

1 A bill to be entitled
2 An act relating to health care practitioners; amending
3 s. 456.0391, F.S.; requiring an autonomous physician
4 assistant to submit certain information to the
5 Department of Health; requiring the department to send
6 a notice regarding the required information to submit;
7 requiring autonomous physician assistants who have
8 submitted required information to update such
9 information in writing; providing penalties; amending
10 s. 456.041, F.S.; requiring the department to provide
11 a practitioner profile for an autonomous physician
12 assistant; amending ss. 458.347 and 459.022, F.S.;
13 defining the term "autonomous physician assistant";
14 authorizing third-party payors to reimburse employers
15 for services provided by autonomous physician
16 assistants; deleting a requirement that a physician
17 assistant must inform a patient of a right to see a
18 physician before prescribing or dispensing a
19 prescription; revising the requirements for physician
20 assistant education and training programs; authorizing
21 the Board of Medicine to impose certain penalties upon
22 an autonomous physician assistant; requiring the board
23 to register a physician assistant as an autonomous
24 physician assistant if the applicant meets certain
25 criteria; providing requirements; providing

26 | exceptions; requiring the department to distinguish
27 | such autonomous physician assistants' licenses;
28 | authorizing such autonomous physician assistants to
29 | perform specified acts without physician supervision
30 | or supervisory protocol; requiring biennial
31 | registration renewal; requiring the Council on
32 | Physician Assistants to establish rules; revising the
33 | membership and duties of the council; prohibiting a
34 | person who is not registered as an autonomous
35 | physician assistant from using the title; providing
36 | for the denial, suspension, or revocation of the
37 | registration of an autonomous physician assistant;
38 | requiring the board to adopt rules; requiring
39 | autonomous physician assistants to report adverse
40 | incidents to the department; amending s. 464.012,
41 | F.S.; requiring applicants for registration as an
42 | advanced practice registered nurse to apply to the
43 | Board of Nursing; authorizing an advanced practice
44 | registered nurse to sign, certify, stamp, verify, or
45 | endorse a document that requires the signature,
46 | certification, stamp, verification, affidavit, or
47 | endorsement of a physician within the framework of an
48 | established protocol; providing an exception; creating
49 | s. 464.0123, F.S.; defining the term "autonomous
50 | practice"; providing for the registration of an

51 advanced practice registered nurse to engage in
52 autonomous practice; providing registration
53 requirements; requiring the department to distinguish
54 such advanced practice registered nurses' licenses and
55 include the registration in their practitioner
56 profiles; authorizing such advanced practice
57 registered nurses to perform specified acts without
58 physician supervision or supervisory protocol;
59 requiring biennial registration renewal and continuing
60 education; authorizing the Board of Nursing to
61 establish an advisory committee to determine the
62 medical acts that may be performed by such advanced
63 practice registered nurses; providing for appointment
64 and terms of committee members; requiring the board to
65 adopt rules; creating s. 464.0155, F.S.; requiring
66 advanced practice registered nurses who are registered
67 to engage in autonomous practice to report adverse
68 incidents to the Department of Health; providing
69 requirements; defining the term "adverse incident";
70 providing for department review of such reports;
71 authorizing the department to take disciplinary
72 action; amending s. 464.018, F.S.; providing
73 additional grounds for denial of a license or
74 disciplinary action for advanced practice registered
75 nurses who are registered to engage in autonomous

76 practice; amending s. 39.01, F.S.; revising the
77 definition of the term "licensed health care
78 professional" to include an autonomous physician
79 assistant; amending s. 39.303, F.S.; authorizing a
80 specified autonomous physician assistant to review
81 certain cases of abuse or neglect and standards for
82 face-to-face medical evaluations by a child protection
83 team; amending s. 39.304, F.S.; authorizing an
84 autonomous physician assistant to perform or order an
85 examination and diagnose a child without parental
86 consent under certain circumstances; amending s.
87 110.12315, F.S.; revising requirements for
88 reimbursement of pharmacies for specified prescription
89 drugs and supplies under the state employees'
90 prescription drug program; amending s. 252.515, F.S.;
91 providing immunity from civil liability for an
92 autonomous physician assistant under the Postdisaster
93 Relief Assistance Act; amending ss. 310.071, 310.073,
94 and 310.081, F.S.; authorizing an autonomous physician
95 assistant and a physician assistant to administer the
96 physical examination required for deputy pilot
97 certification and state pilot licensure; authorizing
98 an applicant for a deputy pilot certificate or a state
99 pilot license to use controlled substances prescribed
100 by an autonomous physician assistant; amending s.

101 320.0848, F.S.; authorizing an autonomous physician
102 assistant to certify that a person is disabled to
103 satisfy requirements for certain permits; amending s.
104 381.00315, F.S.; providing for the temporary
105 reactivation of the registration of an autonomous
106 physician assistant in a public health emergency;
107 amending s. 381.00593, F.S.; revising the definition
108 of the term "health care practitioner" to include an
109 autonomous physician assistant for purposes of the
110 Public School Volunteer Health Care Practitioner Act;
111 amending s. 381.026, F.S.; revising the definition of
112 the term "health care provider" to include an advanced
113 practice registered nurse and an autonomous physician
114 assistant for purposes of the Florida Patient's Bill
115 of Rights and Responsibilities; amending s. 382.008,
116 F.S.; authorizing an autonomous physician assistant, a
117 physician assistant, or an advanced practice
118 registered nurse to file a certificate of death or
119 fetal death under certain circumstances; authorizing a
120 certified nurse midwife to provide certain information
121 to the funeral director within a specified time
122 period; replacing the term "primary or attending
123 physician" with "primary or attending practitioner";
124 defining the term "primary or attending practitioner";
125 amending s. 382.011, F.S.; conforming a provision to

126 changes made by the act; amending s. 383.14, F.S.;

127 authorizing the release of certain newborn tests and

128 screening results to an autonomous physician

129 assistant; revising the definition of the term "health

130 care practitioner" to include an autonomous physician

131 assistant for purposes of screening for metabolic

132 disorders, other hereditary and congenital disorders,

133 and environmental risk factors; amending s. 390.0111,

134 F.S.; authorizing an autonomous physician assistant to

135 review an ultrasound with a woman before an abortion

136 procedure; amending s. 390.012, F.S.; authorizing an

137 autonomous physician assistant to provide

138 postoperative monitoring and to be available

139 throughout an abortion procedure, remain at the

140 abortion clinic until all patients are discharged, and

141 attempt to assess the patient's recovery within a

142 specified time period; amending s. 394.463, F.S.;

143 authorizing an autonomous physician assistant, a

144 physician assistant, and an advanced practice

145 registered nurse to initiate an involuntary

146 examination for mental illness under certain

147 circumstances; authorizing a physician assistant to

148 examine a patient; amending s. 395.0191, F.S.;

149 providing an exception to certain onsite medical

150 direction requirements for a specified advanced

151 practice registered nurse; amending 395.602, F.S.;

152 authorizing the Department of Health to use certain

153 funds to increase the number of autonomous physician

154 assistants in rural areas; amending s. 397.501, F.S.;

155 prohibiting the denial of certain services to an

156 individual who takes medication prescribed by an

157 autonomous physician assistant, a physician assistant,

158 or an advanced practice registered nurse; amending ss.

159 397.679 and 397.6793, F.S.; authorizing an autonomous

160 physician assistant to execute a certificate for

161 emergency admission of a person who is substance abuse

162 impaired; amending s. 400.021, F.S.; revising the

163 definition of the term "geriatric outpatient clinic"

164 to include a site staffed by an autonomous physician

165 assistant; amending s. 400.172, F.S.; authorizing an

166 autonomous physician assistant and an advanced

167 practice registered nurse to provide certain medical

168 information to a prospective respite care resident;

169 amending s. 400.487, F.S.; authorizing autonomous

170 physician assistants to establish treatment orders for

171 certain patients under certain circumstances; amending

172 s. 400.506, F.S.; requiring autonomous physician

173 assistants to comply with specified requirements for a

174 plan of treatment; amending ss. 400.9973, 400.9974,

175 400.9976, and 400.9979, F.S.; authorizing an

176 autonomous physician assistant to prescribe admission
177 to a transitional living facility and provide care for
178 the duration of the client's stay in such facility,
179 provide orders for a comprehensive treatment plan,
180 supervise and record medications to be administered to
181 a client, and order physical or chemical restraints
182 for a client, respectively; amending s. 401.445, F.S.;
183 prohibiting recovery of damages in court against a
184 registered autonomous physician assistant under
185 certain circumstances; requiring an autonomous
186 physician assistant to attempt to obtain a person's
187 consent before providing emergency services; amending
188 ss. 409.906 and 409.908, F.S.; authorizing the agency
189 to reimburse an autonomous physician assistant for
190 providing certain optional Medicaid services; amending
191 s. 409.973, F.S.; requiring managed care plans to
192 cover autonomous physician assistant services;
193 amending s. 429.26, F.S.; prohibiting autonomous
194 physician assistants from having a financial interest
195 in the assisted living facility that employs them;
196 authorizing an autonomous physician assistant to
197 examine an assisted living facility resident before
198 admission; amending s. 429.918, F.S.; revising the
199 definition of the term "ADRD participant" to include a
200 participant who has a specified diagnosis from an

201 autonomous physician assistant; authorizing an
202 autonomous physician assistant to provide signed
203 documentation to an ADRD participant; amending s.
204 440.102, F.S.; authorizing an autonomous physician
205 assistant to collect a specimen for a drug test for
206 specified purposes; amending s. 456.053, F.S.;

207 revising definitions; authorizing an advanced practice
208 registered nurse who is engaging in autonomous
209 practice and an autonomous physician assistant to make
210 referrals under certain circumstances; conforming a
211 cross-reference; amending s. 456.072, F.S.; providing
212 penalties for an autonomous physician assistant who
213 prescribes or dispenses a controlled substance in a
214 certain manner; amending s. 456.44, F.S.; revising the
215 definition of the term "registrant" to include an
216 autonomous physician assistant for purposes of
217 controlled substance prescribing; providing
218 requirements for an autonomous physician assistant who
219 prescribes controlled substances for the treatment of
220 chronic nonmalignant pain; amending ss. 458.3265 and
221 459.0137, F.S.; requiring an autonomous physician
222 assistant to perform a physical examination of a
223 patient at a pain-management clinic under certain
224 circumstances; amending ss. 458.331 and 459.015, F.S.;

225 providing grounds for denial of a license or

226 disciplinary action against an autonomous physician
227 assistant for certain violations; amending s. 464.003,
228 F.S.; revising the definition of the term "practice of
229 practical nursing" to include a registered autonomous
230 physician assistant for purposes of authorizing such
231 assistant to supervise a licensed practical nurse;
232 amending s. 464.0205, F.S.; authorizing an autonomous
233 physician assistant to directly supervise a certified
234 retired volunteer nurse; amending s. 480.0475, F.S.;;
235 authorizing the operation of a massage establishment
236 during specified hours if the massage therapy is
237 prescribed by an autonomous physician assistant;
238 amending s. 493.6108, F.S.; authorizing an autonomous
239 physician assistant to certify the physical fitness of
240 a certain class of applicants to bear a weapon or
241 firearm; amending s. 626.9707, F.S.; providing that an
242 autonomous physician assistant and an advanced
243 practice registered nurse may provide services to
244 certain persons without insurer discrimination;
245 amending s. 627.357, F.S.; revising the definition of
246 the term "health care provider" to include an
247 autonomous physician assistant for purposes of medical
248 malpractice self-insurance; amending s. 627.736, F.S.;;
249 requiring personal injury protection insurance to
250 cover a certain percentage of medical services and

251 care provided by specified health care providers;
252 providing for reimbursement of advanced practice
253 registered nurses who are registered to engage in
254 autonomous practice or autonomous physician assistants
255 up to a specified amount for providing medical
256 services and care; amending s. 633.412, F.S.;

257 authorizing an autonomous physician assistant to
258 medically examine an applicant for firefighter
259 certification; amending s. 641.495, F.S.; requiring
260 certain health maintenance organization documents to
261 disclose that certain services may be provided by
262 autonomous physician assistants or advanced practice
263 registered nurses; amending s. 744.2006, F.S.;

264 authorizing an autonomous physician assistant to carry
265 out guardianship functions under a contract with a
266 public guardian; conforming terminology; amending s.
267 744.331, F.S.; authorizing an autonomous physician
268 assistant or a physician assistant to be an eligible
269 member of an examining committee; conforming
270 terminology; amending s. 744.3675, F.S.; authorizing
271 an advanced practice registered nurse, autonomous
272 physician assistant, or physician assistant to provide
273 the medical report of a ward in an annual guardianship
274 plan; amending s. 766.103, F.S.; prohibiting recovery
275 of damages against an autonomous physician assistant

276 | under certain conditions; amending s. 766.105, F.S.;

277 | revising the definition of the term "health care

278 | provider" to include an autonomous physician

279 | assistants for purposes of the Florida Patient's

280 | Compensation Fund; amending ss. 766.1115 and 766.1116,

281 | F.S.; revising the definitions of the terms "health

282 | care provider" and "health care practitioner,"

283 | respectively, to include autonomous physician

284 | assistants for purposes of the Access to Health Care

285 | Act; amending s. 766.118, F.S.; revising the

286 | definition of the term "practitioner" to include an

287 | advanced practice registered nurse who is engaging in

288 | autonomous practice and an autonomous physician

289 | assistant; amending s. 768.135, F.S.; providing

290 | immunity from liability for an advanced practice

291 | registered nurse who is engaging in autonomous

292 | practice or an autonomous physician assistant who

293 | provides volunteer services under certain

294 | circumstances; amending s. 794.08, F.S.; providing an

295 | exception to medical procedures conducted by an

296 | autonomous physician assistant under certain

297 | circumstances; amending s. 893.02, F.S.; revising the

298 | definition of the term "practitioner" to include an

299 | autonomous physician assistant; amending s. 943.13,

300 | F.S.; authorizing an autonomous physician assistant to

301 | conduct a physical examination for a law enforcement
302 | officer or correctional officer to satisfy
303 | qualifications for employment or appointment; amending
304 | s. 945.603, F.S.; authorizing the Correctional Medical
305 | Authority to review and make recommendations relating
306 | to the use of autonomous physician assistants as
307 | physician extenders; amending s. 948.03, F.S.;
308 | authorizing an autonomous physician assistant to
309 | prescribe drugs or narcotics to a probationer;
310 | amending ss. 984.03 and 985.03, F.S.; revising the
311 | definition of the term "licensed health care
312 | professional" to include an autonomous physician
313 | assistant; amending ss. 1002.20 and 1002.42, F.S.;
314 | providing immunity from liability for autonomous
315 | physician assistants who administer epinephrine auto-
316 | injectors in public and private schools; amending s.
317 | 1006.062, F.S.; authorizing an autonomous physician
318 | assistant to provide training in the administration of
319 | medication to designated school personnel; requiring
320 | monitoring of such personnel by an autonomous
321 | physician assistant; authorizing an autonomous
322 | physician assistant to determine whether such
323 | personnel may perform certain invasive medical
324 | services; amending s. 1006.20, F.S.; authorizing an
325 | autonomous physician assistant to medically evaluate a

326 student athlete; amending s. 1009.65, F.S.;

327 authorizing an autonomous physician assistant to

328 participate in the Medical Education Reimbursement and

329 Loan Repayment Program; providing appropriations and

330 authorizing positions; providing a contingent

331 effective date.

332

333 Be It Enacted by the Legislature of the State of Florida:

334

335 Section 1. Section 456.0391, Florida Statutes, is amended

336 to read:

337 456.0391 Advanced practice registered nurses and

338 autonomous physician assistants; information required for

339 licensure or registration.-

340 (1) (a) Each person who applies for initial licensure under

341 s. 464.012 or initial registration under s. 458.347(8) or s.

342 459.022(8) must, at the time of application, and each person

343 licensed under s. 464.012 or registered under s. 458.347(8) or

344 s. 459.022(8) who applies for licensure or registration renewal

345 must, in conjunction with the renewal of such licensure or

346 registration and under procedures adopted by the Department of

347 Health, and in addition to any other information that may be

348 required from the applicant, furnish the following information

349 to the Department of Health:

350 1. The name of each school or training program that the

351 applicant has attended, with the months and years of attendance
352 and the month and year of graduation, and a description of all
353 graduate professional education completed by the applicant,
354 excluding any coursework taken to satisfy continuing education
355 requirements.

356 2. The name of each location at which the applicant
357 practices.

358 3. The address at which the applicant will primarily
359 conduct his or her practice.

360 4. Any certification or designation that the applicant has
361 received from a specialty or certification board that is
362 recognized or approved by the regulatory board or department to
363 which the applicant is applying.

364 5. The year that the applicant received initial
365 certification, ~~or~~ licensure, or registration and began
366 practicing the profession in any jurisdiction and the year that
367 the applicant received initial certification, ~~or~~ or
368 registration in this state.

369 6. Any appointment which the applicant currently holds to
370 the faculty of a school related to the profession and an
371 indication as to whether the applicant has had the
372 responsibility for graduate education within the most recent 10
373 years.

374 7. A description of any criminal offense of which the
375 applicant has been found guilty, regardless of whether

376 adjudication of guilt was withheld, or to which the applicant
377 has pled guilty or nolo contendere. A criminal offense committed
378 in another jurisdiction which would have been a felony or
379 misdemeanor if committed in this state must be reported. If the
380 applicant indicates that a criminal offense is under appeal and
381 submits a copy of the notice for appeal of that criminal
382 offense, the department must state that the criminal offense is
383 under appeal if the criminal offense is reported in the
384 applicant's profile. If the applicant indicates to the
385 department that a criminal offense is under appeal, the
386 applicant must, within 15 days after the disposition of the
387 appeal, submit to the department a copy of the final written
388 order of disposition.

389 8. A description of any final disciplinary action taken
390 within the previous 10 years against the applicant by a
391 licensing or regulatory body in any jurisdiction, by a specialty
392 board that is recognized by the board or department, or by a
393 licensed hospital, health maintenance organization, prepaid
394 health clinic, ambulatory surgical center, or nursing home.
395 Disciplinary action includes resignation from or nonrenewal of
396 staff membership or the restriction of privileges at a licensed
397 hospital, health maintenance organization, prepaid health
398 clinic, ambulatory surgical center, or nursing home taken in
399 lieu of or in settlement of a pending disciplinary case related
400 to competence or character. If the applicant indicates that the

401 disciplinary action is under appeal and submits a copy of the
402 document initiating an appeal of the disciplinary action, the
403 department must state that the disciplinary action is under
404 appeal if the disciplinary action is reported in the applicant's
405 profile.

406 (b) In addition to the information required under
407 paragraph (a), each applicant for initial licensure or
408 registration or licensure or registration renewal must provide
409 the information required of licensees pursuant to s. 456.049.

410 (2) The Department of Health shall send a notice to each
411 person licensed under s. 464.012 or registered under s.
412 458.347(8) or s. 459.022(8) at the licensee's or registrant's
413 last known address of record regarding the requirements for
414 information to be submitted by such person ~~advanced practice~~
415 ~~registered nurses~~ pursuant to this section in conjunction with
416 the renewal of such license or registration.

417 (3) Each person licensed under s. 464.012 or registered
418 under s. 458.347(8) or s. 459.022(8) who has submitted
419 information pursuant to subsection (1) must update that
420 information in writing by notifying the Department of Health
421 within 45 days after the occurrence of an event or the
422 attainment of a status that is required to be reported by
423 subsection (1). Failure to comply with the requirements of this
424 subsection to update and submit information constitutes a ground
425 for disciplinary action under the applicable practice act

426 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the
427 requirements of this subsection to update and submit
428 information, the department or board, as appropriate, may:

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

432 (b) Issue a citation to any certificateholder, ~~or~~
433 licensee, or registrant who fails to submit and update the
434 required information and may fine the certificateholder, ~~or~~
435 licensee, or registrant up to \$50 for each day that the
436 certificateholder, ~~or~~ licensee, or registrant is not in
437 compliance with this subsection. The citation must clearly state
438 that the certificateholder, ~~or~~ licensee, or registrant may
439 choose, in lieu of accepting the citation, to follow the
440 procedure under s. 456.073. If the certificateholder, ~~or~~
441 licensee, or registrant disputes the matter in the citation, the
442 procedures set forth in s. 456.073 must be followed. However, if
443 the certificateholder, ~~or~~ licensee, or registrant does not
444 dispute the matter in the citation with the department within 30
445 days after the citation is served, the citation becomes a final
446 order and constitutes discipline. Service of a citation may be
447 made by personal service or certified mail, restricted delivery,
448 to the subject at the certificateholder's, ~~or~~ licensee's, or
449 registrant's last known address.

450 (4) (a) An applicant for initial licensure under s. 464.012

451 must submit a set of fingerprints to the Department of Health on
452 a form and under procedures specified by the department, along
453 with payment in an amount equal to the costs incurred by the
454 Department of Health for a national criminal history check of
455 the applicant.

456 (b) An applicant for renewed licensure who has not
457 previously submitted a set of fingerprints to the Department of
458 Health for purposes of certification must submit a set of
459 fingerprints to the department as a condition of the initial
460 renewal of his or her certificate after the effective date of
461 this section. The applicant must submit the fingerprints on a
462 form and under procedures specified by the department, along
463 with payment in an amount equal to the costs incurred by the
464 Department of Health for a national criminal history check. For
465 subsequent renewals, the applicant for renewed licensure must
466 only submit information necessary to conduct a statewide
467 criminal history check, along with payment in an amount equal to
468 the costs incurred by the Department of Health for a statewide
469 criminal history check.

470 (c)1. The Department of Health shall submit the
471 fingerprints provided by an applicant for initial licensure to
472 the Florida Department of Law Enforcement for a statewide
473 criminal history check, and the Florida Department of Law
474 Enforcement shall forward the fingerprints to the Federal Bureau
475 of Investigation for a national criminal history check of the

476 applicant.

477 2. The department shall submit the fingerprints provided
478 by an applicant for the initial renewal of licensure to the
479 Florida Department of Law Enforcement for a statewide criminal
480 history check, and the Florida Department of Law Enforcement
481 shall forward the fingerprints to the Federal Bureau of
482 Investigation for a national criminal history check for the
483 initial renewal of the applicant's certificate after the
484 effective date of this section.

485 3. For any subsequent renewal of the applicant's
486 certificate, the department shall submit the required
487 information for a statewide criminal history check of the
488 applicant to the Florida Department of Law Enforcement.

489 (d) Any applicant for initial licensure or renewal of
490 licensure as an advanced practice registered nurse who submits
491 to the Department of Health a set of fingerprints and
492 information required for the criminal history check required
493 under this section shall not be required to provide a subsequent
494 set of fingerprints or other duplicate information required for
495 a criminal history check to the Agency for Health Care
496 Administration, the Department of Juvenile Justice, or the
497 Department of Children and Families for employment or licensure
498 with such agency or department, if the applicant has undergone a
499 criminal history check as a condition of initial licensure or
500 renewal of licensure as an advanced practice registered nurse

501 with the Department of Health, notwithstanding any other
502 provision of law to the contrary. In lieu of such duplicate
503 submission, the Agency for Health Care Administration, the
504 Department of Juvenile Justice, and the Department of Children
505 and Families shall obtain criminal history information for
506 employment or licensure of persons licensed under s. 464.012 by
507 such agency or department from the Department of Health's health
508 care practitioner credentialing system.

509 (5) Each person who is required to submit information
510 pursuant to this section may submit additional information to
511 the Department of Health. Such information may include, but is
512 not limited to:

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

515 (b) Information regarding professional or community
516 service activities or awards.

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

521 (d) An indication of whether the person participates in
522 the Medicaid program.

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

525 456.041 Practitioner profile; creation.—

526 (6) The Department of Health shall provide in each
 527 practitioner profile for every physician, autonomous physician
 528 assistant, or advanced practice registered nurse terminated for
 529 cause from participating in the Medicaid program, pursuant to s.
 530 409.913, or sanctioned by the Medicaid program a statement that
 531 the practitioner has been terminated from participating in the
 532 Florida Medicaid program or sanctioned by the Medicaid program.

