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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/19/2020	.	
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Appropriations Subcommittee on Health and Human Services  
(Albritton) recommended the following:

**Senate Amendment (with title amendment)**

Delete line 419

and insert:

Section 13. Effective July 1, 2020, section 381.40185,  
Florida Statutes, is created to read:

381.40185 Physician Student Loan Repayment Program.—The  
Physician Student Loan Repayment Program is established to  
promote access to primary care by supporting qualified  
physicians who treat medically underserved populations in



11 primary care health professional shortage areas or medically  
12 underserved areas.

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

14 (a) "Department" means the Department of Health.

15 (b) "Loan program" means the Physician Student Loan  
16 Repayment Program.

17 (c) "Medically underserved area" means a geographic area  
18 designated as such by the Health Resources and Services  
19 Administration of the United States Department of Health and  
20 Human Services.

21 (d) "Primary care health professional shortage area" means  
22 a geographic area, an area having a special population, or a  
23 facility that is designated by the Health Resources and Services  
24 Administration of the United States Department of Health and  
25 Human Services as a health professional shortage area as defined  
26 by federal regulation and that has a shortage of primary care  
27 professionals who serve Medicaid recipients and other low-income  
28 patients.

29 (e) "Public health program" means a county health  
30 department, the Children's Medical Services program, a federally  
31 funded community health center, a federally funded migrant  
32 health center, or any other publicly funded or nonprofit health  
33 care program designated by the department.

34 (2) The department shall establish a physician student loan  
35 repayment program to benefit physicians licensed under chapter  
36 458 or chapter 459 who demonstrate, as required by department  
37 rule, active employment providing primary care services in a  
38 public health program, an independent practice, or a group  
39 practice that serves Medicaid recipients and other low-income



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40 patients and that is located in a primary care health  
41 professional shortage area or in a medically underserved area.

42 (3) The department shall award funds from the loan program  
43 to repay the student loans of a physician who meets the  
44 requirements of subsection (2).

45 (a) An award may not exceed \$50,000 per year per eligible  
46 physician.

47 (b) Only loans to pay the costs of tuition, books, medical  
48 equipment and supplies, uniforms, and living expenses may be  
49 covered.

50 (c) All repayments are contingent upon continued proof of  
51 eligibility and must be made directly to the holder of the loan.  
52 The state bears no responsibility for the collection of any  
53 interest charges or other remaining balances.

54 (d) A physician may receive funds under the loan program  
55 for at least 1 year, up to a maximum of 5 years.

56 (e) The department may only grant up to 10 new awards per  
57 fiscal year and shall limit the total number of physicians  
58 participating in the loan program to not more than 50 per fiscal  
59 year.

60 (4) A physician is no longer eligible to receive funds  
61 under the loan program if the physician:

62 (a) Is no longer employed by a public health program that  
63 meets the requirements of subsection (2);

64 (b) Ceases to participate in the Florida Medicaid program;  
65 or

66 (c) Has disciplinary action taken against his or her  
67 license by the Board of Medicine for a violation of s. 458.331  
68 or by the Board of Osteopathic Medicine for a violation of s.



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69 459.015.

70 (5) The department shall adopt rules to implement the loan  
71 program.

72 (6) Implementation of the loan program is subject to  
73 legislative appropriation.

74 Section 14. Effective July 1, 2020, contingent upon SB \_\_\_  
75 or similar legislation taking effect on that same date after  
76 being adopted in the same legislative session or an extension  
77 thereof and becoming a law, present subsections (4) through (21)  
78 of section 464.003, Florida Statutes, are redesignated as  
79 subsections (5) through (22), respectively, and a new subsection  
80 (4) is added to that section, to read:

81 464.003 Definitions.—As used in this part, the term:

82 (4) "Advanced practice registered nurse - independent  
83 practitioner" or "APRN-IP" means an advanced practice registered  
84 nurse who is registered under s. 464.0123 to provide primary  
85 health care services without a protocol agreement or supervision  
86 in primary care health professional shortage areas.

87 Section 15. Effective July 1, 2020, contingent upon SB \_\_\_  
88 or similar legislation taking effect on that same date after  
89 being adopted in the same legislative session or an extension  
90 thereof and becoming a law, section 464.0123, Florida Statutes,  
91 is created to read:

92 464.0123 Patient Access to Primary Care Pilot Program.—

93 (1) PILOT PROGRAM.—The Patient Access to Primary Care Pilot  
94 Program is created for the purpose of providing primary health  
95 care services in primary care health professional shortage  
96 areas. The department shall implement this program.

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



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98           (a) "Council" means the Council on Advanced Practice  
99 Registered Nurse Independent Practice established in subsection  
100 (3).

101           (b) "Physician" means a person licensed under chapter 458  
102 to practice medicine or a person licensed under chapter 459 to  
103 practice osteopathic medicine.

104           (c) "Primary care health professional shortage area" means  
105 a geographic area, an area having a special population, or a  
106 facility with a score of at least 18, as designated and  
107 calculated by the Federal Health Resources and Services  
108 Administration, and which is located in a rural area, as defined  
109 by the Federal Office of Rural Health Policy.

110           (3) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE  
111 INDEPENDENT PRACTICE.-

112           (a) The Council on Advanced Practice Registered Nurse  
113 Independent Practice is created within the department.

114           (b) The council shall consist of nine members appointed as  
115 follows by the rules of each applicable board:

116           1. The chair of the Board of Medicine shall appoint three  
117 members who are physicians and members of the Board of Medicine.

118           2. The chair of the Board of Osteopathic Medicine shall  
119 appoint three members who are physicians and members of the  
120 Board of Osteopathic Medicine.

121           3. The chair of the Board of Nursing shall appoint three  
122 advance practice registered nurses who have each completed at  
123 least 10,000 hours of supervised practice over a period of at  
124 least 5 years under a protocol with a supervising physician.

125           (c) The Board of Medicine members, the Board of Osteopathic  
126 Medicine members, and the Board of Nursing appointee members



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127 shall be appointed for terms of 4 years. The initial  
128 appointments shall be staggered so that 1 member from the Board  
129 of Medicine, 1 member from the Board of Osteopathic Medicine,  
130 and 1 appointee member from the Board of Nursing shall each be  
131 appointed for a term of 4 years; 1 member from the Board of  
132 Medicine, 1 member from the Board of Osteopathic Medicine, and 1  
133 appointee member from the Board of Nursing shall each be  
134 appointed for a term of 3 years; and 1 member from the Board of  
135 Medicine, 1 member from the Board of Osteopathic Medicine, and 1  
136 appointee member from the Board of Nursing shall each be  
137 appointed for a term of 2 years. Initial physician members  
138 appointed to the council must be physicians who have practiced  
139 with advanced practice registered nurses under a protocol in  
140 their practice.

141 (d) Council members may not serve more than two consecutive  
142 terms. The council shall annually elect a chair from among its  
143 members.

144 (e) All recommendations made by the council must be made by  
145 a majority of members present.

146 (f) The council shall:

147 1. Review applications for and recommend to the department  
148 the registration of APRN-IPs.

149 2. Develop proposed rules regulating the practice of APRN-  
150 IPs. The council shall also develop rules to ensure that the  
151 continuity of practice of APRN-IPs is maintained in primary care  
152 health professional shortage areas. The language of all proposed  
153 rules submitted by the council must be approved by the boards  
154 pursuant to each respective board's guidelines and standards  
155 regarding the adoption of proposed rules. If either board



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156 rejects the council's proposed rule, that board must specify its  
157 objection to the council with particularity and include  
158 recommendations for the modification of the proposed rule. The  
159 Board of Medicine and the Board of Osteopathic Medicine shall  
160 each adopt a proposed rule developed by the council at each  
161 board's regularly scheduled meeting immediately following the  
162 council's submission of the proposed rule. A proposed rule  
163 submitted by the council may not be adopted by the boards unless  
164 both boards have accepted and approved the identical language  
165 contained in the proposed rule.

166 3. Make recommendations to the Board of Medicine regarding  
167 all matters relating to APRN-IPs.

