

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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 WITHDRAWN      (Y/N)  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

1 Committee/Subcommittee hearing bill: Health Quality  
 2 Subcommittee

3 Representative Pigman offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 456.0391, Florida Statutes, are amended  
 8 to read:

9 456.0391 Advanced practice registered nurses and  
 10 autonomous physician assistants; information required for  
 11 licensure or registration.—

12 (1) (a) Each person who applies for initial licensure under  
 13 s. 464.012 or initial registration under subsections 458.347(8)  
 14 or 459.022(8) must, at the time of application, and each person  
 15 licensed under s. 464.012 or registered under subsections  
 16 458.347(8) or 459.022(8) who applies for licensure or

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17 registration renewal must, in conjunction with the renewal of  
18 such licensure or registration and under procedures adopted by  
19 the Department of Health, and in addition to any other  
20 information that may be required from the applicant, furnish the  
21 following information to the Department of Health:

22 1. The name of each school or training program that the  
23 applicant has attended, with the months and years of attendance  
24 and the month and year of graduation, and a description of all  
25 graduate professional education completed by the applicant,  
26 excluding any coursework taken to satisfy continuing education  
27 requirements.

28 2. The name of each location at which the applicant  
29 practices.

30 3. The address at which the applicant will primarily  
31 conduct his or her practice.

32 4. Any certification or designation that the applicant has  
33 received from a specialty or certification board that is  
34 recognized or approved by the regulatory board or department to  
35 which the applicant is applying.

36 5. The year that the applicant received initial  
37 certification, ~~or~~ licensure, or registration and began  
38 practicing the profession in any jurisdiction and the year that  
39 the applicant received initial certification, ~~or~~ licensure, or  
40 registration in this state.

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41           6. Any appointment which the applicant currently holds to  
42 the faculty of a school related to the profession and an  
43 indication as to whether the applicant has had the  
44 responsibility for graduate education within the most recent 10  
45 years.

46           7. A description of any criminal offense of which the  
47 applicant has been found guilty, regardless of whether  
48 adjudication of guilt was withheld, or to which the applicant  
49 has pled guilty or nolo contendere. A criminal offense committed  
50 in another jurisdiction which would have been a felony or  
51 misdemeanor if committed in this state must be reported. If the  
52 applicant indicates that a criminal offense is under appeal and  
53 submits a copy of the notice for appeal of that criminal  
54 offense, the department must state that the criminal offense is  
55 under appeal if the criminal offense is reported in the  
56 applicant's profile. If the applicant indicates to the  
57 department that a criminal offense is under appeal, the  
58 applicant must, within 15 days after the disposition of the  
59 appeal, submit to the department a copy of the final written  
60 order of disposition.

61           8. A description of any final disciplinary action taken  
62 within the previous 10 years against the applicant by a  
63 licensing or regulatory body in any jurisdiction, by a specialty  
64 board that is recognized by the board or department, or by a  
65 licensed hospital, health maintenance organization, prepaid

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66 health clinic, ambulatory surgical center, or nursing home.  
67 Disciplinary action includes resignation from or nonrenewal of  
68 staff membership or the restriction of privileges at a licensed  
69 hospital, health maintenance organization, prepaid health  
70 clinic, ambulatory surgical center, or nursing home taken in  
71 lieu of or in settlement of a pending disciplinary case related  
72 to competence or character. If the applicant indicates that the  
73 disciplinary action is under appeal and submits a copy of the  
74 document initiating an appeal of the disciplinary action, the  
75 department must state that the disciplinary action is under  
76 appeal if the disciplinary action is reported in the applicant's  
77 profile.

78 (b) In addition to the information required under  
79 paragraph (a), each applicant for initial licensure or  
80 registration or licensure or registration renewal must provide  
81 the information required of licensees pursuant to s. 456.049.

82 (2) The Department of Health shall send a notice to each  
83 person licensed under s. 464.012 or registered under paragraph  
84 458.347(8) or 459.022(8) at the licensee's or registrant's last  
85 known address of record regarding the requirements for  
86 information to be submitted by such person ~~advanced practice~~  
87 ~~registered nurses~~ pursuant to this section in conjunction with  
88 the renewal of such license.

89 (3) Each person licensed under s. 464.012 or registered  
90 under paragraph 458.347(8) or 459.022(8) who has submitted

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91 information pursuant to subsection (1) must update that  
92 information in writing by notifying the Department of Health  
93 within 45 days after the occurrence of an event or the  
94 attainment of a status that is required to be reported by  
95 subsection (1). Failure to comply with the requirements of this  
96 subsection to update and submit information constitutes a ground  
97 for disciplinary action under the applicable practice act  
98 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the  
99 requirements of this subsection to update and submit  
100 information, the department or board, as appropriate, may:

101 (a) Refuse to issue a license or registration to any  
102 person applying for initial licensure or registration who fails  
103 to submit and update the required information.

104 (b) Issue a citation to any certificateholder, ~~or~~  
105 licensee, or registrant who fails to submit and update the  
106 required information and may fine the certificateholder, ~~or~~  
107 licensee, or registrant up to \$50 for each day that the  
108 certificateholder, ~~or~~ licensee, or registrant is not in  
109 compliance with this subsection. The citation must clearly state  
110 that the certificateholder, ~~or~~ licensee, or registrant may  
111 choose, in lieu of accepting the citation, to follow the  
112 procedure under s. 456.073. If the certificateholder, ~~or~~  
113 licensee, or registrant disputes the matter in the citation, the  
114 procedures set forth in s. 456.073 must be followed. However, if  
115 the certificateholder, ~~or~~ licensee, or registrant does not

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116 dispute the matter in the citation with the department within 30  
117 days after the citation is served, the citation becomes a final  
118 order and constitutes discipline. Service of a citation may be  
119 made by personal service or certified mail, restricted delivery,  
120 to the subject at the certificateholder's, ~~or~~ licensee's, or  
121 registrant's last known address.

122 (4) (a) An applicant for initial licensure under s. 464.012  
123 must submit a set of fingerprints to the Department of Health on  
124 a form and under procedures specified by the department, along  
125 with payment in an amount equal to the costs incurred by the  
126 Department of Health for a national criminal history check of  
127 the applicant.

128 (b) An applicant for renewed licensure who has not  
129 previously submitted a set of fingerprints to the Department of  
130 Health for purposes of certification must submit a set of  
131 fingerprints to the department as a condition of the initial  
132 renewal of his or her certificate after the effective date of  
133 this section. The applicant must submit the fingerprints on a  
134 form and under procedures specified by the department, along  
135 with payment in an amount equal to the costs incurred by the  
136 Department of Health for a national criminal history check. For  
137 subsequent renewals, the applicant for renewed licensure must  
138 only submit information necessary to conduct a statewide  
139 criminal history check, along with payment in an amount equal to

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140 the costs incurred by the Department of Health for a statewide  
141 criminal history check.

142 (c)1. The Department of Health shall submit the  
143 fingerprints provided by an applicant for initial licensure to  
144 the Florida Department of Law Enforcement for a statewide  
145 criminal history check, and the Florida Department of Law  
146 Enforcement shall forward the fingerprints to the Federal Bureau  
147 of Investigation for a national criminal history check of the  
148 applicant.

149 2. The department shall submit the fingerprints provided  
150 by an applicant for the initial renewal of licensure to the  
151 Florida Department of Law Enforcement for a statewide criminal  
152 history check, and the Florida Department of Law Enforcement  
153 shall forward the fingerprints to the Federal Bureau of  
154 Investigation for a national criminal history check for the  
155 initial renewal of the applicant's certificate after the  
156 effective date of this section.

157 3. For any subsequent renewal of the applicant's  
158 certificate, the department shall submit the required  
159 information for a statewide criminal history check of the  
160 applicant to the Florida Department of Law Enforcement.

161 (d) Any applicant for initial licensure or renewal of  
162 licensure as an advanced practice registered nurse who submits  
163 to the Department of Health a set of fingerprints and  
164 information required for the criminal history check required

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165 under this section shall not be required to provide a subsequent  
166 set of fingerprints or other duplicate information required for  
167 a criminal history check to the Agency for Health Care  
168 Administration, the Department of Juvenile Justice, or the  
169 Department of Children and Families for employment or licensure  
170 with such agency or department, if the applicant has undergone a  
171 criminal history check as a condition of initial licensure or  
172 renewal of licensure as an advanced practice registered nurse  
173 with the Department of Health, notwithstanding any other  
174 provision of law to the contrary. In lieu of such duplicate  
175 submission, the Agency for Health Care Administration, the  
176 Department of Juvenile Justice, and the Department of Children  
177 and Families shall obtain criminal history information for  
178 employment or licensure of persons licensed under s. 464.012 by  
179 such agency or department from the Department of Health's health  
180 care practitioner credentialing system.

181 (5) Each person who is required to submit information  
182 pursuant to this section may submit additional information to  
183 the Department of Health. Such information may include, but is  
184 not limited to:

185 (a) Information regarding publications in peer-reviewed  
186 professional literature within the previous 10 years.

187 (b) Information regarding professional or community  
188 service activities or awards.



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189 (c) Languages, other than English, used by the applicant  
190 to communicate with patients or clients and identification of  
191 any translating service that may be available at the place where  
192 the applicant primarily conducts his or her practice.

193 (d) An indication of whether the person participates in  
194 the Medicaid program.

195 Section 2. Subsection (6) of section 456.041, Florida  
196 Statutes, is amended to read:

197 456.041 Practitioner profile; creation.—

198 (6) The Department of Health shall provide in each  
199 practitioner profile for every physician, autonomous physician  
200 assistant, or advanced practice registered nurse terminated for  
201 cause from participating in the Medicaid program, pursuant to s.  
202 409.913, or sanctioned by the Medicaid program a statement that  
203 the practitioner has been terminated from participating in the  
204 Florida Medicaid program or sanctioned by the Medicaid program.

205 Section 3. Subsections (8) through (17) of section  
206 458.347, Florida Statutes, are renumbered as subsections (9)  
207 through (18), respectively, paragraphs (b) through (h), are  
208 renumbered as paragraphs (c), (e), (i), (f), (g), (h), and (d),  
209 respectively, paragraphs (b), (e), and (f) of subsection (4),  
210 present subsection (6), paragraphs (a) and (f) of subsection  
211 (7), present subsection (9), and present subsections (11)  
212 through (13) are amended, paragraph (b) is added to subsection

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213 (2), and subsections (8) and (19) are added to that section, to  
214 read:

215 (2) DEFINITIONS.—As used in this section:

216 (b) "Autonomous physician assistant" means a physician  
217 assistant who meets the requirements of subsection (8) to  
218 practice primary care without physician supervision.

219 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

220 (b) This chapter does not prevent third-party payors from  
221 reimbursing employers of physician assistants or autonomous  
222 physician assistants for covered services rendered by licensed  
223 physician assistants or autonomous physician assistants.

224 (e) A supervising physician may delegate to a fully  
225 licensed physician assistant the authority to prescribe or  
226 dispense any medication used in the supervising physician's  
227 practice unless such medication is listed on the formulary  
228 created pursuant to paragraph (f). A fully licensed physician  
229 assistant may only prescribe or dispense such medication under  
230 the following circumstances:

231 1. A physician assistant must clearly identify to the  
232 patient that he or she is a physician assistant ~~and inform the~~  
233 ~~patient that the patient has the right to see the physician~~  
234 ~~before a prescription is prescribed or dispensed by the~~  
235 ~~physician assistant.~~

236 2. The supervising physician must notify the department of  
237 his or her intent to delegate, on a department-approved form,

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238 before delegating such authority and of any change in  
239 prescriptive privileges of the physician assistant. Authority to  
240 dispense may be delegated only by a supervising physician who is  
241 registered as a dispensing practitioner in compliance with s.  
242 465.0276.

243 3. The physician assistant must complete a minimum of 10  
244 continuing medical education hours in the specialty practice in  
245 which the physician assistant has prescriptive privileges with  
246 each licensure renewal. Three of the 10 hours must consist of a  
247 continuing education course on the safe and effective  
248 prescribing of controlled substance medications which is offered  
249 by a statewide professional association of physicians in this  
250 state accredited to provide educational activities designated  
251 for the American Medical Association Physician's Recognition  
252 Award Category 1 credit or designated by the American Academy of  
253 Physician Assistants as a Category 1 credit.

254 4. The department may issue a prescriber number to the  
255 physician assistant granting authority for the prescribing of  
256 medicinal drugs authorized within this paragraph upon completion  
257 of the requirements of this paragraph. The physician assistant  
258 is not required to independently register pursuant to s.  
259 465.0276.

260 5. The prescription may be in paper or electronic form but  
261 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
262 and must contain, in addition to the supervising physician's

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263 name, address, and telephone number, the physician assistant's  
264 prescriber number. Unless it is a drug or drug sample dispensed  
265 by the physician assistant, the prescription must be filled in a  
266 pharmacy permitted under chapter 465 and must be dispensed in  
267 that pharmacy by a pharmacist licensed under chapter 465. The  
268 inclusion of the prescriber number creates a presumption that  
269 the physician assistant is authorized to prescribe the medicinal  
270 drug and the prescription is valid.

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

273 (f)1. The council shall establish a formulary of medicinal  
274 drugs that a fully licensed autonomous physician assistant or  
275 physician assistant having prescribing authority under this  
276 section or s. 459.022 may not prescribe. The formulary must  
277 include general anesthetics and radiographic contrast materials  
278 and must limit the prescription of Schedule II controlled  
279 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day  
280 supply. The formulary must also restrict the prescribing of  
281 psychiatric mental health controlled substances for children  
282 younger than 18 years of age.

283 2. In establishing the formulary, the council shall  
284 consult with a pharmacist licensed under chapter 465, but not  
285 licensed under this chapter or chapter 459, who shall be  
286 selected by the State Surgeon General.

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287 3. Only the council shall add to, delete from, or modify  
288 the formulary. Any person who requests an addition, a deletion,  
289 or a modification of a medicinal drug listed on such formulary  
290 has the burden of proof to show cause why such addition,  
291 deletion, or modification should be made.

292 4. The boards shall adopt the formulary required by this  
293 paragraph, and each addition, deletion, or modification to the  
294 formulary, by rule. Notwithstanding any provision of chapter 120  
295 to the contrary, the formulary rule shall be effective 60 days  
296 after the date it is filed with the Secretary of State. Upon  
297 adoption of the formulary, the department shall mail a copy of  
298 such formulary to each fully licensed autonomous physician  
299 assistant or physician assistant having prescribing authority  
300 under this section or s. 459.022 and to each pharmacy licensed  
301 by the state. The boards shall establish, by rule, a fee not to  
302 exceed \$200 to fund the provisions of this paragraph and  
303 paragraph (e).

304 (6) PROGRAM APPROVAL.—

305 (a) The boards shall approve programs, ~~based on~~  
306 ~~recommendations by the council,~~ for the education and training  
307 of physician assistants which meet standards established by rule  
308 of the boards. ~~The council may recommend only those physician~~  
309 ~~assistant programs that hold full accreditation or provisional~~  
310 ~~accreditation from the Commission on Accreditation of Allied~~  
311 ~~Health Programs or its successor organization. Any educational~~

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312 ~~institution offering a physician assistant program approved by~~  
313 ~~the boards pursuant to this paragraph may also offer the~~  
314 ~~physician assistant program authorized in paragraph (c) for~~  
315 ~~unlicensed physicians.~~

316 (b) The boards shall adopt and publish standards to ensure  
317 that such programs operate in a manner that does not endanger  
318 the health or welfare of the patients who receive services  
319 within the scope of the programs. The boards shall review the  
320 quality of the curricula, faculties, and facilities of such  
321 programs and take whatever other action is necessary to  
322 determine that the purposes of this section are being met.

323 (c) Any community college with the approval of the State  
324 Board of Education may conduct a physician assistant program  
325 which shall apply for national accreditation through the  
326 American Medical Association's Committee on Allied Health,  
327 Education, and Accreditation, or its successor organization, and  
328 which may admit unlicensed physicians, as authorized in  
329 subsection (7), who are graduates of foreign medical schools  
330 listed with the World Health Organization. The unlicensed  
331 physician must have been a resident of this state for a minimum  
332 of 12 months immediately prior to admission to the program. An  
333 evaluation of knowledge base by examination shall be required to  
334 grant advanced academic credit and to fulfill the necessary  
335 requirements to graduate. A minimum of one 16-week semester of  
336 supervised clinical and didactic education, which may be

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337 completed simultaneously, shall be required before graduation  
338 from the program. All other provisions of this section shall  
339 remain in effect.

340 (7) PHYSICIAN ASSISTANT LICENSURE.—

341 (a) Any person desiring to be licensed as a physician  
342 assistant must apply to the department. The department shall  
343 issue a license to any person certified by the council as having  
344 met the following requirements:

345 1. Is at least 18 years of age.

346 2. Has satisfactorily passed a proficiency examination by  
347 an acceptable score established by the National Commission on  
348 Certification of Physician Assistants. If an applicant does not  
349 hold a current certificate issued by the National Commission on  
350 Certification of Physician Assistants and has not actively  
351 practiced as a physician assistant within the immediately  
352 preceding 4 years, the applicant must retake and successfully  
353 complete the entry-level examination of the National Commission  
354 on Certification of Physician Assistants to be eligible for  
355 licensure.

356 3. Has completed the application form and remitted an  
357 application fee not to exceed \$300 as set by the boards. An  
358 application for licensure made by a physician assistant must  
359 include:

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360 a. Has graduated from a board-approved ~~A certificate of~~  
361 ~~completion of a~~ physician assistant training program as  
362 specified in subsection (6).

363 b. Acknowledgment of any prior felony convictions.

364 c. Acknowledgment of any previous revocation or denial of  
365 licensure or certification in any state.

366 d. A copy of course transcripts and a copy of the course  
367 description from a physician assistant training program  
368 describing course content in pharmacotherapy, if the applicant  
369 wishes to apply for prescribing authority. These documents must  
370 meet the evidence requirements for prescribing authority.

371 (d) Upon employment as a physician assistant, a licensed  
372 physician assistant must notify the department in writing within  
373 30 days after such employment or after any subsequent changes in  
374 the supervising physician. The notification must include the  
375 full name, Florida medical license number, specialty, and  
376 address of the supervising physician.

377 (f) The Board of Medicine may impose any of the penalties  
378 authorized under ss. 456.072 and 458.331(2) upon an autonomous  
379 physician or a physician assistant if the autonomous physician,  
380 physician assistant, or a ~~the~~ supervising physician has been  
381 found guilty of or is being investigated for any act that  
382 constitutes a violation of this chapter or chapter 456.

383 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE. -



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384 (a) The board shall register a physician assistant as an  
385 autonomous physician assistant if the applicant demonstrates  
386 that he or she:

387 1. Holds an active, unencumbered license to practice as a  
388 physician assistant in this state.

389 2. Has not been subject to any disciplinary action  
390 pursuant to s. 456.072, 458.331, or 459.015, or any similar  
391 disciplinary action in any jurisdiction of the United States,  
392 within the 5 years immediately preceding the registration  
393 request.

394 3. Has completed, in any jurisdiction of the United  
395 States, at least 2,000 clinical practice hours within the 3-year  
396 period immediately preceding the submission of the registration  
397 request while practicing as a physician assistant under the  
398 supervision of an allopathic or osteopathic physician who held  
399 an active, unencumbered license issued by a state, a possession,  
400 or territory of the United States or District of Columbia during  
401 the period of such supervision.

402 5. Has completed a graduate-level course in pharmacology.

403 6. Obtains and maintains professional liability coverage  
404 at the same level and in the same manner as s. 458.320(1)(b) or  
405 s. 458.320(1)(c). However, the requirements of this subparagraph  
406 does not apply to:

407 a. Any person registered under this subsection who  
408 practices exclusively as an officer, employee, or agent of the

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409 federal government or of the state or its agencies or its  
410 subdivisions.

411 b. Any person whose license has become inactive and who is  
412 not practicing as an autonomous physician assistant in this  
413 state.

414 c. Any person who practices as an autonomous physician  
415 assistant only in conjunction with his or her teaching duties at  
416 an accredited school or its main teaching hospitals. Such  
417 practice is limited to that which is incidental to and a  
418 necessary part of duties in connection with the teaching  
419 position.

420 d. Any person who holds an active license under this  
421 subsection who is not practicing as an autonomous physician  
422 assistant in this state. If such person initiates or resumes any  
423 practice as an autonomous physician assistant, he or she must  
424 notify the department of such activity and fulfill the  
425 professional liability coverage of subparagraph 6.

426 (b) The department shall conspicuously distinguish an  
427 autonomous physician assistant license if he or she is  
428 registered under this subsection.

429 (c) An autonomous physician assistant may:

430 1. Only render primary care services as defined by the  
431 board in rule, without physician supervision.

432 2. Render services to patients consistent with his or her  
433 education and experience, without physician supervision.

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434 3. Prescribe, dispense, administer, or order any medicinal  
435 drug, including those medicinal drugs to the extent authorized  
436 under paragraph (4) (f) and the formulary adopted thereunder.

437 4. Order any medication for administration to a patient in  
438 a facility licensed under chapter 395 or part II of chapter 400,  
439 notwithstanding any provisions in chapter 465 or chapter 893.

440 5. Provide a signature, certification, stamp,  
441 verification, affidavit, or other endorsement that is otherwise  
442 required by law to be provided by a physician.

443 6. Provide any service that is within the scope of the  
444 autonomous physician assistant's education and experience and  
445 provided in accordance with rules adopted by the board.

446 (d) An autonomous physician assistant must biennially  
447 renew his or her registration under this paragraph. The biennial  
448 renewal shall coincide with the autonomous physician assistant's  
449 biennial renewal period for physician assistant licensure.

450 (e) The council shall develop rules defining the primary  
451 care specialties in which autonomous practice may occur, which  
452 may include internal medicine, general pediatrics, family  
453 medicine, geriatrics, and general obstetrics and gynecology  
454 practices.

455 (10) ~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
456 Physician Assistants is created within the department.

457 (a) The council shall consist of five members appointed as  
458 follows:

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459 1. The chairperson of the Board of Medicine shall appoint  
460 one member who is a physician and a member ~~three members who are~~  
461 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~  
462 physician ~~physicians~~ must supervise a physician assistant in his  
463 or her ~~the physician's~~ practice.

464 2. The chairperson of the Board of Osteopathic Medicine  
465 shall appoint one member who is a physician and a member of the  
466 Board of Osteopathic Medicine. The physician must supervise a  
467 physician assistant in his or her practice.

468 3. The State Surgeon General or his or her designee shall  
469 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
470 licensed under this chapter or chapter 459.

471 (b) ~~Two of the members appointed to the council must be~~  
472 ~~physicians who supervise physician assistants in their practice.~~  
473 Members shall be appointed to terms of 4 years, except that of  
474 the initial appointments, two members shall be appointed to  
475 terms of 2 years, two members shall be appointed to terms of 3  
476 years, and one member shall be appointed to a term of 4 years,  
477 as established by rule of the boards. Council members may not  
478 serve more than two consecutive terms. The council shall  
479 annually elect a chairperson from among its members.

480 (c) The council shall:

481 1. Recommend to the department the licensure of physician  
482 assistants.

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483           2. Develop all rules regulating the primary care practice  
484 of autonomous physician assistants and the use of physician  
485 assistants by physicians under this chapter and chapter 459,  
486 except for rules relating to the formulary developed under  
487 paragraph (4) (f). The council shall also develop rules to ensure  
488 that the continuity of supervision is maintained in each  
489 practice setting. The boards shall consider adopting a proposed  
490 rule developed by the council at the regularly scheduled meeting  
491 immediately following the submission of the proposed rule by the  
492 council. A proposed rule submitted by the council may not be  
493 adopted by either board unless both boards have accepted and  
494 approved the identical language contained in the proposed rule.  
495 The language of all proposed rules submitted by the council must  
496 be approved by both boards pursuant to each respective board's  
497 guidelines and standards regarding the adoption of proposed  
498 rules. If either board rejects the council's proposed rule, that  
499 board must specify its objection to the council with  
500 particularity and include any recommendations it may have for  
501 the modification of the proposed rule.

502           3. Make recommendations to the boards regarding all  
503 matters relating to autonomous physician assistants and  
504 physician assistants.

