

By the Committee on Health Policy; and Senator Grimsley

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1                   A bill to be entitled  
2           An act relating to access to health care services;  
3           amending s. 110.12315, F.S.; expanding the categories  
4           of persons who may prescribe brand name drugs under  
5           the prescription drug program when medically  
6           necessary; amending ss. 310.071, 310.073, and 310.081,  
7           F.S.; exempting controlled substances prescribed by an  
8           advanced registered nurse practitioner or a physician  
9           assistant from the disqualifications for certification  
10          or licensure, and for continued certification or  
11          licensure, as a deputy pilot or state pilot; 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.; defining  
22          the term "registrant"; deleting an obsolete date;  
23          requiring advanced registered nurse practitioners and  
24          physician assistants who prescribe controlled  
25          substances for the treatment of certain pain to make a  
26          certain designation, comply with registration  
27          requirements, and follow specified standards of  
28          practice; providing applicability; amending ss.  
29          458.3265 and 459.0137, F.S.; limiting the authority to  
30          prescribe a controlled substance in a pain-management  
31          clinic only to a physician licensed under ch. 458 or  
32          ch. 459, F.S.; amending s. 458.347, F.S.; revising the

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33 required continuing education requirements for a  
34 physician assistant; requiring that a specified  
35 formulary limit the prescription of certain controlled  
36 substances by physician assistants as of a specified  
37 date; amending s. 464.003, F.S.; revising the term  
38 "advanced or specialized nursing practice"; deleting  
39 the joint committee established in the definition;  
40 amending s. 464.012, F.S.; requiring the Board of  
41 Nursing to establish a committee to recommend a  
42 formulary of controlled substances that may not be  
43 prescribed, or may be prescribed only on a limited  
44 basis, by an advanced registered nurse practitioner;  
45 specifying the membership of the committee; providing  
46 parameters for the formulary; requiring that the  
47 formulary be adopted by board rule; specifying the  
48 process for amending the formulary and imposing a  
49 burden of proof; limiting the formulary's application  
50 in certain instances; requiring the board to adopt the  
51 committee's initial recommendations by a specified  
52 date; authorizing an advanced registered nurse  
53 practitioner to prescribe, dispense, administer, or  
54 order drugs, including certain controlled substances  
55 under certain circumstances, as of a specified date;  
56 amending s. 464.013, F.S.; revising continuing  
57 education requirements for renewal of a license or  
58 certificate; amending s. 464.018, F.S.; specifying  
59 acts that constitute grounds for denial of a license  
60 or for disciplinary action against an advanced  
61 registered nurse practitioner; creating s. 627.42392,

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62 F.S.; defining the term "health insurer"; requiring  
63 that certain health insurers that do not already use a  
64 certain form use only a prior authorization form  
65 approved by the Financial Services Commission;  
66 requiring the commission to adopt by rule guidelines  
67 for such forms; amending s. 627.6131, F.S.;

68 prohibiting a health insurer from retroactively  
69 denying a claim under specified circumstances;  
70 amending s. 641.3155, F.S.; prohibiting a health  
71 maintenance organization from retroactively denying a  
72 claim under specified circumstances; amending s.  
73 893.02, F.S.; revising the term "practitioner" to  
74 include advanced registered nurse practitioners and  
75 physician assistants under the Florida Comprehensive  
76 Drug Abuse Prevention and Control Act if a certain  
77 requirement is met; amending s. 948.03, F.S.;

78 providing that possession of drugs or narcotics  
79 prescribed by an advanced registered nurse  
80 practitioner or a physician assistant does not violate  
81 a prohibition relating to the possession of drugs or  
82 narcotics during probation; amending ss. 458.348 and  
83 459.025, F.S.; conforming provisions to changes made  
84 by the act; reenacting ss. 458.331(10), 458.347(7)(g),  
85 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,  
86 to incorporate the amendment made to s. 456.072, F.S.,  
87 in references thereto; reenacting ss. 456.072(1)(mm)  
88 and 466.02751, F.S., to incorporate the amendment made  
89 to s. 456.44, F.S., in references thereto; reenacting  
90 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),

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91 and 459.023(7) (b), F.S., to incorporate the amendment  
92 made to s. 458.347, F.S., in references thereto;  
93 reenacting s. 464.012(3) (c), F.S., to incorporate the  
94 amendment made to s. 464.003, F.S., in a reference  
95 thereto; reenacting ss. 456.041(1) (a), 458.348(1) and  
96 (2), and 459.025(1), F.S., to incorporate the  
97 amendment made to s. 464.012, F.S., in references  
98 thereto; reenacting s. 464.0205(7), F.S., to  
99 incorporate the amendment made to s. 464.013, F.S., in  
100 a reference thereto; reenacting ss. 320.0848(11),  
101 464.008(2), 464.009(5), and 464.0205(1) (b), (3), and  
102 (4) (b), F.S., to incorporate the amendment made to s.  
103 464.018, F.S., in references thereto; reenacting s.  
104 775.051, F.S., to incorporate the amendment made to s.  
105 893.02, F.S., in a reference thereto; reenacting ss.  
106 944.17(3) (a), 948.001(8), and 948.101(1) (e), F.S., to  
107 incorporate the amendment made to s. 948.03, F.S., in  
108 references thereto; providing effective dates.