533 Section 3. Subsections (8) through (17) of section
 534 458.347, Florida Statutes, are renumbered as subsections (9)
 535 through (18), respectively, subsection (2), paragraphs (b), (e),
 536 and (f) of subsection (4), paragraph (a) of subsection (6),
 537 paragraphs (a) and (f) of subsection (7), present subsection
 538 (9), and present subsections (11) through (13) are amended,
 539 paragraph (b) is added to subsection (2), and new subsections
 540 (8) and (19) are added to that section, to read:

541 458.347 Physician assistants.—

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

543 (a) "Approved program" means a program, formally approved
 544 by the boards, for the education of physician assistants.

545 (b) "Autonomous physician assistant" means a physician
 546 assistant who meets the requirements of subsection (8) to
 547 practice primary care without physician supervision.

548 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
 549 of Osteopathic Medicine.

550 (d) ~~(h)~~ "Continuing medical education" means courses

551 recognized and approved by the boards, the American Academy of
 552 Physician Assistants, the American Medical Association, the
 553 American Osteopathic Association, or the Accreditation Council
 554 on Continuing Medical Education.

555 (e)~~(e)~~ "Council" means the Council on Physician
 556 Assistants.

557 (f)~~(e)~~ "Physician assistant" means a person who is a
 558 graduate of an approved program or its equivalent or meets
 559 standards approved by the boards and is licensed to perform
 560 medical services delegated by the supervising physician.

561 (g) "Proficiency examination" means an entry-level
 562 examination approved by the boards, including, but not limited
 563 to, those examinations administered by the National Commission
 564 on Certification of Physician Assistants.

565 (h)~~(f)~~ "Supervision" means responsible supervision and
 566 control. Except in cases of emergency, supervision requires the
 567 easy availability or physical presence of the licensed physician
 568 for consultation and direction of the actions of the physician
 569 assistant. For the purposes of this definition, the term "easy
 570 availability" includes the ability to communicate by way of
 571 telecommunication. The boards shall establish rules as to what
 572 constitutes responsible supervision of the physician assistant.

573 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
 574 in an approved program.

575 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

576 (b) This chapter does not prevent third-party payors from
577 reimbursing employers of physician assistants or autonomous
578 physician assistants for covered services rendered by licensed
579 physician assistants or registered autonomous physician
580 assistants.

581 (e) A supervising physician may delegate to a fully
582 licensed physician assistant the authority to prescribe or
583 dispense any medication used in the supervising physician's
584 practice unless such medication is listed on the formulary
585 created pursuant to paragraph (f). A fully licensed physician
586 assistant may only prescribe or dispense such medication under
587 the following circumstances:

588 1. A physician assistant must clearly identify to the
589 patient that he or she is a physician assistant ~~and inform the~~
590 ~~patient that the patient has the right to see the physician~~
591 ~~before a prescription is prescribed or dispensed by the~~
592 ~~physician assistant~~.

593 2. The supervising physician must notify the department of
594 his or her intent to delegate, on a department-approved form,
595 before delegating such authority and of any change in
596 prescriptive privileges of the physician assistant. Authority to
597 dispense may be delegated only by a supervising physician who is
598 registered as a dispensing practitioner in compliance with s.
599 465.0276.

600 3. The physician assistant must complete a minimum of 10

601 continuing medical education hours in the specialty practice in
602 which the physician assistant has prescriptive privileges with
603 each licensure renewal. Three of the 10 hours must consist of a
604 continuing education course on the safe and effective
605 prescribing of controlled substance medications which is offered
606 by a statewide professional association of physicians in this
607 state accredited to provide educational activities designated
608 for the American Medical Association Physician's Recognition
609 Award Category 1 credit or designated by the American Academy of
610 Physician Assistants as a Category 1 credit.

611 4. The department may issue a prescriber number to the
612 physician assistant granting authority for the prescribing of
613 medicinal drugs authorized within this paragraph upon completion
614 of the requirements of this paragraph. The physician assistant
615 is not required to independently register pursuant to s.
616 465.0276.

617 5. The prescription may be in paper or electronic form but
618 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
619 and must contain, in addition to the supervising physician's
620 name, address, and telephone number, the physician assistant's
621 prescriber number. Unless it is a drug or drug sample dispensed
622 by the physician assistant, the prescription must be filled in a
623 pharmacy permitted under chapter 465 and must be dispensed in
624 that pharmacy by a pharmacist licensed under chapter 465. The
625 inclusion of the prescriber number creates a presumption that

626 | the physician assistant is authorized to prescribe the medicinal
 627 | drug and the prescription is valid.

628 | 6. The physician assistant must note the prescription or
 629 | dispensing of medication in the appropriate medical record.

630 | (f)1. The council shall establish a formulary of medicinal
 631 | drugs that a registered autonomous physician assistant or fully
 632 | licensed physician assistant having prescribing authority under
 633 | this section or s. 459.022 may not prescribe. The formulary must
 634 | include general anesthetics and radiographic contrast materials
 635 | and must limit the prescription of Schedule II controlled
 636 | substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
 637 | supply. The formulary must also restrict the prescribing of
 638 | psychiatric mental health controlled substances for children
 639 | younger than 18 years of age.

640 | 2. In establishing the formulary, the council shall
 641 | consult with a pharmacist licensed under chapter 465, but not
 642 | licensed under this chapter or chapter 459, who shall be
 643 | selected by the State Surgeon General.

644 | 3. Only the council shall add to, delete from, or modify
 645 | the formulary. Any person who requests an addition, a deletion,
 646 | or a modification of a medicinal drug listed on such formulary
 647 | has the burden of proof to show cause why such addition,
 648 | deletion, or modification should be made.

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

651 formulary, by rule. Notwithstanding any provision of chapter 120
652 to the contrary, the formulary rule shall be effective 60 days
653 after the date it is filed with the Secretary of State. Upon
654 adoption of the formulary, the department shall mail a copy of
655 such formulary to each registered autonomous physician assistant
656 or fully licensed physician assistant having prescribing
657 authority under this section or s. 459.022, and to each pharmacy
658 licensed by the state. The boards shall establish, by rule, a
659 fee not to exceed \$200 to fund the provisions of this paragraph
660 and paragraph (e).

661 (6) PROGRAM APPROVAL.—

662 (a) The boards shall approve programs, ~~based on~~
663 ~~recommendations by the council,~~ for the education and training
664 of physician assistants which meet standards established by rule
665 of the boards. ~~The council may recommend only those physician~~
666 ~~assistant programs that hold full accreditation or provisional~~
667 ~~accreditation from the Commission on Accreditation of Allied~~
668 ~~Health Programs or its successor organization. Any educational~~
669 ~~institution offering a physician assistant program approved by~~
670 ~~the boards pursuant to this paragraph may also offer the~~
671 ~~physician assistant program authorized in paragraph (c) for~~
672 ~~unlicensed physicians.~~

673 (7) PHYSICIAN ASSISTANT LICENSURE.—

674 (a) Any person desiring to be licensed as a physician
675 assistant must apply to the department. The department shall

676 | issue a license to any person certified by the council as having
677 | met the following requirements:

678 | 1. Is at least 18 years of age.
679 | 2. Has satisfactorily passed a proficiency examination by
680 | an acceptable score established by the National Commission on
681 | Certification of Physician Assistants. If an applicant does not
682 | hold a current certificate issued by the National Commission on
683 | Certification of Physician Assistants and has not actively
684 | practiced as a physician assistant within the immediately
685 | preceding 4 years, the applicant must retake and successfully
686 | complete the entry-level examination of the National Commission
687 | on Certification of Physician Assistants to be eligible for
688 | licensure.

689 | 3. Has completed the application form and remitted an
690 | application fee not to exceed \$300 as set by the boards. An
691 | application for licensure made by a physician assistant must
692 | include:

693 | a. Has graduated from a board-approved ~~A certificate of~~
694 | ~~completion of a~~ physician assistant training program as
695 | specified in subsection (6).

696 | b. Acknowledgment of any prior felony convictions.

697 | c. Acknowledgment of any previous revocation or denial of
698 | licensure or certification in any state.

699 | d. A copy of course transcripts and a copy of the course
700 | description from a physician assistant training program

701 describing course content in pharmacotherapy, if the applicant
 702 wishes to apply for prescribing authority. These documents must
 703 meet the evidence requirements for prescribing authority.

704 (f) The Board of Medicine may impose any of the penalties
 705 authorized under ss. 456.072 and 458.331(2) upon an autonomous
 706 physician assistant or a physician assistant if the autonomous
 707 physician assistant, physician assistant, or ~~the~~ supervising
 708 physician has been found guilty of or is being investigated for
 709 any act that constitutes a violation of this chapter or chapter
 710 456.

711 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.—

712 (a) The board shall register a physician assistant as an
 713 autonomous physician assistant if the applicant demonstrates
 714 that he or she:

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

717 2. Has not been subject to any disciplinary action
 718 pursuant to s. 456.072, s. 458.331, or s. 459.015, or any
 719 similar disciplinary action in any jurisdiction of the United
 720 States, within the 5 years immediately preceding the
 721 registration request.

722 3. Has completed, in any jurisdiction of the United
 723 States, at least 2,000 clinical practice hours within the 3
 724 years immediately preceding the submission of the registration
 725 request while practicing as a physician assistant under the

726 supervision of an allopathic or osteopathic physician who held
727 an active, unencumbered license issued by any state, the
728 District of Columbia, or a possession or territory of the United
729 States during the period of such supervision.

730 4. Has completed a graduate-level course in pharmacology.

731 5. Obtains and maintains professional liability coverage
732 at the same level and in the same manner as in s. 458.320(1)(b)
733 or s. 458.320(1)(c). However, the requirements of this
734 subparagraph do not apply to:

735 a. Any person registered under this subsection who
736 practices exclusively as an officer, employee, or agent of the
737 Federal Government or of the state or its agencies or its
738 subdivisions.

739 b. Any person whose license has become inactive and who is
740 not practicing as an autonomous physician assistant in this
741 state.

742 c. Any person who practices as an autonomous physician
743 assistant only in conjunction with his or her teaching duties at
744 an accredited school or its main teaching hospitals. Such
745 practice is limited to that which is incidental to and a
746 necessary part of duties in connection with the teaching
747 position.

748 d. Any person who holds an active license under this
749 subsection who is not practicing as an autonomous physician
750 assistant in this state. If such person initiates or resumes any

751 practice as an autonomous physician assistant, he or she must
752 notify the department of such activity and fulfill the
753 professional liability coverage requirements of this
754 subparagraph.

755 (b) The department shall conspicuously distinguish an
756 autonomous physician assistant license if he or she is
757 registered under this subsection.

758 (c) An autonomous physician assistant may:

759 1. Render only primary care services as defined by the
760 board in rule without physician supervision.

761 2. Render services to patients consistent with his or her
762 education and experience without physician supervision.

763 3. Prescribe, dispense, administer, or order any medicinal
764 drug, including those medicinal drugs to the extent authorized
765 under paragraph (4) (f) and the formulary adopted in that
766 paragraph.

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

770 5. Provide a signature, certification, stamp,
771 verification, affidavit, or other endorsement that is otherwise
772 required by law to be provided by a physician.

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

776 (d) An autonomous physician assistant must biennially
 777 renew his or her registration under this subsection. The
 778 biennial renewal shall coincide with the autonomous physician
 779 assistant's biennial renewal period for physician assistant
 780 licensure.

781 (e) The council shall develop rules defining the primary
 782 care practice of autonomous physician assistants, which may
 783 include internal medicine, general pediatrics, family medicine,
 784 geriatrics, and general obstetrics and gynecology practices.

785 (10)~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
 786 Physician Assistants is created within the department.

787 (a) The council shall consist of five members appointed as
 788 follows:

789 1. The chairperson of the Board of Medicine shall appoint
 790 one member who is a physician and a member ~~three members who are~~
 791 ~~physicians and members~~ of the Board of Medicine. ~~One of~~ The
 792 physician ~~physicians~~ must supervise a physician assistant in his
 793 or her ~~the physician's~~ practice.

794 2. The chairperson of the Board of Osteopathic Medicine
 795 shall appoint one member who is a physician and a member of the
 796 Board of Osteopathic Medicine. The physician must supervise a
 797 physician assistant in his or her practice.

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

801 (b) ~~Two of the members appointed to the council must be~~
802 ~~physicians who supervise physician assistants in their practice.~~
803 Members shall be appointed to terms of 4 years, except that of
804 the initial appointments, two members shall be appointed to
805 terms of 2 years, two members shall be appointed to terms of 3
806 years, and one member shall be appointed to a term of 4 years,
807 as established by rule of the boards. Council members may not
808 serve more than two consecutive terms. The council shall
809 annually elect a chairperson from among its members.

810 (c) The council shall:

811 1. Recommend to the department the licensure of physician
812 assistants.

813 2. Develop all rules regulating the primary care practice
814 of autonomous physician assistants and the use of physician
815 assistants by physicians under this chapter and chapter 459,
816 except for rules relating to the formulary developed under
817 paragraph (4)(f). The council shall also develop rules to ensure
818 that the continuity of supervision is maintained in each
819 practice setting. The boards shall consider adopting a proposed
820 rule developed by the council at the regularly scheduled meeting
821 immediately following the submission of the proposed rule by the
822 council. A proposed rule submitted by the council may not be
823 adopted by either board unless both boards have accepted and
824 approved the identical language contained in the proposed rule.
825 The language of all proposed rules submitted by the council must

826 | be approved by both boards pursuant to each respective board's
827 | guidelines and standards regarding the adoption of proposed
828 | rules. If either board rejects the council's proposed rule, that
829 | board must specify its objection to the council with
830 | particularity and include any recommendations it may have for
831 | the modification of the proposed rule.

832 | 3. Make recommendations to the boards regarding all
833 | matters relating to autonomous physician assistants and
834 | physician assistants.

835 | 4. Address concerns and problems of practicing autonomous
836 | physician assistants and physician assistants in order to
837 | improve safety in the clinical practices of registered
838 | autonomous physician assistants and licensed physician
839 | assistants.

840 | (d) When the council finds that an applicant for licensure
841 | has failed to meet, to the council's satisfaction, each of the
842 | requirements for licensure set forth in this section, the
843 | council may enter an order to:

844 | 1. Refuse to certify the applicant for licensure;

845 | 2. Approve the applicant for licensure with restrictions
846 | on the scope of practice or license; or

847 | 3. Approve the applicant for conditional licensure. Such
848 | conditions may include placement of the licensee on probation
849 | for a period of time and subject to such conditions as the
850 | council may specify, including but not limited to, requiring the

851 licensee to undergo treatment, to attend continuing education
852 courses, to work under the direct supervision of a physician
853 licensed in this state, or to take corrective action.

854 ~~(12)-(11)~~ PENALTY.—Any person who has not been licensed by
855 the council and approved by the department and who holds himself
856 or herself out as an autonomous physician assistant or a
857 physician assistant or who uses any other term in indicating or
858 implying that he or she is an autonomous physician assistant or
859 a physician assistant commits a felony of the third degree,
860 punishable as provided in s. 775.082 or s. 775.084 or by a fine
861 not exceeding \$5,000.

862 ~~(13)-(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
863 The boards may deny, suspend, or revoke the registration of an
864 autonomous physician assistant or the license of a physician
865 assistant license if a board determines that the autonomous
866 physician assistant or physician assistant has violated this
867 chapter.

868 ~~(14)-(13)~~ RULES.—The boards shall adopt rules to implement
869 this section, including rules detailing the contents of the
870 application for licensure and notification pursuant to
871 subsection (7), rules relating to the registration of autonomous
872 physician assistants pursuant to subsection (8), and rules to
873 ensure ~~both~~ the continued competency of autonomous physician
874 assistants and physician assistants and the proper utilization
875 of them by physicians or groups of physicians.

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

879 Section 4. Subsections (8) through (17) of section
 880 459.022, Florida Statutes, are renumbered as subsections (9)
 881 through (18), respectively, subsection (2), paragraphs (b) and
 882 (e) of subsection (4), paragraph (a) of subsection (6),
 883 paragraphs (a) and (f) of subsection (7), present subsection
 884 (9), and present subsections (11) through (13) are amended,
 885 paragraph (b) is added to subsection (2), and new subsections
 886 (8) and (19) are added to that section, to read:

887 459.022 Physician assistants.—

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

889 (a) "Approved program" means a program, formally approved
 890 by the boards, for the education of physician assistants.

891 **(b) "Autonomous physician assistant" means a physician**
 892 **assistant who meets the requirements of subsection (8) to**
 893 **practice primary care without physician supervision.**

894 **(c)**~~(b)~~ "Boards" means the Board of Medicine and the Board
 895 of Osteopathic Medicine.

896 **(d)**~~(h)~~ "Continuing medical education" means courses
 897 recognized and approved by the boards, the American Academy of
 898 Physician Assistants, the American Medical Association, the
 899 American Osteopathic Association, or the Accreditation Council
 900 on Continuing Medical Education.

901 (e)~~(e)~~ "Council" means the Council on Physician
 902 Assistants.

903 (f)~~(e)~~ "Physician assistant" means a person who is a
 904 graduate of an approved program or its equivalent or meets
 905 standards approved by the boards and is licensed to perform
 906 medical services delegated by the supervising physician.

907 (g) "Proficiency examination" means an entry-level
 908 examination approved by the boards, including, but not limited
 909 to, those examinations administered by the National Commission
 910 on Certification of Physician Assistants.

911 (h)~~(f)~~ "Supervision" means responsible supervision and
 912 control. Except in cases of emergency, supervision requires the
 913 easy availability or physical presence of the licensed physician
 914 for consultation and direction of the actions of the physician
 915 assistant. For the purposes of this definition, the term "easy
 916 availability" includes the ability to communicate by way of
 917 telecommunication. The boards shall establish rules as to what
 918 constitutes responsible supervision of the physician assistant.

919 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
 920 in an approved program.

921 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

922 (b) This chapter does not prevent third-party payors from
 923 reimbursing employers of autonomous physician assistants or
 924 physician assistants for covered services rendered by registered
 925 autonomous physician assistants or licensed physician

926 assistants.

927 (e) A supervising physician may delegate to a fully
928 licensed physician assistant the authority to prescribe or
929 dispense any medication used in the supervising physician's
930 practice unless such medication is listed on the formulary
931 created pursuant to s. 458.347. A fully licensed physician
932 assistant may only prescribe or dispense such medication under
933 the following circumstances:

934 1. A physician assistant must clearly identify to the
935 patient that she or he is a physician assistant ~~and must inform~~
936 ~~the patient that the patient has the right to see the physician~~
937 ~~before a prescription is prescribed or dispensed by the~~
938 ~~physician assistant.~~

939 2. The supervising physician must notify the department of
940 her or his intent to delegate, on a department-approved form,
941 before delegating such authority and of any change in
942 prescriptive privileges of the physician assistant. Authority to
943 dispense may be delegated only by a supervising physician who is
944 registered as a dispensing practitioner in compliance with s.
945 465.0276.

946 3. The physician assistant must complete a minimum of 10
947 continuing medical education hours in the specialty practice in
948 which the physician assistant has prescriptive privileges with
949 each licensure renewal.

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

951 physician assistant granting authority for the prescribing of
 952 medicinal drugs authorized within this paragraph upon completion
 953 of the requirements of this paragraph. The physician assistant
 954 is not required to independently register pursuant to s.
 955 465.0276.

956 5. The prescription may be in paper or electronic form but
 957 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
 958 and must contain, in addition to the supervising physician's
 959 name, address, and telephone number, the physician assistant's
 960 prescriber number. Unless it is a drug or drug sample dispensed
 961 by the physician assistant, the prescription must be filled in a
 962 pharmacy permitted under chapter 465, and must be dispensed in
 963 that pharmacy by a pharmacist licensed under chapter 465. The
 964 inclusion of the prescriber number creates a presumption that
 965 the physician assistant is authorized to prescribe the medicinal
 966 drug and the prescription is valid.

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

969 (6) PROGRAM APPROVAL.—

970 (a) The boards shall approve programs, ~~based on~~
 971 ~~recommendations by the council,~~ for the education and training
 972 of physician assistants which meet standards established by rule
 973 of the boards. ~~The council may recommend only those physician~~
 974 ~~assistant programs that hold full accreditation or provisional~~
 975 ~~accreditation from the Commission on Accreditation of Allied~~

976 ~~Health Programs or its successor organization.~~

977 (7) PHYSICIAN ASSISTANT LICENSURE.—

978 (a) Any person desiring to be licensed as a physician
 979 assistant must apply to the department. The department shall
 980 issue a license to any person certified by the council as having
 981 met the following requirements:

982 1. Is at least 18 years of age.

983 2. Has satisfactorily passed a proficiency examination by
 984 an acceptable score established by the National Commission on
 985 Certification of Physician Assistants. If an applicant does not
 986 hold a current certificate issued by the National Commission on
 987 Certification of Physician Assistants and has not actively
 988 practiced as a physician assistant within the immediately
 989 preceding 4 years, the applicant must retake and successfully
 990 complete the entry-level examination of the National Commission
 991 on Certification of Physician Assistants to be eligible for
 992 licensure.

993 3. Has completed the application form and remitted an
 994 application fee not to exceed \$300 as set by the boards. An
 995 application for licensure made by a physician assistant must
 996 include:

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

1000 b. Acknowledgment of any prior felony convictions.

1001 c. Acknowledgment of any previous revocation or denial of
 1002 licensure or certification in any state.

1003 d. A copy of course transcripts and a copy of the course
 1004 description from a physician assistant training program
 1005 describing course content in pharmacotherapy, if the applicant
 1006 wishes to apply for prescribing authority. These documents must
 1007 meet the evidence requirements for prescribing authority.

1008 (f) The Board of Osteopathic Medicine may impose any of
 1009 the penalties authorized under ss. 456.072 and 459.015(2) upon
 1010 an autonomous physician assistant or a physician assistant if
 1011 the autonomous physician assistant, the physician assistant, or
 1012 a ~~the~~ supervising physician has been found guilty of or is being
 1013 investigated for any act that constitutes a violation of this
 1014 chapter or chapter 456.

1015 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.—

1016 (a) The board shall register a physician assistant as an
 1017 autonomous physician assistant if the applicant demonstrates
 1018 that he or she:

1019 1. Holds an active, unencumbered license to practice as a
 1020 physician assistant in this state.

1021 2. Has not been subject to any disciplinary action
 1022 pursuant to s. 456.072, 458.331, or 459.015, or any similar
 1023 disciplinary action in any jurisdiction of the United States,
 1024 within the 5 years immediately preceding the registration
 1025 request.

1026 3. Has completed, in any jurisdiction of the United
 1027 States, at least 2,000 clinical practice hours within the 3
 1028 years immediately preceding the submission of the registration
 1029 request while practicing as a physician assistant under the
 1030 supervision of an allopathic or osteopathic physician who held
 1031 an active, unencumbered license issued by any state, the
 1032 District of Columbia, or a possession or territory of the United
 1033 States during the period of such supervision.

1034 4. Has completed a graduate-level course in pharmacology.

1035 5. Obtains and maintains professional liability coverage
 1036 at the same level and in the same manner as s. 458.320(1)(b) or
 1037 s. 458.320(1)(c). However, the requirements of this subparagraph
 1038 do not apply to:

1039 a. Any person registered under this subsection who
 1040 practices exclusively as an officer, employee, or agent of the
 1041 Federal Government or of the state or its agencies or its
 1042 subdivisions.

1043 b. Any person whose license has become inactive and who is
 1044 not practicing as an autonomous physician assistant in this
 1045 state.

1046 c. Any person who practices as an autonomous physician
 1047 assistant only in conjunction with his or her teaching duties at
 1048 an accredited school or its main teaching hospitals. Such
 1049 practice is limited to that which is incidental to and a
 1050 necessary part of duties in connection with the teaching

1051 position.

