1 A bill to be entitled 2 An act relating to health care access; creating s. 3 220.197, F.S.; providing a tax credit for eligible 4 taxpayers; authorizing an unused tax credit amount to 5 be carried forward for a certain period of time; 6 authorizing the Department of Revenue to perform 7 audits and investigations under certain circumstances; 8 authorizing the department to pursue recovery of tax 9 credits if the taxpayer received a tax credit for 10 which the taxpayer was not entitled; authorizing the transfer of a tax credit under certain circumstances; 11 12 authorizing the department and the Office of Insurance Regulation to adopt rules; amending s. 624.509, F.S.; 13 14 providing that a health insurer or health maintenance 15 organization is allowed a tax credit against a 16 specified tax imposed if it covers services provided 17 by telehealth; authorizing an unused tax credit amount to be carried forward for a certain period of time; 18 19 authorizing the Department of Revenue to perform 20 audits and investigations under certain circumstances; 21 authorizing the Department of Revenue to pursue 22 recovery of tax credits if the taxpayer received a tax 23 credit for which the taxpayer was not entitled; authorizing the transfer of a tax credit under certain 24 25 circumstances; authorizing the Department of Revenue

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and the Office of Insurance Regulation to adopt rules; providing that an insurer claiming the tax credit is not required to pay any additional retaliatory tax; providing definitions; creating s. 456.47, F.S.; providing definitions; establishing certain practice standards for telehealth providers; providing for the maintenance and confidentiality of medical records; providing registration requirements for out-of-state telehealth providers; requiring the Department of Health to publish certain information on its website; authorizing a board or the department if there is no board to revoke a telehealth provider's registration under certain circumstances; providing venue; providing exemptions to the registration requirement; providing rulemaking authority; providing an appropriation and authorizing positions; amending s. 464.003, F.S.; revising and providing definitions; redesignating advanced registered nurse practitioners as advanced practice registered nurses; providing for independent advanced practice registered nurses to practice advanced or specialized nursing and without the supervision of a physician or protocol; creating a joint committee to determine the medical acts that may be performed by independent advanced practice registered nurses and advanced practice registered

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nurses; providing for appointment and terms of committee members; requiring the Board of Nursing to adopt rules authorizing the performance of certain acts by an independent advanced practice registered nurse; amending s. 464.012, F.S.; revising advanced practice registered nurse certification requirements; creating s. 464.0125, F.S.; providing for the registration of an independent advanced practice registered nurse who meets certain clinical practice and educational requirements; specifying acts that independent advanced practice registered nurses are authorized to perform without physician supervision or protocol; requiring an independent advanced practice registered nurse to submit proof of registration to the department; authorizing the department to include the proof of registration in the advanced practice registered nurse's practitioner profile; providing for biennial renewal of registration, including continuing education requirements; providing for application and biennial renewal fees; providing rulemaking authority; amending s. 464.015, F.S.; providing title protection for independent advanced practice registered nurses, advanced practice registered nurses, and certified nurse practitioners; creating s. 464.0155, F.S.; requiring independent advanced practice registered

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nurses to report adverse incidents to the Department of Health in a certain manner; providing report requirements; defining the term "adverse incident"; providing for department review of adverse incidents; authorizing the department to take disciplinary action in cases of adverse incidents; amending s. 464.016, F.S.; providing penalties for illegally using certain titles; amending s. 464.018, F.S.; adding grounds for disciplinary actions against independent advanced practice registered nurses; amending s. 39.303, F.S.; revising requirements relating to review of certain cases of abuse or neglect and standards for face-toface medical evaluations by a child protection team; amending s. 39.304, F.S.; authorizing a physician assistant and an independent advanced practice registered nurse to perform or order an examination and diagnose a child without parental consent under certain circumstances; amending s. 90.503, F.S.; redefining the term "psychotherapist" to include an independent advanced practice registered nurse with a specified scope of practice; amending s. 112.0455, F.S.; authorizing an independent advanced practice registered nurse to collect specimens for drug testing; amending s. 121.0515, F.S.; designating an advanced practice registered nurse as a special risk

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member under certain conditions; amending ss. 310.071, 310.073, and 310.081, F.S.; authorizing a physician assistant and an independent advanced practice registered nurse to administer the physical examination required for deputy pilot certification and state pilot licensure; broadening an exception to the prohibition against the use of controlled substances by an applicant for a deputy pilot certificate or a state pilot license to allow the use of controlled substances prescribed by a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse; requiring a physician assistant or an independent advanced practice registered nurse performing the physical examination to know the minimum licensure standards and certify that such standards are met; amending s. 320.0848, F.S.; authorizing an independent advanced practice registered nurse to certify that a person is disabled; amending s. 381.00315, F.S.; authorizing the reactivation of an independent advanced practice registered nurse license in a public health emergency; amending s. 381.00593, F.S.; redefining the term "health care practitioner" to include a physician assistant and an independent advanced practice registered nurse; amending s.

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381.026, F.S.; revising the definition of the term "health care provider" to include a physician assistant and an independent advanced practice registered nurse; amending s. 382.008, F.S.; authorizing a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse to file a certificate of death or fetal death under certain circumstances; authorizing a certified nurse midwife to provide certain information to a funeral director within a specified time period; revising the definition of the term "primary or attending physician"; amending s. 383.14, F.S.; authorizing the release of certain newborn tests and screening results to an independent advanced practice registered nurse; amending ss. 383.141, 627.357, and 766.1115, F.S.; revising the definition of the term "health care provider" to include an independent advanced practice registered nurse; amending s. 384.27, F.S., authorizing an independent advanced practice registered nurse to provide expedited partner therapy; amending s. 390.0111, F.S.; including an independent advanced practice registered nurse in a list of health care practitioners authorized to review an ultrasound with a woman prior to an abortion procedure; amending s.

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390.012, F.S.; including an independent advanced practice registered nurse in a list of health care practitioners authorized to provide postoperative monitoring and required to be available throughout an abortion procedure, remain at the abortion clinic until all patients are discharged, and attempt to assess the patient's recovery within a specified time; amending s. 394.455, F.S.; revising the definition of the term "psychiatric nurse" to include an independent advanced practice registered nurse certified in a specified specialty; amending s. 394.463, F.S.; authorizing a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse to initiate an involuntary examination for mental illness under certain circumstances; providing for examination of a patient by a physician assistant or psychiatric nurse; authorizing a psychiatric nurse to approve the release of a patient under certain conditions; amending s. 395.0191, F.S.; authorizing an independent advanced practice registered nurse to apply for clinical privileges; providing an exception to the requirement for onsite medical direction for certain independent advanced practice registered nurses; amending s. 395.605, F.S.; including independent advanced practice

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registered nurses in a list of health care practitioners who must supervise the care of a patient or be on duty for a specified duration in an emergency care setting; amending s. 397.311, F.S.; revising the definition of the term "qualified professional" to include an independent advanced practice registered nurse; conforming terminology; amending s. 397.405, F.S.; providing that an independent advanced practice registered nurse's practice may not be limited under certain circumstances; amending s. 397.501, F.S.; prohibiting the denial of certain services to an individual who takes medication prescribed by a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse; amending ss. 397.679 and 397.6793, F.S.; revising the list of persons authorized to initiate a certificate for an emergency admission for a person who is substance abuse impaired; amending s. 400.021, F.S.; revising the definition of the term "geriatric outpatient clinic" to include a site staffed by an independent advanced practice registered nurse; amending s. 400.0255, F.S.; including independent advanced practice registered nurses in a list of health care practitioners who must sign a notice of discharge or transfer; amending s. 400.172, F.S.;

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including independent advanced practice registered nurses and advanced practice registered nurses in a list of health care practitioners who may provide a prospective respite care resident with certain medical information; amending s. 400.462, F.S.; defining the term "independent advanced practice registered nurse"; amending s. 400.487, F.S.; including independent advanced practice registered nurses in a list of health care practitioners who must establish treatment orders for certain patients under certain circumstances; amending s. 400.506, F.S.; applying medical treatment plan requirements to independent advanced practice registered nurses; amending s. 400.9905, F.S.; exempting entities where health care services are provided by independent advanced practice registered nurses from clinic licensure requirements; amending s. 400.9973, F.S.; revising the list of professionals authorized to prescribe admission to a transitional living facility; amending s. 400.9974, F.S.; revising the criteria for the comprehensive treatment plan; amending s. 400.9976, F.S.; revising the list of professionals authorized to supervise and record medications to be administered to a client; amending s. 400.9979, F.S.; revising the list of professionals that may order physical or chemical

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restraints for a client; amending s. 401.445, F.S.; prohibiting recovery of damages in court against an independent advanced practice registered nurse under certain circumstances; requiring an independent advanced practice registered nurse to attempt to obtain a person's consent prior to providing emergency services; amending ss. 409.905 and 409.908, F.S.; requiring the agency to reimburse independent advanced practice registered nurses for providing certain mandatory Medicaid services; amending s. 409.9081, F.S.; requiring copayments under the Medicaid program to be paid for independent advanced practice registered nurse services; amending s. 409.973, F.S.; requiring managed care plans to cover independent advanced practice registered nurse services; amending s. 429.26, F.S.; prohibiting independent advanced practice registered nurses from having a financial interest in the assisted living facility that employs them; including independent advanced practice registered nurses in a list of health care practitioners from whom an assisted living facility resident may obtain an examination prior to admission; amending s. 429.918, F.S.; revising the definition of the term "ADRD participant" to include participants who have a documented diagnosis of Alzheimer's disease

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or a dementia-related disorder from an independent advanced practice registered nurse; including independent advanced practice registered nurses in a list of health care practitioners from whom an ADRD participant may obtain signed medical documentation; amending s. 440.102, F.S.; authorizing, for the purpose of drug-free workforce program requirements, an independent advanced practice registered nurse to collect a specimen for a drug test; amending s. 456.048, F.S.; requiring independent advanced practice registered nurses to maintain medical malpractice insurance or provide proof of financial responsibility; exempting independent advanced practice registered nurses from such requirements under certain circumstances; amending s. 456.053, F.S.; revising the definition of the term "board" to include the Board of Nursing; revising the definitions of the terms "health care provider" and "sole provider" to include independent advanced practice registered nurses; authorizing an independent advanced practice registered nurse to make referrals under certain circumstances; conforming a reference; amending s. 456.072, F.S.; requiring the suspension and fining of an independent advanced practice registered nurse or an advanced practice registered

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nurse for prescribing or dispensing a controlled substance in a certain manner; amending s. 456.44, F.S.; providing certain requirements for independent advanced practice registered nurses and advanced practice registered nurses who prescribe controlled substances for the treatment of chronic nonmalignant pain; amending ss. 458.3265 and 459.0137, F.S.; requiring an independent advanced practice registered nurse to perform a physical examination of a patient at a pain-management clinic under certain circumstances; amending ss. 458.348 and 459.025, F.S.; deleting obsolete provisions; conforming provisions; amending s. 464.0205, F.S.; authorizing an independent advanced practice registered nurse to directly supervise a certified retired volunteer nurse; amending s. 480.0475, F.S.; authorizing the operation of a massage establishment during specified times if a massage is prescribed by an independent advanced practice registered nurse; amending s. 483.041, F.S.; revising the definition of the term "licensed practitioner" to include a physician assistant and an independent advanced practice registered nurse; amending s. 483.181, F.S.; requiring clinical laboratories to accept a human specimen submitted by an independent advanced practice registered nurse;

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amending s. 486.021, F.S.; authorizing a physical therapist to implement a plan of treatment provided by an independent advanced practice registered nurse; amending s. 490.012, F.S.; allowing certain qualified independent advanced practice registered nurses to use the word, or a form of the word, "psychotherapy"; amending s. 491.0057, F.S.; authorizing certain qualified independent advanced practice registered nurses to be licensed as marriage and family therapists; amending s. 491.012, F.S.; authorizing certain qualified independent advanced practice registered nurses to use specified terms; amending s. 493.6108, F.S.; authorizing an independent advanced practice registered nurse to certify the physical fitness of a certain class of applicants to bear a weapon or firearm; amending s. 626.9707, F.S.; including independent advanced practice registered nurses in a list of entities and individuals that are protected from insurer discrimination when providing services to a person with the sickle-cell trait; amending s. 627.6471, F.S.; requiring insurers to provide eligibility criteria for certain qualified independent advanced practice registered nurses under certain circumstances; amending s. 627.6472, F.S.; requiring insurers to provide eligibility criteria for

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certain qualified independent advanced practice registered nurses under certain circumstances; prohibiting an exclusive provider organization from discriminating against participation by an independent advanced practice registered nurse; amending s. 627.736, F.S.; requiring personal injury protection insurance to cover a certain percentage of medical services and care provided by an independent advanced practice registered nurse, a practitioner supervised by an independent advanced practice registered nurse, or an entity wholly owned by one or more independent advanced practice registered nurses; providing for reimbursement of independent advanced practice registered nurses up to a specified amount for providing medical services and care; amending s. 633.412, F.S.; authorizing an independent advanced practice registered nurse to medically examine an applicant for firefighter certification; amending s. 641.3923, F.S.; prohibiting a health maintenance organization from discriminating against the participation of a physician assistant or an independent advanced practice registered nurse; amending s. 641.495, F.S.; requiring a health maintenance organization to disclose in certain documents that certain services may be provided by

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independent advanced practice registered nurses; amending s. 744.2006, F.S.; adding independent advanced practice registered nurses to a list of authorized professionals with whom a public guardian may contract to carry out quardianship functions; amending s. 744.331, F.S.; including a physician assistant as an eligible member of an examining committee; conforming terminology; amending s. 766.102, F.S.; providing requirements for qualification as an expert witness in a medical negligence case concerning the standard of care for an independent advanced practice registered nurse and an advanced practice registered nurse; amending s. 766.103, F.S.; prohibiting recovery of damages against an independent advanced practice registered nurse under certain conditions; amending s. 766.1116, F.S.; revising the definition of the term "health care practitioner" to include an independent advanced practice registered nurse; amending s. 766.118, F.S.; revising the definition of the term "practitioner" to include an independent advanced practice registered nurse; amending s. 768.135, F.S.; providing immunity from liability for an independent advanced practice registered nurse who provides volunteer services under certain circumstances; amending s. 782.071, F.S.;

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allowing an independent advanced practice registered nurse or an advanced practice registered nurse to supervise a person who is completing community service hours in a trauma center or hospital; amending s. 794.08, F.S.; providing that the section does not apply to medical procedures conducted by an independent advanced practice registered nurse under certain circumstances; amending s. 893.02, F.S.; revising the definition of the term "practitioner" to include an independent advanced practice registered nurse and an advanced practice registered nurse; amending s. 943.13, F.S.; authorizing a law enforcement officer or correctional officer to satisfy qualifications for employment or appointment by passing a physical examination conducted by an independent advanced practice registered nurse; amending s. 945.603, F.S.; authorizing the Correctional Medical Authority to review and make recommendations relating to the use of advanced practice registered nurses as physician extenders; amending s. 948.03, F.S.; revising the list of persons who may prescribe drugs or narcotics to a probationer to include an independent advanced practice registered nurse; amending ss. 1002.20 and 1002.42, F.S.; including independent advanced practice registered

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401	nurses in a list of individuals who have immunity
402	relating to the use of epinephrine auto-injectors in
403	public and private schools; amending s. 1006.062,
404	F.S.; authorizing nonmedical assistive personnel to
405	perform health services if trained by an independent
406	advanced practice registered nurse; requiring the
407	monitoring of such personnel by an independent
408	advanced practice registered nurse; including
409	independent advanced practice registered nurses in a
410	list of practitioners who must determine whether such
411	personnel may perform certain invasive medical
412	services; amending s. 1006.20, F.S.; authorizing an
413	independent advanced practice registered nurse to
414	medically evaluate a student athlete; amending ss.
415	110.12315, 252.515, 395.602, 397.427, 456.0391,
416	456.0392, 456.041, 458.331, 459.015, 464.004,
417	464.0205, 467.003, 483.801, 893.05, 960.28, 1009.65,
418	1009.66, and 1009.67, F.S.; conforming terminology and
419	cross-references; providing effective dates.
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421	Be It Enacted by the Legislature of the State of Florida:
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423	Section 1. Effective upon this act becoming a law, section
424	220.197, Florida Statutes, is created to read:
425	220.197 Telehealth tax credit.—

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(1) For tax years beginning on or after January 1, 2018, for taxpayers eligible to receive the tax credit provided in s. 624.509(9)(a), but with insufficient tax liability under s. 624.509 to use such tax credit, a credit against the tax imposed by this chapter equal to the credit amount provided in s. 624.509(9)(a) is allowed.

- (2) If the credit allowed pursuant to this section is not fully used in any single year because of insufficient tax liability on the part of the taxpayer, the unused amount may be carried forward for a period not to exceed 5 years.
- (3) (a) In addition to its existing audit and investigation authority, the department may perform any additional financial and technical audits and investigations, including examining the accounts, books, and records of the taxpayer, which are necessary to verify eligibility for the credit authorized by this section and to ensure compliance with this section. The Office of Insurance Regulation shall provide technical assistance when requested by the department on any audits or examinations performed pursuant to this paragraph.
- (b) If the department determines, as a result of an audit or examination or from information received from the Office of Insurance Regulation, that a taxpayer received a tax credit pursuant to this subsection to which it was not entitled, the department shall pursue recovery of such funds pursuant to the laws and rules governing the assessment of taxes.

- (5) The department and the Office of Insurance Regulation may adopt rules to administer this section, including rules relating to:
- (a) The forms, if any, necessary to claim a tax credit under this section, the requirements and basis for establishing an entitlement to a credit, and the examination and audit procedures required to administer this section.
- (b) The implementation and administration of the provisions allowing a transfer of a tax credit, including rules prescribing forms, reporting requirements, and specific procedures, guidelines, and requirements necessary to transfer a tax credit.

Section 2. Effective upon this act becoming a law, subsection (9) of section 624.509, Florida Statutes, is renumbered as subsection (10) and amended, and a new subsection (9) is added to that section, to read:

624.509 Premium tax; rate and computation.-

- (9) (a) For tax years beginning on or after January 1, 2018, any health insurer or health maintenance organization that covers services provided by telehealth shall be allowed a credit against the tax imposed by this section equal to 0.001 percent of total insurance premiums received on accident and health insurance policies or plans delivered or issued in this state in the previous calendar year that provide medical, major medical, or similar comprehensive coverage. The office shall confirm such coverage to the Department of Revenue following its annual rate and form review for each health insurance policy or plan.
- (b) If the credit allowed pursuant to this subsection is not fully used in any single year because of insufficient tax liability on the part of a health insurer or health maintenance organization and the same health insurer or health maintenance organization does not use the credit available pursuant to s. 220.197, the unused amount may be carried forward for a period not to exceed 5 years.
- (c)1. In addition to its existing audit and investigation authority, the Department of Revenue may perform any additional financial and technical audits and investigations, including

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examining the accounts, books, and records of the health insurer or health maintenance organization, which are necessary to verify eligibility for the credit authorized by this subsection and to ensure compliance with this subsection. The office shall provide technical assistance when requested by the Department of Revenue on any audits or examinations performed pursuant to this subparagraph.