109  
110 Be It Enacted by the Legislature of the State of Florida:

111  
112 Section 1. Subsection (7) of section 110.12315, Florida  
113 Statutes, is amended to read:

114 110.12315 Prescription drug program.—The state employees'  
115 prescription drug program is established. This program shall be  
116 administered by the Department of Management Services, according  
117 to the terms and conditions of the plan as established by the  
118 relevant provisions of the annual General Appropriations Act and  
119 implementing legislation, subject to the following conditions:

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120 (7) The department shall establish the reimbursement  
121 schedule for prescription pharmaceuticals dispensed under the  
122 program. Reimbursement rates for a prescription pharmaceutical  
123 must be based on the cost of the generic equivalent drug if a  
124 generic equivalent exists, unless the physician, advanced  
125 registered nurse practitioner, or physician assistant  
126 prescribing the pharmaceutical clearly states on the  
127 prescription that the brand name drug is medically necessary or  
128 that the drug product is included on the formulary of drug  
129 products that may not be interchanged as provided in chapter  
130 465, in which case reimbursement must be based on the cost of  
131 the brand name drug as specified in the reimbursement schedule  
132 adopted by the department.

133 Section 2. Paragraph (c) of subsection (1) of section  
134 310.071, Florida Statutes, is amended, and subsection (3) of  
135 that section is republished, to read:

136 310.071 Deputy pilot certification.—

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

140 (c) Be in good physical and mental health, as evidenced by  
141 documentary proof of having satisfactorily passed a complete  
142 physical examination administered by a licensed physician within  
143 the preceding 6 months. The board shall adopt rules to establish  
144 requirements for passing the physical examination, which rules  
145 shall establish minimum standards for the physical or mental  
146 capabilities necessary to carry out the professional duties of a  
147 certificated deputy pilot. Such standards shall include zero  
148 tolerance for any controlled substance regulated under chapter

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149 893 unless that individual is under the care of a physician, an  
150 advanced registered nurse practitioner, or a physician assistant  
151 and that controlled substance was prescribed by that physician,  
152 advanced registered nurse practitioner, or physician assistant.

153 To maintain eligibility as a certificated deputy pilot, each  
154 certificated deputy pilot must annually provide documentary  
155 proof of having satisfactorily passed a complete physical  
156 examination administered by a licensed physician. The physician  
157 must know the minimum standards and certify that the  
158 certificateholder satisfactorily meets the standards. The  
159 standards for certificateholders shall include a drug test.

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

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

175 310.073 State pilot licensing.—In addition to meeting other  
176 requirements specified in this chapter, each applicant for  
177 license as a state pilot must:

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178 (3) Be in good physical and mental health, as evidenced by  
179 documentary proof of having satisfactorily passed a complete  
180 physical examination administered by a licensed physician within  
181 the preceding 6 months. The board shall adopt rules to establish  
182 requirements for passing the physical examination, which rules  
183 shall establish minimum standards for the physical or mental  
184 capabilities necessary to carry out the professional duties of a  
185 licensed state pilot. Such standards shall include zero  
186 tolerance for any controlled substance regulated under chapter  
187 893 unless that individual is under the care of a physician, an  
188 advanced registered nurse practitioner, or a physician assistant  
189 and that controlled substance was prescribed by that physician,   
190 advanced registered nurse practitioner, or physician assistant.  
191 To maintain eligibility as a licensed state pilot, each licensed  
192 state pilot must annually provide documentary proof of having  
193 satisfactorily passed a complete physical examination  
194 administered by a licensed physician. The physician must know  
195 the minimum standards and certify that the licensee  
196 satisfactorily meets the standards. The standards for licensees  
197 shall include a drug test.

198 Section 4. Paragraph (b) of subsection (3) of section  
199 310.081, Florida Statutes, is amended to read:

200 310.081 Department to examine and license state pilots and  
201 certificate deputy pilots; vacancies.—

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

204 (b) Are in good physical and mental health as evidenced by  
205 documentary proof of having satisfactorily passed a physical  
206 examination administered by a licensed physician or physician

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

226

227 Upon resignation or in the case of disability permanently  
228 affecting a pilot's ability to serve, the state license or  
229 certificate issued under this chapter shall be revoked by the  
230 department.

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

232 Section 6. Section 395.1051, Florida Statutes, is amended  
233 to read:

234 395.1051 Duty to notify patients and physicians.-

235 (1) An appropriately trained person designated by each



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236 licensed facility shall inform each patient, or an individual  
237 identified pursuant to s. 765.401(1), in person about adverse  
238 incidents that result in serious harm to the patient.

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

243 (2) A hospital shall notify each obstetrical physician who  
244 has privileges at the hospital at least 90 days before the  
245 hospital closes its obstetrical department or ceases to provide  
246 obstetrical services.

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

249 456.072 Grounds for discipline; penalties; enforcement.—

250 (7) Notwithstanding subsection (2), upon a finding that a  
251 physician has prescribed or dispensed a controlled substance, or  
252 caused a controlled substance to be prescribed or dispensed, in  
253 a manner that violates the standard of practice set forth in s.  
254 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
255 or (s), or s. 466.028(1)(p) or (x), or that an advanced  
256 registered nurse practitioner has prescribed or dispensed a  
257 controlled substance, or caused a controlled substance to be  
258 prescribed or dispensed, in a manner that violates the standard  
259 of practice set forth in s. 464.018(1)(n) or (p)6., the  
260 physician or advanced registered nurse practitioner shall be  
261 suspended for a period of not less than 6 months and pay a fine  
262 of not less than \$10,000 per count. Repeated violations shall  
263 result in increased penalties.

264 Section 8. Section 456.44, Florida Statutes, is amended to

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265 read:

266 456.44 Controlled substance prescribing.—

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

268 (a) "Addiction medicine specialist" means a board-certified  
269 psychiatrist with a subspecialty certification in addiction  
270 medicine or who is eligible for such subspecialty certification  
271 in addiction medicine, an addiction medicine physician certified  
272 or eligible for certification by the American Society of  
273 Addiction Medicine, or an osteopathic physician who holds a  
274 certificate of added qualification in Addiction Medicine through  
275 the American Osteopathic Association.