505           4. Address concerns and problems of practicing autonomous  
506 physician assistants and physician assistants in order to

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507 improve safety in the clinical practices of licensed autonomous  
508 physician assistants and physician assistants.

509 (d) When the council finds that an applicant for licensure  
510 has failed to meet, to the council's satisfaction, each of the  
511 requirements for licensure set forth in this section, the  
512 council may enter an order to:

513 1. Refuse to certify the applicant for licensure;

514 2. Approve the applicant for licensure with restrictions  
515 on the scope of practice or license; or

516 3. Approve the applicant for conditional licensure. Such  
517 conditions may include placement of the licensee on probation  
518 for a period of time and subject to such conditions as the  
519 council may specify, including but not limited to, requiring the  
520 licensee to undergo treatment, to attend continuing education  
521 courses, to work under the direct supervision of a physician  
522 licensed in this state, or to take corrective action.

523 ~~(12) (11)~~ PENALTY.—Any person who has not been licensed by  
524 the council and approved by the department and who holds himself  
525 or herself out as a an autonomous physician assistant or  
526 physician assistant or who uses any other term in indicating or  
527 implying that he or she is a an autonomous physician assistant  
528 or physician assistant commits a felony of the third degree,  
529 punishable as provided in s. 775.082 or s. 775.084 or by a fine  
530 not exceeding \$5,000.

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531            (13) ~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
532 The boards may deny, suspend, or revoke a physician assistant  
533 license or the registration of an autonomous physician assistant  
534 if a board determines that the physician assistant or autonomous  
535 physician assistant has violated this chapter.

536            (14) ~~(13)~~ RULES.—The boards shall adopt rules to implement  
537 this section, including rules detailing the contents of the  
538 application for licensure and notification pursuant to  
539 subsection (7), the registration of autonomous physician  
540 assistants pursuant to subsection (8), and rules to ensure both  
541 the continued competency of autonomous physician assistants and  
542 physician assistants and the proper utilization of them by  
543 physicians or groups of physicians.

544            (19) ADVERSE INCIDENTS.— An autonomous physician assistant  
545 must report adverse incidents to the department in the manner  
546 required under s. 458.351.

547            Section 4. Subsections (8) through (17) of section  
548 459.022, Florida Statutes, are renumbered as subsections (9)  
549 through (18), respectively, paragraphs (b) through (h), are  
550 renumbered as paragraphs (c), (e), (i), (f), (g), (h), and (d),  
551 respectively, paragraphs (b) and (e) of subsection (4), present  
552 subsection (6), paragraphs (a), (d), and (f) of subsection (7),  
553 present subsection (9), and present subsections (11) through  
554 (13) are amended, paragraph (b) is added to subsection (2), and  
555 subsections (8) and (19) are added to that section, to read:

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556 459.022 Physician assistants.—

557 (2) DEFINITIONS.—As used in this section:

558 (b) "Autonomous physician assistant" means a physician  
559 assistant who meets the requirements of subsection (8) to  
560 practice primary care without physician supervision.

561 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

562 (b) This chapter does not prevent third-party payors from  
563 reimbursing employers of autonomous physician assistants or  
564 physician assistants for covered services rendered by licensed  
565 autonomous physician assistants or physician assistants.

566 (e) A supervising physician may delegate to a fully  
567 licensed physician assistant the authority to prescribe or  
568 dispense any medication used in the supervising physician's  
569 practice unless such medication is listed on the formulary  
570 created pursuant to s. 458.347. A fully licensed physician  
571 assistant may only prescribe or dispense such medication under  
572 the following circumstances:

573 1. A physician assistant must clearly identify to the  
574 patient that she or he is a physician assistant ~~and must inform~~  
575 ~~the patient that the patient has the right to see the physician~~  
576 ~~before a prescription is prescribed or dispensed by the~~  
577 ~~physician assistant.~~

578 2. The supervising physician must notify the department of  
579 her or his intent to delegate, on a department-approved form,  
580 before delegating such authority and of any change in



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581 prescriptive privileges of the physician assistant. Authority to  
582 dispense may be delegated only by a supervising physician who is  
583 registered as a dispensing practitioner in compliance with s.  
584 465.0276.

585 3. The physician assistant must complete a minimum of 10  
586 continuing medical education hours in the specialty practice in  
587 which the physician assistant has prescriptive privileges with  
588 each licensure renewal.

589 4. The department may issue a prescriber number to the  
590 physician assistant granting authority for the prescribing of  
591 medicinal drugs authorized within this paragraph upon completion  
592 of the requirements of this paragraph. The physician assistant  
593 is not required to independently register pursuant to s.  
594 465.0276.

595 5. The prescription may be in paper or electronic form but  
596 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
597 and must contain, in addition to the supervising physician's  
598 name, address, and telephone number, the physician assistant's  
599 prescriber number. Unless it is a drug or drug sample dispensed  
600 by the physician assistant, the prescription must be filled in a  
601 pharmacy permitted under chapter 465, and must be dispensed in  
602 that pharmacy by a pharmacist licensed under chapter 465. The  
603 inclusion of the prescriber number creates a presumption that  
604 the physician assistant is authorized to prescribe the medicinal  
605 drug and the prescription is valid.

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

608           (6) PROGRAM APPROVAL.—

609           (a) The boards shall approve programs, ~~based on~~  
610 ~~recommendations by the council,~~ for the education and training  
611 of physician assistants which meet standards established by rule  
612 of the boards. ~~The council may recommend only those physician~~  
613 ~~assistant programs that hold full accreditation or provisional~~  
614 ~~accreditation from the Commission on Accreditation of Allied~~  
615 ~~Health Programs or its successor organization.~~

616           (b) The boards shall adopt and publish standards to ensure  
617 that such programs operate in a manner that does not endanger  
618 the health or welfare of the patients who receive services  
619 within the scope of the programs. The boards shall review the  
620 quality of the curricula, faculties, and facilities of such  
621 programs and take whatever other action is necessary to  
622 determine that the purposes of this section are being met.

623           (7) PHYSICIAN ASSISTANT LICENSURE.—

624           (a) Any person desiring to be licensed as a physician  
625 assistant must apply to the department. The department shall  
626 issue a license to any person certified by the council as having  
627 met the following requirements:

628           1. Is at least 18 years of age.

629           2. Has satisfactorily passed a proficiency examination by  
630 an acceptable score established by the National Commission on

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631 Certification of Physician Assistants. If an applicant does not  
632 hold a current certificate issued by the National Commission on  
633 Certification of Physician Assistants and has not actively  
634 practiced as a physician assistant within the immediately  
635 preceding 4 years, the applicant must retake and successfully  
636 complete the entry-level examination of the National Commission  
637 on Certification of Physician Assistants to be eligible for  
638 licensure.

639 3. Has completed the application form and remitted an  
640 application fee not to exceed \$300 as set by the boards. An  
641 application for licensure made by a physician assistant must  
642 include:

643 a. Has graduated from a board-approved ~~A certificate of~~  
644 ~~completion of a~~ physician assistant training program as  
645 specified in subsection (6).

646 b. Acknowledgment of any prior felony convictions.

647 c. Acknowledgment of any previous revocation or denial of  
648 licensure or certification in any state.

649 d. A copy of course transcripts and a copy of the course  
650 description from a physician assistant training program  
651 describing course content in pharmacotherapy, if the applicant  
652 wishes to apply for prescribing authority. These documents must  
653 meet the evidence requirements for prescribing authority.

654 (d) Upon employment as a physician assistant, a licensed  
655 physician assistant must notify the department in writing within

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656 30 days after such employment or after any subsequent changes in  
657 the supervising physician. The notification must include the  
658 full name, Florida medical license number, specialty, and  
659 address of the supervising physician.

660 (f) The Board of Osteopathic Medicine may impose any of  
661 the penalties authorized under ss. 456.072 and 459.015(2) upon  
662 an autonomous physician assistant or a physician assistant if  
663 the autonomous physician assistant, physician assistant, or a  
664 ~~the~~ supervising physician has been found guilty of or is being  
665 investigated for any act that constitutes a violation of this  
666 chapter or chapter 456.

667 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.-

668 (a) The board shall register a physician assistant as an  
669 autonomous physician assistant if the applicant demonstrates  
670 that he or she:

671 1. Holds an active, unencumbered license to practice as a  
672 physician assistant in this state.

673 2. Has not been subject to any disciplinary action  
674 pursuant to s. 456.072, 458.331, or 459.015, or any similar  
675 disciplinary action in any jurisdiction of the United States,  
676 within the 5 years immediately preceding the registration  
677 request.

678 3. Has completed, in any jurisdiction of the United  
679 States, at least 2,000 clinical practice hours within the 3-year  
680 period immediately preceding the submission of the registration

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681 request while practicing as a physician assistant under the  
682 supervision of an allopathic or osteopathic physician who held  
683 an active, unencumbered license issued by a state, possession,  
684 or territory of the United States or the District of Columbia  
685 during the period of such supervision.

686 5. Has completed a graduate-level course in pharmacology.

687 6. Obtains and maintains professional liability coverage  
688 at the same level and in the same manner as s. 458.320(1)(b) or  
689 s. 458.320(1)(c). However, the requirements of this subparagraph  
690 does not apply to:

691 a. Any person registered under this subsection who  
692 practices exclusively as an officer, employee, or agent of the  
693 federal government or of the state or its agencies or its  
694 subdivisions.

695 b. Any person whose license has become inactive and who is  
696 not practicing as an autonomous physician assistant in this  
697 state.

698 c. Any person who practices as an autonomous physician  
699 assistant only in conjunction with his or her teaching duties at  
700 an accredited school or its main teaching hospitals. Such  
701 practice is limited to that which is incidental to and a  
702 necessary part of duties in connection with the teaching  
703 position.

704 d. Any person who holds an active license under this  
705 subsection who is not practicing as an autonomous physician

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706 assistant in this state. If such person initiates or resumes any  
707 practice as an autonomous physician assistant, he or she must  
708 notify the department of such activity and fulfill the  
709 professional liability coverage of subparagraph 6.

710 (b) The department shall conspicuously distinguish an  
711 autonomous physician assistant license if he or she is  
712 registered under this subsection.

713 (c) An autonomous physician assistant may:

714 1. Only render primary care services as defined by the  
715 board in rule, without physician supervision

716 2. Render services to patients consistent with his or her  
717 education and experience, without physician supervision.

718 3. Prescribe, dispense, administer, or order any medicinal  
719 drug, including those medicinal drugs to the extent authorized  
720 under paragraph (4) (f) and the formulary adopted thereunder.

721 4. Order any medication for administration to a patient in  
722 a facility licensed under chapter 395 or part II of chapter 400,  
723 notwithstanding any provisions in chapter 465 or chapter 893.

724 5. Provide a signature, certification, stamp,  
725 verification, affidavit, or other endorsement that is otherwise  
726 required by law to be provided by a physician.

727 6. Provide any service that is within the scope of the  
728 autonomous physician assistant's education and experience and  
729 provided in accordance with rules adopted by the board.

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730           (d) An autonomous physician assistant must biennially  
731 renew his or her registration under this paragraph. The biennial  
732 renewal shall coincide with the autonomous physician assistant's  
733 biennial renewal period for physician assistant licensure.

734           (e) The council shall develop rules defining the primary  
735 care specialties in which autonomous practice may occur, which  
736 may include internal medicine, general pediatrics, family  
737 medicine, geriatrics, and general obstetrics and gynecology  
738 practices.

739           (10)~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
740 Physician Assistants is created within the department.

741           (a) The council shall consist of five members appointed as  
742 follows:

743           1. The chairperson of the Board of Medicine shall appoint  
744 one member who is a physician and a member ~~three members who are~~  
745 ~~physicians and members~~ of the Board of Medicine. ~~One of~~ The  
746 physician ~~physicians~~ must supervise a physician assistant in his  
747 or her ~~the physician's~~ practice.

748           2. The chairperson of the Board of Osteopathic Medicine  
749 shall appoint one member who is a physician and a member of the  
750 Board of Osteopathic Medicine. The physician must supervise a  
751 physician assistant in his or her practice.

752           3. The State Surgeon General or her or his designee shall  
753 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
754 licensed under chapter 458 or this chapter.

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755 ~~(b) Two of the members appointed to the council must be~~  
756 ~~physicians who supervise physician assistants in their practice.~~  
757 Members shall be appointed to terms of 4 years, except that of  
758 the initial appointments, two members shall be appointed to  
759 terms of 2 years, two members shall be appointed to terms of 3  
760 years, and one member shall be appointed to a term of 4 years,  
761 as established by rule of the boards. Council members may not  
762 serve more than two consecutive terms. The council shall  
763 annually elect a chairperson from among its members.

764 (c) The council shall:

765 1. Recommend to the department the licensure of physician  
766 assistants.

767 2. Develop all rules regulating the primary care practice  
768 of autonomous physician assistants and the use of physician  
769 assistants by physicians under chapter 458 and this chapter,  
770 except for rules relating to the formulary developed under s.  
771 458.347. The council shall also develop rules to ensure that the  
772 continuity of supervision is maintained in each practice  
773 setting. The boards shall consider adopting a proposed rule  
774 developed by the council at the regularly scheduled meeting  
775 immediately following the submission of the proposed rule by the  
776 council. A proposed rule submitted by the council may not be  
777 adopted by either board unless both boards have accepted and  
778 approved the identical language contained in the proposed rule.  
779 The language of all proposed rules submitted by the council must

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780 be approved by both boards pursuant to each respective board's  
781 guidelines and standards regarding the adoption of proposed  
782 rules. If either board rejects the council's proposed rule, that  
783 board must specify its objection to the council with  
784 particularity and include any recommendations it may have for  
785 the modification of the proposed rule.

786 3. Make recommendations to the boards regarding all  
787 matters relating to autonomous physician assistants and  
788 physician assistants.

789 4. Address concerns and problems of practicing autonomous  
790 physician assistants and physician assistants in order to  
791 improve safety in the clinical practices of licensed autonomous  
792 physician assistants and physician assistants.

793 (d) When the council finds that an applicant for licensure  
794 has failed to meet, to the council's satisfaction, each of the  
795 requirements for licensure set forth in this section, the  
796 council may enter an order to:

797 1. Refuse to certify the applicant for licensure;  
798 2. Approve the applicant for licensure with restrictions  
799 on the scope of practice or license; or

800 3. Approve the applicant for conditional licensure. Such  
801 conditions may include placement of the licensee on probation  
802 for a period of time and subject to such conditions as the  
803 council may specify, including but not limited to, requiring the  
804 licensee to undergo treatment, to attend continuing education

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805 courses, to work under the direct supervision of a physician  
806 licensed in this state, or to take corrective action.

807 ~~(12)-(11)~~ PENALTY.—Any person who has not been licensed by  
808 the council and approved by the department and who holds herself  
809 or himself out as an autonomous physician assistant or a  
810 physician assistant or who uses any other term in indicating or  
811 implying that she or he is an autonomous physician assistant or  
812 a physician assistant commits a felony of the third degree,  
813 punishable as provided in s. 775.082 or s. 775.084 or by a fine  
814 not exceeding \$5,000.

815 ~~(13)-(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
816 The boards may deny, suspend, or revoke a physician assistant  
817 license or the registration of an autonomous physician assistant  
818 if a board determines that the physician assistant or autonomous  
819 physician assistant has violated this chapter.

820 ~~(14)-(13)~~ RULES.—The boards shall adopt rules to implement  
821 this section, including rules detailing the contents of the  
822 application for licensure and notification pursuant to  
823 subsection (7), the registration of autonomous physician  
824 assistants pursuant to subsection (8), and rules to ensure both  
825 the continued competency of autonomous physician assistants and  
826 physician assistants and the proper utilization of them by  
827 physicians or groups of physicians.

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828           (19) ADVERSE INCIDENTS.—AN autonomous physician assistant  
829 must report adverse incidents to the department in the same  
830 manner as required under s. 459.026.

831           Section 5. Subsections (1) and (3) of section 464.012,  
832 Florida Statutes, are amended to read:

833           464.012 Licensure of advanced practice registered nurses;  
834 fees; controlled substance prescribing.—

835           (1) Any nurse desiring to be licensed as an advanced  
836 practice registered nurse must apply to the board ~~department~~ and  
837 submit proof that he or she holds a current license to practice  
838 professional nursing or holds an active multistate license to  
839 practice professional nursing pursuant to s. 464.0095 and ~~that~~  
840 ~~he or she~~ meets one or more of the following requirements ~~as~~  
841 ~~determined by the board:~~

842           (a) Certification by an appropriate specialty board. Such  
843 certification is required for initial state licensure and any  
844 licensure renewal as a certified nurse midwife, certified nurse  
845 practitioner, certified registered nurse anesthetist, clinical  
846 nurse specialist, or psychiatric nurse. The board may by rule  
847 provide for provisional state licensure of certified registered  
848 nurse anesthetists, clinical nurse specialists, certified nurse  
849 practitioners, psychiatric nurses, and certified nurse midwives  
850 for a period of time determined to be appropriate for preparing  
851 for and passing the national certification examination.

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852 (b) Graduation from a ~~program leading to a~~ master's degree  
853 program in a nursing clinical specialty area with preparation in  
854 specialized practitioner skills. For applicants graduating on or  
855 after October 1, 1998, graduation from a master's degree program  
856 is required for initial licensure as a certified nurse  
857 practitioner under paragraph (4) (a).

858 1. For applicants graduating on or after October 1, 2001,  
859 graduation from a master's degree program is required for  
860 initial licensure as a certified registered nurse anesthetist  
861 who may perform the acts listed in paragraph (4) (b).

862 2. For applicants graduating on or after October 1, 1998,  
863 graduation from a master's degree program is required for  
864 initial licensure as a certified nurse midwife who may perform  
865 the acts listed in paragraph (4) (c).

866 3. For applicants graduating on or after July 1, 2007,  
867 graduation from a master's degree program is required for  
868 initial licensure as a clinical nurse specialist who may perform  
869 the acts listed in paragraph (4) (d).

870 (3) An advanced practice registered nurse shall perform  
871 those functions authorized in this section within the framework  
872 of an established protocol that must be maintained on site at  
873 the location or locations at which an advanced practice  
874 registered nurse practices, unless the advanced practice  
875 registered nurse is registered to engage in autonomous practice  
876 pursuant to s. 464.0123. In the case of multiple supervising

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877 physicians in the same group, an advanced practice registered  
878 nurse must enter into a supervisory protocol with at least one  
879 physician within the physician group practice. A practitioner  
880 currently licensed under chapter 458, chapter 459, or chapter  
881 466 shall maintain supervision for directing the specific course  
882 of medical treatment. Within the established framework, an  
883 advanced practice registered nurse may:

884 (a) Prescribe, dispense, administer, or order any drug;  
885 however, an advanced practice registered nurse may prescribe or  
886 dispense a controlled substance as defined in s. 893.03 only if  
887 the advanced practice registered nurse has graduated from a  
888 program leading to a master's or doctoral degree in a clinical  
889 nursing specialty area with training in specialized practitioner  
890 skills.

891 (b) Initiate appropriate therapies for certain conditions.

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

894 (d) Order diagnostic tests and physical and occupational  
895 therapy.

896 (e) Order any medication for administration to a patient  
897 in a facility licensed under chapter 395 or part II of chapter  
898 400, notwithstanding any provisions in chapter 465 or chapter  
899 893.

900 (f) Sign, certify, stamp, verify, or endorse a document  
901 that requires the signature, certification, stamp, verification,

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902 affidavit, or endorsement of a physician. However, a supervisory  
903 physician may not delegate the authority to issue a documented  
904 approval to release a patient from a receiving facility or its  
905 contractor under s. 394.463(2)(f) to an advanced practice  
906 registered nurse.

907 Section 6. Section 464.0123, Florida Statutes, is created  
908 to read:

909 464.0123 Autonomous practice by an advanced practice  
910 registered nurse.-

911 (1) For purposes of this section, the term "autonomous  
912 practice" means advanced or specialized nursing practice by an  
913 advanced practice registered nurse who is not subject to  
914 supervision by a physician or a supervisory protocol.

915 (2) An advanced practice registered nurse may register  
916 with the board to have the authority to engage in autonomous  
917 practice upon demonstration to the board that he or she:

918 (a) Holds an active, unencumbered license to practice  
919 advanced or specialized nursing in this state.

920 (b) Has not been subject to any disciplinary action  
921 pursuant to s. 456.072 or s. 464.018, or any similar  
922 disciplinary action in any other jurisdiction of the United  
923 States, within the 5 years immediately preceding the  
924 registration request.

925 (c) Has completed, in any jurisdiction of the United  
926 States, at least 2,000 clinical practice hours or clinical

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927 instructional hours within the 5 years immediately preceding the  
928 registration request while practicing as an advanced practice  
929 registered nurse under the supervision of an allopathic or  
930 osteopathic physician who held an active, unencumbered license  
931 issued by another state, the District of Columbia, or a  
932 possession or territory of the United States during the period  
933 of such supervision.

934 (e) Has completed a graduate-level course in pharmacology.

935 (3) The board may provide by rule additional requirements  
936 for an advanced practice registered nurse who is registered  
937 under this section when performing acts within his or her  
938 specialty pursuant to s. 464.012(4).

939 (4) (a) An advanced practice registered nurse registered  
940 under this section must demonstrate to the satisfaction of the  
941 board and the department financial responsibility to pay claims  
942 and costs ancillary thereto arising out the rendering of, the  
943 failure to render, medical or nursing care or services by:

944 1. Obtaining and maintaining professional liability  
945 coverage in an amount not less than \$100,000 per claim, with a  
946 minimum annual aggregate of not less than \$300,000, from an  
947 authorized insurer as defined under s. 624.09, a surplus lines  
948 insurer under 626.914(2), from a risk retention group as defined  
949 under s. 627.942, from the Joint Underwriting Association  
950 established under s. 627.351(4), or through a plan of self-  
951 insurance as provided in s. 627.357; or 2,000

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952       2. Obtaining and maintaining an unexpired, irrevocable  
953 letter of credit, established pursuant to chapter 675, in an  
954 amount not less than \$100,000 per claim, with a minimum  
955 aggregate availability of credit of not less than \$300,000. The  
956 letter of credit must be payable to the advanced practice  
957 registered nurse as beneficiary upon presentment of a final  
958 judgment indicating liability and awarding damages to be paid by  
959 the physician or upon presentment of a settlement agreement  
960 signed by all parties to such agreement when such final judgment  
961 or settlement is a result of a claim arising out of the  
962 rendering of, or the failure to render, medical or nursing care  
963 and services.

964       (b) The requirements of paragraph (a) do not apply to:

965       1. Any person registered under this subsection who  
966 practices exclusively as an officer, employee, or agent of the  
967 federal government or of the state or its agencies or its  
968 subdivisions.

969       2. Any person whose license has become inactive and who is  
970 not practicing as an advanced practice registered nurse  
971 registered under this section in this state.

972       3. Any person who practices as an an advanced practice  
973 registered nurse registered under this section only in  
974 conjunction with his or her teaching duties at an accredited  
975 school or its main teaching hospitals. Such practice is limited



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976 to that which is incidental to and a necessary part of duties in  
977 connection with the teaching position.

978 4. Any person who holds an active license under this  
979 subsection who is not practicing as an an advanced practice  
980 registered nurse registered under this section in this state. If  
981 such person initiates or resumes any practice as an autonomous  
982 physician assistant, he or she must notify the department of  
983 such activity and fulfill the professional liability coverage of  
984 paragraph (a).

985 (5) The board shall register an advanced practice  
986 registered nurse who meets the qualifications in this section.

987 (6) The department shall conspicuously distinguish an  
988 advanced practice registered nurse's license if he or she is  
989 registered with the board under this section and include the  
990 registration in the advanced practice registered nurse's  
991 practitioner profile created under s. 456.041.

992 (7) An advanced practice registered nurse who is  
993 registered under this section may perform the general functions  
994 of an advanced practice registered nurse pursuant to s.  
995 464.012(3), the acts within his or her specialty pursuant to s.  
996 464.012(4), and the following:

997 (a) For a patient who requires the services of a health  
998 care facility, as defined in s. 408.032(8):

999 1. Admit the patient to the facility.

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1000 2. Manage the care received by the patient in the  
1001 facility.

1002 3. Discharge the patient from the facility, unless  
1003 prohibited by federal law or rule.

1004 (b) Provide a signature, certification, stamp,  
1005 verification, affidavit, or endorsement that is otherwise  
1006 required by law to be provided by a physician.

