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LEGISLATIVE ACTION

Senate

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House

Senator Albritton moved the following:

1 **Senate Amendment to Amendment (848330) (with title**
2 **amendment)**

3
4 Delete lines 734 - 1477

5 and insert:

6 registered nurse is registered and practicing under s. 464.0123.

7 In the case of multiple supervising physicians in the same
8 group, an advanced practice registered nurse must enter into a
9 supervisory protocol with at least one physician within the
10 physician group practice. A practitioner currently licensed
11 under chapter 458, chapter 459, or chapter 466 shall maintain



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12 supervision for directing the specific course of medical
13 treatment. Within the established framework, an advanced
14 practice registered nurse may:

15 (a) Prescribe, dispense, administer, or order any drug;
16 however, an advanced practice registered nurse may prescribe or
17 dispense a controlled substance as defined in s. 893.03 only if
18 the advanced practice registered nurse has graduated from a
19 program leading to a master's or doctoral degree in a clinical
20 nursing specialty area with training in specialized practitioner
21 skills.

22 (b) Initiate appropriate therapies for certain conditions.

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

25 (d) Order diagnostic tests and physical and occupational
26 therapy.

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

30 Section 24. Section 464.0123, Florida Statutes, is created
31 to read:

32 464.0123 Autonomous practice by an advanced practice
33 registered nurse.-

34 (1) REGISTRATION.-The board shall register an advanced
35 practice registered nurse as an autonomous advanced practice
36 registered nurse if the applicant demonstrates that he or she:

37 (a) Holds an active, unencumbered license to practice
38 advanced nursing under s. 464.012.

39 (b) Has not been subject to any disciplinary action as
40 specified in s. 456.072 or s. 464.018 or any similar



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41 disciplinary action in another state or other territory or
42 jurisdiction within the 5 years immediately preceding the
43 registration request.

44 (c) Has completed, in any state, jurisdiction, or territory
45 of the United States, at least 3,000 clinical practice hours,
46 which may include clinical instructional hours provided by the
47 applicant, within the 5 years immediately preceding the
48 registration request while practicing as an advanced practice
49 registered nurse under the supervision of an allopathic or
50 osteopathic physician who held an active, unencumbered license
51 issued by any state, jurisdiction, or territory of the United
52 States during the period of such supervision. For purposes of
53 this paragraph, "clinical instruction" means education provided
54 by faculty in a clinical setting in a graduate program leading
55 to a master's or doctoral degree in a clinical nursing specialty
56 area.

57 (d) Has completed within the past 5 years 3 graduate-level
58 semester hours, or the equivalent, in differential diagnosis and
59 3 graduate-level semester hours, or the equivalent, in
60 pharmacology.

61 (e) The board may provide additional registration
62 requirements by rule.

63 (2) FINANCIAL RESPONSIBILITY.—

64 (a) An advanced practice registered nurse registered under
65 this section must, by one of the following methods, demonstrate
66 to the satisfaction of the board and the department financial
67 responsibility to pay claims and costs ancillary thereto arising
68 out of the rendering of, or the failure to render nursing care,
69 treatment, or services:



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70 1. Obtaining and maintaining professional liability
71 coverage in an amount not less than \$100,000 per claim, with a
72 minimum annual aggregate of not less than \$300,000, from an
73 authorized insurer as defined in s. 624.09, from a surplus lines
74 insurer as defined in s. 626.914(2), from a risk retention group
75 as defined in s. 627.942, from the Joint Underwriting
76 Association established under s. 627.351(4), or through a plan
77 of self-insurance as provided in s. 627.357; or

78 2. Obtaining and maintaining an unexpired, irrevocable
79 letter of credit, established pursuant to chapter 675, in an
80 amount of not less than \$100,000 per claim, with a minimum
81 aggregate availability of credit of not less than \$300,000. The
82 letter of credit must be payable to the advanced practice
83 registered nurse as beneficiary upon presentment of a final
84 judgment indicating liability and awarding damages to be paid by
85 the advanced practice registered nurse or upon presentment of a
86 settlement agreement signed by all parties to such agreement
87 when such final judgment or settlement is a result of a claim
88 arising out of the rendering of, or the failure to render,
89 nursing care and services.

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

91 1. An advanced practice registered nurse registered under
92 this section who practices exclusively as an officer, employee,
93 or agent of the Federal Government or of the state or its
94 agencies or its subdivisions.

95 2. An advanced practice registered nurse whose registration
96 under this section has become inactive and who is not practicing
97 as an advanced practice registered nurse registered under this
98 section in this state.



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99 3. An advanced practice registered nurse registered under
100 this section who practices only in conjunction with his or her
101 teaching duties at an accredited school or its main teaching
102 hospitals. Such practice is limited to that which is incidental
103 to and a necessary part of duties in connection with the
104 teaching position.