168 4. Address concerns and problems of APRN-IPs in order to  
169 improve safety in the clinical practices of APRN-IPs.

170 (g) When the council finds that an applicant for licensure  
171 has failed to meet, to the council's satisfaction, each of the  
172 requirements for registration set forth in this section, the  
173 council may enter an order to:

174 1. Refuse to register the applicant;

175 2. Approve the applicant for registration with restrictions  
176 on the scope of practice or registration; or

177 3. Approve the applicant for limited registration with  
178 conditions. Such conditions may include placement of the  
179 registrant on probation for a period of time and subject to such  
180 conditions as the council may specify, including, but not  
181 limited to, requiring the registrant to undergo treatment, to  
182 attend continuing education courses, to work under the direct  
183 supervision of a physician licensed in this state, or to take  
184 corrective action, as determined by the council.



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185       (4) REGISTRATION.—To be registered as an APRN-IP, an  
186 advanced practice registered nurse must apply to the department  
187 on forms developed by the department. The council shall review  
188 the application and recommend to the department the registration  
189 of the advanced practice registered nurse with the Board of  
190 Medicine as an APRN-IP if the applicant submits proof that he or  
191 she holds an unrestricted license issued under s. 464.012 and  
192 provides all of the following information:

193       (a) The name of each location at which the applicant has  
194 practiced as an advanced practice registered nurse pursuant to  
195 an established written protocol under the direct or indirect  
196 supervision of a physician for 10,000 hours occurring within the  
197 last 6 years and the names and addresses of all supervising  
198 physicians during that period.

199       (b) Any certification or designation that the applicant has  
200 received from a specialty or certification board that is  
201 recognized or approved by the Board of Nursing, the Board of  
202 Medicine, the Board of Osteopathic Medicine, or the department.

203       (c) The calendar years in which the applicant:  
204       1. Received his or her initial advanced practice registered  
205 nurse certification, licensure, or registration;  
206       2. Began practicing in any jurisdiction; and  
207       3. Received initial advanced practice registered nurse  
208 licensure in this state.

209       (d) The address at which the applicant will primarily  
210 conduct his or her practice, if known.

211       (e) The name of each school or training program that the  
212 applicant has attended, with the months and years of attendance  
213 and the month and year of graduation, and a description of all





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214 graduate professional education completed by the applicant,  
215 excluding any coursework taken to satisfy continuing education  
216 requirements.

217 (f) Any appointment to the faculty of a school related to  
218 the profession which the applicant currently holds or has held  
219 within the past 10 years and an indication as to whether the  
220 applicant has had the responsibility for graduate education  
221 within the past 10 years.

222 (g) A description of any criminal offense of which the  
223 applicant has been found guilty, regardless of whether  
224 adjudication of guilt was withheld, or to which the applicant  
225 has pled guilty or nolo contendere. A criminal offense committed  
226 in another jurisdiction which would have been a felony or  
227 misdemeanor if committed in this state must be reported. If the  
228 applicant indicates to the department that a criminal offense is  
229 under appeal and submits a copy of the notice for appeal of that  
230 criminal offense, the department must state that the criminal  
231 offense is under appeal if the criminal offense is reported in  
232 the applicant's profile. If the applicant indicates to the  
233 department that a criminal offense is under appeal, the  
234 applicant must, within 15 days after the disposition of the  
235 appeal, submit to the department a copy of the final written  
236 order of disposition.

237 (h) A description of any disciplinary action as specified  
238 in s. 456.077, s. 458.320, or s. 464.018 or any similar  
239 disciplinary action in any other jurisdiction of the United  
240 States by a licensing or regulatory body; by a specialty board  
241 that is recognized by the Board of Nursing, the Board of  
242 Medicine, the Board of Osteopathic Medicine, or the department;



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243 or by a licensed hospital, health maintenance organization,  
244 prepaid health clinic, ambulatory surgical center, or nursing  
245 home. Disciplinary action includes resignation from or  
246 nonrenewal of staff membership or the restriction of privileges  
247 at a licensed hospital, health maintenance organization, prepaid  
248 health clinic, ambulatory surgical center, or nursing home taken  
249 in lieu of or in settlement of a pending disciplinary case  
250 related to competence or character. If the applicant indicates  
251 to the department that a disciplinary action is under appeal and  
252 submits a copy of the document initiating an appeal of the  
253 disciplinary action, the department must state that the  
254 disciplinary action is under appeal if the disciplinary action  
255 is reported in the applicant's profile. If the applicant  
256 indicates to the department that a disciplinary action is under  
257 appeal, the applicant must, within 15 days after the disposition  
258 of the appeal, submit to the department a copy of the final  
259 written order of disposition.

260 (i)1. Proof that he or she has obtained or will be  
261 obtaining and will maintain professional liability insurance  
262 coverage in an amount not less than \$100,000 per claim, with a  
263 minimum annual aggregate of not less than \$300,000, from an  
264 authorized insurer as defined in s. 624.09, from one of the  
265 following:

266 a. An eligible surplus lines insurer as defined in s.  
267 626.914(2);

268 b. A risk retention group as defined in s. 627.942, from  
269 the Joint Underwriting Association established under s.  
270 627.351(4); or

271 c. A plan of self-insurance as provided in s. 627.357; or



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272           2. Proof that he or she has obtained and will be  
273 maintaining an unexpired, irrevocable letter of credit,  
274 established pursuant to chapter 675, in an amount of not less  
275 than \$100,000 per claim, with a minimum aggregate availability  
276 of credit of not less than \$300,000. The letter of credit must  
277 be payable to the APRN-IP as beneficiary upon presentment of a  
278 final judgment indicating liability and awarding damages to be  
279 paid by the APRN-IP or upon presentment of a settlement  
280 agreement signed by all parties to such agreement when such  
281 final judgment or settlement is a result of a claim arising out  
282 of the rendering of, or the failure to render, medical or  
283 nursing care and services while practicing as an APRN-IP.

284           (j) Documentation of completion within the last 5 years of  
285 three graduate-level semester hours, or the equivalent, in  
286 differential diagnosis and three graduate-level semester hours,  
287 or the equivalent, in pharmacology, and any additional  
288 coursework as recommended by the council. Such hours may not be  
289 continuing education courses.

290           (k) Any additional information that the council may require  
291 from the applicant, as determined by the council.

292           (5) REGISTRATION RENEWAL.—An APRN-IP registration shall be  
293 renewed biennially by applying to the department on forms  
294 developed by the department. An APRN-IP seeking registration  
295 renewal must provide documentation proving his or her completion  
296 of a minimum of 10 continuing medical education hours, in  
297 addition to the hours required to maintain his or her current  
298 and active APRN license. Such continuing medical education hours  
299 must be obtained from a statewide professional association of  
300 physicians or osteopathic physicians in this state which is



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301 accredited to provide educational activities designated for the  
302 American Medical Association Physician's Recognition Award  
303 Category 1 Credit or the American Osteopathic Category 1-A  
304 continuing medical education credit as part of biennial license  
305 renewal.

306 (6) PRACTITIONER PROFILE.—Upon issuing a registration or a  
307 renewal of registration, the department shall update the  
308 practitioner's profile, as described in s. 456.041, to reflect  
309 that the advanced practice registered nurse is registered as an  
310 APRN-IP.

311 (7) APRN-IP SCOPE OF PRACTICE.—An APRN-IP may provide  
312 primary health care services without a protocol agreement or  
313 supervision only in primary care health professional shortage  
314 areas.

315 (a) An APRN-IP may not practice in a hospital licensed  
316 under chapter 395 or in a facility licensed under chapter 400,  
317 except under an established written protocol with a supervising  
318 physician which is maintained at the hospital or facility.

319 (b) The council shall make recommendations to the Board of  
320 Medicine and the Board of Osteopathic Medicine for rules to  
321 establish the scope of practice for an APRN-IP. The first rule  
322 recommendations of the council must be submitted to the Board of  
323 Medicine and the Board of Osteopathic Medicine by December 1,  
324 2020.

