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929 chapter 459, provided such practitioner holds a valid federal  
930 controlled substance registry number.

931 Section 19. Paragraph (n) of subsection (1) of section  
932 948.03, Florida Statutes, is amended to read:

933 948.03 Terms and conditions of probation.—

934 (1) The court shall determine the terms and conditions of  
935 probation. Conditions specified in this section do not require  
936 oral pronouncement at the time of sentencing and may be  
937 considered standard conditions of probation. These conditions  
938 may include among them the following, that the probationer or  
939 offender in community control shall:

940 (n) Be prohibited from using intoxicants to excess or  
941 possessing any drugs or narcotics unless prescribed by a  
942 physician, advanced registered nurse practitioner, or physician  
943 assistant. The probationer or community controllee may ~~shall~~ not  
944 knowingly visit places where intoxicants, drugs, or other  
945 dangerous substances are unlawfully sold, dispensed, or used.

946 Section 20. Paragraph (a) of subsection (1) and subsection  
947 (2) of section 458.348, Florida Statutes, are amended to read:

948 458.348 Formal supervisory relationships, standing orders,  
949 and established protocols; notice; standards.—

950 (1) NOTICE.—

951 (a) When a physician enters into a formal supervisory  
952 relationship or standing orders with an emergency medical  
953 technician or paramedic licensed pursuant to s. 401.27, which  
954 relationship or orders contemplate the performance of medical  
955 acts, or when a physician enters into an established protocol  
956 with an advanced registered nurse practitioner, which protocol  
957 contemplates the performance of medical ~~acts identified and~~

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958 ~~approved by the joint committee pursuant to s. 464.003(2) or~~  
959 acts set forth in s. 464.012(3) and (4), the physician shall  
960 submit notice to the board. The notice shall contain a statement  
961 in substantially the following form:

962  
963 I, ...(name and professional license number of  
964 physician)..., of ...(address of physician)... have hereby  
965 entered into a formal supervisory relationship, standing orders,  
966 or an established protocol with ...(number of persons)...  
967 emergency medical technician(s), ...(number of persons)...  
968 paramedic(s), or ...(number of persons)... advanced registered  
969 nurse practitioner(s).

970  
971 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
972 joint committee ~~created under s. 464.003(2)~~ shall determine  
973 minimum standards for the content of established protocols  
974 pursuant to which an advanced registered nurse practitioner may  
975 perform medical acts ~~identified and approved by the joint~~  
976 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.  
977 464.012(3) and (4) and shall determine minimum standards for  
978 supervision of such acts by the physician, unless the joint  
979 committee determines that any act set forth in s. 464.012(3) or  
980 (4) is not a medical act. Such standards shall be based on risk  
981 to the patient and acceptable standards of medical care and  
982 shall take into account the special problems of medically  
983 underserved areas. The standards developed by the joint  
984 committee shall be adopted as rules by the Board of Nursing and  
985 the Board of Medicine for purposes of carrying out their  
986 responsibilities pursuant to part I of chapter 464 and this

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987 chapter, respectively, but neither board shall have disciplinary  
988 powers over the licensees of the other board.

989 Section 21. Paragraph (a) of subsection (1) of section  
990 459.025, Florida Statutes, is amended to read:

991 459.025 Formal supervisory relationships, standing orders,  
992 and established protocols; notice; standards.—

993 (1) NOTICE.—

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

1006

1007 I, ...(name and professional license number of osteopathic  
1008 physician)..., of ...(address of osteopathic physician)... have  
1009 hereby entered into a formal supervisory relationship, standing  
1010 orders, or an established protocol with ...(number of  
1011 persons)... emergency medical technician(s), ...(number of  
1012 persons)... paramedic(s), or ...(number of persons)... advanced  
1013 registered nurse practitioner(s).

1014 Section 22. Subsection (10) of s. 458.331, paragraph (g) of  
1015 subsection (7) of s. 458.347, subsection (10) of s. 459.015,

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1016 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)  
1017 of subsection (5) of s. 465.0158, Florida Statutes, are  
1018 reenacted for the purpose of incorporating the amendment made by  
1019 this act to s. 456.072, Florida Statutes, in references thereto.

1020 Section 23. Paragraph (mm) of subsection (1) of s. 456.072  
1021 and s. 466.02751, Florida Statutes, are reenacted for the  
1022 purpose of incorporating the amendment made by this act to s.  
1023 456.44, Florida Statutes, in references thereto.

1024 Section 24. Section 458.303, paragraph (b) of subsection  
1025 (7) of s. 458.3475, paragraph (e) of subsection (4) and  
1026 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)  
1027 of subsection (7) of s. 459.023, Florida Statutes, are reenacted  
1028 for the purpose of incorporating the amendment made by this act  
1029 to s. 458.347, Florida Statutes, in references thereto.

1030 Section 25. Paragraph (c) of subsection (3) of s. 464.012,  
1031 Florida Statutes, is reenacted for the purpose of incorporating  
1032 the amendment made by this act to s. 464.003, Florida Statutes,  
1033 in a reference thereto.

1034 Section 26. Paragraph (a) of subsection (1) of s. 456.041,  
1035 subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
1036 459.025, Florida Statutes, are reenacted for the purpose of  
1037 incorporating the amendment made by this act to s. 464.012,  
1038 Florida Statutes, in references thereto.

1039 Section 27. Subsection (7) of s. 464.0205, Florida  
1040 Statutes, is reenacted for the purpose of incorporating the  
1041 amendment made by this act to s. 464.013, Florida Statutes, in a  
1042 reference thereto.

1043 Section 28. Subsection (11) of s. 320.0848, subsection (2)  
1044 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)

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1045 of subsection (1), subsection (3), and paragraph (b) of  
1046 subsection (4) of s. 464.0205, Florida Statutes, are reenacted  
1047 for the purpose of incorporating the amendment made by this act  
1048 to s. 464.018, Florida Statutes, in references thereto.

1049 Section 29. Section 775.051, Florida Statutes, is reenacted  
1050 for the purpose of incorporating the amendment made by this act  
1051 to s. 893.02, Florida Statutes, in a reference thereto.

1052 Section 30. Paragraph (a) of subsection (3) of s. 944.17,  
1053 subsection (8) of s. 948.001, and paragraph (e) of subsection  
1054 (1) of s. 948.101, Florida Statutes, are reenacted for the  
1055 purpose of incorporating the amendment made by this act to s.  
1056 948.03, Florida Statutes, in references thereto.

1057 Section 31. Except as otherwise expressly provided in this  
1058 act, this act shall take effect upon becoming a law.