1052 d. Any person who holds an active license under this
1053 subsection who is not practicing as an autonomous physician
1054 assistant in this state. If such person initiates or resumes any
1055 practice as an autonomous physician assistant, he or she must
1056 notify the department of such activity and fulfill the
1057 professional liability coverage requirements of this
1058 subparagraph.

1059 (b) The department shall conspicuously distinguish an
1060 autonomous physician assistant license if he or she is
1061 registered under this subsection.

1062 (c) An autonomous physician assistant may:

1063 1. Render only primary care services as defined by the
1064 board in rule without physician supervision.

1065 2. Render services to patients consistent with his or her
1066 education and experience without physician supervision.

1067 3. Prescribe, dispense, administer, or order any medicinal
1068 drug, including those medicinal drugs to the extent authorized
1069 under paragraph (4)(f) and the formulary adopted thereunder.

1070 4. Order any medication for administration to a patient in
1071 a facility licensed under chapter 395 or part II of chapter 400,
1072 notwithstanding any provisions in chapter 465 or chapter 893.

1073 5. Provide a signature, certification, stamp,
1074 verification, affidavit, or other endorsement that is otherwise
1075 required by law to be provided by a physician.

1076 6. Provide any service that is within the scope of the
 1077 autonomous physician assistant's education and experience and
 1078 provided in accordance with rules adopted by the board.

1079 (d) An autonomous physician assistant must biennially
 1080 renew his or her registration under this subsection. The
 1081 biennial renewal shall coincide with the autonomous physician
 1082 assistant's biennial renewal period for physician assistant
 1083 licensure.

1084 (e) The council shall develop rules defining the primary
 1085 care practice of autonomous physician assistants, which may
 1086 include internal medicine, general pediatrics, family medicine,
 1087 geriatrics, and general obstetrics and gynecology practices.

1088 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
 1089 Physician Assistants is created within the department.

1090 (a) The council shall consist of five members appointed as
 1091 follows:

1092 1. The chairperson of the Board of Medicine shall appoint
 1093 one member who is a physician and a member ~~three members who are~~
 1094 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
 1095 physician ~~physicians~~ must supervise a physician assistant in his
 1096 or her ~~the physician's~~ practice.

1097 2. The chairperson of the Board of Osteopathic Medicine
 1098 shall appoint one member who is a physician and a member of the
 1099 Board of Osteopathic Medicine. The physician must supervise a
 1100 physician assistant in his or her practice.

1101 3. The State Surgeon General or her or his designee shall
 1102 appoint three a fully licensed physician assistants ~~assistant~~
 1103 licensed under chapter 458 or this chapter.

1104 (b) ~~Two of the members appointed to the council must be~~
 1105 ~~physicians who supervise physician assistants in their practice.~~
 1106 Members shall be appointed to terms of 4 years, except that of
 1107 the initial appointments, two members shall be appointed to
 1108 terms of 2 years, two members shall be appointed to terms of 3
 1109 years, and one member shall be appointed to a term of 4 years,
 1110 as established by rule of the boards. Council members may not
 1111 serve more than two consecutive terms. The council shall
 1112 annually elect a chairperson from among its members.

1113 (c) The council shall:

1114 1. Recommend to the department the licensure of physician
 1115 assistants.

1116 2. Develop all rules regulating the primary care practice
 1117 of autonomous physician assistants and the use of physician
 1118 assistants by physicians under chapter 458 and this chapter,
 1119 except for rules relating to the formulary developed under s.
 1120 458.347. The council shall also develop rules to ensure that the
 1121 continuity of supervision is maintained in each practice
 1122 setting. The boards shall consider adopting a proposed rule
 1123 developed by the council at the regularly scheduled meeting
 1124 immediately following the submission of the proposed rule by the
 1125 council. A proposed rule submitted by the council may not be

1126 adopted by either board unless both boards have accepted and
1127 approved the identical language contained in the proposed rule.
1128 The language of all proposed rules submitted by the council must
1129 be approved by both boards pursuant to each respective board's
1130 guidelines and standards regarding the adoption of proposed
1131 rules. If either board rejects the council's proposed rule, that
1132 board must specify its objection to the council with
1133 particularity and include any recommendations it may have for
1134 the modification of the proposed rule.

1135 3. Make recommendations to the boards regarding all
1136 matters relating to autonomous physician assistants and
1137 physician assistants.

1138 4. Address concerns and problems of practicing autonomous
1139 physician assistants and physician assistants in order to
1140 improve safety in the clinical practices of registered
1141 autonomous physician assistants and licensed physician
1142 assistants.

1143 (d) When the council finds that an applicant for licensure
1144 has failed to meet, to the council's satisfaction, each of the
1145 requirements for licensure set forth in this section, the
1146 council may enter an order to:

- 1147 1. Refuse to certify the applicant for licensure;
- 1148 2. Approve the applicant for licensure with restrictions
1149 on the scope of practice or license; or
- 1150 3. Approve the applicant for conditional licensure. Such

1151 conditions may include placement of the licensee on probation
1152 for a period of time and subject to such conditions as the
1153 council may specify, including but not limited to, requiring the
1154 licensee to undergo treatment, to attend continuing education
1155 courses, to work under the direct supervision of a physician
1156 licensed in this state, or to take corrective action.

1157 (12)~~(11)~~ PENALTY.—Any person who has not been licensed by
1158 the council and approved by the department and who holds herself
1159 or himself out as an autonomous physician assistant or a
1160 physician assistant or who uses any other term in indicating or
1161 implying that she or he is an autonomous physician assistant or
1162 a physician assistant commits a felony of the third degree,
1163 punishable as provided in s. 775.082 or s. 775.084 or by a fine
1164 not exceeding \$5,000.

1165 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
1166 The boards may deny, suspend, or revoke the registration of an
1167 autonomous physician assistant or the license of a physician
1168 assistant license if a board determines that the autonomous
1169 physician assistant or physician assistant has violated this
1170 chapter.

1171 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement
1172 this section, including rules detailing the contents of the
1173 application for licensure and notification pursuant to
1174 subsection (7), rules relating to the registration of autonomous
1175 physician assistants pursuant to subsection (8), and rules to

1176 ensure ~~both~~ the continued competency of autonomous physician
 1177 assistants and physician assistants and the proper utilization
 1178 of them by physicians or groups of physicians.

1179 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
 1180 must report adverse incidents to the department in the same
 1181 manner as required under s. 459.026.

1182 Section 5. Subsections (1) and (3) of section 464.012,
 1183 Florida Statutes, are amended to read:

1184 464.012 Licensure of advanced practice registered nurses;
 1185 fees; controlled substance prescribing.—

1186 (1) Any nurse desiring to be licensed as an advanced
 1187 practice registered nurse must apply to the board ~~department~~ and
 1188 submit proof that he or she holds a current license to practice
 1189 professional nursing or holds an active multistate license to
 1190 practice professional nursing pursuant to s. 464.0095 and ~~that~~
 1191 ~~he or she~~ meets one or more of the following requirements ~~as~~
 1192 ~~determined by the board:~~

1193 (a) Certification by an appropriate specialty board. Such
 1194 certification is required for initial state licensure and any
 1195 licensure renewal as a certified nurse midwife, certified nurse
 1196 practitioner, certified registered nurse anesthetist, clinical
 1197 nurse specialist, or psychiatric nurse. The board may by rule
 1198 provide for provisional state licensure of certified registered
 1199 nurse anesthetists, clinical nurse specialists, certified nurse
 1200 practitioners, psychiatric nurses, and certified nurse midwives

1201 for a period of time determined to be appropriate for preparing
1202 for and passing the national certification examination.

1203 (b) Graduation from a ~~program leading to a~~ master's degree
1204 program in a nursing clinical specialty area with preparation in
1205 specialized practitioner skills. For applicants graduating on or
1206 after October 1, 1998, graduation from a master's degree program
1207 is required for initial licensure as a certified nurse
1208 practitioner under paragraph (4) (a).

1209 1. For applicants graduating on or after October 1, 2001,
1210 graduation from a master's degree program is required for
1211 initial licensure as a certified registered nurse anesthetist
1212 who may perform the acts listed in paragraph (4) (b).

1213 2. For applicants graduating on or after October 1, 1998,
1214 graduation from a master's degree program is required for
1215 initial licensure as a certified nurse midwife who may perform
1216 the acts listed in paragraph (4) (c).

1217 3. For applicants graduating on or after July 1, 2007,
1218 graduation from a master's degree program is required for
1219 initial licensure as a clinical nurse specialist who may perform
1220 the acts listed in paragraph (4) (d).

1221 (3) An advanced practice registered nurse shall perform
1222 those functions authorized in this section within the framework
1223 of an established protocol that must be maintained on site at
1224 the location or locations at which an advanced practice
1225 registered nurse practices, unless the advanced practice

1226 registered nurse is registered to engage in autonomous practice
1227 pursuant to s. 464.0123. In the case of multiple supervising
1228 physicians in the same group, an advanced practice registered
1229 nurse must enter into a supervisory protocol with at least one
1230 physician within the physician group practice. A practitioner
1231 currently licensed under chapter 458, chapter 459, or chapter
1232 466 shall maintain supervision for directing the specific course
1233 of medical treatment. Within the established framework, an
1234 advanced practice registered nurse may:

1235 (a) Prescribe, dispense, administer, or order any drug;
1236 however, an advanced practice registered nurse may prescribe or
1237 dispense a controlled substance as defined in s. 893.03 only if
1238 the advanced practice registered nurse has graduated from a
1239 program leading to a master's or doctoral degree in a clinical
1240 nursing specialty area with training in specialized practitioner
1241 skills.

1242 (b) Initiate appropriate therapies for certain conditions.

1243 (c) Perform additional functions as may be determined by
1244 rule in accordance with s. 464.003(2).

1245 (d) Order diagnostic tests and physical and occupational
1246 therapy.

1247 (e) Order any medication for administration to a patient
1248 in a facility licensed under chapter 395 or part II of chapter
1249 400, notwithstanding any provisions in chapter 465 or chapter
1250 893.

1251 (f) Sign, certify, stamp, verify, or endorse a document
1252 that requires the signature, certification, stamp, verification,
1253 affidavit, or endorsement of a physician. However, a supervisory
1254 physician may not delegate the authority to issue a documented
1255 approval to release a patient from a receiving facility or its
1256 contractor under s. 394.463(2)(f) to an advanced practice
1257 registered nurse.

1258 Section 6. Section 464.0123, Florida Statutes, is created
1259 to read:

1260 464.0123 Autonomous practice by an advanced practice
1261 registered nurse.-

1262 (1) For purposes of this section, the term "autonomous
1263 practice" means advanced or specialized nursing practice by an
1264 advanced practice registered nurse who is not subject to
1265 supervision by a physician or a supervisory protocol.

1266 (2) An advanced practice registered nurse may register
1267 with the board to have the authority to engage in autonomous
1268 practice upon demonstration to the board that he or she:

1269 (a) Holds an active, unencumbered license to practice
1270 advanced or specialized nursing in this state.

1271 (b) Has not been subject to any disciplinary action
1272 pursuant to s. 456.072 or s. 464.018, or any similar
1273 disciplinary action in any other jurisdiction of the United
1274 States, within the 5 years immediately preceding the
1275 registration request.

1276 (c) Has completed, in any jurisdiction of the United
 1277 States, at least 2,000 clinical practice hours or clinical
 1278 instructional hours within the 5 years immediately preceding the
 1279 registration request while practicing as an advanced practice
 1280 registered nurse under the supervision of an allopathic or
 1281 osteopathic physician who held an active, unencumbered license
 1282 issued by another state, the District of Columbia, or a
 1283 possession or territory of the United States during the period
 1284 of such supervision.

1285 (d) Has completed a graduate-level course in pharmacology.

1286 (3) The board may provide by rule additional requirements
 1287 for an advanced practice registered nurse who is registered
 1288 under this section when performing acts within his or her
 1289 specialty pursuant to s. 464.012(4).

1290 (4) (a) An advanced practice registered nurse registered
 1291 under this section must by one of the following methods
 1292 demonstrate to the satisfaction of the board and the department
 1293 financial responsibility to pay claims and costs ancillary
 1294 thereto arising out of the rendering of, or the failure to
 1295 render, medical or nursing care or services:

1296 1. Obtaining and maintaining professional liability
 1297 coverage in an amount not less than \$100,000 per claim, with a
 1298 minimum annual aggregate of not less than \$300,000, from an
 1299 authorized insurer as defined under s. 624.09, from a surplus
 1300 lines insurer as defined under s. 626.914(2), from a risk

1301 retention group as defined under s. 627.942, from the Joint
1302 Underwriting Association established under s. 627.351(4), or
1303 through a plan of self-insurance as provided in s. 627.357; or
1304 2. Obtaining and maintaining an unexpired, irrevocable
1305 letter of credit, established pursuant to chapter 675, in an
1306 amount of not less than \$100,000 per claim, with a minimum
1307 aggregate availability of credit of not less than \$300,000. The
1308 letter of credit must be payable to the advanced practice
1309 registered nurse as beneficiary upon presentment of a final
1310 judgment indicating liability and awarding damages to be paid by
1311 the advanced practice registered nurse or upon presentment of a
1312 settlement agreement signed by all parties to such agreement
1313 when such final judgment or settlement is a result of a claim
1314 arising out of the rendering of, or the failure to render,
1315 medical or nursing care and services.

1316 (b) The requirements of paragraph (a) do not apply to:

1317 1. Any person registered under this subsection who
1318 practices exclusively as an officer, employee, or agent of the
1319 Federal Government or of the state or its agencies or its
1320 subdivisions.

1321 2. Any person whose license has become inactive and who is
1322 not practicing as an advanced practice registered nurse
1323 registered under this section in this state.

1324 3. Any person who practices as an advanced practice
1325 registered nurse registered under this section only in

1326 conjunction with his or her teaching duties at an accredited
1327 school or its main teaching hospitals. Such practice is limited
1328 to that which is incidental to and a necessary part of duties in
1329 connection with the teaching position.

1330 4. Any person who holds an active license under this
1331 section who is not practicing as an autonomous advanced practice
1332 registered nurse registered under this section in this state. If
1333 such person initiates or resumes any practice as an autonomous
1334 advanced practice registered nurse, he or she must notify the
1335 department of such activity and fulfill the professional
1336 liability coverage requirements of paragraph (a).

1337 (5) The board shall register an advanced practice
1338 registered nurse who meets the qualifications in this section.

1339 (6) The department shall conspicuously distinguish an
1340 advanced practice registered nurse's license if he or she is
1341 registered with the board under this section and include the
1342 registration in the advanced practice registered nurse's
1343 practitioner profile created under s. 456.041.

1344 (7) An advanced practice registered nurse who is
1345 registered under this section may perform the general functions
1346 of an advanced practice registered nurse pursuant to s.
1347 464.012(3), the acts within his or her specialty pursuant to s.
1348 464.012(4), and the following:

1349 (a) For a patient who requires the services of a health
1350 care facility, as defined in s. 408.032(8):

1351 1. Admit the patient to the facility.
 1352 2. Manage the care received by the patient in the
 1353 facility.
 1354 3. Discharge the patient from the facility, unless
 1355 prohibited by federal law or rule.
 1356 (b) Provide a signature, certification, stamp,
 1357 verification, affidavit, or endorsement that is otherwise
 1358 required by law to be provided by a physician.
 1359 (8) (a) An advanced practice registered nurse must
 1360 biennially renew his or her registration under this section. The
 1361 biennial renewal for registration shall coincide with the
 1362 advanced practice registered nurse's biennial renewal period for
 1363 advanced practice registered nurse licensure.
 1364 (b) To renew his or her registration under this section,
 1365 an advanced practice registered nurse must complete at least 10
 1366 hours of continuing education approved by the board in addition
 1367 to completing the continuing education requirements established
 1368 by board rule pursuant to s. 464.013. If the initial renewal
 1369 period occurs before January 1, 2020, an advanced practice
 1370 registered nurse who is registered under this section is not
 1371 required to complete the continuing education requirement under
 1372 this paragraph until the following biennial renewal period.
 1373 (9) The board may establish an advisory committee to make
 1374 evidence-based recommendations about medical acts that an
 1375 advanced practice registered nurse who is registered under this

1376 section may perform. The committee must consist of four advanced
 1377 practice registered nurses licensed under this chapter,
 1378 appointed by the board; two physicians licensed under chapter
 1379 458 or chapter 459 who have professional experience with
 1380 advanced practice registered nurses, appointed by the Board of
 1381 Medicine; and the State Surgeon General or his or her designee.
 1382 Each committee member appointed by a board shall serve a term of
 1383 4 years, unless a shorter term is required to establish or
 1384 maintain staggered terms. The Board of Nursing shall act upon
 1385 the recommendations from the committee within 90 days after the
 1386 submission of such recommendations.

1387 (10) The board shall adopt rules as necessary to implement
 1388 this section.

1389 Section 7. Section 464.0155, Florida Statutes, is created
 1390 to read:

1391 464.0155 Reports of adverse incidents by advanced practice
 1392 registered nurses.—

1393 (1) An advanced practice registered nurse who is
 1394 registered to engage in autonomous practice pursuant to s.
 1395 464.0123 must report an adverse incident to the department in
 1396 accordance with this section.

1397 (2) The report must be in writing, sent to the department
 1398 by certified mail, and postmarked within 15 days after the
 1399 occurrence of the adverse incident if the adverse incident
 1400 occurs when the patient is at the office of the advanced

1401 practice registered nurse. If the adverse incident occurs when
1402 the patient is not at the office of the advanced practice
1403 registered nurse, the report must be postmarked within 15 days
1404 after the advanced practice registered nurse discovers, or
1405 reasonably should have discovered, the occurrence of the adverse
1406 incident.

1407 (3) For purposes of this section, the term "adverse
1408 incident" means any of the following events when it is
1409 reasonable to believe that the event is attributable to the
1410 prescription of a controlled substance regulated under chapter
1411 893 or 21 U.S.C. s. 812 by the advanced practice registered
1412 nurse:

1413 (a) A condition that requires the transfer of a patient to
1414 a hospital licensed under chapter 395.

1415 (b) Permanent physical injury to the patient.

1416 (c) Death of the patient.

1417 (4) The department shall review each report of an adverse
1418 incident and determine whether the adverse incident was
1419 attributable to conduct by the advanced practice registered
1420 nurse. Upon such a determination, the board may take
1421 disciplinary action pursuant to s. 456.073.

1422 Section 8. Paragraph (r) is added to subsection (1) of
1423 section 464.018, Florida Statutes, to read:

1424 464.018 Disciplinary actions.—

1425 (1) The following acts constitute grounds for denial of a

1426 license or disciplinary action, as specified in ss. 456.072(2)
1427 and 464.0095:

1428 (r) For an advanced practice registered nurse who is
1429 registered to engage in autonomous practice pursuant to s.
1430 464.0123:

1431 1. Paying or receiving any commission, bonus, kickback, or
1432 rebate from, or engaging in any split-fee arrangement in any
1433 form whatsoever with, a health care practitioner, organization,
1434 agency, or person, either directly or implicitly, for referring
1435 patients to providers of health care goods or services,
1436 including, but not limited to, hospitals, nursing homes,
1437 clinical laboratories, ambulatory surgical centers, or
1438 pharmacies. This subparagraph may not be construed to prevent an
1439 advanced practice registered nurse from receiving a fee for
1440 professional consultation services.

1441 2. Exercising influence within a patient-advanced practice
1442 registered nurse relationship for purposes of engaging a patient
1443 in sexual activity. A patient shall be presumed to be incapable
1444 of giving free, full, and informed consent to sexual activity
1445 with his or her advanced practice registered nurse.

1446 3. Making deceptive, untrue, or fraudulent representations
1447 in or related to, or employing a trick or scheme in or related
1448 to, advanced or specialized nursing practice.

1449 4. Soliciting patients, either personally or through an
1450 agent, by the use of fraud, intimidation, undue influence, or a

1451 form of overreaching or vexatious conduct. As used in this
1452 subparagraph, the term "soliciting" means directly or implicitly
1453 requesting an immediate oral response from the recipient.

1454 5. Failing to keep legible, as defined by department rule
1455 in consultation with the board, medical records that identify
1456 the advanced practice registered nurse by name and professional
1457 title who is responsible for rendering, ordering, supervising,
1458 or billing for each diagnostic or treatment procedure and that
1459 justify the course of treatment of the patient, including, but
1460 not limited to, patient histories; examination results; test
1461 results; records of drugs prescribed, dispensed, or
1462 administered; and reports of consultations or referrals.

1463 6. Exercising influence on the patient to exploit the
1464 patient for the financial gain of the advanced practice
1465 registered nurse or a third party, including, but not limited
1466 to, the promoting or selling of services, goods, appliances, or
1467 drugs.

1468 7. Performing professional services that have not been
1469 duly authorized by the patient, or his or her legal
1470 representative, except as provided in s. 766.103 or s. 768.13.

1471 8. Performing any procedure or prescribing any therapy
1472 that, by the prevailing standards of advanced or specialized
1473 nursing practice in the community, would constitute
1474 experimentation on a human subject, without first obtaining
1475 full, informed, and written consent.

1476 9. Delegating professional responsibilities to a person
1477 when the advanced practice registered nurse delegating such
1478 responsibilities knows or has reason to believe that such person
1479 is not qualified by training, experience, or licensure to
1480 perform such responsibilities.

1481 10. Committing, or conspiring with another to commit, an
1482 act that would tend to coerce, intimidate, or preclude another
1483 advanced practice registered nurse from lawfully advertising his
1484 or her services.

1485 11. Advertising or holding himself or herself out as
1486 having certification in a specialty that the he or she has not
1487 received.

1488 12. Failing to comply with the requirements of ss. 381.026
1489 and 381.0261 related to providing patients with information
1490 about their rights and how to file a complaint.

1491 13. Providing deceptive or fraudulent expert witness
1492 testimony related to advanced or specialized nursing practice.

1493 Section 9. Subsection (43) of section 39.01, Florida
1494 Statutes, is amended to read:

1495 39.01 Definitions.—When used in this chapter, unless the
1496 context otherwise requires:

1497 (43) "Licensed health care professional" means a physician
1498 licensed under chapter 458, an osteopathic physician licensed
1499 under chapter 459, a nurse licensed under part I of chapter 464,
1500 an autonomous physician assistant or a physician assistant

1501 registered or licensed under chapter 458 or chapter 459, or a
 1502 dentist licensed under chapter 466.

1503 Section 10. Paragraphs (d) and (e) of subsection (5) of
 1504 section 39.303, Florida Statutes, are redesignated as paragraphs
 1505 (e) and (f), respectively, a new paragraph (d) is added to that
 1506 subsection, and paragraph (a) of subsection (6) of that section
 1507 is amended, to read:

1508 39.303 Child protection teams and sexual abuse treatment
 1509 programs; services; eligible cases.—

1510 (5) All abuse and neglect cases transmitted for
 1511 investigation to a circuit by the hotline must be simultaneously
 1512 transmitted to the child protection team for review. For the
 1513 purpose of determining whether a face-to-face medical evaluation
 1514 by a child protection team is necessary, all cases transmitted
 1515 to the child protection team which meet the criteria in
 1516 subsection (4) must be timely reviewed by:

1517 (d) An autonomous physician assistant registered under
 1518 chapter 458 or chapter 459 who has a specialty in pediatrics or
 1519 family medicine and is member of the child protection team;

1520 (6) A face-to-face medical evaluation by a child
 1521 protection team is not necessary when:

1522 (a) The child was examined for the alleged abuse or
 1523 neglect by a physician who is not a member of the child
 1524 protection team, and a consultation between the child protection
 1525 team medical director or a child protection team board-certified

1526 | pediatrician, advanced practice registered nurse, autonomous
 1527 | physician assistant, or physician assistant working under the
 1528 | supervision of a child protection team medical director or a
 1529 | child protection team board-certified pediatrician, or
 1530 | registered nurse working under the direct supervision of a child
 1531 | protection team medical director or a child protection team
 1532 | board-certified pediatrician, and the examining physician
 1533 | concludes that a further medical evaluation is unnecessary;

1534 |
 1535 | Notwithstanding paragraphs (a), (b), and (c), a child protection
 1536 | team medical director or a child protection team pediatrician,
 1537 | as authorized in subsection (5), may determine that a face-to-
 1538 | face medical evaluation is necessary.

