

By the Committees on Appropriations; Banking and Insurance; and 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

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32 ch. 459, F.S.; amending s. 458.347, F.S.; revising the
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; providing a short title; authorizing an advanced
53 registered nurse practitioner to prescribe, dispense,
54 administer, or order drugs, including certain
55 controlled substances under certain circumstances, as
56 of a specified date; amending s. 464.013, F.S.;

57 revising continuing education requirements for renewal
58 of a license or certificate; amending s. 464.018,
59 F.S.; specifying acts that constitute grounds for
60 denial of a license or for disciplinary action against

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61 an advanced registered nurse practitioner; creating s.
62 627.42392, F.S.; defining the term "health insurer";
63 requiring that certain health insurers that do not
64 already use a certain form use only a prior
65 authorization form approved by the Financial Services
66 Commission in consultation with the Agency for Health
67 Care Administration; requiring the commission in
68 consultation with the agency to adopt by rule
69 guidelines for such forms; amending s. 627.6131, F.S.;
70 prohibiting a health insurer from retroactively
71 denying a claim under specified circumstances;
72 amending s. 641.3155, F.S.; prohibiting a health
73 maintenance organization from retroactively denying a
74 claim under specified circumstances; amending s.
75 893.02, F.S.; revising the term "practitioner" to
76 include advanced registered nurse practitioners and
77 physician assistants under the Florida Comprehensive
78 Drug Abuse Prevention and Control Act if a certain
79 requirement is met; amending s. 948.03, F.S.;
80 providing that possession of drugs or narcotics
81 prescribed by an advanced registered nurse
82 practitioner or a physician assistant does not violate
83 a prohibition relating to the possession of drugs or
84 narcotics during probation; amending ss. 458.348 and
85 459.025, F.S.; conforming provisions to changes made
86 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
87 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
88 to incorporate the amendment made to s. 456.072, F.S.,
89 in references thereto; reenacting ss. 456.072(1)(mm)

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90 and 466.02751, F.S., to incorporate the amendment made
91 to s. 456.44, F.S., in references thereto; reenacting
92 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
93 and 459.023(7)(b), F.S., to incorporate the amendment
94 made to s. 458.347, F.S., in references thereto;
95 reenacting s. 464.012(3)(c), F.S., to incorporate the
96 amendment made to s. 464.003, F.S., in a reference
97 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
98 (2), and 459.025(1), F.S., to incorporate the
99 amendment made to s. 464.012, F.S., in references
100 thereto; reenacting s. 464.0205(7), F.S., to
101 incorporate the amendment made to s. 464.013, F.S., in
102 a reference thereto; reenacting ss. 320.0848(11),
103 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
104 (4)(b), F.S., to incorporate the amendment made to s.
105 464.018, F.S., in references thereto; reenacting s.
106 775.051, F.S., to incorporate the amendment made to s.
107 893.02, F.S., in a reference thereto; reenacting ss.
108 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
109 incorporate the amendment made to s. 948.03, F.S., in
110 references thereto; providing effective dates.

111
112 Be It Enacted by the Legislature of the State of Florida:

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

116 110.12315 Prescription drug program.—The state employees'
117 prescription drug program is established. This program shall be
118 administered by the Department of Management Services, according

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119 to the terms and conditions of the plan as established by the
120 relevant provisions of the annual General Appropriations Act and
121 implementing legislation, subject to the following conditions:

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

135 Section 2. Paragraph (c) of subsection (1) of section
136 310.071, Florida Statutes, is amended, and subsection (3) of
137 that section is republished, to read:

138 310.071 Deputy pilot certification.—

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

142 (c) Be in good physical and mental health, as evidenced by
143 documentary proof of having satisfactorily passed a complete
144 physical examination administered by a licensed physician within
145 the preceding 6 months. The board shall adopt rules to establish
146 requirements for passing the physical examination, which rules
147 shall establish minimum standards for the physical or mental

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148 capabilities necessary to carry out the professional duties of a
149 certificated deputy pilot. Such standards shall include zero
150 tolerance for any controlled substance regulated under chapter
151 893 unless that individual is under the care of a physician, an
152 advanced registered nurse practitioner, or a physician assistant
153 and that controlled substance was prescribed by that physician,
154 advanced registered nurse practitioner, or physician assistant.
155 To maintain eligibility as a certificated deputy pilot, each
156 certificated deputy pilot must annually provide documentary
157 proof of having satisfactorily passed a complete physical
158 examination administered by a licensed physician. The physician
159 must know the minimum standards and certify that the
160 certificateholder satisfactorily meets the standards. The
161 standards for certificateholders shall include a drug test.