105 4. An advanced practice registered nurse who holds an
106 active registration under this section and who is not engaged in
107 autonomous practice as authorized under this section in this
108 state. If such person initiates or resumes any practice as an
109 autonomous advanced practice registered nurse, he or she must
110 notify the department of such activity and fulfill the
111 professional liability coverage requirements of paragraph (a).

112 (3) PRACTICE REQUIREMENTS.—

113 (a) An advanced practice registered nurse who is registered
114 under this section may:

115 1. Engage in autonomous practice only in primary care
116 practice, including family medicine, general pediatrics, and
117 general internal medicine, as defined by board rule.

118 2. For certified nurse midwives, engage in autonomous
119 practice in the performance of the acts listed in s.
120 464.012(4)(c).

121 3. Perform the general functions of an advanced practice
122 registered nurse under s. 464.012(3) related to primary care.

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

125 a. Admit the patient to the facility.

126 b. Manage the care received by the patient in the facility.

127 c. Discharge the patient from the facility, unless



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128 prohibited by federal law or rule.

129 5. Provide a signature, certification, stamp, verification,
130 affidavit, or endorsement that is otherwise required by law to
131 be provided by a physician, except an advanced practice
132 registered nurse registered under this section may not issue a
133 physician certification under s. 381.986.

134 (b) A certified nurse midwife must have a written patient
135 transfer agreement with a hospital and a written referral
136 agreement with a physician licensed under chapter 458 or chapter
137 459 to engage in nurse midwifery.

138 (c) An advanced practice registered nurse engaging in
139 autonomous practice under this section may not perform any
140 surgical procedure other than subcutaneous procedures.

141 (d) The board shall adopt rules, in consultation with the
142 council created in subsection (4), establishing standards of
143 practice, for an advanced practice registered nurse registered
144 under this section.

145 (4) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
146 AUTONOMOUS PRACTICE.-

147 (a) The Council on Advanced Practice Registered Nurse
148 Autonomous Practice is established within the Department of
149 Health. The council must consist of the following nine members:

150 1. Two members appointed by the chair of the Board of
151 Medicine who are physicians and members of the Board of
152 Medicine.

153 2. Two members appointed by the chair of the Board of
154 Osteopathic Medicine who are physicians and members of the Board
155 of Osteopathic Medicine.

156 3. Four members appointed by the chair of the board who are



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157 advanced practice registered nurses registered under this
158 chapter with experience practicing advanced or specialized
159 nursing.

160 4. The State Surgeon General or his or her designee who
161 shall serve as the chair of the council.

162 (b) The Board of Medicine members, the Board of Osteopathic
163 Medicine members, and the Board of Nursing appointee members
164 shall be appointed for terms of 4 years. The initial
165 appointments shall be staggered so that one member from the
166 Board of Medicine, one member from the Board of Osteopathic
167 Medicine, and one appointee member from the Board of Nursing
168 shall each be appointed for a term of 4 years; one member from
169 the Board of Medicine and one appointee member from the Board of
170 Nursing shall each be appointed for a term of 3 years; and one
171 member from the Board of Osteopathic Medicine and two appointee
172 members from the Board of Nursing shall each be appointed for a
173 term of 2 years. Physician members appointed to the council must
174 be physicians who have practiced with advanced practice
175 registered nurses under a protocol in their practice.

176 (c) Council members may not serve more than two consecutive
177 terms.

178 (d) The council shall recommend standards of practice for
179 advanced practice registered nurses registered under this
180 section to the board. If the board rejects a recommendation of
181 the council, the board must state with particularity the basis
182 for rejecting the recommendation and provide the council an
183 opportunity to modify its recommendation. The board must
184 consider the council's modified recommendation.

185 (5) REGISTRATION RENEWAL.—



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186 (a) An advanced practice registered nurse must biennially
187 renew registration under this section. The biennial renewal for
188 registration shall coincide with the advanced practice
189 registered nurse's biennial renewal period for licensure.

190 (b) To renew his or her registration under this section, an
191 advanced practice registered nurse must complete at least 10
192 hours of continuing education approved by the board, in addition
193 to completing 30 hours of continuing education requirements
194 established by board rule pursuant to s. 464.013, regardless of
195 whether the registrant is otherwise required to complete this
196 requirement. If the initial renewal period occurs before January
197 1, 2021, an advanced practice registered nurse who is registered
198 under this section is not required to complete the continuing
199 education requirement within this subsection until the following
200 biennial renewal period.

201 (6) PRACTITIONER PROFILE.—The department shall
202 conspicuously distinguish an advanced practice registered
203 nurse's license if he or she is registered with the board under
204 this section and include the registration in the advanced
205 practice registered nurse's practitioner profile created under
206 s. 456.041.

207 (7) DISCLOSURES.—When engaging in autonomous practice, an
208 advanced practice registered nurse registered under this section
209 must provide information in writing to a new patient about his
210 or her qualifications and the nature of autonomous practice
211 before or during the initial patient encounter.