325 (c) The Board of Medicine and the Board of Osteopathic  
326 Medicine shall adopt by rule the scope of practice for an APRN-  
327 IP. Such rules must address, but are not limited to, all of the  
328 following topics:

329 1. The scope of the medical care, treatment, and services



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- 330 an APRN-IP may provide to patients.
- 331 2. Medical care, treatment, and services that are outside  
332 the scope of the practice of an APRN-IP.
- 333 3. Patient populations to which an APRN-IP may provide  
334 primary care, treatment, and services.
- 335 4. Patient populations to which an APRN-IP may not provide  
336 primary care, treatment, or services.
- 337 5. Patient populations which the APRN-IP must refer to a  
338 physician.
- 339 6. Guidelines for prescribing controlled substances for the  
340 treatment of chronic nonmalignant pain and acute pain, including  
341 evaluation of the patient, creation and maintenance of a  
342 treatment plan, obtaining informed consent and agreement for  
343 treatment, periodic review of the treatment plan, consultation,  
344 medical record review, and compliance with controlled substance  
345 laws and regulations.
- 346 7. Referral relationships and protocols for the care and  
347 treatment of patients during nonbusiness hours with another  
348 APRN-IP or a physician who practices within 50 miles of the  
349 APRN-IP's primary practice location.
- 350 8. Referral relationships and protocols with physician  
351 specialists to provide care, treatment, and services to patients  
352 with medical needs that are outside of the scope of practice for  
353 the APRN-IP.
- 354 9. Referral relationships and protocols for the transfer  
355 and admission of a patient to a hospital licensed under chapter  
356 395 or a nursing home facility licensed under part II of chapter  
357 400.
- 358 10. Information regarding the credentials of the APRN-IP



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359 which must be disclosed to patients in a written informed  
360 consent to care and treatment, including, but not limited to,  
361 notification to the patient that the APRN-IP is not a physician  
362 and may not be referred to as a "doctor" or a "physician" in a  
363 medical setting.

364 11. Requirements relating to the APRN-IP practice's  
365 recordkeeping, record retention, and availability of records for  
366 inspection by the department.

367 12. Advertising restrictions and disclosure requirements  
368 for APRN-IPs, including that the APRN-IP may not be referred to  
369 as a "doctor" or a "physician" in a medical setting.

370 (8) REPORTS OF ADVERSE INCIDENTS BY APRN-IPs.—

371 (a) Any APRN-IP practicing in this state must notify the  
372 department if he or she was involved in an adverse incident.

373 (b) The required notification to the department must be  
374 submitted in writing by certified mail and postmarked within 15  
375 days after the occurrence of the adverse incident.

376 (c) For purposes of notifying the department under this  
377 section, the term "adverse incident" means an event over which  
378 the APRN-IP could exercise control and which is associated in  
379 whole or in part with a medical intervention, rather than the  
380 condition for which such intervention occurred, and which  
381 results in any of the following patient injuries:

382 1. The death of a patient.

383 2. Brain or spinal damage to a patient.

384 3. The performance of medical care, treatment, or services  
385 on the wrong patient.

386 4. The performance of contraindicated medical care,  
387 treatment, or services on a patient.



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388           5. Any condition that required the transfer of a patient  
389 from the APRN-IP's practice location to a hospital licensed  
390 under chapter 395.

391           (d) The department shall review each incident and determine  
392 whether it potentially involved conduct by the APRN-IP which is  
393 grounds for disciplinary action, in which case s. 456.073  
394 applies. Disciplinary action, if any, shall be taken by the  
395 Board of Medicine or the Board of Nursing, depending on the  
396 conduct involved, as determined by the department.

397           (e) The Board of Medicine shall adopt rules to implement  
398 this subsection.

399           (9) INACTIVE AND DELINQUENT STATUS.—An APRN-IP registration  
400 that is in an inactive or delinquent status may be reactivated  
401 only as provided in s. 456.036.

402           (10) CONSTRUCTION.—This section may not be construed to  
403 prevent third-party payors from reimbursing an APRN-IP for  
404 covered services rendered by the registered APRN-IP.

405           (11) RULEMAKING.—By July 1, 2021, the department shall  
406 adopt rules to implement this section.

407           (12) FUTURE REPEAL.—This section is repealed on July 1,  
408 2031, unless reviewed and saved from repeal through reenactment  
409 by the Legislature.

410           Section 16. Effective July 1, 2020, contingent upon SB \_\_  
411 or similar legislation taking effect on that same date after  
412 being adopted in the same legislative session or an extension  
413 thereof and becoming a law, present subsections (9) and (10) of  
414 section 464.015, Florida Statutes, are redesignated as  
415 subsections (10) and (11), respectively, a new subsection (9) is  
416 added to that section, and present subsection (9) of that



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417 section is amended, to read:

418 464.015 Titles and abbreviations; restrictions; penalty.—

419 (9) Only persons who hold valid registrations to practice  
420 as APRN-IPs in this state may use the title "Advanced Practice  
421 Registered Nurse - Independent Practitioner" and the  
422 abbreviations "A.P.R.N.-I.P." A health care practitioner or  
423 personnel within a health care facility may not refer to an  
424 APRN-IP as a "doctor" or a "physician" in a medical setting.

425 (10)~~(9)~~ A person may not practice or advertise as, or  
426 assume the title of, registered nurse, licensed practical nurse,  
427 clinical nurse specialist, certified registered nurse  
428 anesthetist, certified nurse midwife, certified nurse  
429 practitioner, ~~or~~ advanced practice registered nurse, or advanced  
430 practice registered nurse - independent practitioner; use the  
431 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"  
432 "C.N.P.," ~~or~~ "A.P.R.N.," or "A.P.R.N.-I.P."; or take any other  
433 action that would lead the public to believe that person was  
434 authorized by law to practice as such or is performing nursing  
435 services pursuant to the exception set forth in s. 464.022(8)  
436 unless that person is licensed, certified, or authorized  
437 pursuant to s. 464.0095 to practice as such.

438 (11)~~(10)~~ A violation of this section is a misdemeanor of  
439 the first degree, punishable as provided in s. 775.082 or s.  
440 775.083.

441 Section 17. Effective July 1, 2020, contingent upon SB \_\_\_  
442 or similar legislation taking effect on that same date after  
443 being adopted in the same legislative session or an extension  
444 thereof and becoming a law, paragraph (r) is added to subsection  
445 (1) of section 464.018, Florida Statutes, to read:





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446 464.018 Disciplinary actions.—

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

450 (r) For an APRN-IP registered under s. 464.0123, in  
451 addition to the grounds for discipline set forth in paragraph  
452 (p) and in s. 456.072(1), any of the following are grounds for  
453 discipline:

454 1. Paying or receiving any commission, bonus, kickback, or  
455 rebate from, or engaging in any split-fee arrangement in any  
456 form whatsoever with, a health care practitioner, an  
457 organization, an agency, or a person, either directly or  
458 implicitly, for referring patients to providers of health care  
459 goods or services, including, but not limited to, hospitals,  
460 nursing homes, clinical laboratories, ambulatory surgical  
461 centers, or pharmacies. This subparagraph may not be construed  
462 to prevent an APRN-IP from receiving a fee for professional  
463 consultation services.

464 2. Exercising influence within a patient's relationship  
465 with an APRN-IP for purposes of engaging a patient in sexual  
466 activity. A patient shall be presumed to be incapable of giving  
467 free, full, and informed consent to sexual activity with his or  
468 her APRN-IP.

469 3. Making deceptive, untrue, or fraudulent representations  
470 in or related to, or employing a trick or scheme in or related  
471 to, advanced practice registered nurse independent practice.

472 4. Soliciting patients, either personally or through an  
473 agent, by the use of fraud, intimidation, undue influence, or a  
474 form of overreaching or vexatious conduct. As used in this



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475 subparagraph, the term "soliciting" means directly or implicitly  
476 requesting an immediate oral response from the recipient.

