

1 A bill to be entitled
2 An act relating to behavioral health workforce;
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; amending
12 s. 394.453, F.S.; revising legislative intent;
13 amending s. 394.467, F.S.; authorizing procedures for
14 recommending admission of a patient to a treatment
15 facility; amending s. 397.451, F.S.; revising
16 provisions relating to exemptions from
17 disqualification for certain service provider
18 personnel; amending s. 456.072, F.S.; providing
19 mandatory administrative penalties for certain
20 violations relating to prescribing or dispensing a
21 controlled substance; amending s. 456.44, F.S.;
22 providing a definition; deleting an obsolete date;
23 requiring advanced registered nurse practitioners and
24 physician assistants who prescribe controlled
25 substances for certain pain to make a certain
26 designation, comply with registration requirements,

27 | and follow specified standards of practice; providing
28 | applicability; amending ss. 458.3265 and 459.0137,
29 | F.S.; limiting the authority to prescribe a controlled
30 | substance in a pain-management clinic only to a
31 | physician licensed under chapter 458 or chapter 459,
32 | F.S.; amending s. 458.347, F.S.; revising the required
33 | continuing education requirements for a physician
34 | assistant; requiring that a specified formulary limit
35 | the prescription of certain controlled substances by
36 | physician assistants as of a specified date; amending
37 | s. 464.003, F.S.; redefining the term "advanced or
38 | specialized nursing practice"; deleting the joint
39 | committee established in the definition; amending s.
40 | 464.012, F.S.; requiring the Board of Nursing to
41 | establish a committee to recommend a formulary of
42 | controlled substances that may not be prescribed, or
43 | may be prescribed only on a limited basis, by an
44 | advanced registered nurse practitioner; specifying the
45 | membership of the committee; providing parameters for
46 | the formulary; requiring that the formulary be adopted
47 | by board rule; specifying the process for amending the
48 | formulary and imposing a burden of proof; limiting the
49 | formulary's application in certain instances;
50 | requiring the board to adopt the committee's initial
51 | recommendations by a specified date; authorizing an
52 | advanced registered nurse practitioner to prescribe,

53 dispense, administer, or order drugs, including
54 certain controlled substances under certain
55 circumstances, as of a specified date; amending s.
56 464.013, F.S.; revising continuing education
57 requirements for renewal of a license or certificate;
58 amending s. 464.018, F.S.; specifying acts that
59 constitute grounds for denial of a license or for
60 disciplinary action against an advanced registered
61 nurse practitioner; amending s. 893.02, F.S.;
62 redefining the term "practitioner" to include advanced
63 registered nurse practitioners and physician
64 assistants under the Florida Comprehensive Drug Abuse
65 Prevention and Control Act for the purpose of
66 prescribing controlled substances if a certain
67 requirement is met; amending s. 948.03, F.S.;
68 providing that possession of drugs or narcotics
69 prescribed by an advanced registered nurse
70 practitioner or a physician assistant does not violate
71 a prohibition relating to the possession of drugs or
72 narcotics during probation; amending ss. 458.348 and
73 459.025, F.S.; conforming provisions to changes made
74 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
75 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
76 relating to grounds for disciplinary action against
77 certain licensed health care practitioners or
78 applicants, physician assistant licensure, the

79 | imposition of penalties upon physician assistants by
80 | the Board of Osteopathic Medicine, and nonresident
81 | sterile compounding permits, respectively, to
82 | incorporate the amendment made by the act to s.
83 | 456.072, F.S., in references thereto; reenacting ss.
84 | 456.072(1)(mm) and 466.02751, F.S., relating to
85 | grounds for discipline of certain licensed health care
86 | practitioners or applicants and dentist practitioner
87 | profiles, respectively, to incorporate the amendment
88 | made by the act to s. 456.44, F.S., in references
89 | thereto; reenacting ss. 458.303, 458.3475(7)(b),
90 | 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S.,
91 | relating to the nonapplicability of certain provisions
92 | to specified health care practitioners, and the duties
93 | of the Board of Medicine and the Board of Osteopathic
94 | Medicine with respect to anesthesiologist assistants,
95 | respectively, to incorporate the amendment made by the
96 | act to s. 458.347, F.S., in references thereto;
97 | reenacting ss. 456.041(1)(a) and 458.348(1) and (2),
98 | F.S., relating to practitioner profiles and notice and
99 | standards for formal supervisory relationships,
100 | respectively, to incorporate the amendment made by the
101 | act to s. 464.012, F.S., in references thereto;
102 | reenacting s. 464.0205(7), F.S., relating to
103 | certification as a retired volunteer nurse to
104 | incorporate the amendment made by the act to s.

105 464.013, F.S., in a reference thereto; reenacting ss.
 106 320.0848(11), 464.008(2), 464.009(5), and
 107 464.0205(1)(b), (3), and (4)(b), F.S., relating to
 108 violations of provisions for disability parking,
 109 licensure by examination of registered nurses and
 110 licensed practical nurses, licensure by endorsement to
 111 practice professional or practical nursing,
 112 disciplinary actions against nursing applicants or
 113 licensees, and retired volunteer nurse certifications,
 114 respectively, to incorporate the amendment made by the
 115 act to s. 464.018, F.S., in references thereto;
 116 reenacting s. 775.051, F.S., relating to exclusion as
 117 a defense and nonadmissibility as evidence of
 118 voluntary intoxication to incorporate the amendment
 119 made by the act to s. 893.02, F.S., in a reference
 120 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
 121 948.101(1)(e), F.S., relating to receipt by the state
 122 correctional system of certain persons sentenced to
 123 incarceration, the definition of the term "probation,"
 124 and the terms and conditions of community control,
 125 respectively, to incorporate the amendment made by the
 126 act to s. 948.03, F.S., in references thereto;
 127 providing effective dates.

128
 129 Be It Enacted by the Legislature of the State of Florida:
 130

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

133 110.12315 Prescription drug program.—The state employees'
 134 prescription drug program is established. This program shall be
 135 administered by the Department of Management Services, according
 136 to the terms and conditions of the plan as established by the
 137 relevant provisions of the annual General Appropriations Act and
 138 implementing legislation, subject to the following conditions:

139 (7) The department shall establish the reimbursement
 140 schedule for prescription pharmaceuticals dispensed under the
 141 program. Reimbursement rates for a prescription pharmaceutical
 142 must be based on the cost of the generic equivalent drug if a
 143 generic equivalent exists, unless the physician, advanced
 144 registered nurse practitioner, or physician assistant
 145 prescribing the pharmaceutical clearly states on the
 146 prescription that the brand name drug is medically necessary or
 147 that the drug product is included on the formulary of drug
 148 products that may not be interchanged as provided in chapter
 149 465, in which case reimbursement must be based on the cost of
 150 the brand name drug as specified in the reimbursement schedule
 151 adopted by the department.

152 Section 2. Paragraph (c) of subsection (1) of section
 153 310.071, Florida Statutes, is amended, and subsection (3) of
 154 that section is republished, to read:

155 310.071 Deputy pilot certification.—

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

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

172 To maintain eligibility as a certificated deputy pilot, each
173 certificated deputy pilot must annually provide documentary
174 proof of having satisfactorily passed a complete physical
175 examination administered by a licensed physician. The physician
176 must know the minimum standards and certify that the
177 certificateholder satisfactorily meets the standards. The
178 standards for certificateholders shall include a drug test.

179 (3) The initial certificate issued to a deputy pilot shall
180 be valid for a period of 12 months, and at the end of this
181 period, the certificate shall automatically expire and shall not

182 be renewed. During this period, the board shall thoroughly
183 evaluate the deputy pilot's performance for suitability to
184 continue training and shall make appropriate recommendations to
185 the department. Upon receipt of a favorable recommendation by
186 the board, the department shall issue a certificate to the
187 deputy pilot, which shall be valid for a period of 2 years. The
188 certificate may be renewed only two times, except in the case of
189 a fully licensed pilot who is cross-licensed as a deputy pilot
190 in another port, and provided the deputy pilot meets the
191 requirements specified for pilots in paragraph (1) (c).

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

194 310.073 State pilot licensing.—In addition to meeting
195 other requirements specified in this chapter, each applicant for
196 license as a state pilot must:

197 (3) Be in good physical and mental health, as evidenced by
198 documentary proof of having satisfactorily passed a complete
199 physical examination administered by a licensed physician within
200 the preceding 6 months. The board shall adopt rules to establish
201 requirements for passing the physical examination, which rules
202 shall establish minimum standards for the physical or mental
203 capabilities necessary to carry out the professional duties of a
204 licensed state pilot. Such standards shall include zero
205 tolerance for any controlled substance regulated under chapter
206 893 unless that individual is under the care of a physician,
207 advanced registered nurse practitioner, or physician assistant

208 and that controlled substance was prescribed by that physician,
209 advanced registered nurse practitioner, or physician assistant.
210 To maintain eligibility as a licensed state pilot, each licensed
211 state pilot must annually provide documentary proof of having
212 satisfactorily passed a complete physical examination
213 administered by a licensed physician. The physician must know
214 the minimum standards and certify that the licensee
215 satisfactorily meets the standards. The standards for licensees
216 shall include a drug test.