- 2. If the Department of Revenue determines, as a result of an audit or examination or from information received from the office, that a taxpayer received a tax credit pursuant to this subsection to which it was not entitled, the Department of Revenue shall pursue recovery of such funds pursuant to the laws and rules governing the assessment of taxes.
- (d) A health insurer or health maintenance organization may transfer a credit for which it qualifies under paragraph (a), in whole or in part, to any insurer by written agreement. In order to perfect the transfer, the transferor shall provide the Department of Revenue with a written transfer statement stating the transferor's intent to transfer the tax credit to the transferee; the date that the transfer is effective; the transferee's name, address, and federal taxpayer identification number; the tax period; and the amount of tax credit to be transferred. Upon receipt of the transfer statement, the Department of Revenue shall provide the transferred and the office with a certificate reflecting the transferred tax credit

amount. A	сору о	f the	certificat	e must	be	attac	hed	to	each	tax
return fo	r which	the	transferee	seeks	to a	apply	the	cre	edit.	

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- (e) The Department of Revenue and the office may adopt rules to administer this section, including rules relating to:
- 1. The forms, if any, necessary to claim a tax credit under this section, the requirements and basis for establishing an entitlement to a credit, and the examination and audit procedures required to administer this section.
- 2. The implementation and administration of the provisions allowing a transfer of a tax credit, including rules prescribing forms, reporting requirements, and specific procedures, guidelines, and requirements necessary to transfer a tax credit.
- (f) An insurer that claims a credit against tax liability under this subsection is not required to pay any additional retaliatory tax levied under s. 624.5091 as a result of claiming such a credit. Section 624.5091 does not limit such a credit in any manner.
 - (10) (9) As used in this section, the term:
- (a) "Health insurer" means an authorized insurer offering health insurance as defined in s. 624.603.
- (b) "Health maintenance organization" has the same meaning as provided in s. 641.19.
- (c) "Insurer" includes any entity subject to the tax imposed by this section.
 - (d) "Telehealth" means the use of synchronous or

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asynchronous telecommunications technology by a health care

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provider to provide health care services, including, but not limited to, patient assessment, diagnosis, consultation, treatment, and monitoring; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions. Section 3. Section 456.47, Florida Statutes, is created to read: 456.47 Use of telehealth to provide services.-DEFINITIONS.—As used in this section, the term: (1)(a) "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, patient assessment, diagnosis, consultation, treatment, and monitoring; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions. "Telehealth provider" means any individual who

(b) "Telehealth provider" means any individual who provides health care and related services using telehealth and who is licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part

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XIII, or part XIV of chapter 468; chapter 478; chapter 480; part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; or who is registered under and complies with subsection (4).

(2) PRACTICE STANDARD.—

- (a) The standard of care for telehealth providers who provide health care services is the same as the standard of care for health care professionals who provide in-person health care services to patients in this state. If the telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient's medical history or conduct a physical examination of the patient before using telehealth to provide services to the patient. The evaluation may be performed using telehealth.
- (b) A telehealth provider may not use telehealth to prescribe a controlled substance to treat chronic nonmalignant pain, as defined under s. 456.44, unless the controlled substance is ordered for inpatient treatment at a hospital licensed under chapter 395, is prescribed for a patient receiving hospice services, as defined under s. 400.601, or is prescribed for a resident of a nursing home facility as defined under s. 400.021(12).
- (c) A telehealth provider and a patient may be in separate locations when telehealth is used to provide health care services to a patient.

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	(d)	A noi	nphy	sici	an	tel	ehe	alt	th p	orot	/ide	c us	sing	g te	elehe	ealth	<u>1</u>
and	actin	g with	nin	the	rel	eva	nt	sco	pe	of	prac	ctic	ce,	as	esta	ablis	shed
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or	s. 459	.013(1) (a) .													

- 23) RECORDS.—A telehealth provider shall document in the patient's medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4) and 456.057.
 - (4) REGISTRATION OF OUT-OF-STATE TELEHEALTH PROVIDERS.—
- (a) A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the telehealth provider registers with the applicable board, or the department if there is no board, and provides health care services within the relevant scope of practice established by Florida law or rule.
- (b) The board, or the department if there is no board,
 shall register a health care professional not licensed in this
 state as a telehealth provider if the health care professional:
- 1. Completes an application in the format prescribed by the department;
 - 2. Pays a \$150 registration fee; and
 - 3. Holds an active, unencumbered license for a profession

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listed in paragraph (1) (b) which is issued by another state, the District of Columbia, or a possession or territory of the United States and against whom no disciplinary action has been taken during the 5 years before submission of the application. The department shall use the National Practitioner Data Bank to verify information submitted by an applicant.

- (c) A telehealth provider registered pursuant to paragraph (b) must, as a condition of biennial registration renewal, complete a renewal application and pay a renewal registration fee of \$150.
- (d) A health care professional may not register under this subsection if his or her license to provide health care services is subject to a pending disciplinary investigation or action, or has been revoked in any state or jurisdiction. A health care professional registered under this section must notify the appropriate board, or the department if there is no board, of restrictions placed on the health care professional's license to practice, or disciplinary action taken or pending against the health care professional, in any state or jurisdiction. The notification must be provided within 5 business days after the restriction is placed or disciplinary action is initiated or taken.
- (e) A health care professional registered under this subsection may not open an office in this state and may not provide in-person health care services to patients located in

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651	this state.
652	(f) A pharmacist registered under this subsection may only
653	use a pharmacy permitted under chapter 465, a nonresident
654	pharmacy registered under s. 465.0156, or a nonresident pharmacy
655	or outsourcing facility holding an active permit pursuant to s.
656	465.0158, to dispense medicinal drugs to patients located in
657	this state.
658	(g) The department shall publish on its website a list of
659	all registrants and include, to the extent applicable, each
660	registrant's:
661	1. Name.
662	2. Health care occupation.
663	3. Completed health care training and education, including
664	completion dates and any certificates or degrees obtained.
665	4. Out-of-state health care license with the license
666	number.
667	5. Florida telehealth provider registration number.
668	6. Specialty.
669	7. Board certification.
670	8. Five-year disciplinary history, including sanctions and
671	board actions.
672	9. Medical malpractice insurance provider and policy
673	limits, including whether the policy covers claims which arise
674	in this state.
675	(b) The beard or the department if there is no beard may

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revoke an out-of-state telehealth provider's registration if the registrant:

1. Fails to notify the applicable board, or the department, of any adverse actions taken against his or her license as required under paragraph (d).

- 2. Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction.
 - 3. Violates any of the requirements of this section.
- (5) VENUE.-For the purposes of this section, any act that constitutes the delivery of health care services is deemed to occur at the place where the patient is located at the time the act is performed.
- (6) EXEMPTIONS.—A health care professional who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another state or jurisdiction, and who provides health care services using telehealth to a patient located in this state, is not subject to the registration requirement under this section if the services are provided:
- (a) In response to an emergency medical condition as defined in s. 395.002; or
- (b) In consultation with a health care professional licensed in this state and that health care professional retains ultimate authority over the diagnosis and care of the patient.
 - (7) RULEMAKING.—The applicable board, or the department if

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Section 4. For the 2017-2018 fiscal year, the sums of \$261,389 in recurring funds and \$15,528 in nonrecurring funds from the Medical Quality Assurance Trust Fund are appropriated to the Department of Health, and four full-time equivalent positions with associated salary rate of 145,870 are authorized, for the purpose of implementing s. 456.47, Florida Statutes, as created by this act.

Section 5. Subsections (2) and (3) of section 464.003, Florida Statutes, are amended, subsections (16) through (23) are renumbered as subsections (17) through (24), respectively, present subsections (20) and (22) are amended, and a new subsection (16) is added to that section, to read:

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

(2) "Advanced or specialized nursing practice" or "to practice advanced or specialized nursing" means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an independent advanced practice registered nurse or an advanced practice registered nurse practitioner. Within the context of advanced or specialized nursing practice, the independent advanced practice registered nurse and the advanced practice registered nurse practitioner may perform acts of nursing diagnosis and nursing

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treatment of alterations of the health status. The independent advanced practice registered nurse and the advanced practice registered nurse practitioner may also perform acts of medical diagnosis, and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, one of whom must be an independent advanced practice registered nurse and one of whom must be an advanced practice registered nurse; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced practice registered nurses; and the State Surgeon General or the State Surgeon General's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee and unless such acts are performed by an independent advanced practice nurse, such medical acts must be performed as authorized within the framework of an established supervisory protocol. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348 or s. 459.025.

(3) "Advanced <u>practice</u> registered nurse practitioner" means any person licensed in this state to practice professional

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nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and <u>certified</u> nurse practitioners.

- (16) "Independent advanced practice registered nurse"

 means an advanced practice registered nurse who maintains an
 active and unencumbered certification under s. 464.012(2) and
 registration under s. 464.0125 to practice advanced or
 specialized nursing independently and without the supervision of
 a physician or a protocol.
- (21) (20) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:
- (a) The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
- (b) The <u>prescribing and</u> administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
- (c) The supervision and teaching of other personnel in the theory and performance of any of the acts described in this

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776 subsection.

A professional nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

(23) (22) "Registered nurse" means any person licensed in this state to practice professional nursing, except such licensed person may only administer medications and treatments authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

Section 6. Section 464.012, Florida Statutes, is amended to read:

- 464.012 Certification of advanced <u>practice</u> registered <u>nurses</u> <u>nurse practitioners</u>; fees; controlled substance prescribing.—
- (1) Any nurse desiring to be certified as an advanced practice registered nurse practitioner shall apply to the board department and submit proof that the nurse he or she holds a current license to practice professional nursing and that the nurse he or she meets one or more of the following requirements as determined by the board:
- (a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.

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(a) (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist, psychiatric nurse, or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse practitioners, nurse anesthetists, psychiatric nurses, and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.

- (b) (c) Graduation from a program leading to a master's degree program in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a nurse practitioner under paragraph (4)(c). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).
- (2) The board shall provide by rule the appropriate requirements for advanced <u>practice</u> registered <u>nurses</u> nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and <u>certified</u> nurse practitioner.
 - (3) An advanced practice registered nurse practitioner

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

- (a) Prescribe, dispense, administer, or order any drug; however, an advanced <u>practice</u> registered nurse <u>practitioner</u> may prescribe or dispense a controlled substance as defined in s. 893.03 only if the advanced <u>practice</u> registered nurse <u>practitioner</u> has graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills.
 - (b) Initiate appropriate therapies for certain conditions.
- (c) Perform additional functions as may be determined by rule in accordance with s.~464.003(2).
- (d) Order diagnostic tests and physical and occupational therapy.

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(e) Order any medication for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893.

- (4) In addition to the general functions specified in subsection (3), an advanced <u>practice</u> registered nurse <u>practitioner</u> may perform the following acts within his or her specialty:
- (a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:
- 1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
- 2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
 - 3. Order under the protocol preanesthetic medication.
- 4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and

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techniques; intravenous agents and techniques; and techniques of hypnosis.

- 5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
- 6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
- 7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
- 8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
- 9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
- 10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- (b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

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- 901 1. Perform superficial minor surgical procedures.
 - 2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
 - 3. Order, initiate, and perform appropriate anesthetic procedures.
 - 4. Perform postpartum examination.
 - 5. Order appropriate medications.

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- 6. Provide family-planning services and well-woman care.
- 7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
- (c) The <u>certified</u> nurse practitioner may perform any or all of the following acts within the framework of established protocol:
 - 1. Manage selected medical problems.
 - 2. Order physical and occupational therapy.
- 3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
- 4. Monitor and manage patients with stable chronic diseases.
- 5. Establish behavioral problems and diagnosis and make treatment recommendations.
- (5) A psychiatric nurse, as defined in s. 394.455, within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.

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

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(7)(a) The board shall establish a committee to recommend a formulary of controlled substances that an advanced practice registered nurse practitioner may not prescribe or may prescribe only for specific uses or in limited quantities. The committee must consist of three advanced practice registered nurses nurse practitioners licensed under this section, recommended by the board; three physicians licensed under chapter 458 or chapter 459 who have work experience with advanced practice registered nurses nurse practitioners, recommended by the Board of Medicine; and a pharmacist licensed under chapter 465 who is a doctor of pharmacy, recommended by the Board of Pharmacy. The committee may recommend an evidence-based formulary applicable to all advanced practice registered nurses nurse practitioners which is limited by specialty certification, is limited to approved uses of controlled substances, or is subject to other similar restrictions the committee finds are necessary to protect the health, safety, and welfare of the public. The formulary must restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years

of age to advanced <u>practice</u> registered <u>nurses</u> nurse practitioners who also are psychiatric nurses as defined in s. 394.455. The formulary must also limit the prescribing of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply, except that such restriction does not apply to controlled substances that are psychiatric medications prescribed by psychiatric nurses as defined in s. 394.455.

- (b) The board shall adopt by rule the recommended formulary and any revision to the formulary which it finds is supported by evidence-based clinical findings presented by the Board of Medicine, the Board of Osteopathic Medicine, or the Board of Dentistry.
- (c) The formulary required under this subsection does not apply to a controlled substance that is dispensed for administration pursuant to an order, including an order for medication authorized by subparagraph (4)(a)3., subparagraph (4)(a)4., or subparagraph (4)(a)9.
- (d) The board shall adopt the committee's initial recommendation no later than October 31, 2017 2016.
- (8) This section shall be known as "The Barbara Lumpkin Prescribing Act."
- Section 7. Section 464.0125, Florida Statutes, is created to read:
 - 464.0125 Registration of independent advanced practice registered nurses; fees.—

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(1) To be registered as an independent advanced practice registered nurse, an applicant must hold an active and unencumbered certificate under s. 464.012, and must have:

- (a) Completed, in any jurisdiction of the United States, at least 4,000 clinical practice hours while practicing as an advanced practice registered nurse under the supervision of an allopathic or osteopathic physician holding an active, unencumbered license issued by any state, the District of Columbia, or a possession or territory of the United States during the period of supervision.
- (b) Completed at least 2,000 clinical practice hours within a 3-year period immediately preceding the submission of the application, which shall, if supervised pursuant to paragraph (a), be counted as part of the requirement of that paragraph.
- (c) Not been subject to any disciplinary action under s. 464.018 or s. 456.072, or any similar disciplinary action in any other jurisdiction, during the 5 years immediately preceding the submission of the application.
 - (d) Completed a graduate-level course in pharmacology.
- (2) The board may provide by rule additional requirements appropriate for each applicant practicing in a specialty under s. 464.012(4).
- (3) An independent advanced practice registered nurse may perform, without physician supervision or a protocol, the

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functions authorized in s. 464.012(3), the acts within his or

her specialty as described in s. 464.012(4), and any of the

following:

- (a) For a patient who requires the services of a health care facility, as defined in s. 408.032(8):
 - 1. Admit the patient to the facility.

- 2. Manage the care that the patient receives in the facility.
 - 3. Discharge the patient from the facility.
- (b) Provide a signature, certification, stamp,
 verification, affidavit, or other endorsement that is otherwise
 required by law to be provided by a physician.
- registered under this section must submit to the department proof of registration along with the information required under s. 456.0391, and the department shall include the registration in the independent advanced practice registered nurse's practitioner profile created pursuant to s. 456.041.
- (5) To be eligible for biennial renewal of registration, an independent advanced practice registered nurse must complete at least 10 hours of continuing education approved by the board in pharmacology in addition to completing the continuing education requirements established by board rule pursuant to s. 464.013. The biennial renewal for registration shall coincide with the independent advanced practice registered nurse's

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biennial renewal period for advanced practice registered nurse certification. If the initial renewal period occurs before

January 1, 2018, an independent advanced practice registered nurse is not required to complete the continuing education requirement under this subsection until the following biennial renewal period.

- (6) The board shall register any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt rules as necessary to implement this section.
- Section 8. Subsections (8) and (9) of section 464.015, Florida Statutes, are amended to read:
 - 464.015 Titles and abbreviations; restrictions; penalty.-
- (8) Only a person certified under s. 464.012 persons who hold valid certificates to practice as an advanced practice registered nurse practitioners in this state may use the title "Advanced Practice Registered Nurse Practitioner" and the abbreviation "A.P.R.N." Only a person registered under s. 464.0125 to practice as an independent advanced practice registered nurse in this state may use the title "Independent Advanced Practice Registered Nurse" and the abbreviation "I.A.P.R.N." "A.R.N.P."
- (9) A person may not practice or advertise as, or assume the title of, registered nurse, licensed practical nurse,

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clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, certified nurse practitioner, er advanced practice registered nurse, or independent advanced practice registered nurse practitioner or use the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," "C.N.P.," "A.P.R.N.," or "I.A.P.R.N." "A.R.N.P." or take any other action that would lead the public to believe that person was certified or registered as such or is performing nursing services pursuant to the exception set forth in s. 464.022(8), unless that person is licensed, or certified, registered to practice as such.

Section 9. Effective January 1, 2018, section 464.0155, Florida Statutes, is created to read:

464.0155 Reports of adverse incidents by independent advanced practice registered nurses.—

- (1) An independent advanced practice registered nurse must report an adverse incident to the department in accordance with this section.
- (2) The report must be in writing, sent to the department by certified mail, and postmarked within 15 days after the adverse incident if the adverse incident occurs when the patient is at the office of the independent advanced practice registered nurse. If the adverse incident occurs when the patient is not at the office of the independent advanced practice registered nurse, the report must be postmarked within 15 days after the

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1076	independent advanced practice registered nurse discovers, or
1077	reasonably should have discovered, the occurrence of the adverse
1078	incident.
1079	(3) For the purpose of this section, the term "adverse
1080	incident" means any of the following events when it is
1081	reasonable to believe that the event is attributable to the
1082	prescription of a controlled substance by the independent
1083	advanced practice registered nurse:
1084	(a) A condition that requires the transfer of a patient to
1085	a hospital licensed under chapter 395.
1086	(b) Permanent physical injury to the patient.
1087	(c) Death of the patient.
1088	(4) The department shall review each adverse incident and
1089	determine whether the independent advanced practice registered
1090	nurse caused the adverse incident. The board may take
1091	disciplinary action upon such a finding, in which case s.
1092	456.073 applies.
1093	Section 10. Paragraph (a) of subsection (2) of section
1094	464.016, Florida Statutes, is amended to read:
1095	464.016 Violations and penalties.—
1096	(2) Each of the following acts constitutes a misdemeanor
1097	of the first degree, punishable as provided in s. 775.082 or s.
1098	775.083:
1099	(a) Using the name or title "Nurse," "Registered Nurse,"

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"Licensed Practical Nurse," "Clinical Nurse Specialist,"

CODING: Words stricken are deletions; words underlined are additions.