477 5. Failing to keep legible medical records, as defined by  
478 rules of the Board of Medicine and the Board of Osteopathic  
479 Medicine, that identify the APRN-IP, by name and professional  
480 title, who is responsible for rendering, ordering, supervising,  
481 or billing for the patient's medically necessary care,  
482 treatment, services, diagnostic tests, or treatment procedures;  
483 and the medical justification for the patient's course of care  
484 and treatment, including, but not limited to, patient histories,  
485 examination results, and test results; drugs prescribed,  
486 dispensed, or administered; and reports of consultations or  
487 referrals.

488 6. Exercising influence on a patient to exploit the patient  
489 for the financial gain of the APRN-IP or a third party,  
490 including, but not limited to, the promoting or selling of  
491 services, goods, appliances, or drugs.

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

495 8. Performing any procedure or prescribing any medication  
496 or therapy that would constitute experimentation on a human  
497 subject.

498 9. Delegating professional responsibilities to a person  
499 when the APRN-IP knows, or has reason to believe, that such  
500 person is not qualified by education, training, experience, or  
501 licensure to perform such responsibilities.

502 10. Committing, or conspiring with another to commit, an  
503 act that would coerce, intimidate, or preclude another APRN-IP



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504 from lawfully advertising his or her services.

505 11. Advertising or holding himself or herself out as having  
506 a certification in a specialty that the he or she has not  
507 received.

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

511 13. Providing deceptive or fraudulent expert witness  
512 testimony related to advanced practice registered nurse  
513 independent practice.

514 Section 18. Effective July 1, 2020, contingent upon SB \_\_  
515 or similar legislation taking effect on that same date after  
516 being adopted in the same legislative session or an extension  
517 thereof and becoming a law, paragraph (c) of subsection (2) of  
518 section 381.026, Florida Statutes, is amended to read:

519 381.026 Florida Patient's Bill of Rights and  
520 Responsibilities.-

521 (2) DEFINITIONS.-As used in this section and s. 381.0261,  
522 the term:

523 (c) "Health care provider" means a physician licensed under  
524 chapter 458, an osteopathic physician licensed under chapter  
525 459, ~~or~~ a podiatric physician licensed under chapter 461, or an  
526 APRN-IP registered under s. 464.0123.

527 Section 19. Effective July 1, 2020 and upon SB \_\_, 2020  
528 Regular Session, or similar legislation in the same legislative  
529 session or an extension thereof being adopted and becoming a  
530 law, paragraph (a) of subsection (2) and subsections (3), (4),  
531 and (5) of section 382.008, Florida Statutes, are amended to  
532 read:



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533 382.008 Death, fetal death, and nonviable birth  
534 registration.—

535 (2) (a) The funeral director who first assumes custody of a  
536 dead body or fetus shall file the certificate of death or fetal  
537 death. In the absence of the funeral director, the physician or  
538 APRN-IP registered under s. 464.0123, or other person in  
539 attendance at or after the death or the district medical  
540 examiner of the county in which the death occurred or the body  
541 was found shall file the certificate of death or fetal death.  
542 The person who files the certificate shall obtain personal data  
543 from a legally authorized person as described in s. 497.005 or  
544 the best qualified person or source available. The medical  
545 certification of cause of death shall be furnished to the  
546 funeral director, either in person or via certified mail or  
547 electronic transfer, by the physician, APRN-IP registered under  
548 s. 464.0123, or medical examiner responsible for furnishing such  
549 information. For fetal deaths, the physician, APRN-IP registered  
550 under s. 464.0123, midwife, or hospital administrator shall  
551 provide any medical or health information to the funeral  
552 director within 72 hours after expulsion or extraction.

553 (3) Within 72 hours after receipt of a death or fetal death  
554 certificate from the funeral director, the medical certification  
555 of cause of death shall be completed and made available to the  
556 funeral director by the decedent's primary or attending  
557 practitioner ~~physician~~ or, if s. 382.011 applies, the district  
558 medical examiner of the county in which the death occurred or  
559 the body was found. The primary or attending practitioner  
560 ~~physician~~ or the medical examiner shall certify over his or her  
561 signature the cause of death to the best of his or her knowledge



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562 and belief. As used in this section, the term "primary or  
563 attending practitioner ~~physician~~" means a physician or an APRN-  
564 IP registered under s. 464.0123 who treated the decedent through  
565 examination, medical advice, or medication during the 12 months  
566 preceding the date of death.

567 (a) The department may grant the funeral director an  
568 extension of time upon a good and sufficient showing of any of  
569 the following conditions:

570 1. An autopsy is pending.

571 2. Toxicology, laboratory, or other diagnostic reports have  
572 not been completed.

573 3. The identity of the decedent is unknown and further  
574 investigation or identification is required.

575 (b) If the decedent's primary or attending practitioner  
576 ~~physician~~ or the district medical examiner of the county in  
577 which the death occurred or the body was found indicates that he  
578 or she will sign and complete the medical certification of cause  
579 of death but will not be available until after the 5-day  
580 registration deadline, the local registrar may grant an  
581 extension of 5 days. If a further extension is required, the  
582 funeral director must provide written justification to the  
583 registrar.

584 (4) If the department or local registrar grants an  
585 extension of time to provide the medical certification of cause  
586 of death, the funeral director shall file a temporary  
587 certificate of death or fetal death which shall contain all  
588 available information, including the fact that the cause of  
589 death is pending. The decedent's primary or attending  
590 practitioner ~~physician~~ or the district medical examiner of the



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591 county in which the death occurred or the body was found shall  
592 provide an estimated date for completion of the permanent  
593 certificate.

594 (5) A permanent certificate of death or fetal death,  
595 containing the cause of death and any other information that was  
596 previously unavailable, shall be registered as a replacement for  
597 the temporary certificate. The permanent certificate may also  
598 include corrected information if the items being corrected are  
599 noted on the back of the certificate and dated and signed by the  
600 funeral director, physician, APRN-IP registered under s.

601 464.0123, or district medical examiner of the county in which  
602 the death occurred or the body was found, as appropriate.

603 Section 20. Effective July 1, 2020, contingent upon SB \_\_  
604 or similar legislation taking effect on that same date after  
605 being adopted in the same legislative session or an extension  
606 thereof and becoming a law, subsection (1) of section 382.011,  
607 Florida Statutes, is amended to read:

608 382.011 Medical examiner determination of cause of death.-

609 (1) In the case of any death or fetal death due to causes  
610 or conditions listed in s. 406.11, any death that occurred more  
611 than 12 months after the decedent was last treated by a primary  
612 or attending physician or an APRN-IP registered under s.

613 464.0123 ~~as defined in s. 382.008(3)~~, or any death for which  
614 there is reason to believe that the death may have been due to  
615 an unlawful act or neglect, the funeral director or other person  
616 to whose attention the death may come shall refer the case to  
617 the district medical examiner of the county in which the death  
618 occurred or the body was found for investigation and  
619 determination of the cause of death.



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620           Section 21. Effective July 1, 2020, contingent upon SB \_\_\_  
621 or similar legislation taking effect on that same date after  
622 being adopted in the same legislative session or an extension  
623 thereof and becoming a law, paragraphs (a) and (f) of subsection  
624 (2) of section 394.463, Florida Statutes, are amended to read:

625           394.463 Involuntary examination.—

626           (2) INVOLUNTARY EXAMINATION.—

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

629           1. A circuit or county court may enter an ex parte order  
630 stating that a person appears to meet the criteria for  
631 involuntary examination and specifying the findings on which  
632 that conclusion is based. The ex parte order for involuntary  
633 examination must be based on written or oral sworn testimony  
634 that includes specific facts that support the findings. If other  
635 less restrictive means are not available, such as voluntary  
636 appearance for outpatient evaluation, a law enforcement officer,  
637 or other designated agent of the court, shall take the person  
638 into custody and deliver him or her to an appropriate, or the  
639 nearest, facility within the designated receiving system  
640 pursuant to s. 394.462 for involuntary examination. The order of  
641 the court shall be made a part of the patient's clinical record.  
642 A fee may not be charged for the filing of an order under this  
643 subsection. A facility accepting the patient based on this order  
644 must send a copy of the order to the department within 5 working  
645 days. The order may be submitted electronically through existing  
646 data systems, if available. The order shall be valid only until  
647 the person is delivered to the facility or for the period  
648 specified in the order itself, whichever comes first. If a ~~ne~~



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649 time limit is not specified in the order, the order is ~~shall be~~  
650 valid for 7 days after the date that the order was signed.