1539 | Section 11. Paragraph (b) of subsection (1) of section
 1540 | 39.304, Florida Statutes, is amended to read:

1541 | 39.304 Photographs, medical examinations, X rays, and
 1542 | medical treatment of abused, abandoned, or neglected child.—

1543 | (1)

1544 | (b) If the areas of trauma visible on a child indicate a
 1545 | need for a medical examination, or if the child verbally
 1546 | complains or otherwise exhibits distress as a result of injury
 1547 | through suspected child abuse, abandonment, or neglect, or is
 1548 | alleged to have been sexually abused, the person required to
 1549 | investigate may cause the child to be referred for diagnosis to
 1550 | a licensed physician or an emergency department in a hospital

1551 without the consent of the child's parents or legal custodian.
1552 Such examination may be performed by any licensed physician,
1553 registered autonomous physician assistant, licensed physician
1554 assistant, or ~~an~~ advanced practice registered nurse licensed
1555 pursuant to part I of chapter 464. Any licensed physician,
1556 registered autonomous physician assistant, licensed physician
1557 assistant, or advanced practice registered nurse licensed
1558 pursuant to part I of chapter 464 who has reasonable cause to
1559 suspect that an injury was the result of child abuse,
1560 abandonment, or neglect may authorize a radiological examination
1561 to be performed on the child without the consent of the child's
1562 parent or legal custodian.

1563 Section 12. Paragraph (d) of subsection (2) of section
1564 110.12315, Florida Statutes, is amended to read:

1565 110.12315 Prescription drug program.—The state employees'
1566 prescription drug program is established. This program shall be
1567 administered by the Department of Management Services, according
1568 to the terms and conditions of the plan as established by the
1569 relevant provisions of the annual General Appropriations Act and
1570 implementing legislation, subject to the following conditions:

1571 (2) In providing for reimbursement of pharmacies for
1572 prescription drugs and supplies dispensed to members of the
1573 state group health insurance plan and their dependents under the
1574 state employees' prescription drug program:

1575 (d) The department shall establish the reimbursement

1576 | schedule for prescription drugs and supplies dispensed under the
 1577 | program. Reimbursement rates for a prescription drug or supply
 1578 | must be based on the cost of the generic equivalent drug or
 1579 | supply if a generic equivalent exists, unless the physician,
 1580 | advanced practice registered nurse, autonomous physician
 1581 | assistant, or physician assistant prescribing the drug or supply
 1582 | clearly states on the prescription that the brand name drug or
 1583 | supply is medically necessary or that the drug or supply is
 1584 | included on the formulary of drugs and supplies that may not be
 1585 | interchanged as provided in chapter 465, in which case
 1586 | reimbursement must be based on the cost of the brand name drug
 1587 | or supply as specified in the reimbursement schedule adopted by
 1588 | the department.

1589 | Section 13. Paragraph (a) of subsection (3) of section
 1590 | 252.515, Florida Statutes, is amended to read:

1591 | 252.515 Postdisaster Relief Assistance Act; immunity from
 1592 | civil liability.—

1593 | (3) As used in this section, the term:

1594 | (a) "Emergency first responder" means:

- 1595 | 1. A physician licensed under chapter 458.
- 1596 | 2. An osteopathic physician licensed under chapter 459.
- 1597 | 3. A chiropractic physician licensed under chapter 460.
- 1598 | 4. A podiatric physician licensed under chapter 461.
- 1599 | 5. A dentist licensed under chapter 466.
- 1600 | 6. An advanced practice registered nurse licensed under s.

1601 464.012.

1602 7. An autonomous physician assistant or a physician

1603 assistant registered or licensed under s. 458.347 or s. 459.022.

1604 8. A worker employed by a public or private hospital in

1605 the state.

1606 9. A paramedic as defined in s. 401.23(17).

1607 10. An emergency medical technician as defined in s.

1608 401.23(11).

1609 11. A firefighter as defined in s. 633.102.

1610 12. A law enforcement officer as defined in s. 943.10.

1611 13. A member of the Florida National Guard.

1612 14. Any other personnel designated as emergency personnel

1613 by the Governor pursuant to a declared emergency.

1614 Section 14. Paragraph (c) of subsection (1) of section

1615 310.071, Florida Statutes, is amended to read:

1616 310.071 Deputy pilot certification.—

1617 (1) In addition to meeting other requirements specified in

1618 this chapter, each applicant for certification as a deputy pilot

1619 must:

1620 (c) Be in good physical and mental health, as evidenced by

1621 documentary proof of having satisfactorily passed a complete

1622 physical examination administered by a licensed physician within

1623 the preceding 6 months. The board shall adopt rules to establish

1624 requirements for passing the physical examination, which rules

1625 shall establish minimum standards for the physical or mental

1626 capabilities necessary to carry out the professional duties of a
 1627 certificated deputy pilot. Such standards shall include zero
 1628 tolerance for any controlled substance regulated under chapter
 1629 893 unless that individual is under the care of a physician, an
 1630 advanced practice registered nurse, an autonomous physician
 1631 assistant, or a physician assistant and that controlled
 1632 substance was prescribed by that physician, advanced practice
 1633 registered nurse, autonomous physician assistant, or physician
 1634 assistant. To maintain eligibility as a certificated deputy
 1635 pilot, each certificated deputy pilot must annually provide
 1636 documentary proof of having satisfactorily passed a complete
 1637 physical examination administered by a licensed physician. The
 1638 physician must know the minimum standards and certify that the
 1639 certificateholder satisfactorily meets the standards. The
 1640 standards for certificateholders shall include a drug test.

1641 Section 15. Subsection (3) of section 310.073, Florida
 1642 Statutes, is amended to read:

1643 310.073 State pilot licensing.—In addition to meeting
 1644 other requirements specified in this chapter, each applicant for
 1645 license as a state pilot must:

1646 (3) Be in good physical and mental health, as evidenced by
 1647 documentary proof of having satisfactorily passed a complete
 1648 physical examination administered by a licensed physician within
 1649 the preceding 6 months. The board shall adopt rules to establish
 1650 requirements for passing the physical examination, which rules

1651 shall establish minimum standards for the physical or mental
1652 capabilities necessary to carry out the professional duties of a
1653 licensed state pilot. Such standards shall include zero
1654 tolerance for any controlled substance regulated under chapter
1655 893 unless that individual is under the care of a physician, an
1656 advanced practice registered nurse, an autonomous physician
1657 assistant, or a physician assistant and that controlled
1658 substance was prescribed by that physician, advanced practice
1659 registered nurse, autonomous physician assistant, or physician
1660 assistant. To maintain eligibility as a licensed state pilot,
1661 each licensed state pilot must annually provide documentary
1662 proof of having satisfactorily passed a complete physical
1663 examination administered by a licensed physician. The physician
1664 must know the minimum standards and certify that the licensee
1665 satisfactorily meets the standards. The standards for licensees
1666 shall include a drug test.

1667 Section 16. Paragraph (b) of subsection (3) of section
1668 310.081, Florida Statutes, is amended to read:

1669 310.081 Department to examine and license state pilots and
1670 certificate deputy pilots; vacancies.—

1671 (3) Pilots shall hold their licenses or certificates
1672 pursuant to the requirements of this chapter so long as they:

1673 (b) Are in good physical and mental health as evidenced by
1674 documentary proof of having satisfactorily passed a physical
1675 examination administered by a licensed physician or physician

1676 assistant within each calendar year. The board shall adopt rules
1677 to establish requirements for passing the physical examination,
1678 which rules shall establish minimum standards for the physical
1679 or mental capabilities necessary to carry out the professional
1680 duties of a licensed state pilot or a certificated deputy pilot.
1681 Such standards shall include zero tolerance for any controlled
1682 substance regulated under chapter 893 unless that individual is
1683 under the care of a physician, an advanced practice registered
1684 nurse, an autonomous physician assistant, or a physician
1685 assistant and that controlled substance was prescribed by that
1686 physician, advanced practice registered nurse, autonomous
1687 physician assistant, or physician assistant. To maintain
1688 eligibility as a certificated deputy pilot or licensed state
1689 pilot, each certificated deputy pilot or licensed state pilot
1690 must annually provide documentary proof of having satisfactorily
1691 passed a complete physical examination administered by a
1692 licensed physician. The physician must know the minimum
1693 standards and certify that the certificateholder or licensee
1694 satisfactorily meets the standards. The standards for
1695 certificateholders and for licensees shall include a drug test.
1696
1697 Upon resignation or in the case of disability permanently
1698 affecting a pilot's ability to serve, the state license or
1699 certificate issued under this chapter shall be revoked by the
1700 department.

1701 Section 17. Paragraph (b) of subsection (1) of section
1702 320.0848, Florida Statutes, is amended to read:

1703 320.0848 Persons who have disabilities; issuance of
1704 disabled parking permits; temporary permits; permits for certain
1705 providers of transportation services to persons who have
1706 disabilities.—

1707 (1)

1708 (b)1. The person must be currently certified as being
1709 legally blind or as having any of the following disabilities
1710 that render him or her unable to walk 200 feet without stopping
1711 to rest:

1712 a. Inability to walk without the use of or assistance from
1713 a brace, cane, crutch, prosthetic device, or other assistive
1714 device, or without the assistance of another person. If the
1715 assistive device significantly restores the person's ability to
1716 walk to the extent that the person can walk without severe
1717 limitation, the person is not eligible for the exemption parking
1718 permit.

1719 b. The need to permanently use a wheelchair.

1720 c. Restriction by lung disease to the extent that the
1721 person's forced (respiratory) expiratory volume for 1 second,
1722 when measured by spirometry, is less than 1 liter, or the
1723 person's arterial oxygen is less than 60 mm/hg on room air at
1724 rest.

1725 d. Use of portable oxygen.

1726 e. Restriction by cardiac condition to the extent that the
1727 person's functional limitations are classified in severity as
1728 Class III or Class IV according to standards set by the American
1729 Heart Association.

1730 f. Severe limitation in the person's ability to walk due
1731 to an arthritic, neurological, or orthopedic condition.

1732 2. The certification of disability which is required under
1733 subparagraph 1. must be provided by a physician licensed under
1734 chapter 458, chapter 459, or chapter 460, by a podiatric
1735 physician licensed under chapter 461, by an optometrist licensed
1736 under chapter 463, by an advanced practice registered nurse
1737 licensed under chapter 464 under the protocol of a licensed
1738 physician as stated in this subparagraph, by an autonomous
1739 physician assistant or a physician assistant registered or
1740 licensed under chapter 458 or chapter 459, or by a similarly
1741 licensed physician from another state if the application is
1742 accompanied by documentation of the physician's licensure in the
1743 other state and a form signed by the out-of-state physician
1744 verifying his or her knowledge of this state's eligibility
1745 guidelines.

1746 Section 18. Paragraph (c) of subsection (1) of section
1747 381.00315, Florida Statutes, is amended to read:

1748 381.00315 Public health advisories; public health
1749 emergencies; isolation and quarantines.—The State Health Officer
1750 is responsible for declaring public health emergencies, issuing

1751 public health advisories, and ordering isolation or quarantines.

1752 (1) As used in this section, the term:

1753 (c) "Public health emergency" means any occurrence, or
1754 threat thereof, whether natural or manmade, which results or may
1755 result in substantial injury or harm to the public health from
1756 infectious disease, chemical agents, nuclear agents, biological
1757 toxins, or situations involving mass casualties or natural
1758 disasters. Before declaring a public health emergency, the State
1759 Health Officer shall, to the extent possible, consult with the
1760 Governor and shall notify the Chief of Domestic Security. The
1761 declaration of a public health emergency shall continue until
1762 the State Health Officer finds that the threat or danger has
1763 been dealt with to the extent that the emergency conditions no
1764 longer exist and he or she terminates the declaration. However,
1765 a declaration of a public health emergency may not continue for
1766 longer than 60 days unless the Governor concurs in the renewal
1767 of the declaration. The State Health Officer, upon declaration
1768 of a public health emergency, may take actions that are
1769 necessary to protect the public health. Such actions include,
1770 but are not limited to:

1771 1. Directing manufacturers of prescription drugs or over-
1772 the-counter drugs who are permitted under chapter 499 and
1773 wholesalers of prescription drugs located in this state who are
1774 permitted under chapter 499 to give priority to the shipping of
1775 specified drugs to pharmacies and health care providers within

1776 geographic areas that have been identified by the State Health
1777 Officer. The State Health Officer must identify the drugs to be
1778 shipped. Manufacturers and wholesalers located in the state must
1779 respond to the State Health Officer's priority shipping
1780 directive before shipping the specified drugs.

1781 2. Notwithstanding chapters 465 and 499 and rules adopted
1782 thereunder, directing pharmacists employed by the department to
1783 compound bulk prescription drugs and provide these bulk
1784 prescription drugs to physicians and nurses of county health
1785 departments or any qualified person authorized by the State
1786 Health Officer for administration to persons as part of a
1787 prophylactic or treatment regimen.

1788 3. Notwithstanding s. 456.036, temporarily reactivating
1789 the inactive license or registration of the following health
1790 care practitioners, when such practitioners are needed to
1791 respond to the public health emergency: physicians licensed
1792 under chapter 458 or chapter 459; autonomous physician
1793 assistants or physician assistants registered or licensed under
1794 chapter 458 or chapter 459; licensed practical nurses,
1795 registered nurses, and advanced practice registered nurses
1796 licensed under part I of chapter 464; respiratory therapists
1797 licensed under part V of chapter 468; and emergency medical
1798 technicians and paramedics certified under part III of chapter
1799 401. Only those health care practitioners specified in this
1800 paragraph who possess an unencumbered inactive license and who

1801 request that such license be reactivated are eligible for
1802 reactivation. An inactive license that is reactivated under this
1803 paragraph shall return to inactive status when the public health
1804 emergency ends or before the end of the public health emergency
1805 if the State Health Officer determines that the health care
1806 practitioner is no longer needed to provide services during the
1807 public health emergency. Such licenses may only be reactivated
1808 for a period not to exceed 90 days without meeting the
1809 requirements of s. 456.036 or chapter 401, as applicable.

1810 4. Ordering an individual to be examined, tested,
1811 vaccinated, treated, isolated, or quarantined for communicable
1812 diseases that have significant morbidity or mortality and
1813 present a severe danger to public health. Individuals who are
1814 unable or unwilling to be examined, tested, vaccinated, or
1815 treated for reasons of health, religion, or conscience may be
1816 subjected to isolation or quarantine.

1817 a. Examination, testing, vaccination, or treatment may be
1818 performed by any qualified person authorized by the State Health
1819 Officer.

1820 b. If the individual poses a danger to the public health,
1821 the State Health Officer may subject the individual to isolation
1822 or quarantine. If there is no practical method to isolate or
1823 quarantine the individual, the State Health Officer may use any
1824 means necessary to vaccinate or treat the individual.

1825

1826 Any order of the State Health Officer given to effectuate this
 1827 paragraph shall be immediately enforceable by a law enforcement
 1828 officer under s. 381.0012.

1829 Section 19. Subsection (3) of section 381.00593, Florida
 1830 Statutes, is amended to read:

1831 381.00593 Public school volunteer health care practitioner
 1832 program.—

1833 (3) For purposes of this section, the term "health care
 1834 practitioner" means a physician or autonomous physician
 1835 assistant licensed or registered under chapter 458; an
 1836 osteopathic physician or autonomous physician assistant licensed
 1837 or registered under chapter 459; a chiropractic physician
 1838 licensed under chapter 460; a podiatric physician licensed under
 1839 chapter 461; an optometrist licensed under chapter 463; an
 1840 advanced practice registered nurse, registered nurse, or
 1841 licensed practical nurse licensed under part I of chapter 464; a
 1842 pharmacist licensed under chapter 465; a dentist or dental
 1843 hygienist licensed under chapter 466; a midwife licensed under
 1844 chapter 467; a speech-language pathologist or audiologist
 1845 licensed under part I of chapter 468; a dietitian/nutritionist
 1846 licensed under part X of chapter 468; or a physical therapist
 1847 licensed under chapter 486.

1848 Section 20. Paragraph (c) of subsection (2) of section
 1849 381.026, Florida Statutes, is amended to read:

1850 381.026 Florida Patient's Bill of Rights and

1851 Responsibilities.—

1852 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1853 the term:

1854 (c) "Health care provider" means a physician licensed
1855 under chapter 458, an osteopathic physician licensed under
1856 chapter 459, ~~or~~ a podiatric physician licensed under chapter
1857 461, an advanced practice registered nurse registered under s.
1858 464.0123, or an autonomous physician assistant registered under
1859 s. 458.347(8).

1860 Section 21. Paragraph (a) of subsection (2) and
1861 subsections (3), (4), and (5) of section 382.008, Florida
1862 Statutes, are amended to read:

1863 382.008 Death, fetal death, and nonviable birth
1864 registration.—

1865 (2) (a) The funeral director who first assumes custody of a
1866 dead body or fetus shall file the certificate of death or fetal
1867 death. In the absence of the funeral director, the physician,
1868 advanced practice registered nurse, autonomous physician
1869 assistant, physician assistant, or other person in attendance at
1870 or after the death or the district medical examiner of the
1871 county in which the death occurred or the body was found shall
1872 file the certificate of death or fetal death. The person who
1873 files the certificate shall obtain personal data from a legally
1874 authorized person as described in s. 497.005 or the best
1875 qualified person or source available. The medical certification

1876 of cause of death shall be furnished to the funeral director,
 1877 either in person or via certified mail or electronic transfer,
 1878 by the physician, advanced practice registered nurse, autonomous
 1879 physician assistant, physician assistant, or medical examiner
 1880 responsible for furnishing such information. For fetal deaths,
 1881 the physician, certified nurse midwife, midwife, or hospital
 1882 administrator shall provide any medical or health information to
 1883 the funeral director within 72 hours after expulsion or
 1884 extraction.

1885 (3) Within 72 hours after receipt of a death or fetal
 1886 death certificate from the funeral director, the medical
 1887 certification of cause of death shall be completed and made
 1888 available to the funeral director by the decedent's primary or
 1889 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
 1890 district medical examiner of the county in which the death
 1891 occurred or the body was found. The primary or attending
 1892 practitioner ~~physician~~ or the medical examiner shall certify
 1893 over his or her signature the cause of death to the best of his
 1894 or her knowledge and belief. As used in this section, the term
 1895 "primary or attending practitioner ~~physician~~" means a physician,
 1896 advanced practice registered nurse, autonomous physician
 1897 assistant, or physician assistant who treated the decedent
 1898 through examination, medical advice, or medication during the 12
 1899 months preceding the date of death.

1900 (a) The department may grant the funeral director an

1901 extension of time upon a good and sufficient showing of any of
 1902 the following conditions:

1903 1. An autopsy is pending.

1904 2. Toxicology, laboratory, or other diagnostic reports
 1905 have not been completed.

1906 3. The identity of the decedent is unknown and further
 1907 investigation or identification is required.

1908 (b) If the decedent's primary or attending practitioner
 1909 ~~physician~~ or the district medical examiner of the county in
 1910 which the death occurred or the body was found indicates that he
 1911 or she will sign and complete the medical certification of cause
 1912 of death but will not be available until after the 5-day
 1913 registration deadline, the local registrar may grant an
 1914 extension of 5 days. If a further extension is required, the
 1915 funeral director must provide written justification to the
 1916 registrar.

1917 (4) If the department or local registrar grants an
 1918 extension of time to provide the medical certification of cause
 1919 of death, the funeral director shall file a temporary
 1920 certificate of death or fetal death which shall contain all
 1921 available information, including the fact that the cause of
 1922 death is pending. The decedent's primary or attending
 1923 practitioner ~~physician~~ or the district medical examiner of the
 1924 county in which the death occurred or the body was found shall
 1925 provide an estimated date for completion of the permanent

1926 certificate.

1927 (5) A permanent certificate of death or fetal death,
 1928 containing the cause of death and any other information that was
 1929 previously unavailable, shall be registered as a replacement for
 1930 the temporary certificate. The permanent certificate may also
 1931 include corrected information if the items being corrected are
 1932 noted on the back of the certificate and dated and signed by the
 1933 funeral director, physician, advanced practice registered nurse,
 1934 autonomous physician assistant, physician assistant, or district
 1935 medical examiner of the county in which the death occurred or
 1936 the body was found, as appropriate.

1937 Section 22. Subsection (1) of section 382.011, Florida
 1938 Statutes, is amended to read:

1939 382.011 Medical examiner determination of cause of death.—

1940 (1) In the case of any death or fetal death due to causes
 1941 or conditions listed in s. 406.11, any death that occurred more
 1942 than 12 months after the decedent was last treated by a primary
 1943 or attending physician ~~as defined in s. 382.008(3),~~ or any death
 1944 for which there is reason to believe that the death may have
 1945 been due to an unlawful act or neglect, the funeral director or
 1946 other person to whose attention the death may come shall refer
 1947 the case to the district medical examiner of the county in which
 1948 the death occurred or the body was found for investigation and
 1949 determination of the cause of death.

1950 Section 23. Paragraph (c) of subsection (1) of section

1951 383.14, Florida Statutes, is amended to read:
 1952 383.14 Screening for metabolic disorders, other hereditary
 1953 and congenital disorders, and environmental risk factors.—
 1954 (1) SCREENING REQUIREMENTS.—To help ensure access to the
 1955 maternal and child health care system, the Department of Health
 1956 shall promote the screening of all newborns born in Florida for
 1957 metabolic, hereditary, and congenital disorders known to result
 1958 in significant impairment of health or intellect, as screening
 1959 programs accepted by current medical practice become available
 1960 and practical in the judgment of the department. The department
 1961 shall also promote the identification and screening of all
 1962 newborns in this state and their families for environmental risk
 1963 factors such as low income, poor education, maternal and family
 1964 stress, emotional instability, substance abuse, and other high-
 1965 risk conditions associated with increased risk of infant
 1966 mortality and morbidity to provide early intervention,
 1967 remediation, and prevention services, including, but not limited
 1968 to, parent support and training programs, home visitation, and
 1969 case management. Identification, perinatal screening, and
 1970 intervention efforts shall begin prior to and immediately
 1971 following the birth of the child by the attending health care
 1972 provider. Such efforts shall be conducted in hospitals,
 1973 perinatal centers, county health departments, school health
 1974 programs that provide prenatal care, and birthing centers, and
 1975 reported to the Office of Vital Statistics.

1976 (c) Release of screening results.—Notwithstanding any law
1977 to the contrary, the State Public Health Laboratory may release,
1978 directly or through the Children's Medical Services program, the
1979 results of a newborn's hearing and metabolic tests or screenings
1980 to the newborn's health care practitioner, the newborn's parent
1981 or legal guardian, the newborn's personal representative, or a
1982 person designated by the newborn's parent or legal guardian. As
1983 used in this paragraph, the term "health care practitioner"
1984 means a physician, autonomous physician assistant, or physician
1985 assistant registered or licensed under chapter 458; an
1986 osteopathic physician, autonomous physician assistant, or
1987 physician assistant registered or licensed under chapter 459; an
1988 advanced practice registered nurse, registered nurse, or
1989 licensed practical nurse licensed under part I of chapter 464; a
1990 midwife licensed under chapter 467; a speech-language
1991 pathologist or audiologist licensed under part I of chapter 468;
1992 or a dietician or nutritionist licensed under part X of chapter
1993 468.

1994 Section 24. Paragraph (a) of subsection (3) of section
1995 390.0111, Florida Statutes, is amended to read:

1996 390.0111 Termination of pregnancies.—

1997 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1998 be performed or induced except with the voluntary and informed
1999 written consent of the pregnant woman or, in the case of a
2000 mental incompetent, the voluntary and informed written consent

2001 of her court-appointed guardian.