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1101	"Certified Registered Nurse Anesthetist," "Certified Nurse
1102	Midwife," "Certified Nurse Practitioner," "Advanced Practice
1103	Registered Nurse Practitioner ," <u>"Independent Advanced Practice</u>
1104	Registered Nurse," or any other name or title that which implies
1105	that a person was licensed, or registered as same,
1106	unless such person is duly licensed <u>,</u> or certified <u>, or</u>
1107	registered.

Section 11. Paragraph (p) of subsection (1) of section 464.018, Florida Statutes, is amended, and paragraph (r) is added to that subsection, to read:

464.018 Disciplinary actions.—

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- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (p) For an advanced <u>practice</u> registered nurse <u>or an</u> independent advanced practice registered nurse <u>practitioner</u>:
 - 1. Presigning blank prescription forms.
- 2. Prescribing for office use any medicinal drug appearing on Schedule II in chapter 893.
- 3. Prescribing, ordering, dispensing, administering, supplying, selling, or giving a drug that is an amphetamine, a sympathomimetic amine drug, or a compound designated in s.

 893.03(2) as a Schedule II controlled substance, to or for any person except for:
- a. The treatment of narcolepsy; hyperkinesis; behavioral syndrome in children characterized by the developmentally

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inappropriate symptoms of moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain dysfunction.

- b. The differential diagnostic psychiatric evaluation of depression or the treatment of depression shown to be refractory to other therapeutic modalities.
- c. The clinical investigation of the effects of such drugs or compounds when an investigative protocol is submitted to, reviewed by, and approved by the department before such investigation is begun.
- 4. Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance. As used in this subparagraph, the term "muscle building" does not include the treatment of injured muscle. A prescription written for the drug products identified in this subparagraph may be dispensed by a pharmacist with the presumption that the prescription is for legitimate medical use.
- 5. Promoting or advertising on any prescription form a community pharmacy unless the form also states: "This prescription may be filled at any pharmacy of your choice."
- 6. Prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including a controlled substance, other than in the course of his or her professional

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practice. For the purposes of this subparagraph, it is legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the advanced <u>practice</u> registered <u>nurse's</u> nurse practitioner's professional practice, without regard to his or her intent.

- 7. Prescribing, dispensing, or administering a medicinal drug appearing on any schedule set forth in chapter 893 to himself or herself, except a drug prescribed, dispensed, or administered to the advanced <u>practice</u> registered nurse <u>or the independent advanced practice registered nurse practitioner</u> by another practitioner authorized to prescribe, dispense, or administer medicinal drugs.
- 8. Prescribing, ordering, dispensing, administering, supplying, selling, or giving amygdalin (laetrile) to any person.
- 9. Dispensing a substance designated in s. 893.03(2) or (3) as a substance controlled in Schedule II or Schedule III, respectively, in violation of s. 465.0276.
- 10. Promoting or advertising through any communication medium the use, sale, or dispensing of a substance designated in s. 893.03 as a controlled substance.

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(r) For an independent advanced practice registered nurse registered under s. 464.0125:

- 1. Paying or receiving any commission, bonus, kickback, or rebate, or engaging in any split-fee arrangement in any form whatsoever with a health care practitioner, organization, agency, or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. This subparagraph may not be construed to prevent an independent advanced practice registered nurse from receiving a fee for professional consultation services.
- 2. Exercising influence within a patient-independent advanced practice registered nurse relationship for purposes of engaging a patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to sexual activity with his or her independent advanced practice registered nurse.
- 3. Making deceptive, untrue, or fraudulent representations in or related to the practice of advanced or specialized nursing or employing a trick or scheme in the practice of advanced or specialized nursing.
- 4. Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A solicitation

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is any communication that directly or implicitly requests an immediate oral response from the recipient.

- 5. Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the independent advanced practice registered nurse by name and professional title who is responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations or referrals.
- 6. Exercising influence on a patient or client in a manner as to exploit the patient or client for the financial gain of the licensee or of a third party, which shall include, but not be limited to, the promoting or selling of services, goods, appliances, or drugs.
- 7. Performing professional services that have not been duly authorized by the patient or client, or his or her legal representative, except as provided in s. 766.103 or s. 768.13.
- 8. Performing any procedure or prescribing any therapy that, by the prevailing standards of advanced or specialized nursing practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed, and written consent.

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	9.	Delegating professional responsibilities to a person			
when	the	licensee delegating the responsibilities knows or has			
reason to know that the person is not qualified by training,					
exper	rien	ce, or licensure to perform such responsibilities.			

- 10. Conspiring with another independent advanced practice registered nurse or with any other person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another independent advanced practice registered nurse from lawfully advertising his or her services.
- 11. Advertising or holding oneself out as having certification in a specialty that the independent advanced practice registered nurse has not received.
- 12. Failing to comply with the requirements of ss. 381.026 and 381.0261 to provide patients with information about their patient rights and how to file a patient complaint.
- 13. Providing deceptive or fraudulent expert witness testimony related to the advanced or specialized practice of nursing.
- Section 12. Paragraph (c) of subsection (5) and paragraph (a) of subsection (6) of section 39.303, Florida Statutes, are amended to read:
 - 39.303 Child protection teams; services; eligible cases.—
- (5) All abuse and neglect cases transmitted for investigation to a district by the hotline must be simultaneously transmitted to the Department of Health child

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protection team for review. For the purpose of determining whether face-to-face medical evaluation by a child protection team is necessary, all cases transmitted to the child protection team which meet the criteria in subsection (4) must be timely reviewed by:

- (c) An advanced <u>practice</u> registered nurse <u>certified or an</u> <u>independent advanced practice registered nurse registered</u> <u>practitioner licensed</u> under chapter 464 who has a specialty in pediatrics or family medicine and is a member of a child protection team;
- (6) A face-to-face medical evaluation by a child protection team is not necessary when:
- (a) The child was examined for the alleged abuse or neglect by a physician or an independent advanced practice registered nurse who is not a member of the child protection team, and a consultation between the child protection team board-certified pediatrician, advanced practice registered nurse practitioner, physician assistant working under the supervision of a child protection team board-certified pediatrician, or registered nurse working under the direct supervision of a child protection team board-certified pediatrician, and the examining practitioner physician concludes that a further medical evaluation is unnecessary;

1274 Notwithstanding paragraphs (a), (b), and (c), a child protection

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team pediatrician, as authorized in subsection (5), may determine that a face-to-face medical evaluation is necessary.

Section 13. Paragraph (b) of subsection (1) of section 39.304, Florida Statutes, is amended to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

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If the areas of trauma visible on a child indicate a (b) need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused, the person required to investigate may cause the child to be referred for diagnosis to a licensed physician, a physician assistant, an independent advanced practice registered nurse, or an emergency department in a hospital without the consent of the child's parents or legal custodian. Such examination may be performed by a any licensed physician, a physician assistant, a registered independent advanced practice registered nurse, or a certified an advanced practice registered nurse practitioner licensed pursuant to part I of chapter 464. Any examining practitioner licensed physician, or advanced registered nurse practitioner licensed pursuant to part I of chapter 464, who has reasonable cause to suspect that an injury was the result of child abuse, abandonment, or neglect may authorize a radiological examination

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to be performed on the child without the consent of the child's parent or legal custodian.

Section 14. Paragraph (a) of subsection (1) of section 90.503, Florida Statutes, is amended to read:

- 90.503 Psychotherapist-patient privilege.-
- (1) For purposes of this section:
- (a) A "psychotherapist" is:

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- 1. A person authorized to practice medicine in any state or nation, or reasonably believed by the patient so to be, who is engaged in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 2. A person licensed or certified as a psychologist under the laws of any state or nation, who is engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 3. A person licensed or certified as a clinical social worker, marriage and family therapist, or mental health counselor under the laws of this state, who is engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction;
- 4. Treatment personnel of facilities licensed by the state pursuant to chapter 394, chapter 395, or chapter 397, of facilities designated by the Department of Children and Families pursuant to chapter 394 as treatment facilities, or of

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facilities defined as community mental health centers pursuant to s. 394.907(1), who are engaged primarily in the diagnosis or treatment of a mental or emotional condition, including alcoholism and other drug addiction; or

 5. An independent advanced practice registered nurse or advanced practice registered nurse practitioner certified under s. 464.012, whose primary scope of practice is the diagnosis or treatment of mental or emotional conditions, including chemical abuse, and limited only to actions performed in accordance with part I of chapter 464.

Section 15. Subsection (7) of section 110.12315, Florida Statutes, is amended to read:

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

(7) The department shall establish the reimbursement schedule for prescription pharmaceuticals dispensed under the program. Reimbursement rates for a prescription pharmaceutical must be based on the cost of the generic equivalent drug if a generic equivalent exists, unless the physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant prescribing the

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

Section 16. Paragraph (e) of subsection (8) of section 112.0455, Florida Statutes, is amended to read:

112.0455 Drug-Free Workplace Act.-

- (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:
- (e) A specimen for a drug test may be taken or collected by any of the following persons:
- 1. A physician, a physician physician's assistant, an independent advanced practice registered nurse, an advanced practice registered nurse, a registered professional nurse, a licensed practical nurse, a nurse practitioner, or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.
- A qualified person employed by a licensed laboratory.
 Section 17. Paragraph (f) of subsection (3) of section
 121.0515, Florida Statutes, is amended to read:
 - 121.0515 Special Risk Class.-

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                CRITERIA.—A member, to be designated as a special risk
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      member, must meet the following criteria:
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                Effective January 1, 2001, the member must be employed
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      in one of the following classes and must spend at least 75
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      percent of his or her time performing duties which involve
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      contact with patients or inmates in a correctional or forensic
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      facility or institution:
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                Dietitian (class codes 5203 and 5204);
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            2.
                Public health nutrition consultant (class code 5224);
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            3.
                Psychological specialist (class codes 5230 and 5231);
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                Psychologist (class code 5234);
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            5.
                Senior psychologist (class codes 5237 and 5238);
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            6.
                Regional mental health consultant (class code 5240);
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           7.
                Psychological Services Director-DCF (class code 5242);
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           8.
                Pharmacist (class codes 5245 and 5246);
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            9.
                Senior pharmacist (class codes 5248 and 5249);
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           10.
                Dentist (class code 5266);
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           11.
                Senior dentist (class code 5269);
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           12.
                Registered nurse (class codes 5290 and 5291);
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           13.
                 Senior registered nurse (class codes 5292 and 5293);
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           14.
                Registered nurse specialist (class codes 5294 and
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      5295);
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                Clinical associate (class codes 5298 and 5299);
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           16.
                Advanced practice registered nurse practitioner (class
      codes 5297 and 5300);
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1400	17. Advanced practice registered nurse practitioner
1401	specialist (class codes 5304 and 5305);
1402	18. Registered nurse supervisor (class codes 5306 and
1403	5307);
1404	19. Senior registered nurse supervisor (class codes 5308
1405	and 5309);
1406	20. Registered nursing consultant (class codes 5312 and
1407	5313);
1408	21. Quality management program supervisor (class code
1409	5314);
1410	22. Executive nursing director (class codes 5320 and
1411	5321);
1412	23. Speech and hearing therapist (class code 5406); or
1413	24. Pharmacy manager (class code 5251);
1414	Section 18. Paragraph (a) of subsection (3) of section
1415	252.515, Florida Statutes, is amended to read:
1416	252.515 Postdisaster Relief Assistance Act; immunity from
1417	civil liability.—
1418	(3) As used in this section, the term:
1419	(a) "Emergency first responder" means:
1420	1. A physician licensed under chapter 458.
1421	2. An osteopathic physician licensed under chapter 459.
1422	3. A chiropractic physician licensed under chapter 460.
1423	4. A podiatric physician licensed under chapter 461.
1424	5. A dentist licensed under chapter 466.

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1425	6. An advanced practice registered nurse practitioner
1426	certified under s. 464.012.
1427	7. A physician assistant licensed under s. 458.347 or s.
1428	459.022.
1429	8. A worker employed by a public or private hospital in
1430	the state.
1431	9. A paramedic as defined in s. 401.23(17).
1432	10. An emergency medical technician as defined in s.
1433	401.23(11).
1434	11. A firefighter as defined in s. 633.102.
1435	12. A law enforcement officer as defined in s. 943.10.
1436	13. A member of the Florida National Guard.
1437	14. Any other personnel designated as emergency personnel
1438	by the Governor pursuant to a declared emergency.
1439	Section 19. Paragraph (c) of subsection (1) of section
1440	310.071, Florida Statutes, is amended to read:
1441	310.071 Deputy pilot certification
1442	(1) In addition to meeting other requirements specified in
1443	this chapter, each applicant for certification as a deputy pilot
1444	must:
1445	(c) Be in good physical and mental health, as evidenced by
1446	documentary proof of having satisfactorily passed a complete
1447	physical examination administered by a licensed physician,
1448	licensed physician assistant, or registered independent advanced

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 $\underline{\text{practice registered nurse}}$ within the preceding 6 months. The

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1450	board shall adopt rules to establish requirements for passing
1451	the physical examination, which rules shall establish minimum
1452	standards for the physical or mental capabilities necessary to
1453	carry out the professional duties of a certificated deputy
1454	pilot. Such standards shall include zero tolerance for any
1455	controlled substance regulated under chapter 893 unless that
1456	individual is under the care of a physician, an independent
1457	advanced practice registered nurse, an advanced practice
1458	registered nurse practitioner, or a physician assistant and that
1459	controlled substance was prescribed by that physician,
1460	independent advanced practice registered nurse, advanced
1461	<pre>practice registered nurse practitioner, or physician assistant.</pre>
1462	To maintain eligibility as a certificated deputy pilot, each
1463	certificated deputy pilot must annually provide documentary
1464	proof of having satisfactorily passed a complete physical
1465	examination administered by a licensed physician, licensed
1466	physician assistant, or registered independent advanced practice
1467	registered nurse. The practitioner physician must know the
1468	minimum standards and certify that the certificateholder
1469	satisfactorily meets the standards. The standards for
1470	certificateholders shall include a drug test.
1471	Section 20. Subsection (3) of section 310.073, Florida
1472	Statutes, is amended to read:
1473	310.073 State pilot licensing.—In addition to meeting
1474	other requirements specified in this chapter, each applicant for

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license as a state pilot must:

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Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant. To maintain eligibility as a licensed state pilot, each licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician, licensed physician assistant, or registered independent advanced practice registered nurse. The examining practitioner physician must know the minimum standards and certify that the licensee satisfactorily meets the standards.

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The standards for licensees shall include a drug test.

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Section 21. Paragraph (b) of subsection (3) of section 310.081, Florida Statutes, is amended to read:

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

- (3) Pilots shall hold their licenses or certificates pursuant to the requirements of this chapter so long as they:
- Are in good physical and mental health as evidenced by documentary proof of having satisfactorily passed a physical examination administered by a licensed physician, an independent advanced practice registered nurse, or a physician assistant within each calendar year. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot or a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each

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certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The examining practitioner physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test.

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

Section 22. Paragraph (b) of subsection (1) of section 320.0848, Florida Statutes, is amended to read:

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

1543 (1)

- (b)1. The person must be currently certified as being legally blind or as having any of the following disabilities that render him or her unable to walk 200 feet without stopping to rest:
- a. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive

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device, or without the assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.

- b. The need to permanently use a wheelchair.
- c. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than 1 liter, or the person's arterial oxygen is less than 60 mm/hg on room air at rest.
 - d. Use of portable oxygen.

- e. Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- f. Severe limitation in the person's ability to walk due to an arthritic, neurological, or orthopedic condition.
- 2. The certification of disability which is required under subparagraph 1. must be provided by a physician licensed under chapter 458, chapter 459, or chapter 460; by a podiatric physician licensed under chapter 461; by an optometrist licensed under chapter 463; by an independent advanced practice registered nurse registered or an advanced practice registered nurse certified practitioner licensed under part I of chapter

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464; under the protocol of a licensed physician as stated in this subparagraph, by a physician assistant licensed under chapter 458 or chapter 459; or by a similarly licensed physician from another state if the application is accompanied by documentation of the physician's licensure in the other state and a form signed by the out-of-state physician verifying his or her knowledge of this state's eligibility guidelines.

Section 23. Paragraph (c) of subsection (1) of section 381.00315, Florida Statutes, is amended to read:

381.00315 Public health advisories; public health emergencies; isolation and quarantines.—The State Health Officer is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation or quarantines.

(1) As used in this section, the term:

(c) "Public health emergency" means any occurrence, or threat thereof, whether natural or manmade, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters. Before declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no

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longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:

- 1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.
- 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.
 - 3. Notwithstanding s. 456.036, temporarily reactivating

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the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; independent advanced practice registered nurses registered, $\frac{1}{1}$ practical nurses or $\frac{1}{1}$ registered nurses licensed, and advanced practice registered nurses certified nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eligible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or before the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.

4. Ordering an individual to be examined, tested, vaccinated, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and

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present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to isolation or quarantine.

- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.
- b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to isolation or quarantine. If there is no practical method to isolate or quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. 381.0012.

Section 24. Subsection (3) of section 381.00593, Florida Statutes, is amended to read:

381.00593 Public school volunteer health care practitioner program.—

(3) For purposes of this section, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under

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chapter 461; an optometrist licensed under chapter 463; an

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1676 independent advanced practice registered nurse registered, an 1677 advanced practice registered nurse certified practitioner, or a 1678 registered nurse, or licensed practical nurse licensed under 1679 part I of chapter 464; a pharmacist licensed under chapter 465; 1680 a dentist or dental hygienist licensed under chapter 466; a 1681 midwife licensed under chapter 467; a speech-language 1682 pathologist or audiologist licensed under part I of chapter 468; 1683 a dietitian/nutritionist licensed under part X of chapter 468; 1684 or a physical therapist licensed under chapter 486. 1685 Section 25. Paragraph (c) of subsection (2) of section 1686 381.026, Florida Statutes, is amended to read: 1687 381.026 Florida Patient's Bill of Rights and Responsibilities.-1688 1689 DEFINITIONS.—As used in this section and s. 381.0261, (2) 1690 the term: 1691 (C) "Health care provider" means a physician or physician 1692 assistant licensed under chapter 458, an osteopathic physician 1693 or physician assistant licensed under chapter 459, or a

podiatric physician licensed under chapter 461, or an independent advanced practice registered nurse registered under part I of chapter 464.

Section 26. Paragraph (a) of subsection (2) and

subsections (3), (4), and (5) of section 382.008, Florida Statutes, are amended to read:

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382.008 Death and fetal death registration.-

(2) (a) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician, physician assistant, independent advanced practice registered nurse, advanced practice registered nurse, or other person in attendance at or after the death or the district medical examiner of the county in which the death occurred or the body was found shall file the certificate of death or fetal death. The person who files the certificate shall obtain personal data from a legally authorized person as described in s. 497.005 or the best qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail or electronic transfer, by the physician, physician assistant, independent advanced practice registered nurse, advanced

(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the decedent's primary or

practice registered nurse, or medical examiner responsible for

shall provide any medical or health information to the funeral

furnishing such information. For fetal deaths, the physician,

certified nurse midwife, midwife, or hospital administrator

director within 72 hours after expulsion or extraction.