276 (b) "Adverse incident" means any incident set forth in s.  
277 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

278 (c) "Board-certified pain management physician" means a  
279 physician who possesses board certification in pain medicine by  
280 the American Board of Pain Medicine, board certification by the  
281 American Board of Interventional Pain Physicians, or board  
282 certification or subcertification in pain management or pain  
283 medicine by a specialty board recognized by the American  
284 Association of Physician Specialists or the American Board of  
285 Medical Specialties or an osteopathic physician who holds a  
286 certificate in Pain Management by the American Osteopathic  
287 Association.

288 (d) "Board eligible" means successful completion of an  
289 anesthesia, physical medicine and rehabilitation, rheumatology,  
290 or neurology residency program approved by the Accreditation  
291 Council for Graduate Medical Education or the American  
292 Osteopathic Association for a period of 6 years from successful  
293 completion of such residency program.

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294 (e) "Chronic nonmalignant pain" means pain unrelated to  
295 cancer which persists beyond the usual course of disease or the  
296 injury that is the cause of the pain or more than 90 days after  
297 surgery.

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

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

303 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician  
304 licensed under chapter 458, chapter 459, chapter 461, or chapter  
305 466, a physician assistant licensed under chapter 458 or chapter  
306 459, or an advanced registered nurse practitioner certified  
307 under part I of chapter 464 who prescribes any controlled  
308 substance, listed in Schedule II, Schedule III, or Schedule IV  
309 as defined in s. 893.03, for the treatment of chronic  
310 nonmalignant pain, must:

311 (a) Designate himself or herself as a controlled substance  
312 prescribing practitioner on his or her ~~the physician's~~  
313 practitioner profile.

314 (b) Comply with the requirements of this section and  
315 applicable board rules.

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

320 (a) A complete medical history and a physical examination  
321 must be conducted before beginning any treatment and must be  
322 documented in the medical record. The exact components of the

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323 physical examination shall be left to the judgment of the  
324 registrant ~~clinician~~ who is expected to perform a physical  
325 examination proportionate to the diagnosis that justifies a  
326 treatment. The medical record must, at a minimum, document the  
327 nature and intensity of the pain, current and past treatments  
328 for pain, underlying or coexisting diseases or conditions, the  
329 effect of the pain on physical and psychological function, a  
330 review of previous medical records, previous diagnostic studies,  
331 and history of alcohol and substance abuse. The medical record  
332 shall also document the presence of one or more recognized  
333 medical indications for the use of a controlled substance. Each  
334 registrant must develop a written plan for assessing each  
335 patient's risk of aberrant drug-related behavior, which may  
336 include patient drug testing. Registrants must assess each  
337 patient's risk for aberrant drug-related behavior and monitor  
338 that risk on an ongoing basis in accordance with the plan.

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

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352 (c) The registrant ~~physician~~ shall discuss the risks and  
353 benefits of the use of controlled substances, including the  
354 risks of abuse and addiction, as well as physical dependence and  
355 its consequences, with the patient, persons designated by the  
356 patient, or the patient's surrogate or guardian if the patient  
357 is incompetent. The registrant ~~physician~~ shall use a written  
358 controlled substance agreement between the registrant ~~physician~~  
359 and the patient outlining the patient's responsibilities,  
360 including, but not limited to:

361 1. Number and frequency of controlled substance  
362 prescriptions and refills.

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

365 3. An agreement that controlled substances for the  
366 treatment of chronic nonmalignant pain shall be prescribed by a  
367 single treating registrant ~~physician~~ unless otherwise authorized  
368 by the treating registrant ~~physician~~ and documented in the  
369 medical record.

370 (d) The patient shall be seen by the registrant ~~physician~~  
371 at regular intervals, not to exceed 3 months, to assess the  
372 efficacy of treatment, ensure that controlled substance therapy  
373 remains indicated, evaluate the patient's progress toward  
374 treatment objectives, consider adverse drug effects, and review  
375 the etiology of the pain. Continuation or modification of  
376 therapy shall depend on the registrant's ~~physician's~~ evaluation  
377 of the patient's progress. If treatment goals are not being  
378 achieved, despite medication adjustments, the registrant  
379 ~~physician~~ shall reevaluate the appropriateness of continued  
380 treatment. The registrant ~~physician~~ shall monitor patient

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381 compliance in medication usage, related treatment plans,  
382 controlled substance agreements, and indications of substance  
383 abuse or diversion at a minimum of 3-month intervals.

384 (e) The registrant ~~physician~~ shall refer the patient as  
385 necessary for additional evaluation and treatment in order to  
386 achieve treatment objectives. Special attention shall be given  
387 to those patients who are at risk for misusing their medications  
388 and those whose living arrangements pose a risk for medication  
389 misuse or diversion. The management of pain in patients with a  
390 history of substance abuse or with a comorbid psychiatric  
391 disorder requires extra care, monitoring, and documentation and  
392 requires consultation with or referral to an addiction medicine  
393 specialist or a psychiatrist.

394 (f) A registrant ~~physician registered under this section~~  
395 must maintain accurate, current, and complete records that are  
396 accessible and readily available for review and comply with the  
397 requirements of this section, the applicable practice act, and  
398 applicable board rules. The medical records must include, but  
399 are not limited to:

- 400 1. The complete medical history and a physical examination,  
401 including history of drug abuse or dependence.
- 402 2. Diagnostic, therapeutic, and laboratory results.
- 403 3. Evaluations and consultations.
- 404 4. Treatment objectives.
- 405 5. Discussion of risks and benefits.
- 406 6. Treatments.
- 407 7. Medications, including date, type, dosage, and quantity  
408 prescribed.
- 409 8. Instructions and agreements.

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410 9. Periodic reviews.

411 10. Results of any drug testing.

412 11. A photocopy of the patient's government-issued photo  
413 identification.

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

416 13. The registrant's ~~physician's~~ full name presented in a  
417 legible manner.