2002 (a) Except in the case of a medical emergency, consent to
 2003 a termination of pregnancy is voluntary and informed only if:

2004 1. The physician who is to perform the procedure, or the
 2005 referring physician, has, at a minimum, orally, while physically
 2006 present in the same room, and at least 24 hours before the
 2007 procedure, informed the woman of:

2008 a. The nature and risks of undergoing or not undergoing
 2009 the proposed procedure that a reasonable patient would consider
 2010 material to making a knowing and willful decision of whether to
 2011 terminate a pregnancy.

2012 b. The probable gestational age of the fetus, verified by
 2013 an ultrasound, at the time the termination of pregnancy is to be
 2014 performed.

2015 (I) The ultrasound must be performed by the physician who
 2016 is to perform the abortion or by a person having documented
 2017 evidence that he or she has completed a course in the operation
 2018 of ultrasound equipment as prescribed by rule and who is working
 2019 in conjunction with the physician.

2020 (II) The person performing the ultrasound must offer the
 2021 woman the opportunity to view the live ultrasound images and
 2022 hear an explanation of them. If the woman accepts the
 2023 opportunity to view the images and hear the explanation, a
 2024 physician or a registered nurse, licensed practical nurse,
 2025 advanced practice registered nurse, autonomous physician

2026 assistant, or physician assistant working in conjunction with
2027 the physician must contemporaneously review and explain the
2028 images to the woman before the woman gives informed consent to
2029 having an abortion procedure performed.

2030 (III) The woman has a right to decline to view and hear
2031 the explanation of the live ultrasound images after she is
2032 informed of her right and offered an opportunity to view the
2033 images and hear the explanation. If the woman declines, the
2034 woman shall complete a form acknowledging that she was offered
2035 an opportunity to view and hear the explanation of the images
2036 but that she declined that opportunity. The form must also
2037 indicate that the woman's decision was not based on any undue
2038 influence from any person to discourage her from viewing the
2039 images or hearing the explanation and that she declined of her
2040 own free will.

2041 (IV) Unless requested by the woman, the person performing
2042 the ultrasound may not offer the opportunity to view the images
2043 and hear the explanation and the explanation may not be given
2044 if, at the time the woman schedules or arrives for her
2045 appointment to obtain an abortion, a copy of a restraining
2046 order, police report, medical record, or other court order or
2047 documentation is presented which provides evidence that the
2048 woman is obtaining the abortion because the woman is a victim of
2049 rape, incest, domestic violence, or human trafficking or that
2050 the woman has been diagnosed as having a condition that, on the

2051 basis of a physician's good faith clinical judgment, would
2052 create a serious risk of substantial and irreversible impairment
2053 of a major bodily function if the woman delayed terminating her
2054 pregnancy.

2055 c. The medical risks to the woman and fetus of carrying
2056 the pregnancy to term.

2057

2058 The physician may provide the information required in this
2059 subparagraph within 24 hours before the procedure if requested
2060 by the woman at the time she schedules or arrives for her
2061 appointment to obtain an abortion and if she presents to the
2062 physician a copy of a restraining order, police report, medical
2063 record, or other court order or documentation evidencing that
2064 she is obtaining the abortion because she is a victim of rape,
2065 incest, domestic violence, or human trafficking.

2066 2. Printed materials prepared and provided by the
2067 department have been provided to the pregnant woman, if she
2068 chooses to view these materials, including:

2069 a. A description of the fetus, including a description of
2070 the various stages of development.

2071 b. A list of entities that offer alternatives to
2072 terminating the pregnancy.

2073 c. Detailed information on the availability of medical
2074 assistance benefits for prenatal care, childbirth, and neonatal
2075 care.

2076 3. The woman acknowledges in writing, before the
2077 termination of pregnancy, that the information required to be
2078 provided under this subsection has been provided.

2079
2080 Nothing in this paragraph is intended to prohibit a physician
2081 from providing any additional information which the physician
2082 deems material to the woman's informed decision to terminate her
2083 pregnancy.

2084 Section 25. Paragraphs (c), (e), and (f) of subsection (3)
2085 of section 390.012, Florida Statutes, are amended to read:

2086 390.012 Powers of agency; rules; disposal of fetal
2087 remains.—

2088 (3) For clinics that perform or claim to perform abortions
2089 after the first trimester of pregnancy, the agency shall adopt
2090 rules pursuant to ss. 120.536(1) and 120.54 to implement the
2091 provisions of this chapter, including the following:

2092 (c) Rules relating to abortion clinic personnel. At a
2093 minimum, these rules shall require that:

2094 1. The abortion clinic designate a medical director who is
2095 licensed to practice medicine in this state, and all physicians
2096 who perform abortions in the clinic have admitting privileges at
2097 a hospital within reasonable proximity to the clinic, unless the
2098 clinic has a written patient transfer agreement with a hospital
2099 within reasonable proximity to the clinic which includes the
2100 transfer of the patient's medical records held by both the

2101 clinic and the treating physician.

2102 2. If a physician is not present after an abortion is
2103 performed, a registered nurse, licensed practical nurse,
2104 advanced practice registered nurse, autonomous physician
2105 assistant, or physician assistant be present and remain at the
2106 clinic to provide postoperative monitoring and care until the
2107 patient is discharged.

2108 3. Surgical assistants receive training in counseling,
2109 patient advocacy, and the specific responsibilities associated
2110 with the services the surgical assistants provide.

2111 4. Volunteers receive training in the specific
2112 responsibilities associated with the services the volunteers
2113 provide, including counseling and patient advocacy as provided
2114 in the rules adopted by the director for different types of
2115 volunteers based on their responsibilities.

2116 (e) Rules relating to the abortion procedure. At a
2117 minimum, these rules shall require:

2118 1. That a physician, registered nurse, licensed practical
2119 nurse, advanced practice registered nurse, autonomous physician
2120 assistant, or physician assistant is available to all patients
2121 throughout the abortion procedure.

2122 2. Standards for the safe conduct of abortion procedures
2123 that conform to obstetric standards in keeping with established
2124 standards of care regarding the estimation of fetal age as
2125 defined in rule.

- 2126 3. Appropriate use of general and local anesthesia,
 2127 analgesia, and sedation if ordered by the physician.
- 2128 4. Appropriate precautions, such as the establishment of
 2129 intravenous access at least for patients undergoing post-first
 2130 trimester abortions.
- 2131 5. Appropriate monitoring of the vital signs and other
 2132 defined signs and markers of the patient's status throughout the
 2133 abortion procedure and during the recovery period until the
 2134 patient's condition is deemed to be stable in the recovery room.
- 2135 (f) Rules that prescribe minimum recovery room standards.
 2136 At a minimum, these rules must require that:
- 2137 1. Postprocedure recovery rooms be supervised and staffed
 2138 to meet the patients' needs.
- 2139 2. Immediate postprocedure care consist of observation in
 2140 a supervised recovery room for as long as the patient's
 2141 condition warrants.
- 2142 3. A registered nurse, licensed practical nurse, advanced
 2143 practice registered nurse, autonomous physician assistant, or
 2144 physician assistant who is trained in the management of the
 2145 recovery area and is capable of providing basic cardiopulmonary
 2146 resuscitation and related emergency procedures remain on the
 2147 premises of the abortion clinic until all patients are
 2148 discharged.
- 2149 4. A physician sign the discharge order and be readily
 2150 accessible and available until the last patient is discharged to

2151 facilitate the transfer of emergency cases if hospitalization of
2152 the patient or viable fetus is necessary.

2153 5. A physician discuss Rho(D) immune globulin with each
2154 patient for whom it is indicated and ensure that it is offered
2155 to the patient in the immediate postoperative period or will be
2156 available to her within 72 hours after completion of the
2157 abortion procedure. If the patient refuses the Rho(D) immune
2158 globulin, she and a witness must sign a refusal form approved by
2159 the agency which must be included in the medical record.

2160 6. Written instructions with regard to postabortion
2161 coitus, signs of possible problems, and general aftercare which
2162 are specific to the patient be given to each patient. The
2163 instructions must include information regarding access to
2164 medical care for complications, including a telephone number for
2165 use in the event of a medical emergency.

2166 7. A minimum length of time be specified, by type of
2167 abortion procedure and duration of gestation, during which a
2168 patient must remain in the recovery room.

2169 8. The physician ensure that, with the patient's consent,
2170 a registered nurse, licensed practical nurse, advanced practice
2171 registered nurse, autonomous physician assistant, or physician
2172 assistant from the abortion clinic makes a good faith effort to
2173 contact the patient by telephone within 24 hours after surgery
2174 to assess the patient's recovery.

2175 9. Equipment and services be readily accessible to provide

2176 appropriate emergency resuscitative and life support procedures
2177 pending the transfer of the patient or viable fetus to the
2178 hospital.

2179 Section 26. Paragraphs (a) and (f) of subsection (2) of
2180 section 394.463, Florida Statutes, are amended to read:

2181 394.463 Involuntary examination.—

2182 (2) INVOLUNTARY EXAMINATION.—

2183 (a) An involuntary examination may be initiated by any one
2184 of the following means:

2185 1. A circuit or county court may enter an ex parte order
2186 stating that a person appears to meet the criteria for
2187 involuntary examination and specifying the findings on which
2188 that conclusion is based. The ex parte order for involuntary
2189 examination must be based on written or oral sworn testimony
2190 that includes specific facts that support the findings. If other
2191 less restrictive means are not available, such as voluntary
2192 appearance for outpatient evaluation, a law enforcement officer,
2193 or other designated agent of the court, shall take the person
2194 into custody and deliver him or her to an appropriate, or the
2195 nearest, facility within the designated receiving system
2196 pursuant to s. 394.462 for involuntary examination. The order of
2197 the court shall be made a part of the patient's clinical record.
2198 A fee may not be charged for the filing of an order under this
2199 subsection. A facility accepting the patient based on this order
2200 must send a copy of the order to the department the next working

2201 day. The order may be submitted electronically through existing
 2202 data systems, if available. The order shall be valid only until
 2203 the person is delivered to the facility or for the period
 2204 specified in the order itself, whichever comes first. If no time
 2205 limit is specified in the order, the order shall be valid for 7
 2206 days after the date that the order was signed.

2207 2. A law enforcement officer shall take a person who
 2208 appears to meet the criteria for involuntary examination into
 2209 custody and deliver the person or have him or her delivered to
 2210 an appropriate, or the nearest, facility within the designated
 2211 receiving system pursuant to s. 394.462 for examination. The
 2212 officer shall execute a written report detailing the
 2213 circumstances under which the person was taken into custody,
 2214 which must be made a part of the patient's clinical record. Any
 2215 facility accepting the patient based on this report must send a
 2216 copy of the report to the department the next working day.

2217 3. A physician, autonomous physician assistant, physician
 2218 assistant, clinical psychologist, psychiatric nurse, advanced
 2219 practice registered nurse, mental health counselor, marriage and
 2220 family therapist, or clinical social worker may execute a
 2221 certificate stating that he or she has examined a person within
 2222 the preceding 48 hours and finds that the person appears to meet
 2223 the criteria for involuntary examination and stating the
 2224 observations upon which that conclusion is based. If other less
 2225 restrictive means, such as voluntary appearance for outpatient

2226 | evaluation, are not available, a law enforcement officer shall
2227 | take into custody the person named in the certificate and
2228 | deliver him or her to the appropriate, or nearest, facility
2229 | within the designated receiving system pursuant to s. 394.462
2230 | for involuntary examination. The law enforcement officer shall
2231 | execute a written report detailing the circumstances under which
2232 | the person was taken into custody. The report and certificate
2233 | shall be made a part of the patient's clinical record. Any
2234 | facility accepting the patient based on this certificate must
2235 | send a copy of the certificate to the department the next
2236 | working day. The document may be submitted electronically
2237 | through existing data systems, if applicable.

2238 | (f) A patient shall be examined by a physician, physician
2239 | assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse
2240 | performing within the framework of an established protocol with
2241 | a psychiatrist, at a facility without unnecessary delay to
2242 | determine if the criteria for involuntary services are met.
2243 | Emergency treatment may be provided upon the order of a
2244 | physician if the physician determines that such treatment is
2245 | necessary for the safety of the patient or others. The patient
2246 | may not be released by the receiving facility or its contractor
2247 | without the documented approval of a psychiatrist or a clinical
2248 | psychologist or, if the receiving facility is owned or operated
2249 | by a hospital or health system, the release may also be approved
2250 | by a psychiatric nurse performing within the framework of an

2251 established protocol with a psychiatrist, or an attending
2252 emergency department physician with experience in the diagnosis
2253 and treatment of mental illness after completion of an
2254 involuntary examination pursuant to this subsection. A
2255 psychiatric nurse may not approve the release of a patient if
2256 the involuntary examination was initiated by a psychiatrist
2257 unless the release is approved by the initiating psychiatrist.

2258 Section 27. Paragraph (b) of subsection (2) of section
2259 395.0191, Florida Statutes, is amended to read:

2260 395.0191 Staff membership and clinical privileges.—

2261 (2)

2262 (b) An advanced practice registered nurse who is certified
2263 as a registered nurse anesthetist licensed under part I of
2264 chapter 464 shall administer anesthesia under the onsite medical
2265 direction of a professional licensed under chapter 458, chapter
2266 459, or chapter 466, and in accordance with an established
2267 protocol approved by the medical staff. The medical direction
2268 shall specifically address the needs of the individual patient.
2269 This paragraph does not apply to a certified registered nurse
2270 anesthetist engaged in autonomous practice under s. 464.0123.

2271 Section 28. Subsection (3) of section 395.602, Florida
2272 Statutes, is amended to read:

2273 395.602 Rural hospitals.—

2274 (3) USE OF FUNDS.—It is the intent of the Legislature that
2275 funds as appropriated shall be utilized by the department for

2276 the purpose of increasing the number of primary care physicians,
 2277 autonomous physician assistants, physician assistants, certified
 2278 nurse midwives, nurse practitioners, and nurses in rural areas,
 2279 either through the Medical Education Reimbursement and Loan
 2280 Repayment Program as defined by s. 1009.65 or through a federal
 2281 loan repayment program which requires state matching funds. The
 2282 department may use funds appropriated for the Medical Education
 2283 Reimbursement and Loan Repayment Program as matching funds for
 2284 federal loan repayment programs for health care personnel, such
 2285 as that authorized in Pub. L. No. 100-177, s. 203. If the
 2286 department receives federal matching funds, the department shall
 2287 only implement the federal program. Reimbursement through either
 2288 program shall be limited to:

2289 (a) Primary care physicians, autonomous physician
 2290 assistants, physician assistants, certified nurse midwives,
 2291 nurse practitioners, and nurses employed by or affiliated with
 2292 rural hospitals, as defined in this act; and

2293 (b) Primary care physicians, autonomous physician
 2294 assistants, physician assistants, certified nurse midwives,
 2295 nurse practitioners, and nurses employed by or affiliated with
 2296 rural area health education centers, as defined in this section.

2297 These personnel shall practice:

- 2298 1. In a county with a population density of no greater
 2299 than 100 persons per square mile; or
- 2300 2. Within the boundaries of a hospital tax district which

2301 encompasses a population of no greater than 100 persons per
2302 square mile.

2303

2304 If the department administers a federal loan repayment program,
2305 priority shall be given to obligating state and federal matching
2306 funds pursuant to paragraphs (a) and (b). The department may use
2307 federal matching funds in other health workforce shortage areas
2308 and medically underserved areas in the state for loan repayment
2309 programs for primary care physicians, autonomous physician
2310 assistants, physician assistants, certified nurse midwives,
2311 nurse practitioners, and nurses who are employed by publicly
2312 financed health care programs that serve medically indigent
2313 persons.

2314 Section 29. Paragraph (a) of subsection (2) of section
2315 397.501, Florida Statutes, is amended to read:

2316 397.501 Rights of individuals.—Individuals receiving
2317 substance abuse services from any service provider are
2318 guaranteed protection of the rights specified in this section,
2319 unless otherwise expressly provided, and service providers must
2320 ensure the protection of such rights.

2321 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2322 (a) Service providers may not deny an individual access to
2323 substance abuse services solely on the basis of race, gender,
2324 ethnicity, age, sexual preference, human immunodeficiency virus
2325 status, prior service departures against medical advice,

2326 disability, or number of relapse episodes. Service providers may
 2327 not deny an individual who takes medication prescribed by a
 2328 physician, autonomous physician assistant, physician assistant,
 2329 or advanced practice registered nurse access to substance abuse
 2330 services solely on that basis. Service providers who receive
 2331 state funds to provide substance abuse services may not, if
 2332 space and sufficient state resources are available, deny access
 2333 to services based solely on inability to pay.

2334 Section 30. Section 397.679, Florida Statutes, is amended
 2335 to read:

2336 397.679 Emergency admission; circumstances justifying.—A
 2337 person who meets the criteria for involuntary admission in s.
 2338 397.675 may be admitted to a hospital or to a licensed
 2339 detoxification facility or addictions receiving facility for
 2340 emergency assessment and stabilization, or to a less intensive
 2341 component of a licensed service provider for assessment only,
 2342 upon receipt by the facility of a certificate by a physician, an
 2343 advanced practice registered nurse, a psychiatric nurse, a
 2344 clinical psychologist, a clinical social worker, a marriage and
 2345 family therapist, a mental health counselor, an autonomous
 2346 physician assistant, a physician assistant working under the
 2347 scope of practice of the supervising physician, or a master's-
 2348 level-certified addictions professional for substance abuse
 2349 services, if the certificate is specific to substance abuse
 2350 impairment, and the completion of an application for emergency

2351 admission.

2352 Section 31. Subsection (1) of section 397.6793, Florida
 2353 Statutes, is amended to read:

2354 397.6793 Professional's certificate for emergency
 2355 admission.—

2356 (1) A physician, a clinical psychologist, a physician
 2357 assistant working under the scope of practice of the supervising
 2358 physician, an autonomous physician assistant, a psychiatric
 2359 nurse, an advanced practice registered nurse, a mental health
 2360 counselor, a marriage and family therapist, a master's-level-
 2361 certified addictions professional for substance abuse services,
 2362 or a clinical social worker may execute a professional's
 2363 certificate for emergency admission. The professional's
 2364 certificate must include the name of the person to be admitted,
 2365 the relationship between the person and the professional
 2366 executing the certificate, the relationship between the
 2367 applicant and the professional, any relationship between the
 2368 professional and the licensed service provider, a statement that
 2369 the person has been examined and assessed within the preceding 5
 2370 days after the application date, and factual allegations with
 2371 respect to the need for emergency admission, including:

2372 (a) The reason for the belief that the person is substance
 2373 abuse impaired;

2374 (b) The reason for the belief that because of such
 2375 impairment the person has lost the power of self-control with

2376 | respect to substance abuse; and

2377 | (c)1. The reason for the belief that, without care or
 2378 | treatment, the person is likely to suffer from neglect or refuse
 2379 | to care for himself or herself; that such neglect or refusal
 2380 | poses a real and present threat of substantial harm to his or
 2381 | her well-being; and that it is not apparent that such harm may
 2382 | be avoided through the help of willing family members or friends
 2383 | or the provision of other services, or there is substantial
 2384 | likelihood that the person has inflicted or, unless admitted, is
 2385 | likely to inflict, physical harm on himself, herself, or
 2386 | another; or

2387 | 2. The reason for the belief that the person's refusal to
 2388 | voluntarily receive care is based on judgment so impaired by
 2389 | reason of substance abuse that the person is incapable of
 2390 | appreciating his or her need for care and of making a rational
 2391 | decision regarding his or her need for care.

2392 | Section 32. Subsection (8) of section 400.021, Florida
 2393 | Statutes, is amended to read:

2394 | 400.021 Definitions.—When used in this part, unless the
 2395 | context otherwise requires, the term:

2396 | (8) "Geriatric outpatient clinic" means a site for
 2397 | providing outpatient health care to persons 60 years of age or
 2398 | older, which is staffed by a registered nurse, a physician
 2399 | assistant, or a licensed practical nurse under the direct
 2400 | supervision of a registered nurse, advanced practice registered

2401 nurse, physician assistant, autonomous physician assistant, or
 2402 physician.

2403 Section 33. Subsection (3) of section 400.172, Florida
 2404 Statutes, is amended to read:

2405 400.172 Respite care provided in nursing home facilities.—

2406 (3) A prospective respite care resident must provide
 2407 medical information from a physician, autonomous physician
 2408 assistant, physician assistant, or nurse practitioner and any
 2409 other information provided by the primary caregiver required by
 2410 the facility before or when the person is admitted to receive
 2411 respite care. The medical information must include a physician's
 2412 order for respite care and proof of a physical examination by a
 2413 licensed physician, autonomous physician assistant, physician
 2414 assistant, or nurse practitioner. The physician's order and
 2415 physical examination may be used to provide intermittent respite
 2416 care for up to 12 months after the date the order is written.

2417 Section 34. Subsection (2) of section 400.487, Florida
 2418 Statutes, is amended to read:

2419 400.487 Home health service agreements; physician's,
 2420 physician assistant's, autonomous physician assistant's, and
 2421 advanced practice registered nurse's treatment orders; patient
 2422 assessment; establishment and review of plan of care; provision
 2423 of services; orders not to resuscitate.—

2424 (2) When required by the provisions of chapter 464; part
 2425 I, part III, or part V of chapter 468; or chapter 486, the

2426 attending physician, autonomous physician assistant, physician
 2427 assistant, or advanced practice registered nurse, acting within
 2428 his or her respective scope of practice, shall establish
 2429 treatment orders for a patient who is to receive skilled care.
 2430 The treatment orders must be signed by the physician, autonomous
 2431 physician assistant, physician assistant, or advanced practice
 2432 registered nurse before a claim for payment for the skilled
 2433 services is submitted by the home health agency. If the claim is
 2434 submitted to a managed care organization, the treatment orders
 2435 must be signed within the time allowed under the provider
 2436 agreement. The treatment orders shall be reviewed, as frequently
 2437 as the patient's illness requires, by the physician, autonomous
 2438 physician assistant, physician assistant, or advanced practice
 2439 registered nurse in consultation with the home health agency.

2440 Section 35. Paragraph (a) of subsection (13) of section
 2441 400.506, Florida Statutes, is amended to read:

2442 400.506 Licensure of nurse registries; requirements;
 2443 penalties.—

2444 (13) All persons referred for contract in private
 2445 residences by a nurse registry must comply with the following
 2446 requirements for a plan of treatment:

2447 (a) When, in accordance with the privileges and
 2448 restrictions imposed upon a nurse under part I of chapter 464,
 2449 the delivery of care to a patient is under the direction or
 2450 supervision of a physician or when a physician is responsible

2451 for the medical care of the patient, a medical plan of treatment
2452 must be established for each patient receiving care or treatment
2453 provided by a licensed nurse in the home. The original medical
2454 plan of treatment must be timely signed by the physician,
2455 autonomous physician assistant, physician assistant, or advanced
2456 practice registered nurse, acting within his or her respective
2457 scope of practice, and reviewed in consultation with the
2458 licensed nurse at least every 2 months. Any additional order or
2459 change in orders must be obtained from the physician, autonomous
2460 physician assistant, physician assistant, or advanced practice
2461 registered nurse and reduced to writing and timely signed by the
2462 physician, autonomous physician assistant, physician assistant,
2463 or advanced practice registered nurse. The delivery of care
2464 under a medical plan of treatment must be substantiated by the
2465 appropriate nursing notes or documentation made by the nurse in
2466 compliance with nursing practices established under part I of
2467 chapter 464.

2468 Section 36. Subsection (5) and paragraph (b) of subsection
2469 (7) of section 400.9973, Florida Statutes, are amended to read:

2470 400.9973 Client admission, transfer, and discharge.—

2471 (5) A client admitted to a transitional living facility
2472 must be admitted upon prescription by a licensed physician,
2473 autonomous physician assistant, physician assistant, or advanced
2474 practice registered nurse and must remain under the care of a
2475 licensed physician, autonomous physician assistant, physician

2476 assistant, or advanced practice registered nurse for the
 2477 duration of the client's stay in the facility.