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attending <u>practitioner</u> <u>physician</u> or, if s. 382.011 applies, the district medical examiner of the county in which the death occurred or the body was found. The primary or attending <u>practitioner</u> <u>physician</u> or <u>the</u> medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief. As used in this section, the term "primary or attending <u>practitioner</u> <u>physician</u>" means a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse, who treated the decedent through examination, medical advice, or medication during the 12 months preceding the date of death.

- (a) The department may grant the funeral director an extension of time upon a good and sufficient showing of any of the following conditions:
 - 1. An autopsy is pending.

- 2. Toxicology, laboratory, or other diagnostic reports have not been completed.
- 3. The identity of the decedent is unknown and further investigation or identification is required.
- (b) If the decedent's primary or attending <u>practitioner</u> physician or the district medical examiner of the county in which the death occurred or the body was found indicates that he or she will sign and complete the medical certification of cause of death but will not be available until after the 5-day registration deadline, the local registrar may grant an

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extension of 5 days. If a further extension is required, the funeral director must provide written justification to the registrar.

- extension of time to provide the medical certification of cause of death, the funeral director shall file a temporary certificate of death or fetal death which shall contain all available information, including the fact that the cause of death is pending. The decedent's primary or attending practitioner physician or the district medical examiner of the county in which the death occurred or the body was found shall provide an estimated date for completion of the permanent certificate.
- (5) A permanent certificate of death or fetal death, containing the cause of death and any other information that was previously unavailable, shall be registered as a replacement for the temporary certificate. The permanent certificate may also include corrected information if the items being corrected are noted on the back of the certificate and dated and signed by the funeral director, physician, physician assistant, independent advanced practice registered nurse, advanced practice registered nurse, or district medical examiner of the county in which the death occurred or the body was found, as appropriate.
- Section 27. Paragraph (c) of subsection (1) of section 383.14, Florida Statutes, is amended to read:

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383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

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- SCREENING REQUIREMENTS. To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all newborns in this state and their families for environmental risk factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other highrisk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.
 - (c) Release of screening results.—Notwithstanding any law

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to the contrary, the State Public Health Laboratory may release, directly or through the Children's Medical Services program, the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner. As used in this paragraph, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; an independent advanced practice registered nurse registered, an advanced practice registered nurse certified practitioner, or a registered nurse, or licensed practical nurse licensed under part I of chapter 464; a midwife licensed under chapter 467; a speech-language pathologist or audiologist licensed under part I of chapter 468; or a dietician or nutritionist licensed under part X of chapter 468.

Section 28. Paragraph (c) of subsection (1) of section

Section 28. Paragraph (c) of subsection (1) of section 383.141, Florida Statutes, is amended to read:

- 383.141 Prenatally diagnosed conditions; patient to be provided information; definitions; information clearinghouse; advisory council.—
 - (1) As used in this section, the term:
- (c) "Health care provider" means a practitioner licensed or registered under chapter 458 or chapter 459 or an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner certified under part I of chapter 464.

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Section 29. Paragraph (a) of subsection (7) of section

1826	384.27, Florida Statutes, is amended to read:
1827	384.27 Physical examination and treatment.—
1828	(7)(a) A health care practitioner licensed under chapter
1829	458 or chapter 459, registered under s. 464.0125, or certified
1830	under s. 464.012 may provide expedited partner therapy if the
1831	following requirements are met:
1832	1. The patient has a laboratory-confirmed or suspected
1833	clinical diagnosis of a sexually transmissible disease.
1834	2. The patient indicates that he or she has a partner with
1835	whom he or she engaged in sexual activity before the diagnosis
1836	of the sexually transmissible disease.
1837	3. The patient indicates that his or her partner is unable
1838	or unlikely to seek clinical services in a timely manner.
1839	Section 30. Paragraph (a) of subsection (3) of section

390.0111 Termination of pregnancies.-

390.0111, Florida Statutes, is amended to read:

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- (3) CONSENTS REQUIRED.—A termination of pregnancy may not be performed or induced except with the voluntary and informed written consent of the pregnant woman or, in the case of a mental incompetent, the voluntary and informed written consent of her court-appointed guardian.
- (a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:
 - 1. The physician who is to perform the procedure, or the

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referring physician, has, at a minimum, orally, while physically present in the same room, and at least 24 hours before the procedure, informed the woman of:

- a. The nature and risks of undergoing or not undergoing the proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy.
- b. The probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.
- (I) The ultrasound must be performed by the physician who is to perform the abortion or by a person having documented evidence that he or she has completed a course in the operation of ultrasound equipment as prescribed by rule and who is working in conjunction with the physician.
- woman the opportunity to view the live ultrasound images and hear an explanation of them. If the woman accepts the opportunity to view the images and hear the explanation, a physician or a registered nurse, a licensed practical nurse, an advanced practice registered nurse practitioner, an independent advanced practice registered nurse, or a physician assistant working in conjunction with the physician must contemporaneously review and explain the images to the woman before the woman gives informed consent to having an abortion procedure

1875 performed.

 (III) The woman has a right to decline to view and hear the explanation of the live ultrasound images after she is informed of her right and offered an opportunity to view the images and hear the explanation. If the woman declines, the woman shall complete a form acknowledging that she was offered an opportunity to view and hear the explanation of the images but that she declined that opportunity. The form must also indicate that the woman's decision was not based on any undue influence from any person to discourage her from viewing the images or hearing the explanation and that she declined of her own free will.

(IV) Unless requested by the woman, the person performing the ultrasound may not offer the opportunity to view the images and hear the explanation and the explanation may not be given if, at the time the woman schedules or arrives for her appointment to obtain an abortion, a copy of a restraining order, police report, medical record, or other court order or documentation is presented which provides evidence that the woman is obtaining the abortion because the woman is a victim of rape, incest, domestic violence, or human trafficking or that the woman has been diagnosed as having a condition that, on the basis of a physician's good faith clinical judgment, would create a serious risk of substantial and irreversible impairment of a major bodily function if the woman delayed terminating her

1900 pregnancy.

c. The medical risks to the woman and fetus of carrying the pregnancy to term.

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- The physician may provide the information required in this subparagraph within 24 hours before the procedure if requested by the woman at the time she schedules or arrives for her appointment to obtain an abortion and if she presents to the physician a copy of a restraining order, police report, medical record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.
- 2. Printed materials prepared and provided by the department have been provided to the pregnant woman, if she chooses to view these materials, including:
- a. A description of the fetus, including a description of the various stages of development.
- b. A list of entities that offer alternatives to terminating the pregnancy.
- c. Detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and neonatal care.
- 3. The woman acknowledges in writing, before the termination of pregnancy, that the information required to be provided under this subsection has been provided.

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Nothing in this paragraph is intended to prohibit a physician from providing any additional information which the physician deems material to the woman's informed decision to terminate her

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Section 31. Paragraphs (c), (e), and (f) of subsection (3) of section 390.012, Florida Statutes, are amended to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

- (3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:
- (c) Rules relating to abortion clinic personnel. At a minimum, these rules shall require that:
- 1. The abortion clinic designate a medical director who is licensed to practice medicine in this state, and all physicians who perform abortions in the clinic have admitting privileges at a hospital within reasonable proximity to the clinic, unless the clinic has a written patient transfer agreement with a hospital within reasonable proximity to the clinic which includes the transfer of the patient's medical records held by both the clinic and the treating physician.
- 2. If a physician is not present after an abortion is performed, a registered nurse, <u>a</u> licensed practical nurse, <u>an</u>

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<u>independent advanced practice registered nurse</u>, an advanced <u>practice</u> registered nurse practitioner, or <u>a</u> physician assistant be present and remain at the clinic to provide postoperative monitoring and care until the patient is discharged.

- 3. Surgical assistants receive training in counseling, patient advocacy, and the specific responsibilities associated with the services the surgical assistants provide.
- 4. Volunteers receive training in the specific responsibilities associated with the services the volunteers provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.
- (e) Rules relating to the abortion procedure. At a minimum, these rules shall require:
- 1. That a physician, <u>a</u> registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced <u>practice</u> registered nurse <u>practitioner</u>, <u>an independent advanced practice registered nurse</u>, or <u>a</u> physician assistant is available to all patients throughout the abortion procedure.
- 2. Standards for the safe conduct of abortion procedures that conform to obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule.
- 3. Appropriate use of general and local anesthesia, analgesia, and sedation if ordered by the physician.

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4. Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions.

- 5. Appropriate monitoring of the vital signs and other defined signs and markers of the patient's status throughout the abortion procedure and during the recovery period until the patient's condition is deemed to be stable in the recovery room.
- (f) Rules that prescribe minimum recovery room standards. At a minimum, these rules must require that:
- 1. Postprocedure recovery rooms be supervised and staffed to meet the patients' needs.
- 2. Immediate postprocedure care consist of observation in a supervised recovery room for as long as the patient's condition warrants.
- 3. A registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced <u>practice</u> registered nurse <u>practitioner</u>, <u>an independent</u> <u>advanced practice registered nurse</u>, or physician assistant who is trained in the management of the recovery area and is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remain on the premises of the abortion clinic until all patients are discharged.
- 4. A physician sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary.

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5. A physician discuss Rho(D) immune globulin with each patient for whom it is indicated and ensure that it is offered to the patient in the immediate postoperative period or will be available to her within 72 hours after completion of the abortion procedure. If the patient refuses the Rho(D) immune globulin, she and a witness must sign a refusal form approved by the agency which must be included in the medical record.

- 6. Written instructions with regard to postabortion coitus, signs of possible problems, and general aftercare which are specific to the patient be given to each patient. The instructions must include information regarding access to medical care for complications, including a telephone number for use in the event of a medical emergency.
- 7. A minimum length of time be specified, by type of abortion procedure and duration of gestation, during which a patient must remain in the recovery room.
- 8. The physician ensure that, with the patient's consent, a registered nurse, <u>a</u> licensed practical nurse, <u>an</u> advanced <u>practice</u> registered nurse <u>practitioner</u>, <u>an independent advance</u> <u>practice registered nurse</u>, or <u>a</u> physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone within 24 hours after surgery to assess the patient's recovery.
- 9. Equipment and services be readily accessible to provide appropriate emergency resuscitative and life support procedures

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2026 hospital. 2027 Section 32. Subsection (35) of section 394.455, Florida 2028 Statutes, is amended to read: 2029 394.455 Definitions.—As used in this part, the term: 2030 (35) "Psychiatric nurse" means an advanced practice 2031 registered nurse practitioner certified or an independent 2032 advanced practice registered nurse registered under part I of chapter 464 s. 464.012 who has a master's or doctoral degree in 2033 2034 psychiatric nursing, holds a national advanced practice 2035 certification as a psychiatric mental health advanced practice 2036 nurse, and has 2 years of post-master's clinical experience 2037 under the supervision of a physician, or an independent advanced 2038 practice registered nurse registered under, or an advanced 2039 practice registered nurse certified under, part I of chapter 2040 464, who obtains national certification as a psychiatric-mental

pending the transfer of the patient or viable fetus to the

Section 33. Paragraphs (a) and (f) of subsection (2) of section 394.463, Florida Statutes, are amended to read:

394.463 Involuntary examination.

(2) INVOLUNTARY EXAMINATION.—

health advanced practice nurse.

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- (a) An involuntary examination may be initiated by any one of the following means:
- 1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for

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involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient's clinical record. A fee may not be charged for the filing of an order under this subsection. A facility accepting the patient based on this order must send a copy of the order to the department the next working day. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If no time limit is specified in the order, the order shall be valid for 7 days after the date that the order was signed.

2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. The

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officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient's clinical record. Any facility accepting the patient based on this report must send a copy of the report to the department the next working day.

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A physician, a physician assistant, a clinical psychologist, a psychiatric nurse, an independent advanced practice registered nurse, an advanced practice registered nurse, a mental health counselor, a marriage and family therapist, or a clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take into custody the person named in the certificate and deliver him or her to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any facility accepting the patient based on this certificate must send a copy of the certificate to the department the next

working day. The document may be submitted electronically through existing data systems, if applicable.

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A patient shall be examined by a physician, a physician assistant, or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility without unnecessary delay to determine if the criteria for involuntary services are met. Emergency treatment may be provided upon the order of a physician if the physician determines that such treatment is necessary for the safety of the patient or others. The patient may not be released by the receiving facility or its contractor without the documented approval of a psychiatrist or a clinical psychologist or, if the receiving facility is owned or operated by a hospital or health system, the release may also be approved by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist, or an attending emergency department physician with experience in the diagnosis and treatment of mental illness after completion of an involuntary examination pursuant to this subsection. A psychiatric nurse may not approve the release of a patient if the involuntary examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist.

Section 34. Paragraphs (a) and (b) of subsection (2) and subsection (4) of section 395.0191, Florida Statutes, are amended to read:

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395.0191 Staff membership and clinical privileges.—
(2)(a) Each licensed facility shall establish rules and procedures for consideration of an application for clinical privileges submitted by an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner licensed and certified under part I of chapter 464, in accordance with the provisions of this section.

A No licensed facility may not shall deny such application solely because the applicant is registered or certified licensed under part I of chapter 464 or because the applicant is not a participant in the Florida Birth-Related Neurological Injury Compensation Plan.

- (b) An advanced <u>practice</u> registered nurse <u>practitioner</u> who is <u>a</u> certified <u>as a</u> registered nurse anesthetist <u>licensed</u> under part I of chapter 464 shall administer anesthesia under the onsite medical direction of a professional licensed under chapter 458, chapter 459, or chapter 466, and in accordance with an established protocol approved by the medical staff. The medical direction shall specifically address the needs of the individual patient. This paragraph does not apply to an independent advanced practice registered nurse who is a certified registered nurse anesthetist under part I of chapter 464.
- (4) Nothing herein shall restrict in any way the authority of the medical staff of a licensed facility to review for

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approval or disapproval all applications for appointment and reappointment to all categories of staff and to make recommendations on each applicant to the governing board, including the delineation of privileges to be granted in each case. In making such recommendations and in the delineation of privileges, each applicant shall be considered individually pursuant to criteria for a doctor licensed under chapter 458, chapter 459, chapter 461, or chapter 466; - or for an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner licensed and certified under part I of chapter 464; - or for a psychologist licensed under chapter 490, as applicable. The applicant's eligibility for staff membership or clinical privileges shall be determined by the applicant's background, experience, health, training, and demonstrated competency; the applicant's adherence to applicable professional ethics; the applicant's reputation; and the applicant's ability to work with others and by such other elements as determined by the governing board, consistent with this part.

Section 35. Subsection (3) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

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(3) USE OF FUNDS.—It is the intent of the Legislature that funds as appropriated shall be utilized by the department for the purpose of increasing the number of primary care physicians,

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physician assistants, certified nurse midwives, certified nurse practitioners, and nurses in rural areas, either through the Medical Education Reimbursement and Loan Repayment Program as defined by s. 1009.65 or through a federal loan repayment program which requires state matching funds. The department may use funds appropriated for the Medical Education Reimbursement and Loan Repayment Program as matching funds for federal loan repayment programs for health care personnel, such as that authorized in Pub. L. No. 100-177, s. 203. If the department receives federal matching funds, the department shall only implement the federal program. Reimbursement through either program shall be limited to:

- (a) Primary care physicians, physician assistants, certified nurse midwives, <u>certified</u> nurse practitioners, and nurses employed by or affiliated with rural hospitals, as defined in this act; and
- (b) Primary care physicians, physician assistants, certified nurse midwives, <u>certified</u> nurse practitioners, and nurses employed by or affiliated with rural area health education centers, as defined in this section. These personnel shall practice:
- 1. In a county with a population density of no greater than 100 persons per square mile; or
- 2. Within the boundaries of a hospital tax district which encompasses a population of no greater than 100 persons per

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2200 square mile.

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If the department administers a federal loan repayment program, priority shall be given to obligating state and federal matching funds pursuant to paragraphs (a) and (b). The department may use federal matching funds in other health workforce shortage areas and medically underserved areas in the state for loan repayment programs for primary care physicians, physician assistants, certified nurse midwives, certified nurse practitioners, and nurses who are employed by publicly financed health care programs that serve medically indigent persons.

Section 36. Paragraphs (b) and (c) of subsection (8) of section 395.605, Florida Statutes, are amended to read:

395.605 Emergency care hospitals.-

2214 (8)

- (b) All patients shall be under the care of a physician <u>or</u> an independent advanced practice registered nurse or under the care of <u>an advanced practice registered</u> a nurse practitioner or <u>a</u> physician assistant supervised by a physician.
- (c) A physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant shall be on duty at all times, or a physician shall be on call and available within 30 minutes at all times.

Section 37. Subsection (33) of section 397.311, Florida

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2225 Statutes, is amended to read:

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397.311 Definitions.—As used in this chapter, except part VIII, the term:

"Qualified professional" means a physician or a (33)physician assistant licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; an independent advanced practice registered nurse registered or advanced practice registered nurse certified practitioner licensed under part I of chapter 464; or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds, at a minimum, a bachelor's degree. A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed substance abuse provider in this state may perform the functions of a qualified professional as defined in this chapter but must meet certification requirements contained in this subsection no later than 1 year after his or her date of employment.

Section 38. Section 397.405, Florida Statutes, is amended to read:

397.405 Exemptions from licensure.—The following are exempt from the licensing provisions of this chapter:

(1) A hospital or hospital-based component licensed under chapter 395.

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(2) A nursing home facility as defined in s. 400.021.

- (3) A substance abuse education program established pursuant to s. 1003.42.
- (4) A facility or institution operated by the Federal Government.
- (5) A physician or physician assistant licensed under chapter 458 or chapter 459.
 - (6) A psychologist licensed under chapter 490.
- (7) A social worker, marriage and family therapist, or mental health counselor licensed under chapter 491.
- (8) A legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, including prevention services, which are solely religious, spiritual, or ecclesiastical in nature. A church or nonprofit religious organization or denomination providing any of the licensed service components itemized under s. 397.311(25) is not exempt from substance abuse licensure but retains its exemption with respect to all services which are solely religious, spiritual, or ecclesiastical in nature.
- (9) Facilities licensed under chapter 393 which, in addition to providing services to persons with developmental disabilities, also provide services to persons developmentally at risk as a consequence of exposure to alcohol or other legal or illegal drugs while in utero.
 - (10) DUI education and screening services provided

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pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.

Persons or entities providing treatment services must be

licensed under this chapter unless exempted from licensing as

provided in this section.

(11) A facility licensed under s. 394.875 as a crisis stabilization unit.