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

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439 the patient's medical record.

440

441 This subsection does not apply to a board-eligible or board-  
442 certified anesthesiologist, physiatrist, rheumatologist, or  
443 neurologist, or to a board-certified physician who has surgical  
444 privileges at a hospital or ambulatory surgery center and  
445 primarily provides surgical services. This subsection does not  
446 apply to a board-eligible or board-certified medical specialist  
447 who has also completed a fellowship in pain medicine approved by  
448 the Accreditation Council for Graduate Medical Education or the  
449 American Osteopathic Association, or who is board eligible or  
450 board certified in pain medicine by the American Board of Pain  
451 Medicine, the American Board of Interventional Pain Physicians,  
452 the American Association of Physician Specialists, or a board  
453 approved by the American Board of Medical Specialties or the  
454 American Osteopathic Association and performs interventional  
455 pain procedures of the type routinely billed using surgical  
456 codes. This subsection does not apply to a registrant physician  
457 who prescribes medically necessary controlled substances for a  
458 patient during an inpatient stay in a hospital licensed under  
459 chapter 395.

460 Section 9. Paragraph (b) of subsection (2) of section  
461 458.3265, Florida Statutes, is amended to read:

462 458.3265 Pain-management clinics.—

463 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
464 apply to any physician who provides professional services in a  
465 pain-management clinic that is required to be registered in  
466 subsection (1).

467 (b) Only ~~a person may not dispense any medication on the~~



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468 ~~premises of a registered pain-management clinic unless he or she~~  
469 ~~is~~ a physician licensed under this chapter or chapter 459 may  
470 dispense medication or prescribe a controlled substance  
471 regulated under chapter 893 on the premises of a registered  
472 pain-management clinic.

473 Section 10. Paragraph (b) of subsection (2) of section  
474 459.0137, Florida Statutes, is amended to read:

475 459.0137 Pain-management clinics.—

476 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
477 apply to any osteopathic physician who provides professional  
478 services in a pain-management clinic that is required to be  
479 registered in subsection (1).

480 (b) ~~Only a person may not dispense any medication on the~~  
481 ~~premises of a registered pain-management clinic unless he or she~~  
482 ~~is~~ a physician licensed under this chapter or chapter 458 may  
483 dispense medication or prescribe a controlled substance  
484 regulated under chapter 893 on the premises of a registered  
485 pain-management clinic.

486 Section 11. Paragraph (e) of subsection (4) of section  
487 458.347, Florida Statutes, is amended, and paragraph (c) of  
488 subsection (9) of that section is republished, to read:

489 458.347 Physician assistants.—

490 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

491 (e) A supervisory physician may delegate to a fully  
492 licensed physician assistant the authority to prescribe or  
493 dispense any medication used in the supervisory physician's  
494 practice unless such medication is listed on the formulary  
495 created pursuant to paragraph (f). A fully licensed physician  
496 assistant may only prescribe or dispense such medication under

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497 the following circumstances:

498 1. A physician assistant must clearly identify to the  
499 patient that he or she is a physician assistant. Furthermore,  
500 the physician assistant must inform the patient that the patient  
501 has the right to see the physician prior to any prescription  
502 being prescribed or dispensed by the physician assistant.

503 2. The supervisory physician must notify the department of  
504 his or her intent to delegate, on a department-approved form,  
505 before delegating such authority and notify the department of  
506 any change in prescriptive privileges of the physician  
507 assistant. Authority to dispense may be delegated only by a  
508 supervising physician who is registered as a dispensing  
509 practitioner in compliance with s. 465.0276.

510 3. The physician assistant must file with the department a  
511 signed affidavit that he or she has completed a minimum of 10  
512 continuing medical education hours in the specialty practice in  
513 which the physician assistant has prescriptive privileges with  
514 each licensure renewal application. Three of the 10 hours must  
515 consist of a continuing education course on the safe and  
516 effective prescribing of controlled substance medications which  
517 is offered by a statewide professional association of physicians  
518 in this state accredited to provide educational activities  
519 designated for the American Medical Association Physician's  
520 Recognition Award Category 1 credit or designated by the  
521 American Academy of Physician Assistants as a Category 1 credit.

522 4. The department may issue a prescriber number to the  
523 physician assistant granting authority for the prescribing of  
524 medicinal drugs authorized within this paragraph upon completion  
525 of the foregoing requirements. The physician assistant shall not

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526 be required to independently register pursuant to s. 465.0276.

527 5. The prescription must be written in a form that complies  
528 with chapter 499 and must contain, in addition to the  
529 supervisory physician's name, address, and telephone number, the  
530 physician assistant's prescriber number. Unless it is a drug or  
531 drug sample dispensed by the physician assistant, the  
532 prescription must be filled in a pharmacy permitted under  
533 chapter 465 and must be dispensed in that pharmacy by a  
534 pharmacist licensed under chapter 465. The appearance of the  
535 prescriber number creates a presumption that the physician  
536 assistant is authorized to prescribe the medicinal drug and the  
537 prescription is valid.

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

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

542 (c) The council shall:

543 1. Recommend to the department the licensure of physician  
544 assistants.

545 2. Develop all rules regulating the use of physician  
546 assistants by physicians under this chapter and chapter 459,  
547 except for rules relating to the formulary developed under  
548 paragraph (4) (f). The council shall also develop rules to ensure  
549 that the continuity of supervision is maintained in each  
550 practice setting. The boards shall consider adopting a proposed  
551 rule developed by the council at the regularly scheduled meeting  
552 immediately following the submission of the proposed rule by the  
553 council. A proposed rule submitted by the council may not be  
554 adopted by either board unless both boards have accepted and

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555 approved the identical language contained in the proposed rule.  
556 The language of all proposed rules submitted by the council must  
557 be approved by both boards pursuant to each respective board's  
558 guidelines and standards regarding the adoption of proposed  
559 rules. If either board rejects the council's proposed rule, that  
560 board must specify its objection to the council with  
561 particularity and include any recommendations it may have for  
562 the modification of the proposed rule.