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

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

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

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

200 Section 4. Paragraph (b) of subsection (3) of section
201 310.081, Florida Statutes, is amended to read:

202 310.081 Department to examine and license state pilots and
203 certificate deputy pilots; vacancies.—

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

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

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

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

234 Section 6. Section 395.1051, Florida Statutes, is amended

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235 to read:

236 395.1051 Duty to notify patients and physicians.—

237 (1) An appropriately trained person designated by each
238 licensed facility shall inform each patient, or an individual
239 identified pursuant to s. 765.401(1), in person about adverse
240 incidents that result in serious harm to the patient.
241 Notification of outcomes of care which ~~that~~ result in harm to
242 the patient under this section does ~~shall~~ not constitute an
243 acknowledgment or admission of liability and may not, ~~nor can it~~
244 be introduced as evidence.

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

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

251 456.072 Grounds for discipline; penalties; enforcement.—

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

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264 of not less than \$10,000 per count. Repeated violations shall
265 result in increased penalties.

266 Section 8. Section 456.44, Florida Statutes, is amended to
267 read:

268 456.44 Controlled substance prescribing.—

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

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

278 (b) "Adverse incident" means any incident set forth in s.
279 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

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

290 (d) "Board eligible" means successful completion of an
291 anesthesia, physical medicine and rehabilitation, rheumatology,
292 or neurology residency program approved by the Accreditation

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293 Council for Graduate Medical Education or the American
294 Osteopathic Association for a period of 6 years from successful
295 completion of such residency program.

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

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

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

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

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

316 (b) Comply with the requirements of this section and
317 applicable board rules.

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

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

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

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351 to which the pain is associated with physical and psychosocial
352 impairment. The interdisciplinary nature of the treatment plan
353 shall be documented.

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

363 1. Number and frequency of controlled substance
364 prescriptions and refills.

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

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

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

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380 achieved, despite medication adjustments, the registrant
381 ~~physician~~ shall reevaluate the appropriateness of continued
382 treatment. The registrant ~~physician~~ shall monitor patient
383 compliance in medication usage, related treatment plans,
384 controlled substance agreements, and indications of substance
385 abuse or diversion at a minimum of 3-month intervals.

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

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

- 402 1. The complete medical history and a physical examination,
403 including history of drug abuse or dependence.
- 404 2. Diagnostic, therapeutic, and laboratory results.
- 405 3. Evaluations and consultations.
- 406 4. Treatment objectives.
- 407 5. Discussion of risks and benefits.
- 408 6. Treatments.

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409 7. Medications, including date, type, dosage, and quantity
410 prescribed.

411 8. Instructions and agreements.

412 9. Periodic reviews.

413 10. Results of any drug testing.

414 11. A photocopy of the patient's government-issued photo
415 identification.

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

418 13. The registrant's ~~physician's~~ full name presented in a
419 legible manner.

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

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438 followed by discontinuation of controlled substance therapy, and
439 the patient shall be discharged, and all results of testing and
440 actions taken by the registrant ~~physician~~ shall be documented in
441 the patient's medical record.

442

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

462 Section 9. Paragraph (b) of subsection (2) of section
463 458.3265, Florida Statutes, is amended to read:

464 458.3265 Pain-management clinics.—

465 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
466 apply to any physician who provides professional services in a

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467 pain-management clinic that is required to be registered in
468 subsection (1).

469 (b) Only a person may not dispense any medication on the
470 premises of a registered pain-management clinic unless he or she
471 is a physician licensed under this chapter or chapter 459 may
472 dispense medication or prescribe a controlled substance
473 regulated under chapter 893 on the premises of a registered
474 pain-management clinic.