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The exemptions from licensure in this section do not apply to any service provider that receives an appropriation, grant, or contract from the state to operate as a service provider as defined in this chapter or to any substance abuse program regulated pursuant to s. 397.406. Furthermore, this chapter may not be construed to limit the practice of a physician or physician assistant licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, a psychotherapist licensed under chapter 491, or an independent advanced practice registered nurse registered or an advanced practice registered nurse certified practitioner licensed under part I of chapter 464, who provides substance abuse treatment, unless a practitioner represents so long as the physician, physician assistant, psychologist, psychotherapist, or advanced registered nurse practitioner does not represent to the public that the practitioner he or she is a licensed service provider and provides does not provide services to individuals pursuant to part V of this chapter. Failure to comply with any requirement

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necessary to maintain an exempt status under this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 39. Subsections (4), (7), and (8) of section 397.427, Florida Statutes, are amended to read:

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397.427 Medication-assisted treatment service providers; rehabilitation program; needs assessment and provision of services; persons authorized to issue takeout medication; unlawful operation; penalty.—

- (4) Notwithstanding s. 465.019(2), a physician assistant, a registered nurse, an advanced <u>practice</u> registered nurse <u>practitioner</u>, or a licensed practical nurse working for a licensed service provider may deliver takeout medication for opiate treatment to persons enrolled in a maintenance treatment program for medication—assisted treatment for opiate addiction if:
- (a) The medication-assisted treatment program for opiate addiction has an appropriate valid permit issued pursuant to rules adopted by the Board of Pharmacy;
- (b) The medication for treatment of opiate addiction has been delivered pursuant to a valid prescription written by the program's physician licensed pursuant to chapter 458 or chapter 459;
- (c) The medication for treatment of opiate addiction which is ordered appears on a formulary and is prepackaged and

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prelabeled with dosage instructions and distributed from a source authorized under chapter 499;

- (d) Each licensed provider adopts written protocols which provide for supervision of the physician assistant, registered nurse, advanced <u>practice</u> registered nurse <u>practitioner</u>, or licensed practical nurse by a physician licensed pursuant to chapter 458 or chapter 459 and for the procedures by which patients' medications may be delivered by the physician assistant, registered nurse, advanced <u>practice</u> registered nurse <u>practitioner</u>, or licensed practical nurse. Such protocols shall be signed by the supervising physician and either the administering registered nurse, the advanced <u>practice</u> registered nurse <u>practitioner</u>, or the licensed practical nurse.
- (e) Each licensed service provider maintains and has available for inspection by representatives of the Board of Pharmacy all medical records and patient care protocols, including records of medications delivered to patients, in accordance with the board.
- (7) A physician assistant, a registered nurse, an advanced practice registered nurse practitioner, or a licensed practical nurse working for a licensed service provider may deliver medication as prescribed by rule if:
- (a) The service provider is authorized to provide medication-assisted treatment;
 - (b) The medication has been administered pursuant to a

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valid prescription written by the program's physician who is licensed under chapter 458 or chapter 459; and

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- (c) The medication ordered appears on a formulary or meets federal requirements for medication-assisted treatment.
- Each licensed service provider that provides medication-assisted treatment must adopt written protocols as specified by the department and in accordance with federally required rules, regulations, or procedures. The protocol shall provide for the supervision of the physician assistant, registered nurse, advanced practice registered nurse practitioner, or licensed practical nurse working under the supervision of a physician who is licensed under chapter 458 or chapter 459. The protocol must specify how the medication will be used in conjunction with counseling or psychosocial treatment and that the services provided will be included on the treatment plan. The protocol must specify the procedures by which medication-assisted treatment may be administered by the supervised physician assistant, registered nurse, advanced registered nurse practitioner, or licensed practical nurse. These protocols shall be signed by the supervising physician and the supervised administering physician assistant, registered nurse, advanced registered nurse practitioner, or licensed practical nurse.

Section 40. Paragraph (a) of subsection (2) of section 397.501, Florida Statutes, is amended to read:

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397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.-

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician, a physician assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

Section 41. Section 397.679, Florida Statutes, is amended to read:

397.679 Emergency admission; circumstances justifying.—A person who meets the criteria for involuntary admission in s. 397.675 may be admitted to a hospital or to a licensed detoxification facility or addictions receiving facility for

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emergency assessment and stabilization, or to a less intensive component of a licensed service provider for assessment only, upon receipt by the facility of a certificate by a physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a psychiatric nurse, a clinical psychologist, a clinical social worker, a marriage and family therapist, a mental health counselor, a physician assistant working under the scope of practice of the supervising physician, or a master's-level-certified addictions professional for substance abuse services, if the certificate is specific to substance abuse impairment, and the completion of an application for emergency admission.

Section 42. Subsection (1) of section 397.6793, Florida Statutes, is amended to read:

397.6793 Professional's certificate for emergency admission.—

(1) A physician, a clinical psychologist, a physician assistant working under the scope of practice of the supervising physician, a psychiatric nurse, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a mental health counselor, a marriage and family therapist, a master's-level-certified addictions professional for substance abuse services, or a clinical social worker may execute a professional's certificate for emergency admission. The professional's certificate must include the name of the

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person to be admitted, the relationship between the person and the professional executing the certificate, the relationship between the applicant and the professional, any relationship between the professional and the licensed service provider, a statement that the person has been examined and assessed within the preceding 5 days after the application date, and factual allegations with respect to the need for emergency admission, including:

- (a) The reason for the belief that the person is substance abuse impaired;
- (b) The reason for the belief that because of such impairment the person has lost the power of self-control with respect to substance abuse; and
- (c)1. The reason for the belief that, without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted or, unless admitted, is likely to inflict, physical harm on himself, herself, or another; or
- 2. The reason for the belief that the person's refusal to voluntarily receive care is based on judgment so impaired by

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reason of substance abuse that the person is incapable of appreciating his or her need for care and of making a rational decision regarding his or her need for care.

Section 43. Subsection (8) of section 400.021, Florida Statutes, is amended to read:

400.021 Definitions.—When used in this part, unless the context otherwise requires, the term:

(8) "Geriatric outpatient clinic" means a site for providing outpatient health care to persons 60 years of age or older, which is staffed by a registered nurse, a physician assistant, or a licensed practical nurse under the direct supervision of a registered nurse, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a physician assistant, or a physician.

Section 44. Subsection (3) of section 400.0255, Florida Statutes, is amended to read:

400.0255 Resident transfer or discharge; requirements and procedures; hearings.—

(3) When a discharge or transfer is initiated by the nursing home, the nursing home administrator employed by the nursing home that is discharging or transferring the resident, or an individual employed by the nursing home who is designated by the nursing home administrator to act on behalf of the administration, must sign the notice of discharge or transfer. Any notice indicating a medical reason for transfer or discharge

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must either be signed by the resident's attending physician or the medical director of the facility, or include an attached written order for the discharge or transfer. The notice or the order must be signed by the resident's physician, medical director, treating physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant.

Section 45. Subsection (3) of section 400.172, Florida Statutes, is amended to read:

400.172 Respite care provided in nursing home facilities.-

(3) A prospective respite care resident must provide medical information from a physician, <u>a</u> physician assistant, <u>an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner and any other information provided by the primary caregiver required by the facility before or when the person is admitted to receive respite care. The medical information must include a physician's <u>or an independent advanced practice registered nurse's order for respite care and proof of a physical examination by a licensed physician, <u>a</u> physician assistant, <u>an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner. The physician's order and physical examination may be used to provide intermittent respite care for up to 12 months after the date the order is written.</u></u></u>

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Section 46. Subsections (20) through (30) of section

2500 400.462, Florida Statutes, are renumbered as subsections (21)
2501 through (31), respectively, subsection (3) is amended, and a new
2502 subsection (20) is added to that section, to read:

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

- (3) "Advanced <u>practice</u> registered nurse practitioner" means a person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice, as defined in s. 464.003.
- (20) "Independent advanced practice registered nurse" means a person licensed in this state to practice professional nursing as defined in s. 464.003 and registered to practice advanced or specialized nursing independently and without physician supervision or a protocol.

Section 47. Subsection (2) of section 400.487, Florida Statutes, is amended to read:

- 400.487 Home health service agreements; physician's, physician assistant's, independent advanced practice registered nurse's and advanced practice registered nurse's nurse practitioner's treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate.—
- (2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse

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practitioner, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner before a claim for payment for the skilled services is submitted by the home health agency. If the claim is submitted to a managed care organization, the treatment orders must be signed within the time allowed under the provider agreement. The treatment orders shall be reviewed, as frequently as the patient's illness requires, by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner in consultation with the home health agency.

Section 48. Paragraph (a) of subsection (13) of section 400.506, Florida Statutes, is amended to read:

400.506 Licensure of nurse registries; requirements; penalties.—

- (13) All persons referred for contract in private residences by a nurse registry must comply with the following requirements for a plan of treatment:
- (a) When, in accordance with the privileges and restrictions imposed upon a nurse under part I of chapter 464, the delivery of care to a patient is under the direction or supervision of a physician or when a physician is responsible

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for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. The original medical plan of treatment must be timely signed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner, acting within his or her respective scope of practice, and reviewed in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from, reduced to writing by, and timely signed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and reduced to writing and timely signed by the physician, physician assistant, or advanced registered nurse practitioner. The delivery of care under a medical plan of treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464.

Section 49. Paragraph (g) of subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.-

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(4) "Clinic" means an entity where health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. As used in this part, the term does

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not include and the licensure requirements of this part do not apply to:

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A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners licensed, certified, or registered under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, or s. 464.0125, and that is wholly owned by one or more licensed, certified, or registered health care practitioners, or the licensed health care practitioners set forth in this paragraph and the spouse, parent, child, or sibling of such a licensed health care practitioner if one of the owners who is a licensed, certified, or registered health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of the practitioner's license, certification, or registration, except that, for the purposes of this part, a clinic owned by a licensee in s. 456.053(3)(b) which provides only services authorized pursuant to s. 456.053(3)(b) may be supervised by a licensee specified in s. 456.053(3)(b).

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Notwithstanding this subsection, an entity shall be deemed a clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).

Section 50. Subsection (5) and paragraph (b) of subsection (7) of section 400.9973, Florida Statutes, are amended to read: 400.9973 Client admission, transfer, and discharge.—

- (5) A client admitted to a transitional living facility must be admitted upon prescription by a licensed physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and must remain under the care of a licensed physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner for the duration of the client's stay in the facility.
- (7) A person may not be admitted to a transitional living facility if the person:
- (b) Is a danger to himself or herself or others as determined by a physician, physician assistant, <u>independent advanced practice registered nurse</u>, or advanced <u>practice</u> registered nurse <u>practitioner</u> or a mental health practitioner licensed under chapter 490 or chapter 491, unless the facility provides adequate staffing and support to ensure patient safety; Section 51. Subsection (1) and paragraphs (a) and (b) of

subsection (2) of section 400.9974, Florida Statutes, are

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2625 amended to read:

400.9974 Client comprehensive treatment plans; client services.—

- (1) A transitional living facility shall develop a comprehensive treatment plan for each client as soon as practicable but no later than 30 days after the initial comprehensive treatment plan is developed. The comprehensive treatment plan must be developed by an interdisciplinary team consisting of the case manager, the program director, the advanced <u>practice</u> registered nurse <u>practitioner</u>, and appropriate therapists. The client or, if appropriate, the client's representative must be included in developing the comprehensive treatment plan. The comprehensive treatment plan must be reviewed and updated if the client fails to meet projected improvements outlined in the plan or if a significant change in the client's condition occurs. The comprehensive treatment plan must be reviewed and updated at least once monthly.
 - (2) The comprehensive treatment plan must include:
- (a) Orders obtained from the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and the client's diagnosis, medical history, physical examination, and rehabilitative or restorative needs.
- (b) A preliminary nursing evaluation, including orders for immediate care provided by the physician, physician assistant,

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<u>independent advanced practice registered nurse</u>, or advanced <u>practice</u> registered nurse practitioner, which shall be completed when the client is admitted.

Section 52. Section 400.9976, Florida Statutes, is amended to read:

400.9976 Administration of medication.

- (1) An individual medication administration record must be maintained for each client. A dose of medication, including a self-administered dose, shall be properly recorded in the client's record. A client who self-administers medication shall be given a pill organizer. Medication must be placed in the pill organizer by a nurse. A nurse shall document the date and time that medication is placed into each client's pill organizer. All medications must be administered in compliance with orders of a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner.
- (2) If an interdisciplinary team determines that self-administration of medication is an appropriate objective, and if the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner does not specify otherwise, the client must be instructed by the physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner to self-administer his or her

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medication without the assistance of a staff person. All forms of self-administration of medication, including administration orally, by injection, and by suppository, shall be included in the training. The client's physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner must be informed of the interdisciplinary team's decision that self-administration of medication is an objective for the client. A client may not self-administer medication until he or she demonstrates the competency to take the correct medication in the correct dosage at the correct time, to respond to missed doses, and to contact the appropriate person with questions.

(3) Medication administration discrepancies and adverse drug reactions must be recorded and reported immediately to a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner.

Section 53. Subsections (2) through (5) of section 400.9979, Florida Statutes, are amended to read:

400.9979 Restraint and seclusion; client safety.-

(2) The use of physical restraints must be ordered and documented by a physician, physician assistant, <u>independent</u> advanced practice registered nurse, or advanced <u>practice</u> registered nurse <u>practitioner</u> and must be consistent with the policies and procedures adopted by the facility. The client or,

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if applicable, the client's representative shall be informed of the facility's physical restraint policies and procedures when the client is admitted.

- (3) The use of chemical restraints shall be limited to prescribed dosages of medications as ordered by a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner and must be consistent with the client's diagnosis and the policies and procedures adopted by the facility. The client and, if applicable, the client's representative shall be informed of the facility's chemical restraint policies and procedures when the client is admitted.
- assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner, if a client exhibits symptoms that present an immediate risk of injury or death to himself or herself or others, a physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner may issue an emergency treatment order to immediately administer rapid-response psychotropic medications or other chemical restraints. Each emergency treatment order must be documented and maintained in the client's record.
- (a) An emergency treatment order is not effective for more than 24 hours.

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(b) Whenever a client is medicated under this subsection, the client's representative or a responsible party and the client's physician, physician assistant, <u>independent advanced practice registered nurse</u>, or advanced <u>practice</u> registered nurse practitioner shall be notified as soon as practicable.

- (5) A client who is prescribed and receives a medication that can serve as a chemical restraint for a purpose other than an emergency treatment order must be evaluated by his or her physician, physician assistant, independent advanced practice registered nurse, or advanced practice registered nurse practitioner at least monthly to assess:
 - (a) The continued need for the medication.

- (b) The level of the medication in the client's blood.
- (c) The need for adjustments to the prescription.
- Section 54. Subsections (1) and (2) of section 401.445, Florida Statutes, are amended to read:
- 401.445 Emergency examination and treatment of incapacitated persons.—
- (1) No Recovery is not shall be allowed in any court in this state against any emergency medical technician, paramedic, or physician as defined in this chapter; any advanced practice registered nurse practitioner certified under s. 464.012; any independent advanced practice registered nurse registered under s. 464.0125; or any physician assistant licensed under s. 458.347 or s. 459.022, or any person acting under the direct

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2750 medical supervision of a physician, in an action brought for 2751 examining or treating a patient without his or her informed 2752 consent if:

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- (a) The patient at the time of examination or treatment is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent as provided in s. 766.103;
- (b) The patient at the time of examination or treatment is experiencing an emergency medical condition; and
- (c) The patient would reasonably, under all the surrounding circumstances, undergo such examination, treatment, or procedure if the patient he or she were advised by the emergency medical technician, paramedic, physician, independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant in accordance with s. 766.103(3).

Examination and treatment provided under this subsection shall be limited to reasonable examination of the patient to determine the medical condition of the patient and treatment reasonably necessary to alleviate the emergency medical condition or to stabilize the patient.

(2) In examining and treating a person who is apparently intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent, the emergency medical

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registered nurse practitioner, advanced practice registered nurse practitioner, or physician assistant, or any person acting under the direct medical supervision of a physician, shall proceed wherever possible with the consent of the person. If the person reasonably appears to be incapacitated and refuses his or her consent, the person may be examined, treated, or taken to a hospital or other appropriate treatment resource if he or she is in need of emergency attention, without his or her consent, but unreasonable force shall not be used.

Section 55. Subsections (1) and (11) of section 409.905, Florida Statutes, are amended to read:

409.905 Mandatory Medicaid services.—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law.

Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any

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limitations or directions provided for in the General Appropriations Act or chapter 216.

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- (1)INDEPENDENT ADVANCED PRACTICE REGISTERED NURSE AND ADVANCED PRACTICE REGISTERED NURSE PRACTITIONER SERVICES.-The agency shall pay for services provided to a recipient by a registered independent advanced practice registered nurse, a certified licensed advanced practice registered nurse practitioner who has a valid collaboration agreement with a licensed physician on file with the Department of Health, or a certified registered nurse anesthetist who provides anesthesia services in accordance with established protocol required by state law and approved by the medical staff of the facility in which the anesthetic service is performed. Reimbursement for such services must be provided in an amount that equals at least not less than 80 percent of the reimbursement to a physician who provides the same services, unless otherwise provided for in the General Appropriations Act.
- (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay for outpatient primary health care services for a recipient provided by a clinic certified by and participating in the Medicare program which is located in a federally designated, rural, medically underserved area and has on its staff one or more certified licensed primary care nurse practitioners or physician assistants, and a licensed staff supervising physician, or an

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Section 56. Paragraph (a) of subsection (3) and subsection

independent advanced practice registered nurse.

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(8) of section 409.908, Florida Statutes, is amended to read: 409.908 Reimbursement of Medicaid providers.-Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent

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or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

- in the General Appropriations Act, the following Medicaid services and goods may be reimbursed on a fee-for-service basis. For each allowable service or goods furnished in accordance with Medicaid rules, policy manuals, handbooks, and state and federal law, the payment shall be the amount billed by the provider, the provider's usual and customary charge, or the maximum allowable fee established by the agency, whichever amount is less, with the exception of those services or goods for which the agency makes payment using a methodology based on capitation rates, average costs, or negotiated fees.
- (a) <u>Independent advanced practice registered nurse or</u> advanced practice registered nurse practitioner services.
- (8) A provider of family planning services shall be reimbursed the lesser of the amount billed by the provider or an all-inclusive amount per type of visit for physicians, independent advanced practice registered nurses, and advanced practice registered nurses nurse practitioners, as established by the agency in a fee schedule.