217 Section 4. Paragraph (b) of subsection (3) of section
218 310.081, Florida Statutes, is amended to read:

219 310.081 Department to examine and license state pilots and
220 certificate deputy pilots; vacancies.—

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

223 (b) Are in good physical and mental health as evidenced by
224 documentary proof of having satisfactorily passed a physical
225 examination administered by a licensed physician or physician
226 assistant within each calendar year. The board shall adopt rules
227 to establish requirements for passing the physical examination,
228 which rules shall establish minimum standards for the physical
229 or mental capabilities necessary to carry out the professional
230 duties of a licensed state pilot or a certificated deputy pilot.
231 Such standards shall include zero tolerance for any controlled
232 substance regulated under chapter 893 unless that individual is
233 under the care of a physician, advanced registered nurse

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

245

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

250 Section 5. Section 394.453, Florida Statutes, is amended
251 to read:

252 394.453 Legislative intent.—It is the intent of the
253 Legislature to authorize and direct the Department of Children
254 and Families to evaluate, research, plan, and recommend to the
255 Governor and the Legislature programs designed to reduce the
256 occurrence, severity, duration, and disabling aspects of mental,
257 emotional, and behavioral disorders. It is the intent of the
258 Legislature that treatment programs for such disorders shall
259 include, but not be limited to, comprehensive health, social,

260 educational, and rehabilitative services to persons requiring
261 intensive short-term and continued treatment in order to
262 encourage them to assume responsibility for their treatment and
263 recovery. It is intended that such persons be provided with
264 emergency service and temporary detention for evaluation when
265 required; that they be admitted to treatment facilities on a
266 voluntary basis when extended or continuing care is needed and
267 unavailable in the community; that involuntary placement be
268 provided only when expert evaluation determines that it is
269 necessary; that any involuntary treatment or examination be
270 accomplished in a setting which is clinically appropriate and
271 most likely to facilitate the person's return to the community
272 as soon as possible; and that individual dignity and human
273 rights be guaranteed to all persons who are admitted to mental
274 health facilities or who are being held under s. 394.463. It is
275 the further intent of the Legislature that the least restrictive
276 means of intervention be employed based on the individual needs
277 of each person, within the scope of available services. It is
278 the policy of this state that the use of restraint and seclusion
279 on clients is justified only as an emergency safety measure to
280 be used in response to imminent danger to the client or others.
281 It is, therefore, the intent of the Legislature to achieve an
282 ongoing reduction in the use of restraint and seclusion in
283 programs and facilities serving persons with mental illness. The
284 Legislature further finds the need for additional psychiatrists
285 to be of critical state concern and recommends the establishment

286 of an additional psychiatry program to be offered by one of
287 Florida's schools of medicine currently not offering psychiatry.
288 The program shall seek to integrate primary care and psychiatry
289 and other evolving models of care for persons with mental health
290 and substance use disorders. Additionally, the Legislature finds
291 that the use of telemedicine for patient evaluation, case
292 management, and ongoing care will improve management of patient
293 care and reduce costs of transportation.

294 Section 6. Subsection (2) of section 394.467, Florida
295 Statutes, is amended to read:

296 394.467 Involuntary inpatient placement.—

297 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
298 retained by a receiving facility or involuntarily placed in a
299 treatment facility upon the recommendation of the administrator
300 of the receiving facility where the patient has been examined
301 and after adherence to the notice and hearing procedures
302 provided in s. 394.4599. The recommendation must be supported by
303 the opinion of a psychiatrist and the second opinion of a
304 clinical psychologist or another psychiatrist, both of whom have
305 personally examined the patient within the preceding 72 hours,
306 that the criteria for involuntary inpatient placement are met.
307 However, in a county that has a population of fewer than 50,000,
308 if the administrator certifies that a psychiatrist or clinical
309 psychologist is not available to provide the second opinion, the
310 second opinion may be provided by a licensed physician who has
311 postgraduate training and experience in diagnosis and treatment

312 of mental and nervous disorders or by a psychiatric nurse. Any
313 ~~second~~ opinion authorized in this subsection may be conducted
314 through a face-to-face examination, in person or by electronic
315 means. Such recommendation shall be entered on an involuntary
316 inpatient placement certificate that authorizes the receiving
317 facility to retain the patient pending transfer to a treatment
318 facility or completion of a hearing.

319 Section 7. Paragraphs (e) and (f) of subsection (1) and
320 paragraph (b) of subsection (4) of section 397.451, Florida
321 Statutes, are amended to read:

322 397.451 Background checks of service provider personnel.—

323 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
324 EXCEPTIONS.—

325 (e) Personnel employed directly or under contract with the
326 Department of Corrections in an inmate substance abuse program
327 ~~who have direct contact with unmarried inmates under the age of~~
328 ~~18 or with inmates who are developmentally disabled~~ are exempt
329 from the fingerprinting and background check requirements of
330 this section unless they have direct contact with unmarried
331 inmates under the age of 18 or with inmates who are
332 developmentally disabled.

333 (f) Service provider personnel who request an exemption
334 from disqualification must submit the request within 30 days
335 after being notified of the disqualification. If 5 years or more
336 have elapsed since the most recent disqualifying offense,
337 service provider personnel may work with adults with substance

338 use disorders under the supervision of a qualified professional
339 licensed under chapter 490 or chapter 491 or a master's level
340 certified addiction professional until the agency makes a final
341 determination regarding the request for an exemption from
342 disqualification ~~Upon notification of the disqualification, the~~
343 ~~service provider shall comply with requirements regarding~~
344 ~~exclusion from employment in s. 435.06.~~

345 (4) EXEMPTIONS FROM DISQUALIFICATION.—

346 (b) Since rehabilitated substance abuse impaired persons
347 are effective in the successful treatment and rehabilitation of
348 individuals with substance use disorders ~~substance abuse~~
349 ~~impaired adolescents~~, for service providers which treat
350 adolescents 13 years of age and older, service provider
351 personnel whose background checks indicate crimes under s.
352 817.563, s. 893.13, or s. 893.147 may be exempted from
353 disqualification from employment pursuant to this paragraph.

354 Section 8. Subsection (7) of section 456.072, Florida
355 Statutes, is amended to read:

356 456.072 Grounds for discipline; penalties; enforcement.—

357 (7) Notwithstanding subsection (2), upon a finding that a
358 physician has prescribed or dispensed a controlled substance, or
359 caused a controlled substance to be prescribed or dispensed, in
360 a manner that violates the standard of practice set forth in s.
361 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
362 or (s), or s. 466.028(1)(p) or (x), or that an advanced
363 registered nurse practitioner has prescribed or dispensed a

364 controlled substance, or caused a controlled substance to be
 365 prescribed or dispensed in a manner that violates the standard
 366 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
 367 the physician or advanced registered nurse practitioner shall be
 368 suspended for a period of not less than 6 months and pay a fine
 369 of not less than \$10,000 per count. Repeated violations shall
 370 result in increased penalties.

371 Section 9. Section 456.44, Florida Statutes, is amended to
 372 read:

373 456.44 Controlled substance prescribing.—

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

375 (a) "Addiction medicine specialist" means a board-
 376 certified psychiatrist with a subspecialty certification in
 377 addiction medicine or who is eligible for such subspecialty
 378 certification in addiction medicine, an addiction medicine
 379 physician certified or eligible for certification by the
 380 American Society of Addiction Medicine, or an osteopathic
 381 physician who holds a certificate of added qualification in
 382 Addiction Medicine through the American Osteopathic Association.

383 (b) "Adverse incident" means any incident set forth in s.
 384 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

385 (c) "Board-certified pain management physician" means a
 386 physician who possesses board certification in pain medicine by
 387 the American Board of Pain Medicine, board certification by the
 388 American Board of Interventional Pain Physicians, or board
 389 certification or subcertification in pain management or pain

390 medicine by a specialty board recognized by the American
391 Association of Physician Specialists or the American Board of
392 Medical Specialties or an osteopathic physician who holds a
393 certificate in Pain Management by the American Osteopathic
394 Association.

395 (d) "Board eligible" means successful completion of an
396 anesthesia, physical medicine and rehabilitation, rheumatology,
397 or neurology residency program approved by the Accreditation
398 Council for Graduate Medical Education or the American
399 Osteopathic Association for a period of 6 years from successful
400 completion of such residency program.

401 (e) "Chronic nonmalignant pain" means pain unrelated to
402 cancer which persists beyond the usual course of disease or the
403 injury that is the cause of the pain or more than 90 days after
404 surgery.

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

407 (g) "Registrant" means a physician, physician assistant,
408 or advanced registered nurse practitioner who meets the
409 requirements of subsection (2).

410 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
411 licensed under chapter 458, chapter 459, chapter 461, or chapter
412 466, a physician assistant licensed under chapter 458 or chapter
413 459, or an advanced registered nurse practitioner certified
414 under part I of chapter 464 who prescribes any controlled
415 substance, listed in Schedule II, Schedule III, or Schedule IV

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

418 (a) Designate himself or herself as a controlled substance
419 prescribing practitioner on his or her ~~the physician's~~
420 practitioner profile.

421 (b) Comply with the requirements of this section and
422 applicable board rules.

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

427 (a) A complete medical history and a physical examination
428 must be conducted before beginning any treatment and must be
429 documented in the medical record. The exact components of the
430 physical examination shall be left to the judgment of the
431 registrant ~~clinician~~ who is expected to perform a physical
432 examination proportionate to the diagnosis that justifies a
433 treatment. The medical record must, at a minimum, document the
434 nature and intensity of the pain, current and past treatments
435 for pain, underlying or coexisting diseases or conditions, the
436 effect of the pain on physical and psychological function, a
437 review of previous medical records, previous diagnostic studies,
438 and history of alcohol and substance abuse. The medical record
439 shall also document the presence of one or more recognized
440 medical indications for the use of a controlled substance. Each
441 registrant must develop a written plan for assessing each

442 patient's risk of aberrant drug-related behavior, which may
443 include patient drug testing. Registrants must assess each
444 patient's risk for aberrant drug-related behavior and monitor
445 that risk on an ongoing basis in accordance with the plan.