2478 (7) A person may not be admitted to a transitional living
 2479 facility if the person:

2480 (b) Is a danger to himself or herself or others as
 2481 determined by a physician, autonomous physician assistant,
 2482 physician assistant, advanced practice registered nurse, or a
 2483 mental health practitioner licensed under chapter 490 or chapter
 2484 491, unless the facility provides adequate staffing and support
 2485 to ensure patient safety;

2486 Section 37. Paragraphs (a) and (b) of subsection (2) of
 2487 section 400.9974, Florida Statutes, are amended to read:

2488 400.9974 Client comprehensive treatment plans; client
 2489 services.—

2490 (2) The comprehensive treatment plan must include:

2491 (a) Orders obtained from the physician, autonomous
 2492 physician assistant, physician assistant, or advanced practice
 2493 registered nurse and the client's diagnosis, medical history,
 2494 physical examination, and rehabilitative or restorative needs.

2495 (b) A preliminary nursing evaluation, including orders for
 2496 immediate care provided by the physician, autonomous physician
 2497 assistant, physician assistant, or advanced practice registered
 2498 nurse, which shall be completed when the client is admitted.

2499 Section 38. Section 400.9976, Florida Statutes, is amended
 2500 to read:

2501 400.9976 Administration of medication.—

2502 (1) An individual medication administration record must be
2503 maintained for each client. A dose of medication, including a
2504 self-administered dose, shall be properly recorded in the
2505 client's record. A client who self-administers medication shall
2506 be given a pill organizer. Medication must be placed in the pill
2507 organizer by a nurse. A nurse shall document the date and time
2508 that medication is placed into each client's pill organizer. All
2509 medications must be administered in compliance with orders of a
2510 physician, autonomous physician assistant, physician assistant,
2511 or advanced practice registered nurse.

2512 (2) If an interdisciplinary team determines that self-
2513 administration of medication is an appropriate objective, and if
2514 the physician, autonomous physician assistant, physician
2515 assistant, or advanced practice registered nurse does not
2516 specify otherwise, the client must be instructed by the
2517 physician, autonomous physician assistant, physician assistant,
2518 or advanced practice registered nurse to self-administer his or
2519 her medication without the assistance of a staff person. All
2520 forms of self-administration of medication, including
2521 administration orally, by injection, and by suppository, shall
2522 be included in the training. The client's physician, autonomous
2523 physician assistant, physician assistant, or advanced practice
2524 registered nurse must be informed of the interdisciplinary
2525 team's decision that self-administration of medication is an

2526 objective for the client. A client may not self-administer
2527 medication until he or she demonstrates the competency to take
2528 the correct medication in the correct dosage at the correct
2529 time, to respond to missed doses, and to contact the appropriate
2530 person with questions.

2531 (3) Medication administration discrepancies and adverse
2532 drug reactions must be recorded and reported immediately to a
2533 physician, autonomous physician assistant, physician assistant,
2534 or advanced practice registered nurse.

2535 Section 39. Subsections (2) through (5) of section
2536 400.9979, Florida Statutes, are amended to read:

2537 400.9979 Restraint and seclusion; client safety.—

2538 (2) The use of physical restraints must be ordered and
2539 documented by a physician, autonomous physician assistant,
2540 physician assistant, or advanced practice registered nurse and
2541 must be consistent with the policies and procedures adopted by
2542 the facility. The client or, if applicable, the client's
2543 representative shall be informed of the facility's physical
2544 restraint policies and procedures when the client is admitted.

2545 (3) The use of chemical restraints shall be limited to
2546 prescribed dosages of medications as ordered by a physician,
2547 autonomous physician assistant, physician assistant, or advanced
2548 practice registered nurse and must be consistent with the
2549 client's diagnosis and the policies and procedures adopted by
2550 the facility. The client and, if applicable, the client's

2551 representative shall be informed of the facility's chemical
2552 restraint policies and procedures when the client is admitted.

2553 (4) Based on the assessment by a physician, autonomous
2554 physician assistant, physician assistant, or advanced practice
2555 registered nurse, if a client exhibits symptoms that present an
2556 immediate risk of injury or death to himself or herself or
2557 others, a physician, physician assistant, or advanced practice
2558 registered nurse may issue an emergency treatment order to
2559 immediately administer rapid-response psychotropic medications
2560 or other chemical restraints. Each emergency treatment order
2561 must be documented and maintained in the client's record.

2562 (a) An emergency treatment order is not effective for more
2563 than 24 hours.

2564 (b) Whenever a client is medicated under this subsection,
2565 the client's representative or a responsible party and the
2566 client's physician, autonomous physician assistant, physician
2567 assistant, or advanced practice registered nurse shall be
2568 notified as soon as practicable.

2569 (5) A client who is prescribed and receives a medication
2570 that can serve as a chemical restraint for a purpose other than
2571 an emergency treatment order must be evaluated by his or her
2572 physician, autonomous physician assistant, physician assistant,
2573 or advanced practice registered nurse at least monthly to
2574 assess:

2575 (a) The continued need for the medication.

2576 (b) The level of the medication in the client's blood.

2577 (c) The need for adjustments to the prescription.

2578 Section 40. Subsections (1) and (2) of section 401.445,
 2579 Florida Statutes, are amended to read:

2580 401.445 Emergency examination and treatment of
 2581 incapacitated persons.—

2582 (1) No recovery shall be allowed in any court in this
 2583 state against any emergency medical technician, paramedic, or
 2584 physician as defined in this chapter, any advanced practice
 2585 registered nurse licensed under s. 464.012, or any autonomous
 2586 physician assistant or physician assistant registered or
 2587 licensed under s. 458.347 or s. 459.022, or any person acting
 2588 under the direct medical supervision of a physician, in an
 2589 action brought for examining or treating a patient without his
 2590 or her informed consent if:

2591 (a) The patient at the time of examination or treatment is
 2592 intoxicated, under the influence of drugs, or otherwise
 2593 incapable of providing informed consent as provided in s.
 2594 766.103;

2595 (b) The patient at the time of examination or treatment is
 2596 experiencing an emergency medical condition; and

2597 (c) The patient would reasonably, under all the
 2598 surrounding circumstances, undergo such examination, treatment,
 2599 or procedure if he or she were advised by the emergency medical
 2600 technician, paramedic, physician, advanced practice registered

2601 nurse, autonomous physician assistant, or physician assistant in
 2602 accordance with s. 766.103(3).

2603
 2604 Examination and treatment provided under this subsection shall
 2605 be limited to reasonable examination of the patient to determine
 2606 the medical condition of the patient and treatment reasonably
 2607 necessary to alleviate the emergency medical condition or to
 2608 stabilize the patient.

2609 (2) In examining and treating a person who is apparently
 2610 intoxicated, under the influence of drugs, or otherwise
 2611 incapable of providing informed consent, the emergency medical
 2612 technician, paramedic, physician, advanced practice registered
 2613 nurse, autonomous physician assistant, or physician assistant,
 2614 or any person acting under the direct medical supervision of a
 2615 physician, shall proceed wherever possible with the consent of
 2616 the person. If the person reasonably appears to be incapacitated
 2617 and refuses his or her consent, the person may be examined,
 2618 treated, or taken to a hospital or other appropriate treatment
 2619 resource if he or she is in need of emergency attention, without
 2620 his or her consent, but unreasonable force shall not be used.

2621 Section 41. Subsection (18) of section 409.906, Florida
 2622 Statutes, is amended to read:

2623 409.906 Optional Medicaid services.—Subject to specific
 2624 appropriations, the agency may make payments for services which
 2625 are optional to the state under Title XIX of the Social Security

2626 Act and are furnished by Medicaid providers to recipients who
2627 are determined to be eligible on the dates on which the services
2628 were provided. Any optional service that is provided shall be
2629 provided only when medically necessary and in accordance with
2630 state and federal law. Optional services rendered by providers
2631 in mobile units to Medicaid recipients may be restricted or
2632 prohibited by the agency. Nothing in this section shall be
2633 construed to prevent or limit the agency from adjusting fees,
2634 reimbursement rates, lengths of stay, number of visits, or
2635 number of services, or making any other adjustments necessary to
2636 comply with the availability of moneys and any limitations or
2637 directions provided for in the General Appropriations Act or
2638 chapter 216. If necessary to safeguard the state's systems of
2639 providing services to elderly and disabled persons and subject
2640 to the notice and review provisions of s. 216.177, the Governor
2641 may direct the Agency for Health Care Administration to amend
2642 the Medicaid state plan to delete the optional Medicaid service
2643 known as "Intermediate Care Facilities for the Developmentally
2644 Disabled." Optional services may include:

2645 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
2646 all services provided to a recipient by an autonomous physician
2647 assistant or a physician assistant registered or licensed under
2648 s. 458.347 or s. 459.022. Reimbursement for such services must
2649 be not less than 80 percent of the reimbursement that would be
2650 paid to a physician who provided the same services.

2651 Section 42. Paragraph (m) of subsection (3) of section
2652 409.908, Florida Statutes, is amended to read:
2653 409.908 Reimbursement of Medicaid providers.—Subject to
2654 specific appropriations, the agency shall reimburse Medicaid
2655 providers, in accordance with state and federal law, according
2656 to methodologies set forth in the rules of the agency and in
2657 policy manuals and handbooks incorporated by reference therein.
2658 These methodologies may include fee schedules, reimbursement
2659 methods based on cost reporting, negotiated fees, competitive
2660 bidding pursuant to s. 287.057, and other mechanisms the agency
2661 considers efficient and effective for purchasing services or
2662 goods on behalf of recipients. If a provider is reimbursed based
2663 on cost reporting and submits a cost report late and that cost
2664 report would have been used to set a lower reimbursement rate
2665 for a rate semester, then the provider's rate for that semester
2666 shall be retroactively calculated using the new cost report, and
2667 full payment at the recalculated rate shall be effected
2668 retroactively. Medicare-granted extensions for filing cost
2669 reports, if applicable, shall also apply to Medicaid cost
2670 reports. Payment for Medicaid compensable services made on
2671 behalf of Medicaid eligible persons is subject to the
2672 availability of moneys and any limitations or directions
2673 provided for in the General Appropriations Act or chapter 216.
2674 Further, nothing in this section shall be construed to prevent
2675 or limit the agency from adjusting fees, reimbursement rates,

2676 | lengths of stay, number of visits, or number of services, or
 2677 | making any other adjustments necessary to comply with the
 2678 | availability of moneys and any limitations or directions
 2679 | provided for in the General Appropriations Act, provided the
 2680 | adjustment is consistent with legislative intent.

2681 | (3) Subject to any limitations or directions provided for
 2682 | in the General Appropriations Act, the following Medicaid
 2683 | services and goods may be reimbursed on a fee-for-service basis.
 2684 | For each allowable service or goods furnished in accordance with
 2685 | Medicaid rules, policy manuals, handbooks, and state and federal
 2686 | law, the payment shall be the amount billed by the provider, the
 2687 | provider's usual and customary charge, or the maximum allowable
 2688 | fee established by the agency, whichever amount is less, with
 2689 | the exception of those services or goods for which the agency
 2690 | makes payment using a methodology based on capitation rates,
 2691 | average costs, or negotiated fees.

2692 | (m) Autonomous physician assistant and physician assistant
 2693 | services.

2694 | Section 43. Paragraphs (c) through (cc) of subsection (1)
 2695 | of section 409.973, Florida Statutes, are redesignated as
 2696 | paragraphs (d) through (dd), respectively, and a new paragraph
 2697 | (c) is added to that subsection to read:

2698 | 409.973 Benefits.—

2699 | (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
 2700 | minimum, the following services:

2701 (c) Autonomous physician assistant services.
 2702 Section 44. Subsections (2), (4), and (5) of section
 2703 429.26, Florida Statutes, are amended to read:
 2704 429.26 Appropriateness of placements; examinations of
 2705 residents.—
 2706 (2) A physician, autonomous physician assistant, physician
 2707 assistant, or nurse practitioner who is employed by an assisted
 2708 living facility to provide an initial examination for admission
 2709 purposes may not have financial interest in the facility.
 2710 (4) If possible, each resident shall have been examined by
 2711 a licensed physician, an autonomous physician assistant, a
 2712 licensed physician assistant, or a licensed nurse practitioner
 2713 within 60 days before admission to the facility. The signed and
 2714 completed medical examination report shall be submitted to the
 2715 owner or administrator of the facility who shall use the
 2716 information contained therein to assist in the determination of
 2717 the appropriateness of the resident's admission and continued
 2718 stay in the facility. The medical examination report shall
 2719 become a permanent part of the record of the resident at the
 2720 facility and shall be made available to the agency during
 2721 inspection or upon request. An assessment that has been
 2722 completed through the Comprehensive Assessment and Review for
 2723 Long-Term Care Services (CARES) Program fulfills the
 2724 requirements for a medical examination under this subsection and
 2725 s. 429.07(3)(b)6.

2726 (5) Except as provided in s. 429.07, if a medical
 2727 examination has not been completed within 60 days before the
 2728 admission of the resident to the facility, a licensed physician,
 2729 a registered autonomous physician assistant, a licensed
 2730 physician assistant, or a licensed nurse practitioner shall
 2731 examine the resident and complete a medical examination form
 2732 provided by the agency within 30 days following the admission to
 2733 the facility to enable the facility owner or administrator to
 2734 determine the appropriateness of the admission. The medical
 2735 examination form shall become a permanent part of the record of
 2736 the resident at the facility and shall be made available to the
 2737 agency during inspection by the agency or upon request.

2738 Section 45. Paragraph (a) of subsection (2) and paragraph
 2739 (a) of subsection (7) of section 429.918, Florida Statutes, are
 2740 amended to read:

2741 429.918 Licensure designation as a specialized Alzheimer's
 2742 services adult day care center.—

2743 (2) As used in this section, the term:

2744 (a) "ADRD participant" means a participant who has a
 2745 documented diagnosis of Alzheimer's disease or a dementia-
 2746 related disorder (ADRD) from a licensed physician, a registered
 2747 autonomous physician assistant, a licensed physician assistant,
 2748 or a licensed advanced practice registered nurse.

2749 (7) (a) An ADRD participant admitted to an adult day care
 2750 center having a license designated under this section, or the

2751 caregiver when applicable, must:

2752 1. Require ongoing supervision to maintain the highest
2753 level of medical or custodial functioning and have a
2754 demonstrated need for a responsible party to oversee his or her
2755 care.

2756 2. Not actively demonstrate aggressive behavior that
2757 places himself, herself, or others at risk of harm.

2758 3. Provide the following medical documentation signed by a
2759 licensed physician, a registered autonomous physician assistant,
2760 a licensed physician assistant, or a licensed advanced practice
2761 registered nurse:

2762 a. Any physical, health, or emotional conditions that
2763 require medical care.

2764 b. A listing of the ADRD participant's current prescribed
2765 and over-the-counter medications and dosages, diet restrictions,
2766 mobility restrictions, and other physical limitations.

2767 4. Provide documentation signed by a health care provider
2768 licensed in this state which indicates that the ADRD participant
2769 is free of the communicable form of tuberculosis and free of
2770 signs and symptoms of other communicable diseases.

2771 Section 46. Paragraph (e) of subsection (5) of section
2772 440.102, Florida Statutes, is amended to read:

2773 440.102 Drug-free workplace program requirements.—The
2774 following provisions apply to a drug-free workplace program
2775 implemented pursuant to law or to rules adopted by the Agency

2776 | for Health Care Administration:

2777 | (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2778 | collection and testing for drugs under this section shall be
2779 | performed in accordance with the following procedures:

2780 | (e) A specimen for a drug test may be taken or collected
2781 | by any of the following persons:

2782 | 1. A physician, an autonomous physician assistant, a
2783 | physician assistant, a registered professional nurse, a licensed
2784 | practical nurse, or a nurse practitioner or a certified
2785 | paramedic who is present at the scene of an accident for the
2786 | purpose of rendering emergency medical service or treatment.

2787 | 2. A qualified person employed by a licensed or certified
2788 | laboratory as described in subsection (9).

2789 | Section 47. Paragraphs (a), (i), (o), and (r) of
2790 | subsection (3) and paragraph (g) of subsection (5) of section
2791 | 456.053, Florida Statutes, are amended to read:

2792 | 456.053 Financial arrangements between referring health
2793 | care providers and providers of health care services.—

2794 | (3) DEFINITIONS.—For the purpose of this section, the
2795 | word, phrase, or term:

2796 | (a) "Board" means any of the following boards relating to
2797 | the respective professions: the Board of Medicine as created in
2798 | s. 458.307; the Board of Osteopathic Medicine as created in s.
2799 | 459.004; the Board of Chiropractic Medicine as created in s.
2800 | 460.404; the Board of Podiatric Medicine as created in s.

2801 461.004; the Board of Optometry as created in s. 463.003; the
 2802 Board of Nursing as created in s. 464.004; the Board of Pharmacy
 2803 as created in s. 465.004; and the Board of Dentistry as created
 2804 in s. 466.004.

2805 (i) "Health care provider" means a ~~any~~ physician licensed
 2806 under chapter 458, chapter 459, chapter 460, or chapter 461; an
 2807 advanced practice registered nurse registered to engage in
 2808 autonomous practice pursuant to s. 464.0123; an autonomous
 2809 physician assistant registered under s. 458.347(8) or s.
 2810 459.022(8);~~r~~ or any health care provider licensed under chapter
 2811 463 or chapter 466.

2812 (o) "Referral" means any referral of a patient by a health
 2813 care provider for health care services, including, without
 2814 limitation:

2815 1. The forwarding of a patient by a health care provider
 2816 to another health care provider or to an entity which provides
 2817 or supplies designated health services or any other health care
 2818 item or service; or

2819 2. The request or establishment of a plan of care by a
 2820 health care provider, which includes the provision of designated
 2821 health services or other health care item or service.

2822 3. The following orders, recommendations, or plans of care
 2823 shall not constitute a referral by a health care provider:

- 2824 a. By a radiologist for diagnostic-imaging services.
- 2825 b. By a physician specializing in the provision of

2826 radiation therapy services for such services.

2827 c. By a medical oncologist for drugs and solutions to be
 2828 prepared and administered intravenously to such oncologist's
 2829 patient, as well as for the supplies and equipment used in
 2830 connection therewith to treat such patient for cancer and the
 2831 complications thereof.

2832 d. By a cardiologist for cardiac catheterization services.

2833 e. By a pathologist for diagnostic clinical laboratory
 2834 tests and pathological examination services, if furnished by or
 2835 under the supervision of such pathologist pursuant to a
 2836 consultation requested by another physician.

2837 f. By a health care provider who is the sole provider or
 2838 member of a group practice for designated health services or
 2839 other health care items or services that are prescribed or
 2840 provided solely for such referring health care provider's or
 2841 group practice's own patients, and that are provided or
 2842 performed by or under the direct supervision of such referring
 2843 health care provider or group practice; provided, however, ~~that~~
 2844 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
 2845 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
 2846 ~~chapter 461~~ may refer a patient to a sole provider or group
 2847 practice for diagnostic imaging services, excluding radiation
 2848 therapy services, for which the sole provider or group practice
 2849 billed both the technical and the professional fee for or on
 2850 behalf of the patient, if the referring health care provider

2851 ~~physician~~ has no investment interest in the practice. The
2852 diagnostic imaging service referred to a group practice or sole
2853 provider must be a diagnostic imaging service normally provided
2854 within the scope of practice to the patients of the group
2855 practice or sole provider. The group practice or sole provider
2856 may accept no more than 15 percent of their patients receiving
2857 diagnostic imaging services from outside referrals, excluding
2858 radiation therapy services.

2859 g. By a health care provider for services provided by an
2860 ambulatory surgical center licensed under chapter 395.

2861 h. By a urologist for lithotripsy services.

2862 i. By a dentist for dental services performed by an
2863 employee of or health care provider who is an independent
2864 contractor with the dentist or group practice of which the
2865 dentist is a member.

2866 j. By a physician for infusion therapy services to a
2867 patient of that physician or a member of that physician's group
2868 practice.

2869 k. By a nephrologist for renal dialysis services and
2870 supplies, except laboratory services.

2871 l. By a health care provider whose principal professional
2872 practice consists of treating patients in their private
2873 residences for services to be rendered in such private
2874 residences, except for services rendered by a home health agency
2875 licensed under chapter 400. For purposes of this sub-

2876 subparagraph, the term "private residences" includes patients'
 2877 private homes, independent living centers, and assisted living
 2878 facilities, but does not include skilled nursing facilities.

2879 m. By a health care provider for sleep-related testing.

2880 (r) "Sole provider" means one health care provider
 2881 licensed under chapter 458, chapter 459, chapter 460, or chapter
 2882 461, or registered under s. 464.0123, who maintains a separate
 2883 medical office and a medical practice separate from any other
 2884 health care provider and who bills for his or her services
 2885 separately from the services provided by any other health care
 2886 provider. A sole provider shall not share overhead expenses or
 2887 professional income with any other person or group practice.

2888 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
 2889 provided in this section:

2890 (g) A violation of this section by a health care provider
 2891 shall constitute grounds for disciplinary action to be taken by
 2892 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
 2893 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
 2894 466.028(2). Any hospital licensed under chapter 395 found in
 2895 violation of this section shall be subject to s. 395.0185(2).

2896 Section 48. Subsection (7) of section 456.072, Florida
 2897 Statutes, is amended to read:

2898 456.072 Grounds for discipline; penalties; enforcement.—

2899 (7) Notwithstanding subsection (2), upon a finding that a
 2900 physician or autonomous physician assistant has prescribed or

2901 dispensed a controlled substance, or caused a controlled
 2902 substance to be prescribed or dispensed, in a manner that
 2903 violates the standard of practice set forth in s. 458.331(1)(q)
 2904 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.
 2905 466.028(1)(p) or (x), or that an advanced practice registered
 2906 nurse has prescribed or dispensed a controlled substance, or
 2907 caused a controlled substance to be prescribed or dispensed, in
 2908 a manner that violates the standard of practice set forth in s.
 2909 464.018(1)(n) or (p)6., the physician, autonomous physician
 2910 assistant, or advanced practice registered nurse shall be
 2911 suspended for a period of not less than 6 months and pay a fine
 2912 of not less than \$10,000 per count. Repeated violations shall
 2913 result in increased penalties.

2914 Section 49. Paragraph (h) of subsection (1) and subsection
 2915 (2) of section 456.44, Florida Statutes, are amended to read:

2916 456.44 Controlled substance prescribing.—

2917 (1) DEFINITIONS.—As used in this section, the term:

2918 (h) "Registrant" means a physician, an autonomous
 2919 physician assistant, a physician assistant, or an advanced
 2920 practice registered nurse who meets the requirements of
 2921 subsection (2).

2922 (2) REGISTRATION.—A physician licensed under chapter 458,
 2923 chapter 459, chapter 461, or chapter 466, an autonomous
 2924 physician assistant or a physician assistant registered or
 2925 licensed under chapter 458 or chapter 459, or an advanced

2926 practice registered nurse licensed under part I of chapter 464
 2927 who prescribes any controlled substance, listed in Schedule II,
 2928 Schedule III, or Schedule IV as defined in s. 893.03, for the
 2929 treatment of chronic nonmalignant pain, must:

2930 (a) Designate himself or herself as a controlled substance
 2931 prescribing practitioner on his or her practitioner profile.

2932 (b) Comply with the requirements of this section and
 2933 applicable board rules.

2934 Section 50. Paragraph (c) of subsection (3) of section
 2935 458.3265, Florida Statutes, is amended to read:

2936 458.3265 Pain-management clinics.—

2937 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 2938 apply to any physician who provides professional services in a
 2939 pain-management clinic that is required to be registered in
 2940 subsection (1).