212 (8) RULES.—The board shall adopt rules to implement this
213 section.

214 Section 25. Section 464.0155, Florida Statutes, is created



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215 to read:

216 464.0155 Reports of adverse incidents by advanced practice
217 registered nurses.—

218 (1) An advanced practice registered nurse registered under
219 s. 464.0123 must report an adverse incident to the department in
220 accordance with this section.

221 (2) The report must be in writing, sent to the department
222 by certified mail, and postmarked within 15 days after the
223 occurrence of the adverse incident if the adverse incident
224 occurs when the patient is in the direct care of the advanced
225 practice registered nurse registered under s. 464.0123. If the
226 adverse incident occurs when the patient is not in the direct
227 care of the advanced practice registered under s. 464.0123, the
228 report must be postmarked within 15 days after the advanced
229 practice registered nurse discovers, or reasonably should have
230 discovered, the occurrence of the adverse incident.

231 (3) For purposes of this section, the term "adverse
232 incident" means an event over which the advanced practice
233 registered nurse registered under s. 464.0123 could exercise
234 control and which is associated in whole or in part with a
235 nursing intervention, rather than the condition for which such
236 intervention occurred, and which results in any of the following
237 patient injuries:

238 (a) Any condition that required the transfer of a patient
239 from the practice location of the advanced practice registered
240 nurse registered under s. 464.0123 to a hospital licensed under
241 chapter 395.

242 (b) A permanent physical injury to the patient.

243 (c) The death of the patient.



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244 (4) The department shall review each report of an adverse
245 incident and determine whether the adverse incident was
246 attributable to conduct by the advanced practice registered
247 nurse. Upon making such a determination, the board may take
248 disciplinary action pursuant to s. 456.073.

249 Section 26. Paragraph (r) is added to subsection (1) of
250 section 464.018, Florida Statutes, to read:

251 464.018 Disciplinary actions.—

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

255 (r) For an advanced practice registered nurse registered
256 under s. 464.0123:

257 1. Paying or receiving any commission, bonus, kickback, or
258 rebate from, or engaging in any split-fee arrangement in any
259 form whatsoever with, a health care practitioner, organization,
260 agency, or person, either directly or implicitly, for referring
261 patients to providers of health care goods or services,
262 including, but not limited to, hospitals, nursing homes,
263 clinical laboratories, ambulatory surgical centers, or
264 pharmacies. This subparagraph may not be construed to prevent an
265 advanced practice registered nurse registered under s. 464.0123
266 from receiving a fee for professional consultation services.

267 2. Exercising influence within a patient-advanced practice
268 registered nurse relationship for purposes of engaging a patient
269 in sexual activity. A patient shall be presumed to be incapable
270 of giving free, full, and informed consent to sexual activity
271 with his or her advanced practice registered nurse registered
272 under s. 464.0123.



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273 3. Making deceptive, untrue, or fraudulent representations
274 in or related to, or employing a trick or scheme in or related
275 to, advanced or specialized nursing practice.

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

281 5. Failing to keep legible, as defined by department rule
282 in consultation with the board, medical records that identify
283 the advanced practice registered nurse, by name and professional
284 title, who is responsible for rendering, ordering, supervising,
285 or billing for each diagnostic or treatment procedure and that
286 justify the course of treatment of the patient, including, but
287 not limited to, patient histories; examination results; test
288 results; records of drugs prescribed, dispensed, or
289 administered; and reports of consultations or referrals.

290 6. Exercising influence on the patient to exploit the
291 patient for the financial gain of the advanced practice
292 registered nurse or a third party, including, but not limited
293 to, the promoting or selling of services, goods, appliances, or
294 drugs.

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

298 8. Performing any procedure or prescribing any therapy
299 that, by the prevailing standards of advanced or specialized
300 nursing practice in the community, would constitute
301 experimentation on a human subject, without first obtaining



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302 full, informed, and written consent.

303 9. Delegating professional responsibilities to a person
304 when the advanced practice registered nurse delegating such
305 responsibilities knows or has reason to believe that such person
306 is not qualified by training, experience, or licensure to
307 perform such responsibilities.

308 10. Committing, or conspiring with another to commit, an
309 act that would tend to coerce, intimidate, or preclude another
310 advanced practice registered nurse from lawfully advertising his
311 or her services.

312 11. Advertising or holding himself or herself out as having
313 certification in a specialty that the he or she has not
314 received.

315 12. Failing to comply with ss. 381.026 and 381.0261
316 relating to providing patients with information about their
317 rights and how to file a complaint.

318 13. Providing deceptive or fraudulent expert witness
319 testimony related to advanced or specialized nursing practice.

