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LEGISLATIVE ACTION

Senate

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House

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Floor: 2/RE/2R

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03/10/2020 05:53 PM

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Senator Albritton moved the following:

1 **Senate Substitute for Amendment (933614) (with title**
2 **amendment)**

3
4 Delete everything after the enacting clause
5 and insert:

6 Section 1. Effective upon this act becoming a law,
7 paragraph (v) is added to subsection (1) of section 400.141,
8 Florida Statutes, to read:

9 400.141 Administration and management of nursing home
10 facilities.—

11 (1) Every licensed facility shall comply with all



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12 applicable standards and rules of the agency and shall:

13 (v) Be allowed to use paid feeding assistants as defined in
14 42 C.F.R. s. 488.301, and in accordance with 42 C.F.R. s.
15 483.60, if the paid feeding assistant has successfully completed
16 a feeding assistant training program developed by the agency.

17 1. The feeding assistant training program must consist of a
18 minimum of 12 hours of education and training and must include
19 all of the topics and lessons specified in the program
20 curriculum.

21 2. The program curriculum must include, but need not be
22 limited to, training in all of the following content areas:

23 a. Feeding techniques.

24 b. Assistance with feeding and hydration.

25 c. Communication and interpersonal skills.

26 d. Appropriate responses to resident behavior.

27 e. Safety and emergency procedures, including the first aid
28 procedure used to treat upper airway obstructions.

29 f. Infection control.

30 g. Residents' rights.

31 h. Recognizing changes in residents which are inconsistent
32 with their normal behavior and the importance of reporting those
33 changes to the supervisory nurse.

34
35 The agency may adopt rules to implement this paragraph.

36 Section 2. Effective upon this act becoming a law,
37 paragraph (b) of subsection (3) of section 400.23, Florida
38 Statutes, is amended to read:

39 400.23 Rules; evaluation and deficiencies; licensure
40 status.-



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41 (3)

42 (b) Paid feeding assistants and nonnursing staff providing
43 eating assistance to residents shall not count toward compliance
44 with minimum staffing standards.

45 Section 3. Effective upon this act becoming a law,
46 subsection (1) of section 400.461, Florida Statutes, is amended
47 to read:

48 400.461 Short title; purpose.—

49 (1) This part, consisting of ss. 400.461-400.53 ~~ss.~~
50 ~~400.461-400.518~~, may be cited as the "Home Health Services Act."

51 Section 4. Subsection (15) of section 400.462, Florida
52 Statutes, is amended to read:

53 400.462 Definitions.—As used in this part, the term:

54 (15) "Home health aide" means a person who is trained or
55 qualified, as provided by rule, and who provides hands-on
56 personal care, performs simple procedures as an extension of
57 therapy or nursing services, assists in ambulation or exercises,
58 ~~or~~ assists in administering medications as permitted in rule and
59 for which the person has received training established by the
60 agency under this part, or performs tasks delegated to him or
61 her under chapter 464 s. 400.497(1).

62 Section 5. Effective upon this act becoming a law, present
63 subsections (5) and (6) of section 400.464, Florida Statutes,
64 are redesignated as subsections (6) and (7), respectively, a new
65 subsection (5) is added to that section, and present subsection
66 (6) of that section is amended, to read:

67 400.464 Home health agencies to be licensed; expiration of
68 license; exemptions; unlawful acts; penalties.—

69 (5) If a licensed home health agency authorizes a



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70 registered nurse to delegate tasks, including medication
71 administration, to a certified nursing assistant pursuant to
72 chapter 464 or to a home health aide pursuant to s. 400.490, the
73 licensed home health agency must ensure that such delegation
74 meets the requirements of this chapter and chapter 464 and the
75 rules adopted thereunder.

76 (7)-(6) Any person, entity, or organization providing home
77 health services which is exempt from licensure under subsection
78 (6) ~~subsection (5)~~ may voluntarily apply for a certificate of
79 exemption from licensure under its exempt status with the agency
80 on a form that specifies its name or names and addresses, a
81 statement of the reasons why it is exempt from licensure as a
82 home health agency, and other information deemed necessary by
83 the agency. A certificate of exemption is valid for a period of
84 not more than 2 years and is not transferable. The agency may
85 charge an applicant \$100 for a certificate of exemption or
86 charge the actual cost of processing the certificate.

87 Section 6. Effective upon this act becoming a law,
88 subsections (2) and (3) of section 400.488, Florida Statutes,
89 are amended to read:

90 400.488 Assistance with self-administration of medication.—

91 (2) Patients who are capable of self-administering their
92 own medications without assistance shall be encouraged and
93 allowed to do so. However, an unlicensed person may, consistent
94 with a dispensed prescription's label or the package directions
95 of an over-the-counter medication, assist a patient whose
96 condition is medically stable with the self-administration of
97 routine, regularly scheduled medications that are intended to be
98 self-administered. Assistance with self-medication by an



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99 unlicensed person may occur only upon a documented request by,
100 and the written informed consent of, a patient or the patient's
101 surrogate, guardian, or attorney in fact. For purposes of this
102 section, self-administered medications include both legend and
103 over-the-counter oral dosage forms, topical dosage forms, and
104 topical ophthalmic, otic, and nasal dosage forms, including
105 solutions, suspensions, sprays, ~~and~~ inhalers, and nebulizer
106 treatments.

107 (3) Assistance with self-administration of medication
108 includes:

109 (a) Taking the medication, in its previously dispensed,
110 properly labeled container, from where it is stored and bringing
111 it to the patient.

112 (b) In the presence of the patient, confirming that the
113 medication is intended for that patient, orally advising the
114 patient of the medication name and purpose ~~reading the label,~~
115 opening the container, removing a prescribed amount of
116 medication from the container, and closing the container.

117 (c) Placing an oral dosage in the patient's hand or placing
118 the dosage in another container and helping the patient by
119 lifting the container to his or her mouth.