1007 (8) (a) An advanced practice registered nurse must  
1008 biennially renew his or her registration under this section. The  
1009 biennial renewal for registration shall coincide with the  
1010 advanced practice registered nurse's biennial renewal period for  
1011 advanced practice registered nurse licensure.

1012 (b) To renew his or her registration under this section,  
1013 an advanced practice registered nurse must complete at least 10  
1014 hours of continuing education approved by the board in addition  
1015 to completing the continuing education requirements established  
1016 by board rule pursuant to s. 464.013. If the initial renewal  
1017 period occurs before January 1, 2020, an advanced practice  
1018 registered nurse who is registered under this section is not  
1019 required to complete the continuing education requirement under  
1020 this paragraph until the following biennial renewal period.

1021 (9) The board may establish an advisory committee to make  
1022 evidence-based recommendations about medical acts that an  
1023 advanced practice registered nurse who is registered under this  
1024 section may perform. The committee must consist of four advanced

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1025 practice registered nurses licensed under this chapter,  
1026 appointed by the board; two physicians licensed under chapter  
1027 458 or chapter 459 who have professional experience with  
1028 advanced practice registered nurses, appointed by the Board of  
1029 Medicine; and the State Surgeon General or his or her designee.  
1030 Each committee member appointed by a board shall serve a term of  
1031 4 years, unless a shorter term is required to establish or  
1032 maintain staggered terms. The Board of Nursing shall act upon  
1033 the recommendations from the committee within 90 days after the  
1034 submission of such recommendations.

1035 (10) The board may adopt rules as necessary to implement  
1036 this section.

1037 Section 7. Section 464.0155, Florida Statutes, is created  
1038 to read:

1039 464.0155 Reports of adverse incidents by advanced practice  
1040 registered nurses.—

1041 (1) An advanced practice registered nurse who is  
1042 registered to engage in autonomous practice pursuant to s.  
1043 464.0123 must report an adverse incident to the department in  
1044 accordance with this section.

1045 (2) The report must be in writing, sent to the department  
1046 by certified mail, and postmarked within 15 days after the  
1047 occurrence of the adverse incident if the adverse incident  
1048 occurs when the patient is at the office of the advanced  
1049 practice registered nurse. If the adverse incident occurs when

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1050 the patient is not at the office of the advanced practice  
1051 registered nurse, the report must be postmarked within 15 days  
1052 after the advanced practice registered nurse discovers, or  
1053 reasonably should have discovered, the occurrence of the adverse  
1054 incident.

1055 (3) For purposes of this section, the term "adverse  
1056 incident" means any of the following events when it is  
1057 reasonable to believe that the event is attributable to the  
1058 prescription of a controlled substance regulated under chapter  
1059 893 or 21 U.S.C. s. 812 by the advanced practice registered  
1060 nurse:

1061 (a) A condition that requires the transfer of a patient to  
1062 a hospital licensed under chapter 395.

1063 (b) Permanent physical injury to the patient.

1064 (c) Death of the patient.

1065 (4) The department shall review each report of an adverse  
1066 incident and determine whether the adverse incident was  
1067 attributable to conduct by the advanced practice registered  
1068 nurse. Upon such a determination, the board may take  
1069 disciplinary action pursuant to s. 456.073.

1070 Section 8. Paragraph (r) is added to subsection (1) of  
1071 section 464.018, Florida Statutes, to read:

1072 464.018 Disciplinary actions.—

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1073 (1) The following acts constitute grounds for denial of a  
1074 license or disciplinary action, as specified in ss. 456.072(2)  
1075 and 464.0095:

1076 (r) For an advanced practice registered nurse who is  
1077 registered to engage in autonomous practice pursuant to s.  
1078 464.0123:

1079 1. Paying or receiving any commission, bonus, kickback, or  
1080 rebate from, or engaging in any split-fee arrangement in any  
1081 form whatsoever with, a health care practitioner, organization,  
1082 agency, or person, either directly or implicitly, for referring  
1083 patients to providers of health care goods or services,  
1084 including, but not limited to, hospitals, nursing homes,  
1085 clinical laboratories, ambulatory surgical centers, or  
1086 pharmacies. This subparagraph may not be construed to prevent an  
1087 advanced practice registered nurse from receiving a fee for  
1088 professional consultation services.

1089 2. Exercising influence within a patient-advanced practice  
1090 registered nurse relationship to engage a patient in sexual  
1091 activity. A patient shall be presumed to be incapable of giving  
1092 free, full, and informed consent to sexual activity with his or  
1093 her advanced practice registered nurse.

1094 3. Making deceptive, untrue, or fraudulent representations  
1095 in or related to, or employing a trick or scheme in, advanced or  
1096 specialized nursing practice.

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1097 4. Soliciting patients, either personally or through an  
1098 agent, by the use of fraud, intimidation, undue influence, or a  
1099 form of overreaching or vexatious conduct. As used in this  
1100 subparagraph, the term "soliciting" means directly or implicitly  
1101 requesting an immediate oral response from the recipient.

1102 5. Failing to keep legible, as defined by department rule  
1103 in consultation with the board, medical records that identify  
1104 the advanced practice registered nurse by name and professional  
1105 title who is responsible for rendering, ordering, supervising,  
1106 or billing for each diagnostic or treatment procedure and that  
1107 justify the course of treatment of the patient, including, but  
1108 not limited to, patient histories; examination results; test  
1109 results; records of drugs prescribed, dispensed, or  
1110 administered; and reports of consultations or referrals.

1111 6. Exercising influence on the patient to exploit the  
1112 patient for the financial gain of the advanced practice  
1113 registered nurse or a third party, including, but not be limited  
1114 to, the promoting or selling of services, goods, appliances, or  
1115 drugs.

1116 7. Performing professional services that have not been  
1117 duly authorized by the patient, or his or her legal  
1118 representative, except as provided in s. 766.103 or s. 768.13.

1119 8. Performing any procedure or prescribing any therapy  
1120 that, by the prevailing standards of advanced or specialized  
1121 nursing practice in the community, would constitute

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1122 experimentation on a human subject, without first obtaining  
1123 full, informed, and written consent.

1124 9. Delegating professional responsibilities to a person  
1125 when the advanced practice registered nurse delegating such  
1126 responsibilities knows or has reason to believe that such person  
1127 is not qualified by training, experience, or licensure to  
1128 perform such responsibilities.

1129 10. Committing, or conspiring with another to commit, an  
1130 act that would tend to coerce, intimidate, or preclude another  
1131 advanced practice registered nurse from lawfully advertising his  
1132 or her services.

1133 11. Advertising or holding himself or herself out as  
1134 having certification in a specialty that the advanced practice  
1135 registered nurse has not received.

1136 12. Failing to comply with the requirements of ss. 381.026  
1137 and 381.0261 related to providing patients with information  
1138 about their rights and how to file a complaint.

1139 13. Providing deceptive or fraudulent expert witness  
1140 testimony related to advanced or specialized nursing practice.

1141 Section 9. Subsection (43) of section 39.01, Florida  
1142 Statutes, are amended to read:

1143 39.01 Definitions.—When used in this chapter, unless the  
1144 context otherwise requires:

1145 (43) "Licensed health care professional" means a physician  
1146 licensed under chapter 458, an osteopathic physician licensed

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1147 under chapter 459, a nurse licensed under part I of chapter 464,  
1148 a physician assistant or an autonomous physician assistant  
1149 licensed under chapter 458 or chapter 459, or a dentist licensed  
1150 under chapter 466.

1151 Section 10. Paragraphs (d) and (e) of subsection (5) of  
1152 section 39.303, Florida Statutes, are redesignated as paragraphs  
1153 (e) and (f), a new paragraph (d) is added to that section, and  
1154 paragraph (a) of subsection (6) of that section, is amended to  
1155 read:

1156 39.303 Child protection teams and sexual abuse treatment  
1157 programs; services; eligible cases.—

1158 (5) All abuse and neglect cases transmitted for  
1159 investigation to a circuit by the hotline must be simultaneously  
1160 transmitted to the child protection team for review. For the  
1161 purpose of determining whether a face-to-face medical evaluation  
1162 by a child protection team is necessary, all cases transmitted  
1163 to the child protection team which meet the criteria in  
1164 subsection (4) must be timely reviewed by:

1165 (d) An autonomous physician assistant registered under  
1166 chapter 458 or chapter 459 who has a specialty in pediatrics or  
1167 family medicine and is member of the child protection team;

1168 (6) A face-to-face medical evaluation by a child  
1169 protection team is not necessary when:

1170 (a) The child was examined for the alleged abuse or  
1171 neglect by a physician who is not a member of the child

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1172 protection team, and a consultation between the child protection  
1173 team medical director or a child protection team board-certified  
1174 pediatrician, advanced practice registered nurse, autonomous  
1175 physician assistant, or physician assistant working under the  
1176 supervision of a child protection team medical director or a  
1177 child protection team board-certified pediatrician, or  
1178 registered nurse working under the direct supervision of a child  
1179 protection team medical director or a child protection team  
1180 board-certified pediatrician, and the examining physician  
1181 concludes that a further medical evaluation is unnecessary;

1182

1183 Notwithstanding paragraphs (a), (b), and (c), a child protection  
1184 team medical director or a child protection team pediatrician,  
1185 as authorized in subsection (5), may determine that a face-to-  
1186 face medical evaluation is necessary.

1187 Section 11. Paragraph (b) of subsection (1) of section  
1188 39.304, Florida Statutes, is amended to read:

1189 39.304 Photographs, medical examinations, X rays, and  
1190 medical treatment of abused, abandoned, or neglected child.—

1191 (1)

1192 (b) If the areas of trauma visible on a child indicate a  
1193 need for a medical examination, or if the child verbally  
1194 complains or otherwise exhibits distress as a result of injury  
1195 through suspected child abuse, abandonment, or neglect, or is  
1196 alleged to have been sexually abused, the person required to

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1197 investigate may cause the child to be referred for diagnosis to  
1198 a licensed physician or an emergency department in a hospital  
1199 without the consent of the child's parents or legal custodian.  
1200 Such examination may be performed by any licensed physician,  
1201 licensed physician assistant, registered autonomous physician  
1202 assistant, or an advanced practice registered nurse licensed  
1203 pursuant to part I of chapter 464. Any licensed physician,  
1204 licensed physician assistant, registered autonomous physician  
1205 assistant, or advanced practice registered nurse licensed  
1206 pursuant to part I of chapter 464 who has reasonable cause to  
1207 suspect that an injury was the result of child abuse,  
1208 abandonment, or neglect may authorize a radiological examination  
1209 to be performed on the child without the consent of the child's  
1210 parent or legal custodian.

1211 Section 12. Paragraph (d) of subsection (2) of section  
1212 110.12315, Florida Statutes, is amended to read:

1213 110.12315 Prescription drug program.—The state employees'  
1214 prescription drug program is established. This program shall be  
1215 administered by the Department of Management Services, according  
1216 to the terms and conditions of the plan as established by the  
1217 relevant provisions of the annual General Appropriations Act and  
1218 implementing legislation, subject to the following conditions:

1219 (2) In providing for reimbursement of pharmacies for  
1220 prescription drugs and supplies dispensed to members of the

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1221 state group health insurance plan and their dependents under the  
1222 state employees' prescription drug program:

1223 (d) The department shall establish the reimbursement  
1224 schedule for prescription drugs and supplies dispensed under the  
1225 program. Reimbursement rates for a prescription drug or supply  
1226 must be based on the cost of the generic equivalent drug or  
1227 supply if a generic equivalent exists, unless the physician,  
1228 advanced practice registered nurse, autonomous physician  
1229 assistant, or physician assistant prescribing the drug or supply  
1230 clearly states on the prescription that the brand name drug or  
1231 supply is medically necessary or that the drug or supply is  
1232 included on the formulary of drugs and supplies that may not be  
1233 interchanged as provided in chapter 465, in which case  
1234 reimbursement must be based on the cost of the brand name drug  
1235 or supply as specified in the reimbursement schedule adopted by  
1236 the department.

1237 Section 13. Paragraph (a) of subsection (3) of section  
1238 252.515, Florida Statutes, is amended to read:

1239 252.515 Postdisaster Relief Assistance Act; immunity from  
1240 civil liability.—

1241 (3) As used in this section, the term:

1242 (a) "Emergency first responder" means:

- 1243 1. A physician licensed under chapter 458.  
1244 2. An osteopathic physician licensed under chapter 459.  
1245 3. A chiropractic physician licensed under chapter 460.

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- 1246 4. A podiatric physician licensed under chapter 461.  
1247 5. A dentist licensed under chapter 466.  
1248 6. An advanced practice registered nurse licensed under s.  
1249 464.012.  
1250 7. An autonomous physician assistant or a physician  
1251 assistant licensed under s. 458.347 or s. 459.022.  
1252 8. A worker employed by a public or private hospital in  
1253 the state.  
1254 9. A paramedic as defined in s. 401.23(17).  
1255 10. An emergency medical technician as defined in s.  
1256 401.23(11).  
1257 11. A firefighter as defined in s. 633.102.  
1258 12. A law enforcement officer as defined in s. 943.10.  
1259 13. A member of the Florida National Guard.  
1260 14. Any other personnel designated as emergency personnel  
1261 by the Governor pursuant to a declared emergency.

1262 Section 14. Paragraph (c) of subsection (1) of section  
1263 310.071, Florida Statutes, is amended to read:

1264 310.071 Deputy pilot certification.—

1265 (1) In addition to meeting other requirements specified in  
1266 this chapter, each applicant for certification as a deputy pilot  
1267 must:

1268 (c) Be in good physical and mental health, as evidenced by  
1269 documentary proof of having satisfactorily passed a complete  
1270 physical examination administered by a licensed physician within

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1271 the preceding 6 months. The board shall adopt rules to establish  
1272 requirements for passing the physical examination, which rules  
1273 shall establish minimum standards for the physical or mental  
1274 capabilities necessary to carry out the professional duties of a  
1275 certificated deputy pilot. Such standards shall include zero  
1276 tolerance for any controlled substance regulated under chapter  
1277 893 unless that individual is under the care of a physician, an  
1278 advanced practice registered nurse, an autonomous physician  
1279 assistant, or a physician assistant and that controlled  
1280 substance was prescribed by that physician, advanced practice  
1281 registered nurse, autonomous physician assistant, or physician  
1282 assistant. To maintain eligibility as a certificated deputy  
1283 pilot, each certificated deputy pilot must annually provide  
1284 documentary proof of having satisfactorily passed a complete  
1285 physical examination administered by a licensed physician. The  
1286 physician must know the minimum standards and certify that the  
1287 certificateholder satisfactorily meets the standards. The  
1288 standards for certificateholders shall include a drug test.

1289 Section 15. Subsection (3) of section 310.073, Florida  
1290 Statutes, is amended to read:

1291 310.073 State pilot licensing.—In addition to meeting  
1292 other requirements specified in this chapter, each applicant for  
1293 license as a state pilot must:

1294 (3) Be in good physical and mental health, as evidenced by  
1295 documentary proof of having satisfactorily passed a complete

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1296 physical examination administered by a licensed physician within  
1297 the preceding 6 months. The board shall adopt rules to establish  
1298 requirements for passing the physical examination, which rules  
1299 shall establish minimum standards for the physical or mental  
1300 capabilities necessary to carry out the professional duties of a  
1301 licensed state pilot. Such standards shall include zero  
1302 tolerance for any controlled substance regulated under chapter  
1303 893 unless that individual is under the care of a physician, an  
1304 advanced practice registered nurse, an autonomous physician  
1305 assistant, or a physician assistant and that controlled  
1306 substance was prescribed by that physician, advanced practice  
1307 registered nurse, autonomous physician assistant, or physician  
1308 assistant. To maintain eligibility as a licensed state pilot,  
1309 each licensed state pilot must annually provide documentary  
1310 proof of having satisfactorily passed a complete physical  
1311 examination administered by a licensed physician. The physician  
1312 must know the minimum standards and certify that the licensee  
1313 satisfactorily meets the standards. The standards for licensees  
1314 shall include a drug test.

1315 Section 16. Paragraph (b) of subsection (3) of section  
1316 310.081, Florida Statutes, is amended to read:

1317 310.081 Department to examine and license state pilots and  
1318 certificate deputy pilots; vacancies.-

1319 (3) Pilots shall hold their licenses or certificates  
1320 pursuant to the requirements of this chapter so long as they:

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1321 (b) Are in good physical and mental health as evidenced by  
1322 documentary proof of having satisfactorily passed a physical  
1323 examination administered by a licensed physician or physician  
1324 assistant within each calendar year. The board shall adopt rules  
1325 to establish requirements for passing the physical examination,  
1326 which rules shall establish minimum standards for the physical  
1327 or mental capabilities necessary to carry out the professional  
1328 duties of a licensed state pilot or a certificated deputy pilot.  
1329 Such standards shall include zero tolerance for any controlled  
1330 substance regulated under chapter 893 unless that individual is  
1331 under the care of a physician, an advanced practice registered  
1332 nurse, autonomous physician assistant, or a physician assistant  
1333 and that controlled substance was prescribed by that physician,  
1334 advanced practice registered nurse, autonomous physician  
1335 assistant, or physician assistant. To maintain eligibility as a  
1336 certificated deputy pilot or licensed state pilot, each  
1337 certificated deputy pilot or licensed state pilot must annually  
1338 provide documentary proof of having satisfactorily passed a  
1339 complete physical examination administered by a licensed  
1340 physician. The physician must know the minimum standards and  
1341 certify that the certificateholder or licensee satisfactorily  
1342 meets the standards. The standards for certificateholders and  
1343 for licensees shall include a drug test.

1344

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1345 Upon resignation or in the case of disability permanently  
1346 affecting a pilot's ability to serve, the state license or  
1347 certificate issued under this chapter shall be revoked by the  
1348 department.

1349 Section 17. Paragraph (b) of subsection (1) of section  
1350 320.0848, Florida Statutes, is amended to read:

1351 320.0848 Persons who have disabilities; issuance of  
1352 disabled parking permits; temporary permits; permits for certain  
1353 providers of transportation services to persons who have  
1354 disabilities.-

1355 (1)

1356 (b)1. The person must be currently certified as being  
1357 legally blind or as having any of the following disabilities  
1358 that render him or her unable to walk 200 feet without stopping  
1359 to rest:

1360 a. Inability to walk without the use of or assistance from  
1361 a brace, cane, crutch, prosthetic device, or other assistive  
1362 device, or without the assistance of another person. If the  
1363 assistive device significantly restores the person's ability to  
1364 walk to the extent that the person can walk without severe  
1365 limitation, the person is not eligible for the exemption parking  
1366 permit.

1367 b. The need to permanently use a wheelchair.

1368 c. Restriction by lung disease to the extent that the  
1369 person's forced (respiratory) expiratory volume for 1 second,

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1370 when measured by spirometry, is less than 1 liter, or the  
1371 person's arterial oxygen is less than 60 mm/hg on room air at  
1372 rest.

1373 d. Use of portable oxygen.

1374 e. Restriction by cardiac condition to the extent that the  
1375 person's functional limitations are classified in severity as  
1376 Class III or Class IV according to standards set by the American  
1377 Heart Association.

1378 f. Severe limitation in the person's ability to walk due  
1379 to an arthritic, neurological, or orthopedic condition.

1380 2. The certification of disability which is required under  
1381 subparagraph 1. must be provided by a physician licensed under  
1382 chapter 458, chapter 459, or chapter 460, by a podiatric  
1383 physician licensed under chapter 461, by an optometrist licensed  
1384 under chapter 463, by an advanced practice registered nurse  
1385 licensed under chapter 464 under the protocol of a licensed  
1386 physician as stated in this subparagraph, by an autonomous  
1387 physician assistant or a physician assistant licensed under  
1388 chapter 458 or chapter 459, or by a similarly licensed physician  
1389 from another state if the application is accompanied by  
1390 documentation of the physician's licensure in the other state  
1391 and a form signed by the out-of-state physician verifying his or  
1392 her knowledge of this state's eligibility guidelines.

1393 Section 18. Paragraph (c) of subsection (1) of section  
1394 381.00315, Florida Statutes, are amended to read:

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1395 381.00315 Public health advisories; public health  
1396 emergencies; isolation and quarantines.—The State Health Officer  
1397 is responsible for declaring public health emergencies, issuing  
1398 public health advisories, and ordering isolation or quarantines.

1399 (1) As used in this section, the term:

1400 (c) "Public health emergency" means any occurrence, or  
1401 threat thereof, whether natural or manmade, which results or may  
1402 result in substantial injury or harm to the public health from  
1403 infectious disease, chemical agents, nuclear agents, biological  
1404 toxins, or situations involving mass casualties or natural  
1405 disasters. Before declaring a public health emergency, the State  
1406 Health Officer shall, to the extent possible, consult with the  
1407 Governor and shall notify the Chief of Domestic Security. The  
1408 declaration of a public health emergency shall continue until  
1409 the State Health Officer finds that the threat or danger has  
1410 been dealt with to the extent that the emergency conditions no  
1411 longer exist and he or she terminates the declaration. However,  
1412 a declaration of a public health emergency may not continue for  
1413 longer than 60 days unless the Governor concurs in the renewal  
1414 of the declaration. The State Health Officer, upon declaration  
1415 of a public health emergency, may take actions that are  
1416 necessary to protect the public health. Such actions include,  
1417 but are not limited to:

1418 1. Directing manufacturers of prescription drugs or over-  
1419 the-counter drugs who are permitted under chapter 499 and

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1420 wholesalers of prescription drugs located in this state who are  
1421 permitted under chapter 499 to give priority to the shipping of  
1422 specified drugs to pharmacies and health care providers within  
1423 geographic areas that have been identified by the State Health  
1424 Officer. The State Health Officer must identify the drugs to be  
1425 shipped. Manufacturers and wholesalers located in the state must  
1426 respond to the State Health Officer's priority shipping  
1427 directive before shipping the specified drugs.

1428         2. Notwithstanding chapters 465 and 499 and rules adopted  
1429 thereunder, directing pharmacists employed by the department to  
1430 compound bulk prescription drugs and provide these bulk  
1431 prescription drugs to physicians and nurses of county health  
1432 departments or any qualified person authorized by the State  
1433 Health Officer for administration to persons as part of a  
1434 prophylactic or treatment regimen.

1435         3. Notwithstanding s. 456.036, temporarily reactivating  
1436 the inactive license of the following health care practitioners,  
1437 when such practitioners are needed to respond to the public  
1438 health emergency: physicians licensed under chapter 458 or  
1439 chapter 459; physician assistants or autonomous physician  
1440 assistants licensed under chapter 458 or chapter 459; licensed  
1441 practical nurses, registered nurses, and advanced practice  
1442 registered nurses licensed under part I of chapter 464;  
1443 respiratory therapists licensed under part V of chapter 468; and  
1444 emergency medical technicians and paramedics certified under

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1445 part III of chapter 401. Only those health care practitioners  
1446 specified in this paragraph who possess an unencumbered inactive  
1447 license and who request that such license be reactivated are  
1448 eligible for reactivation. An inactive license that is  
1449 reactivated under this paragraph shall return to inactive status  
1450 when the public health emergency ends or before the end of the  
1451 public health emergency if the State Health Officer determines  
1452 that the health care practitioner is no longer needed to provide  
1453 services during the public health emergency. Such licenses may  
1454 only be reactivated for a period not to exceed 90 days without  
1455 meeting the requirements of s. 456.036 or chapter 401, as  
1456 applicable.

1457 4. Ordering an individual to be examined, tested,  
1458 vaccinated, treated, isolated, or quarantined for communicable  
1459 diseases that have significant morbidity or mortality and  
1460 present a severe danger to public health. Individuals who are  
1461 unable or unwilling to be examined, tested, vaccinated, or  
1462 treated for reasons of health, religion, or conscience may be  
1463 subjected to isolation or quarantine.

1464 a. Examination, testing, vaccination, or treatment may be  
1465 performed by any qualified person authorized by the State Health  
1466 Officer.

1467 b. If the individual poses a danger to the public health,  
1468 the State Health Officer may subject the individual to isolation  
1469 or quarantine. If there is no practical method to isolate or

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1470 quarantine the individual, the State Health Officer may use any  
1471 means necessary to vaccinate or treat the individual.