651 2. A law enforcement officer shall take a person who  
652 appears to meet the criteria for involuntary examination into  
653 custody and deliver the person or have him or her delivered to  
654 an appropriate, or the nearest, facility within the designated  
655 receiving system pursuant to s. 394.462 for examination. The  
656 officer shall execute a written report detailing the  
657 circumstances under which the person was taken into custody,  
658 which must be made a part of the patient's clinical record. Any  
659 facility accepting the patient based on this report must send a  
660 copy of the report to the department within 5 working days.

661 3. A physician, a clinical psychologist, a psychiatric  
662 nurse, an APRN-IP registered under s. 464.0123, a mental health  
663 counselor, a marriage and family therapist, or a clinical social  
664 worker may execute a certificate stating that he or she has  
665 examined a person within the preceding 48 hours and finds that  
666 the person appears to meet the criteria for involuntary  
667 examination and stating the observations upon which that  
668 conclusion is based. If other less restrictive means, such as  
669 voluntary appearance for outpatient evaluation, are not  
670 available, a law enforcement officer shall take into custody the  
671 person named in the certificate and deliver him or her to the  
672 appropriate, or nearest, facility within the designated  
673 receiving system pursuant to s. 394.462 for involuntary  
674 examination. The law enforcement officer shall execute a written  
675 report detailing the circumstances under which the person was  
676 taken into custody. The report and certificate shall be made a  
677 part of the patient's clinical record. Any facility accepting





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678 the patient based on this certificate must send a copy of the  
679 certificate to the department within 5 working days. The  
680 document may be submitted electronically through existing data  
681 systems, if applicable.

682

683 When sending the order, report, or certificate to the  
684 department, a facility shall, at a minimum, provide information  
685 about which action was taken regarding the patient under  
686 paragraph (g), which information shall also be made a part of  
687 the patient's clinical record.

688 (f) A patient shall be examined by a physician, an APRN-IP  
689 registered under s. 464.0123, or a clinical psychologist, or by  
690 a psychiatric nurse performing within the framework of an  
691 established protocol with a psychiatrist, at a facility without  
692 unnecessary delay to determine if the criteria for involuntary  
693 services are met. Emergency treatment may be provided upon the  
694 order of a physician if the physician determines that such  
695 treatment is necessary for the safety of the patient or others.  
696 The patient may not be released by the receiving facility or its  
697 contractor without the documented approval of a psychiatrist or  
698 a clinical psychologist or, if the receiving facility is owned  
699 or operated by a hospital or health system, the release may also  
700 be approved by a psychiatric nurse performing within the  
701 framework of an established protocol with a psychiatrist, or an  
702 attending emergency department physician with experience in the  
703 diagnosis and treatment of mental illness after completion of an  
704 involuntary examination pursuant to this subsection. A  
705 psychiatric nurse may not approve the release of a patient if  
706 the involuntary examination was initiated by a psychiatrist



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707 unless the release is approved by the initiating psychiatrist.

708 Section 22. Effective July 1, 2020, contingent upon SB \_\_  
709 or similar legislation taking effect on that same date after  
710 being adopted in the same legislative session or an extension  
711 thereof and becoming a law, paragraph (a) of subsection (2) of  
712 section 397.501, Florida Statutes, is amended to read:

713 397.501 Rights of individuals.—Individuals receiving  
714 substance abuse services from any service provider are  
715 guaranteed protection of the rights specified in this section,  
716 unless otherwise expressly provided, and service providers must  
717 ensure the protection of such rights.

718 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

719 (a) Service providers may not deny an individual access to  
720 substance abuse services solely on the basis of race, gender,  
721 ethnicity, age, sexual preference, human immunodeficiency virus  
722 status, prior service departures against medical advice,  
723 disability, or number of relapse episodes. Service providers may  
724 not deny an individual who takes medication prescribed by a  
725 physician or an APRN-IP registered under s. 464.0123 access to  
726 substance abuse services solely on that basis. Service providers  
727 who receive state funds to provide substance abuse services may  
728 not, if space and sufficient state resources are available, deny  
729 access to services based solely on inability to pay.

730 Section 23. Effective July 1, 2020, contingent upon SB \_\_  
731 or similar legislation taking effect on that same date after  
732 being adopted in the same legislative session or an extension  
733 thereof and becoming a law, paragraphs (i), (o), and (r) of  
734 subsection (3) and paragraph (g) of subsection (5) of section  
735 456.053, Florida Statutes, are amended to read:



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736 456.053 Financial arrangements between referring health  
737 care providers and providers of health care services.—

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

740 (i) "Health care provider" means a ~~any~~ physician licensed  
741 under chapter 458, chapter 459, chapter 460, or chapter 461; an  
742 APRN-IP registered under s. 464.0123;~~7~~ or any health care  
743 provider licensed under chapter 463 or chapter 466.

744 (o)1. "Referral" means any referral of a patient by a  
745 health care provider for health care services, including,  
746 without limitation:

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

751 b.2. ~~The request or establishment of a plan of care by a~~  
752 ~~health care provider, which includes the provision of designated~~  
753 ~~health services or other health care item or service.~~

754 2.3. ~~The following orders, recommendations, or plans of~~  
755 ~~care do not ~~shall not~~ constitute a referral by a health care~~  
756 ~~provider:~~

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

758 b. By a physician specializing in the provision of  
759 radiation therapy services for such services.

760 c. By a medical oncologist for drugs and solutions to be  
761 prepared and administered intravenously to such oncologist's  
762 patient, as well as for the supplies and equipment used in  
763 connection therewith to treat such patient for cancer and the  
764 complications thereof.



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765 d. By a cardiologist for cardiac catheterization services.

766 e. By a pathologist for diagnostic clinical laboratory  
767 tests and pathological examination services, if furnished by or  
768 under the supervision of such pathologist pursuant to a  
769 consultation requested by another physician.

770 f. By a health care provider who is the sole provider or  
771 member of a group practice for designated health services or  
772 other health care items or services that are prescribed or  
773 provided solely for such referring health care provider's or  
774 group practice's own patients, and that are provided or  
775 performed by or under the direct supervision of such referring  
776 health care provider or group practice; provided, however, ~~that~~  
777 ~~effective July 1, 1999,~~ a health care provider ~~physician~~  
778 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~  
779 ~~chapter 461~~ may refer a patient to a sole provider or group  
780 practice for diagnostic imaging services, excluding radiation  
781 therapy services, for which the sole provider or group practice  
782 billed both the technical and the professional fee for or on  
783 behalf of the patient, if the referring health care provider  
784 does not have an ~~physician has no~~ investment interest in the  
785 practice. The diagnostic imaging service referred to a group  
786 practice or sole provider must be a diagnostic imaging service  
787 normally provided within the scope of practice to the patients  
788 of the group practice or sole provider. The group practice or  
789 sole provider may accept no more than 15 percent of their  
790 patients receiving diagnostic imaging services from outside  
791 referrals, excluding radiation therapy services.

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



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794           h. By a urologist for lithotripsy services.  
795           i. By a dentist for dental services performed by an  
796 employee of or health care provider who is an independent  
797 contractor with the dentist or group practice of which the  
798 dentist is a member.  
799           j. By a physician for infusion therapy services to a  
800 patient of that physician or a member of that physician's group  
801 practice.  
802           k. By a nephrologist for renal dialysis services and  
803 supplies, except laboratory services.  
804           l. By a health care provider whose principal professional  
805 practice consists of treating patients in their private  
806 residences for services to be rendered in such private  
807 residences, except for services rendered by a home health agency  
808 licensed under chapter 400. For purposes of this sub-  
809 subparagraph, the term "private residences" includes patients'  
810 private homes, independent living centers, and assisted living  
811 facilities, but does not include skilled nursing facilities.  
812           m. By a health care provider for sleep-related testing.  
813           (r) "Sole provider" means one health care provider licensed  
814 under chapter 458, chapter 459, chapter 460, or chapter 461, or  
815 registered under s. 464.0123, who maintains a separate medical  
816 office and a medical practice separate from any other health  
817 care provider and who bills for his or her services separately  
818 from the services provided by any other health care provider. A  
819 sole provider may not ~~shall not~~ share overhead expenses or  
820 professional income with any other person or group practice.  
821           (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
822 provided in this section:



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823 (g) A violation of this section by a health care provider  
824 shall constitute grounds for disciplinary action to be taken by  
825 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
826 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.  
827 466.028(2). Any hospital licensed under chapter 395 found in  
828 violation of this section shall be subject to s. 395.0185(2).