320 Section 27. Subsection (1) of section 626.9707, Florida
321 Statutes, is amended to read:

322 626.9707 Disability insurance; discrimination on basis of
323 sickle-cell trait prohibited.—

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



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331 a hospital, clinic, health clinic, neighborhood health clinic,
332 health maintenance organization, physician, physician's
333 assistant, advanced practice registered nurse practitioner, or
334 medical service facility or personnel solely because the person
335 to be insured has the sickle-cell trait.

336 Section 28. Section 627.64025, Florida Statutes, is created
337 to read:

338 627.64025 Advanced Practice Registered Nurse Services.—A
339 health insurance policy that provides major medical coverage and
340 that is delivered, issued, or renewed in this state on or after
341 January 1, 2021, may not require an insured to receive services
342 from an advanced practice registered nurse registered under s.
343 464.0123 in place of a physician.

344 Section 29. Section 627.6621, Florida Statutes, is created
345 to read:

346 627.6621 Advanced Practice Registered Nurse Services.—A
347 group, blanket, or franchise health insurance policy that is
348 delivered, issued, or renewed in this state on or after January
349 1, 2021, may not require an insured to receive services from an
350 advanced practice registered nurse registered under s. 464.0123
351 in place of a physician.

352 Section 16. Paragraph (g) is added to subsection (5) of
353 section 627.6699, Florida Statutes, to read:

354 627.6699 Employee Health Care Access Act.—

355 (5) AVAILABILITY OF COVERAGE.—

356 (g) A health benefit plan covering small employers which is
357 delivered, issued, or renewed in this state on or after January
358 1, 2021, may not require an insured to receive services from an
359 advanced practice registered nurse registered under s. 464.0123



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360 in place of a physician.

361 Section 18. Paragraph (a) of subsection (1) of section
362 627.736, Florida Statutes, is amended to read:

363 627.736 Required personal injury protection benefits;
364 exclusions; priority; claims.—

365 (1) REQUIRED BENEFITS.—An insurance policy complying with
366 the security requirements of s. 627.733 must provide personal
367 injury protection to the named insured, relatives residing in
368 the same household, persons operating the insured motor vehicle,
369 passengers in the motor vehicle, and other persons struck by the
370 motor vehicle and suffering bodily injury while not an occupant
371 of a self-propelled vehicle, subject to subsection (2) and
372 paragraph (4) (e), to a limit of \$10,000 in medical and
373 disability benefits and \$5,000 in death benefits resulting from
374 bodily injury, sickness, disease, or death arising out of the
375 ownership, maintenance, or use of a motor vehicle as follows:

376 (a) Medical benefits.—Eighty percent of all reasonable
377 expenses for medically necessary medical, surgical, X-ray,
378 dental, and rehabilitative services, including prosthetic
379 devices and medically necessary ambulance, hospital, and nursing
380 services if the individual receives initial services and care
381 pursuant to subparagraph 1. within 14 days after the motor
382 vehicle accident. The medical benefits provide reimbursement
383 only for:

384 1. Initial services and care that are lawfully provided,
385 supervised, ordered, or prescribed by a physician licensed under
386 chapter 458 or chapter 459, a dentist licensed under chapter
387 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
388 an advanced practice registered nurse registered under s.



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389 464.0123 or that are provided in a hospital or in a facility
390 that owns, or is wholly owned by, a hospital. Initial services
391 and care may also be provided by a person or entity licensed
392 under part III of chapter 401 which provides emergency
393 transportation and treatment.

394 2. Upon referral by a provider described in subparagraph
395 1., followup services and care consistent with the underlying
396 medical diagnosis rendered pursuant to subparagraph 1. which may
397 be provided, supervised, ordered, or prescribed only by a
398 physician licensed under chapter 458 or chapter 459, a
399 chiropractic physician licensed under chapter 460, a dentist
400 licensed under chapter 466, or an advanced practice registered
401 nurse registered under s. 464.0123, or, to the extent permitted
402 by applicable law and under the supervision of such physician,
403 osteopathic physician, chiropractic physician, or dentist, by a
404 physician assistant licensed under chapter 458 or chapter 459 or
405 an advanced practice registered nurse licensed under chapter
406 464. Followup services and care may also be provided by the
407 following persons or entities:

408 a. A hospital or ambulatory surgical center licensed under
409 chapter 395.

410 b. An entity wholly owned by one or more physicians
411 licensed under chapter 458 or chapter 459, chiropractic
412 physicians licensed under chapter 460, advanced practice
413 registered nurses registered under s. 464.0123, or dentists
414 licensed under chapter 466 or by such practitioners and the
415 spouse, parent, child, or sibling of such practitioners.

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



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

420 e. A health care clinic licensed under part X of chapter
421 400 which is accredited by an accrediting organization whose
422 standards incorporate comparable regulations required by this
423 state, or

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

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

431 (III) Provides at least four of the following medical
432 specialties:

433 (A) General medicine.

434 (B) Radiography.

435 (C) Orthopedic medicine.

436 (D) Physical medicine.

437 (E) Physical therapy.