1472

1473 Any order of the State Health Officer given to effectuate this  
1474 paragraph shall be immediately enforceable by a law enforcement  
1475 officer under s. 381.0012.

1476 Section 19. Subsection (3) of section 381.00593, Florida  
1477 Statutes, is amended to read:

1478 381.00593 Public school volunteer health care practitioner  
1479 program.—

1480 (3) For purposes of this section, the term "health care  
1481 practitioner" means a physician or autonomous physician  
1482 assistant licensed under chapter 458; an osteopathic physician  
1483 or autonomous physician assistant licensed under chapter 459; a  
1484 chiropractic physician licensed under chapter 460; a podiatric  
1485 physician licensed under chapter 461; an optometrist licensed  
1486 under chapter 463; an advanced practice registered nurse,  
1487 registered nurse, or licensed practical nurse licensed under  
1488 part I of chapter 464; a pharmacist licensed under chapter 465;  
1489 a dentist or dental hygienist licensed under chapter 466; a  
1490 midwife licensed under chapter 467; a speech-language  
1491 pathologist or audiologist licensed under part I of chapter 468;  
1492 a dietitian/nutritionist licensed under part X of chapter 468;  
1493 or a physical therapist licensed under chapter 486.

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1494 Section 20. Paragraph (c) of subsection (2) of section  
1495 381.026, Florida Statutes, are amended to read:

1496 381.026 Florida Patient's Bill of Rights and  
1497 Responsibilities.—

1498 (2) DEFINITIONS.—As used in this section and s. 381.0261,  
1499 the term:

1500 (c) "Health care provider" means a physician licensed  
1501 under chapter 458, an osteopathic physician licensed under  
1502 chapter 459, ~~or~~ a podiatric physician licensed under chapter  
1503 461, an advanced practice registered nurse registered under s.  
1504 464.0123, or an autonomous physician assistant registered under  
1505 s. 458.347(8).

1506 Section 21. Paragraph (a) of subsection (2) and  
1507 subsections (3), (4), and (5) of section 382.008, Florida  
1508 Statutes, are amended to read:

1509 382.008 Death, fetal death, and nonviable birth  
1510 registration.—

1511 (2) (a) The funeral director who first assumes custody of a  
1512 dead body or fetus shall file the certificate of death or fetal  
1513 death. In the absence of the funeral director, the physician,  
1514 physician assistant, autonomous physician assistant, advanced  
1515 practice registered nurse, or other person in attendance at or  
1516 after the death or the district medical examiner of the county  
1517 in which the death occurred or the body was found shall file the  
1518 certificate of death or fetal death. The person who files the

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1519 certificate shall obtain personal data from a legally authorized  
1520 person as described in s. 497.005 or the best qualified person  
1521 or source available. The medical certification of cause of death  
1522 shall be furnished to the funeral director, either in person or  
1523 via certified mail or electronic transfer, by the physician,  
1524 physician assistant, autonomous physician assistant, advanced  
1525 practice registered nurse, or medical examiner responsible for  
1526 furnishing such information. For fetal deaths, the physician,  
1527 certified nurse midwife, midwife, or hospital administrator  
1528 shall provide any medical or health information to the funeral  
1529 director within 72 hours after expulsion or extraction.

1530 (3) Within 72 hours after receipt of a death or fetal  
1531 death certificate from the funeral director, the medical  
1532 certification of cause of death shall be completed and made  
1533 available to the funeral director by the decedent's primary or  
1534 attending practitioner ~~physician~~ or, if s. 382.011 applies, the  
1535 district medical examiner of the county in which the death  
1536 occurred or the body was found. The primary or attending  
1537 practitioner ~~physician~~ or the medical examiner shall certify  
1538 over his or her signature the cause of death to the best of his  
1539 or her knowledge and belief. As used in this section, the term  
1540 "primary or attending practitioner ~~physician~~" means a physician,  
1541 a physician assistant, an autonomous physician assistant, or an  
1542 advanced practice registered nurse who treated the decedent

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1543 through examination, medical advice, or medication during the 12  
1544 months preceding the date of death.

1545 (a) The department may grant the funeral director an  
1546 extension of time upon a good and sufficient showing of any of  
1547 the following conditions:

1548 1. An autopsy is pending.

1549 2. Toxicology, laboratory, or other diagnostic reports  
1550 have not been completed.

1551 3. The identity of the decedent is unknown and further  
1552 investigation or identification is required.

1553 (b) If the decedent's primary or attending practitioner  
1554 ~~physician~~ or the district medical examiner of the county in  
1555 which the death occurred or the body was found indicates that he  
1556 or she will sign and complete the medical certification of cause  
1557 of death but will not be available until after the 5-day  
1558 registration deadline, the local registrar may grant an  
1559 extension of 5 days. If a further extension is required, the  
1560 funeral director must provide written justification to the  
1561 registrar.

1562 (4) If the department or local registrar grants an  
1563 extension of time to provide the medical certification of cause  
1564 of death, the funeral director shall file a temporary  
1565 certificate of death or fetal death which shall contain all  
1566 available information, including the fact that the cause of  
1567 death is pending. The decedent's primary or attending

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1568 practitioner ~~physician~~ or the district medical examiner of the  
1569 county in which the death occurred or the body was found shall  
1570 provide an estimated date for completion of the permanent  
1571 certificate.

1572 (5) A permanent certificate of death or fetal death,  
1573 containing the cause of death and any other information that was  
1574 previously unavailable, shall be registered as a replacement for  
1575 the temporary certificate. The permanent certificate may also  
1576 include corrected information if the items being corrected are  
1577 noted on the back of the certificate and dated and signed by the  
1578 funeral director, physician, physician assistant, autonomous  
1579 physician assistant, advanced practice registered nurse, or  
1580 district medical examiner of the county in which the death  
1581 occurred or the body was found, as appropriate.

1582 Section 22. Paragraph (c) of subsection (1) of section  
1583 383.14, Florida Statutes, is amended to read:

1584 383.14 Screening for metabolic disorders, other hereditary  
1585 and congenital disorders, and environmental risk factors.—

1586 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
1587 maternal and child health care system, the Department of Health  
1588 shall promote the screening of all newborns born in Florida for  
1589 metabolic, hereditary, and congenital disorders known to result  
1590 in significant impairment of health or intellect, as screening  
1591 programs accepted by current medical practice become available  
1592 and practical in the judgment of the department. The department

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1593 shall also promote the identification and screening of all  
1594 newborns in this state and their families for environmental risk  
1595 factors such as low income, poor education, maternal and family  
1596 stress, emotional instability, substance abuse, and other high-  
1597 risk conditions associated with increased risk of infant  
1598 mortality and morbidity to provide early intervention,  
1599 remediation, and prevention services, including, but not limited  
1600 to, parent support and training programs, home visitation, and  
1601 case management. Identification, perinatal screening, and  
1602 intervention efforts shall begin prior to and immediately  
1603 following the birth of the child by the attending health care  
1604 provider. Such efforts shall be conducted in hospitals,  
1605 perinatal centers, county health departments, school health  
1606 programs that provide prenatal care, and birthing centers, and  
1607 reported to the Office of Vital Statistics.

1608 (c) Release of screening results.—Notwithstanding any law  
1609 to the contrary, the State Public Health Laboratory may release,  
1610 directly or through the Children's Medical Services program, the  
1611 results of a newborn's hearing and metabolic tests or screenings  
1612 to the newborn's health care practitioner, the newborn's parent  
1613 or legal guardian, the newborn's personal representative, or a  
1614 person designated by the newborn's parent or legal guardian. As  
1615 used in this paragraph, the term "health care practitioner"  
1616 means a physician, autonomous physician assistant, or physician  
1617 assistant licensed under chapter 458; an osteopathic physician,

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1618 autonomous physician assistant, or physician assistant licensed  
1619 under chapter 459; an advanced practice registered nurse,  
1620 registered nurse, or licensed practical nurse licensed under  
1621 part I of chapter 464; a midwife licensed under chapter 467; a  
1622 speech-language pathologist or audiologist licensed under part I  
1623 of chapter 468; or a dietician or nutritionist licensed under  
1624 part X of chapter 468.

1625 Section 23. Paragraph (a) of subsection (3) of section  
1626 390.0111, Florida Statutes, is amended to read:

1627 390.0111 Termination of pregnancies.—

1628 (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
1629 be performed or induced except with the voluntary and informed  
1630 written consent of the pregnant woman or, in the case of a  
1631 mental incompetent, the voluntary and informed written consent  
1632 of her court-appointed guardian.

1633 (a) Except in the case of a medical emergency, consent to  
1634 a termination of pregnancy is voluntary and informed only if:

1635 1. The physician who is to perform the procedure, or the  
1636 referring physician, has, at a minimum, orally, while physically  
1637 present in the same room, and at least 24 hours before the  
1638 procedure, informed the woman of:

1639 a. The nature and risks of undergoing or not undergoing  
1640 the proposed procedure that a reasonable patient would consider  
1641 material to making a knowing and willful decision of whether to  
1642 terminate a pregnancy.

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1643           b. The probable gestational age of the fetus, verified by  
1644 an ultrasound, at the time the termination of pregnancy is to be  
1645 performed.

1646           (I) The ultrasound must be performed by the physician who  
1647 is to perform the abortion or by a person having documented  
1648 evidence that he or she has completed a course in the operation  
1649 of ultrasound equipment as prescribed by rule and who is working  
1650 in conjunction with the physician.

1651           (II) The person performing the ultrasound must offer the  
1652 woman the opportunity to view the live ultrasound images and  
1653 hear an explanation of them. If the woman accepts the  
1654 opportunity to view the images and hear the explanation, a  
1655 physician or a registered nurse, licensed practical nurse,  
1656 advanced practice registered nurse, autonomous physician  
1657 assistant, or physician assistant working in conjunction with  
1658 the physician must contemporaneously review and explain the  
1659 images to the woman before the woman gives informed consent to  
1660 having an abortion procedure performed.

1661           (III) The woman has a right to decline to view and hear  
1662 the explanation of the live ultrasound images after she is  
1663 informed of her right and offered an opportunity to view the  
1664 images and hear the explanation. If the woman declines, the  
1665 woman shall complete a form acknowledging that she was offered  
1666 an opportunity to view and hear the explanation of the images  
1667 but that she declined that opportunity. The form must also

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1668 indicate that the woman's decision was not based on any undue  
1669 influence from any person to discourage her from viewing the  
1670 images or hearing the explanation and that she declined of her  
1671 own free will.

1672 (IV) Unless requested by the woman, the person performing  
1673 the ultrasound may not offer the opportunity to view the images  
1674 and hear the explanation and the explanation may not be given  
1675 if, at the time the woman schedules or arrives for her  
1676 appointment to obtain an abortion, a copy of a restraining  
1677 order, police report, medical record, or other court order or  
1678 documentation is presented which provides evidence that the  
1679 woman is obtaining the abortion because the woman is a victim of  
1680 rape, incest, domestic violence, or human trafficking or that  
1681 the woman has been diagnosed as having a condition that, on the  
1682 basis of a physician's good faith clinical judgment, would  
1683 create a serious risk of substantial and irreversible impairment  
1684 of a major bodily function if the woman delayed terminating her  
1685 pregnancy.

1686 c. The medical risks to the woman and fetus of carrying  
1687 the pregnancy to term.

1688  
1689 The physician may provide the information required in this  
1690 subparagraph within 24 hours before the procedure if requested  
1691 by the woman at the time she schedules or arrives for her  
1692 appointment to obtain an abortion and if she presents to the

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1693 physician a copy of a restraining order, police report, medical  
1694 record, or other court order or documentation evidencing that  
1695 she is obtaining the abortion because she is a victim of rape,  
1696 incest, domestic violence, or human trafficking.

1697 2. Printed materials prepared and provided by the  
1698 department have been provided to the pregnant woman, if she  
1699 chooses to view these materials, including:

1700 a. A description of the fetus, including a description of  
1701 the various stages of development.

1702 b. A list of entities that offer alternatives to  
1703 terminating the pregnancy.

1704 c. Detailed information on the availability of medical  
1705 assistance benefits for prenatal care, childbirth, and neonatal  
1706 care.

1707 3. The woman acknowledges in writing, before the  
1708 termination of pregnancy, that the information required to be  
1709 provided under this subsection has been provided.

1710  
1711 Nothing in this paragraph is intended to prohibit a physician  
1712 from providing any additional information which the physician  
1713 deems material to the woman's informed decision to terminate her  
1714 pregnancy.

1715 Section 24. Paragraphs (c), (e), and (f) of subsection (3)  
1716 of section 390.012, Florida Statutes, are amended to read:

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1717 390.012 Powers of agency; rules; disposal of fetal  
1718 remains.—

1719 (3) For clinics that perform or claim to perform abortions  
1720 after the first trimester of pregnancy, the agency shall adopt  
1721 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
1722 provisions of this chapter, including the following:

1723 (c) Rules relating to abortion clinic personnel. At a  
1724 minimum, these rules shall require that:

1725 1. The abortion clinic designate a medical director who is  
1726 licensed to practice medicine in this state, and all physicians  
1727 who perform abortions in the clinic have admitting privileges at  
1728 a hospital within reasonable proximity to the clinic, unless the  
1729 clinic has a written patient transfer agreement with a hospital  
1730 within reasonable proximity to the clinic which includes the  
1731 transfer of the patient's medical records held by both the  
1732 clinic and the treating physician.

1733 2. If a physician is not present after an abortion is  
1734 performed, a registered nurse, licensed practical nurse,  
1735 advanced practice registered nurse, autonomous physician  
1736 assistant, or physician assistant be present and remain at the  
1737 clinic to provide postoperative monitoring and care until the  
1738 patient is discharged.

1739 3. Surgical assistants receive training in counseling,  
1740 patient advocacy, and the specific responsibilities associated  
1741 with the services the surgical assistants provide.

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1742 4. Volunteers receive training in the specific  
1743 responsibilities associated with the services the volunteers  
1744 provide, including counseling and patient advocacy as provided  
1745 in the rules adopted by the director for different types of  
1746 volunteers based on their responsibilities.

1747 (e) Rules relating to the abortion procedure. At a  
1748 minimum, these rules shall require:

1749 1. That a physician, registered nurse, licensed practical  
1750 nurse, advanced practice registered nurse, autonomous physician  
1751 assistant, or physician assistant is available to all patients  
1752 throughout the abortion procedure.

1753 2. Standards for the safe conduct of abortion procedures  
1754 that conform to obstetric standards in keeping with established  
1755 standards of care regarding the estimation of fetal age as  
1756 defined in rule.

1757 3. Appropriate use of general and local anesthesia,  
1758 analgesia, and sedation if ordered by the physician.

1759 4. Appropriate precautions, such as the establishment of  
1760 intravenous access at least for patients undergoing post-first  
1761 trimester abortions.

1762 5. Appropriate monitoring of the vital signs and other  
1763 defined signs and markers of the patient's status throughout the  
1764 abortion procedure and during the recovery period until the  
1765 patient's condition is deemed to be stable in the recovery room.



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- 1766 (f) Rules that prescribe minimum recovery room standards.  
1767 At a minimum, these rules must require that:
- 1768 1. Postprocedure recovery rooms be supervised and staffed  
1769 to meet the patients' needs.
  - 1770 2. Immediate postprocedure care consist of observation in  
1771 a supervised recovery room for as long as the patient's  
1772 condition warrants.
  - 1773 3. A registered nurse, licensed practical nurse, advanced  
1774 practice registered nurse, autonomous physician assistant, or  
1775 physician assistant who is trained in the management of the  
1776 recovery area and is capable of providing basic cardiopulmonary  
1777 resuscitation and related emergency procedures remain on the  
1778 premises of the abortion clinic until all patients are  
1779 discharged.
  - 1780 4. A physician sign the discharge order and be readily  
1781 accessible and available until the last patient is discharged to  
1782 facilitate the transfer of emergency cases if hospitalization of  
1783 the patient or viable fetus is necessary.
  - 1784 5. A physician discuss Rho(D) immune globulin with each  
1785 patient for whom it is indicated and ensure that it is offered  
1786 to the patient in the immediate postoperative period or will be  
1787 available to her within 72 hours after completion of the  
1788 abortion procedure. If the patient refuses the Rho(D) immune  
1789 globulin, she and a witness must sign a refusal form approved by  
1790 the agency which must be included in the medical record.

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1791           6. Written instructions with regard to postabortion  
1792 coitus, signs of possible problems, and general aftercare which  
1793 are specific to the patient be given to each patient. The  
1794 instructions must include information regarding access to  
1795 medical care for complications, including a telephone number for  
1796 use in the event of a medical emergency.

1797           7. A minimum length of time be specified, by type of  
1798 abortion procedure and duration of gestation, during which a  
1799 patient must remain in the recovery room.

1800           8. The physician ensure that, with the patient's consent,  
1801 a registered nurse, licensed practical nurse, advanced practice  
1802 registered nurse, autonomous physician assistant, or physician  
1803 assistant from the abortion clinic makes a good faith effort to  
1804 contact the patient by telephone within 24 hours after surgery  
1805 to assess the patient's recovery.

1806           9. Equipment and services be readily accessible to provide  
1807 appropriate emergency resuscitative and life support procedures  
1808 pending the transfer of the patient or viable fetus to the  
1809 hospital.

1810           Section 25. Paragraphs (a) and (f) of subsection (2) of  
1811 section 394.463, Florida Statutes, are amended to read:

1812           394.463 Involuntary examination.—

1813           (2) INVOLUNTARY EXAMINATION.—

1814           (a) An involuntary examination may be initiated by any one  
1815 of the following means:

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1816           1. A circuit or county court may enter an ex parte order  
1817 stating that a person appears to meet the criteria for  
1818 involuntary examination and specifying the findings on which  
1819 that conclusion is based. The ex parte order for involuntary  
1820 examination must be based on written or oral sworn testimony  
1821 that includes specific facts that support the findings. If other  
1822 less restrictive means are not available, such as voluntary  
1823 appearance for outpatient evaluation, a law enforcement officer,  
1824 or other designated agent of the court, shall take the person  
1825 into custody and deliver him or her to an appropriate, or the  
1826 nearest, facility within the designated receiving system  
1827 pursuant to s. 394.462 for involuntary examination. The order of  
1828 the court shall be made a part of the patient's clinical record.  
1829 A fee may not be charged for the filing of an order under this  
1830 subsection. A facility accepting the patient based on this order  
1831 must send a copy of the order to the department the next working  
1832 day. The order may be submitted electronically through existing  
1833 data systems, if available. The order shall be valid only until  
1834 the person is delivered to the facility or for the period  
1835 specified in the order itself, whichever comes first. If no time  
1836 limit is specified in the order, the order shall be valid for 7  
1837 days after the date that the order was signed.

1838           2. A law enforcement officer shall take a person who  
1839 appears to meet the criteria for involuntary examination into  
1840 custody and deliver the person or have him or her delivered to

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1841 an appropriate, or the nearest, facility within the designated  
1842 receiving system pursuant to s. 394.462 for examination. The  
1843 officer shall execute a written report detailing the  
1844 circumstances under which the person was taken into custody,  
1845 which must be made a part of the patient's clinical record. Any  
1846 facility accepting the patient based on this report must send a  
1847 copy of the report to the department the next working day.

1848 3. A physician, a physician assistant, an autonomous  
1849 physician assistant, a clinical psychologist, psychiatric nurse,  
1850 an advanced practice registered nurse, mental health counselor,  
1851 marriage and family therapist, or clinical social worker may  
1852 execute a certificate stating that he or she has examined a  
1853 person within the preceding 48 hours and finds that the person  
1854 appears to meet the criteria for involuntary examination and  
1855 stating the observations upon which that conclusion is based. If  
1856 other less restrictive means, such as voluntary appearance for  
1857 outpatient evaluation, are not available, a law enforcement  
1858 officer shall take into custody the person named in the  
1859 certificate and deliver him or her to the appropriate, or  
1860 nearest, facility within the designated receiving system  
1861 pursuant to s. 394.462 for involuntary examination. The law  
1862 enforcement officer shall execute a written report detailing the  
1863 circumstances under which the person was taken into custody. The  
1864 report and certificate shall be made a part of the patient's  
1865 clinical record. Any facility accepting the patient based on

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1866 this certificate must send a copy of the certificate to the  
1867 department the next working day. The document may be submitted  
1868 electronically through existing data systems, if applicable.

1869 (f) A patient shall be examined by a physician, a  
1870 physician assistant, ~~or~~ a clinical psychologist, or by a  
1871 psychiatric nurse performing within the framework of an  
1872 established protocol with a psychiatrist at a facility without  
1873 unnecessary delay to determine if the criteria for involuntary  
1874 services are met. Emergency treatment may be provided upon the  
1875 order of a physician if the physician determines that such  
1876 treatment is necessary for the safety of the patient or others.  
1877 The patient may not be released by the receiving facility or its  
1878 contractor without the documented approval of a psychiatrist or  
1879 a clinical psychologist or, if the receiving facility is owned  
1880 or operated by a hospital or health system, the release may also  
1881 be approved by a psychiatric nurse performing within the  
1882 framework of an established protocol with a psychiatrist, or an  
1883 attending emergency department physician with experience in the  
1884 diagnosis and treatment of mental illness after completion of an  
1885 involuntary examination pursuant to this subsection. A  
1886 psychiatric nurse may not approve the release of a patient if  
1887 the involuntary examination was initiated by a psychiatrist  
1888 unless the release is approved by the initiating psychiatrist.

1889 Section 26. Paragraph (b) of subsection (2) of section  
1890 395.0191, Florida Statutes, are amended to read:

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1891 395.0191 Staff membership and clinical privileges.—

1892 (2)

1893 (b) An advanced practice registered nurse who is certified  
1894 as a registered nurse anesthetist licensed under part I of  
1895 chapter 464 shall administer anesthesia under the onsite medical  
1896 direction of a professional licensed under chapter 458, chapter  
1897 459, or chapter 466, and in accordance with an established  
1898 protocol approved by the medical staff. The medical direction  
1899 shall specifically address the needs of the individual patient.  
1900 This paragraph does not apply to an certified registered nurse  
1901 anesthetist engaged in autonomous practice under s. 464.0123.

1902 Section 27. Subsection (3) of section 395.602, Florida  
1903 Statutes, are amended to read:

1904 395.602 Rural hospitals.—

1905 (3) USE OF FUNDS.—It is the intent of the Legislature that  
1906 funds as appropriated shall be utilized by the department for  
1907 the purpose of increasing the number of primary care physicians,  
1908 physician assistants, autonomous physician assistants, certified  
1909 nurse midwives, nurse practitioners, and nurses in rural areas,  
1910 either through the Medical Education Reimbursement and Loan  
1911 Repayment Program as defined by s. 1009.65 or through a federal  
1912 loan repayment program which requires state matching funds. The  
1913 department may use funds appropriated for the Medical Education  
1914 Reimbursement and Loan Repayment Program as matching funds for  
1915 federal loan repayment programs for health care personnel, such

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1916 as that authorized in Pub. L. No. 100-177, s. 203. If the  
1917 department receives federal matching funds, the department shall  
1918 only implement the federal program. Reimbursement through either  
1919 program shall be limited to:

1920 (a) Primary care physicians, physician assistants,  
1921 autonomous physician assistants, certified nurse midwives, nurse  
1922 practitioners, and nurses employed by or affiliated with rural  
1923 hospitals, as defined in this act; and

1924 (b) Primary care physicians, physician assistants,  
1925 autonomous physician assistants, certified nurse midwives, nurse  
1926 practitioners, and nurses employed by or affiliated with rural  
1927 area health education centers, as defined in this section. These  
1928 personnel shall practice:

1929 1. In a county with a population density of no greater  
1930 than 100 persons per square mile; or

1931 2. Within the boundaries of a hospital tax district which  
1932 encompasses a population of no greater than 100 persons per  
1933 square mile.

1934  
1935 If the department administers a federal loan repayment program,  
1936 priority shall be given to obligating state and federal matching  
1937 funds pursuant to paragraphs (a) and (b). The department may use  
1938 federal matching funds in other health workforce shortage areas  
1939 and medically underserved areas in the state for loan repayment  
1940 programs for primary care physicians, physician assistants,

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1941 autonomous physician assistants, certified nurse midwives, nurse  
1942 practitioners, and nurses who are employed by publicly financed  
1943 health care programs that serve medically indigent persons.