120 (d) Applying topical medications, including routine
121 preventive skin care and applying and replacing bandages for
122 minor cuts and abrasions as provided by the agency in rule.

123 (e) Returning the medication container to proper storage.

124 (f) For nebulizer treatments, assisting with setting up and
125 cleaning the device in the presence of the patient, confirming
126 that the medication is intended for that patient, orally
127 advising the patient of the medication name and purpose, opening



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128 the container, removing the prescribed amount for a single
129 treatment dose from a properly labeled container, and assisting
130 the patient with placing the dose into the medicine receptacle
131 or mouthpiece.

132 (g) ~~(f)~~ Keeping a record of when a patient receives
133 assistance with self-administration under this section.

134 Section 7. Effective upon this act becoming a law, section
135 400.489, Florida Statutes, is created to read:

136 400.489 Administration of medication by a home health aide;
137 staff training requirements.-

138 (1) A home health aide may administer oral, transdermal,
139 ophthalmic, otic, rectal, inhaled, enteral, or topical
140 prescription medications if the home health aide has been
141 delegated such task by a registered nurse licensed under chapter
142 464; has satisfactorily completed an initial 6-hour training
143 course approved by the agency; and has been found competent to
144 administer medication to a patient in a safe and sanitary
145 manner. The training, determination of competency, and initial
146 and annual validations required in this section shall be
147 conducted by a registered nurse licensed under chapter 464 or a
148 physician licensed under chapter 458 or chapter 459.

149 (2) A home health aide must annually and satisfactorily
150 complete a 2-hour inservice training course approved by the
151 agency in medication administration and medication error
152 prevention. The inservice training course shall be in addition
153 to the annual inservice training hours required by agency rules.

154 (3) The agency, in consultation with the Board of Nursing,
155 shall establish by rule standards and procedures that a home
156 health aide must follow when administering medication to a



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157 patient. Such rules must, at a minimum, address qualification
158 requirements for trainers, requirements for labeling medication,
159 documentation and recordkeeping, the storage and disposal of
160 medication, instructions concerning the safe administration of
161 medication, informed-consent requirements and records, and the
162 training curriculum and validation procedures.

163 Section 8. Effective upon this act becoming a law, section
164 400.490, Florida Statutes, is created to read:

165 400.490 Nurse-delegated tasks.—A certified nursing
166 assistant or home health aide may perform any task delegated by
167 a registered nurse as authorized in this part and in chapter
168 464, including, but not limited to, medication administration.

169 Section 9. Effective upon this act becoming a law, section
170 400.52, Florida Statutes, is created to read:

171 400.52 Excellence in Home Health Program.—

172 (1) There is created within the agency the Excellence in
173 Home Health Program for the purpose of awarding home health
174 agencies that meet the criteria specified in this section.

175 (2) (a) The agency shall adopt rules establishing criteria
176 for the program which must include, at a minimum, meeting
177 standards relating to:

- 178 1. Patient satisfaction.
- 179 2. Patients requiring emergency care for wound infections.
- 180 3. Patients admitted or readmitted to an acute care
181 hospital.
- 182 4. Patient improvement in the activities of daily living.
- 183 5. Employee satisfaction.
- 184 6. Quality of employee training.
- 185 7. Employee retention rates.



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186 8. High performance under federal Medicaid electronic visit
187 verification requirements.

188 (b) The agency must annually evaluate home health agencies
189 seeking the award which apply on a form and in the manner
190 designated by rule.

191 (3) The home health agency must:

192 (a) Be actively licensed and operating for at least 24
193 months to be eligible to apply for a program award. An award
194 under the program is not transferrable to another license,
195 except when the existing home health agency is being relicensed
196 in the name of an entity related to the current licenseholder by
197 common control or ownership, and there will be no change in the
198 management, operation, or programs of the home health agency as
199 a result of the relicensure.

200 (b) Have had no licensure denials, revocations, or any
201 Class I, Class II, or uncorrected Class III deficiencies within
202 the 24 months preceding the application for the program award.

203 (4) The award designation shall expire on the same date as
204 the home health agency's license. A home health agency must
205 reapply and be approved for the award designation to continue
206 using the award designation in the manner authorized under
207 subsection (5).

208 (5) A home health agency that is awarded under the program
209 may use the designation in advertising and marketing. However, a
210 home health agency may not use the award designation in any
211 advertising or marketing if the home health agency:

212 (a) Has not been awarded the designation;

213 (b) Fails to renew the award upon expiration of the award
214 designation;



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215 (c) Has undergone a change in ownership that does not
216 qualify for an exception under paragraph (3) (a); or

217 (d) Has been notified that it no longer meets the criteria
218 for the award upon reapplication after expiration of the award
219 designation.

220 (6) An application for an award designation under the
221 program is not an application for licensure. A designation award
222 or denial by the agency under this section does not constitute
223 final agency action subject to chapter 120.

224 Section 10. Effective upon this act becoming a law,
225 section 400.53, Florida Statutes, is created to read:

226 400.53 Nurse Registry Excellence Program.-

227 (1) There is created within the agency the Nurse Registry
228 Excellence Program for the purpose of awarding nurse registries
229 that meet the criteria specified in this section.

230 (2) (a) The agency shall adopt rules establishing criteria
231 for the program which must include, at a minimum, meeting
232 standards relating to:

233 1. Patient or client satisfaction.

234 2. Patients or clients requiring emergency care for wound
235 infections.

236 3. Patients or clients admitted or readmitted to an acute
237 care hospital.

238 4. Patient or client longevity with the nurse registry.

239 5. Independent contractor satisfaction.

240 6. Independent contractor longevity with the nurse
241 registry.

242 7. High performance under federal Medicaid electronic visit
243 verification requirements.



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244 (b) The agency must annually evaluate nurse registries
245 seeking the award which apply on a form and in the manner
246 designated by rule.