475 Section 10. Paragraph (b) of subsection (2) of section
476 459.0137, Florida Statutes, is amended to read:

477 459.0137 Pain-management clinics.—

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

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

488 Section 11. Paragraph (e) of subsection (4) of section
489 458.347, Florida Statutes, is amended, and paragraph (c) of
490 subsection (9) of that section is republished, to read:

491 458.347 Physician assistants.—

492 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

493 (e) A supervisory physician may delegate to a fully
494 licensed physician assistant the authority to prescribe or
495 dispense any medication used in the supervisory physician's

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496 practice unless such medication is listed on the formulary
497 created pursuant to paragraph (f). A fully licensed physician
498 assistant may only prescribe or dispense such medication under
499 the following circumstances:

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

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

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

524 4. The department may issue a prescriber number to the

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525 physician assistant granting authority for the prescribing of
526 medicinal drugs authorized within this paragraph upon completion
527 of the foregoing requirements. The physician assistant shall not
528 be required to independently register pursuant to s. 465.0276.

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

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

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

544 (c) The council shall:

545 1. Recommend to the department the licensure of physician
546 assistants.

547 2. Develop all rules regulating the use of physician
548 assistants by physicians under this chapter and chapter 459,
549 except for rules relating to the formulary developed under
550 paragraph (4) (f). The council shall also develop rules to ensure
551 that the continuity of supervision is maintained in each
552 practice setting. The boards shall consider adopting a proposed
553 rule developed by the council at the regularly scheduled meeting

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554 immediately following the submission of the proposed rule by the
555 council. A proposed rule submitted by the council may not be
556 adopted by either board unless both boards have accepted and
557 approved the identical language contained in the proposed rule.
558 The language of all proposed rules submitted by the council must
559 be approved by both boards pursuant to each respective board's
560 guidelines and standards regarding the adoption of proposed
561 rules. If either board rejects the council's proposed rule, that
562 board must specify its objection to the council with
563 particularity and include any recommendations it may have for
564 the modification of the proposed rule.

565 3. Make recommendations to the boards regarding all matters
566 relating to physician assistants.

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

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

573 458.347 Physician assistants.—

574 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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583 psychiatric mental health controlled substances for children
584 younger than 18 years of age.

585 2. In establishing the formulary, the council shall consult
586 with a pharmacist licensed under chapter 465, but not licensed
587 under this chapter or chapter 459, who shall be selected by the
588 State Surgeon General.

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

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

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

607 464.003 Definitions.—As used in this part, the term:

608 (2) "Advanced or specialized nursing practice" means, in
609 addition to the practice of professional nursing, the
610 performance of advanced-level nursing acts approved by the board
611 which, by virtue of postbasic specialized education, training,

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

639 Section 14. Section 464.012, Florida Statutes, is amended
640 to read:

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641 464.012 Certification of advanced registered nurse
642 practitioners; fees; controlled substance prescribing.—

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

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

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

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

669 (2) The board shall provide by rule the appropriate

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670 requirements for advanced registered nurse practitioners in the
671 categories of certified registered nurse anesthetist, certified
672 nurse midwife, and nurse practitioner.

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

687 (a) Monitor and alter drug therapies.

688 (b) Initiate appropriate therapies for certain conditions.

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

691 (d) Order diagnostic tests and physical and occupational
692 therapy.

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

696 (a) The certified registered nurse anesthetist may, to the
697 extent authorized by established protocol approved by the
698 medical staff of the facility in which the anesthetic service is

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699 performed, perform any or all of the following:

700 1. Determine the health status of the patient as it relates
701 to the risk factors and to the anesthetic management of the
702 patient through the performance of the general functions.

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

707 3. Order under the protocol preanesthetic medication.

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

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

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

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

725 8. Recognize and treat a cardiac arrhythmia while the
726 patient is under anesthetic care.

727 9. Participate in management of the patient while in the

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728 postanesthesia recovery area, including ordering the
729 administration of fluids and drugs.

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

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

738 1. Perform superficial minor surgical procedures.

739 2. Manage the patient during labor and delivery to include
740 amniotomy, episiotomy, and repair.

741 3. Order, initiate, and perform appropriate anesthetic
742 procedures.

743 4. Perform postpartum examination.

744 5. Order appropriate medications.

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

746 7. Manage the medical care of the normal obstetrical
747 patient and the initial care of a newborn patient.

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

750 1. Manage selected medical problems.

751 2. Order physical and occupational therapy.

752 3. Initiate, monitor, or alter therapies for certain
753 uncomplicated acute illnesses.

754 4. Monitor and manage patients with stable chronic
755 diseases.

756 5. Establish behavioral problems and diagnosis and make

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757 treatment recommendations.