1944 Section 28. Paragraph (a) of subsection (2) of section  
1945 397.501, Florida Statutes, are amended to read:

1946 397.501 Rights of individuals.—Individuals receiving  
1947 substance abuse services from any service provider are  
1948 guaranteed protection of the rights specified in this section,  
1949 unless otherwise expressly provided, and service providers must  
1950 ensure the protection of such rights.

1951 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1952 (a) Service providers may not deny an individual access to  
1953 substance abuse services solely on the basis of race, gender,  
1954 ethnicity, age, sexual preference, human immunodeficiency virus  
1955 status, prior service departures against medical advice,  
1956 disability, or number of relapse episodes. Service providers may  
1957 not deny an individual who takes medication prescribed by a  
1958 physician, a physician assistant, an autonomous physician  
1959 assistant, or an advanced practice registered nurse access to  
1960 substance abuse services solely on that basis. Service providers  
1961 who receive state funds to provide substance abuse services may  
1962 not, if space and sufficient state resources are available, deny  
1963 access to services based solely on inability to pay.

1964 Section 29. Section 397.679, Florida Statutes, is amended  
1965 to read:

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1966 397.679 Emergency admission; circumstances justifying.—A  
1967 person who meets the criteria for involuntary admission in s.  
1968 397.675 may be admitted to a hospital or to a licensed  
1969 detoxification facility or addictions receiving facility for  
1970 emergency assessment and stabilization, or to a less intensive  
1971 component of a licensed service provider for assessment only,  
1972 upon receipt by the facility of a certificate by a physician, an  
1973 advanced practice registered nurse, a psychiatric nurse, a  
1974 clinical psychologist, a clinical social worker, a marriage and  
1975 family therapist, a mental health counselor, an autonomous  
1976 physician assistant, a physician assistant working under the  
1977 scope of practice of the supervising physician, or a master's-  
1978 level-certified addictions professional for substance abuse  
1979 services, if the certificate is specific to substance abuse  
1980 impairment, and the completion of an application for emergency  
1981 admission.

1982 Section 30. Subsection (1) of section 397.6793, Florida  
1983 Statutes, is amended to read:

1984 397.6793 Professional's certificate for emergency  
1985 admission.—

1986 (1) A physician, a clinical psychologist, a physician  
1987 assistant working under the scope of practice of the supervising  
1988 physician, an autonomous physician assistant, a psychiatric  
1989 nurse, an advanced practice registered nurse, a mental health  
1990 counselor, a marriage and family therapist, a master's-level-

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1991 certified addictions professional for substance abuse services,  
1992 or a clinical social worker may execute a professional's  
1993 certificate for emergency admission. The professional's  
1994 certificate must include the name of the person to be admitted,  
1995 the relationship between the person and the professional  
1996 executing the certificate, the relationship between the  
1997 applicant and the professional, any relationship between the  
1998 professional and the licensed service provider, a statement that  
1999 the person has been examined and assessed within the preceding 5  
2000 days after the application date, and factual allegations with  
2001 respect to the need for emergency admission, including:

2002 (a) The reason for the belief that the person is substance  
2003 abuse impaired;

2004 (b) The reason for the belief that because of such  
2005 impairment the person has lost the power of self-control with  
2006 respect to substance abuse; and

2007 (c)1. The reason for the belief that, without care or  
2008 treatment, the person is likely to suffer from neglect or refuse  
2009 to care for himself or herself; that such neglect or refusal  
2010 poses a real and present threat of substantial harm to his or  
2011 her well-being; and that it is not apparent that such harm may  
2012 be avoided through the help of willing family members or friends  
2013 or the provision of other services, or there is substantial  
2014 likelihood that the person has inflicted or, unless admitted, is

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2015 likely to inflict, physical harm on himself, herself, or  
2016 another; or

2017 2. The reason for the belief that the person's refusal to  
2018 voluntarily receive care is based on judgment so impaired by  
2019 reason of substance abuse that the person is incapable of  
2020 appreciating his or her need for care and of making a rational  
2021 decision regarding his or her need for care.

2022 Section 31. Subsection (8) of section 400.021, Florida  
2023 Statutes, is amended to read:

2024 400.021 Definitions.—When used in this part, unless the  
2025 context otherwise requires, the term:

2026 (8) "Geriatric outpatient clinic" means a site for  
2027 providing outpatient health care to persons 60 years of age or  
2028 older, which is staffed by a registered nurse, a physician  
2029 assistant, or a licensed practical nurse under the direct  
2030 supervision of a registered nurse, advanced practice registered  
2031 nurse, physician assistant, autonomous physician assistant, or  
2032 physician.

2033 Section 32. Subsection (3) of section 400.172, Florida  
2034 Statutes, is amended to read:

2035 400.172 Respite care provided in nursing home facilities.—

2036 (3) A prospective respite care resident must provide  
2037 medical information from a physician, physician assistant,  
2038 autonomous physician assistant, or nurse practitioner and any  
2039 other information provided by the primary caregiver required by

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2040 the facility before or when the person is admitted to receive  
2041 respite care. The medical information must include a physician's  
2042 order for respite care and proof of a physical examination by a  
2043 licensed physician, physician assistant, autonomous physician  
2044 assistant, or nurse practitioner. The physician's order and  
2045 physical examination may be used to provide intermittent respite  
2046 care for up to 12 months after the date the order is written.

2047 Section 33. Subsection (2) of section 400.487, Florida  
2048 Statutes, is amended to read:

2049 400.487 Home health service agreements; physician's,  
2050 physician assistant's, autonomous physician assistant's, and  
2051 advanced practice registered nurse's treatment orders; patient  
2052 assessment; establishment and review of plan of care; provision  
2053 of services; orders not to resuscitate.—

2054 (2) When required by the provisions of chapter 464; part  
2055 I, part III, or part V of chapter 468; or chapter 486, the  
2056 attending physician, physician assistant, autonomous physician  
2057 assistant, or advanced practice registered nurse, acting within  
2058 his or her respective scope of practice, shall establish  
2059 treatment orders for a patient who is to receive skilled care.  
2060 The treatment orders must be signed by the physician, physician  
2061 assistant, autonomous physician assistant, or advanced practice  
2062 registered nurse before a claim for payment for the skilled  
2063 services is submitted by the home health agency. If the claim is  
2064 submitted to a managed care organization, the treatment orders

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2065 must be signed within the time allowed under the provider  
2066 agreement. The treatment orders shall be reviewed, as frequently  
2067 as the patient's illness requires, by the physician, physician  
2068 assistant, autonomous physician assistant, or advanced practice  
2069 registered nurse in consultation with the home health agency.

2070 Section 34. Paragraph (a) of subsection (13) of section  
2071 400.506, Florida Statutes, is amended to read:

2072 400.506 Licensure of nurse registries; requirements;  
2073 penalties.—

2074 (13) All persons referred for contract in private  
2075 residences by a nurse registry must comply with the following  
2076 requirements for a plan of treatment:

2077 (a) When, in accordance with the privileges and  
2078 restrictions imposed upon a nurse under part I of chapter 464,  
2079 the delivery of care to a patient is under the direction or  
2080 supervision of a physician or when a physician is responsible  
2081 for the medical care of the patient, a medical plan of treatment  
2082 must be established for each patient receiving care or treatment  
2083 provided by a licensed nurse in the home. The original medical  
2084 plan of treatment must be timely signed by the physician,  
2085 physician assistant, autonomous physician assistant, or advanced  
2086 practice registered nurse, acting within his or her respective  
2087 scope of practice, and reviewed in consultation with the  
2088 licensed nurse at least every 2 months. Any additional order or  
2089 change in orders must be obtained from the physician, physician

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2090 assistant, autonomous physician assistant, or advanced practice  
2091 registered nurse and reduced to writing and timely signed by the  
2092 physician, physician assistant, autonomous physician assistant,  
2093 or advanced practice registered nurse. The delivery of care  
2094 under a medical plan of treatment must be substantiated by the  
2095 appropriate nursing notes or documentation made by the nurse in  
2096 compliance with nursing practices established under part I of  
2097 chapter 464.

2098 Section 35. Subsection (5) and paragraph (b) of subsection  
2099 (7) of section 400.9973, Florida Statutes, is amended to read:

2100 400.9973 Client admission, transfer, and discharge.—

2101 (5) A client admitted to a transitional living facility  
2102 must be admitted upon prescription by a licensed physician,  
2103 physician assistant, autonomous physician assistant, or advanced  
2104 practice registered nurse and must remain under the care of a  
2105 licensed physician, physician assistant, autonomous physician  
2106 assistant, or advanced practice registered nurse for the  
2107 duration of the client's stay in the facility.

2108 (7) A person may not be admitted to a transitional living  
2109 facility if the person:

2110 (b) Is a danger to himself or herself or others as  
2111 determined by a physician, physician assistant, autonomous  
2112 physician assistant, advanced practice registered nurse, or a  
2113 mental health practitioner licensed under chapter 490 or chapter

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2114 491, unless the facility provides adequate staffing and support  
2115 to ensure patient safety;

2116 Section 36. Paragraphs (a) and (b) of subsection (2) of  
2117 section 400.9974, Florida Statutes, are amended to read:

2118 400.9974 Client comprehensive treatment plans; client  
2119 services.—

2120 (2) The comprehensive treatment plan must include:

2121 (a) Orders obtained from the physician, physician  
2122 assistant, autonomous physician assistant, or advanced practice  
2123 registered nurse and the client's diagnosis, medical history,  
2124 physical examination, and rehabilitative or restorative needs.

2125 (b) A preliminary nursing evaluation, including orders for  
2126 immediate care provided by the physician, physician assistant,  
2127 autonomous physician assistant, or advanced practice registered  
2128 nurse, which shall be completed when the client is admitted.

2129 Section 37. Section 400.9976, Florida Statutes, is amended  
2130 to read:

2131 400.9976 Administration of medication.—

2132 (1) An individual medication administration record must be  
2133 maintained for each client. A dose of medication, including a  
2134 self-administered dose, shall be properly recorded in the  
2135 client's record. A client who self-administers medication shall  
2136 be given a pill organizer. Medication must be placed in the pill  
2137 organizer by a nurse. A nurse shall document the date and time  
2138 that medication is placed into each client's pill organizer. All

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2139 medications must be administered in compliance with orders of a  
2140 physician, physician assistant, autonomous physician assistant,  
2141 or advanced practice registered nurse.

2142 (2) If an interdisciplinary team determines that self-  
2143 administration of medication is an appropriate objective, and if  
2144 the physician, physician assistant, autonomous physician  
2145 assistant, or advanced practice registered nurse does not  
2146 specify otherwise, the client must be instructed by the  
2147 physician, physician assistant, autonomous physician assistant,  
2148 or advanced practice registered nurse to self-administer his or  
2149 her medication without the assistance of a staff person. All  
2150 forms of self-administration of medication, including  
2151 administration orally, by injection, and by suppository, shall  
2152 be included in the training. The client's physician, physician  
2153 assistant, autonomous physician assistant, or advanced practice  
2154 registered nurse must be informed of the interdisciplinary  
2155 team's decision that self-administration of medication is an  
2156 objective for the client. A client may not self-administer  
2157 medication until he or she demonstrates the competency to take  
2158 the correct medication in the correct dosage at the correct  
2159 time, to respond to missed doses, and to contact the appropriate  
2160 person with questions.

2161 (3) Medication administration discrepancies and adverse  
2162 drug reactions must be recorded and reported immediately to a



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2163 physician, physician assistant, autonomous physician assistant,  
2164 or advanced practice registered nurse.

2165 Section 38. Subsections (2) and (3), paragraph (b) of  
2166 subsection (4), and subsection (5) of section 400.9979, Florida  
2167 Statutes, are amended to read:

2168 400.9979 Restraint and seclusion; client safety.—

2169 (2) The use of physical restraints must be ordered and  
2170 documented by a physician, physician assistant, autonomous  
2171 physician assistant, or advanced practice registered nurse and  
2172 must be consistent with the policies and procedures adopted by  
2173 the facility. The client or, if applicable, the client's  
2174 representative shall be informed of the facility's physical  
2175 restraint policies and procedures when the client is admitted.

2176 (3) The use of chemical restraints shall be limited to  
2177 prescribed dosages of medications as ordered by a physician,  
2178 physician assistant, autonomous physician assistant, or advanced  
2179 practice registered nurse and must be consistent with the  
2180 client's diagnosis and the policies and procedures adopted by  
2181 the facility. The client and, if applicable, the client's  
2182 representative shall be informed of the facility's chemical  
2183 restraint policies and procedures when the client is admitted.

2184 (4) Based on the assessment by a physician, physician  
2185 assistant, autonomous physician assistant, or advanced practice  
2186 registered nurse, if a client exhibits symptoms that present an  
2187 immediate risk of injury or death to himself or herself or

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2188 others, a physician, physician assistant, or advanced practice  
2189 registered nurse may issue an emergency treatment order to  
2190 immediately administer rapid-response psychotropic medications  
2191 or other chemical restraints. Each emergency treatment order  
2192 must be documented and maintained in the client's record.

2193 (b) Whenever a client is medicated under this subsection,  
2194 the client's representative or a responsible party and the  
2195 client's physician, physician assistant, autonomous physician  
2196 assistant, or advanced practice registered nurse shall be  
2197 notified as soon as practicable.

2198 (5) A client who is prescribed and receives a medication  
2199 that can serve as a chemical restraint for a purpose other than  
2200 an emergency treatment order must be evaluated by his or her  
2201 physician, physician assistant, autonomous physician assistant,  
2202 or advanced practice registered nurse at least monthly to  
2203 assess:

2204 (a) The continued need for the medication.

2205 (b) The level of the medication in the client's blood.

2206 (c) The need for adjustments to the prescription.

2207 Section 39. Paragraph (c) of subsection (1) and subsection  
2208 (2) of section 401.445, Florida Statutes, is amended to read:

2209 401.445 Emergency examination and treatment of  
2210 incapacitated persons.—

2211 (1) No recovery shall be allowed in any court in this  
2212 state against any emergency medical technician, paramedic, or

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2213 physician as defined in this chapter, any advanced practice  
2214 registered nurse licensed under s. 464.012, or any physician  
2215 assistant or autonomous physician assistant licensed under s.  
2216 458.347 or s. 459.022, or any person acting under the direct  
2217 medical supervision of a physician, in an action brought for  
2218 examining or treating a patient without his or her informed  
2219 consent if:

2220 (c) The patient would reasonably, under all the  
2221 surrounding circumstances, undergo such examination, treatment,  
2222 or procedure if he or she were advised by the emergency medical  
2223 technician, paramedic, physician, advanced practice registered  
2224 nurse, ~~or~~ physician assistant, or autonomous physician assistant  
2225 in accordance with s. 766.103(3).

2226  
2227 Examination and treatment provided under this subsection shall  
2228 be limited to reasonable examination of the patient to determine  
2229 the medical condition of the patient and treatment reasonably  
2230 necessary to alleviate the emergency medical condition or to  
2231 stabilize the patient.

2232 (2) In examining and treating a person who is apparently  
2233 intoxicated, under the influence of drugs, or otherwise  
2234 incapable of providing informed consent, the emergency medical  
2235 technician, paramedic, physician, advanced practice registered  
2236 nurse, ~~or~~ physician assistant, or autonomous physician  
2237 assistant, or any person acting under the direct medical

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2238 supervision of a physician, shall proceed wherever possible with  
2239 the consent of the person. If the person reasonably appears to  
2240 be incapacitated and refuses his or her consent, the person may  
2241 be examined, treated, or taken to a hospital or other  
2242 appropriate treatment resource if he or she is in need of  
2243 emergency attention, without his or her consent, but  
2244 unreasonable force shall not be used.

2245 Section 40. Subsection (18) of section 409.906, Florida  
2246 Statutes, is amended to read:

2247 409.906 Optional Medicaid services.—Subject to specific  
2248 appropriations, the agency may make payments for services which  
2249 are optional to the state under Title XIX of the Social Security  
2250 Act and are furnished by Medicaid providers to recipients who  
2251 are determined to be eligible on the dates on which the services  
2252 were provided. Any optional service that is provided shall be  
2253 provided only when medically necessary and in accordance with  
2254 state and federal law. Optional services rendered by providers  
2255 in mobile units to Medicaid recipients may be restricted or  
2256 prohibited by the agency. Nothing in this section shall be  
2257 construed to prevent or limit the agency from adjusting fees,  
2258 reimbursement rates, lengths of stay, number of visits, or  
2259 number of services, or making any other adjustments necessary to  
2260 comply with the availability of moneys and any limitations or  
2261 directions provided for in the General Appropriations Act or  
2262 chapter 216. If necessary to safeguard the state's systems of

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2263 providing services to elderly and disabled persons and subject  
2264 to the notice and review provisions of s. 216.177, the Governor  
2265 may direct the Agency for Health Care Administration to amend  
2266 the Medicaid state plan to delete the optional Medicaid service  
2267 known as "Intermediate Care Facilities for the Developmentally  
2268 Disabled." Optional services may include:

2269 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for  
2270 all services provided to a recipient by a physician assistant or  
2271 autonomous physician assistant licensed under s. 458.347 or s.  
2272 459.022. Reimbursement for such services must be not less than  
2273 80 percent of the reimbursement that would be paid to a  
2274 physician who provided the same services.

2275 Section 41. Paragraph (m) of subsection (3) of section  
2276 409.908, Florida Statutes, is amended to read:

2277 409.908 Reimbursement of Medicaid providers.—Subject to  
2278 specific appropriations, the agency shall reimburse Medicaid  
2279 providers, in accordance with state and federal law, according  
2280 to methodologies set forth in the rules of the agency and in  
2281 policy manuals and handbooks incorporated by reference therein.  
2282 These methodologies may include fee schedules, reimbursement  
2283 methods based on cost reporting, negotiated fees, competitive  
2284 bidding pursuant to s. 287.057, and other mechanisms the agency  
2285 considers efficient and effective for purchasing services or  
2286 goods on behalf of recipients. If a provider is reimbursed based  
2287 on cost reporting and submits a cost report late and that cost

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2288 report would have been used to set a lower reimbursement rate  
2289 for a rate semester, then the provider's rate for that semester  
2290 shall be retroactively calculated using the new cost report, and  
2291 full payment at the recalculated rate shall be effected  
2292 retroactively. Medicare-granted extensions for filing cost  
2293 reports, if applicable, shall also apply to Medicaid cost  
2294 reports. Payment for Medicaid compensable services made on  
2295 behalf of Medicaid eligible persons is subject to the  
2296 availability of moneys and any limitations or directions  
2297 provided for in the General Appropriations Act or chapter 216.  
2298 Further, nothing in this section shall be construed to prevent  
2299 or limit the agency from adjusting fees, reimbursement rates,  
2300 lengths of stay, number of visits, or number of services, or  
2301 making any other adjustments necessary to comply with the  
2302 availability of moneys and any limitations or directions  
2303 provided for in the General Appropriations Act, provided the  
2304 adjustment is consistent with legislative intent.

2305 (3) Subject to any limitations or directions provided for  
2306 in the General Appropriations Act, the following Medicaid  
2307 services and goods may be reimbursed on a fee-for-service basis.  
2308 For each allowable service or goods furnished in accordance with  
2309 Medicaid rules, policy manuals, handbooks, and state and federal  
2310 law, the payment shall be the amount billed by the provider, the  
2311 provider's usual and customary charge, or the maximum allowable  
2312 fee established by the agency, whichever amount is less, with

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2313 the exception of those services or goods for which the agency  
2314 makes payment using a methodology based on capitation rates,  
2315 average costs, or negotiated fees.

2316 (m) Physician assistant and autonomous physician assistant  
2317 services.

2318 Section 42. Paragraphs (c) through (cc) of subsection (1)  
2319 of section 409.973, Florida Statutes, are redesignated as  
2320 paragraphs (d) through (dd), respectively, and paragraph (c) is  
2321 added to that section, to read:

2322 409.973 Benefits.—

2323 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
2324 minimum, the following services:

2325 (c) Autonomous physician assistant services.

2326 Section 43. Subsections (2), (4), and (5) of section  
2327 429.26, Florida Statutes, are amended to read:

2328 429.26 Appropriateness of placements; examinations of  
2329 residents.—

2330 (2) A physician, physician assistant, autonomous physician  
2331 assistant, or nurse practitioner who is employed by an assisted  
2332 living facility to provide an initial examination for admission  
2333 purposes may not have financial interest in the facility.

2334 (4) If possible, each resident shall have been examined by  
2335 a licensed physician, a licensed physician assistant, a licensed  
2336 autonomous physician assistant, or a licensed nurse practitioner  
2337 within 60 days before admission to the facility. The signed and

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2338 completed medical examination report shall be submitted to the  
2339 owner or administrator of the facility who shall use the  
2340 information contained therein to assist in the determination of  
2341 the appropriateness of the resident's admission and continued  
2342 stay in the facility. The medical examination report shall  
2343 become a permanent part of the record of the resident at the  
2344 facility and shall be made available to the agency during  
2345 inspection or upon request. An assessment that has been  
2346 completed through the Comprehensive Assessment and Review for  
2347 Long-Term Care Services (CARES) Program fulfills the  
2348 requirements for a medical examination under this subsection and  
2349 s. 429.07(3)(b)6.

2350 (5) Except as provided in s. 429.07, if a medical  
2351 examination has not been completed within 60 days before the  
2352 admission of the resident to the facility, a licensed physician,  
2353 licensed physician assistant, registered autonomous physician  
2354 assistant, or licensed nurse practitioner shall examine the  
2355 resident and complete a medical examination form provided by the  
2356 agency within 30 days following the admission to the facility to  
2357 enable the facility owner or administrator to determine the  
2358 appropriateness of the admission. The medical examination form  
2359 shall become a permanent part of the record of the resident at  
2360 the facility and shall be made available to the agency during  
2361 inspection by the agency or upon request.



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2362 Section 44. Paragraph (a) of subsection (2) and paragraph  
2363 (a) of subsection (7) of section 429.918, Florida Statutes, is  
2364 amended to read:

2365 429.918 Licensure designation as a specialized Alzheimer's  
2366 services adult day care center.—

2367 (2) As used in this section, the term:

2368 (a) "ADR participant" means a participant who has a  
2369 documented diagnosis of Alzheimer's disease or a dementia-  
2370 related disorder (ADR) from a licensed physician, licensed  
2371 physician assistant, registered autonomous physician assistant,  
2372 or a licensed advanced practice registered nurse.

2373 (7) (a) An ADR participant admitted to an adult day care  
2374 center having a license designated under this section, or the  
2375 caregiver when applicable, must:

2376 1. Require ongoing supervision to maintain the highest  
2377 level of medical or custodial functioning and have a  
2378 demonstrated need for a responsible party to oversee his or her  
2379 care.

2380 2. Not actively demonstrate aggressive behavior that  
2381 places himself, herself, or others at risk of harm.

2382 3. Provide the following medical documentation signed by a  
2383 licensed physician, a licensed physician assistant, a registered  
2384 autonomous physician assistant, or a licensed advanced practice  
2385 registered nurse:

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2386 a. Any physical, health, or emotional conditions that  
2387 require medical care.

2388 b. A listing of the ADRD participant's current prescribed  
2389 and over-the-counter medications and dosages, diet restrictions,  
2390 mobility restrictions, and other physical limitations.

2391 4. Provide documentation signed by a health care provider  
2392 licensed in this state which indicates that the ADRD participant  
2393 is free of the communicable form of tuberculosis and free of  
2394 signs and symptoms of other communicable diseases.

2395 Section 45. Paragraph (e) of subsection (5) of section  
2396 440.102, Florida Statutes, is amended to read:

2397 440.102 Drug-free workplace program requirements.—The  
2398 following provisions apply to a drug-free workplace program  
2399 implemented pursuant to law or to rules adopted by the Agency  
2400 for Health Care Administration:

2401 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
2402 collection and testing for drugs under this section shall be  
2403 performed in accordance with the following procedures:

2404 (e) A specimen for a drug test may be taken or collected  
2405 by any of the following persons:

2406 1. A physician, a physician assistant, an autonomous  
2407 physician assistant, a registered professional nurse, a licensed  
2408 practical nurse, or a nurse practitioner or a certified  
2409 paramedic who is present at the scene of an accident for the  
2410 purpose of rendering emergency medical service or treatment.