446 (b) Each registrant must develop a written individualized
447 treatment plan for each patient. The treatment plan shall state
448 objectives that will be used to determine treatment success,
449 such as pain relief and improved physical and psychosocial
450 function, and shall indicate if any further diagnostic
451 evaluations or other treatments are planned. After treatment
452 begins, the registrant ~~physician~~ shall adjust drug therapy to
453 the individual medical needs of each patient. Other treatment
454 modalities, including a rehabilitation program, shall be
455 considered depending on the etiology of the pain and the extent
456 to which the pain is associated with physical and psychosocial
457 impairment. The interdisciplinary nature of the treatment plan
458 shall be documented.

459 (c) The registrant ~~physician~~ shall discuss the risks and
460 benefits of the use of controlled substances, including the
461 risks of abuse and addiction, as well as physical dependence and
462 its consequences, with the patient, persons designated by the
463 patient, or the patient's surrogate or guardian if the patient
464 is incompetent. The registrant ~~physician~~ shall use a written
465 controlled substance agreement between the registrant ~~physician~~
466 and the patient outlining the patient's responsibilities,
467 including, but not limited to:

468 1. Number and frequency of controlled substance
 469 prescriptions and refills.

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

472 3. An agreement that controlled substances for the
 473 treatment of chronic nonmalignant pain shall be prescribed by a
 474 single treating registrant ~~physician~~ unless otherwise authorized
 475 by the treating registrant ~~physician~~ and documented in the
 476 medical record.

477 (d) The patient shall be seen by the registrant ~~physician~~
 478 at regular intervals, not to exceed 3 months, to assess the
 479 efficacy of treatment, ensure that controlled substance therapy
 480 remains indicated, evaluate the patient's progress toward
 481 treatment objectives, consider adverse drug effects, and review
 482 the etiology of the pain. Continuation or modification of
 483 therapy shall depend on the registrant's ~~physician's~~ evaluation
 484 of the patient's progress. If treatment goals are not being
 485 achieved, despite medication adjustments, the registrant
 486 ~~physician~~ shall reevaluate the appropriateness of continued
 487 treatment. The registrant ~~physician~~ shall monitor patient
 488 compliance in medication usage, related treatment plans,
 489 controlled substance agreements, and indications of substance
 490 abuse or diversion at a minimum of 3-month intervals.

491 (e) The registrant ~~physician~~ shall refer the patient as
 492 necessary for additional evaluation and treatment in order to
 493 achieve treatment objectives. Special attention shall be given

494 to those patients who are at risk for misusing their medications
495 and those whose living arrangements pose a risk for medication
496 misuse or diversion. The management of pain in patients with a
497 history of substance abuse or with a comorbid psychiatric
498 disorder requires extra care, monitoring, and documentation and
499 requires consultation with or referral to an addiction medicine
500 specialist or psychiatrist.

501 (f) A registrant ~~physician registered under this section~~
502 must maintain accurate, current, and complete records that are
503 accessible and readily available for review and comply with the
504 requirements of this section, the applicable practice act, and
505 applicable board rules. The medical records must include, but
506 are not limited to:

- 507 1. The complete medical history and a physical
508 examination, including history of drug abuse or dependence.
- 509 2. Diagnostic, therapeutic, and laboratory results.
- 510 3. Evaluations and consultations.
- 511 4. Treatment objectives.
- 512 5. Discussion of risks and benefits.
- 513 6. Treatments.
- 514 7. Medications, including date, type, dosage, and quantity
515 prescribed.
- 516 8. Instructions and agreements.
- 517 9. Periodic reviews.
- 518 10. Results of any drug testing.

519 11. A photocopy of the patient's government-issued photo
520 identification.

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

523 13. The registrant's ~~physician's~~ full name presented in a
524 legible manner.

525 (g) A registrant shall immediately refer patients with
526 signs or symptoms of substance ~~abuse shall be immediately~~
527 ~~referred~~ to a board-certified pain management physician, an
528 addiction medicine specialist, or a mental health addiction
529 facility as it pertains to drug abuse or addiction unless the
530 registrant is a physician who is board-certified or board-
531 eligible in pain management. Throughout the period of time
532 before receiving the consultant's report, a prescribing
533 registrant ~~physician~~ shall clearly and completely document
534 medical justification for continued treatment with controlled
535 substances and those steps taken to ensure medically appropriate
536 use of controlled substances by the patient. Upon receipt of the
537 consultant's written report, the prescribing registrant
538 ~~physician~~ shall incorporate the consultant's recommendations for
539 continuing, modifying, or discontinuing controlled substance
540 therapy. The resulting changes in treatment shall be
541 specifically documented in the patient's medical record.
542 Evidence or behavioral indications of diversion shall be
543 followed by discontinuation of controlled substance therapy, and
544 the patient shall be discharged, and all results of testing and

545 actions taken by the registrant ~~physician~~ shall be documented in
546 the patient's medical record.

547
548 This subsection does not apply to a board-eligible or board-
549 certified anesthesiologist, physiatrist, rheumatologist, or
550 neurologist, or to a board-certified physician who has surgical
551 privileges at a hospital or ambulatory surgery center and
552 primarily provides surgical services. This subsection does not
553 apply to a board-eligible or board-certified medical specialist
554 who has also completed a fellowship in pain medicine approved by
555 the Accreditation Council for Graduate Medical Education or the
556 American Osteopathic Association, or who is board eligible or
557 board certified in pain medicine by the American Board of Pain
558 Medicine or a board approved by the American Board of Medical
559 Specialties or the American Osteopathic Association and performs
560 interventional pain procedures of the type routinely billed
561 using surgical codes. This subsection does not apply to a
562 registrant, physician, advanced registered nurse practitioner,
563 or physician assistant who prescribes medically necessary
564 controlled substances for a patient during an inpatient stay in
565 a hospital licensed under chapter 395.

566 Section 10. Paragraph (b) of subsection (2) of section
567 458.3265, Florida Statutes, is amended to read:

568 458.3265 Pain-management clinics.—

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

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

573 (b) Only a person may not dispense any medication on the
574 ~~premises of a registered pain-management clinic unless he or she~~
575 ~~is~~ a physician licensed under this chapter or chapter 459 may
576 dispense medication or prescribe a controlled substance
577 regulated under chapter 893 on the premises of a registered
578 pain-management clinic.

579 Section 11. Paragraph (b) of subsection (2) of section
580 459.0137, Florida Statutes, is amended to read:

581 459.0137 Pain-management clinics.—

582 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
583 apply to any osteopathic physician who provides professional
584 services in a pain-management clinic that is required to be
585 registered in subsection (1).

586 (b) Only a person may not dispense any medication on the
587 ~~premises of a registered pain-management clinic unless he or she~~
588 ~~is~~ a physician licensed under this chapter or chapter 458 may
589 dispense medication or prescribe a controlled substance
590 regulated under chapter 893 on the premises of a registered
591 pain-management clinic.

592 Section 12. Paragraph (e) of subsection (4) of section
593 458.347, Florida Statutes, is amended, and paragraph (c) of
594 subsection (9) of that section is republished, to read:

595 458.347 Physician assistants.—

596 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

597 (e) A supervisory physician may delegate to a fully
598 licensed physician assistant the authority to prescribe or
599 dispense any medication used in the supervisory physician's
600 practice unless such medication is listed on the formulary
601 created pursuant to paragraph (f). A fully licensed physician
602 assistant may only prescribe or dispense such medication under
603 the following circumstances:

604 1. A physician assistant must clearly identify to the
605 patient that he or she is a physician assistant. Furthermore,
606 the physician assistant must inform the patient that the patient
607 has the right to see the physician prior to any prescription
608 being prescribed or dispensed by the physician assistant.

609 2. The supervisory physician must notify the department of
610 his or her intent to delegate, on a department-approved form,
611 before delegating such authority and notify the department of
612 any change in prescriptive privileges of the physician
613 assistant. Authority to dispense may be delegated only by a
614 supervising physician who is registered as a dispensing
615 practitioner in compliance with s. 465.0276.

616 3. The physician assistant must file with the department a
617 signed affidavit that he or she has completed a minimum of 10
618 continuing medical education hours in the specialty practice in
619 which the physician assistant has prescriptive privileges with
620 each licensure renewal application. Three of the 10 hours must
621 consist of a continuing education course on the safe and
622 effective prescribing of controlled substance medications

623 offered by a statewide professional association of physicians in
624 this state accredited to provide educational activities
625 designated for the American Medical Association Physician's
626 Recognition Award Category I Credit or designated by the
627 American Academy of Physician Assistants as a Category 1 Credit.

628 4. The department may issue a prescriber number to the
629 physician assistant granting authority for the prescribing of
630 medicinal drugs authorized within this paragraph upon completion
631 of the foregoing requirements. The physician assistant shall not
632 be required to independently register pursuant to s. 465.0276.

633 5. The prescription must be written in a form that
634 complies with chapter 499 and must contain, in addition to the
635 supervisory physician's name, address, and telephone number, the
636 physician assistant's prescriber number. Unless it is a drug or
637 drug sample dispensed by the physician assistant, the
638 prescription must be filled in a pharmacy permitted under
639 chapter 465 and must be dispensed in that pharmacy by a
640 pharmacist licensed under chapter 465. The appearance of the
641 prescriber number creates a presumption that the physician
642 assistant is authorized to prescribe the medicinal drug and the
643 prescription is valid.