438 (F) Physical rehabilitation.

439 (G) Prescribing or dispensing outpatient prescription
440 medication.

441 (H) Laboratory services.

442 3. Reimbursement for services and care provided in
443 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
444 licensed under chapter 458 or chapter 459, a dentist licensed
445 under chapter 466, a physician assistant licensed under chapter
446 458 or chapter 459, or an advanced practice registered nurse



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447 licensed under chapter 464 has determined that the injured
448 person had an emergency medical condition.

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

454 5. Medical benefits do not include massage as defined in s.
455 480.033 or acupuncture as defined in s. 457.102, regardless of
456 the person, entity, or licensee providing massage or
457 acupuncture, and a licensed massage therapist or licensed
458 acupuncturist may not be reimbursed for medical benefits under
459 this section.

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

466
467 Only insurers writing motor vehicle liability insurance in this
468 state may provide the required benefits of this section, and
469 such insurer may not require the purchase of any other motor
470 vehicle coverage other than the purchase of property damage
471 liability coverage as required by s. 627.7275 as a condition for
472 providing such benefits. Insurers may not require that property
473 damage liability insurance in an amount greater than \$10,000 be
474 purchased in conjunction with personal injury protection. Such
475 insurers shall make benefits and required property damage



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476 liability insurance coverage available through normal marketing
477 channels. An insurer writing motor vehicle liability insurance
478 in this state who fails to comply with such availability
479 requirement as a general business practice violates part IX of
480 chapter 626, and such violation constitutes an unfair method of
481 competition or an unfair or deceptive act or practice involving
482 the business of insurance. An insurer committing such violation
483 is subject to the penalties provided under that part, as well as
484 those provided elsewhere in the insurance code.

485 Section 19. Section 641.31075, Florida Statutes, is created
486 to read:

487 641.31075 Advanced Practice Registered Nurse Services.—A
488 health maintenance contract that is delivered, issued, or
489 renewed in this state on or after January 1, 2021, may not
490 require a subscriber to receive services from an advanced
491 practice registered nurse registered under s. 464.0123 in place
492 of a physician.

493 Section 20. Subsection (8) of section 641.495, Florida
494 Statutes, is amended to read:

495 641.495 Requirements for issuance and maintenance of
496 certificate.—

497 (8) Each organization's contracts, certificates, and
498 subscriber handbooks shall contain a provision, if applicable,
499 disclosing that, for certain types of described medical
500 procedures, services may be provided by physician assistants,
501 advanced practice registered nurses ~~nurse practitioners~~, or
502 other individuals who are not licensed physicians.

503 Section 21. Subsection (1) of section 744.2006, Florida
504 Statutes, is amended to read:



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505 744.2006 Office of Public and Professional Guardians;
506 appointment, notification.—

507 (1) The executive director of the Office of Public and
508 Professional Guardians, after consultation with the chief judge
509 and other circuit judges within the judicial circuit and with
510 appropriate advocacy groups and individuals and organizations
511 who are knowledgeable about the needs of incapacitated persons,
512 may establish, within a county in the judicial circuit or within
513 the judicial circuit, one or more offices of public guardian and
514 if so established, shall create a list of persons best qualified
515 to serve as the public guardian, who have been investigated
516 pursuant to s. 744.3135. The public guardian must have knowledge
517 of the legal process and knowledge of social services available
518 to meet the needs of incapacitated persons. The public guardian
519 shall maintain a staff or contract with professionally qualified
520 individuals to carry out the guardianship functions, including
521 an attorney who has experience in probate areas and another
522 person who has a master's degree in social work, or a
523 gerontologist, psychologist, advanced practice registered nurse,
524 or registered nurse,~~or nurse practitioner~~. A public guardian
525 that is a nonprofit corporate guardian under s. 744.309(5) must
526 receive tax-exempt status from the United States Internal
527 Revenue Service.

528 Section 22. Paragraph (a) of subsection (3) of section
529 744.331, Florida Statutes, is amended to read:

530 744.331 Procedures to determine incapacity.—

531 (3) EXAMINING COMMITTEE.—

532 (a) Within 5 days after a petition for determination of
533 incapacity has been filed, the court shall appoint an examining