758 (5) The board shall certify, and the department shall issue
759 a certificate to, any nurse meeting the qualifications in this
760 section. The board shall establish an application fee not to
761 exceed \$100 and a biennial renewal fee not to exceed \$50. The
762 board is authorized to adopt such other rules as are necessary
763 to implement the provisions of this section.

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

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786 restriction does not apply to controlled substances that are
787 psychiatric medications prescribed by psychiatric nurses as
788 defined in s. 394.455.

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

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

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

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

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

806 464.012 Certification of advanced registered nurse
807 practitioners; fees; controlled substance prescribing.—

808 (3) An advanced registered nurse practitioner shall perform
809 those functions authorized in this section within the framework
810 of an established protocol that is filed with the board upon
811 biennial license renewal and within 30 days after entering into
812 a supervisory relationship with a physician or changes to the
813 protocol. The board shall review the protocol to ensure
814 compliance with applicable regulatory standards for protocols.

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815 The board shall refer to the department licensees submitting
816 protocols that are not compliant with the regulatory standards
817 for protocols. A practitioner currently licensed under chapter
818 458, chapter 459, or chapter 466 shall maintain supervision for
819 directing the specific course of medical treatment. Within the
820 established framework, an advanced registered nurse practitioner
821 may:

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

829 (b) Initiate appropriate therapies for certain conditions.

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

832 (d) Order diagnostic tests and physical and occupational
833 therapy.

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

836 464.013 Renewal of license or certificate.—

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

840 (a) A nurse who is certified by a health care specialty
841 program accredited by the National Commission for Certifying
842 Agencies or the Accreditation Board for Specialty Nursing
843 Certification is exempt from continuing education requirements.

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844 The criteria for programs must ~~shall~~ be approved by the board.

845 (b) Notwithstanding the exemption in paragraph (a), as part
846 of the maximum 30 hours of continuing education hours required
847 under this subsection, advanced registered nurse practitioners
848 certified under s. 464.012 must complete at least 3 hours of
849 continuing education on the safe and effective prescription of
850 controlled substances. Such continuing education courses must be
851 offered by a statewide professional association of physicians in
852 this state accredited to provide educational activities
853 designated for the American Medical Association Physician's
854 Recognition Award Category 1 credit, the American Nurses
855 Credentialing Center, the American Association of Nurse
856 Anesthetists, or the American Association of Nurse Practitioners
857 and may be offered in a distance learning format.

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

861 464.018 Disciplinary actions.—

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

864 (p) For an advanced registered nurse practitioner:

865 1. Presigning blank prescription forms.

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

868 3. Prescribing, ordering, dispensing, administering,
869 supplying, selling, or giving a drug that is an amphetamine, a
870 sympathomimetic amine drug, or a compound designated in s.
871 893.03(2) as a Schedule II controlled substance, to or for any
872 person except for:

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

878 b. The differential diagnostic psychiatric evaluation of
879 depression or the treatment of depression shown to be refractory
880 to other therapeutic modalities.

881 c. The clinical investigation of the effects of such drugs
882 or compounds when an investigative protocol is submitted to,
883 reviewed by, and approved by the department before such
884 investigation is begun.

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

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

897 6. Prescribing, dispensing, administering, mixing, or
898 otherwise preparing a legend drug, including a controlled
899 substance, other than in the course of his or her professional
900 practice. For the purposes of this subparagraph, it is legally
901 presumed that prescribing, dispensing, administering, mixing, or

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902 otherwise preparing legend drugs, including all controlled
903 substances, inappropriately or in excessive or inappropriate
904 quantities is not in the best interest of the patient and is not
905 in the course of the advanced registered nurse practitioner's
906 professional practice, without regard to his or her intent.

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

913 8. Prescribing, ordering, dispensing, administering,
914 supplying, selling, or giving amygdalin (laetrile) to any
915 person.

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

919 10. Promoting or advertising through any communication
920 medium the use, sale, or dispensing of a substance designated in
921 s. 893.03 as a controlled substance.

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

927 Section 18. Section 627.42392, Florida Statutes, is created
928 to read:

929 627.42392 Prior authorization.—

930 (1) As used in this section, the term "health insurer"

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931 means an authorized insurer offering health insurance as defined
932 in s. 624.603, a managed care plan as defined in s. 409.962(9),
933 or a health maintenance organization as defined in s.
934 641.19(12).