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

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

648 (c) The council shall:

649 1. Recommend to the department the licensure of physician
650 assistants.

651 2. Develop all rules regulating the use of physician
652 assistants by physicians under this chapter and chapter 459,
653 except for rules relating to the formulary developed under
654 paragraph (4)(f). The council shall also develop rules to ensure
655 that the continuity of supervision is maintained in each
656 practice setting. The boards shall consider adopting a proposed
657 rule developed by the council at the regularly scheduled meeting
658 immediately following the submission of the proposed rule by the
659 council. A proposed rule submitted by the council may not be
660 adopted by either board unless both boards have accepted and
661 approved the identical language contained in the proposed rule.
662 The language of all proposed rules submitted by the council must
663 be approved by both boards pursuant to each respective board's
664 guidelines and standards regarding the adoption of proposed
665 rules. If either board rejects the council's proposed rule, that
666 board must specify its objection to the council with
667 particularity and include any recommendations it may have for
668 the modification of the proposed rule.

669 3. Make recommendations to the boards regarding all
670 matters relating to physician assistants.

671 4. Address concerns and problems of practicing physician
672 assistants in order to improve safety in the clinical practices
673 of licensed physician assistants.

674 Section 13. Effective January 1, 2017, paragraph (f) of
675 subsection (4) of section 458.347, Florida Statutes, is amended
676 to read:

677 458.347 Physician assistants.—

678 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

679 (f)1. The council shall establish a formulary of medicinal
680 drugs that a fully licensed physician assistant having
681 prescribing authority under this section or s. 459.022 may not
682 prescribe. The formulary must include ~~controlled substances as~~
683 ~~defined in chapter 893,~~ general anesthetics, and radiographic
684 contrast materials, and must limit the prescription of Schedule
685 II controlled substances as defined in s. 893.03 to a 7-day
686 supply. The formulary must also restrict the prescribing of
687 psychiatric mental health controlled substances for children
688 under 18 years of age.

689 2. In establishing the formulary, the council shall
690 consult with a pharmacist licensed under chapter 465, but not
691 licensed under this chapter or chapter 459, who shall be
692 selected by the State Surgeon General.

693 3. Only the council shall add to, delete from, or modify
694 the formulary. Any person who requests an addition, deletion, or
695 modification of a medicinal drug listed on such formulary has
696 the burden of proof to show cause why such addition, deletion,
697 or modification should be made.

698 4. The boards shall adopt the formulary required by this
699 paragraph, and each addition, deletion, or modification to the

700 formulary, by rule. Notwithstanding any provision of chapter 120
 701 to the contrary, the formulary rule shall be effective 60 days
 702 after the date it is filed with the Secretary of State. Upon
 703 adoption of the formulary, the department shall mail a copy of
 704 such formulary to each fully licensed physician assistant having
 705 prescribing authority under this section or s. 459.022, and to
 706 each pharmacy licensed by the state. The boards shall establish,
 707 by rule, a fee not to exceed \$200 to fund the provisions of this
 708 paragraph and paragraph (e).

709 Section 14. Subsection (2) of section 464.003, Florida
 710 Statutes, is amended to read:

711 464.003 Definitions.—As used in this part, the term:

712 (2) "Advanced or specialized nursing practice" means, in
 713 addition to the practice of professional nursing, the
 714 performance of advanced-level nursing acts approved by the board
 715 which, by virtue of postbasic specialized education, training,
 716 and experience, are appropriately performed by an advanced
 717 registered nurse practitioner. Within the context of advanced or
 718 specialized nursing practice, the advanced registered nurse
 719 practitioner may perform acts of nursing diagnosis and nursing
 720 treatment of alterations of the health status. The advanced
 721 registered nurse practitioner may also perform acts of medical
 722 diagnosis and treatment, prescription, and operation as
 723 authorized within the framework of an established supervisory
 724 protocol ~~which are identified and approved by a joint committee~~
 725 ~~composed of three members appointed by the Board of Nursing, two~~

726 ~~of whom must be advanced registered nurse practitioners; three~~
727 ~~members appointed by the Board of Medicine, two of whom must~~
728 ~~have had work experience with advanced registered nurse~~
729 ~~practitioners; and the State Surgeon General or the State~~
730 ~~Surgeon General's designee. Each committee member appointed by a~~
731 ~~board shall be appointed to a term of 4 years unless a shorter~~
732 ~~term is required to establish or maintain staggered terms. The~~
733 ~~Board of Nursing shall adopt rules authorizing the performance~~
734 ~~of any such acts approved by the joint committee. Unless~~
735 ~~otherwise specified by the joint committee, such acts must be~~
736 ~~performed under the general supervision of a practitioner~~
737 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
738 ~~the framework of standing protocols which identify the medical~~
739 ~~acts to be performed and the conditions for their performance.~~
740 The department may, by rule, require that a copy of the protocol
741 be filed with the department along with the notice required by
742 s. 458.348.

743 Section 15. Section 464.012, Florida Statutes, is amended
744 to read:

745 464.012 Certification of advanced registered nurse
746 practitioners; fees; controlled substance prescribing.—

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

752 (a) Satisfactory completion of a formal postbasic
753 educational program of at least one academic year, the primary
754 purpose of which is to prepare nurses for advanced or
755 specialized practice.

756 (b) Certification by an appropriate specialty board. Such
757 certification shall be required for initial state certification
758 and any recertification as a registered nurse anesthetist or
759 nurse midwife. The board may by rule provide for provisional
760 state certification of graduate nurse anesthetists and nurse
761 midwives for a period of time determined to be appropriate for
762 preparing for and passing the national certification
763 examination.

764 (c) Graduation from a program leading to a master's degree
765 in a nursing clinical specialty area with preparation in
766 specialized practitioner skills. For applicants graduating on or
767 after October 1, 1998, graduation from a master's degree program
768 shall be required for initial certification as a nurse
769 practitioner under paragraph (4) (c). For applicants graduating
770 on or after October 1, 2001, graduation from a master's degree
771 program shall be required for initial certification as a
772 registered nurse anesthetist under paragraph (4) (a).

773 (2) The board shall provide by rule the appropriate
774 requirements for advanced registered nurse practitioners in the
775 categories of certified registered nurse anesthetist, certified
776 nurse midwife, and nurse practitioner.

777 (3) An advanced registered nurse practitioner shall
778 perform those functions authorized in this section within the
779 framework of an established protocol that is filed with the
780 board upon biennial license renewal and within 30 days after
781 entering into a supervisory relationship with a physician or
782 changes to the protocol. The board shall review the protocol to
783 ensure compliance with applicable regulatory standards for
784 protocols. The board shall refer to the department licensees
785 submitting protocols that are not compliant with the regulatory
786 standards for protocols. A practitioner currently licensed under
787 chapter 458, chapter 459, or chapter 466 shall maintain
788 supervision for directing the specific course of medical
789 treatment. Within the established framework, an advanced
790 registered nurse practitioner may:

- 791 (a) Monitor and alter drug therapies.
792 (b) Initiate appropriate therapies for certain conditions.
793 (c) Perform additional functions as may be determined by
794 rule in accordance with s. 464.003(2).
795 (d) Order diagnostic tests and physical and occupational
796 therapy.

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

- 800 (a) The certified registered nurse anesthetist may, to the
801 extent authorized by established protocol approved by the

802 | medical staff of the facility in which the anesthetic service is
803 | performed, perform any or all of the following:

804 | 1. Determine the health status of the patient as it
805 | relates to the risk factors and to the anesthetic management of
806 | the patient through the performance of the general functions.

807 | 2. Based on history, physical assessment, and supplemental
808 | laboratory results, determine, with the consent of the
809 | responsible physician, the appropriate type of anesthesia within
810 | the framework of the protocol.

811 | 3. Order under the protocol preanesthetic medication.

812 | 4. Perform under the protocol procedures commonly used to
813 | render the patient insensible to pain during the performance of
814 | surgical, obstetrical, therapeutic, or diagnostic clinical
815 | procedures. These procedures include ordering and administering
816 | regional, spinal, and general anesthesia; inhalation agents and
817 | techniques; intravenous agents and techniques; and techniques of
818 | hypnosis.

819 | 5. Order or perform monitoring procedures indicated as
820 | pertinent to the anesthetic health care management of the
821 | patient.

822 | 6. Support life functions during anesthesia health care,
823 | including induction and intubation procedures, the use of
824 | appropriate mechanical supportive devices, and the management of
825 | fluid, electrolyte, and blood component balances.

826 7. Recognize and take appropriate corrective action for
827 abnormal patient responses to anesthesia, adjunctive medication,
828 or other forms of therapy.

829 8. Recognize and treat a cardiac arrhythmia while the
830 patient is under anesthetic care.

831 9. Participate in management of the patient while in the
832 postanesthesia recovery area, including ordering the
833 administration of fluids and drugs.

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

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

842 1. Perform superficial minor surgical procedures.

843 2. Manage the patient during labor and delivery to include
844 amniotomy, episiotomy, and repair.

845 3. Order, initiate, and perform appropriate anesthetic
846 procedures.

847 4. Perform postpartum examination.

848 5. Order appropriate medications.

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

850 7. Manage the medical care of the normal obstetrical
851 patient and the initial care of a newborn patient.

