

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>    </u>	

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1 Committee/Subcommittee hearing bill: Health Quality  
 2 Subcommittee

3 Representative Plasencia offered the following:

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**Amendment (with title amendment)**

Remove everything after the enacting clause and insert:

Section 1. Subsection (2) of section 381.0031, Florida Statutes, is amended to read:

381.0031 Epidemiological research; report of diseases of public health significance to department.-

(2) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any licensed pharmacist authorized pursuant to a protocol with a supervising licensed physician, under s. 465.1895, or a collaborative pharmacy practice agreement, as defined in s. 465.1865, to perform or

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17 order and evaluate laboratory and clinical tests; any hospital  
18 licensed under part I of chapter 395; or any laboratory  
19 appropriately certified by the Centers for Medicare and Medicaid  
20 Services under the federal Clinical Laboratory Improvement  
21 Amendments and the federal rules adopted thereunder which  
22 diagnoses or suspects the existence of a disease of public  
23 health significance shall immediately report the fact to the  
24 Department of Health.

25 Section 2. Subsection (13) of section 465.003, Florida  
26 Statutes, is amended to read:

27 465.003 Definitions.—As used in this chapter, the term:

28 (13) "Practice of the profession of pharmacy" includes  
29 compounding, dispensing, and consulting concerning contents,  
30 therapeutic values, and uses of any medicinal drug; consulting  
31 concerning therapeutic values and interactions of patent or  
32 proprietary preparations, whether pursuant to prescriptions or  
33 in the absence and entirely independent of such prescriptions or  
34 orders; and conducting other pharmaceutical services. For  
35 purposes of this subsection, "other pharmaceutical services"  
36 means the monitoring of the patient's drug therapy and assisting  
37 the patient in the management of his or her drug therapy, and  
38 includes review of the patient's drug therapy and communication  
39 with the patient's prescribing health care provider as licensed  
40 under chapter 458, chapter 459, chapter 461, or chapter 466, or  
41 similar statutory provision in another jurisdiction, or such

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42 provider's agent or such other persons as specifically  
43 authorized by the patient, regarding the drug therapy; and  
44 initiating, modifying, or discontinuing drug therapy for a  
45 chronic health condition pursuant to a collaborative pharmacy  
46 practice agreement. ~~However,~~ Nothing in this subsection may be  
47 interpreted to permit an alteration of a prescriber's  
48 directions, the diagnosis or treatment of any disease, the  
49 initiation of any drug therapy, the practice of medicine, or the  
50 practice of osteopathic medicine, unless otherwise permitted by  
51 law or specifically authorized by s. 465.1865 or s. 465.1895.  
52 "Practice of the profession of pharmacy" also includes any other  
53 act, service, operation, research, or transaction incidental to,  
54 or forming a part of, any of the foregoing acts, requiring,  
55 involving, or employing the science or art of any branch of the  
56 pharmaceutical profession, study, or training, and shall  
57 expressly permit a pharmacist to transmit information from  
58 persons authorized to prescribe medicinal drugs to their  
59 patients. The practice of the profession of pharmacy also  
60 includes the administration of vaccines to adults pursuant to s.  
61 465.189, the testing or screening for and treatment of minor,  
62 nonchronic health conditions pursuant to s. 465.1895, and the  
63 preparation of prepackaged drug products in facilities holding  
64 Class III institutional pharmacy permits.

65 Section 3. Section 465.1865, Florida Statutes, is created  
66 to read:

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67 465.1865 Collaborative pharmacy practice for chronic  
68 health conditions.—

69 (1) For purposes of this section, the term:

70 (a) "Collaborative pharmacy practice agreement" means a  
71 written agreement between a pharmacist who meets the  
72 qualifications of this section and a physician licensed under  
73 chapter 458 or chapter 459 in which a collaborating physician  
74 authorizes a pharmacist to provide specified patient care  
75 services to the collaborating physician's patients.

76 (b) "Chronic health condition" means a condition that  
77 typically lasts more than 1 year and requires ongoing medical  
78 attention, limits activities of daily living, or both. Such  
79 condition may include, but is not limited to:

80 1. Arthritis;

81 2. Asthma;

82 3. Congestive heart failure;

83 4. Chronic obstructive pulmonary diseases;

84 5. Diabetes;

85 6. Emphysema;

86 7. Human immunodeficiency virus or acquired

87 immunodeficiency syndrome;

88 8. Hypertension;

89 9. Obesity;

90 10. Renal disease; or

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91 11. Any other chronic condition or co-morbidity identified  
92 by the collaborating physician.

93 (2) To provide services under a collaborative pharmacy  
94 practice agreement, a pharmacist must:

95 (a) Hold an active and unencumbered license to practice  
96 pharmacy in this state.

97 (b) Have earned a degree of doctor of pharmacy or have  
98 completed 5 years of experience as a licensed pharmacist.

99 (c) Complete an initial 20-hour course approved by the  
100 board that includes, at a minimum, instruction on the following:

101 1. Performance of patient assessments.

102 2. Ordering, performing, and interpreting clinical and  
103 laboratory tests related to collaborative pharmacy practice.