829 Section 24. Effective July 1, 2020, contingent upon SB \_\_  
830 or similar legislation taking effect on that same date after  
831 being adopted in the same legislative session or an extension  
832 thereof and becoming a law, subsection (1) of section 626.9707,  
833 Florida Statutes, is amended to read:

834 626.9707 Disability insurance; discrimination on basis of  
835 sickle-cell trait prohibited.—

836 (1) An ~~No~~ insurer authorized to transact insurance in this  
837 state may not ~~shall~~ refuse to issue and deliver in this state  
838 any policy of disability insurance, whether such policy is  
839 defined as individual, group, blanket, franchise, industrial, or  
840 otherwise, which is currently being issued for delivery in this  
841 state and which affords benefits and coverage for any medical  
842 treatment or service authorized and permitted to be furnished by  
843 a hospital, a clinic, a health clinic, a neighborhood health  
844 clinic, a health maintenance organization, a physician, a  
845 physician's assistant, an advanced practice registered nurse, an  
846 APRN-IP registered under s. 464.0123 ~~practitioner~~, or a medical  
847 service facility or personnel solely because the person to be  
848 insured has the sickle-cell trait.

849 Section 25. Effective July 1, 2020, contingent upon SB \_\_  
850 or similar legislation taking effect on that same date after  
851 being adopted in the same legislative session or an extension



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852 thereof and becoming a law, section 627.64025, Florida Statutes,  
853 is created to read:

854 627.64025 APRN-IP services.—A health insurance policy that  
855 provides major medical coverage and that is delivered, issued,  
856 or renewed on or after January 1, 2021, may not require an  
857 insured to receive services from an APRN-IP registered under s.  
858 464.0123 or an advanced practice registered nurse under the  
859 supervision of a physician in place of a primary care physician.

860 Section 26. Effective July 1, 2020, contingent upon SB \_\_\_  
861 or similar legislation taking effect on that same date after  
862 being adopted in the same legislative session or an extension  
863 thereof and becoming a law, section 627.6621, Florida Statutes,  
864 is created to read:

865 627.6621 APRN-IP services.—A group, blanket, or franchise  
866 health insurance policy that is issued, or renewed on or after  
867 January 1, 2021, may not require an insured to receive services  
868 from an APRN-IP registered under s. 464.0123 or an advanced  
869 practice registered nurse under the supervision of a physician  
870 in place of a primary care physician.

871 Section 27. Effective July 1, 2020, contingent upon SB \_\_\_  
872 or similar legislation taking effect on that same date after  
873 being adopted in the same legislative session or an extension  
874 thereof and becoming a law, paragraph (g) is added to subsection  
875 (5) of section 627.6699, Florida Statutes, to read:

876 627.6699 Employee Health Care Access Act.—

877 (5) AVAILABILITY OF COVERAGE.—

878 (g) A health benefit plan covering small employers which is  
879 issued, or renewed on or after January 1, 2021, may not require  
880 an insured to receive services from an APRN-IP registered under



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881 s. 464.0123 or an advanced practice registered nurse under the  
882 supervision of a physician in place of a primary care physician.

883 Section 28. Effective July 1, 2020, contingent upon SB \_\_  
884 or similar legislation taking effect on that same date after  
885 being adopted in the same legislative session or an extension  
886 thereof and becoming a law, paragraph (a) of subsection (1) of  
887 section 627.736, Florida Statutes, is amended to read:

888 627.736 Required personal injury protection benefits;  
889 exclusions; priority; claims.—

890 (1) REQUIRED BENEFITS.—An insurance policy complying with  
891 the security requirements of s. 627.733 must provide personal  
892 injury protection to the named insured, relatives residing in  
893 the same household, persons operating the insured motor vehicle,  
894 passengers in the motor vehicle, and other persons struck by the  
895 motor vehicle and suffering bodily injury while not an occupant  
896 of a self-propelled vehicle, subject to subsection (2) and  
897 paragraph (4) (e), to a limit of \$10,000 in medical and  
898 disability benefits and \$5,000 in death benefits resulting from  
899 bodily injury, sickness, disease, or death arising out of the  
900 ownership, maintenance, or use of a motor vehicle as follows:

901 (a) *Medical benefits.*—Eighty percent of all reasonable  
902 expenses for medically necessary medical, surgical, X-ray,  
903 dental, and rehabilitative services, including prosthetic  
904 devices and medically necessary ambulance, hospital, and nursing  
905 services if the individual receives initial services and care  
906 pursuant to subparagraph 1. within 14 days after the motor  
907 vehicle accident. The medical benefits provide reimbursement  
908 only for:

909 1. Initial services and care that are lawfully provided,





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910 supervised, ordered, or prescribed by a physician licensed under  
911 chapter 458 or chapter 459, a dentist licensed under chapter  
912 466, ~~or~~ a chiropractic physician licensed under chapter 460, or  
913 an APRN-IP registered under s. 464.0123 or that are provided in  
914 a hospital or in a facility that owns, or is wholly owned by, a  
915 hospital. Initial services and care may also be provided by a  
916 person or entity licensed under part III of chapter 401 which  
917 provides emergency transportation and treatment.

918         2. Upon referral by a provider described in subparagraph  
919 1., followup services and care consistent with the underlying  
920 medical diagnosis rendered pursuant to subparagraph 1. which may  
921 be provided, supervised, ordered, or prescribed only by a  
922 physician licensed under chapter 458 or chapter 459, a  
923 chiropractic physician licensed under chapter 460, a dentist  
924 licensed under chapter 466, or an APRN-IP registered under s.  
925 464.0123 or, to the extent permitted by applicable law and under  
926 the supervision of such physician, osteopathic physician,  
927 chiropractic physician, or dentist, by a physician assistant  
928 licensed under chapter 458 or chapter 459 or an advanced  
929 practice registered nurse licensed under chapter 464. Followup  
930 services and care may also be provided by the following persons  
931 or entities:

932             a. A hospital or ambulatory surgical center licensed under  
933 chapter 395.

934             b. An entity wholly owned by one or more physicians  
935 licensed under chapter 458 or chapter 459, chiropractic  
936 physicians licensed under chapter 460, APRN-IPs registered under  
937 s. 464.0123, or dentists licensed under chapter 466 or by such  
938 practitioners and the spouse, parent, child, or sibling of such



939 practitioners.

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

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

944 e. A health care clinic licensed under part X of chapter  
945 400 which is accredited by an accrediting organization whose  
946 standards incorporate comparable regulations required by this  
947 state, or

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

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

955 (III) Provides at least four of the following medical  
956 specialties:

957 (A) General medicine.

958 (B) Radiography.

959 (C) Orthopedic medicine.

960 (D) Physical medicine.

961 (E) Physical therapy.

962 (F) Physical rehabilitation.

963 (G) Prescribing or dispensing outpatient prescription  
964 medication.

965 (H) Laboratory services.

966 3. Reimbursement for services and care provided in  
967 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician



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968 licensed under chapter 458 or chapter 459, a dentist licensed  
969 under chapter 466, a physician assistant licensed under chapter  
970 458 or chapter 459, ~~or~~ an advanced practice registered nurse  
971 licensed under chapter 464, or an APRN-IP registered under s.  
972 464.0123 has determined that the injured person had an emergency  
973 medical condition.