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

- 854 1. Manage selected medical problems.
- 855 2. Order physical and occupational therapy.
- 856 3. Initiate, monitor, or alter therapies for certain
857 uncomplicated acute illnesses.
- 858 4. Monitor and manage patients with stable chronic
859 diseases.
- 860 5. Establish behavioral problems and diagnosis and make
861 treatment recommendations.

862 (5) The board shall certify, and the department shall
863 issue a certificate to, any nurse meeting the qualifications in
864 this section. The board shall establish an application fee not
865 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
866 board is authorized to adopt such other rules as are necessary
867 to implement the provisions of this section.

868 (6) (a) The board shall establish a committee to recommend
869 a formulary of controlled substances that an advanced registered
870 nurse practitioner may not prescribe or may prescribe only for
871 specific uses or in limited quantities. The committee must
872 consist of three advanced registered nurse practitioners
873 licensed under this section, recommended by the Board of
874 Nursing; three physicians licensed under chapter 458 or chapter
875 459 who have work experience with advanced registered nurse
876 practitioners, recommended by the Board of Medicine; and a
877 pharmacist licensed under chapter 465 who holds a Doctor of

878 Pharmacy degree, recommended by the Board of Pharmacy. The
879 committee may recommend an evidence-based formulary applicable
880 to all advanced registered nurse practitioners which is limited
881 by specialty certification, is limited to approved uses of
882 controlled substances, or is subject to other similar
883 restrictions the committee finds are necessary to protect the
884 health, safety, and welfare of the public. The formulary must
885 restrict the prescribing of psychiatric mental health controlled
886 substances for children under 18 years of age to advanced
887 registered nurse practitioners who also are psychiatric nurses
888 as defined in s. 394.455. The formulary must also limit the
889 prescribing of Schedule II controlled substances as defined in
890 s. 893.03 to a 7-day supply, except that such restriction does
891 not apply to controlled substances that are psychiatric
892 medications prescribed by psychiatric nurses as defined in s.
893 394.455.

894 (b) The board shall adopt by rule the recommended
895 formulary and any revisions to the formulary which it finds are
896 supported by evidence-based clinical findings presented by the
897 Board of Medicine, the Board of Osteopathic Medicine, or the
898 Board of Dentistry.

899 (c) The formulary required under this subsection does not
900 apply to a controlled substance that is dispensed for
901 administration pursuant to an order, including an order for
902 medication authorized by subparagraph (4) (a) 3., subparagraph
903 (4) (a) 4., or subparagraph (4) (a) 9.

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

906 Section 16. Effective January 1, 2017, subsection (3) of
907 section 464.012, Florida Statutes, as amended by this act, is
908 amended to read:

909 464.012 Certification of advanced registered nurse
910 practitioners; fees; controlled substance prescribing.—

911 (3) An advanced registered nurse practitioner shall
912 perform those functions authorized in this section within the
913 framework of an established protocol that is filed with the
914 board upon biennial license renewal and within 30 days after
915 entering into a supervisory relationship with a physician or
916 changes to the protocol. The board shall review the protocol to
917 ensure compliance with applicable regulatory standards for
918 protocols. The board shall refer to the department licensees
919 submitting protocols that are not compliant with the regulatory
920 standards for protocols. A practitioner currently licensed under
921 chapter 458, chapter 459, or chapter 466 shall maintain
922 supervision for directing the specific course of medical
923 treatment. Within the established framework, an advanced
924 registered nurse practitioner may:

925 (a) Prescribe, dispense, administer, or order any drug;
926 however, an advanced registered nurse practitioner may only
927 prescribe or dispense a controlled substance as defined in s.
928 893.03 if the advanced registered nurse practitioner has
929 graduated from a program leading to a master's or doctoral

930 degree in a clinical nursing specialty area with training in
 931 specialized practitioner skills. ~~Monitor and alter drug~~
 932 ~~therapies.~~

933 (b) Initiate appropriate therapies for certain conditions.

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

936 (d) Order diagnostic tests and physical and occupational
 937 therapy.

938 Section 17. Subsection (3) of section 464.013, Florida
 939 Statutes, is amended to read:

940 464.013 Renewal of license or certificate.—

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

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

949 (b) Notwithstanding the exemption in paragraph (a), as
 950 part of the maximum 30 hours of continuing education hours
 951 required under this subsection, advanced registered nurse
 952 practitioners certified under s. 464.012 must complete at least
 953 3 hours of continuing education on the safe and effective
 954 prescription of controlled substances. Such continuing education
 955 courses must be offered by a statewide professional association

956 of physicians in this state accredited to provide educational
957 activities designated for the American Medical Association
958 Physician's Recognition Award Category 1 Credit, the American
959 Nurses Credentialing Center, the American Association of Nurse
960 Anesthetists, or the American Association of Nurse Practitioners
961 and may be offered in a distance-learning format.

962 Section 18. Paragraph (p) is added to subsection (1) of
963 section 464.018, Florida Statutes, and subsection (2) of that
964 section is republished, to read:

965 464.018 Disciplinary actions.—

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

968 (p) For an advanced registered nurse practitioner:

969 1. Presigning blank prescription forms.

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

972 3. Prescribing, ordering, dispensing, administering,
973 supplying, selling, or giving a drug that is an amphetamine or a
974 sympathomimetic amine drug, or a compound designated in s.
975 893.03(2) as a Schedule II controlled substance, to or for any
976 person except for:

977 a. The treatment of narcolepsy; hyperkinesis; behavioral
978 syndrome in children characterized by the developmentally
979 inappropriate symptoms of moderate to severe distractibility,
980 short attention span, hyperactivity, emotional lability, and
981 impulsivity; or drug-induced brain dysfunction.

982 b. The differential diagnostic psychiatric evaluation of
983 depression or the treatment of depression shown to be refractory
984 to other therapeutic modalities.

985 c. The clinical investigation of the effects of such drugs
986 or compounds when an investigative protocol is submitted to,
987 reviewed by, and approved by the department before such
988 investigation is begun.

989 4. Prescribing, ordering, dispensing, administering,
990 supplying, selling, or giving growth hormones, testosterone or
991 its analogs, human chorionic gonadotropin (HCG), or other
992 hormones for the purpose of muscle building or to enhance
993 athletic performance. As used in this subparagraph, the term
994 "muscle building" does not include the treatment of injured
995 muscle. A prescription written for the drug products identified
996 in this subparagraph may be dispensed by a pharmacist with the
997 presumption that the prescription is for legitimate medical use.

998 5. Promoting or advertising on any prescription form a
999 community pharmacy unless the form also states: "This
1000 prescription may be filled at any pharmacy of your choice."

1001 6. Prescribing, dispensing, administering, mixing, or
1002 otherwise preparing a legend drug, including a controlled
1003 substance, other than in the course of his or her professional
1004 practice. For the purposes of this subparagraph, it is legally
1005 presumed that prescribing, dispensing, administering, mixing, or
1006 otherwise preparing legend drugs, including all controlled
1007 substances, inappropriately or in excessive or inappropriate

1008 quantities is not in the best interest of the patient and is not
1009 in the course of the advanced registered nurse practitioner's
1010 professional practice, without regard to his or her intent.

1011 7. Prescribing, dispensing, or administering a medicinal
1012 drug appearing on any schedule set forth in chapter 893 to
1013 himself or herself, except a drug prescribed, dispensed, or
1014 administered to the advanced registered nurse practitioner by
1015 another practitioner authorized to prescribe, dispense, or
1016 administer medicinal drugs.

1017 8. Prescribing, ordering, dispensing, administering,
1018 supplying, selling, or giving amygdalin (laetrile) to any
1019 person.

1020 9. Dispensing a substance designated in s. 893.03(2) or
1021 (3) as a substance controlled in Schedule II or Schedule III,
1022 respectively, in violation of s. 465.0276.

1023 10. Promoting or advertising through any communication
1024 medium the use, sale, or dispensing of a substance designated in
1025 s. 893.03 as a controlled substance.

1026 (2) The board may enter an order denying licensure or
1027 imposing any of the penalties in s. 456.072(2) against any
1028 applicant for licensure or licensee who is found guilty of
1029 violating any provision of subsection (1) of this section or who
1030 is found guilty of violating any provision of s. 456.072(1).

1031 Section 19. Subsection (21) of section 893.02, Florida
1032 Statutes, is amended to read:

1033 893.02 Definitions.—The following words and phrases as
 1034 used in this chapter shall have the following meanings, unless
 1035 the context otherwise requires:

1036 (21) "Practitioner" means a physician licensed under
 1037 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
 1038 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
 1039 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
 1040 459, an advanced registered nurse practitioner certified under
 1041 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
 1042 462, a certified optometrist licensed under ~~pursuant to~~ chapter
 1043 463, or a podiatric physician licensed under ~~pursuant to~~ chapter
 1044 461, or a physician assistant licensed under chapter 458 or
 1045 chapter 459, provided such practitioner holds a valid federal
 1046 controlled substance registry number.

1047 Section 20. Paragraph (n) of subsection (1) of section
 1048 948.03, Florida Statutes, is amended to read:

1049 948.03 Terms and conditions of probation.—

1050 (1) The court shall determine the terms and conditions of
 1051 probation. Conditions specified in this section do not require
 1052 oral pronouncement at the time of sentencing and may be
 1053 considered standard conditions of probation. These conditions
 1054 may include among them the following, that the probationer or
 1055 offender in community control shall:

1056 (n) Be prohibited from using intoxicants to excess or
 1057 possessing any drugs or narcotics unless prescribed by a
 1058 physician, advanced registered nurse practitioner, or physician

1059 assistant. The probationer or community controllee may ~~shall~~ not
 1060 knowingly visit places where intoxicants, drugs, or other
 1061 dangerous substances are unlawfully sold, dispensed, or used.