2941 (c) A physician, an autonomous physician assistant, a
 2942 physician assistant, or an advanced practice registered nurse
 2943 must perform a physical examination of a patient on the same day
 2944 that the physician prescribes a controlled substance to a
 2945 patient at a pain-management clinic. If the physician prescribes
 2946 more than a 72-hour dose of controlled substances for the
 2947 treatment of chronic nonmalignant pain, the physician must
 2948 document in the patient's record the reason for prescribing that
 2949 quantity.

2950 Section 51. Paragraph (ii) of subsection (1) and

2951 subsection (10) of section 458.331, Florida Statutes, are
 2952 amended to read:

2953 458.331 Grounds for disciplinary action; action by the
 2954 board and department.—

2955 (1) The following acts constitute grounds for denial of a
 2956 license or disciplinary action, as specified in s. 456.072(2):

2957 (ii) Failing to report to the department any licensee
 2958 under this chapter or under chapter 459 who the physician,
 2959 autonomous physician assistant, or physician assistant knows has
 2960 violated the grounds for disciplinary action set out in the law
 2961 under which that person is licensed and who provides health care
 2962 services in a facility licensed under chapter 395, or a health
 2963 maintenance organization certificated under part I of chapter
 2964 641, in which the physician, autonomous physician assistant, or
 2965 physician assistant also provides services.

2966 (10) A probable cause panel convened to consider
 2967 disciplinary action against an autonomous physician assistant or
 2968 a physician assistant alleged to have violated s. 456.072 or
 2969 this section must include one physician assistant. The physician
 2970 assistant must hold a valid license to practice as a physician
 2971 assistant in this state and be appointed to the panel by the
 2972 Council of Physician Assistants. The physician assistant may
 2973 hear only cases involving disciplinary actions against a
 2974 physician assistant. If the appointed physician assistant is not
 2975 present at the disciplinary hearing, the panel may consider the

2976 matter and vote on the case in the absence of the physician
 2977 assistant. The training requirements set forth in s. 458.307(4)
 2978 do not apply to the appointed physician assistant. Rules need
 2979 not be adopted to implement this subsection.

2980 Section 52. Paragraph (c) of subsection (3) of section
 2981 459.0137, Florida Statutes, is amended to read:

2982 459.0137 Pain-management clinics.—

2983 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 2984 apply to any osteopathic physician who provides professional
 2985 services in a pain-management clinic that is required to be
 2986 registered in subsection (1).

2987 (c) An osteopathic physician, an autonomous physician
 2988 assistant, a physician assistant, or an advanced practice
 2989 registered nurse must perform a physical examination of a
 2990 patient on the same day that the physician prescribes a
 2991 controlled substance to a patient at a pain-management clinic.
 2992 If the osteopathic physician prescribes more than a 72-hour dose
 2993 of controlled substances for the treatment of chronic
 2994 nonmalignant pain, the osteopathic physician must document in
 2995 the patient's record the reason for prescribing that quantity.

2996 Section 53. Paragraph (11) of subsection (1) and
 2997 subsection (10) of section 459.015, Florida Statutes, are
 2998 amended to read:

2999 459.015 Grounds for disciplinary action; action by the
 3000 board and department.—

3001 (1) The following acts constitute grounds for denial of a
3002 license or disciplinary action, as specified in s. 456.072(2):

3003 (11) Failing to report to the department any licensee
3004 under chapter 458 or under this chapter who the osteopathic
3005 physician, autonomous physician assistant, or physician
3006 assistant knows has violated the grounds for disciplinary action
3007 set out in the law under which that person is licensed and who
3008 provides health care services in a facility licensed under
3009 chapter 395, or a health maintenance organization certificated
3010 under part I of chapter 641, in which the osteopathic physician,
3011 autonomous physician assistant, or physician assistant also
3012 provides services.

3013 (10) A probable cause panel convened to consider
3014 disciplinary action against an autonomous physician assistant or
3015 a physician assistant alleged to have violated s. 456.072 or
3016 this section must include one physician assistant. The physician
3017 assistant must hold a valid license to practice as a physician
3018 assistant in this state and be appointed to the panel by the
3019 Council of Physician Assistants. The physician assistant may
3020 hear only cases involving disciplinary actions against a
3021 physician assistant. If the appointed physician assistant is not
3022 present at the disciplinary hearing, the panel may consider the
3023 matter and vote on the case in the absence of the physician
3024 assistant. The training requirements set forth in s. 458.307(4)
3025 do not apply to the appointed physician assistant. Rules need

3026 | not be adopted to implement this subsection.

3027 | Section 54. Subsection (17) of section 464.003, Florida
3028 | Statutes, is amended to read:

3029 | 464.003 Definitions.—As used in this part, the term:

3030 | (17) "Practice of practical nursing" means the performance
3031 | of selected acts, including the administration of treatments and
3032 | medications, in the care of the ill, injured, or infirm; the
3033 | promotion of wellness, maintenance of health, and prevention of
3034 | illness of others under the direction of a registered nurse, a
3035 | licensed physician, a licensed osteopathic physician, a licensed
3036 | podiatric physician, a registered autonomous physician
3037 | assistant, or a licensed dentist; and the teaching of general
3038 | principles of health and wellness to the public and to students
3039 | other than nursing students. A practical nurse is responsible
3040 | and accountable for making decisions that are based upon the
3041 | individual's educational preparation and experience in nursing.

3042 | Section 55. Paragraph (a) of subsection (4) of section
3043 | 464.0205, Florida Statutes, is amended to read:

3044 | 464.0205 Retired volunteer nurse certificate.—

3045 | (4) A retired volunteer nurse receiving certification from
3046 | the board shall:

3047 | (a) Work under the direct supervision of the director of a
3048 | county health department, a physician working under a limited
3049 | license issued pursuant to s. 458.317 or s. 459.0075, a
3050 | physician or an autonomous physician assistant licensed or

3051 registered under chapter 458 or chapter 459, an advanced
 3052 practice registered nurse licensed under s. 464.012, or a
 3053 registered nurse licensed under s. 464.008 or s. 464.009.

3054 Section 56. Paragraph (b) of subsection (1) of section
 3055 480.0475, Florida Statutes, is amended to read:

3056 480.0475 Massage establishments; prohibited practices.—

3057 (1) A person may not operate a massage establishment
 3058 between the hours of midnight and 5 a.m. This subsection does
 3059 not apply to a massage establishment:

3060 (b) In which every massage performed between the hours of
 3061 midnight and 5 a.m. is performed by a massage therapist acting
 3062 under the prescription of a physician, autonomous physician
 3063 assistant, or physician assistant licensed or registered under
 3064 chapter 458; ~~an osteopathic physician, autonomous physician~~
 3065 assistant, or physician assistant licensed or registered under
 3066 chapter 459; ~~a chiropractic physician licensed under chapter~~
 3067 ~~460; a podiatric physician licensed under chapter 461; an~~
 3068 advanced practice registered nurse licensed under part I of
 3069 chapter 464; ~~or a dentist licensed under chapter 466; or~~

3070 Section 57. Subsection (2) of section 493.6108, Florida
 3071 Statutes, is amended to read:

3072 493.6108 Investigation of applicants by Department of
 3073 Agriculture and Consumer Services.—

3074 (2) In addition to subsection (1), the department shall
 3075 make an investigation of the general physical fitness of the

3076 Class "G" applicant to bear a weapon or firearm. Determination
3077 of physical fitness shall be certified by a physician,
3078 autonomous physician assistant, or physician assistant currently
3079 licensed or registered under ~~pursuant to~~ chapter 458, chapter
3080 459, or any similar law of another state or authorized to act as
3081 a licensed physician by a federal agency or department or by an
3082 advanced practice registered nurse currently licensed pursuant
3083 to chapter 464. Such certification shall be submitted on a form
3084 provided by the department.

3085 Section 58. Subsection (1) of section 626.9707, Florida
3086 Statutes, is amended to read:

3087 626.9707 Disability insurance; discrimination on basis of
3088 sickle-cell trait prohibited.—

3089 (1) No insurer authorized to transact insurance in this
3090 state shall refuse to issue and deliver in this state any policy
3091 of disability insurance, whether such policy is defined as
3092 individual, group, blanket, franchise, industrial, or otherwise,
3093 which is currently being issued for delivery in this state and
3094 which affords benefits and coverage for any medical treatment or
3095 service authorized and permitted to be furnished by a hospital,
3096 a clinic, a health clinic, a neighborhood health clinic, a
3097 health maintenance organization, a physician, an autonomous
3098 physician assistant, a physician ~~physician's~~ assistant, an
3099 advanced practice registered nurse practitioner, or a medical
3100 service facility or personnel solely because the person to be

3101 insured has the sickle-cell trait.

3102 Section 59. Paragraph (b) of subsection (1) of section

3103 627.357, Florida Statutes, is amended to read:

3104 627.357 Medical malpractice self-insurance.—

3105 (1) DEFINITIONS.—As used in this section, the term:

3106 (b) "Health care provider" means any:

3107 1. Hospital licensed under chapter 395.

3108 2. Physician, autonomous physician assistant licensed, or

3109 physician assistant registered or licensed, under chapter 458.

3110 3. Osteopathic physician, autonomous physician assistant,

3111 or physician assistant registered or licensed under chapter 459.

3112 4. Podiatric physician licensed under chapter 461.

3113 5. Health maintenance organization certificated under part

3114 I of chapter 641.

3115 6. Ambulatory surgical center licensed under chapter 395.

3116 7. Chiropractic physician licensed under chapter 460.

3117 8. Psychologist licensed under chapter 490.

3118 9. Optometrist licensed under chapter 463.

3119 10. Dentist licensed under chapter 466.

3120 11. Pharmacist licensed under chapter 465.

3121 12. Registered nurse, licensed practical nurse, or

3122 advanced practice registered nurse licensed or registered under

3123 part I of chapter 464.

3124 13. Other medical facility.

3125 14. Professional association, partnership, corporation,

3126 joint venture, or other association established by the
 3127 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
 3128 10., 11., and 12. for professional activity.

3129 Section 60. Paragraph (a) of subsection (1) of section
 3130 627.736, Florida Statutes, is amended to read:

3131 627.736 Required personal injury protection benefits;
 3132 exclusions; priority; claims.—

3133 (1) REQUIRED BENEFITS.—An insurance policy complying with
 3134 the security requirements of s. 627.733 must provide personal
 3135 injury protection to the named insured, relatives residing in
 3136 the same household, persons operating the insured motor vehicle,
 3137 passengers in the motor vehicle, and other persons struck by the
 3138 motor vehicle and suffering bodily injury while not an occupant
 3139 of a self-propelled vehicle, subject to subsection (2) and
 3140 paragraph (4) (e), to a limit of \$10,000 in medical and
 3141 disability benefits and \$5,000 in death benefits resulting from
 3142 bodily injury, sickness, disease, or death arising out of the
 3143 ownership, maintenance, or use of a motor vehicle as follows:

3144 (a) Medical benefits.—Eighty percent of all reasonable
 3145 expenses for medically necessary medical, surgical, X-ray,
 3146 dental, and rehabilitative services, including prosthetic
 3147 devices and medically necessary ambulance, hospital, and nursing
 3148 services if the individual receives initial services and care
 3149 pursuant to subparagraph 1. within 14 days after the motor
 3150 vehicle accident. The medical benefits provide reimbursement

3151 only for:

3152 1. Initial services and care that are lawfully provided,
3153 supervised, ordered, or prescribed by a physician or an
3154 autonomous physician assistant licensed or registered under
3155 chapter 458 or chapter 459, a dentist licensed under chapter
3156 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
3157 an advanced practice registered nurse who is registered to
3158 engage in autonomous practice under s. 464.0123 or that are
3159 provided in a hospital or in a facility that owns, or is wholly
3160 owned by, a hospital. Initial services and care may also be
3161 provided by a person or entity licensed under part III of
3162 chapter 401 which provides emergency transportation and
3163 treatment.

3164 2. Upon referral by a provider described in subparagraph
3165 1., followup services and care consistent with the underlying
3166 medical diagnosis rendered pursuant to subparagraph 1. which may
3167 be provided, supervised, ordered, or prescribed only by a
3168 physician or an autonomous physician assistant licensed or
3169 registered under chapter 458 or chapter 459, a chiropractic
3170 physician licensed under chapter 460, a dentist licensed under
3171 chapter 466, or an advanced practice registered nurse registered
3172 to engage in autonomous practice under s. 464.0123, or, to the
3173 extent permitted by applicable law and under the supervision of
3174 such physician, osteopathic physician, chiropractic physician,
3175 or dentist, by a physician assistant licensed under chapter 458

3176 or chapter 459 or an advanced practice registered nurse licensed
 3177 under chapter 464. Followup services and care may also be
 3178 provided by the following persons or entities:

3179 a. A hospital or ambulatory surgical center licensed under
 3180 chapter 395.

3181 b. An entity wholly owned by one or more physicians or
 3182 autonomous physician assistants licensed or registered under
 3183 chapter 458 or chapter 459, chiropractic physicians licensed
 3184 under chapter 460, advanced practice registered nurses
 3185 registered to engage in autonomous practice under s. 464.0123,
 3186 or dentists licensed under chapter 466 or by such practitioners
 3187 and the spouse, parent, child, or sibling of such practitioners.

3188 c. An entity that owns or is wholly owned, directly or
 3189 indirectly, by a hospital or hospitals.

3190 d. A physical therapist licensed under chapter 486, based
 3191 upon a referral by a provider described in this subparagraph.

3192 e. A health care clinic licensed under part X of chapter
 3193 400 which is accredited by an accrediting organization whose
 3194 standards incorporate comparable regulations required by this
 3195 state, or

3196 (I) Has a medical director licensed under chapter 458,
 3197 chapter 459, or chapter 460;

3198 (II) Has been continuously licensed for more than 3 years
 3199 or is a publicly traded corporation that issues securities
 3200 traded on an exchange registered with the United States

3201 Securities and Exchange Commission as a national securities
 3202 exchange; and

3203 (III) Provides at least four of the following medical
 3204 specialties:

3205 (A) General medicine.

3206 (B) Radiography.

3207 (C) Orthopedic medicine.

3208 (D) Physical medicine.

3209 (E) Physical therapy.

3210 (F) Physical rehabilitation.

3211 (G) Prescribing or dispensing outpatient prescription
 3212 medication.

3213 (H) Laboratory services.

3214 3. Reimbursement for services and care provided in
 3215 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 3216 licensed under chapter 458 or chapter 459, a dentist licensed
 3217 under chapter 466, an autonomous physician assistant or a
 3218 physician assistant registered or licensed under chapter 458 or
 3219 chapter 459, or an advanced practice registered nurse licensed
 3220 under chapter 464 has determined that the injured person had an
 3221 emergency medical condition.

3222 4. Reimbursement for services and care provided in
 3223 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
 3224 provider listed in subparagraph 1. or subparagraph 2. determines
 3225 that the injured person did not have an emergency medical

3226 condition.

3227 5. Medical benefits do not include massage as defined in
 3228 s. 480.033 or acupuncture as defined in s. 457.102, regardless
 3229 of the person, entity, or licensee providing massage or
 3230 acupuncture, and a licensed massage therapist or licensed
 3231 acupuncturist may not be reimbursed for medical benefits under
 3232 this section.

3233 6. The Financial Services Commission shall adopt by rule
 3234 the form that must be used by an insurer and a health care
 3235 provider specified in sub-subparagraph 2.b., sub-subparagraph
 3236 2.c., or sub-subparagraph 2.e. to document that the health care
 3237 provider meets the criteria of this paragraph. Such rule must
 3238 include a requirement for a sworn statement or affidavit.

3239
 3240 Only insurers writing motor vehicle liability insurance in this
 3241 state may provide the required benefits of this section, and
 3242 such insurer may not require the purchase of any other motor
 3243 vehicle coverage other than the purchase of property damage
 3244 liability coverage as required by s. 627.7275 as a condition for
 3245 providing such benefits. Insurers may not require that property
 3246 damage liability insurance in an amount greater than \$10,000 be
 3247 purchased in conjunction with personal injury protection. Such
 3248 insurers shall make benefits and required property damage
 3249 liability insurance coverage available through normal marketing
 3250 channels. An insurer writing motor vehicle liability insurance

3251 in this state who fails to comply with such availability
3252 requirement as a general business practice violates part IX of
3253 chapter 626, and such violation constitutes an unfair method of
3254 competition or an unfair or deceptive act or practice involving
3255 the business of insurance. An insurer committing such violation
3256 is subject to the penalties provided under that part, as well as
3257 those provided elsewhere in the insurance code.

3258 Section 61. Subsection (5) of section 633.412, Florida
3259 Statutes, is amended to read:

3260 633.412 Firefighters; qualifications for certification.—A
3261 person applying for certification as a firefighter must:

3262 (5) Be in good physical condition as determined by a
3263 medical examination given by a physician, surgeon, or autonomous
3264 physician assistant or physician assistant licensed or
3265 registered to practice in the state pursuant to chapter 458; an
3266 osteopathic physician, surgeon, autonomous physician assistant,
3267 or physician assistant licensed or registered to practice in the
3268 state pursuant to chapter 459; or an advanced practice
3269 registered nurse licensed to practice in the state pursuant to
3270 chapter 464. Such examination may include, but need not be
3271 limited to, the National Fire Protection Association Standard
3272 1582. A medical examination evidencing good physical condition
3273 shall be submitted to the division, on a form as provided by
3274 rule, before an individual is eligible for admission into a
3275 course under s. 633.408.

3276 Section 62. Subsection (8) of section 641.495, Florida
 3277 Statutes, is amended to read:

3278 641.495 Requirements for issuance and maintenance of
 3279 certificate.—

3280 (8) Each organization's contracts, certificates, and
 3281 subscriber handbooks shall contain a provision, if applicable,
 3282 disclosing that, for certain types of described medical
 3283 procedures, services may be provided by autonomous physician
 3284 assistants, physician assistants, advanced practice registered
 3285 nurses ~~nurse-practitioners~~, or other individuals who are not
 3286 licensed physicians.

3287 Section 63. Subsection (1) of section 744.2006, Florida
 3288 Statutes, is amended to read:

3289 744.2006 Office of Public and Professional Guardians;
 3290 appointment, notification.—

3291 (1) The executive director of the Office of Public and
 3292 Professional Guardians, after consultation with the chief judge
 3293 and other circuit judges within the judicial circuit and with
 3294 appropriate advocacy groups and individuals and organizations
 3295 who are knowledgeable about the needs of incapacitated persons,
 3296 may establish, within a county in the judicial circuit or within
 3297 the judicial circuit, one or more offices of public guardian and
 3298 if so established, shall create a list of persons best qualified
 3299 to serve as the public guardian, who have been investigated
 3300 pursuant to s. 744.3135. The public guardian must have knowledge

3301 of the legal process and knowledge of social services available
 3302 to meet the needs of incapacitated persons. The public guardian
 3303 shall maintain a staff or contract with professionally qualified
 3304 individuals to carry out the guardianship functions, including
 3305 an attorney who has experience in probate areas and another
 3306 person who has a master's degree in social work, or a
 3307 gerontologist, psychologist, autonomous physician assistant,
 3308 registered nurse, or advanced practice registered ~~or~~ nurse
 3309 ~~practitioner~~. A public guardian that is a nonprofit corporate
 3310 guardian under s. 744.309(5) must receive tax-exempt status from
 3311 the United States Internal Revenue Service.

3312 Section 64. Paragraph (a) of subsection (3) of section
 3313 744.331, Florida Statutes, is amended to read:

3314 744.331 Procedures to determine incapacity.—

3315 (3) EXAMINING COMMITTEE.—

3316 (a) Within 5 days after a petition for determination of
 3317 incapacity has been filed, the court shall appoint an examining
 3318 committee consisting of three members. One member must be a
 3319 psychiatrist or other physician. The remaining members must be
 3320 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
 3321 a ~~or other~~ physician, an autonomous physician assistant, a
 3322 physician assistant, a registered nurse, an advanced practice
 3323 registered nurse ~~practitioner~~, a licensed social worker, a
 3324 person with an advanced degree in gerontology from an accredited
 3325 institution of higher education, or another ~~other~~ person who by

3326 knowledge, skill, experience, training, or education may, in the
3327 court's discretion, advise the court in the form of an expert
3328 opinion. One of three members of the committee must have
3329 knowledge of the type of incapacity alleged in the petition.
3330 Unless good cause is shown, the attending or family physician
3331 may not be appointed to the committee. If the attending or
3332 family physician is available for consultation, the committee
3333 must consult with the physician. Members of the examining
3334 committee may not be related to or associated with one another,
3335 with the petitioner, with counsel for the petitioner or the
3336 proposed guardian, or with the person alleged to be totally or
3337 partially incapacitated. A member may not be employed by any
3338 private or governmental agency that has custody of, or
3339 furnishes, services or subsidies, directly or indirectly, to the
3340 person or the family of the person alleged to be incapacitated
3341 or for whom a guardianship is sought. A petitioner may not serve
3342 as a member of the examining committee. Members of the examining
3343 committee must be able to communicate, either directly or
3344 through an interpreter, in the language that the alleged
3345 incapacitated person speaks or to communicate in a medium
3346 understandable to the alleged incapacitated person if she or he
3347 is able to communicate. The clerk of the court shall send notice
3348 of the appointment to each person appointed no later than 3 days
3349 after the court's appointment.

3350 Section 65. Paragraph (b) of subsection (1) of section

3351 744.3675, Florida Statutes, is amended to read:

3352 744.3675 Annual guardianship plan.—Each guardian of the
 3353 person must file with the court an annual guardianship plan
 3354 which updates information about the condition of the ward. The
 3355 annual plan must specify the current needs of the ward and how
 3356 those needs are proposed to be met in the coming year.

3357 (1) Each plan for an adult ward must, if applicable,
 3358 include:

3359 (b) Information concerning the medical and mental health
 3360 conditions and treatment and rehabilitation needs of the ward,
 3361 including:

3362 1. A resume of any professional medical treatment given to
 3363 the ward during the preceding year.

3364 2. The report of a physician, an advanced practice
 3365 registered nurse, an autonomous physician assistant, or a
 3366 physician assistant who examined the ward no more than 90 days
 3367 before the beginning of the applicable reporting period. The
 3368 report must contain an evaluation of the ward's condition and a
 3369 statement of the current level of capacity of the ward.

3370 3. The plan for providing medical, mental health, and
 3371 rehabilitative services in the coming year.

3372 Section 66. Subsection (3) of section 766.103, Florida
 3373 Statutes, is amended to read:

3374 766.103 Florida Medical Consent Law.—

3375 (3) No recovery shall be allowed in any court in this

3376 state against any physician licensed under chapter 458,
3377 osteopathic physician licensed under chapter 459, chiropractic
3378 physician licensed under chapter 460, podiatric physician
3379 licensed under chapter 461, dentist licensed under chapter 466,
3380 advanced practice registered nurse licensed under s. 464.012,
3381 autonomous physician assistant registered under chapter 458 or
3382 chapter 459, or physician assistant licensed under s. 458.347 or
3383 s. 459.022 in an action brought for treating, examining, or
3384 operating on a patient without his or her informed consent when:
3385 (a)1. The action of the physician, osteopathic physician,
3386 chiropractic physician, podiatric physician, dentist, advanced
3387 practice registered nurse, autonomous physician assistant, or
3388 physician assistant in obtaining the consent of the patient or
3389 another person authorized to give consent for the patient was in
3390 accordance with an accepted standard of medical practice among
3391 members of the medical profession with similar training and
3392 experience in the same or similar medical community as that of
3393 the person treating, examining, or operating on the patient for
3394 whom the consent is obtained; and
3395 2. A reasonable individual, from the information provided
3396 by the physician, osteopathic physician, chiropractic physician,
3397 podiatric physician, dentist, advanced practice registered
3398 nurse, autonomous physician assistant, or physician assistant,
3399 under the circumstances, would have a general understanding of
3400 the procedure, the medically acceptable alternative procedures

3401 or treatments, and the substantial risks and hazards inherent in
 3402 the proposed treatment or procedures, which are recognized among
 3403 other physicians, osteopathic physicians, chiropractic
 3404 physicians, podiatric physicians, or dentists in the same or
 3405 similar community who perform similar treatments or procedures;
 3406 or

3407 (b) The patient would reasonably, under all the
 3408 surrounding circumstances, have undergone such treatment or
 3409 procedure had he or she been advised by the physician,
 3410 osteopathic physician, chiropractic physician, podiatric
 3411 physician, dentist, advanced practice registered nurse,
 3412 autonomous physician assistant, or physician assistant in
 3413 accordance with ~~the provisions of~~ paragraph (a).