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

979 5. Medical benefits do not include massage as defined in s.  
980 480.033 or acupuncture as defined in s. 457.102, regardless of  
981 the person, entity, or licensee providing massage or  
982 acupuncture, and a licensed massage therapist or licensed  
983 acupuncturist may not be reimbursed for medical benefits under  
984 this section.

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

991  
992 Only insurers writing motor vehicle liability insurance in this  
993 state may provide the required benefits of this section, and  
994 such insurer may not require the purchase of any other motor  
995 vehicle coverage other than the purchase of property damage  
996 liability coverage as required by s. 627.7275 as a condition for



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997 providing such benefits. Insurers may not require that property  
998 damage liability insurance in an amount greater than \$10,000 be  
999 purchased in conjunction with personal injury protection. Such  
1000 insurers shall make benefits and required property damage  
1001 liability insurance coverage available through normal marketing  
1002 channels. An insurer writing motor vehicle liability insurance  
1003 in this state who fails to comply with such availability  
1004 requirement as a general business practice violates part IX of  
1005 chapter 626, and such violation constitutes an unfair method of  
1006 competition or an unfair or deceptive act or practice involving  
1007 the business of insurance. An insurer committing such violation  
1008 is subject to the penalties provided under that part, as well as  
1009 those provided elsewhere in the insurance code.

1010 Section 29. Effective July 1, 2020, contingent upon SB \_\_  
1011 or similar legislation taking effect on that same date after  
1012 being adopted in the same legislative session or an extension  
1013 thereof and becoming a law, subsection (5) of section 633.412,  
1014 Florida Statutes, is amended to read:

1015 633.412 Firefighters; qualifications for certification.—A  
1016 person applying for certification as a firefighter must:

1017 (5) Be in good physical condition as determined by a  
1018 medical examination given by a physician, surgeon, or physician  
1019 assistant licensed under ~~to practice in the state pursuant to~~  
1020 chapter 458; an osteopathic physician, a surgeon, or a physician  
1021 assistant licensed under ~~to practice in the state pursuant to~~  
1022 chapter 459; ~~or~~ an advanced practice registered nurse licensed  
1023 under ~~to practice in the state pursuant to~~ chapter 464; or an  
1024 APRN-IP registered under s. 464.0123. Such examination may  
1025 include, but need not be limited to, the National Fire



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1026 Protection Association Standard 1582. A medical examination  
1027 evidencing good physical condition shall be submitted to the  
1028 division, on a form as provided by rule, before an individual is  
1029 eligible for admission into a course under s. 633.408.

1030 Section 30. Effective July 1, 2020, contingent upon SB \_\_\_  
1031 or similar legislation taking effect on that same date after  
1032 being adopted in the same legislative session or an extension  
1033 thereof and becoming a law, section 641.31075, Florida Statutes,  
1034 is created to read:

1035 641.31075 APRN-IP services.-A health maintenance contract  
1036 that is issued, or renewed on or after January 1, 2021, may not  
1037 require a subscriber to receive services from an APRN-IP  
1038 registered under s. 464.0123 in place of a primary care  
1039 physician or an advanced practice registered nurse under the  
1040 supervision of a physician.

1041 Section 31. Effective July 1, 2020, contingent upon SB \_\_\_  
1042 or similar legislation taking effect on that same date after  
1043 being adopted in the same legislative session or an extension  
1044 thereof and becoming a law, subsection (8) of section 641.495,  
1045 Florida Statutes, is amended to read:

1046 641.495 Requirements for issuance and maintenance of  
1047 certificate.-

1048 (8) Each organization's contracts, certificates, and  
1049 subscriber handbooks shall contain a provision, if applicable,  
1050 disclosing that, for certain types of described medical  
1051 procedures, services may be provided by physician assistants,  
1052 advanced practice registered nurses, APRN-IPs registered under  
1053 s. 464.0123 nurse practitioners, or other individuals who are  
1054 not licensed physicians.



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1055           Section 32. Effective July 1, 2020, contingent upon SB \_\_\_  
1056 or similar legislation taking effect on that same date after  
1057 being adopted in the same legislative session or an extension  
1058 thereof and becoming a law, paragraph (b) of subsection (1) of  
1059 section 744.3675, Florida Statutes, is amended to read:

1060           744.3675 Annual guardianship plan.—Each guardian of the  
1061 person must file with the court an annual guardianship plan  
1062 which updates information about the condition of the ward. The  
1063 annual plan must specify the current needs of the ward and how  
1064 those needs are proposed to be met in the coming year.

1065           (1) Each plan for an adult ward must, if applicable,  
1066 include:

1067           (b) Information concerning the medical and mental health  
1068 conditions and treatment and rehabilitation needs of the ward,  
1069 including:

1070           1. A resume of any professional medical treatment given to  
1071 the ward during the preceding year.

1072           2. The report of a physician or an APRN-IP registered under  
1073 s. 464.0123 who examined the ward no more than 90 days before  
1074 the beginning of the applicable reporting period. The report  
1075 must contain an evaluation of the ward's condition and a  
1076 statement of the current level of capacity of the ward.

1077           3. The plan for providing medical, mental health, and  
1078 rehabilitative services in the coming year.

1079           Section 33. Effective July 1, 2020, contingent upon SB \_\_\_  
1080 or similar legislation taking effect on that same date after  
1081 being adopted in the same legislative session or an extension  
1082 thereof and becoming a law, paragraph (c) of subsection (1) of  
1083 section 766.118, Florida Statutes, is amended to read:



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1084 766.118 Determination of noneconomic damages.—  
1085 (1) DEFINITIONS.—As used in this section, the term:  
1086 (c) "Practitioner" means any person licensed or registered  
1087 under chapter 458, chapter 459, chapter 460, chapter 461,  
1088 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,  
1089 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any  
1090 association, corporation, firm, partnership, or other business  
1091 entity under which such practitioner practices or any employee  
1092 of such practitioner or entity acting in the scope of his or her  
1093 employment. For the purpose of determining the limitations on  
1094 noneconomic damages set forth in this section, the term  
1095 "practitioner" includes any person or entity for whom a  
1096 practitioner is vicariously liable and any person or entity  
1097 whose liability is based solely on such person or entity being  
1098 vicariously liable for the actions of a practitioner.

1099 Section 34. Effective July 1, 2020, contingent upon SB \_\_\_  
1100 or similar legislation taking effect on that same date after  
1101 being adopted in the same legislative session or an extension  
1102 thereof and becoming a law, subsection (3) of section 768.135,  
1103 Florida Statutes, is amended to read:

1104 768.135 Volunteer team physicians; immunity.—

1105 (3) A practitioner licensed or registered under chapter  
1106 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who  
1107 gratuitously and in good faith conducts an evaluation pursuant  
1108 to s. 1006.20(2)(c) is not liable for any civil damages arising  
1109 from that evaluation unless the evaluation was conducted in a  
1110 wrongful manner.

1111 Section 35. Effective July 1, 2020, contingent upon SB \_\_\_  
1112 or similar legislation taking effect on that same date after



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1113 being adopted in the same legislative session or an extension  
1114 thereof and becoming a law, subsection (2) of section 960.28,  
1115 Florida Statutes, is amended to read:

1116 960.28 Payment for victims' initial forensic physical  
1117 examinations.-

1118 (2) The Crime Victims' Services Office of the department  
1119 shall pay for medical expenses connected with an initial  
1120 forensic physical examination of a victim of sexual battery as  
1121 defined in chapter 794 or a lewd or lascivious offense as  
1122 defined in chapter 800. Such payment shall be made regardless of  
1123 whether the victim is covered by health or disability insurance  
1124 and whether the victim participates in the criminal justice  
1125 system or cooperates with law enforcement. The payment shall be  
1126 made only out of moneys allocated to the Crime Victims' Services  
1127 Office for the purposes of this section, and the payment may not  
1128 exceed \$1,000 with respect to any violation. The department  
1129 shall develop and maintain separate protocols for the initial  
1130 forensic physical examination of adults and children. Payment  
1131 under this section is limited to medical expenses connected with  
1132 the initial forensic physical examination, and payment may be  
1133 made to a medical provider using an examiner qualified under  
1134 part I of chapter 464, excluding s. 464.003(15) ~~s. 464.003(14)~~;  
1135 chapter 458; or chapter 459. Payment made to the medical  
1136 provider by the department shall be considered by the provider  
1137 as payment in full for the initial forensic physical examination  
1138 associated with the collection of evidence. The victim may not  
1139 be required to pay, directly or indirectly, the cost of an  
1140 initial forensic physical examination performed in accordance  
1141 with this section.