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534 committee consisting of three members. One member must be a
535 psychiatrist or other physician. The remaining members must be
536 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
537 a ~~or other~~ physician, an advanced practice registered nurse, a
538 registered nurse, ~~nurse practitioner,~~ a licensed social worker,
539 a person with an advanced degree in gerontology from an
540 accredited institution of higher education, or any other person
541 who by knowledge, skill, experience, training, or education may,
542 in the court's discretion, advise the court in the form of an
543 expert opinion. One of three members of the committee must have
544 knowledge of the type of incapacity alleged in the petition.
545 Unless good cause is shown, the attending or family physician
546 may not be appointed to the committee. If the attending or
547 family physician is available for consultation, the committee
548 must consult with the physician. Members of the examining
549 committee may not be related to or associated with one another,
550 with the petitioner, with counsel for the petitioner or the
551 proposed guardian, or with the person alleged to be totally or
552 partially incapacitated. A member may not be employed by any
553 private or governmental agency that has custody of, or
554 furnishes, services or subsidies, directly or indirectly, to the
555 person or the family of the person alleged to be incapacitated
556 or for whom a guardianship is sought. A petitioner may not serve
557 as a member of the examining committee. Members of the examining
558 committee must be able to communicate, either directly or
559 through an interpreter, in the language that the alleged
560 incapacitated person speaks or to communicate in a medium
561 understandable to the alleged incapacitated person if she or he
562 is able to communicate. The clerk of the court shall send notice



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563 of the appointment to each person appointed no later than 3 days
564 after the court's appointment.

565 Section 23. Paragraph (b) of subsection (1) of section
566 744.3675, Florida Statutes, is amended to read:

567 744.3675 Annual guardianship plan.—Each guardian of the
568 person must file with the court an annual guardianship plan
569 which updates information about the condition of the ward. The
570 annual plan must specify the current needs of the ward and how
571 those needs are proposed to be met in the coming year.

572 (1) Each plan for an adult ward must, if applicable,
573 include:

574 (b) Information concerning the medical and mental health
575 conditions and treatment and rehabilitation needs of the ward,
576 including:

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

579 2. The report of a physician or an advanced practice
580 registered nurse registered under s. 464.0123 who examined the
581 ward no more than 90 days before the beginning of the applicable
582 reporting period. The report must contain an evaluation of the
583 ward's condition and a statement of the current level of
584 capacity of the ward.

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

587 Section 24. Paragraph (c) of subsection (1) of section
588 766.118, Florida Statutes, is amended to read:

589 766.118 Determination of noneconomic damages.—

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

591 (c) "Practitioner" means any person licensed under chapter



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592 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter
593 463, chapter 466, chapter 467, chapter 486, or s. 464.012 or
594 registered under s. 464.0123. "Practitioner" also means any
595 association, corporation, firm, partnership, or other business
596 entity under which such practitioner practices or any employee
597 of such practitioner or entity acting in the scope of his or her
598 employment. For the purpose of determining the limitations on
599 noneconomic damages set forth in this section, the term
600 "practitioner" includes any person or entity for whom a
601 practitioner is vicariously liable and any person or entity
602 whose liability is based solely on such person or entity being
603 vicariously liable for the actions of a practitioner.

604 Section 25. Subsection (3) of section 768.135, Florida
605 Statutes, is amended to read:

606 768.135 Volunteer team physicians; immunity.—

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

613 Section 26. Paragraph (a) of subsection (1) of section
614 1006.062, Florida Statutes, are amended to read:

615 1006.062 Administration of medication and provision of
616 medical services by district school board personnel.—

617 (1) Notwithstanding the provisions of the Nurse Practice
618 Act, part I of chapter 464, district school board personnel may
619 assist students in the administration of prescription medication
620 when the following conditions have been met:



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621 (a) Each district school board shall include in its
622 approved school health services plan a procedure to provide
623 training, by a registered nurse, a licensed practical nurse, or
624 an advanced practice registered nurse licensed under chapter 464
625 or by a physician licensed under ~~pursuant to~~ chapter 458 or
626 chapter 459, or a physician assistant licensed under ~~pursuant to~~
627 chapter 458 or chapter 459, to the school personnel designated
628 by the school principal to assist students in the administration
629 of prescribed medication. Such training may be provided in
630 collaboration with other school districts, through contract with
631 an education consortium, or by any other arrangement consistent
632 with the intent of this subsection.

633 Section 27. Paragraph (c) of subsection (2) of section
634 1006.20, Florida Statutes, is amended to read:

635 1006.20 Athletics in public K-12 schools.—

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

637 (c) The FHSAA shall adopt bylaws that require all students
638 participating in interscholastic athletic competition or who are
639 candidates for an interscholastic athletic team to
640 satisfactorily pass a medical evaluation each year before ~~prior~~
641 ~~to~~ participating in interscholastic athletic competition or
642 engaging in any practice, tryout, workout, or other physical
643 activity associated with the student's candidacy for an
644 interscholastic athletic team. Such medical evaluation may be
645 administered only by a practitioner licensed under chapter 458,
646 chapter 459, chapter 460, or s. 464.012 or registered under s.
647 464.0123 and in good standing with the practitioner's
648 regulatory board. The bylaws shall establish requirements for
649 eliciting a student's medical history and performing the medical