563 3. Make recommendations to the boards regarding all matters  
564 relating to physician assistants.

565 4. Address concerns and problems of practicing physician  
566 assistants in order to improve safety in the clinical practices  
567 of licensed physician assistants.

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

571 458.347 Physician assistants.—

572 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

573 (f)1. The council shall establish a formulary of medicinal  
574 drugs that a fully licensed physician assistant having  
575 prescribing authority under this section or s. 459.022 may not  
576 prescribe. The formulary must include ~~controlled substances as~~  
577 ~~defined in chapter 893,~~ general anesthetics, and radiographic  
578 contrast materials, and must limit the prescription of Schedule  
579 II controlled substances as listed in s. 893.03 to a 7-day  
580 supply. The formulary must also restrict the prescribing of  
581 psychiatric mental health controlled substances for children  
582 younger than 18 years of age.

583 2. In establishing the formulary, the council shall consult

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584 with a pharmacist licensed under chapter 465, but not licensed  
585 under this chapter or chapter 459, who shall be selected by the  
586 State Surgeon General.

587 3. Only the council shall add to, delete from, or modify  
588 the formulary. Any person who requests an addition, a deletion,  
589 or a modification of a medicinal drug listed on such formulary  
590 has the burden of proof to show cause why such addition,  
591 deletion, or modification should be made.

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

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

605 464.003 Definitions.—As used in this part, the term:

606 (2) "Advanced or specialized nursing practice" means, in  
607 addition to the practice of professional nursing, the  
608 performance of advanced-level nursing acts approved by the board  
609 which, by virtue of postbasic specialized education, training,  
610 and experience, are appropriately performed by an advanced  
611 registered nurse practitioner. Within the context of advanced or  
612 specialized nursing practice, the advanced registered nurse

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613 practitioner may perform acts of nursing diagnosis and nursing  
614 treatment of alterations of the health status. The advanced  
615 registered nurse practitioner may also perform acts of medical  
616 diagnosis and treatment, prescription, and operation as  
617 authorized within the framework of an established supervisory  
618 protocol ~~which are identified and approved by a joint committee~~  
619 ~~composed of three members appointed by the Board of Nursing, two~~  
620 ~~of whom must be advanced registered nurse practitioners; three~~  
621 ~~members appointed by the Board of Medicine, two of whom must~~  
622 ~~have had work experience with advanced registered nurse~~  
623 ~~practitioners; and the State Surgeon General or the State~~  
624 ~~Surgeon General's designee. Each committee member appointed by a~~  
625 ~~board shall be appointed to a term of 4 years unless a shorter~~  
626 ~~term is required to establish or maintain staggered terms. The~~  
627 ~~Board of Nursing shall adopt rules authorizing the performance~~  
628 ~~of any such acts approved by the joint committee. Unless~~  
629 ~~otherwise specified by the joint committee, such acts must be~~  
630 ~~performed under the general supervision of a practitioner~~  
631 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~  
632 ~~the framework of standing protocols which identify the medical~~  
633 ~~acts to be performed and the conditions for their performance.~~  
634 The department may, by rule, require that a copy of the protocol  
635 be filed with the department along with the notice required by  
636 s. 458.348.

637 Section 14. Section 464.012, Florida Statutes, is amended  
638 to read:

639 464.012 Certification of advanced registered nurse  
640 practitioners; fees; controlled substance prescribing.—

641 (1) Any nurse desiring to be certified as an advanced

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642 registered nurse practitioner shall apply to the department and  
643 submit proof that he or she holds a current license to practice  
644 professional nursing and that he or she meets one or more of the  
645 following requirements as determined by the board:

646 (a) Satisfactory completion of a formal postbasic  
647 educational program of at least one academic year, the primary  
648 purpose of which is to prepare nurses for advanced or  
649 specialized practice.

650 (b) Certification by an appropriate specialty board. Such  
651 certification shall be required for initial state certification  
652 and any recertification as a registered nurse anesthetist or  
653 nurse midwife. The board may by rule provide for provisional  
654 state certification of graduate nurse anesthetists and nurse  
655 midwives for a period of time determined to be appropriate for  
656 preparing for and passing the national certification  
657 examination.

658 (c) Graduation from a program leading to a master's degree  
659 in a nursing clinical specialty area with preparation in  
660 specialized practitioner skills. For applicants graduating on or  
661 after October 1, 1998, graduation from a master's degree program  
662 shall be required for initial certification as a nurse  
663 practitioner under paragraph (4) (c). For applicants graduating  
664 on or after October 1, 2001, graduation from a master's degree  
665 program shall be required for initial certification as a  
666 registered nurse anesthetist under paragraph (4) (a).

667 (2) The board shall provide by rule the appropriate  
668 requirements for advanced registered nurse practitioners in the  
669 categories of certified registered nurse anesthetist, certified  
670 nurse midwife, and nurse practitioner.

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671 (3) An advanced registered nurse practitioner shall perform  
672 those functions authorized in this section within the framework  
673 of an established protocol that is filed with the board upon  
674 biennial license renewal and within 30 days after entering into  
675 a supervisory relationship with a physician or changes to the  
676 protocol. The board shall review the protocol to ensure  
677 compliance with applicable regulatory standards for protocols.  
678 The board shall refer to the department licensees submitting  
679 protocols that are not compliant with the regulatory standards  
680 for protocols. A practitioner currently licensed under chapter  
681 458, chapter 459, or chapter 466 shall maintain supervision for  
682 directing the specific course of medical treatment. Within the  
683 established framework, an advanced registered nurse practitioner  
684 may:

- 685 (a) Monitor and alter drug therapies.  
686 (b) Initiate appropriate therapies for certain conditions.  
687 (c) Perform additional functions as may be determined by  
688 rule in accordance with s. 464.003(2).  
689 (d) Order diagnostic tests and physical and occupational  
690 therapy.