247 (3) The nurse registry must:

248 (a) Be actively licensed and operating for at least 24
249 months to be eligible to apply for a program award. An award
250 under the program is not transferrable to another license,
251 except when the existing nurse registry is being relicensed in
252 the name of an entity related to the current licenseholder by
253 common control or ownership, and there will be no change in the
254 management, operation, or programs of the nurse registry as a
255 result of the relicensure.

256 (b) Have had no licensure denials, revocations, or any
257 Class I, Class II, or uncorrected Class III deficiencies within
258 the 24 months preceding the application for the program award.

259 (4) The award designation shall expire on the same date as
260 the nurse registry's license. A nurse registry must reapply and
261 be approved for the award designation to continue using the
262 award designation in the manner authorized under subsection (5).

263 (5) A nurse registry that is awarded under the program may
264 use the designation in advertising and marketing. However, a
265 nurse registry may not use the award designation in any
266 advertising or marketing if the nurse registry:

267 (a) Has not been awarded the designation;

268 (b) Fails to renew the award upon expiration of the award
269 designation;

270 (c) Has undergone a change in ownership that does not
271 qualify for an exception under paragraph (3) (a); or

272 (d) Has been notified that it no longer meets the criteria



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273 for the award upon reapplication after expiration of the award
274 designation.

275 (6) An application for an award designation under the
276 program is not an application for licensure. A designation award
277 or denial by the agency under this section does not constitute
278 final agency action subject to chapter 120.

279 Section 11. Effective upon this act becoming a law,
280 section 408.822, Florida Statutes, is created to read:

281 408.822 Direct care workforce survey.—

282 (1) For purposes of this section, the term "direct care
283 worker" means a certified nursing assistant, a home health aide,
284 a personal care assistant, a companion services or homemaker
285 services provider, a paid feeding assistant trained under s.
286 400.141(1)(v), or another individual who provides personal care
287 as defined in s. 400.462 to individuals who are elderly,
288 developmentally disabled, or chronically ill.

289 (2) Beginning January 1, 2021, each licensee that applies
290 for licensure renewal as a nursing home facility licensed under
291 part II of chapter 400, an assisted living facility licensed
292 under part I of chapter 429, or a home health agency or
293 companion services or homemaker services provider licensed under
294 part III of chapter 400 shall furnish all of the following
295 information to the agency in a survey on the direct care
296 workforce:

297 (a) The number of registered nurses and the number of
298 direct care workers by category employed by the licensee.

299 (b) The turnover and vacancy rates of registered nurses and
300 direct care workers and the contributing factors to these rates.

301 (c) The average employee wage for registered nurses and



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302 each category of direct care worker.

303 (d) Employment benefits for registered nurses and direct
304 care workers and the average cost of such benefits to the
305 employer and the employee.

306 (e) Type and availability of training for registered nurses
307 and direct care workers.

308 (3) An administrator or designee shall include the
309 information required in subsection (2) on a survey form
310 developed by the agency by rule which must contain an
311 attestation that the information provided is true and accurate
312 to the best of his or her knowledge.

313 (4) The licensee must submit the completed survey before
314 the agency issues the license renewal.

315 (5) The agency shall continually analyze the results of the
316 surveys and publish the results on its website. The agency shall
317 update the information published on its website monthly.

318 Section 12. Effective upon this act becoming a law,
319 section 464.0156, Florida Statutes, is created to read:

320 464.0156 Delegation of duties.-

321 (1) A registered nurse may delegate a task to a certified
322 nursing assistant certified under part II of this chapter or a
323 home health aide as defined in s. 400.462 if the registered
324 nurse determines that the certified nursing assistant or the
325 home health aide is competent to perform the task, the task is
326 delegable under federal law, and the task meets all of the
327 following criteria:

328 (a) Is within the nurse's scope of practice.

329 (b) Frequently recurs in the routine care of a patient or
330 group of patients.



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331 (c) Is performed according to an established sequence of
332 steps.

333 (d) Involves little or no modification from one patient to
334 another.

335 (e) May be performed with a predictable outcome.

336 (f) Does not inherently involve ongoing assessment,
337 interpretation, or clinical judgment.

338 (g) Does not endanger a patient's life or well-being.

339 (2) A registered nurse may delegate to a certified nursing
340 assistant or a home health aide the administration of oral,
341 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
342 topical prescription medications to a patient of a home health
343 agency, if the certified nursing assistant or home health aide
344 meets the requirements of s. 464.2035 or s. 400.489,
345 respectively. A registered nurse may not delegate the
346 administration of any controlled substance listed in Schedule
347 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.
348 812.

349 (3) The board, in consultation with the Agency for Health
350 Care Administration, shall adopt rules to implement this
351 section.

352 Section 13. Effective upon this act becoming a law,
353 paragraph (r) is added to subsection (1) of section 464.018,
354 Florida Statutes, to read:

355 464.018 Disciplinary actions.—

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

359 (r) Delegating professional responsibilities to a person



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360 when the nurse delegating such responsibilities knows or has
361 reason to know that such person is not qualified by training,
362 experience, certification, or licensure to perform them.

363 Section 14. Effective upon this act becoming a law,
364 section 464.2035, Florida Statutes, is created to read:

365 464.2035 Administration of medication.—

366 (1) A certified nursing assistant may administer oral,
367 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
368 topical prescription medication to a patient of a home health
369 agency if the certified nursing assistant has been delegated
370 such task by a registered nurse licensed under part I of this
371 chapter, has satisfactorily completed an initial 6-hour training
372 course approved by the board, and has been found competent to
373 administer medication to a patient in a safe and sanitary
374 manner. The training, determination of competency, and initial
375 and annual validation required under this section must be
376 conducted by a registered nurse licensed under this chapter or a
377 physician licensed under chapter 458 or chapter 459.

378 (2) A certified nursing assistant shall annually and
379 satisfactorily complete 2 hours of inservice training in
380 medication administration and medication error prevention
381 approved by the board, in consultation with the Agency for
382 Health Care Administration. The inservice training is in
383 addition to the other annual inservice training hours required
384 under this part.