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2875 Section 57. Subsection (2) of section 409.9081, Florida 2876 Statutes, is amended to read: 2877 409.9081 Copayments.-2878 The agency shall, subject to federal regulations and 2879 any directions or limitations provided for in the General 2880 Appropriations Act, require copayments for the following 2881 additional services: hospital inpatient, laboratory and X-ray 2882 services, transportation services, home health care services, 2883 community mental health services, rural health services, 2884 federally qualified health clinic services, and independent advanced practice registered nurse or advanced practice 2885 2886 registered nurse practitioner services. The agency may only 2887 establish copayments for prescribed drugs or for any other 2888 federally authorized service if such copayment is specifically 2889 provided for in the General Appropriations Act or other law. 2890 Section 58. Paragraph (a) of subsection (1) of section 2891 409.973, Florida Statutes, is amended to read: 2892 409.973 Benefits.-2893 MINIMUM BENEFITS. - Managed care plans shall cover, at a 2894 minimum, the following services: 2895 Independent advanced practice registered nurse and advanced practice registered nurse practitioner services. 2896 Section 59. Subsections (2), (4), and (5) of section 2897 429.26, Florida Statutes, are amended to read: 2898 2899 429.26 Appropriateness of placements; examinations of

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- (2) A physician, <u>a</u> physician assistant, <u>an independent</u> advanced practice registered nurse, or <u>an advanced practice</u> registered nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.
- If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, a registered independent advanced practice registered nurse, or a certified advanced practice registered licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.
- (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the

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admission of the resident to the facility, a licensed physician, licensed physician assistant, registered independent advanced practice registered nurse, or certified advanced practice licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.

Section 60. Paragraph (a) of subsection (2) and paragraph (a) of subsection (7) of section 429.918, Florida Statutes, are amended to read:

429.918 Licensure designation as a specialized Alzheimer's services adult day care center.—

(2) As used in this section, the term:

- (a) "ADRD participant" means a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, registered independent advanced practice registered nurse, or certified a licensed advanced practice registered nurse practitioner.
- (7) (a) An ADRD participant admitted to an adult day care center having a license designated under this section, or the

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2950 caregiver when applicable, must:

- 1. Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a demonstrated need for a responsible party to oversee his or her care.
- 2. Not actively demonstrate aggressive behavior that places himself, herself, or others at risk of harm.
- 3. Provide the following medical documentation signed by a licensed physician, licensed physician assistant, <u>registered</u> independent advanced practice registered nurse, or <u>certified</u> a licensed advanced practice registered nurse practitioner:
- a. Any physical, health, or emotional conditions that require medical care.
- b. A listing of the ADRD participant's current prescribed and over-the-counter medications and dosages, diet restrictions, mobility restrictions, and other physical limitations.
- 4. Provide documentation signed by a health care provider licensed in this state which indicates that the ADRD participant is free of the communicable form of tuberculosis and free of signs and symptoms of other communicable diseases.
- Section 61. Paragraph (e) of subsection (5) of section 440.102, Florida Statutes, is amended to read:
- 440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency

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2975 for Health Care Administration:

- (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:
- (e) A specimen for a drug test may be taken or collected by any of the following persons:
- 1. A physician, a physician assistant, an independent advanced practice registered nurse, an advanced practice registered nurse, a registered professional nurse, a licensed practical nurse, or a nurse practitioner or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.
- 2. A qualified person employed by a licensed or certified laboratory as described in subsection (9).

Section 62. Subsection (2) and paragraph (d) of subsection (4) of section 456.0391, Florida Statutes, are amended to read:

456.0391 Advanced <u>practice</u> registered <u>nurses</u> nurse practitioners; information required for certification.—

(2) The Department of Health shall send a notice to each person certified under s. 464.012 at the certificateholder's last known address of record regarding the requirements for information to be submitted by advanced <u>practice</u> registered <u>nurses</u> <u>nurse</u> <u>practitioners</u> pursuant to this section in conjunction with the renewal of such certificate.

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(2)

(d) Any applicant for initial certification or renewal of
certification as an advanced practice registered nurse
practitioner who submits to the Department of Health a set of
fingerprints and information required for the criminal history
check required under this section shall not be required to
provide a subsequent set of fingerprints or other duplicate
information required for a criminal history check to the Agency
for Health Care Administration, the Department of Juvenile
Justice, or the Department of Children and Families for
employment or licensure with such agency or department, if the
applicant has undergone a criminal history check as a condition
of initial certification or renewal of certification as an
advanced <u>practice</u> registered nurse practitioner with the
Department of Health, notwithstanding any other provision of law
to the contrary. In lieu of such duplicate submission, the
Agency for Health Care Administration, the Department of
Juvenile Justice, and the Department of Children and Families
shall obtain criminal history information for employment or
licensure of persons certified under s. 464.012 by such agency
or department from the Department of Health's health care
practitioner credentialing system.
Section 63. Subsection (2) of section 456.0392, Florida
Statutes, is amended to read:
456.0392 Prescription labeling

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A prescription for a drug that is not

controlled substance in chapter 893 which is written by an advanced <u>practice</u> registered nurse practitioner certified under s. 464.012 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by a practitioner licensed under chapter 458, chapter 459, or chapter 466.

- Section 64. Paragraph (a) of subsection (1) and subsection (6) of section 456.041, Florida Statutes, are amended to read:
 456.041 Practitioner profile; creation.—
- (1) (a) The Department of Health shall compile the information submitted pursuant to s. 456.039 into a practitioner profile of the applicant submitting the information, except that the Department of Health shall develop a format to compile uniformly any information submitted under s. 456.039(4)(b). Beginning July 1, 2001, the Department of Health may compile the information submitted pursuant to s. 456.0391 into a practitioner profile of the applicant submitting the information. The protocol submitted pursuant to s. 464.012(3) must be included in the practitioner profile of the advanced practice registered nurse practitioner.
- (6) The Department of Health shall provide in each practitioner profile for every physician or advanced <u>practice</u> registered nurse <u>practitioner</u> terminated for cause from participating in the Medicaid program, pursuant to s. 409.913, or sanctioned by the Medicaid program a statement that the

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practitioner has been terminated from participating in the Florida Medicaid program or sanctioned by the Medicaid program.

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Section 65. Subsection (1) and paragraphs (a), (d), and (e) of subsection (2) of section 456.048, Florida Statutes, are amended to read:

456.048 Financial responsibility requirements for certain health care practitioners.—

- As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Medicine and the Board of Osteopathic Medicine shall, by rule, require that all anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023, and the Board of Nursing shall, by rule, require that independent advanced practice registered nurses registered under s. 464.0125 and advanced practice registered nurses nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical malpractice insurance or provide proof of financial responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising out of the rendering of or failure to render professional care and services in this state.
 - (2) The board or department may grant exemptions upon

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application by practitioners meeting any of the following criteria:

- (a) Any person licensed, certified, or registered under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(16) or who is a volunteer under s. 110.501(1).
- (d) Any person licensed, or certified, or registered under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who practices only in conjunction with his or her teaching duties at an accredited school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.
- (e) Any person holding an active license, or certification, or registration under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is not practicing in this state. If such person initiates or resumes practice in this state, he

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3100 or she must notify the department of such activity.

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Section 66. Paragraphs (a), (i), (o), and (r) of subsection (3) and paragraph (g) of subsection (5) of section 456.053, Florida Statutes, are amended to read:

456.053 Financial arrangements between referring health care providers and providers of health care services.-

- DEFINITIONS.-For the purpose of this section, the word, phrase, or term:
- "Board" means any of the following boards relating to the respective professions: the Board of Medicine as created in s. 458.307; the Board of Osteopathic Medicine as created in s. 459.004; the Board of Chiropractic Medicine as created in s. 460.404; the Board of Podiatric Medicine as created in s. 461.004; the Board of Optometry as created in s. 463.003; the Board of Nursing as created in s. 464.004; the Board of Pharmacy as created in s. 465.004; and the Board of Dentistry as created in s. 466.004.
- "Health care provider" means a any physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461; an independent advanced practice registered nurse registered under s. 464.0125; or a, or any health care provider licensed under chapter 463 or chapter 466.
- "Referral" means any referral of a patient by a health care provider for health care services, including, without 3123 3124 limitation:

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1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or

- 2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.
- 3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:
 - a. By a radiologist for diagnostic-imaging services.
- b. By a physician specializing in the provision of radiation therapy services for such services.
- c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.
 - d. By a cardiologist for cardiac catheterization services.
- e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.
- f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or

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provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, that effective July 1, 1999, a physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 or an independent advanced practice registered nurse registered under s. 464.0125 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician or independent advanced practice registered nurse has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services.

- g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 395.
 - h. By a urologist for lithotripsy services.
- i. By a dentist for dental services performed by an employee of or health care provider who is an independent

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3175 contractor with the dentist or group practice of which the 3176 dentist is a member.

- j. By a physician for infusion therapy services to a patient of that physician or a member of that physician's group practice.
- k. By a nephrologist for renal dialysis services and supplies, except laboratory services.
- 1. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this subsubparagraph, the term "private residences" includes patients' private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.
 - m. By a health care provider for sleep-related testing.
- (r) "Sole provider" means one health care provider licensed under chapter 458, chapter 459, chapter 460, or chapter 461, or s. 464.0125, who maintains a separate medical office and a medical practice separate from any other health care provider and who bills for his or her services separately from the services provided by any other health care provider. A sole provider shall not share overhead expenses or professional income with any other person or group practice.
 - (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as

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3200 provided in this section:

(g) A violation of this section by a health care provider shall constitute grounds for disciplinary action to be taken by the applicable board pursuant to s. 458.331(2), s. 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s. 466.028(2). Any hospital licensed under chapter 395 found in violation of this section shall be subject to s. 395.0185(2).

Section 67. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—

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

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Section 68. Subsection (2) of section 456.44, Florida Statutes, is amended to read:

456.44 Controlled substance prescribing.-

- (2) REGISTRATION.—A physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466; a physician assistant licensed under chapter 458 or chapter 459; or an independent advanced practice registered nurse registered or an advanced practice registered nurse practitioner certified under part I of chapter 464 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:
- (a) Designate himself or herself as a controlled substance prescribing practitioner on the his or her practitioner profile.
- (b) Comply with the requirements of this section and applicable board rules.

Section 69. Paragraph (c) of subsection (2) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.

- (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- (c) A physician, a physician assistant, <u>an independent</u> advanced practice registered nurse, or an advanced <u>practice</u> registered nurse <u>practitioner</u> must perform a physical

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examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a pain-management clinic. If the physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the physician must document in the patient's record the reason for prescribing that quantity.

Section 70. Paragraph (dd) of subsection (1) of section 458.331, Florida Statutes, is amended to read:

458.331 Grounds for disciplinary action; action by the board and department.—

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (dd) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced <u>practice</u> registered <u>nurses</u> nurse practitioners, or anesthesiologist assistants acting under the supervision of the physician.

Section 71. Paragraph (a) of subsection (1) and subsections (2) and (4) of section 458.348, Florida Statutes, are amended to read:

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

(1) NOTICE.-

(a) When a physician enters into a formal supervisory relationship or standing orders with an emergency medical

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technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when a physician enters into an established protocol with an advanced <u>practice</u> registered nurse <u>practitioner</u>, which protocol contemplates the performance of medical acts set forth in s. 464.012(3) and (4), the physician shall submit notice to the board. The notice shall contain a statement in substantially the following form:

- I, ... (name and professional license number of physician)..., of ... (address of physician)... have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with ... (number of persons)... emergency medical technician(s), ... (number of persons)... paramedic(s), or ... (number of persons)... advanced practice registered nurse(s) nurse practitioner(s).
- joint committee shall determine minimum standards for the content of established protocols pursuant to which an advanced practice registered nurse practitioner may perform medical acts or acts set forth in s. 464.012(3) and (4) and shall determine minimum standards for supervision of such acts by the physician, unless the joint committee determines that any act set forth in s. 464.012(3) or (4) is not a medical act. Such standards shall be based on risk to the patient and acceptable standards of medical care and shall take into account the special problems of

medically underserved areas. The standards developed by the joint committee shall be adopted as rules by the Board of Nursing and the Board of Medicine for purposes of carrying out their responsibilities pursuant to part I of chapter 464 and this chapter, respectively, but neither board shall have disciplinary powers over the licensees of the other board.

- A physician who supervises an advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant at a medical office other than the physician's primary practice location, where the advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant is not under the onsite supervision of a supervising physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, a physician's "primary practice location" means the address reflected on the physician's profile published pursuant to s. 456.041.
- (a) A physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the physician's primary practice location. For the purpose of this subsection, "primary health care" means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

(b) A physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the physician's primary practice location. For the purpose of this subsection, "specialty health care" means health care services that are commonly provided to patients with a referral from another practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

- registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced practice registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.
- 1. The physician shall submit to the board the addresses of all offices where he or she is supervising an advanced practice registered nurse practitioner or a physician's assistant which are not the physician's primary

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3350 practice location.

- 2. The physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the board pursuant to s. 458.3312.
- 3. All such offices that are not the physician's primary place of practice must be within 25 miles of the physician's primary place of practice or in a county that is contiguous to the county of the physician's primary place of practice. However, the distance between any of the offices may not exceed 75 miles.
- 4. The physician may supervise only one office other than the physician's primary place of practice except that until July 1, 2011, the physician may supervise up to two medical offices other than the physician's primary place of practice if the addresses of the offices are submitted to the board before July 1, 2006. Effective July 1, 2011, the physician may supervise only one office other than the physician's primary place of practice, regardless of when the addresses of the offices were submitted to the board.
- (d) A physician who supervises an office in addition to the physician's primary practice location must conspicuously post in each of the physician's offices a current schedule of the regular hours when the physician is present in that office and the hours when the office is open while the physician is not present.

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(e) This subsection does not apply to health care services
provided in facilities licensed under chapter 395 or in
conjunction with a college of medicine, a college of nursing, an
accredited graduate medical program, or a nursing education
program; not-for-profit, family-planning clinics that are not
licensed pursuant to chapter 390; rural and federally qualified
health centers; health care services provided in a nursing home
licensed under part II of chapter 400, an assisted living
facility licensed under part I of chapter 429, a continuing care
facility licensed under chapter 651, or a retirement community
consisting of independent living units and a licensed nursing
home or assisted living facility; anesthesia services provided
in accordance with law; health care services provided in a
designated rural health clinic; health care services provided to
persons enrolled in a program designed to maintain elderly
persons and persons with disabilities in a home or community-
based setting; university primary care student health centers;
school health clinics; or health care services provided in
federal, state, or local government facilities. Subsection (3)
and this subsection do not apply to offices at which the
exclusive service being performed is laser hair removal by an
advanced <u>practice</u> registered nurse practitioner or physician
assistant.
Section 72. Paragraph (c) of subsection (2) of section
459 0137. Florida Statutes, is amended to read.

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3400 459.0137 Pain-management clinics.

- (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- (c) An osteopathic physician, a physician assistant, or an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner must perform a physical examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a painmanagement clinic. If the osteopathic physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the osteopathic physician must document in the patient's record the reason for prescribing that quantity.
- Section 73. Paragraph (hh) of subsection (1) of section 459.015, Florida Statutes, is amended to read:
- 459.015 Grounds for disciplinary action; action by the board and department.—
- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (hh) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced <u>practice</u> registered <u>nurses</u> nurse <u>practitioners</u>, anesthesiologist assistants, or other persons

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3425 acting under the supervision of the osteopathic physician.

Section 74. Paragraph (a) of subsection (1) and subsection

- 3427 (3) of section 459.025, Florida Statutes, are amended to read:
 - 459.025 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—
 - (1) NOTICE.-

- (a) When an osteopathic physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when an osteopathic physician enters into an established protocol with an advanced practice registered nurse practitioner, which protocol contemplates the performance of medical acts or acts set forth in s. 464.012(3) and (4), the osteopathic physician shall submit notice to the board. The notice must contain a statement in substantially the following form:
- I, ... (name and professional license number of osteopathic physician)..., of ... (address of osteopathic physician)... have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with ... (number of persons)... emergency medical technician(s), ... (number of persons)... paramedic(s), or ... (number of persons)... advanced practice registered nurse(s) nurse practitioner(s).
 - (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.-

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An osteopathic physician who supervises an advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant at a medical office other than the osteopathic physician's primary practice location, where the advanced <u>practice</u> registered nurse <u>practitioner</u> or physician assistant is not under the onsite supervision of a supervising osteopathic physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, an osteopathic physician's "primary practice location" means the address reflected on the physician's profile published pursuant to s. 456.041.

- (a) An osteopathic physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the osteopathic physician's primary practice location. For the purpose of this subsection, "primary health care" means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.
- (b) An osteopathic physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the osteopathic physician's primary practice location. For the purpose of this subsection, "specialty health care" means health care services that are commonly provided to patients with a referral from another

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practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

- (c) An osteopathic physician who supervises an advanced practice registered nurse practitioner or physician assistant at a medical office other than the osteopathic physician's primary practice location, where the advanced practice registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising osteopathic physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(e)6., an osteopathic physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.
- 1. The osteopathic physician shall submit to the Board of Osteopathic Medicine the addresses of all offices where the osteopathic physician he or she is supervising or has a protocol with an advanced practice registered nurse practitioner or a physician physician's assistant which are not the osteopathic physician's primary practice location.
- 2. The osteopathic physician must be board certified or board eligible in dermatology or plastic surgery as recognized

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by the Board of Osteopathic Medicine pursuant to s. 459.0152.

- 3. All such offices that are not the osteopathic physician's primary place of practice must be within 25 miles of the osteopathic physician's primary place of practice or in a county that is contiguous to the county of the osteopathic physician's primary place of practice. However, the distance between any of the offices may not exceed 75 miles.
- 4. The osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice except that until July 1, 2011, the osteopathic physician may supervise up to two medical offices other than the osteopathic physician's primary place of practice if the addresses of the offices are submitted to the Board of Osteopathic Medicine before July 1, 2006. Effective July 1, 2011, the osteopathic physician may supervise only one office other than the osteopathic physician's primary place of practice, regardless of when the addresses of the offices were submitted to the Board of Osteopathic Medicine.
- (d) An osteopathic physician who supervises an office in addition to the osteopathic physician's primary practice location must conspicuously post in each of the osteopathic physician's offices a current schedule of the regular hours when the osteopathic physician is present in that office and the hours when the office is open while the osteopathic physician is not present.

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(e) This subsection does not apply to health care services
provided in facilities licensed under chapter 395 or in
conjunction with a college of medicine or college of nursing or
an accredited graduate medical or nursing education program;
offices where the only service being performed is hair removal
by an advanced <u>practice</u> registered nurse practitioner or
physician assistant; not-for-profit, family-planning clinics
that are not licensed pursuant to chapter 390; rural and
federally qualified health centers; health care services
provided in a nursing home licensed under part II of chapter
400, an assisted living facility licensed under part I of
chapter 429, a continuing care facility licensed under chapter
651, or a retirement community consisting of independent living
units and either a licensed nursing home or assisted living
facility; anesthesia services provided in accordance with law;
health care services provided in a designated rural health
clinic; health care services provided to persons enrolled in a
program designed to maintain elderly persons and persons with
disabilities in a home or community-based setting; university
primary care student health centers; school health clinics; or
health care services provided in federal, state, or local
government facilities.
Section 75. Subsection (2) of section 464.004, Florida
Statutes, is amended to read:

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464.004 Board of Nursing; membership; appointment; terms.—

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Seven members of the board must be registered nurses who are residents of this state and who have been engaged in the practice of professional nursing for at least 4 years, including at least one advanced practice registered nurse practitioner, one nurse educator member of an approved program, and one nurse executive. These seven board members should be representative of the diverse areas of practice within the nursing profession. In addition, three members of the board must be licensed practical nurses who are residents of this state and who have been actively engaged in the practice of practical nursing for at least 4 years prior to their appointment. The remaining three members must be residents of the state who have never been licensed as nurses and who are in no way connected with the practice of nursing. No person may be appointed as a lay member who is in any way connected with, or has any financial interest in, any health care facility, agency, or insurer. At least one member of the board must be 60 years of age or older.