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

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

- 698 1. Determine the health status of the patient as it relates  
699 to the risk factors and to the anesthetic management of the



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700 patient through the performance of the general functions.

701 2. Based on history, physical assessment, and supplemental  
702 laboratory results, determine, with the consent of the  
703 responsible physician, the appropriate type of anesthesia within  
704 the framework of the protocol.

705 3. Order under the protocol preanesthetic medication.

706 4. Perform under the protocol procedures commonly used to  
707 render the patient insensible to pain during the performance of  
708 surgical, obstetrical, therapeutic, or diagnostic clinical  
709 procedures. These procedures include ordering and administering  
710 regional, spinal, and general anesthesia; inhalation agents and  
711 techniques; intravenous agents and techniques; and techniques of  
712 hypnosis.

713 5. Order or perform monitoring procedures indicated as  
714 pertinent to the anesthetic health care management of the  
715 patient.

716 6. Support life functions during anesthesia health care,  
717 including induction and intubation procedures, the use of  
718 appropriate mechanical supportive devices, and the management of  
719 fluid, electrolyte, and blood component balances.

720 7. Recognize and take appropriate corrective action for  
721 abnormal patient responses to anesthesia, adjunctive medication,  
722 or other forms of therapy.

723 8. Recognize and treat a cardiac arrhythmia while the  
724 patient is under anesthetic care.

725 9. Participate in management of the patient while in the  
726 postanesthesia recovery area, including ordering the  
727 administration of fluids and drugs.

728 10. Place special peripheral and central venous and

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729 arterial lines for blood sampling and monitoring as appropriate.

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

- 736 1. Perform superficial minor surgical procedures.
- 737 2. Manage the patient during labor and delivery to include  
738 amniotomy, episiotomy, and repair.
- 739 3. Order, initiate, and perform appropriate anesthetic  
740 procedures.
- 741 4. Perform postpartum examination.
- 742 5. Order appropriate medications.
- 743 6. Provide family-planning services and well-woman care.
- 744 7. Manage the medical care of the normal obstetrical  
745 patient and the initial care of a newborn patient.

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

- 748 1. Manage selected medical problems.
- 749 2. Order physical and occupational therapy.
- 750 3. Initiate, monitor, or alter therapies for certain  
751 uncomplicated acute illnesses.
- 752 4. Monitor and manage patients with stable chronic  
753 diseases.
- 754 5. Establish behavioral problems and diagnosis and make  
755 treatment recommendations.

756 (5) The board shall certify, and the department shall issue  
757 a certificate to, any nurse meeting the qualifications in this

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758 section. The board shall establish an application fee not to  
759 exceed \$100 and a biennial renewal fee not to exceed \$50. The  
760 board is authorized to adopt such other rules as are necessary  
761 to implement the provisions of this section.

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

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787       (b) The board shall adopt by rule the recommended formulary  
788 and any revision to the formulary which it finds is supported by  
789 evidence-based clinical findings presented by the Board of  
790 Medicine, the Board of Osteopathic Medicine, or the Board of  
791 Dentistry.

792       (c) The formulary required under this subsection does not  
793 apply to a controlled substance that is dispensed for  
794 administration pursuant to an order, including an order for  
795 medication authorized by subparagraph (4) (a)3., subparagraph  
796 (4) (a)4., or subparagraph (4) (a)9.

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

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

802       464.012 Certification of advanced registered nurse  
803 practitioners; fees; controlled substance prescribing.-

804       (3) An advanced registered nurse practitioner shall perform  
805 those functions authorized in this section within the framework  
806 of an established protocol that is filed with the board upon  
807 biennial license renewal and within 30 days after entering into  
808 a supervisory relationship with a physician or changes to the  
809 protocol. The board shall review the protocol to ensure  
810 compliance with applicable regulatory standards for protocols.  
811 The board shall refer to the department licensees submitting  
812 protocols that are not compliant with the regulatory standards  
813 for protocols. A practitioner currently licensed under chapter  
814 458, chapter 459, or chapter 466 shall maintain supervision for  
815 directing the specific course of medical treatment. Within the

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816 established framework, an advanced registered nurse practitioner  
817 may:

818 (a) Prescribe, dispense, administer, or order any drug;  
819 however, an advanced registered nurse practitioner may prescribe  
820 or dispense a controlled substance as defined in s. 893.03 only  
821 if the advanced registered nurse practitioner has graduated from  
822 a program leading to a master's or doctoral degree in a clinical  
823 nursing specialty area with training in specialized practitioner  
824 skills ~~Monitor and alter drug therapies.~~

825 (b) Initiate appropriate therapies for certain conditions.

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

828 (d) Order diagnostic tests and physical and occupational  
829 therapy.

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

832 464.013 Renewal of license or certificate.-

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

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

841 (b) Notwithstanding the exemption in paragraph (a), as part  
842 of the maximum 30 hours of continuing education hours required  
843 under this subsection, advanced registered nurse practitioners  
844 certified under s. 464.012 must complete at least 3 hours of

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845 continuing education on the safe and effective prescription of  
846 controlled substances. Such continuing education courses must be  
847 offered by a statewide professional association of physicians in  
848 this state accredited to provide educational activities  
849 designated for the American Medical Association Physician's  
850 Recognition Award Category 1 credit, the American Nurses  
851 Credentialing Center, the American Association of Nurse  
852 Anesthetists, or the American Association of Nurse Practitioners  
853 and may be offered in a distance learning format.