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2411 2. A qualified person employed by a licensed or certified  
2412 laboratory as described in subsection (9).

2413 Section 46. Paragraphs (a), (i), (o), and (r) of  
2414 subsection (3) and paragraph (g) of subsection (5) of section  
2415 456.053, Florida Statutes, are amended to read:

2416 456.053 Financial arrangements between referring health  
2417 care providers and providers of health care services.—

2418 (3) DEFINITIONS.—For the purpose of this section, the  
2419 word, phrase, or term:

2420 (a) "Board" means any of the following boards relating to  
2421 the respective professions: the Board of Medicine as created in  
2422 s. 458.307; the Board of Osteopathic Medicine as created in s.  
2423 459.004; the Board of Chiropractic Medicine as created in s.  
2424 460.404; the Board of Podiatric Medicine as created in s.  
2425 461.004; the Board of Optometry as created in s. 463.003; the  
2426 Board of Nursing as created in s. 464.004; the Board of Pharmacy  
2427 as created in s. 465.004; and the Board of Dentistry as created  
2428 in s. 466.004.

2429 (i) "Health care provider" means a ~~any~~ physician licensed  
2430 under chapter 458, chapter 459, chapter 460, or chapter 461; an  
2431 advanced practice registered nurse registered to engage in  
2432 autonomous practice pursuant to s. 464.0123, an autonomous  
2433 physician assistant registered under s. 458.347(8) or s.  
2434 459.022(8), or any health care provider licensed under chapter  
2435 463 or chapter 466.

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2436 (o) "Referral" means any referral of a patient by a health  
2437 care provider for health care services, including, without  
2438 limitation:

2439 1. The forwarding of a patient by a health care provider  
2440 to another health care provider or to an entity which provides  
2441 or supplies designated health services or any other health care  
2442 item or service; or

2443 2. The request or establishment of a plan of care by a  
2444 health care provider, which includes the provision of designated  
2445 health services or other health care item or service.

2446 3. The following orders, recommendations, or plans of care  
2447 shall not constitute a referral by a health care provider:

2448 a. By a radiologist for diagnostic-imaging services.

2449 b. By a physician specializing in the provision of  
2450 radiation therapy services for such services.

2451 c. By a medical oncologist for drugs and solutions to be  
2452 prepared and administered intravenously to such oncologist's  
2453 patient, as well as for the supplies and equipment used in  
2454 connection therewith to treat such patient for cancer and the  
2455 complications thereof.

2456 d. By a cardiologist for cardiac catheterization services.

2457 e. By a pathologist for diagnostic clinical laboratory  
2458 tests and pathological examination services, if furnished by or  
2459 under the supervision of such pathologist pursuant to a  
2460 consultation requested by another physician.

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2461 f. By a health care provider who is the sole provider or  
2462 member of a group practice for designated health services or  
2463 other health care items or services that are prescribed or  
2464 provided solely for such referring health care provider's or  
2465 group practice's own patients, and that are provided or  
2466 performed by or under the direct supervision of such referring  
2467 health care provider or group practice; provided, however, ~~that~~  
2468 ~~effective July 1, 1999,~~ a physician licensed pursuant to chapter  
2469 458, chapter 459, chapter 460, or chapter 461; an advanced  
2470 practice registered nurse registered to engage in autonomous  
2471 practice under s. 464.0123; or an autonomous physician assistant  
2472 registered under s. 458.347(8) or s. 459.022(8) may refer a  
2473 patient to a sole provider or group practice for diagnostic  
2474 imaging services, excluding radiation therapy services, for  
2475 which the sole provider or group practice billed both the  
2476 technical and the professional fee for or on behalf of the  
2477 patient, if the referring physician, advanced practice  
2478 registered nurse registered to engage in autonomous practice, or  
2479 autonomous physician assistant has no investment interest in the  
2480 practice. The diagnostic imaging service referred to a group  
2481 practice or sole provider must be a diagnostic imaging service  
2482 normally provided within the scope of practice to the patients  
2483 of the group practice or sole provider. The group practice or  
2484 sole provider may accept no more than 15 percent of their

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2485 patients receiving diagnostic imaging services from outside  
2486 referrals, excluding radiation therapy services.

2487 g. By a health care provider for services provided by an  
2488 ambulatory surgical center licensed under chapter 395.

2489 h. By a urologist for lithotripsy services.

2490 i. By a dentist for dental services performed by an  
2491 employee of or health care provider who is an independent  
2492 contractor with the dentist or group practice of which the  
2493 dentist is a member.

2494 j. By a physician for infusion therapy services to a  
2495 patient of that physician or a member of that physician's group  
2496 practice.

2497 k. By a nephrologist for renal dialysis services and  
2498 supplies, except laboratory services.

2499 l. By a health care provider whose principal professional  
2500 practice consists of treating patients in their private  
2501 residences for services to be rendered in such private  
2502 residences, except for services rendered by a home health agency  
2503 licensed under chapter 400. For purposes of this sub-  
2504 subparagraph, the term "private residences" includes patients'  
2505 private homes, independent living centers, and assisted living  
2506 facilities, but does not include skilled nursing facilities.

2507 m. By a health care provider for sleep-related testing.

2508 (r) "Sole provider" means one health care provider  
2509 licensed under chapter 458, chapter 459, chapter 460, or chapter

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2510 461, or registered under s. 464.0123, who maintains a separate  
2511 medical office and a medical practice separate from any other  
2512 health care provider and who bills for his or her services  
2513 separately from the services provided by any other health care  
2514 provider. A sole provider shall not share overhead expenses or  
2515 professional income with any other person or group practice.

2516 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
2517 provided in this section:

2518 (g) A violation of this section by a health care provider  
2519 shall constitute grounds for disciplinary action to be taken by  
2520 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
2521 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.  
2522 466.028(2). Any hospital licensed under chapter 395 found in  
2523 violation of this section shall be subject to s. 395.0185(2).

2524 Section 47. Subsection (7) of section 456.072, Florida  
2525 Statutes, is amended to read:

2526 456.072 Grounds for discipline; penalties; enforcement.—

2527 (7) Notwithstanding subsection (2), upon a finding that a  
2528 physician or autonomous physician assistant has prescribed or  
2529 dispensed a controlled substance, or caused a controlled  
2530 substance to be prescribed or dispensed, in a manner that  
2531 violates the standard of practice set forth in s. 458.331(1)(q)  
2532 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.  
2533 466.028(1)(p) or (x), or that an advanced practice registered  
2534 nurse has prescribed or dispensed a controlled substance, or

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2535 caused a controlled substance to be prescribed or dispensed, in  
2536 a manner that violates the standard of practice set forth in s.  
2537 464.018(1)(n) or (p)6., the physician, autonomous physician  
2538 assistant, or advanced practice registered nurse shall be  
2539 suspended for a period of not less than 6 months and pay a fine  
2540 of not less than \$10,000 per count. Repeated violations shall  
2541 result in increased penalties.

2542 Section 48. Paragraph (h) of subsection (1) and subsection  
2543 (2) of section 456.44, Florida Statutes, is amended to read:

2544 456.44 Controlled substance prescribing.—

2545 (1) DEFINITIONS.—As used in this section, the term:

2546 (h) "Registrant" means a physician, a physician assistant,  
2547 an autonomous physician assistant, or an advanced practice  
2548 registered nurse who meets the requirements of subsection (2).

2549 (2) REGISTRATION.—A physician licensed under chapter 458,  
2550 chapter 459, chapter 461, or chapter 466, a physician assistant  
2551 licensed or autonomous physician assistant under chapter 458 or  
2552 chapter 459, or an advanced practice registered nurse licensed  
2553 under part I of chapter 464 who prescribes any controlled  
2554 substance, listed in Schedule II, Schedule III, or Schedule IV  
2555 as defined in s. 893.03, for the treatment of chronic  
2556 nonmalignant pain, must:

2557 (a) Designate himself or herself as a controlled substance  
2558 prescribing practitioner on his or her practitioner profile.



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2559 (b) Comply with the requirements of this section and  
2560 applicable board rules.

2561 Section 49. Paragraph (c) of subsection (3) of section  
2562 458.3265, Florida Statutes, is amended to read:

2563 458.3265 Pain-management clinics.—

2564 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
2565 apply to any physician who provides professional services in a  
2566 pain-management clinic that is required to be registered in  
2567 subsection (1).

2568 (c) A physician, a physician assistant, an autonomous  
2569 physician assistant, or an advanced practice registered nurse  
2570 must perform a physical examination of a patient on the same day  
2571 that the physician prescribes a controlled substance to a  
2572 patient at a pain-management clinic. If the physician prescribes  
2573 more than a 72-hour dose of controlled substances for the  
2574 treatment of chronic nonmalignant pain, the physician must  
2575 document in the patient's record the reason for prescribing that  
2576 quantity.

2577 Section 50. Paragraph (ii) of subsection (1) and  
2578 subsection (10) of section 458.331, Florida Statutes, are  
2579 amended to read:

2580 458.331 Grounds for disciplinary action; action by the  
2581 board and department.—

2582 (1) The following acts constitute grounds for denial of a  
2583 license or disciplinary action, as specified in s. 456.072(2):

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2584 (ii) Failing to report to the department any licensee  
2585 under this chapter or under chapter 459 who the physician, ~~or~~  
2586 physician assistant, or autonomous physician assistant knows has  
2587 violated the grounds for disciplinary action set out in the law  
2588 under which that person is licensed and who provides health care  
2589 services in a facility licensed under chapter 395, or a health  
2590 maintenance organization certificated under part I of chapter  
2591 641, in which the physician, ~~or~~ physician assistant, or  
2592 autonomous physician assistant also provides services.

2593 (10) A probable cause panel convened to consider  
2594 disciplinary action against a physician assistant or an  
2595 autonomous physician assistant alleged to have violated s.  
2596 456.072 or this section must include one physician assistant.  
2597 The physician assistant must hold a valid license to practice as  
2598 a physician assistant in this state and be appointed to the  
2599 panel by the Council of Physician Assistants. The physician  
2600 assistant may hear only cases involving disciplinary actions  
2601 against a physician assistant. If the appointed physician  
2602 assistant is not present at the disciplinary hearing, the panel  
2603 may consider the matter and vote on the case in the absence of  
2604 the physician assistant. The training requirements set forth in  
2605 s. 458.307(4) do not apply to the appointed physician assistant.  
2606 Rules need not be adopted to implement this subsection.

2607 Section 51. Paragraph (c) of subsection (3) of section  
2608 459.0137, Florida Statutes, is amended to read:

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2609 459.0137 Pain-management clinics.—

2610 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
2611 apply to any osteopathic physician who provides professional  
2612 services in a pain-management clinic that is required to be  
2613 registered in subsection (1).

2614 (c) An osteopathic physician, a physician assistant, an  
2615 autonomous physician assistant, or an advanced practice  
2616 registered nurse must perform a physical examination of a  
2617 patient on the same day that the physician prescribes a  
2618 controlled substance to a patient at a pain-management clinic.  
2619 If the osteopathic physician prescribes more than a 72-hour dose  
2620 of controlled substances for the treatment of chronic  
2621 nonmalignant pain, the osteopathic physician must document in  
2622 the patient's record the reason for prescribing that quantity.

2623 Section 52. Paragraph (11) of subsection (1) and  
2624 subsection (10) of section 459.015, Florida Statutes, are  
2625 amended to read:

2626 459.015 Grounds for disciplinary action; action by the  
2627 board and department.—

2628 (1) The following acts constitute grounds for denial of a  
2629 license or disciplinary action, as specified in s. 456.072(2):

2630 (11) Failing to report to the department any licensee  
2631 under chapter 458 or under this chapter who the osteopathic  
2632 physician, ~~or~~ physician assistant, or autonomous physician  
2633 assistant knows has violated the grounds for disciplinary action

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2634 set out in the law under which that person is licensed and who  
2635 provides health care services in a facility licensed under  
2636 chapter 395, or a health maintenance organization certificated  
2637 under part I of chapter 641, in which the osteopathic physician,  
2638 ~~or~~ physician assistant, or autonomous physician assistant also  
2639 provides services.

2640 (10) A probable cause panel convened to consider  
2641 disciplinary action against a physician assistant or autonomous  
2642 physician assistant alleged to have violated s. 456.072 or this  
2643 section must include one physician assistant. The physician  
2644 assistant must hold a valid license to practice as a physician  
2645 assistant in this state and be appointed to the panel by the  
2646 Council of Physician Assistants. The physician assistant may  
2647 hear only cases involving disciplinary actions against a  
2648 physician assistant. If the appointed physician assistant is not  
2649 present at the disciplinary hearing, the panel may consider the  
2650 matter and vote on the case in the absence of the physician  
2651 assistant. The training requirements set forth in s. 458.307(4)  
2652 do not apply to the appointed physician assistant. Rules need  
2653 not be adopted to implement this subsection.

2654 Section 53. Subsection (17) of section 464.003, Florida  
2655 Statutes, is amended to read:

2656 464.003 Definitions.—As used in this part, the term:

2657 (17) "Practice of practical nursing" means the performance  
2658 of selected acts, including the administration of treatments and

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2659 medications, in the care of the ill, injured, or infirm; the  
2660 promotion of wellness, maintenance of health, and prevention of  
2661 illness of others under the direction of a registered nurse, a  
2662 licensed physician, a licensed osteopathic physician, a licensed  
2663 podiatric physician, a licensed autonomous physician assistant,  
2664 or a licensed dentist; and the teaching of general principles of  
2665 health and wellness to the public and to students other than  
2666 nursing students. A practical nurse is responsible and  
2667 accountable for making decisions that are based upon the  
2668 individual's educational preparation and experience in nursing.

2669 Section 54. Paragraph (a) of subsection (4) of section  
2670 464.0205, Florida Statutes, is amended to read:

2671 464.0205 Retired volunteer nurse certificate.—

2672 (4) A retired volunteer nurse receiving certification from  
2673 the board shall:

2674 (a) Work under the direct supervision of the director of a  
2675 county health department, a physician working under a limited  
2676 license issued pursuant to s. 458.317 or s. 459.0075, a  
2677 physician or autonomous physician assistant licensed under  
2678 chapter 458 or chapter 459, an advanced practice registered  
2679 nurse licensed under s. 464.012, or a registered nurse licensed  
2680 under s. 464.008 or s. 464.009.

2681 Section 55. Paragraph (b) of subsection (1) of section  
2682 480.0475, Florida Statutes, is amended to read:

2683 480.0475 Massage establishments; prohibited practices.—

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2684 (1) A person may not operate a massage establishment  
2685 between the hours of midnight and 5 a.m. This subsection does  
2686 not apply to a massage establishment:

2687 (b) In which every massage performed between the hours of  
2688 midnight and 5 a.m. is performed by a massage therapist acting  
2689 under the prescription of a physician, ~~or~~ physician assistant,  
2690 or autonomous physician assistant licensed under chapter 458, an  
2691 osteopathic physician, ~~or~~ physician assistant, or licensed  
2692 under chapter 459, a chiropractic physician licensed under  
2693 chapter 460, a podiatric physician licensed under chapter 461,  
2694 an advanced practice registered nurse licensed under part I of  
2695 chapter 464, or a dentist licensed under chapter 466; or

2696 Section 56. Subsection (2) of section 493.6108, Florida  
2697 Statutes, is amended to read:

2698 493.6108 Investigation of applicants by Department of  
2699 Agriculture and Consumer Services.—

2700 (2) In addition to subsection (1), the department shall  
2701 make an investigation of the general physical fitness of the  
2702 Class "G" applicant to bear a weapon or firearm. Determination  
2703 of physical fitness shall be certified by a physician, ~~or~~  
2704 physician assistant, or autonomous physician assistant currently  
2705 licensed pursuant to chapter 458, chapter 459, or any similar  
2706 law of another state or authorized to act as a licensed  
2707 physician by a federal agency or department or by an advanced  
2708 practice registered nurse currently licensed pursuant to chapter

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2709 464. Such certification shall be submitted on a form provided by  
2710 the department.

2711 Section 57. Subsection (1) of section 626.9707, Florida  
2712 Statutes, are amended to read:

2713 626.9707 Disability insurance; discrimination on basis of  
2714 sickle-cell trait prohibited.—

2715 (1) No insurer authorized to transact insurance in this  
2716 state shall refuse to issue and deliver in this state any policy  
2717 of disability insurance, whether such policy is defined as  
2718 individual, group, blanket, franchise, industrial, or otherwise,  
2719 which is currently being issued for delivery in this state and  
2720 which affords benefits and coverage for any medical treatment or  
2721 service authorized and permitted to be furnished by a hospital,  
2722 clinic, a health clinic, a neighborhood health clinic, a health  
2723 maintenance organization, a physician, a physician ~~physician's~~  
2724 assistant, an autonomous physician assistant, an advanced  
2725 practice registered nurse ~~practitioner~~, or a medical service  
2726 facility or personnel solely because the person to be insured  
2727 has the sickle-cell trait.

2728 Section 58. Paragraph (b) of subsection (1) of section  
2729 627.357, Florida Statutes, is amended to read:

2730 627.357 Medical malpractice self-insurance.—

2731 (1) DEFINITIONS.—As used in this section, the term:

2732 (b) "Health care provider" means any:

2733 1. Hospital licensed under chapter 395.

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2734 2. Physician licensed, or physician assistant ~~licensed, or~~ or  
2735 autonomous physician assistant licensed, under chapter 458.

2736 3. Osteopathic physician, ~~or~~ or physician assistant, or  
2737 autonomous physician assistant licensed under chapter 459.

2738 4. Podiatric physician licensed under chapter 461.

2739 5. Health maintenance organization certificated under part  
2740 I of chapter 641.

2741 6. Ambulatory surgical center licensed under chapter 395.

2742 7. Chiropractic physician licensed under chapter 460.

2743 8. Psychologist licensed under chapter 490.

2744 9. Optometrist licensed under chapter 463.

2745 10. Dentist licensed under chapter 466.

2746 11. Pharmacist licensed under chapter 465.

2747 12. Registered nurse, licensed practical nurse, or  
2748 advanced practice registered nurse licensed or registered under  
2749 part I of chapter 464.

2750 13. Other medical facility.

2751 14. Professional association, partnership, corporation,  
2752 joint venture, or other association established by the  
2753 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
2754 10., 11., and 12. for professional activity.

2755 Section 59. Paragraph (a) of subsection (1) of section  
2756 627.736, Florida Statutes, are amended to read:

2757 627.736 Required personal injury protection benefits;  
2758 exclusions; priority; claims.—



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2759 (1) REQUIRED BENEFITS.—An insurance policy complying with  
2760 the security requirements of s. 627.733 must provide personal  
2761 injury protection to the named insured, relatives residing in  
2762 the same household, persons operating the insured motor vehicle,  
2763 passengers in the motor vehicle, and other persons struck by the  
2764 motor vehicle and suffering bodily injury while not an occupant  
2765 of a self-propelled vehicle, subject to subsection (2) and  
2766 paragraph (4) (e), to a limit of \$10,000 in medical and  
2767 disability benefits and \$5,000 in death benefits resulting from  
2768 bodily injury, sickness, disease, or death arising out of the  
2769 ownership, maintenance, or use of a motor vehicle as follows:

2770 (a) Medical benefits.—Eighty percent of all reasonable  
2771 expenses for medically necessary medical, surgical, X-ray,  
2772 dental, and rehabilitative services, including prosthetic  
2773 devices and medically necessary ambulance, hospital, and nursing  
2774 services if the individual receives initial services and care  
2775 pursuant to subparagraph 1. within 14 days after the motor  
2776 vehicle accident. The medical benefits provide reimbursement  
2777 only for:

2778 1. Initial services and care that are lawfully provided,  
2779 supervised, ordered, or prescribed by a physician or autonomous  
2780 physician assistant licensed under chapter 458 or chapter 459, a  
2781 dentist licensed under chapter 466, or a chiropractic physician  
2782 licensed under chapter 460, or an advanced practice registered  
2783 nurse registered to engage in autonomous practice under s.

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2784 464.0123, or that are provided in a hospital or in a facility  
2785 that owns, or is wholly owned by, a hospital. Initial services  
2786 and care may also be provided by a person or entity licensed  
2787 under part III of chapter 401 which provides emergency  
2788 transportation and treatment.

2789 2. Upon referral by a provider described in subparagraph  
2790 1., followup services and care consistent with the underlying  
2791 medical diagnosis rendered pursuant to subparagraph 1. which may  
2792 be provided, supervised, ordered, or prescribed only by a  
2793 physician or autonomous physician assistant licensed under  
2794 chapter 458 or chapter 459, a chiropractic physician licensed  
2795 under chapter 460, a dentist licensed under chapter 466, an  
2796 advanced practice registered nurse registered to engage in  
2797 autonomous under s. 464.0123, or, to the extent permitted by  
2798 applicable law and under the supervision of such physician,  
2799 osteopathic physician, chiropractic physician, or dentist, by a  
2800 physician assistant licensed under chapter 458 or chapter 459 or  
2801 an advanced practice registered nurse licensed under chapter  
2802 464. Followup services and care may also be provided by the  
2803 following persons or entities:

2804 a. A hospital or ambulatory surgical center licensed under  
2805 chapter 395.

2806 b. An entity wholly owned by one or more physicians or  
2807 autonomous physician assistants licensed under chapter 458 or  
2808 chapter 459, chiropractic physicians licensed under chapter 460,

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2809 advanced practice registered nurses registered to engage in  
2810 autonomous practice under s. 464.0123, or dentists licensed  
2811 under chapter 466 or by such practitioners and the spouse,  
2812 parent, child, or sibling of such practitioners.

2813 c. An entity that owns or is wholly owned, directly or  
2814 indirectly, by a hospital or hospitals.

2815 d. A physical therapist licensed under chapter 486, based  
2816 upon a referral by a provider described in this subparagraph.

2817 e. A health care clinic licensed under part X of chapter  
2818 400 which is accredited by an accrediting organization whose  
2819 standards incorporate comparable regulations required by this  
2820 state, or

2821 (I) Has a medical director licensed under chapter 458,  
2822 chapter 459, or chapter 460;

2823 (II) Has been continuously licensed for more than 3 years  
2824 or is a publicly traded corporation that issues securities  
2825 traded on an exchange registered with the United States  
2826 Securities and Exchange Commission as a national securities  
2827 exchange; and

2828 (III) Provides at least four of the following medical  
2829 specialties:

2830 (A) General medicine.

2831 (B) Radiography.

2832 (C) Orthopedic medicine.

2833 (D) Physical medicine.

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2834 (E) Physical therapy.

2835 (F) Physical rehabilitation.

2836 (G) Prescribing or dispensing outpatient prescription  
2837 medication.

2838 (H) Laboratory services.

2839 3. Reimbursement for services and care provided in  
2840 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
2841 licensed under chapter 458 or chapter 459, a dentist licensed  
2842 under chapter 466, a physician assistant or autonomous physician  
2843 assistant licensed under chapter 458 or chapter 459, or an  
2844 advanced practice registered nurse licensed under chapter 464  
2845 has determined that the injured person had an emergency medical  
2846 condition.

2847 4. Reimbursement for services and care provided in  
2848 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
2849 provider listed in subparagraph 1. or subparagraph 2. determines  
2850 that the injured person did not have an emergency medical  
2851 condition.

2852 5. Medical benefits do not include massage as defined in  
2853 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
2854 of the person, entity, or licensee providing massage or  
2855 acupuncture, and a licensed massage therapist or licensed  
2856 acupuncturist may not be reimbursed for medical benefits under  
2857 this section.

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2858           6. The Financial Services Commission shall adopt by rule  
2859 the form that must be used by an insurer and a health care  
2860 provider specified in sub-subparagraph 2.b., sub-subparagraph  
2861 2.c., or sub-subparagraph 2.e. to document that the health care  
2862 provider meets the criteria of this paragraph. Such rule must  
2863 include a requirement for a sworn statement or affidavit.  
2864  
2865 Only insurers writing motor vehicle liability insurance in this  
2866 state may provide the required benefits of this section, and  
2867 such insurer may not require the purchase of any other motor  
2868 vehicle coverage other than the purchase of property damage  
2869 liability coverage as required by s. 627.7275 as a condition for  
2870 providing such benefits. Insurers may not require that property  
2871 damage liability insurance in an amount greater than \$10,000 be  
2872 purchased in conjunction with personal injury protection. Such  
2873 insurers shall make benefits and required property damage  
2874 liability insurance coverage available through normal marketing  
2875 channels. An insurer writing motor vehicle liability insurance  
2876 in this state who fails to comply with such availability  
2877 requirement as a general business practice violates part IX of  
2878 chapter 626, and such violation constitutes an unfair method of  
2879 competition or an unfair or deceptive act or practice involving  
2880 the business of insurance. An insurer committing such violation  
2881 is subject to the penalties provided under that part, as well as  
2882 those provided elsewhere in the insurance code.