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1142           Section 36. Effective July 1, 2020, contingent upon SB  
1143 or similar legislation taking effect on that same date after  
1144 being adopted in the same legislative session or an extension  
1145 thereof and becoming a law, the Office of Program Policy  
1146 Analysis and Government Accountability shall develop a report on  
1147 the impact of and recommendations regarding the continuance of  
1148 the Patient Access to Primary Care Pilot Program established in  
1149 this act. The report shall include, but need not be limited to,  
1150 improvements in access to primary care, the number of advanced  
1151 practice registered nurse-independent practitioners  
1152 participating in the program, cost savings or increases in  
1153 services provided, the number of referrals to physicians by  
1154 advanced practice registered nurse-independent practitioners  
1155 participating in the program, any increase or decrease in the  
1156 number of prescriptions written, and any increase or decrease in  
1157 the cost of medications. In conducting such research and  
1158 analysis, the office may consult with the Council on Advanced  
1159 Practice Registered Nurse Independent Practice. The office shall  
1160 submit the report and recommendations to the Governor, the  
1161 President of the Senate, and the Speaker of the House of  
1162 Representatives by September 1, 2030.

1163           Section 37. If s. 464.0123, Florida Statutes, is not saved  
1164 from repeal through reenactment by the Legislature, the text of  
1165 the statutes amended in sections 14 and 16 through 33 of this  
1166 bill shall revert to that in existence on the date this act  
1167 became a law, except that any amendments to such text enacted  
1168 other than by this act shall be preserved and continue to  
1169 operate to the extent that such amendments are not dependent  
1170 upon the portions of text which expire pursuant to this section.



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1171 Section 38. Except as otherwise expressly provided in this  
1172 act, this act shall take effect upon becoming a law.

1173

1174 ===== T I T L E A M E N D M E N T =====

1175 And the title is amended as follows:

1176 Delete lines 93 - 94

1177 and insert:

1178 certified nursing assistants; creating s. 381.40185,  
1179 F.S.; establishing the Physician Student Loan  
1180 Repayment Program for a specified purpose; defining  
1181 terms; requiring the Department of Health to establish  
1182 the program; providing program eligibility  
1183 requirements; providing for the award of funds from  
1184 the program to repay the student loans of certain  
1185 physicians; specifying circumstances under which a  
1186 physician is no longer eligible to receive funds from  
1187 the program; requiring the department to adopt rules;  
1188 making implementation of the program subject to an  
1189 appropriation; amending s. 464.003, F.S.; defining the  
1190 term "advanced practice registered nurse - independent  
1191 practitioner" (APRN-IP); creating s. 464.0123, F.S.;  
1192 creating the Patient Access to Primary Care Pilot  
1193 Program for a specified purpose; requiring the  
1194 department to implement the program; defining terms;  
1195 creating the Council on Advanced Practice Registered  
1196 Nurse Independent Practice within the department;  
1197 providing council membership requirements, terms, and  
1198 duties; requiring the council to develop certain  
1199 proposed rules; providing for the adoption of the



1200 proposed rules; authorizing the council to enter an  
1201 order to refuse to register an applicant or to approve  
1202 an applicant for restricted registration or  
1203 conditional registration under certain circumstances;  
1204 providing registration and registration renewal  
1205 requirements; requiring the department to update the  
1206 practitioner's profile to reflect specified  
1207 information; providing limitations on the scope of  
1208 practice of an APRN-IP; requiring the council to  
1209 recommend rules regarding the scope of practice for an  
1210 APRN-IP; providing for the adoption of such rules;  
1211 requiring APRN-IPs to report adverse incidents to the  
1212 department within a specified timeframe; defining the  
1213 term "adverse incident"; providing construction;  
1214 requiring the department to review adverse incidents  
1215 and make specified determinations; providing for  
1216 disciplinary action; requiring the Board of Medicine  
1217 to adopt certain rules; providing for the reactivation  
1218 of registration; providing construction; requiring the  
1219 department to adopt rules by a specified date;  
1220 providing for future repeal; amending s. 464.015,  
1221 F.S.; prohibiting unregistered persons from using the  
1222 title or abbreviation of APRN-IP; amending s. 464.018,  
1223 F.S.; providing additional grounds for denial of a  
1224 license or disciplinary action for APRN-IPs; amending  
1225 s. 381.026, F.S.; revising the definition of the term  
1226 "health care provider"; amending s. 382.008, F.S.;

1227 authorizing an APRN-IP to file a certificate of death  
1228 or fetal death under certain circumstances; requiring



1229 the APRN-IP to provide certain information to the  
1230 funeral director within a specified timeframe;  
1231 defining the term "primary or attending practitioner";  
1232 conforming provisions to changes made by the act;  
1233 amending s. 382.011, F.S.; conforming a provision to  
1234 changes made by the act; amending s. 394.463, F.S.;  
1235 authorizing APRN-IPs to examine patients and initiate  
1236 involuntary examinations for mental illness under  
1237 certain circumstances; amending s. 397.501, F.S.;  
1238 prohibiting service providers from denying an  
1239 individual certain services under certain  
1240 circumstances; amending s. 456.053, F.S.; revising  
1241 definitions; conforming provisions to changes made by  
1242 the act; amending s. 626.9707, F.S.; prohibiting an  
1243 insurer from refusing to issue and deliver certain  
1244 disability insurance that covers any medical treatment  
1245 or service furnished by an advanced practice  
1246 registered nurse or an APRN-IP; creating s. 627.64025,  
1247 F.S.; prohibiting certain health insurance policies  
1248 from requiring an insured to receive services from an  
1249 APRN-IP or a certain advanced practice registered  
1250 nurse in place of a primary care physician; creating  
1251 s. 627.6621, F.S.; prohibiting certain group, blanket,  
1252 or franchise health insurance policies from requiring  
1253 an insured to receive services from an APRN-IP or a  
1254 certain advanced practice registered nurse in place of  
1255 a primary care physician; amending s. 627.6699, F.S.;  
1256 prohibiting certain health benefit plan covering small  
1257 employers from requiring an insured to receive



1258 services from an APRN-IP or a certain advanced  
1259 practice registered nurse in place of a primary care  
1260 physician; amending s. 627.736, F.S.; requiring  
1261 personal injury protection insurance to cover a  
1262 certain percentage of medical services and care  
1263 provided by an APRN-IP; providing for specified  
1264 reimbursement of APRN-IPs; amending s. 633.412, F.S.;  
1265 authorizing an APRN-IP to medically examine an  
1266 applicant for firefighter certification; creating s.  
1267 641.31075, F.S.; prohibiting certain health  
1268 maintenance contracts from requiring a subscriber to  
1269 receive services from an APRN-IP or a certain advanced  
1270 practice registered nurse in place of a primary care  
1271 physician; amending s. 641.495, F.S.; requiring  
1272 certain health maintenance organization documents to  
1273 disclose specified information; amending s. 744.3675,  
1274 F.S.; authorizing an APRN-IP to provide the medical  
1275 report of a ward in an annual guardianship plan;  
1276 amending s. 766.118, F.S.; revising the definition of  
1277 the term "practitioner"; amending s. 768.135, F.S.;  
1278 providing immunity from liability for an APRN-IP who  
1279 provides volunteer services under certain  
1280 circumstances; amending s. 960.28, F.S.; conforming a  
1281 cross-reference; requiring the Office of Program  
1282 Policy Analysis and Government Accountability to  
1283 submit a report to the Governor and the Legislature by  
1284 a specified date; providing requirements for the  
1285 report; providing for the reversion of specified  
1286 statutory sections under certain circumstances;



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providing effective dates, including contingent  
effective dates.