385 (3) The board, in consultation with the Agency for Health
386 Care Administration, shall establish by rule standards and
387 procedures that a certified nursing assistant must follow when
388 administering medication to a patient of a home health agency.



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389 Such rules must, at a minimum, address qualification
390 requirements for trainers, requirements for labeling medication,
391 documentation and recordkeeping, the storage and disposal of
392 medication, instructions concerning the safe administration of
393 medication, informed-consent requirements and records, and the
394 training curriculum and validation procedures.

395 Section 15. Paragraph (c) of subsection (2) of section
396 381.026, Florida Statutes, is amended to read:

397 381.026 Florida Patient's Bill of Rights and
398 Responsibilities.-

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

401 (c) "Health care provider" means a physician licensed under
402 chapter 458, an osteopathic physician licensed under chapter
403 459, ~~or~~ a podiatric physician licensed under chapter 461, or an
404 advanced practice registered nurse registered under s. 464.0123.

405 Section 16. Paragraph (a) of subsection (2) and subsections
406 (3), (4), and (5) of section 382.008, Florida Statutes, are
407 amended to read

408 382.008 Death, fetal death, and nonviable birth
409 registration.-

410 (2) (a) The funeral director who first assumes custody of a
411 dead body or fetus shall file the certificate of death or fetal
412 death. In the absence of the funeral director, the physician,
413 advanced practice registered nurse registered under s. 464.0123,
414 or other person in attendance at or after the death or the
415 district medical examiner of the county in which the death
416 occurred or the body was found shall file the certificate of
417 death or fetal death. The person who files the certificate shall



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418 obtain personal data from a legally authorized person as
419 described in s. 497.005 or the best qualified person or source
420 available. The medical certification of cause of death shall be
421 furnished to the funeral director, either in person or via
422 certified mail or electronic transfer, by the physician,
423 advanced practice registered nurse registered under s. 464.0123,
424 or medical examiner responsible for furnishing such information.
425 For fetal deaths, the physician, advanced practice registered
426 nurse registered under s. 464.0123, midwife, or hospital
427 administrator shall provide any medical or health information to
428 the funeral director within 72 hours after expulsion or
429 extraction.

430 (3) Within 72 hours after receipt of a death or fetal death
431 certificate from the funeral director, the medical certification
432 of cause of death shall be completed and made available to the
433 funeral director by the decedent's primary or attending
434 practitioner ~~physician~~ or, if s. 382.011 applies, the district
435 medical examiner of the county in which the death occurred or
436 the body was found. The primary or attending practitioner
437 ~~physician~~ or the medical examiner shall certify over his or her
438 signature the cause of death to the best of his or her knowledge
439 and belief. As used in this section, the term "primary or
440 attending practitioner ~~physician~~" means a physician or advanced
441 practice registered nurse registered under s. 464.0123 who
442 treated the decedent through examination, medical advice, or
443 medication during the 12 months preceding the date of death.

444 (a) The department may grant the funeral director an
445 extension of time upon a good and sufficient showing of any of
446 the following conditions:



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447 1. An autopsy is pending.
448 2. Toxicology, laboratory, or other diagnostic reports have
449 not been completed.
450 3. The identity of the decedent is unknown and further
451 investigation or identification is required.
452 (b) If the decedent's primary or attending practitioner
453 ~~physician~~ or the district medical examiner of the county in
454 which the death occurred or the body was found indicates that he
455 or she will sign and complete the medical certification of cause
456 of death but will not be available until after the 5-day
457 registration deadline, the local registrar may grant an
458 extension of 5 days. If a further extension is required, the
459 funeral director must provide written justification to the
460 registrar.
461 (4) If the department or local registrar grants an
462 extension of time to provide the medical certification of cause
463 of death, the funeral director shall file a temporary
464 certificate of death or fetal death which shall contain all
465 available information, including the fact that the cause of
466 death is pending. The decedent's primary or attending
467 practitioner ~~physician~~ or the district medical examiner of the
468 county in which the death occurred or the body was found shall
469 provide an estimated date for completion of the permanent
470 certificate.
471 (5) A permanent certificate of death or fetal death,
472 containing the cause of death and any other information that was
473 previously unavailable, shall be registered as a replacement for
474 the temporary certificate. The permanent certificate may also
475 include corrected information if the items being corrected are



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476 noted on the back of the certificate and dated and signed by the
477 funeral director, physician, advanced practice registered nurse
478 registered under s. 464.0123, or district medical examiner of
479 the county in which the death occurred or the body was found, as
480 appropriate.

481 Section 17. Subsection (1) of section 382.011, Florida
482 Statutes, is amended to read:

483 382.011 Medical examiner determination of cause of death.—

484 (1) In the case of any death or fetal death due to causes
485 or conditions listed in s. 406.11, any death that occurred more
486 than 12 months after the decedent was last treated by a primary
487 or attending physician ~~as defined in s. 382.008(3)~~, or any death
488 for which there is reason to believe that the death may have
489 been due to an unlawful act or neglect, the funeral director or
490 other person to whose attention the death may come shall refer
491 the case to the district medical examiner of the county in which
492 the death occurred or the body was found for investigation and
493 determination of the cause of death.

494 Section 18. Paragraph (a) of subsection (2) of section
495 394.463, Florida Statutes, are amended to read:

496 394.463 Involuntary examination.—

497 (2) INVOLUNTARY EXAMINATION.—

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

500 1. A circuit or county court may enter an ex parte order
501 stating that a person appears to meet the criteria for
502 involuntary examination and specifying the findings on which
503 that conclusion is based. The ex parte order for involuntary
504 examination must be based on written or oral sworn testimony



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505 that includes specific facts that support the findings. If other
506 less restrictive means are not available, such as voluntary
507 appearance for outpatient evaluation, a law enforcement officer,
508 or other designated agent of the court, shall take the person
509 into custody and deliver him or her to an appropriate, or the
510 nearest, facility within the designated receiving system
511 pursuant to s. 394.462 for involuntary examination. The order of
512 the court shall be made a part of the patient's clinical record.
513 A fee may not be charged for the filing of an order under this
514 subsection. A facility accepting the patient based on this order
515 must send a copy of the order to the department within 5 working
516 days. The order may be submitted electronically through existing
517 data systems, if available. The order shall be valid only until
518 the person is delivered to the facility or for the period
519 specified in the order itself, whichever comes first. If a ~~no~~
520 time limit is not specified in the order, the order is ~~shall be~~
521 valid for 7 days after the date that the order was signed.