3414 Section 67. Paragraph (b) of subsection (1) and paragraph
 3415 (e) of subsection (2) of section 766.105, Florida Statutes, are
 3416 amended to read:

3417 766.105 Florida Patient's Compensation Fund.—

3418 (1) DEFINITIONS.—The following definitions apply in the
 3419 interpretation and enforcement of this section:

3420 (b) The term "health care provider" means any:

3421 1. Hospital licensed under chapter 395.

3422 2. Physician, autonomous physician assistant, or physician
 3423 assistant licensed or registered under chapter 458.

3424 3. Osteopathic physician, autonomous physician assistant,
 3425 or physician assistant licensed or registered under chapter 459.

3426 4. Podiatric physician licensed under chapter 461.
3427 5. Health maintenance organization certificated under part
3428 I of chapter 641.
3429 6. Ambulatory surgical center licensed under chapter 395.
3430 7. "Other medical facility" as defined in paragraph (c).
3431 8. Professional association, partnership, corporation,
3432 joint venture, or other association by the individuals set forth
3433 in subparagraphs 2., 3., and 4. for professional activity.

3434 (2) COVERAGE.—

3435 (e) The coverage afforded by the fund for a participating
3436 hospital or ambulatory surgical center shall apply to the
3437 officers, trustees, volunteer workers, trainees, committee
3438 members (including physicians, osteopathic physicians, podiatric
3439 physicians, and dentists), and employees of the hospital or
3440 ambulatory surgical center, other than employed physicians
3441 licensed under chapter 458, autonomous physician assistants or
3442 physician assistants registered or licensed under chapter 458,
3443 osteopathic physicians licensed under chapter 459, autonomous
3444 physician assistants or physician assistants registered or
3445 licensed under chapter 459, dentists licensed under chapter 466,
3446 and podiatric physicians licensed under chapter 461. However,
3447 the coverage afforded by the fund for a participating hospital
3448 shall apply to house physicians, interns, employed physician
3449 residents in a resident training program, or physicians
3450 performing purely administrative duties for the participating

3451 hospitals other than the treatment of patients. This coverage
 3452 shall apply to the hospital or ambulatory surgical center and
 3453 those included in this subsection as one health care provider.

3454 Section 68. Paragraph (d) of subsection (3) of section
 3455 766.1115, Florida Statutes, is amended to read:

3456 766.1115 Health care providers; creation of agency
 3457 relationship with governmental contractors.—

3458 (3) DEFINITIONS.—As used in this section, the term:

3459 (d) "Health care provider" or "provider" means:

- 3460 1. A birth center licensed under chapter 383.
- 3461 2. An ambulatory surgical center licensed under chapter
 3462 395.
- 3463 3. A hospital licensed under chapter 395.
- 3464 4. A physician, autonomous physician assistant, or
 3465 physician assistant licensed or registered under chapter 458.
- 3466 5. An osteopathic physician, autonomous physician
 3467 assistant, or osteopathic physician assistant licensed or
 3468 registered under chapter 459.
- 3469 6. A chiropractic physician licensed under chapter 460.
- 3470 7. A podiatric physician licensed under chapter 461.
- 3471 8. A registered nurse, nurse midwife, licensed practical
 3472 nurse, or advanced practice registered nurse licensed or
 3473 registered under part I of chapter 464 or any facility which
 3474 employs nurses licensed or registered under part I of chapter
 3475 464 to supply all or part of the care delivered under this

3476 section.

3477 9. A midwife licensed under chapter 467.

3478 10. A health maintenance organization certificated under
3479 part I of chapter 641.

3480 11. A health care professional association and its
3481 employees or a corporate medical group and its employees.

3482 12. Any other medical facility the primary purpose of
3483 which is to deliver human medical diagnostic services or which
3484 delivers nonsurgical human medical treatment, and which includes
3485 an office maintained by a provider.

3486 13. A dentist or dental hygienist licensed under chapter
3487 466.

3488 14. A free clinic that delivers only medical diagnostic
3489 services or nonsurgical medical treatment free of charge to all
3490 low-income recipients.

3491 15. Any other health care professional, practitioner,
3492 provider, or facility under contract with a governmental
3493 contractor, including a student enrolled in an accredited
3494 program that prepares the student for licensure as any one of
3495 the professionals listed in subparagraphs 4.-9.

3496

3497 The term includes any nonprofit corporation qualified as exempt
3498 from federal income taxation under s. 501(a) of the Internal
3499 Revenue Code, and described in s. 501(c) of the Internal Revenue
3500 Code, which delivers health care services provided by licensed

3501 professionals listed in this paragraph, any federally funded
 3502 community health center, and any volunteer corporation or
 3503 volunteer health care provider that delivers health care
 3504 services.

3505 Section 69. Subsection (1) of section 766.1116, Florida
 3506 Statutes, is amended to read:

3507 766.1116 Health care practitioner; waiver of license
 3508 renewal fees and continuing education requirements.—

3509 (1) As used in this section, the term "health care
 3510 practitioner" means a physician, autonomous physician assistant,
 3511 or physician assistant licensed or registered under chapter 458;
 3512 an osteopathic physician, autonomous physician assistant, or
 3513 physician assistant licensed or registered under chapter 459; a
 3514 chiropractic physician licensed under chapter 460; a podiatric
 3515 physician licensed under chapter 461; an advanced practice
 3516 registered nurse, registered nurse, or licensed practical nurse
 3517 licensed under part I of chapter 464; a dentist or dental
 3518 hygienist licensed under chapter 466; or a midwife licensed
 3519 under chapter 467, who participates as a health care provider
 3520 under s. 766.1115.

3521 Section 70. Paragraph (c) of subsection (1) of section
 3522 766.118, Florida Statutes, is amended to read:

3523 766.118 Determination of noneconomic damages.—

3524 (1) DEFINITIONS.—As used in this section, the term:

3525 (c) "Practitioner" means any person licensed or registered

3526 | under chapter 458, chapter 459, chapter 460, chapter 461,
 3527 | chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
 3528 | ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
 3529 | association, corporation, firm, partnership, or other business
 3530 | entity under which such practitioner practices or any employee
 3531 | of such practitioner or entity acting in the scope of his or her
 3532 | employment. For the purpose of determining the limitations on
 3533 | noneconomic damages set forth in this section, the term
 3534 | "practitioner" includes any person or entity for whom a
 3535 | practitioner is vicariously liable and any person or entity
 3536 | whose liability is based solely on such person or entity being
 3537 | vicariously liable for the actions of a practitioner.

3538 | Section 71. Subsection (3) of section 768.135, Florida
 3539 | Statutes, is amended to read:

3540 | 768.135 Volunteer team physicians; immunity.—

3541 | (3) A practitioner licensed or registered under chapter
 3542 | 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
 3543 | gratuitously and in good faith conducts an evaluation pursuant
 3544 | to s. 1006.20(2)(c) is not liable for any civil damages arising
 3545 | from that evaluation unless the evaluation was conducted in a
 3546 | wrongful manner.

3547 | Section 72. Subsection (5) of section 794.08, Florida
 3548 | Statutes, is amended to read:

3549 | 794.08 Female genital mutilation.—

3550 | (5) This section does not apply to procedures performed by

3551 or under the direction of a physician licensed under chapter
 3552 458, an osteopathic physician licensed under chapter 459, a
 3553 registered nurse licensed under part I of chapter 464, a
 3554 practical nurse licensed under part I of chapter 464, an
 3555 advanced practice registered nurse licensed under part I of
 3556 chapter 464, a midwife licensed under chapter 467, or an
 3557 autonomous physician assistant or a physician assistant
 3558 registered or licensed under chapter 458 or chapter 459 when
 3559 necessary to preserve the physical health of a female person.
 3560 This section also does not apply to any autopsy or limited
 3561 dissection conducted pursuant to chapter 406.

3562 Section 73. Subsection (23) of section 893.02, Florida
 3563 Statutes, is amended to read:

3564 893.02 Definitions.—The following words and phrases as
 3565 used in this chapter shall have the following meanings, unless
 3566 the context otherwise requires:

3567 (23) "Practitioner" means a physician licensed under
 3568 chapter 458, a dentist licensed under chapter 466, a
 3569 veterinarian licensed under chapter 474, an osteopathic
 3570 physician licensed under chapter 459, an advanced practice
 3571 registered nurse licensed under chapter 464, a naturopath
 3572 licensed under chapter 462, a certified optometrist licensed
 3573 under chapter 463, a psychiatric nurse as defined in s. 394.455,
 3574 a podiatric physician licensed under chapter 461, an autonomous
 3575 physician assistant registered under chapter 458 or chapter 459,

3576 or a physician assistant licensed under chapter 458 or chapter
3577 459, provided such practitioner holds a valid federal controlled
3578 substance registry number.

3579 Section 74. Subsection (6) of section 943.13, Florida
3580 Statutes, is amended to read:

3581 943.13 Officers' minimum qualifications for employment or
3582 appointment.—On or after October 1, 1984, any person employed or
3583 appointed as a full-time, part-time, or auxiliary law
3584 enforcement officer or correctional officer; on or after October
3585 1, 1986, any person employed as a full-time, part-time, or
3586 auxiliary correctional probation officer; and on or after
3587 October 1, 1986, any person employed as a full-time, part-time,
3588 or auxiliary correctional officer by a private entity under
3589 contract to the Department of Corrections, to a county
3590 commission, or to the Department of Management Services shall:

3591 (6) Have passed a physical examination by a licensed
3592 physician, autonomous physician assistant, physician assistant,
3593 or licensed advanced practice registered nurse, based on
3594 specifications established by the commission. In order to be
3595 eligible for the presumption set forth in s. 112.18 while
3596 employed with an employing agency, a law enforcement officer,
3597 correctional officer, or correctional probation officer must
3598 have successfully passed the physical examination required by
3599 this subsection upon entering into service as a law enforcement
3600 officer, correctional officer, or correctional probation officer

3601 with the employing agency, which examination must have failed to
3602 reveal any evidence of tuberculosis, heart disease, or
3603 hypertension. A law enforcement officer, correctional officer,
3604 or correctional probation officer may not use a physical
3605 examination from a former employing agency for purposes of
3606 claiming the presumption set forth in s. 112.18 against the
3607 current employing agency.

3608 Section 75. Subsection (2) of section 945.603, Florida
3609 Statutes, is amended to read:

3610 945.603 Powers and duties of authority.—The purpose of the
3611 authority is to assist in the delivery of health care services
3612 for inmates in the Department of Corrections by advising the
3613 Secretary of Corrections on the professional conduct of primary,
3614 convalescent, dental, and mental health care and the management
3615 of costs consistent with quality care, by advising the Governor
3616 and the Legislature on the status of the Department of
3617 Corrections' health care delivery system, and by assuring that
3618 adequate standards of physical and mental health care for
3619 inmates are maintained at all Department of Corrections
3620 institutions. For this purpose, the authority has the authority
3621 to:

3622 (2) Review and make recommendations regarding health care
3623 for the delivery of health care services including, but not
3624 limited to, acute hospital-based services and facilities,
3625 primary and tertiary care services, ancillary and clinical

3626 services, dental services, mental health services, intake and
3627 screening services, medical transportation services, and the use
3628 of nurse practitioner, autonomous physician assistant, and
3629 physician assistant personnel to act as physician extenders as
3630 these relate to inmates in the Department of Corrections.

3631 Section 76. Paragraph (n) of subsection (1) of section
3632 948.03, Florida Statutes, is amended to read:

3633 948.03 Terms and conditions of probation.—

3634 (1) The court shall determine the terms and conditions of
3635 probation. Conditions specified in this section do not require
3636 oral pronouncement at the time of sentencing and may be
3637 considered standard conditions of probation. These conditions
3638 may include among them the following, that the probationer or
3639 offender in community control shall:

3640 (n) Be prohibited from using intoxicants to excess or
3641 possessing any drugs or narcotics unless prescribed by a
3642 physician, an advanced practice registered nurse, an autonomous
3643 physician assistant, or a physician assistant. The probationer
3644 or community controllee may not knowingly visit places where
3645 intoxicants, drugs, or other dangerous substances are unlawfully
3646 sold, dispensed, or used.

3647 Section 77. Subsection (34) of section 984.03, Florida
3648 Statutes, is amended to read:

3649 984.03 Definitions.—When used in this chapter, the term:

3650 (34) "Licensed health care professional" means a physician

3651 licensed under chapter 458, an osteopathic physician licensed
 3652 under chapter 459, a nurse licensed under part I of chapter 464,
 3653 an autonomous physician assistant or a physician assistant
 3654 registered or licensed under chapter 458 or chapter 459, or a
 3655 dentist licensed under chapter 466.

3656 Section 78. Subsection (30) of section 985.03, Florida
 3657 Statutes, is amended to read:

3658 985.03 Definitions.—As used in this chapter, the term:

3659 (30) "Licensed health care professional" means a physician
 3660 licensed under chapter 458, an osteopathic physician licensed
 3661 under chapter 459, a nurse licensed under part I of chapter 464,
 3662 an autonomous physician assistant or a physician assistant
 3663 registered or licensed under chapter 458 or chapter 459, or a
 3664 dentist licensed under chapter 466.

3665 Section 79. Paragraph (i) of subsection (3) of section
 3666 1002.20, Florida Statutes, is amended to read:

3667 1002.20 K-12 student and parent rights.—Parents of public
 3668 school students must receive accurate and timely information
 3669 regarding their child's academic progress and must be informed
 3670 of ways they can help their child to succeed in school. K-12
 3671 students and their parents are afforded numerous statutory
 3672 rights including, but not limited to, the following:

3673 (3) HEALTH ISSUES.—

3674 (i) Epinephrine use and supply.—

3675 1. A student who has experienced or is at risk for life-

3676 threatening allergic reactions may carry an epinephrine auto-
3677 injector and self-administer epinephrine by auto-injector while
3678 in school, participating in school-sponsored activities, or in
3679 transit to or from school or school-sponsored activities if the
3680 school has been provided with parental and physician
3681 authorization. The State Board of Education, in cooperation with
3682 the Department of Health, shall adopt rules for such use of
3683 epinephrine auto-injectors that shall include provisions to
3684 protect the safety of all students from the misuse or abuse of
3685 auto-injectors. A school district, county health department,
3686 public-private partner, and their employees and volunteers shall
3687 be indemnified by the parent of a student authorized to carry an
3688 epinephrine auto-injector for any and all liability with respect
3689 to the student's use of an epinephrine auto-injector pursuant to
3690 this paragraph.

3691 2. A public school may purchase a supply of epinephrine
3692 auto-injectors from a wholesale distributor as defined in s.
3693 499.003 or may enter into an arrangement with a wholesale
3694 distributor or manufacturer as defined in s. 499.003 for the
3695 epinephrine auto-injectors at fair-market, free, or reduced
3696 prices for use in the event a student has an anaphylactic
3697 reaction. The epinephrine auto-injectors must be maintained in a
3698 secure location on the public school's premises. The
3699 participating school district shall adopt a protocol developed
3700 by a licensed physician for the administration by school

3701 personnel who are trained to recognize an anaphylactic reaction
3702 and to administer an epinephrine auto-injection. The supply of
3703 epinephrine auto-injectors may be provided to and used by a
3704 student authorized to self-administer epinephrine by auto-
3705 injector under subparagraph 1. or trained school personnel.

3706 3. The school district and its employees, agents, and the
3707 physician who provides the standing protocol for school
3708 epinephrine auto-injectors are not liable for any injury arising
3709 from the use of an epinephrine auto-injector administered by
3710 trained school personnel who follow the adopted protocol and
3711 whose professional opinion is that the student is having an
3712 anaphylactic reaction:

3713 a. Unless the trained school personnel's action is willful
3714 and wanton;

3715 b. Notwithstanding that the parents or guardians of the
3716 student to whom the epinephrine is administered have not been
3717 provided notice or have not signed a statement acknowledging
3718 that the school district is not liable; and

3719 c. Regardless of whether authorization has been given by
3720 the student's parents or guardians or by the student's
3721 physician, autonomous physician assistant, physician ~~physician's~~
3722 assistant, or advanced practice registered nurse.

3723 Section 80. Paragraph (b) of subsection (17) of section
3724 1002.42, Florida Statutes, is amended to read:

3725 1002.42 Private schools.—

3726 (17) EPINEPHRINE SUPPLY.—

3727 (b) The private school and its employees, agents, and the
 3728 physician who provides the standing protocol for school
 3729 epinephrine auto-injectors are not liable for any injury arising
 3730 from the use of an epinephrine auto-injector administered by
 3731 trained school personnel who follow the adopted protocol and
 3732 whose professional opinion is that the student is having an
 3733 anaphylactic reaction:

3734 1. Unless the trained school personnel's action is willful
 3735 and wanton;

3736 2. Notwithstanding that the parents or guardians of the
 3737 student to whom the epinephrine is administered have not been
 3738 provided notice or have not signed a statement acknowledging
 3739 that the school district is not liable; and

3740 3. Regardless of whether authorization has been given by
 3741 the student's parents or guardians or by the student's
 3742 physician, autonomous physician assistant, physician ~~physician's~~
 3743 assistant, or advanced practice registered nurse.

3744 Section 81. Paragraph (a) of subsection (1) and
 3745 subsections (4) and (5) of section 1006.062, Florida Statutes,
 3746 are amended to read:

3747 1006.062 Administration of medication and provision of
 3748 medical services by district school board personnel.—

3749 (1) Notwithstanding the provisions of the Nurse Practice
 3750 Act, part I of chapter 464, district school board personnel may

3751 assist students in the administration of prescription medication
3752 when the following conditions have been met:

3753 (a) Each district school board shall include in its
3754 approved school health services plan a procedure to provide
3755 training, by a registered nurse, a licensed practical nurse, an
3756 advanced practice registered nurse, a physician licensed
3757 pursuant to chapter 458 or chapter 459, an autonomous physician
3758 assistant, or a physician assistant registered or licensed
3759 pursuant to chapter 458 or chapter 459, to the school personnel
3760 designated by the school principal to assist students in the
3761 administration of prescribed medication. Such training may be
3762 provided in collaboration with other school districts, through
3763 contract with an education consortium, or by any other
3764 arrangement consistent with the intent of this subsection.

3765 (4) Nonmedical assistive personnel shall be allowed to
3766 perform health-related services upon successful completion of
3767 child-specific training by a registered nurse or advanced
3768 practice registered nurse licensed under chapter 464, a
3769 physician licensed pursuant to chapter 458 or chapter 459, an
3770 autonomous physician assistant, or a physician assistant
3771 registered or licensed pursuant to chapter 458 or chapter 459.
3772 All procedures shall be monitored periodically by a nurse,
3773 advanced practice registered nurse, autonomous physician
3774 assistant, physician assistant, or physician, including, but not
3775 limited to:

- 3776 (a) Intermittent clean catheterization.
- 3777 (b) Gastrostomy tube feeding.
- 3778 (c) Monitoring blood glucose.
- 3779 (d) Administering emergency injectable medication.
- 3780 (5) For all other invasive medical services not listed in
- 3781 this subsection, a registered nurse or advanced practice
- 3782 registered nurse licensed under chapter 464, a physician
- 3783 licensed pursuant to chapter 458 or chapter 459, or an
- 3784 autonomous physician assistant or a physician assistant
- 3785 registered or licensed pursuant to chapter 458 or chapter 459
- 3786 shall determine if nonmedical district school board personnel
- 3787 shall be allowed to perform such service.

3788 Section 82. Paragraph (c) of subsection (2) of section
 3789 1006.20, Florida Statutes, is amended to read:

3790 1006.20 Athletics in public K-12 schools.—

3791 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3792 (c) The FHSAA shall adopt bylaws that require all students
 3793 participating in interscholastic athletic competition or who are
 3794 candidates for an interscholastic athletic team to
 3795 satisfactorily pass a medical evaluation each year before ~~prior~~
 3796 ~~to~~ participating in interscholastic athletic competition or
 3797 engaging in any practice, tryout, workout, or other physical
 3798 activity associated with the student's candidacy for an
 3799 interscholastic athletic team. Such medical evaluation may be
 3800 administered only by a practitioner licensed or registered under

3801 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.
3802 464.0123, and in good standing with the practitioner's
3803 regulatory board. The bylaws shall establish requirements for
3804 eliciting a student's medical history and performing the medical
3805 evaluation required under this paragraph, which shall include a
3806 physical assessment of the student's physical capabilities to
3807 participate in interscholastic athletic competition as contained
3808 in a uniform preparticipation physical evaluation and history
3809 form. The evaluation form shall incorporate the recommendations
3810 of the American Heart Association for participation
3811 cardiovascular screening and shall provide a place for the
3812 signature of the practitioner performing the evaluation with an
3813 attestation that each examination procedure listed on the form
3814 was performed by the practitioner or by someone under the direct
3815 supervision of the practitioner. The form shall also contain a
3816 place for the practitioner to indicate if a referral to another
3817 practitioner was made in lieu of completion of a certain
3818 examination procedure. The form shall provide a place for the
3819 practitioner to whom the student was referred to complete the
3820 remaining sections and attest to that portion of the
3821 examination. The preparticipation physical evaluation form shall
3822 advise students to complete a cardiovascular assessment and
3823 shall include information concerning alternative cardiovascular
3824 evaluation and diagnostic tests. Results of such medical
3825 evaluation must be provided to the school. A student is not

3826 eligible to participate, as provided in s. 1006.15(3), in any
3827 interscholastic athletic competition or engage in any practice,
3828 tryout, workout, or other physical activity associated with the
3829 student's candidacy for an interscholastic athletic team until
3830 the results of the medical evaluation have been received and
3831 approved by the school.

3832 Section 83. Subsection (1) of section 1009.65, Florida
3833 Statutes, is amended to read:

3834 1009.65 Medical Education Reimbursement and Loan Repayment
3835 Program.—

3836 (1) To encourage qualified medical professionals to
3837 practice in underserved locations where there are shortages of
3838 such personnel, there is established the Medical Education
3839 Reimbursement and Loan Repayment Program. The function of the
3840 program is to make payments that offset loans and educational
3841 expenses incurred by students for studies leading to a medical
3842 or nursing degree, medical or nursing licensure, or advanced
3843 practice registered nurse licensure, autonomous physician
3844 assistant registration, or physician assistant licensure. The
3845 following licensed or certified health care professionals are
3846 eligible to participate in this program: medical doctors with
3847 primary care specialties, doctors of osteopathic medicine with
3848 primary care specialties, autonomous physician assistants,
3849 physician ~~physician's~~ assistants, licensed practical nurses and
3850 registered nurses, and advanced practice registered nurses with

3851 primary care specialties such as certified nurse midwives.
3852 Primary care medical specialties for physicians include
3853 obstetrics, gynecology, general and family practice, internal
3854 medicine, pediatrics, and other specialties which may be
3855 identified by the Department of Health.

3856 Section 84. For the 2019-2020 fiscal year, 3.5 full-time
3857 equivalent positions with associated salary rate of 183,895 are
3858 authorized and the sums of \$219,089 in recurring funds and
3859 \$17,716 in nonrecurring funds from the Medical Quality Assurance
3860 Trust Fund are appropriated to the Department of Health for the
3861 purpose of implementing the requirements of this act.

3862 Section 85. This act shall take effect July 1, 2019, if HB
3863 7079 or similar legislation is adopted in the same legislative
3864 session or an extension thereof and becomes a law.