Section 76. Paragraph (a) of subsection (4) of section 464.0205, Florida Statutes, is amended to read:

464.0205 Retired volunteer nurse certificate.-

- (4) A retired volunteer nurse receiving certification from the board shall:
- (a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. 458.317 or s. 459.0075, a

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physician licensed under chapter 458 or chapter 459, an independent advanced practice registered nurse registered under s. 464.0125, an advanced practice registered nurse practitioner certified under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.

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Section 77. Subsection (2) of section 467.003, Florida Statutes, is amended to read:

467.003 Definitions.—As used in this chapter, unless the context otherwise requires:

(2) "Certified nurse midwife" means a person who is <u>certified licensed</u> as an advanced <u>practice</u> registered nurse practitioner under part I of chapter 464 and who is certified to practice midwifery by the American College of Nurse Midwives.

Section 78. Paragraph (b) of subsection (1) of section 480.0475, Florida Statutes, is amended to read:

480.0475 Massage establishments; prohibited practices.-

- (1) A person may not operate a massage establishment between the hours of midnight and 5 a.m. This subsection does not apply to a massage establishment:
- (b) In which every massage performed between the hours of midnight and 5 a.m. is performed by a massage therapist acting under the prescription of a physician or physician assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician

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3600	licensed under chapter 461, an independent advanced practice
3601	registered nurse registered or an advanced practice registered
3602	nurse <u>certified</u> practitioner licensed under part I of chapter
3603	464, or a dentist licensed under chapter 466; or
3604	Section 79. Subsection (7) of section 483.041, Florida
3605	Statutes, is amended to read:
3606	483.041 Definitions.—As used in this part, the term:
3607	(7) "Licensed practitioner" means a physician licensed
3608	under chapter 458, chapter 459, chapter 460, or chapter 461; \underline{a}
3609	physician assistant licensed under chapter 458 or chapter 459; a
3610	certified optometrist licensed under chapter 463; a dentist
3611	licensed under chapter 466; a person licensed under chapter 462;
3612	a consultant pharmacist or doctor of pharmacy licensed under
3613	chapter 465; an independent advanced practice registered nurse
3614	registered or an advanced practice registered nurse certified
3615	practitioner licensed under part I of chapter 464; or a duly
3616	licensed practitioner from another state licensed under similar
3617	statutes who orders examinations on materials or specimens for
3618	nonresidents of the State of Florida, but who reside in the same
3619	state as the requesting licensed practitioner.
3620	Section 80. Subsection (5) of section 483.181, Florida
3621	Statutes, is amended to read:
3622	483.181 Acceptance, collection, identification, and
3623	examination of specimens

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(5) A clinical laboratory licensed under this part must

CODING: Words stricken are deletions; words underlined are additions.

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 make its services available to a practitioner licensed,

certified, or registered under chapter 458, chapter 459, chapter

460, chapter 461, chapter 462, chapter 463, s. 464.012, s.

464.0125, or chapter 466, or to a consultant pharmacist or

doctor of pharmacy licensed under chapter 465. A clinical

laboratory shall not charge different prices for its services

based upon the chapter under which a practitioner is licensed.

Section 81. Subsection (5) of section 483.801, Florida

Statutes, is amended to read:

- 483.801 Exemptions.—This part applies to all clinical laboratories and clinical laboratory personnel within this state, except:
- (5) Advanced <u>practice</u> registered <u>nurses certified</u> nurse practitioners licensed under part I of chapter 464 who perform provider-performed microscopy procedures (PPMP) in an exclusive-use laboratory setting.
- Section 82. Paragraph (a) of subsection (11) of section 486.021, Florida Statutes, is amended to read:
- 486.021 Definitions.—In this chapter, unless the context otherwise requires, the term:
- (11) "Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related

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thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs; the use of radiant energy, including ultraviolet, visible, and infrared rays; ultrasound; water; the use of apparatus and equipment in the application of the foregoing or related thereto; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

(a) A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record, or by an independent advanced practice registered nurse registered under s. 464.0125, or an advanced practice registered nurse certified practitioner licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 30 days for a condition not previously assessed by a practitioner of record, the physical therapist shall have a practitioner of record review and sign the plan. The requirement that a physical therapist have a practitioner of record review

and sign a plan of treatment does not apply when a patient has been physically examined by a physician licensed in another state, the patient has been diagnosed by the physician as having a condition for which physical therapy is required, and the physical therapist is treating the condition. For purposes of this paragraph, a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 and engaged in active practice is eligible to serve as a practitioner of record.

Section 83. Paragraph (d) of subsection (1) of section 490.012, Florida Statutes, is amended to read:

490.012 Violations; penalties; injunction.-

(1)

 (d) No person shall hold herself or himself out by any title or description incorporating the word, or a permutation of the word, "psychotherapy" unless such person holds a valid, active license under chapter 458, chapter 459, chapter 490, or chapter 491, or such person is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse under practitioner, pursuant to s. 464.012, and who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health.

Section 84. Subsection (1) of section 491.0057, Florida Statutes, is amended to read:

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491.0057 Dual licensure as a marriage and family therapist.—The department shall license as a marriage and family therapist any person who demonstrates to the board that he or she:

- (1) Holds a valid, active license as a psychologist under chapter 490 or as a clinical social worker or mental health counselor under this chapter, or is registered under s. 464.0125 as an independent advanced practice registered nurse or certified under s. 464.012 as an advanced practice registered nurse and practitioner who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health.
- Section 85. Paragraph (d) of subsection (1) and subsection (2) of section 491.012, Florida Statutes, are amended to read:
 491.012 Violations; penalty; injunction.—
- (1) It is unlawful and a violation of this chapter for any person to:
- (d) Use the terms psychotherapist, sex therapist, or juvenile sexual offender therapist unless such person is licensed pursuant to this chapter or chapter 490, or is registered under s. 464.0125 as an independent advanced practice registered nurse or certified under s. 464.012 as an advanced practice registered nurse and practitioner who has been determined by the Board of Nursing to be as a specialist in psychiatric mental health and the use of such terms is within the scope of her or his practice based on education, training,

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3725	and licensure.
3726	(2) It is unlawful and a violation of this chapter for any
3727	person to describe her or his services using the following terms
3728	or any derivative thereof, unless such person holds a valid,
729	active license under this chapter or chapter 490, or is
3730	registered under s. 464.0125 as an independent advanced practice
3731	registered nurse or certified under s. 464.012 as an advanced
3732	<pre>practice registered nurse and practitioner who has been</pre>
3733	determined by the Board of Nursing $\underline{to}\ be\ as$ a specialist in
3734	psychiatric mental health and the use of such terms is within
3735	the scope of her or his practice based on education, training,
3736	and licensure:
3737	(a) "Psychotherapy."
3738	(b) "Sex therapy."
3739	(c) "Sex counseling."
3740	(d) "Clinical social work."
3741	(e) "Psychiatric social work."
3742	(f) "Marriage and family therapy."
3743	(g) "Marriage and family counseling."
3744	(h) "Marriage counseling."
3745	(i) "Family counseling."
3746	(j) "Mental health counseling."
3747	Section 86. Subsection (2) of section 493.6108, Florida
3748	Statutes, is amended to read:
749	493.6108 Investigation of applicants by Department of

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3750 Agriculture and Consumer Services. -

(2) In addition to subsection (1), the department shall make an investigation of the general physical fitness of the Class "G" applicant to bear a weapon or firearm. Determination of physical fitness shall be certified by a physician or physician assistant currently licensed pursuant to chapter 458, chapter 459, or any similar law of another state or authorized to act as a licensed physician by a federal agency or department, or by an independent advanced practice registered nurse registered or an advanced practice registered nurse certified under part I of practitioner currently licensed pursuant to chapter 464. Such certification shall be submitted on a form provided by the department.

Section 87. Subsection (1) of section 626.9707, Florida Statutes, is amended to read:

626.9707 Disability insurance; discrimination on basis of sickle-cell trait prohibited.—

(1) An No insurer authorized to transact insurance in this state may not shall refuse to issue and deliver in this state any policy of disability insurance, whether such policy is defined as individual, group, blanket, franchise, industrial, or otherwise, which is currently being issued for delivery in this state and which affords benefits and coverage for any medical treatment or service authorized and permitted to be furnished by a hospital, a clinic, a health clinic, a neighborhood health

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3775	clinic, \underline{a} health maintenance organization, \underline{a} physician, \underline{a}
3776	physician physician's assistant, an independent advanced
3777	practice registered nurse, an advanced practice registered nurse
3778	$rac{ ext{practitioner}}{ ext{constant}}$ or $rac{ ext{a}}{ ext{m}}$ medical service facility or personnel solely
3779	because the person to be insured has the sickle-cell trait.
3780	Section 88. Paragraph (b) of subsection (1) of section
3781	627.357, Florida Statutes, is amended to read:
3782	627.357 Medical malpractice self-insurance
3783	(1) DEFINITIONS.—As used in this section, the term:
3784	(b) "Health care provider" means any:
3785	1. Hospital licensed under chapter 395.
3786	2. Physician licensed, or physician assistant licensed,
3787	under chapter 458.
3788	3. Osteopathic physician or physician assistant licensed
3789	under chapter 459.
3790	4. Podiatric physician licensed under chapter 461.
3791	5. Health maintenance organization certificated under part
3792	I of chapter 641.
3793	6. Ambulatory surgical center licensed under chapter 395.
3794	7. Chiropractic physician licensed under chapter 460.
3795	8. Psychologist licensed under chapter 490.
3796	9. Optometrist licensed under chapter 463.
3797	10. Dentist licensed under chapter 466.
3798	11. Pharmacist licensed under chapter 465.
3799	12. Registered nurse, licensed practical nurse,

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<u>independent advanced practice registered nurse</u>, or advanced <u>practice</u> registered nurse <u>practitioner</u> licensed, or registered, <u>or certified</u> under part I of chapter 464.

13. Other medical facility.

 14. Professional association, partnership, corporation, joint venture, or other association established by the individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9., 10., 11., and 12. for professional activity.

Section 89. Subsection (6) of section 627.6471, Florida Statutes, is amended to read:

627.6471 Contracts for reduced rates of payment; limitations; coinsurance and deductibles.—

issued by the insurer, the insurer shall provide eligibility criteria for each group of health care providers licensed under chapter 458, chapter 459, chapter 490, or chapter 491, which include psychotherapy within the scope of their practice as provided by law, or for any person who is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse practitioner in psychiatric mental health under s. 464.012 and who specializes in psychiatric mental health. When psychotherapeutic services are covered, eligibility criteria shall be established by the insurer to be included in the insurer's criteria for selection of network providers. The

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insurer may not discriminate against a health care provider by excluding such practitioner from its provider network solely on the basis of the practitioner's license.

Section 90. Subsections (15) and (17) of section 627.6472, Florida Statutes, are amended to read:

627.6472 Exclusive provider organizations.-

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- If psychotherapeutic services are covered by a policy issued by the insurer, the insurer shall provide eligibility criteria for all groups of health care providers licensed under chapter 458, chapter 459, chapter 490, or chapter 491, which include psychotherapy within the scope of their practice as provided by law, or for any person who is registered as an independent advanced practice registered nurse under s. 464.0125 or certified as an advanced practice registered nurse practitioner in psychiatric mental health under s. 464.012 and who specializes in psychiatric mental health. When psychotherapeutic services are covered, eligibility criteria shall be established by the insurer to be included in the insurer's criteria for selection of network providers. The insurer may not discriminate against a health care provider by excluding such practitioner from its provider network solely on the basis of the practitioner's license.
- (17) An exclusive provider organization $\underline{\text{may shall}}$ not discriminate with respect to participation as to any $\underline{\text{independent}}$ advanced practice registered nurse registered pursuant to s.

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464.0125 or advanced practice registered nurse practitioner
licensed and certified pursuant to s. 464.012, who is acting
within the scope of such registration or license and
certification, solely on the basis of such registration license
or certification. This subsection may shall not be construed to
prohibit a plan from including providers only to the extent
necessary to meet the needs of the plan's enrollees or from
establishing any measure designed to maintain quality and
control costs consistent with the responsibilities of the plan.

 Section 91. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

- 627.736 Required personal injury protection benefits; exclusions; priority; claims.—
- (1) REQUIRED BENEFITS.—An insurance policy complying with the security requirements of s. 627.733 must provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to subsection (2) and paragraph (4)(e), to a limit of \$10,000 in medical and disability benefits and \$5,000 in death benefits resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:
 - (a) Medical benefits.—Eighty percent of all reasonable

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expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices and medically necessary ambulance, hospital, and nursing services if the individual receives initial services and care pursuant to subparagraph 1. within 14 days after the motor vehicle accident. The medical benefits provide reimbursement only for:

- 1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460, or an independent advance practice registered nurse registered under s. 464.0125, or that are provided in a hospital or in a facility that owns, or is wholly owned by, a hospital. Initial services and care may also be provided by a person or entity licensed under part III of chapter 401 which provides emergency transportation and treatment.
- 2. Upon referral by a provider described in subparagraph 1., followup services and care consistent with the underlying medical diagnosis rendered pursuant to subparagraph 1. which may be provided, supervised, ordered, or prescribed only by a physician licensed under chapter 458 or chapter 459, a chiropractic physician licensed under chapter 460, a dentist licensed under chapter 466, an independent advance practice registered nurse registered under s. 464.0125, or, to the extent

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permitted by applicable law and under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist, or independent advanced practice registered nurse, by a physician assistant licensed under chapter 458 or chapter 459 or an advanced practice registered nurse certified practitioner licensed under s. 464.012 chapter 464. Followup services and care may also be provided by the following persons or entities:

- a. A hospital or ambulatory surgical center licensed under chapter 395.
- b. An entity wholly owned by one or more physicians licensed under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, independent advanced practice registered nurses registered under s. 464.0125, or dentists licensed under chapter 466 or by such practitioners and the spouse, parent, child, or sibling of such practitioners.
- c. An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals.
- d. A physical therapist licensed under chapter 486, based upon a referral by a provider described in this subparagraph.
- e. A health care clinic licensed under part X of chapter 400 which is accredited by an accrediting organization whose standards incorporate comparable regulations required by this state, or
- (I) Has a medical director licensed under chapter 458, chapter 459, or chapter 460;

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(II) Has been continuously licensed for more than 3 years
or is a publicly traded corporation that issues securities
traded on an exchange registered with the United States
Securities and Exchange Commission as a national securities
exchange; and

- (III) Provides at least four of the following medical specialties:
 - (A) General medicine.
 - (B) Radiography.

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- (C) Orthopedic medicine.
- (D) Physical medicine.
- (E) Physical therapy.
- (F) Physical rehabilitation.
- (G) Prescribing or dispensing outpatient prescription medication.
 - (H) Laboratory services.
- 3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to \$10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, an independent advanced practice registered nurse registered under s. 464.0125, or an advanced practice registered nurse certified practitioner licensed under s. 464.012 chapter 464 has determined that the injured person had an emergency medical condition.

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4. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. is limited to \$2,500 if a provider listed in subparagraph 1. or subparagraph 2. determines that the injured person did not have an emergency medical condition.

- 5. Medical benefits do not include massage as defined in s. 480.033 or acupuncture as defined in s. 457.102, regardless of the person, entity, or licensee providing massage or acupuncture, and a licensed massage therapist or licensed acupuncturist may not be reimbursed for medical benefits under this section.
- 6. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. to document that the health care provider meets the criteria of this paragraph. Such rule must include a requirement for a sworn statement or affidavit.

Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and such insurer may not require the purchase of any other motor vehicle coverage other than the purchase of property damage liability coverage as required by s. 627.7275 as a condition for providing such benefits. Insurers may not require that property damage liability insurance in an amount greater than \$10,000 be

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purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. An insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice violates part IX of chapter 626, and such violation constitutes an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. An insurer committing such violation is subject to the penalties provided under that part, as well as those provided elsewhere in the insurance code.

Section 92. Subsection (5) of section 633.412, Florida Statutes, is amended to read:

- 633.412 Firefighters; qualifications for certification.—A person applying for certification as a firefighter must:
- medical examination given by a physician, surgeon, or physician assistant licensed to practice in the state <u>under pursuant to</u> chapter 458; an osteopathic physician, surgeon, or physician assistant licensed to practice in the state <u>under pursuant to</u> chapter 459; or <u>an independent advanced practice registered nurse registered or an advanced practice registered nurse certified practitioner licensed to practice in the state <u>under part I of pursuant to</u> chapter 464. Such examination may include, but need not be limited to, the National Fire Protection</u>

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Association Standard 1582. A medical examination evidencing good physical condition shall be submitted to the division, on a form as provided by rule, before an individual is eligible for admission into a course under s. 633.408.

Section 93. Section 641.3923, Florida Statutes, is amended to read:

health maintenance organization <u>may shall</u> not discriminate with respect to participation as to any <u>independent advanced practice</u> registered nurse registered under s. 464.0125, advanced <u>practice</u> registered nurse <u>practitioner licensed and</u> certified <u>under pursuant to</u> s. 464.012, <u>or physician assistant licensed under chapter 458 or chapter 459</u>, who is acting within the scope of such <u>registration</u>, <u>license and</u> certification, <u>or license</u>, solely on the basis of such <u>registration</u>, <u>license or</u> certification, or <u>license</u>. This section <u>may shall</u> not be construed to prohibit a plan from including providers only to the extent necessary to meet the needs of the plan's enrollees or from establishing any measure designed to maintain quality and control costs consistent with the responsibilities of the plan.

Section 94. Subsection (8) of section 641.495, Florida Statutes, is amended to read:

641.495 Requirements for issuance and maintenance of certificate.—

(8) Each organization's contracts, certificates, and

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subscriber handbooks shall contain a provision, if applicable, disclosing that, for certain types of described medical procedures, services may be provided by physician assistants, independent advanced practice registered nurses, advanced practice registered nurses nurse practitioners, or other individuals who are not licensed physicians.