104 3. Evaluating and managing diseases and health conditions  
105 in collaboration with other health care practitioners.

106 4. Any other area required by the board by rule.

107 (d) Maintain at least \$250,000 of professional liability  
108 insurance coverage. However, a pharmacist who maintains  
109 professional liability insurance coverage pursuant to s.  
110 465.1895 satisfies this requirement.

111 (e) Submit a copy of the signed collaborative pharmacy  
112 practice agreement and proof of satisfying the conditions of  
113 this section to the board before commencing practice.

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114 (f) Maintain records of all patients receiving services  
115 under a collaborative pharmacy practice agreement for a period  
116 of 5 years.

117 (3) The terms and conditions of the collaborative pharmacy  
118 practice agreement must be appropriate to the pharmacist's  
119 training and the services delegated to the pharmacist must be  
120 within the collaborating physician's scope of practice.

121 (a) A collaborative pharmacy practice agreement must  
122 include the following:

123 1. Name of the patient or patients for whom a pharmacist  
124 may provide services.

125 2. Each chronic disease to be collaboratively managed.

126 3. Specific medicinal drug or drugs to be managed by the  
127 pharmacist.

128 4. Circumstances under which the pharmacist may order or  
129 perform and evaluate laboratory or clinical tests.

130 5. Conditions and events upon which the pharmacist must  
131 notify the collaborating physician and the manner and timeframe  
132 in which such notification must occur.

133 6. Beginning and ending dates for the collaborative  
134 pharmacy practice agreement and termination procedures,  
135 including procedures for patient notification and medical  
136 records transfers.

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137 7. A statement that the collaborative pharmacy practice  
138 agreement may be terminated, in writing, by either party at any  
139 time.

140 (b) A collaborative pharmacy practice agreement must be  
141 renewed at least every 2 years.

142 (c) The pharmacist, along with the collaborating  
143 physician, must maintain on file the collaborative pharmacy  
144 practice agreement at his or her practice location, and must  
145 make such agreements available upon request or inspection.

146 (4) A pharmacist may not:

147 (a) Modify or discontinue medicinal drugs prescribed by a  
148 health care practitioner with whom he or she does not have a  
149 collaborative practice agreement.

150 (b) Enter into a collaborative pharmacy practice agreement  
151 while acting as an employee without the written approval of the  
152 owner of the pharmacy.

153 (5) A physician may not delegate the authority to initiate  
154 or prescribe a controlled substance as defined in s. 893.03 or  
155 21 U.S.C. s. 812 to a pharmacist.

156 (6) A pharmacist who practices pursuant to a collaborative  
157 pharmacy practice agreement must complete an 8-hour continuing  
158 education course approved by the board that addresses issues  
159 related to collaborative pharmacy practice each biennial  
160 licensure renewal in addition to the continuing education  
161 requirements under s. 465.009. A pharmacist must submit

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162 confirmation of having completed such course when applying for  
163 licensure renewal. A pharmacist who fails to comply with this  
164 subsection shall be prohibited from practicing under a  
165 collaborative pharmacy practice agreement as authorized in this  
166 section.

167 (7) The board shall adopt rules pursuant to ss. 120.536(1)  
168 and 120.54 to implement this section.

169 Section 4. Section 465.1895, Florida Statutes, is created  
170 to read:

171 465.1895 Testing or screening for and treatment of minor,  
172 nonchronic health conditions.-

173 (1) The board, in consultation with the Board of Medicine  
174 and the Board of Osteopathic Medicine, shall adopt rules  
175 identifying the minor, nonchronic health conditions for which a  
176 pharmacist may test or screen for and treat. For purposes of  
177 this section a minor, nonchronic health condition is typically a  
178 short-term condition that is generally managed with minimal  
179 treatment or self-care, including, but not limited to, the  
180 following:

181 (a) Influenza.

182 (b) Streptococcus.

183 (c) Lice.

184 (d) Skin conditions, such as ringworm and athlete's foot.

185 (e) Minor, uncomplicated infections.



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186       (2) A pharmacist who tests or screens for and treats  
187 minor, nonchronic health conditions pursuant to this section  
188 must:

189       (a) Hold an active and unencumbered license to practice  
190 pharmacy in this state.

191       (b) Complete an initial 20-hour education course approved  
192 by the board. The course, at a minimum, must address patient  
193 assessments, point-of-care testing procedures, safe and  
194 effective treatment of minor, nonchronic health conditions, and  
195 identification of contraindications.

196       (c) Maintain at least \$250,000 of liability coverage. A  
197 pharmacist who maintains liability coverage pursuant to s.  
198 465.1865 satisfies this requirement.

199       (d) Report a diagnosis or suspected existence of a disease  
200 of public health significance to the department pursuant to s.  
201 381.0031.

202       (e) Upon request of a patient, furnish patient records to  
203 a health care practitioner designated by the patient.

204       (f) Maintain records of all patients receiving services  
205 pursuant to this section for a period of 5 years.