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2883 Section 60. Subsection (5) of section 633.412, Florida  
2884 Statutes, is amended to read:  
2885 633.412 Firefighters; qualifications for certification.—A  
2886 person applying for certification as a firefighter must:  
2887 (5) Be in good physical condition as determined by a  
2888 medical examination given by a physician, surgeon, ~~or~~ physician  
2889 assistant, or autonomous physician assistant licensed to  
2890 practice in the state pursuant to chapter 458; an osteopathic  
2891 physician, surgeon, ~~or~~ physician assistant, or autonomous  
2892 physician assistant licensed to practice in the state pursuant  
2893 to chapter 459; or an advanced practice registered nurse  
2894 licensed to practice in the state pursuant to chapter 464. Such  
2895 examination may include, but need not be limited to, the  
2896 National Fire Protection Association Standard 1582. A medical  
2897 examination evidencing good physical condition shall be  
2898 submitted to the division, on a form as provided by rule, before  
2899 an individual is eligible for admission into a course under s.  
2900 633.408.

2901 Section 61. Subsection (8) of section 641.495, Florida  
2902 Statutes, are amended to read:

2903 641.495 Requirements for issuance and maintenance of  
2904 certificate.—

2905 (8) Each organization's contracts, certificates, and  
2906 subscriber handbooks shall contain a provision, if applicable,  
2907 disclosing that, for certain types of described medical

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2908 | procedures, services may be provided by physician assistants,  
2909 | autonomous physician assistants, advanced practice registered  
2910 | nurses ~~nurse-practitioners~~, or other individuals who are not  
2911 | licensed physicians.

2912 |       Section 62. Subsection (1) of section 744.2006, Florida  
2913 | Statutes, are amended to read:

2914 |       744.2006 Office of Public and Professional Guardians;  
2915 | appointment, notification.-

2916 |       (1) The executive director of the Office of Public and  
2917 | Professional Guardians, after consultation with the chief judge  
2918 | and other circuit judges within the judicial circuit and with  
2919 | appropriate advocacy groups and individuals and organizations  
2920 | who are knowledgeable about the needs of incapacitated persons,  
2921 | may establish, within a county in the judicial circuit or within  
2922 | the judicial circuit, one or more offices of public guardian and  
2923 | if so established, shall create a list of persons best qualified  
2924 | to serve as the public guardian, who have been investigated  
2925 | pursuant to s. 744.3135. The public guardian must have knowledge  
2926 | of the legal process and knowledge of social services available  
2927 | to meet the needs of incapacitated persons. The public guardian  
2928 | shall maintain a staff or contract with professionally qualified  
2929 | individuals to carry out the guardianship functions, including  
2930 | an attorney who has experience in probate areas and another  
2931 | person who has a master's degree in social work, or a  
2932 | gerontologist, psychologist, registered nurse, advanced practice

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2933 registered or nurse, practitioner or an autonomous physician  
2934 assistant. A public guardian that is a nonprofit corporate  
2935 guardian under s. 744.309(5) must receive tax-exempt status from  
2936 the United States Internal Revenue Service.

2937 Section 63. Paragraph (a) of subsection (3) of section  
2938 744.331, Florida Statutes, are amended to read:

2939 744.331 Procedures to determine incapacity.—

2940 (3) EXAMINING COMMITTEE.—

2941 (a) Within 5 days after a petition for determination of  
2942 incapacity has been filed, the court shall appoint an examining  
2943 committee consisting of three members. One member must be a  
2944 psychiatrist or other physician. The remaining members must be  
2945 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,  
2946 a ~~or other~~ physician, a registered nurse, an advanced practice  
2947 registered nurse practitioner, a physician assistant, an  
2948 autonomous physician assistant, a licensed social worker, a  
2949 person with an advanced degree in gerontology from an accredited  
2950 institution of higher education, or another ~~other~~ person who by  
2951 knowledge, skill, experience, training, or education may, in the  
2952 court's discretion, advise the court in the form of an expert  
2953 opinion. One of three members of the committee must have  
2954 knowledge of the type of incapacity alleged in the petition.  
2955 Unless good cause is shown, the attending or family physician  
2956 may not be appointed to the committee. If the attending or  
2957 family physician is available for consultation, the committee

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2958 must consult with the physician. Members of the examining  
2959 committee may not be related to or associated with one another,  
2960 with the petitioner, with counsel for the petitioner or the  
2961 proposed guardian, or with the person alleged to be totally or  
2962 partially incapacitated. A member may not be employed by any  
2963 private or governmental agency that has custody of, or  
2964 furnishes, services or subsidies, directly or indirectly, to the  
2965 person or the family of the person alleged to be incapacitated  
2966 or for whom a guardianship is sought. A petitioner may not serve  
2967 as a member of the examining committee. Members of the examining  
2968 committee must be able to communicate, either directly or  
2969 through an interpreter, in the language that the alleged  
2970 incapacitated person speaks or to communicate in a medium  
2971 understandable to the alleged incapacitated person if she or he  
2972 is able to communicate. The clerk of the court shall send notice  
2973 of the appointment to each person appointed no later than 3 days  
2974 after the court's appointment.

2975 Section 64. Subsection (3) of section 766.103, Florida  
2976 Statutes, is amended to read:

2977 766.103 Florida Medical Consent Law.—

2978 (3) No recovery shall be allowed in any court in this  
2979 state against any physician licensed under chapter 458,  
2980 osteopathic physician licensed under chapter 459, chiropractic  
2981 physician licensed under chapter 460, podiatric physician  
2982 licensed under chapter 461, dentist licensed under chapter 466,

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2983 advanced practice registered nurse licensed under s. 464.012, ~~or~~  
2984 physician assistant licensed under s. 458.347 or s. 459.022, or  
2985 autonomous physician assistant licensed under chapter 458 or  
2986 chapter 459 in an action brought for treating, examining, or  
2987 operating on a patient without his or her informed consent when:

2988 (a)1. The action of the physician, osteopathic physician,  
2989 chiropractic physician, podiatric physician, dentist, advanced  
2990 practice registered nurse, ~~or~~ physician assistant, or autonomous  
2991 physician assistant in obtaining the consent of the patient or  
2992 another person authorized to give consent for the patient was in  
2993 accordance with an accepted standard of medical practice among  
2994 members of the medical profession with similar training and  
2995 experience in the same or similar medical community as that of  
2996 the person treating, examining, or operating on the patient for  
2997 whom the consent is obtained; and

2998 2. A reasonable individual, from the information provided  
2999 by the physician, osteopathic physician, chiropractic physician,  
3000 podiatric physician, dentist, advanced practice registered  
3001 nurse, ~~or~~ physician assistant, or autonomous physician  
3002 assistant, under the circumstances, would have a general  
3003 understanding of the procedure, the medically acceptable  
3004 alternative procedures or treatments, and the substantial risks  
3005 and hazards inherent in the proposed treatment or procedures,  
3006 which are recognized among other physicians, osteopathic  
3007 physicians, chiropractic physicians, podiatric physicians, or

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3008 dentists in the same or similar community who perform similar  
3009 treatments or procedures; or

3010 (b) The patient would reasonably, under all the  
3011 surrounding circumstances, have undergone such treatment or  
3012 procedure had he or she been advised by the physician,  
3013 osteopathic physician, chiropractic physician, podiatric  
3014 physician, dentist, advanced practice registered nurse, ~~or~~  
3015 physician assistant, or autonomous physician assistant in  
3016 accordance with the provisions of paragraph (a).

3017 Section 65. Paragraph (b) of subsection (1) and paragraph  
3018 (e) of subsection (2) of section 766.105, Florida Statutes, are  
3019 amended to read:

3020 766.105 Florida Patient's Compensation Fund.—

3021 (1) DEFINITIONS.—The following definitions apply in the  
3022 interpretation and enforcement of this section:

3023 (b) The term "health care provider" means any:

3024 1. Hospital licensed under chapter 395.

3025 2. Physician, ~~or~~ physician assistant, or autonomous  
3026 physician assistant licensed under chapter 458.

3027 3. Osteopathic physician, ~~or~~ physician assistant, or  
3028 autonomous physician assistant licensed under chapter 459.

3029 4. Podiatric physician licensed under chapter 461.

3030 5. Health maintenance organization certificated under part  
3031 I of chapter 641.

3032 6. Ambulatory surgical center licensed under chapter 395.

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3033 7. "Other medical facility" as defined in paragraph (c).

3034 8. Professional association, partnership, corporation,  
3035 joint venture, or other association by the individuals set forth  
3036 in subparagraphs 2., 3., and 4. for professional activity.

3037 (2) COVERAGE.—

3038 (e) The coverage afforded by the fund for a participating  
3039 hospital or ambulatory surgical center shall apply to the  
3040 officers, trustees, volunteer workers, trainees, committee  
3041 members (including physicians, osteopathic physicians, podiatric  
3042 physicians, and dentists), and employees of the hospital or  
3043 ambulatory surgical center, other than employed physicians  
3044 licensed under chapter 458, physician assistants and autonomous  
3045 physician assistants licensed or registered under chapter 458,  
3046 osteopathic physicians licensed under chapter 459, physician  
3047 assistants and autonomous physician assistants licensed or  
3048 registered under chapter 459, dentists licensed under chapter  
3049 466, and podiatric physicians licensed under chapter 461.

3050 However, the coverage afforded by the fund for a participating  
3051 hospital shall apply to house physicians, interns, employed  
3052 physician residents in a resident training program, or  
3053 physicians performing purely administrative duties for the  
3054 participating hospitals other than the treatment of patients.

3055 This coverage shall apply to the hospital or ambulatory surgical  
3056 center and those included in this subsection as one health care  
3057 provider.

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3058 Section 66. Paragraph (d) of subsection (3) of section  
3059 766.1115, Florida Statutes, is amended to read:

3060 766.1115 Health care providers; creation of agency  
3061 relationship with governmental contractors.-

3062 (3) DEFINITIONS.-As used in this section, the term:

3063 (d) "Health care provider" or "provider" means:

3064 1. A birth center licensed under chapter 383.

3065 2. An ambulatory surgical center licensed under chapter  
3066 395.

3067 3. A hospital licensed under chapter 395.

3068 4. A physician, ~~or~~ physician assistant, or autonomous  
3069 physician assistant licensed under chapter 458.

3070 5. An osteopathic physician, ~~or~~ osteopathic physician  
3071 assistant, or autonomous physician assistant licensed under  
3072 chapter 459.

3073 6. A chiropractic physician licensed under chapter 460.

3074 7. A podiatric physician licensed under chapter 461.

3075 8. A registered nurse, nurse midwife, licensed practical  
3076 nurse, or advanced practice registered nurse licensed or  
3077 registered under part I of chapter 464 or any facility which  
3078 employs nurses licensed or registered under part I of chapter  
3079 464 to supply all or part of the care delivered under this  
3080 section.

3081 9. A midwife licensed under chapter 467.

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3082 10. A health maintenance organization certificated under  
3083 part I of chapter 641.

3084 11. A health care professional association and its  
3085 employees or a corporate medical group and its employees.

3086 12. Any other medical facility the primary purpose of  
3087 which is to deliver human medical diagnostic services or which  
3088 delivers nonsurgical human medical treatment, and which includes  
3089 an office maintained by a provider.

3090 13. A dentist or dental hygienist licensed under chapter  
3091 466.

3092 14. A free clinic that delivers only medical diagnostic  
3093 services or nonsurgical medical treatment free of charge to all  
3094 low-income recipients.

3095 15. Any other health care professional, practitioner,  
3096 provider, or facility under contract with a governmental  
3097 contractor, including a student enrolled in an accredited  
3098 program that prepares the student for licensure as any one of  
3099 the professionals listed in subparagraphs 4.-9.

3100  
3101 The term includes any nonprofit corporation qualified as exempt  
3102 from federal income taxation under s. 501(a) of the Internal  
3103 Revenue Code, and described in s. 501(c) of the Internal Revenue  
3104 Code, which delivers health care services provided by licensed  
3105 professionals listed in this paragraph, any federally funded  
3106 community health center, and any volunteer corporation or

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3107 volunteer health care provider that delivers health care  
3108 services.

3109 Section 67. Subsection (1) of section 766.1116, Florida  
3110 Statutes, is amended to read:

3111 766.1116 Health care practitioner; waiver of license  
3112 renewal fees and continuing education requirements.—

3113 (1) As used in this section, the term "health care  
3114 practitioner" means a physician, ~~or~~ physician assistant, or  
3115 autonomous physician assistant licensed under chapter 458; an  
3116 osteopathic physician, ~~or~~ physician assistant, or autonomous  
3117 physician assistant licensed under chapter 459; a chiropractic  
3118 physician licensed under chapter 460; a podiatric physician  
3119 licensed under chapter 461; an advanced practice registered  
3120 nurse, registered nurse, or licensed practical nurse licensed  
3121 under part I of chapter 464; a dentist or dental hygienist  
3122 licensed under chapter 466; or a midwife licensed under chapter  
3123 467, who participates as a health care provider under s.  
3124 766.1115.

3125 Section 68. Paragraph (c) of subsection (1) of section  
3126 766.118, Florida Statutes, are amended to read:

3127 766.118 Determination of noneconomic damages.—

3128 (1) DEFINITIONS.—As used in this section, the term:

3129 (c) "Practitioner" means any person licensed or registered  
3130 under chapter 458, chapter 459, chapter 460, chapter 461,  
3131 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,

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3132 s. 464.0123, or s. 464.012. "Practitioner" also means any  
3133 association, corporation, firm, partnership, or other business  
3134 entity under which such practitioner practices or any employee  
3135 of such practitioner or entity acting in the scope of his or her  
3136 employment. For the purpose of determining the limitations on  
3137 noneconomic damages set forth in this section, the term  
3138 "practitioner" includes any person or entity for whom a  
3139 practitioner is vicariously liable and any person or entity  
3140 whose liability is based solely on such person or entity being  
3141 vicariously liable for the actions of a practitioner.

3142 Section 69. Subsection (3) of section 768.135, Florida  
3143 Statutes, are amended to read:

3144 768.135 Volunteer team physicians; immunity.—

3145 (3) A practitioner licensed or registered under chapter  
3146 458, chapter 459, chapter 460, s. 464.0123, or s. 464.012 who  
3147 gratuitously and in good faith conducts an evaluation pursuant  
3148 to s. 1006.20(2)(c) is not liable for any civil damages arising  
3149 from that evaluation unless the evaluation was conducted in a  
3150 wrongful manner.

3151 Section 70. Subsection (5) of section 794.08, Florida  
3152 Statutes, is amended to read:

3153 794.08 Female genital mutilation.—

3154 (5) This section does not apply to procedures performed by  
3155 or under the direction of a physician licensed under chapter  
3156 458, an osteopathic physician licensed under chapter 459, a



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3157 registered nurse licensed under part I of chapter 464, a  
3158 practical nurse licensed under part I of chapter 464, an  
3159 advanced practice registered nurse licensed under part I of  
3160 chapter 464, a midwife licensed under chapter 467, or a  
3161 physician assistant or an autonomous physician assistant  
3162 licensed under chapter 458 or chapter 459 when necessary to  
3163 preserve the physical health of a female person. This section  
3164 also does not apply to any autopsy or limited dissection  
3165 conducted pursuant to chapter 406.

3166 Section 71. Subsection (23) of section 893.02, Florida  
3167 Statutes, are amended to read:

3168 893.02 Definitions.—The following words and phrases as  
3169 used in this chapter shall have the following meanings, unless  
3170 the context otherwise requires:

3171 (23) "Practitioner" means a physician licensed under  
3172 chapter 458, a dentist licensed under chapter 466, a  
3173 veterinarian licensed under chapter 474, an osteopathic  
3174 physician licensed under chapter 459, an advanced practice  
3175 registered nurse licensed under chapter 464, a naturopath  
3176 licensed under chapter 462, a certified optometrist licensed  
3177 under chapter 463, a psychiatric nurse as defined in s. 394.455,  
3178 a podiatric physician licensed under chapter 461, ~~or~~ a physician  
3179 assistant licensed under chapter 458 or chapter 459, or an  
3180 autonomous physician assistant licensed under chapter 458 or

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3181 chapter 459 provided such practitioner holds a valid federal  
3182 controlled substance registry number.

3183 Section 72. Subsection (6) of section 943.13, Florida  
3184 Statutes, is amended to read:

3185 943.13 Officers' minimum qualifications for employment or  
3186 appointment.—On or after October 1, 1984, any person employed or  
3187 appointed as a full-time, part-time, or auxiliary law  
3188 enforcement officer or correctional officer; on or after October  
3189 1, 1986, any person employed as a full-time, part-time, or  
3190 auxiliary correctional probation officer; and on or after  
3191 October 1, 1986, any person employed as a full-time, part-time,  
3192 or auxiliary correctional officer by a private entity under  
3193 contract to the Department of Corrections, to a county  
3194 commission, or to the Department of Management Services shall:

3195 (6) Have passed a physical examination by a licensed  
3196 physician, physician assistant, autonomous physician assistant,  
3197 or licensed advanced practice registered nurse, based on  
3198 specifications established by the commission. In order to be  
3199 eligible for the presumption set forth in s. 112.18 while  
3200 employed with an employing agency, a law enforcement officer,  
3201 correctional officer, or correctional probation officer must  
3202 have successfully passed the physical examination required by  
3203 this subsection upon entering into service as a law enforcement  
3204 officer, correctional officer, or correctional probation officer  
3205 with the employing agency, which examination must have failed to

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3206 reveal any evidence of tuberculosis, heart disease, or  
3207 hypertension. A law enforcement officer, correctional officer,  
3208 or correctional probation officer may not use a physical  
3209 examination from a former employing agency for purposes of  
3210 claiming the presumption set forth in s. 112.18 against the  
3211 current employing agency.

3212 Section 73. Subsection (2) of section 945.603, Florida  
3213 Statutes, is amended to read:

3214 945.603 Powers and duties of authority.—The purpose of the  
3215 authority is to assist in the delivery of health care services  
3216 for inmates in the Department of Corrections by advising the  
3217 Secretary of Corrections on the professional conduct of primary,  
3218 convalescent, dental, and mental health care and the management  
3219 of costs consistent with quality care, by advising the Governor  
3220 and the Legislature on the status of the Department of  
3221 Corrections' health care delivery system, and by assuring that  
3222 adequate standards of physical and mental health care for  
3223 inmates are maintained at all Department of Corrections  
3224 institutions. For this purpose, the authority has the authority  
3225 to:

3226 (2) Review and make recommendations regarding health care  
3227 for the delivery of health care services including, but not  
3228 limited to, acute hospital-based services and facilities,  
3229 primary and tertiary care services, ancillary and clinical  
3230 services, dental services, mental health services, intake and

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3231 screening services, medical transportation services, and the use  
3232 of nurse practitioner, ~~and~~ physician assistant, and autonomous  
3233 physician assistant personnel to act as physician extenders as  
3234 these relate to inmates in the Department of Corrections.

3235 Section 74. Paragraph (n) of subsection (1) of section  
3236 948.03, Florida Statutes, is amended to read:

3237 948.03 Terms and conditions of probation.—

3238 (1) The court shall determine the terms and conditions of  
3239 probation. Conditions specified in this section do not require  
3240 oral pronouncement at the time of sentencing and may be  
3241 considered standard conditions of probation. These conditions  
3242 may include among them the following, that the probationer or  
3243 offender in community control shall:

3244 (n) Be prohibited from using intoxicants to excess or  
3245 possessing any drugs or narcotics unless prescribed by a  
3246 physician, an advanced practice registered nurse, ~~or~~ a physician  
3247 assistant, or autonomous physician assistant. The probationer or  
3248 community controllee may not knowingly visit places where  
3249 intoxicants, drugs, or other dangerous substances are unlawfully  
3250 sold, dispensed, or used.

3251 Section 75. Subsection (34) of section 984.03, Florida  
3252 Statutes, is amended to read:

3253 984.03 Definitions.—When used in this chapter, the term:

3254 (34) "Licensed health care professional" means a physician  
3255 licensed under chapter 458, an osteopathic physician licensed

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3256 under chapter 459, a nurse licensed under part I of chapter 464,  
3257 a physician assistant or autonomous physician assistant licensed  
3258 or registered under chapter 458 or chapter 459, or a dentist  
3259 licensed under chapter 466.

3260 Section 76. Subsection (30) of section 985.03, Florida  
3261 Statutes, is amended to read:

3262 985.03 Definitions.—As used in this chapter, the term:

3263 (30) "Licensed health care professional" means a physician  
3264 licensed under chapter 458, an osteopathic physician licensed  
3265 under chapter 459, a nurse licensed under part I of chapter 464,  
3266 a physician assistant or autonomous physician assistant licensed  
3267 or registered under chapter 458 or chapter 459, or a dentist  
3268 licensed under chapter 466.

3269 Section 77. Paragraph (i) of subsection (3) of section  
3270 1002.20, Florida Statutes, are amended to read:

3271 1002.20 K-12 student and parent rights.—Parents of public  
3272 school students must receive accurate and timely information  
3273 regarding their child's academic progress and must be informed  
3274 of ways they can help their child to succeed in school. K-12  
3275 students and their parents are afforded numerous statutory  
3276 rights including, but not limited to, the following:

3277 (3) HEALTH ISSUES.—

3278 (i) Epinephrine use and supply.—

3279 1. A student who has experienced or is at risk for life-  
3280 threatening allergic reactions may carry an epinephrine auto-

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3281 injector and self-administer epinephrine by auto-injector while  
3282 in school, participating in school-sponsored activities, or in  
3283 transit to or from school or school-sponsored activities if the  
3284 school has been provided with parental and physician  
3285 authorization. The State Board of Education, in cooperation with  
3286 the Department of Health, shall adopt rules for such use of  
3287 epinephrine auto-injectors that shall include provisions to  
3288 protect the safety of all students from the misuse or abuse of  
3289 auto-injectors. A school district, county health department,  
3290 public-private partner, and their employees and volunteers shall  
3291 be indemnified by the parent of a student authorized to carry an  
3292 epinephrine auto-injector for any and all liability with respect  
3293 to the student's use of an epinephrine auto-injector pursuant to  
3294 this paragraph.

3295 2. A public school may purchase a supply of epinephrine  
3296 auto-injectors from a wholesale distributor as defined in s.  
3297 499.003 or may enter into an arrangement with a wholesale  
3298 distributor or manufacturer as defined in s. 499.003 for the  
3299 epinephrine auto-injectors at fair-market, free, or reduced  
3300 prices for use in the event a student has an anaphylactic  
3301 reaction. The epinephrine auto-injectors must be maintained in a  
3302 secure location on the public school's premises. The  
3303 participating school district shall adopt a protocol developed  
3304 by a licensed physician for the administration by school  
3305 personnel who are trained to recognize an anaphylactic reaction

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3306 and to administer an epinephrine auto-injection. The supply of  
3307 epinephrine auto-injectors may be provided to and used by a  
3308 student authorized to self-administer epinephrine by auto-  
3309 injector under subparagraph 1. or trained school personnel.

3310 3. The school district and its employees, agents, and the  
3311 physician who provides the standing protocol for school  
3312 epinephrine auto-injectors are not liable for any injury arising  
3313 from the use of an epinephrine auto-injector administered by  
3314 trained school personnel who follow the adopted protocol and  
3315 whose professional opinion is that the student is having an  
3316 anaphylactic reaction:

3317 a. Unless the trained school personnel's action is willful  
3318 and wanton;

3319 b. Notwithstanding that the parents or guardians of the  
3320 student to whom the epinephrine is administered have not been  
3321 provided notice or have not signed a statement acknowledging  
3322 that the school district is not liable; and

3323 c. Regardless of whether authorization has been given by  
3324 the student's parents or guardians or by the student's  
3325 physician, physician ~~physician's~~ assistant, autonomous physician  
3326 assistant, or advanced practice registered nurse.