1062 Section 21. Paragraph (a) of subsection (1) and subsection
 1063 (2) of section 458.348, Florida Statutes, are amended to read:

1064 458.348 Formal supervisory relationships, standing orders,
 1065 and established protocols; notice; standards.—

1066 (1) NOTICE.—

1067 (a) When a physician enters into a formal supervisory
 1068 relationship or standing orders with an emergency medical
 1069 technician or paramedic licensed pursuant to s. 401.27, which
 1070 relationship or orders contemplate the performance of medical
 1071 acts, or when a physician enters into an established protocol
 1072 with an advanced registered nurse practitioner, which protocol
 1073 contemplates the performance of medical ~~acts identified and~~
 1074 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
 1075 acts set forth in s. 464.012(3) and (4), the physician shall
 1076 submit notice to the board. The notice shall contain a statement
 1077 in substantially the following form:

1078
 1079 I, ...(name and professional license number of
 1080 physician)..., of ...(address of physician)... have hereby
 1081 entered into a formal supervisory relationship, standing orders,
 1082 or an established protocol with ...(number of persons)...
 1083 emergency medical technician(s), ...(number of persons)...
 1084 paramedic(s), or ...(number of persons)... advanced registered

1085 nurse practitioner(s).

1086

1087 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
 1088 joint committee ~~created under s. 464.003(2)~~ shall determine
 1089 minimum standards for the content of established protocols
 1090 pursuant to which an advanced registered nurse practitioner may
 1091 perform medical acts ~~identified and approved by the joint~~
 1092 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
 1093 464.012(3) and (4) and shall determine minimum standards for
 1094 supervision of such acts by the physician, unless the joint
 1095 committee determines that any act set forth in s. 464.012(3) or
 1096 (4) is not a medical act. Such standards shall be based on risk
 1097 to the patient and acceptable standards of medical care and
 1098 shall take into account the special problems of medically
 1099 underserved areas. The standards developed by the joint
 1100 committee shall be adopted as rules by the Board of Nursing and
 1101 the Board of Medicine for purposes of carrying out their
 1102 responsibilities pursuant to part I of chapter 464 and this
 1103 chapter, respectively, but neither board shall have disciplinary
 1104 powers over the licensees of the other board.

1105 Section 22. Paragraph (a) of subsection (1) of section
 1106 459.025, Florida Statutes, is amended to read:

1107 459.025 Formal supervisory relationships, standing orders,
 1108 and established protocols; notice; standards.—

1109 (1) NOTICE.—

1110 (a) When an osteopathic physician enters into a formal

1111 supervisory relationship or standing orders with an emergency
 1112 medical technician or paramedic licensed pursuant to s. 401.27,
 1113 which relationship or orders contemplate the performance of
 1114 medical acts, or when an osteopathic physician enters into an
 1115 established protocol with an advanced registered nurse
 1116 practitioner, which protocol contemplates the performance of
 1117 medical acts ~~identified and approved by the joint committee~~
 1118 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
 1119 (4), the osteopathic physician shall submit notice to the board.
 1120 The notice must contain a statement in substantially the
 1121 following form:

1122
 1123 I, ...(name and professional license number of osteopathic
 1124 physician)..., of ...(address of osteopathic physician)... have
 1125 hereby entered into a formal supervisory relationship, standing
 1126 orders, or an established protocol with ...(number of
 1127 persons)... emergency medical technician(s), ...(number of
 1128 persons)... paramedic(s), or ...(number of persons)... advanced
 1129 registered nurse practitioner(s).

1130 Section 23. For the purpose of incorporating the amendment
 1131 made by this act to section 456.072, Florida Statutes, in a
 1132 reference thereto, subsection (10) of section 458.331, Florida
 1133 Statutes, is reenacted to read:

1134 458.331 Grounds for disciplinary action; action by the
 1135 board and department.-

1136 (10) A probable cause panel convened to consider
 1137 disciplinary action against a physician assistant alleged to
 1138 have violated s. 456.072 or this section must include one
 1139 physician assistant. The physician assistant must hold a valid
 1140 license to practice as a physician assistant in this state and
 1141 be appointed to the panel by the Council of Physician
 1142 Assistants. The physician assistant may hear only cases
 1143 involving disciplinary actions against a physician assistant. If
 1144 the appointed physician assistant is not present at the
 1145 disciplinary hearing, the panel may consider the matter and vote
 1146 on the case in the absence of the physician assistant. The
 1147 training requirements set forth in s. 458.307(4) do not apply to
 1148 the appointed physician assistant. Rules need not be adopted to
 1149 implement this subsection.

1150 Section 24. For the purpose of incorporating the amendment
 1151 made by this act to section 456.072, Florida Statutes, in a
 1152 reference thereto, paragraph (g) of subsection (7) of section
 1153 458.347, Florida Statutes, is reenacted to read:

1154 458.347 Physician assistants.—

1155 (7) PHYSICIAN ASSISTANT LICENSURE.—

1156 (g) The Board of Medicine may impose any of the penalties
 1157 authorized under ss. 456.072 and 458.331(2) upon a physician
 1158 assistant if the physician assistant or the supervising
 1159 physician has been found guilty of or is being investigated for
 1160 any act that constitutes a violation of this chapter or chapter
 1161 456.

1162 Section 25. For the purpose of incorporating the amendment
 1163 made by this act to section 456.072, Florida Statutes, in a
 1164 reference thereto, subsection (10) of section 459.015, Florida
 1165 Statutes, is reenacted to read:

1166 459.015 Grounds for disciplinary action; action by the
 1167 board and department.—

1168 (10) A probable cause panel convened to consider
 1169 disciplinary action against a physician assistant alleged to
 1170 have violated s. 456.072 or this section must include one
 1171 physician assistant. The physician assistant must hold a valid
 1172 license to practice as a physician assistant in this state and
 1173 be appointed to the panel by the Council of Physician
 1174 Assistants. The physician assistant may hear only cases
 1175 involving disciplinary actions against a physician assistant. If
 1176 the appointed physician assistant is not present at the
 1177 disciplinary hearing, the panel may consider the matter and vote
 1178 on the case in the absence of the physician assistant. The
 1179 training requirements set forth in s. 458.307(4) do not apply to
 1180 the appointed physician assistant. Rules need not be adopted to
 1181 implement this subsection.

1182 Section 26. For the purpose of incorporating the amendment
 1183 made by this act to section 456.072, Florida Statutes, in a
 1184 reference thereto, paragraph (f) of subsection (7) of section
 1185 459.022, Florida Statutes, is reenacted to read:

1186 459.022 Physician assistants.—

1187 (7) PHYSICIAN ASSISTANT LICENSURE.—

1188 (f) The Board of Osteopathic Medicine may impose any of
 1189 the penalties authorized under ss. 456.072 and 459.015(2) upon a
 1190 physician assistant if the physician assistant or the
 1191 supervising physician has been found guilty of or is being
 1192 investigated for any act that constitutes a violation of this
 1193 chapter or chapter 456.

1194 Section 27. For the purpose of incorporating the amendment
 1195 made by this act to section 456.072, Florida Statutes, in a
 1196 reference thereto, subsection (5) of section 465.0158, Florida
 1197 Statutes, is reenacted to read:

1198 465.0158 Nonresident sterile compounding permit.—

1199 (5) In accordance with this chapter, the board may deny,
 1200 revoke, or suspend the permit of; fine; or reprimand a permittee
 1201 for:

- 1202 (a) Failure to comply with this section;
- 1203 (b) A violation listed under s. 456.0635, s. 456.065, or
- 1204 s. 456.072, except s. 456.072(1)(s) or (1)(u);
- 1205 (c) A violation under s. 465.0156(5); or
- 1206 (d) A violation listed under s. 465.016.

1207 Section 28. For the purpose of incorporating the amendment
 1208 made by this act to section 456.44, Florida Statutes, in a
 1209 reference thereto, paragraph (mm) of subsection (1) of section
 1210 456.072, Florida Statutes, is reenacted to read:

1211 456.072 Grounds for discipline; penalties; enforcement.—

1212 (1) The following acts shall constitute grounds for which
 1213 the disciplinary actions specified in subsection (2) may be
 1214 taken:

1215 (mm) Failure to comply with controlled substance
 1216 prescribing requirements of s. 456.44.

1217 Section 29. For the purpose of incorporating the amendment
 1218 made by this act to section 456.44, Florida Statutes, in a
 1219 reference thereto, section 466.02751, Florida Statutes, is
 1220 reenacted to read:

1221 466.02751 Establishment of practitioner profile for
 1222 designation as a controlled substance prescribing practitioner.—
 1223 The Department of Health shall establish a practitioner profile
 1224 for dentists licensed under this chapter for a practitioner's
 1225 designation as a controlled substance prescribing practitioner
 1226 as provided in s. 456.44.

1227 Section 30. For the purpose of incorporating the amendment
 1228 made by this act to section 458.347, Florida Statutes, in a
 1229 reference thereto, section 458.303, Florida Statutes, is
 1230 reenacted to read:

1231 458.303 Provisions not applicable to other practitioners;
 1232 exceptions, etc.—

1233 (1) The provisions of ss. 458.301, 458.305, 458.307,
 1234 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321,
 1235 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343,
 1236 458.345, 458.347, and this section shall have no application to:

1237 (a) Other duly licensed health care practitioners acting
 1238 within their scope of practice authorized by statute.