Section 95. Subsection (1) of section 744.2006, Florida Statutes, is amended to read:

744.2006 Office of Public and Professional Guardians; appointment, notification.—

Professional Guardians, after consultation with the chief judge and other circuit judges within the judicial circuit and with appropriate advocacy groups and individuals and organizations who are knowledgeable about the needs of incapacitated persons, may establish, within a county in the judicial circuit or within the judicial circuit, one or more offices of public guardian and if so established, shall create a list of persons best qualified to serve as the public guardian, who have been investigated pursuant to s. 744.3135. The public guardian must have knowledge of the legal process and knowledge of social services available to meet the needs of incapacitated persons. The public guardian shall maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another

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person who has a master's degree in social work, or a gerontologist, <u>a</u> psychologist, <u>a</u> registered nurse, <u>an</u> independent advanced practice registered nurse, or <u>an</u> advanced practice registered nurse practitioner. A public guardian that is a nonprofit corporate guardian under s. 744.309(5) must receive tax-exempt status from the United States Internal Revenue Service.

Section 96. Paragraph (a) of subsection (3) of section 744.331, Florida Statutes, is amended to read:

744.331 Procedures to determine incapacity.-

(3) EXAMINING COMMITTEE.-

 (a) Within 5 days after a petition for determination of incapacity has been filed, the court shall appoint an examining committee consisting of three members. One member must be a psychiatrist or other physician. The remaining members must be either a psychologist, a gerontologist, a another psychiatrist, a or other physician, a registered nurse, an advanced practice registered nurse practitioner, a physician assistant, a licensed social worker, a person with an advanced degree in gerontology from an accredited institution of higher education, or another other person who by knowledge, skill, experience, training, or education may, in the court's discretion, advise the court in the form of an expert opinion. One of three members of the committee must have knowledge of the type of incapacity alleged in the petition. Unless good cause is shown, the attending or

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family physician may not be appointed to the committee. If the attending or family physician is available for consultation, the committee must consult with the physician. Members of the examining committee may not be related to or associated with one another, with the petitioner, with counsel for the petitioner or the proposed guardian, or with the person alleged to be totally or partially incapacitated. A member may not be employed by any private or governmental agency that has custody of, or furnishes, services or subsidies, directly or indirectly, to the person or the family of the person alleged to be incapacitated or for whom a guardianship is sought. A petitioner may not serve as a member of the examining committee. Members of the examining committee must be able to communicate, either directly or through an interpreter, in the language that the alleged incapacitated person speaks or to communicate in a medium understandable to the alleged incapacitated person if she or he is able to communicate. The clerk of the court shall send notice of the appointment to each person appointed no later than 3 days after the court's appointment.

Section 97. Subsection (6) of section 766.102, Florida Statutes, is amended to read:

766.102 Medical negligence; standards of recovery; expert witness.—

(6) A physician licensed under chapter 458 or chapter 459 who qualifies as an expert witness under subsection (5) and who,

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by reason of active clinical practice or instruction of students, has knowledge of the applicable standard of care for nurses, independent advanced practice registered nurses, advanced practice registered nurses nurse practitioners, certified registered nurse anesthetists, certified registered nurse midwives, physician assistants, or other medical support staff may give expert testimony in a medical negligence action with respect to the standard of care of such medical support staff.

Section 98. Subsection (3) of section 766.103, Florida Statutes, is amended to read:

766.103 Florida Medical Consent Law.-

- (3) No Recovery is not shall be allowed in any court in this state against any physician licensed under chapter 458, osteopathic physician licensed under chapter 459, chiropractic physician licensed under chapter 460, podiatric physician licensed under chapter 461, dentist licensed under chapter 466, independent advanced practice registered nurse registered under s. 464.0125, advanced practice registered nurse practitioner certified under s. 464.012, or physician assistant licensed under s. 458.347 or s. 459.022 in an action brought for treating, examining, or operating on a patient without his or her informed consent when:
- (a)1. The action of the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist,

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independent advanced practice registered nurse, advanced practice registered nurse practitioner, or physician assistant in obtaining the consent of the patient or another person authorized to give consent for the patient was in accordance with an accepted standard of medical practice among members of the medical profession with similar training and experience in the same or similar medical community as that of the person treating, examining, or operating on the patient for whom the consent is obtained; and

- 2. A reasonable individual, from the information provided by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, independent advanced practice registered nurse practitioner, or physician assistant, under the circumstances, would have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures, which are recognized among other physicians, osteopathic physicians, chiropractic physicians, podiatric physicians, or dentists in the same or similar community who perform similar treatments or procedures; or
- (b) The patient would reasonably, under all the surrounding circumstances, have undergone such treatment or procedure had he or she been advised by the physician, osteopathic physician, chiropractic physician, podiatric

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physician, dentist, independent advanced practice registered

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4131	nurse, advanced <u>practice</u> registered nurse practicioner , or
4152	physician assistant in accordance with the provisions of
4153	paragraph (a).
4154	Section 99. Paragraph (d) of subsection (3) of section
4155	766.1115, Florida Statutes, is amended to read:
4156	766.1115 Health care providers; creation of agency
4157	relationship with governmental contractors
4158	(3) DEFINITIONS.—As used in this section, the term:
4159	(d) "Health care provider" or "provider" means:
4160	1. A birth center licensed under chapter 383.
4161	2. An ambulatory surgical center licensed under chapter
4162	395.
1163	3 A hospital licensed under chapter 395

- 3. A hospital licensed under chapter 395.
- 4. A physician or physician assistant licensed under chapter 458.
- 5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
 - 6. A chiropractic physician licensed under chapter 460.
 - 7. A podiatric physician licensed under chapter 461.
- 8. A registered nurse, nurse midwife, <u>a</u> licensed practical nurse, <u>an independent advanced practice registered nurse</u>, or <u>an advanced practice registered nurse practitioner licensed</u>, <u>registered</u>, or <u>certified registered</u> under part I of chapter 464 or any facility which employs nurses licensed or registered

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under part I of chapter 464 to supply all or part of the care delivered under this section.

9. A midwife licensed under chapter 467.

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- 4178 10. A health maintenance organization certificated under 4179 part I of chapter 641.
 - 11. A health care professional association and its employees or a corporate medical group and its employees.
 - 12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.
 - 13. A dentist or dental hygienist licensed under chapter 466.
 - 14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.
 - 15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue

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Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

Section 100. Subsection (1) of section 766.1116, Florida Statutes, is amended to read:

766.1116 Health care practitioner; waiver of license renewal fees and continuing education requirements.—

(1) As used in this section, the term "health care practitioner" means a physician or physician assistant licensed under chapter 458; an osteopathic physician or physician assistant licensed under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under chapter 461; an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a registered nurse, or a licensed practical nurse licensed, registered, or certified under part I of chapter 464; a dentist or dental hygienist licensed under chapter 466; or a midwife licensed under chapter 467, who participates as a health care provider under s. 766.1115.

Section 101. Paragraph (c) of subsection (1) of section 766.118, Florida Statutes, is amended to read:

766.118 Determination of noneconomic damages.-

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

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42.42

 (c) "Practitioner" means any person licensed, registered, or certified under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, or chapter 486; s. 464.0125; or certified under s. 464.012.

"Practitioner" also means any association, corporation, firm, partnership, or other business entity under which such practitioner practices or any employee of such practitioner or entity acting in the scope of his or her employment. For the purpose of determining the limitations on noneconomic damages set forth in this section, the term "practitioner" includes any person or entity for whom a practitioner is vicariously liable and any person or entity whose liability is based solely on such person or entity being vicariously liable for the actions of a practitioner.

Section 102. Subsection (3) of section 768.135, Florida Statutes, is amended to read:

768.135 Volunteer team practitioner physicians; immunity.-

(3) A practitioner licensed, certified, or registered under chapter 458, chapter 459, chapter 460, er s. 464.012, or s. 464.0125 who gratuitously and in good faith conducts an evaluation pursuant to s. 1006.20(2)(c) is not liable for any civil damages arising from that evaluation unless the evaluation was conducted in a wrongful manner.

Section 103. Subsection (4) of section 782.071, Florida Statutes, is amended to read:

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782.071 Vehicular homicide.—"Vehicular homicide" is the killing of a human being, or the killing of an unborn child by any injury to the mother, caused by the operation of a motor vehicle by another in a reckless manner likely to cause the death of, or great bodily harm to, another.

order the person to serve 120 community service hours in a trauma center or hospital that regularly receives victims of vehicle accidents, under the supervision of an independent advanced practice registered nurse, an advanced practice registered nurse, an emergency room physician, or an emergency medical technician pursuant to a voluntary community service program operated by the trauma center or hospital.

Section 104. Subsection (5) of section 794.08, Florida Statutes, is amended to read:

794.08 Female genital mutilation.

or under the direction of a physician licensed under chapter 458; an osteopathic physician licensed under chapter 459; a registered nurse licensed under part I of chapter 464, a practical nurse licensed under part I of chapter 464, an independent advanced practice registered nurse, or an advanced practice registered nurse, registered, or certified under part I of chapter 464; a midwife licensed under

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chapter 467; or a physician assistant licensed under chapter
4276 458 or chapter 459, when necessary to preserve the physical
health of a female person. This section also does not apply to
any autopsy or limited dissection conducted pursuant to chapter
4279 406.

Section 105. Subsection (23) of section 893.02, Florida Statutes, is amended to read:

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

chapter 458, a dentist licensed under chapter 466, a veterinarian licensed under chapter 474, an osteopathic physician licensed under chapter 459, an independent advanced practice registered nurse registered under s. 464.0125, an advanced practice registered nurse practitioner certified under s. 464.012 chapter 464, a naturopath licensed under chapter 462, a certified optometrist licensed under chapter 463, a psychiatric nurse as defined in s. 394.455, a podiatric physician licensed under chapter 461, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.

Section 106. Paragraph (b) of subsection (1) of section 893.05, Florida Statutes, is amended to read:

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893.05 Practitioners and persons administering controlled substances in their absence.—

(1)

(b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or certified advanced practice registered nurse practitioner may authorize the licensed physician assistant or certified advanced practice registered nurse practitioner to order controlled substances for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400.

Section 107. Subsection (6) of section 943.13, Florida Statutes, is amended to read:

943.13 Officers' minimum qualifications for employment or appointment.—On or after October 1, 1984, any person employed or appointed as a full-time, part-time, or auxiliary law enforcement officer or correctional officer; on or after October 1, 1986, any person employed as a full-time, part-time, or auxiliary correctional probation officer; and on or after October 1, 1986, any person employed as a full-time, part-time, or auxiliary correctional officer by a private entity under contract to the Department of Corrections, to a county commission, or to the Department of Management Services shall:

(6) Have passed a physical examination by a licensed physician, a physician assistant, a registered independent

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advanced practice registered nurse, or a certified advanced practice registered nurse practitioner, based on specifications established by the commission. In order to be eligible for the presumption set forth in s. 112.18 while employed with an employing agency, a law enforcement officer, correctional officer, or correctional probation officer must have successfully passed the physical examination required by this subsection upon entering into service as a law enforcement officer, correctional officer, or correctional probation officer with the employing agency, which examination must have failed to reveal any evidence of tuberculosis, heart disease, or hypertension. A law enforcement officer, correctional officer, or correctional probation officer may not use a physical examination from a former employing agency for purposes of claiming the presumption set forth in s. 112.18 against the current employing agency.

Section 108. Subsection (2) of section 945.603, Florida Statutes, is amended to read:

945.603 Powers and duties of authority.—The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the Secretary of Corrections on the professional conduct of primary, convalescent, dental, and mental health care and the management of costs consistent with quality care, by advising the Governor and the Legislature on the status of the Department of

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Corrections' health care delivery system, and by assuring that adequate standards of physical and mental health care for inmates are maintained at all Department of Corrections institutions. For this purpose, the authority has the authority to:

- (2) Review and make recommendations regarding health care for the delivery of health care services including, but not limited to, acute hospital-based services and facilities, primary and tertiary care services, ancillary and clinical services, dental services, mental health services, intake and screening services, medical transportation services, and the use of advanced practice registered nurses nurse practitioner and physician assistants assistant personnel to act as physician extenders as these relate to inmates in the Department of Corrections.
- Section 109. Paragraph (n) of subsection (1) of section 948.03, Florida Statutes, is amended to read:
 - 948.03 Terms and conditions of probation.-
- (1) The court shall determine the terms and conditions of probation. Conditions specified in this section do not require oral pronouncement at the time of sentencing and may be considered standard conditions of probation. These conditions may include among them the following, that the probationer or offender in community control shall:
 - (n) Be prohibited from using intoxicants to excess or

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possessing any drugs or narcotics unless prescribed by a physician, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, or a physician assistant. The probationer or community controllee may not knowingly visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used.

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4398 4399 Section 110. Subsection (2) of section 960.28, Florida Statutes, is amended to read:

960.28 Payment for victims' initial forensic physical examinations.—

The Crime Victims' Services Office of the department (2)shall pay for medical expenses connected with an initial forensic physical examination of a victim of sexual battery as defined in chapter 794 or a lewd or lascivious offense as defined in chapter 800. Such payment shall be made regardless of whether the victim is covered by health or disability insurance and whether the victim participates in the criminal justice system or cooperates with law enforcement. The payment shall be made only out of moneys allocated to the Crime Victims' Services Office for the purposes of this section, and the payment may not exceed \$500 with respect to any violation. The department shall develop and maintain separate protocols for the initial forensic physical examination of adults and children. Payment under this section is limited to medical expenses connected with the initial forensic physical examination, and payment may be made

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to a medical provider using an examiner qualified under part I of chapter 464, excluding s. 464.003(17) 464.003(16); chapter 458; or chapter 459. Payment made to the medical provider by the department shall be considered by the provider as payment in full for the initial forensic physical examination associated with the collection of evidence. The victim may not be required to pay, directly or indirectly, the cost of an initial forensic physical examination performed in accordance with this section.

Section 111. Paragraph (i) of subsection (3) of section 1002.20, Florida Statutes, is amended to read:

1002.20 K-12 student and parent rights.—Parents of public school students must receive accurate and timely information regarding their child's academic progress and must be informed of ways they can help their child to succeed in school. K-12 students and their parents are afforded numerous statutory rights including, but not limited to, the following:

(3) HEALTH ISSUES.—

- (i) Epinephrine use and supply.-
- 1. A student who has experienced or is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer epinephrine by auto-injector while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization. The State Board of Education, in cooperation with

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 the Department of Health, shall adopt rules for such use of epinephrine auto-injectors that shall include provisions to protect the safety of all students from the misuse or abuse of auto-injectors. A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified by the parent of a student authorized to carry an epinephrine auto-injector for any and all liability with respect to the student's use of an epinephrine auto-injector pursuant to this paragraph.

- 2. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor as defined in s. 499.003 or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. 499.003 for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. The supply of epinephrine auto-injectors may be provided to and used by a student authorized to self-administer epinephrine by auto-injector under subparagraph 1. or trained school personnel.
 - 3. The school district and its employees, agents, and the

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physician who provides the standing protocol for school epinephrine auto-injectors are not liable for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:

- a. Unless the trained school personnel's action is willful and wanton;
- b. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and
- c. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, a physician physician's assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner.

Section 112. Paragraph (b) of subsection (17) of section 1002.42, Florida Statutes, is amended to read:

1002.42 Private schools.-

- (17) EPINEPHRINE SUPPLY.-
- (b) The private school and its employees, agents, and the physician who provides the standing protocol for school epinephrine auto-injectors are not liable for any injury arising from the use of an epinephrine auto-injector administered by

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trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:

- 1. Unless the trained school personnel's action is willful and wanton;
- 2. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and
- 3. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, a physician physician's assistant, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner.

Section 113. Subsections (4) and (5) of section 1006.062, Florida Statutes, are amended to read:

1006.062 Administration of medication and provision of medical services by district school board personnel.—

(4) Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by a registered nurse, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner licensed, registered, or certified under part I of chapter 464; a physician licensed pursuant to chapter 458 or chapter 459; or a physician assistant licensed

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pursuant to chapter 458 or chapter 459. All procedures shall be monitored periodically by a nurse, an independent advanced practice registered nurse, an advanced practice registered nurse practitioner, a physician assistant, or a physician, including, but not limited to:

- (a) Intermittent clean catheterization.
- (b) Gastrostomy tube feeding.

- (c) Monitoring blood glucose.
- (d) Administering emergency injectable medication.
- this subsection, a registered nurse, an independent advanced practice registered nurse, or an advanced practice registered nurse practitioner licensed, registered, or certified under part I of chapter 464; a physician licensed pursuant to chapter 458 or chapter 459; or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical district school board personnel shall be allowed to perform such service.

Section 114. Paragraph (c) of subsection (2) of section 1006.20, Florida Statutes, is amended to read:

1006.20 Athletics in public K-12 schools.-

- (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.-
- (c) The FHSAA shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to

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satisfactorily pass a medical evaluation each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team. Such medical evaluation may be administered only by a practitioner licensed, certified, or registered under chapter 458, chapter 459, chapter 460, or s. 464.012, or s. 464.0125, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was

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referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. A student is not eligible to participate, as provided in s. 1006.15(3), in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.

Section 115. Subsection (1) and paragraph (a) of subsection (2) of section 1009.65, Florida Statutes, are amended to read:

1009.65 Medical Education Reimbursement and Loan Repayment Program.—

(1) To encourage qualified medical professionals to practice in underserved locations where there are shortages of such personnel, there is established the Medical Education Reimbursement and Loan Repayment Program. The function of the program is to make payments that offset loans and educational expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced practice registered nurse practitioner certification or

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physician assistant licensure. The following licensed or certified health care professionals are eligible to participate in this program: medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, physician physician's assistants, licensed practical nurses and registered nurses, and advanced practice registered nurses nurse practitioners with primary care specialties such as certified nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health.

- (2) From the funds available, the Department of Health shall make payments to selected medical professionals as follows:
- (a) Up to \$4,000 per year for licensed practical nurses and registered nurses, up to \$10,000 per year for advanced practice registered nurses nurse practitioners and physician physician's assistants, and up to \$20,000 per year for physicians. Penalties for noncompliance shall be the same as those in the National Health Services Corps Loan Repayment Program. Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by the Department of Health.
 - Section 116. Subsection (2) of section 1009.66, Florida

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4600 Statutes, is amended to read:

1009.66 Nursing Student Loan Forgiveness Program.-

(2) To be eligible, a candidate must have graduated from an accredited or approved nursing program and have received a Florida license as a licensed practical nurse or a registered nurse or a Florida certificate as an advanced <u>practice</u> registered nurse <u>practitioner</u>.

Section 117. Subsection (3) of section 1009.67, Florida Statutes, is amended to read:

1009.67 Nursing scholarship program.-

(3) A scholarship may be awarded for no more than 2 years, in an amount not to exceed \$8,000 per year. However, registered nurses pursuing a graduate degree for a faculty position or to practice as an advanced <u>practice</u> registered nurse <u>practitioner</u> may receive up to \$12,000 per year. These amounts shall be adjusted by the amount of increase or decrease in the Consumer Price Index for All Urban Consumers published by the United States Department of Commerce.

Section 118. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2017.

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