935 (2) Notwithstanding any other provision of law, in order to
936 establish uniformity in the submission of prior authorization
937 forms on or after January 1, 2017, a health insurer, or a
938 pharmacy benefits manager on behalf of the health insurer, which
939 does not use an electronic prior authorization form for its
940 contracted providers shall use only the prior authorization form
941 that has been approved by the Financial Services Commission in
942 consultation with the Agency for Health Care Administration to
943 obtain a prior authorization for a medical procedure, course of
944 treatment, or prescription drug benefit. Such form may not
945 exceed two pages in length, excluding any instructions or
946 guiding documentation.

947 (3) The Financial Services Commission in consultation with
948 the Agency for Health Care Administration shall adopt by rule
949 guidelines for all prior authorization forms which ensure the
950 general uniformity of such forms.

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

953 627.6131 Payment of claims.—

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

956 (a) At any time, if the health insurer verified the
957 eligibility of an insured at the time of treatment and provided
958 an authorization number.

959 (b) More than 1 year after the date of payment of the

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960 claim.

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

963 641.3155 Prompt payment of claims.—

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

966 (a) At any time, if the health maintenance organization
967 verified the eligibility of an insured at the time of treatment
968 and provided an authorization number.

969 (b) More than 1 year after the date of payment of the
970 claim.

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

973 893.02 Definitions.—The following words and phrases as used
974 in this chapter shall have the following meanings, unless the
975 context otherwise requires:

976 (21) "Practitioner" means a physician licensed under
977 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
978 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
979 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
980 459, an advanced registered nurse practitioner certified under
981 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
982 462, a certified optometrist licensed under ~~pursuant to~~ chapter
983 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
984 461, or a physician assistant licensed under chapter 458 or
985 chapter 459, provided such practitioner holds a valid federal
986 controlled substance registry number.

987 Section 22. Paragraph (n) of subsection (1) of section
988 948.03, Florida Statutes, is amended to read:

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989 948.03 Terms and conditions of probation.—

990 (1) The court shall determine the terms and conditions of
991 probation. Conditions specified in this section do not require
992 oral pronouncement at the time of sentencing and may be
993 considered standard conditions of probation. These conditions
994 may include among them the following, that the probationer or
995 offender in community control shall:

996 (n) Be prohibited from using intoxicants to excess or
997 possessing any drugs or narcotics unless prescribed by a
998 physician, an advanced registered nurse practitioner, or a
999 physician assistant. The probationer or community controllee may
1000 ~~shall~~ not knowingly visit places where intoxicants, drugs, or
1001 other dangerous substances are unlawfully sold, dispensed, or
1002 used.

1003 Section 23. Paragraph (a) of subsection (1) and subsection
1004 (2) of section 458.348, Florida Statutes, are amended to read:

1005 458.348 Formal supervisory relationships, standing orders,
1006 and established protocols; notice; standards.—

1007 (1) NOTICE.—

1008 (a) When a physician enters into a formal supervisory
1009 relationship or standing orders with an emergency medical
1010 technician or paramedic licensed pursuant to s. 401.27, which
1011 relationship or orders contemplate the performance of medical
1012 acts, or when a physician enters into an established protocol
1013 with an advanced registered nurse practitioner, which protocol
1014 contemplates the performance of medical ~~acts identified and~~
1015 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
1016 acts set forth in s. 464.012(3) and (4), the physician shall
1017 submit notice to the board. The notice shall contain a statement

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1018 in substantially the following form:

1019
1020 I, ...(name and professional license number of
1021 physician)..., of ...(address of physician)... have hereby
1022 entered into a formal supervisory relationship, standing orders,
1023 or an established protocol with ...(number of persons)...
1024 emergency medical technician(s), ...(number of persons)...
1025 paramedic(s), or ...(number of persons)... advanced registered
1026 nurse practitioner(s).

1027
1028 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1029 joint committee ~~created under s. 464.003(2)~~ shall determine
1030 minimum standards for the content of established protocols
1031 pursuant to which an advanced registered nurse practitioner may
1032 perform medical acts ~~identified and approved by the joint~~
1033 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
1034 464.012(3) and (4) and shall determine minimum standards for
1035 supervision of such acts by the physician, unless the joint
1036 committee determines that any act set forth in s. 464.012(3) or
1037 (4) is not a medical act. Such standards shall be based on risk
1038 to the patient and acceptable standards of medical care and
1039 shall take into account the special problems of medically
1040 underserved areas. The standards developed by the joint
1041 committee shall be adopted as rules by the Board of Nursing and
1042 the Board of Medicine for purposes of carrying out their
1043 responsibilities pursuant to part I of chapter 464 and this
1044 chapter, respectively, but neither board shall have disciplinary
1045 powers over the licensees of the other board.