1239 (b) Any physician lawfully licensed in another state or
 1240 territory or foreign country, when meeting duly licensed
 1241 physicians of this state in consultation.

1242 (c) Commissioned medical officers of the Armed Forces of
 1243 the United States and of the Public Health Service of the United
 1244 States while on active duty and while acting within the scope of
 1245 their military or public health responsibilities.

1246 (d) Any person while actually serving without salary or
 1247 professional fees on the resident medical staff of a hospital in
 1248 this state, subject to the provisions of s. 458.321.

1249 (e) Any person furnishing medical assistance in case of an
 1250 emergency.

1251 (f) The domestic administration of recognized family
 1252 remedies.

1253 (g) The practice of the religious tenets of any church in
 1254 this state.

1255 (h) Any person or manufacturer who, without the use of
 1256 drugs or medicine, mechanically fits or sells lenses, artificial
 1257 eyes or limbs, or other apparatus or appliances or is engaged in
 1258 the mechanical examination of eyes for the purpose of
 1259 constructing or adjusting spectacles, eyeglasses, or lenses.

1260 (2) Nothing in s. 458.301, s. 458.305, s. 458.307, s.
 1261 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s.
 1262 458.327, s. 458.329, s. 458.331, s. 458.337, s. 458.339, s.

1263 458.341, s. 458.343, s. 458.345, s. 458.347, or this section
 1264 shall be construed to prohibit any service rendered by a
 1265 registered nurse or a licensed practical nurse, if such service
 1266 is rendered under the direct supervision and control of a
 1267 licensed physician who provides specific direction for any
 1268 service to be performed and gives final approval to all services
 1269 performed. Further, nothing in this or any other chapter shall
 1270 be construed to prohibit any service rendered by a medical
 1271 assistant in accordance with the provisions of s. 458.3485.

1272 Section 31. For the purpose of incorporating the amendment
 1273 made by this act to section 458.347, Florida Statutes, in a
 1274 reference thereto, paragraph (b) of subsection (7) of section
 1275 458.3475, Florida Statutes, is reenacted to read:

1276 458.3475 Anesthesiologist assistants.—

1277 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
 1278 ADVISE THE BOARD.—

1279 (b) In addition to its other duties and responsibilities
 1280 as prescribed by law, the board shall:

1281 1. Recommend to the department the licensure of
 1282 anesthesiologist assistants.

1283 2. Develop all rules regulating the use of
 1284 anesthesiologist assistants by qualified anesthesiologists under
 1285 this chapter and chapter 459, except for rules relating to the
 1286 formulary developed under s. 458.347(4)(f). The board shall also
 1287 develop rules to ensure that the continuity of supervision is
 1288 maintained in each practice setting. The boards shall consider

1289 adopting a proposed rule at the regularly scheduled meeting
 1290 immediately following the submission of the proposed rule. A
 1291 proposed rule may not be adopted by either board unless both
 1292 boards have accepted and approved the identical language
 1293 contained in the proposed rule. The language of all proposed
 1294 rules must be approved by both boards pursuant to each
 1295 respective board's guidelines and standards regarding the
 1296 adoption of proposed rules.

1297 3. Address concerns and problems of practicing
 1298 anesthesiologist assistants to improve safety in the clinical
 1299 practices of licensed anesthesiologist assistants.

1300 Section 32. For the purpose of incorporating the amendment
 1301 made by this act to section 458.347, Florida Statutes, in
 1302 references thereto, paragraph (e) of subsection (4) and
 1303 paragraph (c) of subsection (9) of section 459.022, Florida
 1304 Statutes, are reenacted to read:

1305 459.022 Physician assistants.—

1306 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1307 (e) A supervisory physician may delegate to a fully
 1308 licensed physician assistant the authority to prescribe or
 1309 dispense any medication used in the supervisory physician's
 1310 practice unless such medication is listed on the formulary
 1311 created pursuant to s. 458.347. A fully licensed physician
 1312 assistant may only prescribe or dispense such medication under
 1313 the following circumstances:

1314 1. A physician assistant must clearly identify to the
1315 patient that she or he is a physician assistant. Furthermore,
1316 the physician assistant must inform the patient that the patient
1317 has the right to see the physician prior to any prescription
1318 being prescribed or dispensed by the physician assistant.

1319 2. The supervisory physician must notify the department of
1320 her or his intent to delegate, on a department-approved form,
1321 before delegating such authority and notify the department of
1322 any change in prescriptive privileges of the physician
1323 assistant. Authority to dispense may be delegated only by a
1324 supervisory physician who is registered as a dispensing
1325 practitioner in compliance with s. 465.0276.

1326 3. The physician assistant must file with the department a
1327 signed affidavit that she or he has completed a minimum of 10
1328 continuing medical education hours in the specialty practice in
1329 which the physician assistant has prescriptive privileges with
1330 each licensure renewal application.

1331 4. The department may issue a prescriber number to the
1332 physician assistant granting authority for the prescribing of
1333 medicinal drugs authorized within this paragraph upon completion
1334 of the foregoing requirements. The physician assistant shall not
1335 be required to independently register pursuant to s. 465.0276.

1336 5. The prescription must be written in a form that
1337 complies with chapter 499 and must contain, in addition to the
1338 supervisory physician's name, address, and telephone number, the
1339 physician assistant's prescriber number. Unless it is a drug or

1340 drug sample dispensed by the physician assistant, the
1341 prescription must be filled in a pharmacy permitted under
1342 chapter 465, and must be dispensed in that pharmacy by a
1343 pharmacist licensed under chapter 465. The appearance of the
1344 prescriber number creates a presumption that the physician
1345 assistant is authorized to prescribe the medicinal drug and the
1346 prescription is valid.

1347 6. The physician assistant must note the prescription or
1348 dispensing of medication in the appropriate medical record.

1349 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1350 Physician Assistants is created within the department.

1351 (c) The council shall:

1352 1. Recommend to the department the licensure of physician
1353 assistants.

1354 2. Develop all rules regulating the use of physician
1355 assistants by physicians under chapter 458 and this chapter,
1356 except for rules relating to the formulary developed under s.
1357 458.347. The council shall also develop rules to ensure that the
1358 continuity of supervision is maintained in each practice
1359 setting. The boards shall consider adopting a proposed rule
1360 developed by the council at the regularly scheduled meeting
1361 immediately following the submission of the proposed rule by the
1362 council. A proposed rule submitted by the council may not be
1363 adopted by either board unless both boards have accepted and
1364 approved the identical language contained in the proposed rule.
1365 The language of all proposed rules submitted by the council must

1366 be approved by both boards pursuant to each respective board's
 1367 guidelines and standards regarding the adoption of proposed
 1368 rules. If either board rejects the council's proposed rule, that
 1369 board must specify its objection to the council with
 1370 particularity and include any recommendations it may have for
 1371 the modification of the proposed rule.

1372 3. Make recommendations to the boards regarding all
 1373 matters relating to physician assistants.

1374 4. Address concerns and problems of practicing physician
 1375 assistants in order to improve safety in the clinical practices
 1376 of licensed physician assistants.

1377 Section 33. For the purpose of incorporating the amendment
 1378 made by this act to section 458.347, Florida Statutes, in a
 1379 reference thereto, paragraph (b) of subsection (7) of section
 1380 459.023, Florida Statutes, is reenacted to read:

1381 459.023 Anesthesiologist assistants.—

1382 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
 1383 ADVISE THE BOARD.—

1384 (b) In addition to its other duties and responsibilities
 1385 as prescribed by law, the board shall:

1386 1. Recommend to the department the licensure of
 1387 anesthesiologist assistants.

1388 2. Develop all rules regulating the use of
 1389 anesthesiologist assistants by qualified anesthesiologists under
 1390 this chapter and chapter 458, except for rules relating to the
 1391 formulary developed under s. 458.347(4)(f). The board shall also

1392 develop rules to ensure that the continuity of supervision is
1393 maintained in each practice setting. The boards shall consider
1394 adopting a proposed rule at the regularly scheduled meeting
1395 immediately following the submission of the proposed rule. A
1396 proposed rule may not be adopted by either board unless both
1397 boards have accepted and approved the identical language
1398 contained in the proposed rule. The language of all proposed
1399 rules must be approved by both boards pursuant to each
1400 respective board's guidelines and standards regarding the
1401 adoption of proposed rules.

1402 3. Address concerns and problems of practicing
1403 anesthesiologist assistants to improve safety in the clinical
1404 practices of licensed anesthesiologist assistants.

1405 Section 34. For the purpose of incorporating the amendment
1406 made by this act to section 464.012, Florida Statutes, in a
1407 reference thereto, paragraph (a) of subsection (1) of section
1408 456.041, Florida Statutes, is reenacted to read:

1409 456.041 Practitioner profile; creation.—

1410 (1)(a) The Department of Health shall compile the
1411 information submitted pursuant to s. 456.039 into a practitioner
1412 profile of the applicant submitting the information, except that
1413 the Department of Health shall develop a format to compile
1414 uniformly any information submitted under s. 456.039(4)(b).
1415 Beginning July 1, 2001, the Department of Health may compile the
1416 information submitted pursuant to s. 456.0391 into a
1417 practitioner profile of the applicant submitting the

1418 information. The protocol submitted pursuant to s. 464.012(3)
1419 must be included in the practitioner profile of the advanced
1420 registered nurse practitioner.