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

857 464.018 Disciplinary actions.—

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

860 (p) For an advanced registered nurse practitioner:

861 1. Presigning blank prescription forms.

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

864 3. Prescribing, ordering, dispensing, administering,  
865 supplying, selling, or giving a drug that is an amphetamine, a  
866 sympathomimetic amine drug, or a compound designated in s.  
867 893.03(2) as a Schedule II controlled substance, to or for any  
868 person except for:

869 a. The treatment of narcolepsy; hyperkinesis; behavioral  
870 syndrome in children characterized by the developmentally  
871 inappropriate symptoms of moderate to severe distractibility,  
872 short attention span, hyperactivity, emotional lability, and  
873 impulsivity; or drug-induced brain dysfunction.

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874 b. The differential diagnostic psychiatric evaluation of  
875 depression or the treatment of depression shown to be refractory  
876 to other therapeutic modalities.

877 c. The clinical investigation of the effects of such drugs  
878 or compounds when an investigative protocol is submitted to,  
879 reviewed by, and approved by the department before such  
880 investigation is begun.

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

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

893 6. Prescribing, dispensing, administering, mixing, or  
894 otherwise preparing a legend drug, including a controlled  
895 substance, other than in the course of his or her professional  
896 practice. For the purposes of this subparagraph, it is legally  
897 presumed that prescribing, dispensing, administering, mixing, or  
898 otherwise preparing legend drugs, including all controlled  
899 substances, inappropriately or in excessive or inappropriate  
900 quantities is not in the best interest of the patient and is not  
901 in the course of the advanced registered nurse practitioner's  
902 professional practice, without regard to his or her intent.

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903 7. Prescribing, dispensing, or administering a medicinal  
904 drug appearing on any schedule set forth in chapter 893 to  
905 himself or herself, except a drug prescribed, dispensed, or  
906 administered to the advanced registered nurse practitioner by  
907 another practitioner authorized to prescribe, dispense, or  
908 administer medicinal drugs.

909 8. Prescribing, ordering, dispensing, administering,  
910 supplying, selling, or giving amygdalin (laetrile) to any  
911 person.

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

915 10. Promoting or advertising through any communication  
916 medium the use, sale, or dispensing of a substance designated in  
917 s. 893.03 as a controlled substance.

918 (2) The board may enter an order denying licensure or  
919 imposing any of the penalties in s. 456.072(2) against any  
920 applicant for licensure or licensee who is found guilty of  
921 violating any provision of subsection (1) of this section or who  
922 is found guilty of violating any provision of s. 456.072(1).

923 Section 18. Section 627.42392, Florida Statutes, is created  
924 to read:

925 627.42392 Prior authorization.—

926 (1) As used in this section, the term "health insurer"  
927 means an authorized insurer offering health insurance as defined  
928 in s. 624.603, a managed care plan as defined in s. 409.901(13),  
929 or a health maintenance organization as defined in s.  
930 641.19(12).

931 (2) Notwithstanding any other provision of law, in order to



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932 establish uniformity in the submission of prior authorization  
933 forms on or after January 1, 2017, a health insurer, or a  
934 pharmacy benefits manager on behalf of the health insurer, which  
935 does not use an electronic prior authorization form for its  
936 contracted providers shall use only the prior authorization form  
937 that has been approved by the Financial Services Commission to  
938 obtain a prior authorization for a medical procedure, course of  
939 treatment, or prescription drug benefit. Such form may not  
940 exceed two pages in length, excluding any instructions or  
941 guiding documentation.

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

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

947 627.6131 Payment of claims.—

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

950 (a) At any time, if the health insurer verified the  
951 eligibility of an insured at the time of treatment and provided  
952 an authorization number.

953 (b) More than 1 year after the date of payment of the  
954 claim.

955 Section 20. Subsection (10) of section 641.3155, Florida  
956 Statutes, is amended to read:

957 641.3155 Prompt payment of claims.—

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

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

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961 verified the eligibility of an insured at the time of treatment  
962 and provided an authorization number.

963 (b) More than 1 year after the date of payment of the  
964 claim.

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

967 893.02 Definitions.—The following words and phrases as used  
968 in this chapter shall have the following meanings, unless the  
969 context otherwise requires:

970 (21) "Practitioner" means a physician licensed under  
971 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
972 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
973 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
974 459, an advanced registered nurse practitioner certified under  
975 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
976 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
977 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
978 461, or a physician assistant licensed under chapter 458 or  
979 chapter 459, provided such practitioner holds a valid federal  
980 controlled substance registry number.

981 Section 22. Paragraph (n) of subsection (1) of section  
982 948.03, Florida Statutes, is amended to read:

983 948.03 Terms and conditions of probation.—

984 (1) The court shall determine the terms and conditions of  
985 probation. Conditions specified in this section do not require  
986 oral pronouncement at the time of sentencing and may be  
987 considered standard conditions of probation. These conditions  
988 may include among them the following, that the probationer or  
989 offender in community control shall:

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990 (n) Be prohibited from using intoxicants to excess or  
991 possessing any drugs or narcotics unless prescribed by a  
992 physician, an advanced registered nurse practitioner, or a  
993 physician assistant. The probationer or community controllee may  
994 ~~shall~~ not knowingly visit places where intoxicants, drugs, or  
995 other dangerous substances are unlawfully sold, dispensed, or  
996 used.