522 2. A law enforcement officer shall take a person who
523 appears to meet the criteria for involuntary examination into
524 custody and deliver the person or have him or her delivered to
525 an appropriate, or the nearest, facility within the designated
526 receiving system pursuant to s. 394.462 for examination. The
527 officer shall execute a written report detailing the
528 circumstances under which the person was taken into custody,
529 which must be made a part of the patient's clinical record. Any
530 facility accepting the patient based on this report must send a
531 copy of the report to the department within 5 working days.

532 3. A physician, a clinical psychologist, a psychiatric
533 nurse, an advanced practice registered nurse registered under s.



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534 464.0123, a mental health counselor, a marriage and family
535 therapist, or a clinical social worker may execute a certificate
536 stating that he or she has examined a person within the
537 preceding 48 hours and finds that the person appears to meet the
538 criteria for involuntary examination and stating the
539 observations upon which that conclusion is based. If other less
540 restrictive means, such as voluntary appearance for outpatient
541 evaluation, are not available, a law enforcement officer shall
542 take into custody the person named in the certificate and
543 deliver him or her to the appropriate, or nearest, facility
544 within the designated receiving system pursuant to s. 394.462
545 for involuntary examination. The law enforcement officer shall
546 execute a written report detailing the circumstances under which
547 the person was taken into custody. The report and certificate
548 shall be made a part of the patient's clinical record. Any
549 facility accepting the patient based on this certificate must
550 send a copy of the certificate to the department within 5
551 working days. The document may be submitted electronically
552 through existing data systems, if applicable.

553
554 When sending the order, report, or certificate to the
555 department, a facility shall, at a minimum, provide information
556 about which action was taken regarding the patient under
557 paragraph (g), which information shall also be made a part of
558 the patient's clinical record.

559 Section 19. Paragraph (a) of subsection (2) of section
560 397.501, Florida Statutes, is amended to read:

561 397.501 Rights of individuals.—Individuals receiving
562 substance abuse services from any service provider are



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563 guaranteed protection of the rights specified in this section,
564 unless otherwise expressly provided, and service providers must
565 ensure the protection of such rights.

566 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

567 (a) Service providers may not deny an individual access to
568 substance abuse services solely on the basis of race, gender,
569 ethnicity, age, sexual preference, human immunodeficiency virus
570 status, prior service departures against medical advice,
571 disability, or number of relapse episodes. Service providers may
572 not deny an individual who takes medication prescribed by a
573 physician or an advanced practice registered nurse registered
574 under s. 464.0123 access to substance abuse services solely on
575 that basis. Service providers who receive state funds to provide
576 substance abuse services may not, if space and sufficient state
577 resources are available, deny access to services based solely on
578 inability to pay.

579 Section 20. Subsection (1) of section 409.905, Florida
580 Statutes, is amended to read:

581 409.905 Mandatory Medicaid services.—The agency may make
582 payments for the following services, which are required of the
583 state by Title XIX of the Social Security Act, furnished by
584 Medicaid providers to recipients who are determined to be
585 eligible on the dates on which the services were provided. Any
586 service under this section shall be provided only when medically
587 necessary and in accordance with state and federal law.
588 Mandatory services rendered by providers in mobile units to
589 Medicaid recipients may be restricted by the agency. Nothing in
590 this section shall be construed to prevent or limit the agency
591 from adjusting fees, reimbursement rates, lengths of stay,



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592 number of visits, number of services, or any other adjustments
593 necessary to comply with the availability of moneys and any
594 limitations or directions provided for in the General
595 Appropriations Act or chapter 216.

596 (1) ADVANCED PRACTICE REGISTERED NURSE SERVICES.—The agency
597 shall pay for services provided to a recipient by a licensed
598 advanced practice registered nurse who has a valid collaboration
599 agreement with a licensed physician on file with the Department
600 of Health or who provides anesthesia services in accordance with
601 established protocol required by state law and approved by the
602 medical staff of the facility in which the anesthetic service is
603 performed. Reimbursement for such services must be provided in
604 an amount that equals not less than 80 percent of the
605 reimbursement to a physician who provides the same services,
606 unless otherwise provided for in the General Appropriations Act.
607 The agency shall also pay for services provided to a recipient
608 by a licensed advance practice registered nurse who is
609 registered to engage in autonomous practice under s. 464.0123.

610 Section 21. Paragraphs (a), (i), (o), and (r) of subsection
611 (3) and paragraph (g) of subsection (5) of section 456.053,
612 Florida Statutes, are amended to read:

613 456.053 Financial arrangements between referring health
614 care providers and providers of health care services.—

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

617 (a) "Board" means any of the following boards relating to
618 the respective professions: the Board of Medicine as created in
619 s. 458.307; the Board of Osteopathic Medicine as created in s.
620 459.004; the Board of Chiropractic Medicine as created in s.



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621 460.404; the Board of Podiatric Medicine as created in s.
622 461.004; the Board of Optometry as created in s. 463.003; the
623 Board of Nursing as created in s. 464.004; the Board of Pharmacy
624 as created in s. 465.004; and the Board of Dentistry as created
625 in s. 466.004.

626 (i) "Health care provider" means a ~~any~~ physician licensed
627 under chapter 458, chapter 459, chapter 460, or chapter 461; an
628 advanced practice registered nurse registered under s.
629 464.0123; ~~r~~ or any health care provider licensed under chapter
630 463 or chapter 466.