1421 Section 35. For the purpose of incorporating the amendment
1422 made by this act to section 464.012, Florida Statutes, in
1423 references thereto, subsections (1) and (2) of section 458.348,
1424 Florida Statutes, are reenacted to read:

1425 458.348 Formal supervisory relationships, standing orders,
1426 and established protocols; notice; standards.—

1427 (1) NOTICE.—

1428 (a) When a physician enters into a formal supervisory
1429 relationship or standing orders with an emergency medical
1430 technician or paramedic licensed pursuant to s. 401.27, which
1431 relationship or orders contemplate the performance of medical
1432 acts, or when a physician enters into an established protocol
1433 with an advanced registered nurse practitioner, which protocol
1434 contemplates the performance of medical acts identified and
1435 approved by the joint committee pursuant to s. 464.003(2) or
1436 acts set forth in s. 464.012(3) and (4), the physician shall
1437 submit notice to the board. The notice shall contain a statement
1438 in substantially the following form:

1439 I, ...(name and professional license number of
1440 physician)..., of ...(address of physician)... have hereby
1441 entered into a formal supervisory relationship, standing orders,
1442 or an established protocol with ...(number of persons)...
1443 emergency medical technician(s), ...(number of persons)...

1444 paramedic(s), or ...(number of persons)... advanced registered
 1445 nurse practitioner(s).

1446 (b) Notice shall be filed within 30 days of entering into
 1447 the relationship, orders, or protocol. Notice also shall be
 1448 provided within 30 days after the physician has terminated any
 1449 such relationship, orders, or protocol.

1450 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
 1451 joint committee created under s. 464.003(2) shall determine
 1452 minimum standards for the content of established protocols
 1453 pursuant to which an advanced registered nurse practitioner may
 1454 perform medical acts identified and approved by the joint
 1455 committee pursuant to s. 464.003(2) or acts set forth in s.
 1456 464.012(3) and (4) and shall determine minimum standards for
 1457 supervision of such acts by the physician, unless the joint
 1458 committee determines that any act set forth in s. 464.012(3) or
 1459 (4) is not a medical act. Such standards shall be based on risk
 1460 to the patient and acceptable standards of medical care and
 1461 shall take into account the special problems of medically
 1462 underserved areas. The standards developed by the joint
 1463 committee shall be adopted as rules by the Board of Nursing and
 1464 the Board of Medicine for purposes of carrying out their
 1465 responsibilities pursuant to part I of chapter 464 and this
 1466 chapter, respectively, but neither board shall have disciplinary
 1467 powers over the licensees of the other board.

1468 Section 36. For the purpose of incorporating the amendment
 1469 made by this act to section 464.013, Florida Statutes, in a

1470 reference thereto, subsection (7) of section 464.0205, Florida
 1471 Statutes, is reenacted to read:

1472 464.0205 Retired volunteer nurse certificate.—

1473 (7) The retired volunteer nurse certificate shall be valid
 1474 for 2 years, and a certificateholder may reapply for a
 1475 certificate so long as the certificateholder continues to meet
 1476 the eligibility requirements of this section. Any legislatively
 1477 mandated continuing education on specific topics must be
 1478 completed by the certificateholder prior to renewal; otherwise,
 1479 the provisions of s. 464.013 do not apply.

1480 Section 37. For the purpose of incorporating the amendment
 1481 made by this act to section 464.018, Florida Statutes, in a
 1482 reference thereto, subsection (11) of section 320.0848, Florida
 1483 Statutes, is reenacted to read:

1484 320.0848 Persons who have disabilities; issuance of
 1485 disabled parking permits; temporary permits; permits for certain
 1486 providers of transportation services to persons who have
 1487 disabilities.—

1488 (11) A violation of this section is grounds for
 1489 disciplinary action under s. 458.331, s. 459.015, s. 460.413, s.
 1490 461.013, s. 463.016, or s. 464.018, as applicable.

1491 Section 38. For the purpose of incorporating the amendment
 1492 made by this act to section 464.018, Florida Statutes, in a
 1493 reference thereto, subsection (2) of section 464.008, Florida
 1494 Statutes, is reenacted to read:

1495 464.008 Licensure by examination.—

1496 (2) Each applicant who passes the examination and provides
 1497 proof of meeting the educational requirements specified in
 1498 subsection (1) shall, unless denied pursuant to s. 464.018, be
 1499 entitled to licensure as a registered professional nurse or a
 1500 licensed practical nurse, whichever is applicable.

1501 Section 39. For the purpose of incorporating the amendment
 1502 made by this act to section 464.018, Florida Statutes, in a
 1503 reference thereto, subsection (5) of section 464.009, Florida
 1504 Statutes, is reenacted to read:

1505 464.009 Licensure by endorsement.—

1506 (5) The department shall not issue a license by
 1507 endorsement to any applicant who is under investigation in
 1508 another state, jurisdiction, or territory of the United States
 1509 for an act which would constitute a violation of this part or
 1510 chapter 456 until such time as the investigation is complete, at
 1511 which time the provisions of s. 464.018 shall apply.

1512 Section 40. For the purpose of incorporating the amendment
 1513 made by this act to section 464.018, Florida Statutes, in
 1514 references thereto, paragraph (b) of subsection (1), subsection
 1515 (3), and paragraph (b) of subsection (4) of section 464.0205,
 1516 Florida Statutes, are reenacted to read:

1517 464.0205 Retired volunteer nurse certificate.—

1518 (1) Any retired practical or registered nurse desiring to
 1519 serve indigent, underserved, or critical need populations in
 1520 this state may apply to the department for a retired volunteer
 1521 nurse certificate by providing:

1522 (b) Verification that the applicant had been licensed to
 1523 practice nursing in any jurisdiction in the United States for at
 1524 least 10 years, had retired or plans to retire, intends to
 1525 practice nursing only pursuant to the limitations provided by
 1526 the retired volunteer nurse certificate, and has not committed
 1527 any act that would constitute a violation under s. 464.018(1).

1528 (3) The board may deny a retired volunteer nurse
 1529 certificate to any applicant who has committed, or who is under
 1530 investigation or prosecution for, any act that would constitute
 1531 a ground for disciplinary action under s. 464.018.

1532 (4) A retired volunteer nurse receiving certification from
 1533 the board shall:

1534 (b) Comply with the minimum standards of practice for
 1535 nurses and be subject to disciplinary action for violations of
 1536 s. 464.018, except that the scope of practice for certified
 1537 volunteers shall be limited to primary and preventive health
 1538 care, or as further defined by board rule.

1539 Section 41. For the purpose of incorporating the amendment
 1540 made by this act to section 893.02, Florida Statutes, in a
 1541 reference thereto, section 775.051, Florida Statutes, is
 1542 reenacted to read:

1543 775.051 Voluntary intoxication; not a defense; evidence
 1544 not admissible for certain purposes; exception.—Voluntary
 1545 intoxication resulting from the consumption, injection, or other
 1546 use of alcohol or other controlled substance as described in
 1547 chapter 893 is not a defense to any offense proscribed by law.

1548 Evidence of a defendant's voluntary intoxication is not
1549 admissible to show that the defendant lacked the specific intent
1550 to commit an offense and is not admissible to show that the
1551 defendant was insane at the time of the offense, except when the
1552 consumption, injection, or use of a controlled substance under
1553 chapter 893 was pursuant to a lawful prescription issued to the
1554 defendant by a practitioner as defined in s. 893.02.

1555 Section 42. For the purpose of incorporating the amendment
1556 made by this act to section 948.03, Florida Statutes, in a
1557 reference thereto, paragraph (a) of subsection (3) of section
1558 944.17, Florida Statutes, is reenacted to read:

1559 944.17 Commitments and classification; transfers.—

1560 (3) (a) Notwithstanding the provisions of s. 948.03, only
1561 those persons who are convicted and sentenced in circuit court
1562 to a cumulative sentence of incarceration for 1 year or more,
1563 whether sentence is imposed in the same or separate circuits,
1564 may be received by the department into the state correctional
1565 system. Such persons shall be delivered to the custody of the
1566 department at such reception and classification centers as shall
1567 be provided for this purpose.

1568 Section 43. For the purpose of incorporating the amendment
1569 made by this act to section 948.03, Florida Statutes, in a
1570 reference thereto, subsection (8) of section 948.001, Florida
1571 Statutes, is reenacted to read:

1572 948.001 Definitions.—As used in this chapter, the term:

1573 (8) "Probation" means a form of community supervision
 1574 requiring specified contacts with parole and probation officers
 1575 and other terms and conditions as provided in s. 948.03.

1576 Section 44. For the purpose of incorporating the amendment
 1577 made by this act to section 948.03, Florida Statutes, in a
 1578 reference thereto, paragraph (e) of subsection (1) of section
 1579 948.101, Florida Statutes, is reenacted to read:

1580 948.101 Terms and conditions of community control.—

1581 (1) The court shall determine the terms and conditions of
 1582 community control. Conditions specified in this subsection do
 1583 not require oral pronouncement at the time of sentencing and may
 1584 be considered standard conditions of community control. The
 1585 court shall require intensive supervision and surveillance for
 1586 an offender placed into community control, which may include,
 1587 but is not limited to:

1588 (e) The standard conditions of probation set forth in s.
 1589 948.03.

1590 Section 45. Except as otherwise expressly provided in this
 1591 act, this act shall take effect upon becoming a law.