206       (3) The board shall adopt, by rule, a formulary of  
207 medicinal drugs that a pharmacist may prescribe for the minor,  
208 nonchronic health conditions approved under subsection (1). The  
209 formulary must include medicinal drugs approved by the United  
210 States Food and Drug Administration that are indicated for

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211 treatment of the minor, nonchronic health condition, including  
212 any over-the-counter medication. The formulary may not include  
213 any controlled substance, as defined in s. 893.03 or 21 U.S.C.  
214 s. 812.

215 (4) A pharmacist who tests or screens for and treats  
216 minor, nonchronic health conditions pursuant to this section may  
217 use any tests that may guide diagnosis or clinical  
218 decisionmaking which the Centers for Medicare and Medicaid  
219 Services has determined qualifies for a waiver under the federal  
220 Clinical Laboratory Improvement Amendments of 1988, or the  
221 federal rules adopted thereunder, or any established screening  
222 procedures that can safely be performed by a pharmacist.

223 (5) A pharmacist who tests for and treats influenza or  
224 streptococcus pursuant to this section may only provide such  
225 services within the framework of an established written protocol  
226 with a supervising physician licensed under chapter 458 or  
227 chapter 459, and must submit the protocol to the board.

228 (a) The protocol between a pharmacist and supervising  
229 physician under this subsection must include particular terms  
230 and conditions imposed by the supervising physician relating to  
231 the testing for and treatment of influenza and streptococcus  
232 pursuant to this section. The terms and conditions must be  
233 appropriate to the pharmacist's training. At a minimum, the  
234 protocol shall include:

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235 1. Specific categories of patients who the pharmacist is  
236 authorized to test for and treat influenza and streptococcus.

237 2. The supervising physician's instructions for the  
238 treatment of influenza and streptococcus based on the patient's  
239 age, symptoms, and test results, including negative results.

240 3. A process and schedule for the supervising physician to  
241 review the pharmacist's actions under the protocol.

242 4. A process and schedule for the pharmacist to notify the  
243 supervising physician of the patient's condition, tests  
244 administered, test results, and course of treatment.

245 5. Other requirements, as established by the board in  
246 rule.

247 (b) A pharmacist authorized to test for and treat  
248 influenza and streptococcus under the protocol shall provide  
249 evidence of current certification by the board to the  
250 supervising physician. A supervising physician shall review the  
251 pharmacist's actions in accordance with the protocol.

252 (6) A pharmacist providing services pursuant to this  
253 section may not perform such services while acting as an  
254 employee without the written approval of the owner of the  
255 pharmacy.

256 (7) A pharmacist providing services pursuant to this  
257 section must complete a 3-hour continuing education course  
258 approved by the board addressing issues related to minor,  
259 nonchronic health conditions each biennial licensure renewal in

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260 addition to the continuing education requirements under s.  
261 465.009. Each pharmacist must submit confirmation of having  
262 completed the course when applying for licensure renewal. A  
263 pharmacist who fails to comply with this subsection may not  
264 provide testing, screening, and treatment services.

265 Section 5. This act shall take effect July 1, 2019.

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268 **T I T L E A M E N D M E N T**

269 Remove everything before the enacting clause and insert:  
270 An act relating to the practice of pharmacy; amending s.  
271 381.0031, F.S.; requiring specified licensed pharmacists to  
272 report certain information relating to public health to the  
273 Department of Health; amending s. 465.003, F.S.; revising the  
274 definition of the term "practice of the profession of pharmacy";  
275 creating s. 465.1865, F.S.; providing definitions; providing  
276 requirements for pharmacists to provide services under a  
277 collaborative pharmacy practice agreement; requiring the terms  
278 and conditions of such agreement to be appropriate to the  
279 training of the pharmacist and the scope of practice of the  
280 physician; requiring notification to the board upon practicing  
281 under a collaborative pharmacy practice agreement; requiring  
282 pharmacists to submit a copy of the signed collaborative  
283 practice agreement to the Board of Pharmacy; providing for the  
284 maintenance of patient records for a certain period of time;

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285 providing for renewal of such agreement; requiring a pharmacist  
286 and the collaborating physician to maintain on file and make  
287 available the collaborative pharmacy practice agreement;  
288 prohibiting certain actions relating to the collaborative  
289 pharmacy practice agreement; requiring specified continuing  
290 education for a pharmacist who practices pursuant to a  
291 collaborative pharmacy practice agreement; requiring the Board  
292 of Pharmacy to adopt rules; creating s. 465.1895, F.S.;

293 establishing a committee to identify minor, nonchronic health  
294 conditions that a pharmacist may test or screen for and treat;  
295 defining "minor, nonchronic health conditions"; providing  
296 requirements for a pharmacist to test or screen for and treat  
297 minor, nonchronic health conditions; requiring the committee to  
298 develop a formulary of medicinal drugs that a pharmacist may  
299 prescribe; providing requirements for a pharmacist to test or  
300 screen for and treat minor, nonchronic health conditions;  
301 providing requirements for the written protocol between a  
302 pharmacist and a supervising physician; prohibiting a pharmacist  
303 from providing certain services under certain circumstances;  
304 requiring a pharmacist to complete a specified amount of  
305 continuing education; providing an effective date.