631 (o) "Referral" means any referral of a patient by a health
632 care provider for health care services, including, without
633 limitation:

634 1. The forwarding of a patient by a health care provider to
635 another health care provider or to an entity which provides or
636 supplies designated health services or any other health care
637 item or service; or

638 2. The request or establishment of a plan of care by a
639 health care provider, which includes the provision of designated
640 health services or other health care item or service.

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

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

644 b. By a physician specializing in the provision of
645 radiation therapy services for such services.

646 c. By a medical oncologist for drugs and solutions to be
647 prepared and administered intravenously to such oncologist's
648 patient, as well as for the supplies and equipment used in
649 connection therewith to treat such patient for cancer and the



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650 complications thereof.

651 d. By a cardiologist for cardiac catheterization services.

652 e. By a pathologist for diagnostic clinical laboratory
653 tests and pathological examination services, if furnished by or
654 under the supervision of such pathologist pursuant to a
655 consultation requested by another physician.

656 f. By a health care provider who is the sole provider or
657 member of a group practice for designated health services or
658 other health care items or services that are prescribed or
659 provided solely for such referring health care provider's or
660 group practice's own patients, and that are provided or
661 performed by or under the direct supervision of such referring
662 health care provider or group practice; provided, however, ~~that~~
663 ~~effective July 1, 1999,~~ a physician licensed pursuant to chapter
664 458, chapter 459, chapter 460, or chapter 461 or an advanced
665 practice registered nurse registered under s. 464.0123 may refer
666 a patient to a sole provider or group practice for diagnostic
667 imaging services, excluding radiation therapy services, for
668 which the sole provider or group practice billed both the
669 technical and the professional fee for or on behalf of the
670 patient, if the referring physician or advanced practice
671 registered nurse registered under s. 464.0123 has no investment
672 interest in the practice. The diagnostic imaging service
673 referred to a group practice or sole provider must be a
674 diagnostic imaging service normally provided within the scope of
675 practice to the patients of the group practice or sole provider.
676 The group practice or sole provider may accept no more than 15
677 percent of their patients receiving diagnostic imaging services
678 from outside referrals, excluding radiation therapy services.



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

681 h. By a urologist for lithotripsy services.

682 i. By a dentist for dental services performed by an
683 employee of or health care provider who is an independent
684 contractor with the dentist or group practice of which the
685 dentist is a member.

686 j. By a physician for infusion therapy services to a
687 patient of that physician or a member of that physician's group
688 practice.

689 k. By a nephrologist for renal dialysis services and
690 supplies, except laboratory services.

691 l. By a health care provider whose principal professional
692 practice consists of treating patients in their private
693 residences for services to be rendered in such private
694 residences, except for services rendered by a home health agency
695 licensed under chapter 400. For purposes of this sub-
696 subparagraph, the term "private residences" includes patients'
697 private homes, independent living centers, and assisted living
698 facilities, but does not include skilled nursing facilities.

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

700 (r) "Sole provider" means one health care provider licensed
701 under chapter 458, chapter 459, chapter 460, or chapter 461, or
702 registered under s. 464.0123, who maintains a separate medical
703 office and a medical practice separate from any other health
704 care provider and who bills for his or her services separately
705 from the services provided by any other health care provider. A
706 sole provider shall not share overhead expenses or professional
707 income with any other person or group practice.



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

710 (g) A violation of this section by a health care provider
711 shall constitute grounds for disciplinary action to be taken by
712 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
713 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
714 466.028(2). Any hospital licensed under chapter 395 found in
715 violation of this section shall be subject to s. 395.0185(2).

716 Section 22. Present subsections (5) through (21) of section
717 464.003, Florida Statutes, are renumbered as subsections (6)
718 through (22), respectively, and subsection (5) is added to that
719 section, to read:

720 464.003 Definitions.—As used in this part, the term:

721 (5) "Autonomous practice" means advanced nursing practice
722 by an advanced practice registered nurse who is registered under
723 s. 464.0123 and who is not subject to supervision by a physician
724 or a supervisory protocol.

725 Section 23. Subsection (3) of section 464.012, Florida
726 Statutes, is amended to read:

727 464.012 Licensure of advanced practice registered nurses;
728 fees; controlled substance prescribing.—

729 (3) An advanced practice registered nurse shall perform
730 those functions authorized in this section within the framework
731 of an established protocol that must be maintained on site at
732 the location or locations at which an advanced practice
733 registered nurse practices, unless the advanced practice
734 registered nurse is registered to engage in autonomous practice
735 under s. 464.0123 and is practicing as such. In the case of
736 multiple supervising physicians in the same group, an advanced



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737 practice registered nurse must enter into a supervisory protocol
738 with at least one physician within the physician group practice.
739 A practitioner currently licensed under chapter 458, chapter
740 459, or chapter 466 shall maintain supervision for directing the
741 specific course of medical treatment. Within the established
742 framework, an advanced practice registered nurse may:

743 (a) Prescribe, dispense, administer, or order any drug;
744 however, an advanced practice registered nurse may prescribe or
745 dispense a controlled substance as defined in s. 893.03 only if
746 the advanced practice registered nurse has graduated from a
747 program leading to a master's or doctoral degree in a clinical
748 nursing specialty area with training in specialized practitioner
749 skills.

750 (b) Initiate appropriate therapies for certain conditions.

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

753 (d) Order diagnostic tests and physical and occupational
754 therapy.

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

758 Section 24. Section 464.0123, Florida Statutes, is created
759 to read:

760 464.0123 Autonomous practice by an advanced practice
761 registered nurse.—

762 (1) REGISTRATION.—The board shall register an advanced
763 practice registered nurse as an autonomous advanced practice
764 registered nurse under this section if the applicant
765 demonstrates that he or she:



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766 (a) Holds an active, unencumbered license to practice
767 advanced nursing in this state.