1046 Section 24. Paragraph (a) of subsection (1) of section

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1047 459.025, Florida Statutes, is amended to read:

1048 459.025 Formal supervisory relationships, standing orders,
1049 and established protocols; notice; standards.—

1050 (1) NOTICE.—

1051 (a) When an osteopathic physician enters into a formal
1052 supervisory relationship or standing orders with an emergency
1053 medical technician or paramedic licensed pursuant to s. 401.27,
1054 which relationship or orders contemplate the performance of
1055 medical acts, or when an osteopathic physician enters into an
1056 established protocol with an advanced registered nurse
1057 practitioner, which protocol contemplates the performance of
1058 medical acts ~~identified and approved by the joint committee~~
1059 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1060 (4), the osteopathic physician shall submit notice to the board.
1061 The notice must contain a statement in substantially the
1062 following form:

1063

1064 I, ...(name and professional license number of osteopathic
1065 physician)..., of ...(address of osteopathic physician)... have
1066 hereby entered into a formal supervisory relationship, standing
1067 orders, or an established protocol with ...(number of
1068 persons)... emergency medical technician(s), ...(number of
1069 persons)... paramedic(s), or ...(number of persons)... advanced
1070 registered nurse practitioner(s).

1071 Section 25. Subsection (10) of s. 458.331, paragraph (g) of
1072 subsection (7) of s. 458.347, subsection (10) of s. 459.015,
1073 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
1074 of subsection (5) of s. 465.0158, Florida Statutes, are
1075 reenacted for the purpose of incorporating the amendment made by

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1076 this act to s. 456.072, Florida Statutes, in references thereto.

1077 Section 26. Paragraph (mm) of subsection (1) of s. 456.072
1078 and s. 466.02751, Florida Statutes, are reenacted for the
1079 purpose of incorporating the amendment made by this act to s.
1080 456.44, Florida Statutes, in references thereto.

1081 Section 27. Section 458.303, paragraph (b) of subsection
1082 (7) of s. 458.3475, paragraph (e) of subsection (4) and
1083 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
1084 of subsection (7) of s. 459.023, Florida Statutes, are reenacted
1085 for the purpose of incorporating the amendment made by this act
1086 to s. 458.347, Florida Statutes, in references thereto.

1087 Section 28. Paragraph (c) of subsection (3) of s. 464.012,
1088 Florida Statutes, is reenacted for the purpose of incorporating
1089 the amendment made by this act to s. 464.003, Florida Statutes,
1090 in a reference thereto.

1091 Section 29. Paragraph (a) of subsection (1) of s. 456.041,
1092 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
1093 459.025, Florida Statutes, are reenacted for the purpose of
1094 incorporating the amendment made by this act to s. 464.012,
1095 Florida Statutes, in references thereto.

1096 Section 30. Subsection (7) of s. 464.0205, Florida
1097 Statutes, is reenacted for the purpose of incorporating the
1098 amendment made by this act to s. 464.013, Florida Statutes, in a
1099 reference thereto.

1100 Section 31. Subsection (11) of s. 320.0848, subsection (2)
1101 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)
1102 of subsection (1), subsection (3), and paragraph (b) of
1103 subsection (4) of s. 464.0205, Florida Statutes, are reenacted
1104 for the purpose of incorporating the amendment made by this act

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1105 to s. 464.018, Florida Statutes, in references thereto.

1106 Section 32. Section 775.051, Florida Statutes, is reenacted
1107 for the purpose of incorporating the amendment made by this act
1108 to s. 893.02, Florida Statutes, in a reference thereto.

1109 Section 33. Paragraph (a) of subsection (3) of s. 944.17,
1110 subsection (8) of s. 948.001, and paragraph (e) of subsection
1111 (1) of s. 948.101, Florida Statutes, are reenacted for the
1112 purpose of incorporating the amendment made by this act to s.
1113 948.03, Florida Statutes, in references thereto.

1114 Section 34. Except as otherwise expressly provided in this
1115 act, this act shall take effect upon becoming a law.