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650 evaluation required under this paragraph, which shall include a
651 physical assessment of the student's physical capabilities to
652 participate in interscholastic athletic competition as contained
653 in a uniform preparticipation physical evaluation and history
654 form. The evaluation form shall incorporate the recommendations
655 of the American Heart Association for participation
656 cardiovascular screening and shall provide a place for the
657 signature of the practitioner performing the evaluation with an
658 attestation that each examination procedure listed on the form
659 was performed by the practitioner or by someone under the direct
660 supervision of the practitioner. The form shall also contain a
661 place for the practitioner to indicate if a referral to another
662 practitioner was made in lieu of completion of a certain
663 examination procedure. The form shall provide a place for the
664 practitioner to whom the student was referred to complete the
665 remaining sections and attest to that portion of the
666 examination. The preparticipation physical evaluation form shall
667 advise students to complete a cardiovascular assessment and
668 shall include information concerning alternative cardiovascular
669 evaluation and diagnostic tests. Results of such medical
670 evaluation must be provided to the school. A student is not
671 eligible to participate, as provided in s. 1006.15(3), in any
672 interscholastic athletic competition or engage in any practice,
673 tryout, workout, or other physical activity associated with the
674 student's candidacy for an interscholastic athletic team until
675 the results of the medical evaluation have been received and
676 approved by the school.

677 Section 28. For the 2020-2021 fiscal year, the sums of
678 \$219,089 in recurring funds and \$17,716 in nonrecurring funds



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679 from the Medical Quality Assurance Trust Fund are appropriated
680 to the Department of Health, and 3.5 full-time equivalent
681 positions with associated salary rate of 183,895 are authorized,
682 for the purpose of implementing s. 464.0123, Florida Statutes,
683 as created by this act.

684 Section 24. For the 2020-2021 fiscal year, two full-time
685 equivalent positions with associated salary rate of 82,211 are
686 authorized and the sums of \$320,150 in recurring and \$232,342 in
687 nonrecurring funds from the Health Care Trust Fund are
688 appropriated to the Agency for Health Care Administration for
689 the purpose of implementing sections 400.52, 400.53, and
690 408.822, Florida Statutes, as created by this act.

691 Section 25. Subsection (1) and paragraphs (a) and (b) of
692 subsection (2) of section 1009.65, Florida Statutes, are amended
693 to read:

694 1009.65 Medical Education Reimbursement and Loan Repayment
695 Program.—

696 (1) To encourage qualified medical professionals to
697 practice in underserved locations where there are shortages of
698 such personnel, there is established the Medical Education
699 Reimbursement and Loan Repayment Program. The function of the
700 program is to make payments that offset loans and educational
701 expenses incurred by students for studies leading to a medical
702 or nursing degree, medical or nursing licensure, or advanced
703 practice registered nurse licensure or physician assistant
704 licensure. The following licensed or certified health care
705 professionals are eligible to participate in this program:

706 (a) Medical doctors with primary care specialties, doctors
707 of osteopathic medicine with primary care specialties,



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708 physician's assistants, licensed practical nurses and registered
709 nurses, ~~and~~ advanced practice registered nurses with primary
710 care specialties such as certified nurse midwives. Primary care
711 medical specialties for physicians include obstetrics,
712 gynecology, general and family practice, internal medicine,
713 pediatrics, and other specialties which may be identified by the
714 Department of Health.~~(2)~~ From the funds available, the
715 Department of Health shall make payments ~~to selected medical~~
716 ~~professionals~~ as follows:

717 1.~~(a)~~ Up to \$4,000 per year for licensed practical nurses
718 and registered nurses, up to \$10,000 per year for advanced
719 practice registered nurses and physician's assistants, and up to
720 \$20,000 per year for physicians. Penalties for noncompliance
721 shall be the same as those in the National Health Services Corps
722 Loan Repayment Program. Educational expenses include costs for
723 tuition, matriculation, registration, books, laboratory and
724 other fees, other educational costs, and reasonable living
725 expenses as determined by the Department of Health.

726 2.~~(b)~~ All payments are contingent on continued proof of
727 primary care practice in an area defined in s. 395.602(2)(b), or
728 an underserved area designated by the Department of Health,
729 provided the practitioner accepts Medicaid reimbursement if
730 eligible for such reimbursement. Correctional facilities, state
731 hospitals, and other state institutions that employ medical
732 personnel shall be designated by the Department of Health as
733 underserved locations. Locations with high incidences of infant
734 mortality, high morbidity, or low Medicaid participation by
735 health care professionals may be designated as underserved.

736 (b) Advanced practice registered nurses registered to



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737 engage in autonomous practice under s. 464.0123 and practicing
738 in the primary care specialties of family medicine, general
739 pediatrics, general internal medicine, or midwifery. From the
740 funds available, the Department of Health shall make payments of
741 up to \$15,000 per year to advanced practice registered nurses
742 registered under s. 464.0123 who demonstrate, as required by
743 department rule, active employment providing primary care
744 services in a public health program, an independent practice, or
745 a group practice that serves Medicaid recipients and other low-
746 income patients and that is located in a primary care health
747 professional shortage area. Only loans to pay the costs of
748 tuition, books, medical equipment and supplies, uniforms, and
749 living expenses may be covered. For the purposes of this
750 paragraph:

751 1. "Primary care health professional shortage area" means a
752 geographic area, an area having a special population, or a
753 facility with a score of at least 18, as designated and
754 calculated by the Federal Health Resources and Services
755 Administration or a rural area as defined by the Federal Office
756 of Rural Health Policy.