768 (b) Has not been subject to any disciplinary action as
769 specified in s. 456.072 or s. 464.018 or any similar
770 disciplinary action in another state, jurisdiction, or territory
771 of the United States within the 5 years immediately preceding
772 the registration request.

773 (c) Has completed, in any state, jurisdiction, or territory
774 of the United States, at least 3,000 clinical practice hours,
775 which may include the provision of clinical instructional hours,
776 within the 5 years immediately preceding the registration
777 request while practicing as an advanced practice registered
778 nurse under the supervision of an allopathic or osteopathic
779 physician who held an active, unencumbered license issued by any
780 state, jurisdiction, or territory of the United States during
781 the period of such supervision. For purposes of this paragraph,
782 "clinical instruction" means education conducted by faculty in a
783 clinical setting in a graduate program leading to a master's or
784 doctoral degree in a clinical nursing specialty area.

785 (d) Has completed within the past 5 years 3 graduate-level
786 semester hours, or the equivalent, in differential diagnosis and
787 3 graduate-level semester hours, or the equivalent, in
788 pharmacology.

789 (e) The board may provide additional registration
790 requirements by rule.

791 (2) FINANCIAL RESPONSIBILITY.—

792 (a) An advanced practice registered nurse registered under
793 this section must, by one of the following methods, demonstrate
794 to the satisfaction of the board and the department financial



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795 responsibility to pay claims and costs ancillary thereto arising
796 out of the rendering of, or the failure to render nursing care,
797 treatment, or services:

798 1. Obtaining and maintaining professional liability
799 coverage in an amount not less than \$100,000 per claim, with a
800 minimum annual aggregate of not less than \$300,000, from an
801 authorized insurer as defined in s. 624.09, from a surplus lines
802 insurer as defined in s. 626.914(2), from a risk retention group
803 as defined in s. 627.942, from the Joint Underwriting
804 Association established under s. 627.351(4), or through a plan
805 of self-insurance as provided in s. 627.357; or

806 2. Obtaining and maintaining an unexpired, irrevocable
807 letter of credit, established pursuant to chapter 675, in an
808 amount of not less than \$100,000 per claim, with a minimum
809 aggregate availability of credit of not less than \$300,000. The
810 letter of credit must be payable to the advanced practice
811 registered nurse as beneficiary upon presentment of a final
812 judgment indicating liability and awarding damages to be paid by
813 the advanced practice registered nurse or upon presentment of a
814 settlement agreement signed by all parties to such agreement
815 when such final judgment or settlement is a result of a claim
816 arising out of the rendering of, or the failure to render,
817 medical or nursing care and services.

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

819 1. An advanced practice registered nurse registered under
820 this section who practices exclusively as an officer, employee,
821 or agent of the Federal Government or of the state or its
822 agencies or its subdivisions.

823 2. An advanced practice registered nurse whose registration



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824 under this section has become inactive and who is not practicing
825 as an advanced practice registered nurse registered under this
826 section in this state.

827 3. An advanced practice registered nurse registered under
828 this section who practices only in conjunction with his or her
829 teaching duties at an accredited school or its main teaching
830 hospitals. Such practice is limited to that which is incidental
831 to and a necessary part of duties in connection with the
832 teaching position.

833 4. An advanced practice registered nurse who holds an
834 active registration under this section and who is not engaged in
835 autonomous practice as authorized under this section in this
836 state. If such person initiates or resumes any practice as an
837 autonomous advanced practice registered nurse, he or she must
838 notify the department of such activity and fulfill the
839 professional liability coverage requirements of paragraph (a).

840 (3) PRACTICE REQUIREMENTS.—

841 (a) An advanced practice registered nurse who is registered
842 under this section may:

843 1. Engage in autonomous practice only in primary care
844 practice, including family medicine, general pediatrics, and
845 general internal medicine, as defined by board rule.

846 2. For certified nurse midwives, engage in autonomous
847 practice in the performance of the acts listed in s.
848 464.012(4)(c).

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

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



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853 a. Admit the patient to the facility.
854 b. Manage the care received by the patient in the facility.
855 c. Discharge the patient from the facility, unless
856 prohibited by federal law or rule.

857 5. Provide a signature, certification, stamp, verification,
858 affidavit, or endorsement that is otherwise required by law to
859 be provided by a physician, except an advanced practice
860 registered nurse registered under this section may not issue a
861 physician certification under s. 381.986.

862 (b) A certified nurse midwife must have a written patient
863 transfer agreement with a hospital and a written referral
864 agreement with a physician licensed under chapter 458 or chapter
865 459 to engage in nurse midwifery.

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

869 (d) The board shall adopt rules, in consultation with the
870 council created in subsection (4), establishing standards of
871 practice, for an advanced practice registered nurse registered
872 under this section.

873 (4) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
874 AUTONOMOUS PRACTICE.-

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

878 1. Two members appointed by the chair of the Board of
879 Medicine who are physicians and members of the Board of
880 Medicine.

881 2. Two members appointed by the chair of the Board of



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882 Osteopathic Medicine who are physicians and members of the Board
883 of Osteopathic Medicine.

884 3. Four members appointed by the chair of the board who are
885 advanced practice registered nurses registered under this
886 chapter with experience practicing advanced or specialized
887 nursing.

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

890 (b) The Board of Medicine members, the Board of Osteopathic
891 Medicine members, and the Board of Nursing appointee members
892 shall be appointed for terms of 4 years. The initial
893 appointments shall be staggered so that one member from the
894 Board of Medicine, one member from the Board of Osteopathic
895 Medicine, and one appointee member from the Board of Nursing
896 shall each be appointed for a term of 4 years; one member from
897 the Board of Medicine and one appointee member from the Board of
898 Nursing shall each be appointed for a term of 3 years; and one
899 member from the Board of Osteopathic Medicine and two appointee
900 members from the Board of Nursing shall each be appointed for a
901 term of 2 years. Physician members appointed to the council must
902 be physicians who have practiced with advanced practice
903 registered nurses under a protocol in their practice.

904 (c) Council members may not serve more than two consecutive
905 terms.