3327 Section 78. Paragraph (b) of subsection (17) of section  
3328 1002.42, Florida Statutes, are amended to read:

3329 1002.42 Private schools.—

3330 (17) EPINEPHRINE SUPPLY.—

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3331 (b) The private school and its employees, agents, and the  
3332 physician who provides the standing protocol for school  
3333 epinephrine auto-injectors are not liable for any injury arising  
3334 from the use of an epinephrine auto-injector administered by  
3335 trained school personnel who follow the adopted protocol and  
3336 whose professional opinion is that the student is having an  
3337 anaphylactic reaction:

3338 1. Unless the trained school personnel's action is willful  
3339 and wanton;

3340 2. Notwithstanding that the parents or guardians of the  
3341 student to whom the epinephrine is administered have not been  
3342 provided notice or have not signed a statement acknowledging  
3343 that the school district is not liable; and

3344 3. Regardless of whether authorization has been given by  
3345 the student's parents or guardians or by the student's  
3346 physician, physician ~~physician's~~ assistant, autonomous physician  
3347 assistant, or advanced practice registered nurse.

3348 Section 79. Paragraph (a) of subsection (1) and  
3349 subsections (4) and (5) of section 1006.062, Florida Statutes,  
3350 are amended to read:

3351 1006.062 Administration of medication and provision of  
3352 medical services by district school board personnel.—

3353 (1) Notwithstanding the provisions of the Nurse Practice  
3354 Act, part I of chapter 464, district school board personnel may



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3355 assist students in the administration of prescription medication  
3356 when the following conditions have been met:

3357 (a) Each district school board shall include in its  
3358 approved school health services plan a procedure to provide  
3359 training, by a registered nurse, a licensed practical nurse, an  
3360 advanced practice registered nurse, a physician licensed  
3361 pursuant to chapter 458 or chapter 459, or a physician assistant  
3362 or autonomous physician assistant licensed or registered  
3363 pursuant to chapter 458 or chapter 459, to the school personnel  
3364 designated by the school principal to assist students in the  
3365 administration of prescribed medication. Such training may be  
3366 provided in collaboration with other school districts, through  
3367 contract with an education consortium, or by any other  
3368 arrangement consistent with the intent of this subsection.

3369 (4) Nonmedical assistive personnel shall be allowed to  
3370 perform health-related services upon successful completion of  
3371 child-specific training by a registered nurse or advanced  
3372 practice registered nurse licensed under chapter 464, a  
3373 physician licensed pursuant to chapter 458 or chapter 459, or a  
3374 physician assistant or autonomous physician assistant licensed  
3375 or registered pursuant to chapter 458 or chapter 459. All  
3376 procedures shall be monitored periodically by a nurse, advanced  
3377 practice registered nurse, physician assistant, autonomous  
3378 physician assistant, or physician, including, but not limited  
3379 to:

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- 3380 (a) Intermittent clean catheterization.  
3381 (b) Gastrostomy tube feeding.  
3382 (c) Monitoring blood glucose.  
3383 (d) Administering emergency injectable medication.  
3384 (5) For all other invasive medical services not listed in  
3385 this subsection, a registered nurse or advanced practice  
3386 registered nurse licensed under chapter 464, a physician  
3387 licensed pursuant to chapter 458 or chapter 459, or a physician  
3388 assistant or autonomous physician assistant licensed or  
3389 registered pursuant to chapter 458 or chapter 459 shall  
3390 determine if nonmedical district school board personnel shall be  
3391 allowed to perform such service.

3392 Section 80. Paragraph (c) of subsection (2) of section  
3393 1006.20, Florida Statutes, are amended to read:

3394 1006.20 Athletics in public K-12 schools.—

3395 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3396 (c) The FHSAA shall adopt bylaws that require all students  
3397 participating in interscholastic athletic competition or who are  
3398 candidates for an interscholastic athletic team to  
3399 satisfactorily pass a medical evaluation each year prior to  
3400 participating in interscholastic athletic competition or  
3401 engaging in any practice, tryout, workout, or other physical  
3402 activity associated with the student's candidacy for an  
3403 interscholastic athletic team. Such medical evaluation may be  
3404 administered only by a practitioner licensed or registered under

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3405 chapter 458, chapter 459, chapter 460, s. 464.0123, or s.  
3406 464.012, and in good standing with the practitioner's regulatory  
3407 board. The bylaws shall establish requirements for eliciting a  
3408 student's medical history and performing the medical evaluation  
3409 required under this paragraph, which shall include a physical  
3410 assessment of the student's physical capabilities to participate  
3411 in interscholastic athletic competition as contained in a  
3412 uniform preparticipation physical evaluation and history form.  
3413 The evaluation form shall incorporate the recommendations of the  
3414 American Heart Association for participation cardiovascular  
3415 screening and shall provide a place for the signature of the  
3416 practitioner performing the evaluation with an attestation that  
3417 each examination procedure listed on the form was performed by  
3418 the practitioner or by someone under the direct supervision of  
3419 the practitioner. The form shall also contain a place for the  
3420 practitioner to indicate if a referral to another practitioner  
3421 was made in lieu of completion of a certain examination  
3422 procedure. The form shall provide a place for the practitioner  
3423 to whom the student was referred to complete the remaining  
3424 sections and attest to that portion of the examination. The  
3425 preparticipation physical evaluation form shall advise students  
3426 to complete a cardiovascular assessment and shall include  
3427 information concerning alternative cardiovascular evaluation and  
3428 diagnostic tests. Results of such medical evaluation must be  
3429 provided to the school. A student is not eligible to

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3430 participate, as provided in s. 1006.15(3), in any  
3431 interscholastic athletic competition or engage in any practice,  
3432 tryout, workout, or other physical activity associated with the  
3433 student's candidacy for an interscholastic athletic team until  
3434 the results of the medical evaluation have been received and  
3435 approved by the school.

3436 Section 81. Subsection (1) of section 1009.65, Florida  
3437 Statutes, is amended to read:

3438 1009.65 Medical Education Reimbursement and Loan Repayment  
3439 Program.—

3440 (1) To encourage qualified medical professionals to  
3441 practice in underserved locations where there are shortages of  
3442 such personnel, there is established the Medical Education  
3443 Reimbursement and Loan Repayment Program. The function of the  
3444 program is to make payments that offset loans and educational  
3445 expenses incurred by students for studies leading to a medical  
3446 or nursing degree, medical or nursing licensure, or advanced  
3447 practice registered nurse licensure, ~~or~~ physician assistant  
3448 licensure, or autonomous physician assistant licensure. The  
3449 following licensed or certified health care professionals are  
3450 eligible to participate in this program: medical doctors with  
3451 primary care specialties, doctors of osteopathic medicine with  
3452 primary care specialties, physician ~~physician's~~ assistants,  
3453 autonomous physician assistants licensed practical nurses and  
3454 registered nurses, and advanced practice registered nurses with

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3455 primary care specialties such as certified nurse midwives.  
3456 Primary care medical specialties for physicians include  
3457 obstetrics, gynecology, general and family practice, internal  
3458 medicine, pediatrics, and other specialties which may be  
3459 identified by the Department of Health.

3460 Section 82. This act shall take effect July 1, 2019.

3461

3462 -----

3463

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

3464

Remove everything before the enacting clause and insert:

3465

An act relating to advanced practice registered nurses and

3466

physician assistants; amending s. 456.0391, F.S.; requiring an

3467

autonomous physician assistant to submit certain information to

3468

the Department of Health; requiring the department to send a

3469

notice regarding the requirements to submit information;

3470

requiring autonomous physician assistants who have submitted

3471

required information to update such information in writing;

3472

providing for licensure action if such information is not

3473

submitted or updated; amending s. 456.041, F.S.; requiring the

3474

department to provide a practitioner profile for an autonomous

3475

physician assistant; amending s. 458.347, F.S.; defining

3476

"autonomous physician assistant"; authorizing third-party payors

3477

to reimburse for services provided by autonomous physician

3478

assistants; deleting a requirement that a physician assistant

3479

must inform a patient of a right to see a physician prior to

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3480 prescribing or dispensing a prescription; revising the  
3481 requirements for physician assistant education programs;  
3482 authorizing the Board of Medicine to discipline an autonomous  
3483 physician assistant; providing for the registration of an  
3484 autonomous physician assistant; providing registration  
3485 requirements; authorizing such autonomous physician assistants  
3486 to perform specified acts without physician supervision or  
3487 supervisory protocol; requiring the department to distinguish  
3488 such autonomous physician assistant licenses; requiring biennial  
3489 registration renewal; requiring the Council on Physician  
3490 Assistants to develop rules; revising the membership of the  
3491 council; revising the duties of the council; prohibiting a  
3492 person who is not registered as an autonomous physician  
3493 assistant from using the title; providing for the denial,  
3494 suspension, or revocation of the registration of an autonomous  
3495 physician assistant; requiring autonomous physician assistants  
3496 to report adverse incidents to the department; amending s.  
3497 459.022, F.S.; defining "autonomous physician assistant";  
3498 authorizing third-party payors to reimburse for services  
3499 provided by autonomous physician assistants; deleting a  
3500 requirement that a physician assistant must inform a patient of  
3501 a right to see a physician prior to prescribing or dispensing a  
3502 prescription; revising the requirements for physician assistant  
3503 education programs; authorizing the Board of Medicine to  
3504 discipline an autonomous physician assistant; providing for the

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3505 registration of an autonomous physician assistant; providing  
3506 registration requirements; authorizing such autonomous physician  
3507 assistants to perform specified acts without physician  
3508 supervision or supervisory protocol; requiring the department to  
3509 distinguish such autonomous physician assistant licenses;  
3510 requiring biennial registration renewal; requiring the Council  
3511 on Physician Assistants to develop rules; revising the  
3512 membership of the council; revising the duties of the council;  
3513 prohibiting a person who is not registered as an autonomous  
3514 physician assistant from using the title; providing for the  
3515 denial, suspension, or revocation of the registration of an  
3516 autonomous physician assistant; requiring autonomous physician  
3517 assistants to report adverse incidents to the department;  
3518 amending s. 464.012, F.S.; requiring applicants for registration  
3519 as an advanced practice registered nurse to apply to the Board  
3520 of Nursing; authorizing an advanced practice registered nurse to  
3521 sign, certify, stamp, verify, or endorse a document that  
3522 requires the signature, certification, stamp, verification,  
3523 affidavit, or endorsement of a physician within the framework of  
3524 an established protocol; providing an exception; creating s.  
3525 464.0123, F.S.; defining the term "autonomous practice";  
3526 providing for the registration of an advanced practice  
3527 registered nurse to engage in autonomous practice; providing  
3528 registration requirements; authorizing such advanced practice  
3529 registered nurses to perform specified acts without physician

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3530 supervision or supervisory protocol; requiring the department to  
3531 distinguish such advanced practice registered nurses' licenses  
3532 and include the registration in their practitioner profiles;  
3533 requiring biennial registration renewal and continuing  
3534 education; authorizing the Board of Nursing to establish an  
3535 advisory committee to determine the medical acts that may be  
3536 performed by such advanced practice registered nurses; providing  
3537 for appointment and terms of committee members; requiring the  
3538 board to adopt rules; creating s. 464.0155, F.S.; requiring  
3539 advanced practice registered nurses who are registered to engage  
3540 in autonomous practice to report adverse incidents to the  
3541 Department of Health; providing requirements for such reports;  
3542 defining the term "adverse incident"; providing for department  
3543 review of such reports; authorizing the department to take  
3544 disciplinary action; amending s. 464.018, F.S.; providing  
3545 additional grounds for denial of a license or disciplinary  
3546 action for advanced practice registered nurses who are  
3547 registered to engage in autonomous practice; amending s. 39.01,  
3548 F.S.; revising definitions; amending s. 393.03, F.S.; revising  
3549 requirements relating to review of certain cases of abuse or  
3550 neglect and standards for face-to-face medical evaluations by a  
3551 child protection team; amending s. 39.304, F.S.; authorizing an  
3552 autonomous physician assistant to perform or order an  
3553 examination and diagnose a child without parental consent under  
3554 certain circumstances; amending s. 110.12315, F.S., revising

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3555 requirements for reimbursement of pharmacies under the state  
3556 employees' prescription drug program; amending s. 252.515, F.S.;  
3557 providing immunity from civil liability for autonomous physician  
3558 assistants under the Postdisaster Relief Assistance Act;  
3559 amending ss. 310.071, 310.073, and 310.081, F.S.; authorizing a  
3560 physician assistant and an autonomous physician assistant to  
3561 administer the physical examination required for deputy pilot  
3562 certification and state pilot licensure; broadening an exception  
3563 to the prohibition against the use of controlled substances by  
3564 an applicant for a deputy pilot certificate or a state pilot  
3565 license to allow the use of controlled substances prescribed by  
3566 an autonomous physician assistant; amending s. 320.0848, F.S.;  
3567 authorizing an autonomous physician assistant to certify that a  
3568 person is disabled; amending s. 381.00315, F.S.; authorizing the  
3569 reactivation of an advanced practice registered nurse license in  
3570 a public health emergency; amending s. 381.00593, F.S.;  
3571 redefining the term "health care practitioner" to include an  
3572 autonomous physician assistant; amending s. 381.026, F.S.;  
3573 revising the definition of the term "health care provider";  
3574 amending s. 382.008, F.S.; authorizing a physician assistant, an  
3575 autonomous physician assistant, or an advanced practice  
3576 registered nurse to file a certificate of death or fetal death  
3577 under certain circumstances; revising the definition of the term  
3578 "primary or attending physician"; amending s. 383.14, F.S.;  
3579 authorizing the release of certain newborn tests and screening

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3580 results to an autonomous physician assistant; amending s.  
3581 390.0111, F.S.; including an autonomous physician assistant in a  
3582 list of health care practitioners authorized to review an  
3583 ultrasound with a woman prior to an abortion procedure; amending  
3584 s. 390.012, F.S.; including an autonomous physician assistant in  
3585 a list of health care practitioners authorized to provide  
3586 postoperative monitoring and required to be available throughout  
3587 an abortion procedure, remain at the abortion clinic until all  
3588 patients are discharged, and attempt to assess the patient's  
3589 recovery within a specified time; amending s. 394.463, F.S.;  
3590 authorizing a physician assistant, an autonomous physician  
3591 assistant, an advanced practice registered nurse to initiate an  
3592 involuntary examination for mental illness under certain  
3593 circumstances; providing for examination of a patient by a  
3594 physician assistant or psychiatric nurse; authorizing a  
3595 psychiatric nurse to approve the release of a patient under  
3596 certain conditions; amending s. 395.0191, F.S.; providing an  
3597 exception to the requirement for onsite medical direction for  
3598 certain advanced practice registered nurses; amending 395.602,  
3599 F.S.; authorizing inclusion of autonomous physician assistants  
3600 in the Medical Education Reimbursement and Loan Repayment  
3601 Program; amending s. 397.501, F.S.; prohibiting the denial of  
3602 certain services to an individual who takes medication  
3603 prescribed by a physician assistant, an autonomous physician  
3604 assistant, or an advanced practice registered nurse; amending

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3605 ss. 397.679 and 397.6793, F.S.; revising the list of persons  
3606 authorized to execute a professional's certificate for emergency  
3607 admission for a person who is substance abuse impaired; amending  
3608 s. 400.021, F.S.; revising the definition of the term "geriatric  
3609 outpatient clinic" to include a site staffed by an autonomous  
3610 physician assistant; amending s. 400.172, F.S.; including  
3611 autonomous physician assistants and advanced practice registered  
3612 nurses in a list of health care practitioners who may provide a  
3613 prospective respite care resident with certain medical  
3614 information; amending s. 400.487, F.S.; including autonomous  
3615 physician assistants in a list of health care practitioners who  
3616 must establish treatment orders for certain patients under  
3617 certain circumstances; amending s. 400.506, F.S.; applying  
3618 medical treatment plan requirements to autonomous physician  
3619 assistants; amending s. 400.9973, F.S.; revising the list of  
3620 professionals authorized to prescribe admission to a  
3621 transitional living facility; amending s. 400.9974, F.S.;  
3622 revising the criteria for the comprehensive treatment plan;  
3623 amending s. 400.9976, F.S.; revising the list of professionals  
3624 authorized to supervise and record medications to be  
3625 administered to a client; amending s. 400.9979, F.S.; revising  
3626 the list of professionals that may order physical or chemical  
3627 restraints for a client; amending s. 401.445, F.S.; prohibiting  
3628 recovery of damages in court against an autonomous physician  
3629 assistant under certain circumstances; requiring an autonomous

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3630 physician assistant to attempt to obtain a person's consent  
3631 prior to providing emergency services; amending ss. 409.906 and  
3632 409.908, F.S.; authorizing the agency to reimburse autonomous  
3633 physician assistants for providing certain optional Medicaid  
3634 services; amending s. 409.973, F.S.; requiring managed care  
3635 plans to cover autonomous physician assistant services; amending  
3636 s. 429.26, F.S.; prohibiting autonomous physician assistants  
3637 from having a financial interest in the assisted living facility  
3638 that employs them; including autonomous physician assistants in  
3639 a list of health care practitioners from whom an assisted living  
3640 facility resident may obtain an examination prior to admission;  
3641 amending s. 429.918, F.S.; revising the definition of the term  
3642 "ARD participant" to include participants who have a documented  
3643 diagnosis of Alzheimer's disease or a dementia-related disorder  
3644 from an autonomous physician assistant; including autonomous  
3645 physician assistants in a list of health care practitioners from  
3646 whom an ARD participant may obtain signed medical  
3647 documentation; amending s. 440.102, F.S.; authorizing, for the  
3648 purpose of drug-free workforce program requirements, an  
3649 autonomous physician assistant to collect a specimen for a drug  
3650 test; amending s. 456.053, F.S.; revising the definition of the  
3651 term "board" to include the Board of Nursing; revising the  
3652 definitions of the terms "health care provider" and "sole  
3653 provider" to include advanced practice registered nurses  
3654 engaging in autonomous practice and autonomous physician

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3655 assistants; authorizing an advanced practice registered nurse  
3656 engaging in autonomous practice and an autonomous physician  
3657 assistant to make referrals under certain circumstances;  
3658 conforming a reference; amending s. 456.072, F.S.; requiring the  
3659 suspension and fining of an autonomous physician assistant for  
3660 prescribing or dispensing a controlled substance in a certain  
3661 manner; amending s. 456.44, F.S.; providing certain requirements  
3662 for autonomous physician assistants who prescribe controlled  
3663 substances for the treatment of chronic nonmalignant pain;  
3664 amending ss. 458.3265 and 459.0137, F.S.; requiring an  
3665 autonomous physician assistant to perform a physical examination  
3666 of a patient at a pain-management clinic under certain  
3667 circumstances; amending 458.331 and 459.015, F.S.; making an  
3668 autonomous physician assistant subject to licensure disciplinary  
3669 action for certain violations; amending s. 464.003, F.S.;

3670 revising the definition of "practice of practical nursing: to  
3671 authorize an autonomous physician assistant to supervise a  
3672 licensed practical nurse; amending s. 464.0205, F.S.;

3673 authorizing an advanced practice registered nurse engaging in  
3674 autonomous practice or autonomous physician assistant to  
3675 directly supervise a certified retired volunteer nurse; amending  
3676 s. 480.0475, F.S.; authorizing the operation of a massage  
3677 establishment during specified times if a massage is prescribed  
3678 by an autonomous physician assistant; amending s. 493.6108,  
3679 F.S.; authorizing an autonomous physician assistant to certify

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3680 the physical fitness of a certain class of applicants to bear a  
3681 weapon or firearm; amending s. 626.9707, F.S.; including  
3682 autonomous physician assistants and advanced practice registered  
3683 nurses in a list of entities and individuals that are protected  
3684 from insurer discrimination when providing services to a person  
3685 with the sickle-cell trait; amending s. 627.357, F.S.; amending  
3686 the definition of "health care provider" to include autonomous  
3687 physician assistant for the purpose of medical malpractice self-  
3688 insurance; amending s. 633.412, F.S.; authorizing autonomous  
3689 physician assistants to medically examine an applicant for  
3690 firefighter certification; 627.736, F.S.; requiring personal  
3691 injury protection insurance to cover a certain percentage of  
3692 medical services and care provided by an advanced practice  
3693 registered nurse registered to engage in autonomous practice or  
3694 autonomous physician assistant, a practitioner supervised by an  
3695 advanced practice registered nurse registered to engage in  
3696 autonomous practice or autonomous physician assistant or an  
3697 entity wholly owned by one or more advanced practice registered  
3698 nurses registered to engage in autonomous practice or autonomous  
3699 physician assistants; providing for reimbursement of advanced  
3700 practice registered nurses registered to engage in autonomous  
3701 practice or autonomous physician assistants up to a specified  
3702 amount for providing medical services and care; amending s.  
3703 633.412, F.S.; authorizing an autonomous physician assistant to  
3704 medically examine an applicant for firefighter certification;

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3705 amending s. 641.495, F.S.; requiring a health maintenance  
3706 organization to disclose in certain documents that certain  
3707 services may be provided by autonomous physician assistants or  
3708 advanced practice registered nurses; amending s. 744.2006, F.S.;  
3709 adding autonomous physician assistants to a list of authorized  
3710 professionals with whom a public guardian may contract to carry  
3711 out guardianship functions; conforming terminology; amending s.  
3712 744.331, F.S.; including a physician assistant or an autonomous  
3713 physician assistant as an eligible member of an examining  
3714 committee; conforming terminology; amending s. 766.103, F.S.;  
3715 prohibiting recovery of damages against an autonomous physician  
3716 assistant under certain conditions; amending s. 766.105, F.S.;  
3717 revising the definition of "health care provider" to include  
3718 autonomous physician assistants for purposes of the Florida  
3719 Patient's Compensation Fund; amending ss. 766.1115, F.S.;  
3720 revising the definition of "health care provider" to include  
3721 autonomous physician assistants; amending s. 766.1116, F.S.;  
3722 revising the definition of "health care practitioner" to include  
3723 autonomous physician assistants; amending s. 766.118, F.S.;  
3724 revising the definition of the term "practitioner" to include an  
3725 advanced practice registered nurse engaging in autonomous  
3726 practice and an autonomous physician assistant; amending s.  
3727 768.135, F.S.; providing immunity from liability for an advanced  
3728 practice registered nurse engaging in autonomous practice or an  
3729 autonomous physician assistant who provides volunteer services

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3730 under certain circumstances; amending s. 794.08, F.S.; providing  
3731 that the section does not apply to medical procedures conducted  
3732 by an autonomous physician assistant under certain  
3733 circumstances; amending s. 893.02, F.S.; revising the definition  
3734 of the term "practitioner" to include an autonomous physician  
3735 assistant; amending s. 943.13, F.S.; authorizing a law  
3736 enforcement officer or correctional officer to satisfy  
3737 qualifications for employment or appointment by passing a  
3738 physical examination conducted by an autonomous physician  
3739 assistant; amending s. 945.603, F.S.; authorizing the  
3740 Correctional Medical Authority to review and make  
3741 recommendations relating to the use of autonomous physician  
3742 assistants as physician extenders; amending s. 948.03, F.S.;  
3743 revising the list of persons who may prescribe drugs or  
3744 narcotics to a probationer to include autonomous physician  
3745 assistants; amending ss. 984.03 and 985.03, F.S.; revising the  
3746 definition of "licensed health care professional" to include  
3747 autonomous physician assistants; amending ss. 1002.20 and  
3748 1002.42, F.S.; including autonomous physician assistants in a  
3749 list of individuals who have immunity relating to the use of  
3750 epinephrine auto-injectors in public and private schools;  
3751 amending s. 1006.062, F.S.; authorizing an autonomous physician  
3752 assistant to provide training in the administration of  
3753 medication to designated school personnel; requiring the  
3754 monitoring such personnel by an autonomous physician assistant;

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3755 | including autonomous physician assistants in the list of  
3756 | practitioners who must determine whether such personnel may  
3757 | perform certain invasive medical services; amending s. 1006.20,  
3758 | F.S.; authorizing an autonomous physician assistant to medically  
3759 | evaluate a student athlete; amending s. 1009.65, F.S.;  
3760 | authorizing autonomous physician assistants to participate in  
3761 | the Medical Education Reimbursement and Loan Repayment Program;  
3762 | providing an effective date.