757 2. "Public health program" means a county health
758

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

760 And the title is amended as follows:

761 Delete line 1499

762 and insert:

763 An act relating to direct care workers; amending s.
764 400.141, F.S.; authorizing nursing home facilities to
765 use paid feeding assistants in accordance with



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766 specified federal law under certain circumstances;
767 providing training program requirements; authorizing
768 the Agency for Health Care Administration to adopt
769 rules; amending s. 400.23, F.S.; prohibiting the
770 counting of paid feeding assistants toward compliance
771 with minimum staffing standards; amending s. 400.461,
772 F.S.; revising a short title; amending s. 400.462,
773 F.S.; revising the definition of the term "home health
774 aide"; amending s. 400.464, F.S.; requiring a licensed
775 home health agency that authorizes a registered nurse
776 to delegate tasks to a certified nursing assistant or
777 a home health aide to ensure that certain requirements
778 are met; amending s. 400.488, F.S.; authorizing an
779 unlicensed person to assist with self-administration
780 of certain treatments; revising the requirements for
781 such assistance; creating s. 400.489, F.S.;
782 authorizing home health aides to administer certain
783 prescription medications under certain conditions;
784 requiring such home health aides to meet certain
785 training and competency requirements; requiring that
786 the training, determination of competency, and annual
787 validation of home health aides be conducted by a
788 registered nurse or a physician; requiring home health
789 aides to complete annual inservice training in
790 medication administration and medication error
791 prevention, in addition to existing annual inservice
792 training requirements; requiring the agency, in
793 consultation with the Board of Nursing, to establish
794 by rule standards and procedures for medication



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795 administration by home health aides; providing
796 requirements for such rules; creating s. 400.490,
797 F.S.; authorizing certified nursing assistants or home
798 health aides to perform certain tasks delegated by a
799 registered nurse; creating ss. 400.52 and 400.53,
800 F.S.; creating the Excellence in Home Health Program
801 and the Nurse Registry Excellence Program,
802 respectively, within the agency for a specified
803 purpose; requiring the agency to adopt rules
804 establishing program criteria; providing requirements
805 for such criteria; requiring the agency to annually
806 evaluate certain home health agencies and nurse
807 registries; providing program designation eligibility
808 requirements; providing that a program designation is
809 not transferable, with an exception; providing for the
810 expiration of awarded designations; requiring home
811 health agencies and nurse registries to biennially
812 renew the awarded program designation; authorizing a
813 program designation award recipient to use the
814 designation in advertising and marketing; specifying
815 circumstances under which a home health agency or
816 nurse registry may not use a program designation in
817 advertising or marketing; providing that an
818 application submitted under the program is not an
819 application for licensure; providing that certain
820 actions by the agency are not subject to certain
821 provisions; creating s. 408.822, F.S.; defining the
822 term "direct care worker"; requiring certain licensees
823 to provide specified information about their employees



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824 in a survey beginning on a specified date; requiring
825 that the survey be completed on a form adopted by the
826 agency by rule and include a specified attestation;
827 requiring a licensee to submit such survey as a
828 contingency of license renewal; requiring the agency
829 to continually analyze the results of such surveys and
830 publish the results on the agency's website; requiring
831 the agency to update such information monthly;
832 creating s. 464.0156, F.S.; authorizing a registered
833 nurse to delegate certain tasks to a certified nursing
834 assistant or a home health aide under certain
835 conditions; providing criteria that a registered nurse
836 must consider in determining if a task may be
837 delegated to a certified nursing assistant or a home
838 health aide; authorizing a registered nurse to
839 delegate prescription medication administration to a
840 certified nursing assistant or a home health aide,
841 subject to certain requirements; providing an
842 exception for certain controlled substances; requiring
843 the Board of Nursing, in consultation with the agency,
844 to adopt rules; amending s. 464.018, F.S.; providing
845 disciplinary action; creating s. 464.2035, F.S.;

846 authorizing certified nursing assistants to administer
847 certain prescription medications under certain
848 conditions; requiring such certified nursing
849 assistants to meet certain training and competency
850 requirements; requiring the training, determination of
851 competency, and annual validation of certified nursing
852 assistants to be conducted by a registered nurse or a



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853 physician; requiring such certified nursing assistants
854 to complete annual inservice training in medication
855 administration and medication error prevention in
856 addition to existing annual inservice training
857 requirements; requiring the board, in consultation
858 with the agency, to adopt by rule standards and
859 procedures for medication administration by certified
860 nursing assistants; amending