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

999 458.348 Formal supervisory relationships, standing orders,  
1000 and established protocols; notice; standards.—

1001 (1) NOTICE.—

1002 (a) When a physician enters into a formal supervisory  
1003 relationship or standing orders with an emergency medical  
1004 technician or paramedic licensed pursuant to s. 401.27, which  
1005 relationship or orders contemplate the performance of medical  
1006 acts, or when a physician enters into an established protocol  
1007 with an advanced registered nurse practitioner, which protocol  
1008 contemplates the performance of medical ~~acts identified and~~  
1009 ~~approved by the joint committee pursuant to s. 464.003(2) or~~  
1010 acts set forth in s. 464.012(3) and (4), the physician shall  
1011 submit notice to the board. The notice shall contain a statement  
1012 in substantially the following form:

1013  
1014 I, ...(name and professional license number of  
1015 physician)..., of ...(address of physician)... have hereby  
1016 entered into a formal supervisory relationship, standing orders,  
1017 or an established protocol with ...(number of persons)...  
1018 emergency medical technician(s), ...(number of persons)...

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1019 paramedic(s), or ...(number of persons)... advanced registered  
1020 nurse practitioner(s).

1021  
1022 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
1023 joint committee ~~created under s. 464.003(2)~~ shall determine  
1024 minimum standards for the content of established protocols  
1025 pursuant to which an advanced registered nurse practitioner may  
1026 perform medical acts ~~identified and approved by the joint~~  
1027 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.  
1028 464.012(3) and (4) and shall determine minimum standards for  
1029 supervision of such acts by the physician, unless the joint  
1030 committee determines that any act set forth in s. 464.012(3) or  
1031 (4) is not a medical act. Such standards shall be based on risk  
1032 to the patient and acceptable standards of medical care and  
1033 shall take into account the special problems of medically  
1034 underserved areas. The standards developed by the joint  
1035 committee shall be adopted as rules by the Board of Nursing and  
1036 the Board of Medicine for purposes of carrying out their  
1037 responsibilities pursuant to part I of chapter 464 and this  
1038 chapter, respectively, but neither board shall have disciplinary  
1039 powers over the licensees of the other board.

1040 Section 24. Paragraph (a) of subsection (1) of section  
1041 459.025, Florida Statutes, is amended to read:

1042 459.025 Formal supervisory relationships, standing orders,  
1043 and established protocols; notice; standards.—

1044 (1) NOTICE.—

1045 (a) When an osteopathic physician enters into a formal  
1046 supervisory relationship or standing orders with an emergency  
1047 medical technician or paramedic licensed pursuant to s. 401.27,

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1048 which relationship or orders contemplate the performance of  
1049 medical acts, or when an osteopathic physician enters into an  
1050 established protocol with an advanced registered nurse  
1051 practitioner, which protocol contemplates the performance of  
1052 medical acts ~~identified and approved by the joint committee~~  
1053 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and  
1054 (4), the osteopathic physician shall submit notice to the board.  
1055 The notice must contain a statement in substantially the  
1056 following form:

1057  
1058 I, ... (name and professional license number of osteopathic  
1059 physician) ..., of ... (address of osteopathic physician) ... have  
1060 hereby entered into a formal supervisory relationship, standing  
1061 orders, or an established protocol with ... (number of  
1062 persons) ... emergency medical technician(s), ... (number of  
1063 persons) ... paramedic(s), or ... (number of persons) ... advanced  
1064 registered nurse practitioner(s).

1065 Section 25. Subsection (10) of s. 458.331, paragraph (g) of  
1066 subsection (7) of s. 458.347, subsection (10) of s. 459.015,  
1067 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)  
1068 of subsection (5) of s. 465.0158, Florida Statutes, are  
1069 reenacted for the purpose of incorporating the amendment made by  
1070 this act to s. 456.072, Florida Statutes, in references thereto.

1071 Section 26. Paragraph (mm) of subsection (1) of s. 456.072  
1072 and s. 466.02751, Florida Statutes, are reenacted for the  
1073 purpose of incorporating the amendment made by this act to s.  
1074 456.44, Florida Statutes, in references thereto.

1075 Section 27. Section 458.303, paragraph (b) of subsection  
1076 (7) of s. 458.3475, paragraph (e) of subsection (4) and

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1077 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)  
1078 of subsection (7) of s. 459.023, Florida Statutes, are reenacted  
1079 for the purpose of incorporating the amendment made by this act  
1080 to s. 458.347, Florida Statutes, in references thereto.

1081 Section 28. Paragraph (c) of subsection (3) of s. 464.012,  
1082 Florida Statutes, is reenacted for the purpose of incorporating  
1083 the amendment made by this act to s. 464.003, Florida Statutes,  
1084 in a reference thereto.

1085 Section 29. Paragraph (a) of subsection (1) of s. 456.041,  
1086 subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
1087 459.025, Florida Statutes, are reenacted for the purpose of  
1088 incorporating the amendment made by this act to s. 464.012,  
1089 Florida Statutes, in references thereto.

1090 Section 30. Subsection (7) of s. 464.0205, Florida  
1091 Statutes, is reenacted for the purpose of incorporating the  
1092 amendment made by this act to s. 464.013, Florida Statutes, in a  
1093 reference thereto.

1094 Section 31. Subsection (11) of s. 320.0848, subsection (2)  
1095 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)  
1096 of subsection (1), subsection (3), and paragraph (b) of  
1097 subsection (4) of s. 464.0205, Florida Statutes, are reenacted  
1098 for the purpose of incorporating the amendment made by this act  
1099 to s. 464.018, Florida Statutes, in references thereto.

1100 Section 32. Section 775.051, Florida Statutes, is reenacted  
1101 for the purpose of incorporating the amendment made by this act  
1102 to s. 893.02, Florida Statutes, in a reference thereto.

1103 Section 33. Paragraph (a) of subsection (3) of s. 944.17,  
1104 subsection (8) of s. 948.001, and paragraph (e) of subsection  
1105 (1) of s. 948.101, Florida Statutes, are reenacted for the

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1106 purpose of incorporating the amendment made by this act to s.  
1107 948.03, Florida Statutes, in references thereto.

1108 Section 34. Except as otherwise expressly provided in this  
1109 act, this act shall take effect upon becoming a law.