906 (d) The council shall recommend standards of practice for
907 advanced practice registered nurses registered under this
908 section to the board. If the board rejects a recommendation of
909 the council, the board must state with particularity the basis
910 for rejecting the recommendation and provide the council an



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911 opportunity to modify its recommendation. The board must
912 consider the council's modified recommendation.

913 (5) REGISTRATION RENEWAL.—

914 (a) An advanced practice registered nurse must biennially
915 renew registration under this section. The biennial renewal for
916 registration shall coincide with the advanced practice
917 registered nurse's biennial renewal period for licensure.

918 (b) To renew his or her registration under this section, an
919 advanced practice registered nurse must complete at least 10
920 hours of continuing education approved by the board, in addition
921 to completing 30 hours of continuing education requirements
922 established by board rule pursuant to s. 464.013, regardless of
923 whether the registrant is otherwise required from such
924 requirement. If the initial renewal period occurs before January
925 1, 2021, an advanced practice registered nurse who is registered
926 under this section is not required to complete the continuing
927 education requirement within this subsection until the following
928 biennial renewal period.

929 (6) PRACTITIONER PROFILE.—The department shall
930 conspicuously distinguish an advanced practice registered
931 nurse's license if he or she is registered with the board under
932 this section and include the registration in the advanced
933 practice registered nurse's practitioner profile created under
934 s. 456.041.

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



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940 (8) RULES.—The board shall adopt rules to implement this
941 section.

942 Section 11. Section 464.0155, Florida Statutes, is created
943 to read:

944 464.0155 Reports of adverse incidents by advanced practice
945 registered nurses.—

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

949 (2) The report must be in writing, sent to the department
950 by certified mail, and postmarked within 15 days after the
951 occurrence of the adverse incident if the adverse incident
952 occurs when the patient is in the direct care of the advanced
953 practice registered nurse registered under s. 464.0123. If the
954 adverse incident occurs when the patient is not in the direct
955 care of the advanced practice registered under s. 464.0123, the
956 report must be postmarked within 15 days after the advanced
957 practice registered nurse discovers, or reasonably should have
958 discovered, the occurrence of the adverse incident.

959 (3) For purposes of this section, the term “adverse
960 incident” means an event over which the advanced practice
961 registered nurse registered under s. 464.0123 could exercise
962 control and which is associated in whole or in part with a
963 nursing intervention, rather than the condition for which such
964 intervention occurred, and which results in any of the following
965 patient injuries:

966 (a) Any condition that required the transfer of a patient
967 from the practice location of the advanced practice registered
968 nurse registered under s. 464.0123 to a hospital licensed under



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969 chapter 395.

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

971 (c) The death of the patient.

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

977 Section 12. Paragraph (r) is added to subsection (1) of
978 section 464.018, Florida Statutes, to read:

979 464.018 Disciplinary actions.—

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

983 (r) For an advanced practice registered nurse registered
984 under s. 464.0123:

985 1. Paying or receiving any commission, bonus, kickback, or
986 rebate from, or engaging in any split-fee arrangement in any
987 form whatsoever with, a health care practitioner, organization,
988 agency, or person, either directly or implicitly, for referring
989 patients to providers of health care goods or services,
990 including, but not limited to, hospitals, nursing homes,
991 clinical laboratories, ambulatory surgical centers, or
992 pharmacies. This subparagraph may not be construed to prevent an
993 advanced practice registered nurse registered under s. 464.0123
994 from receiving a fee for professional consultation services.

995 2. Exercising influence within a patient-advanced practice
996 registered nurse relationship for purposes of engaging a patient
997 in sexual activity. A patient shall be presumed to be incapable



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998 of giving free, full, and informed consent to sexual activity
999 with his or her advanced practice registered nurse registered
1000 under s. 464.0123.

1001 3. Making deceptive, untrue, or fraudulent representations
1002 in or related to, or employing a trick or scheme in or related
1003 to, advanced or specialized nursing practice.

1004 4. Soliciting patients, either personally or through an
1005 agent, by the use of fraud, intimidation, undue influence, or a
1006 form of overreaching or vexatious conduct. As used in this
1007 subparagraph, the term "soliciting" means directly or implicitly
1008 requesting an immediate oral response from the recipient.

1009 5. Failing to keep legible, as defined by department rule
1010 in consultation with the board, medical records that identify
1011 the advanced practice registered nurse, by name and professional
1012 title, who is responsible for rendering, ordering, supervising,
1013 or billing for each diagnostic or treatment procedure and that
1014 justify the course of treatment of the patient, including, but
1015 not limited to, patient histories; examination results; test
1016 results; records of drugs prescribed, dispensed, or
1017 administered; and reports of consultations or referrals.

1018 6. Exercising influence on the patient to exploit the
1019 patient for the financial gain of the advanced practice
1020 registered nurse or a third party, including, but not limited
1021 to, the promoting or selling of services, goods, appliances, or
1022 drugs.

1023 7. Performing professional services that have not been duly
1024 authorized by the patient or his or her legal representative,
1025 except as provided in s. 766.103 or s. 768.13.

1026 8. Performing any procedure or prescribing any therapy



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1027 that, by the prevailing standards of advanced or specialized
1028 nursing practice in the community, would constitute
1029 experimentation on a human subject, without first obtaining
1030 full, informed, and written consent.

1031 9. Delegating professional responsibilities to a person
1032 when the advanced practice registered nurse delegating such
1033 responsibilities knows or has reason to believe that such person
1034 is not qualified by training, experience, or licensure to
1035 perform such responsibilities.

1036 10. Committing, or conspiring with another to commit, an
1037 act that would tend to coerce, intimidate, or preclude another
1038 advanced practice registered nurse from lawfully advertising his
1039 or her services.

1040 11. Advertising or holding himself or herself out as having
1041 certification in a specialty that the he or she has not
1042 received.

1043 12. Failing to comply with ss. 381.026 and 381.0261
1044 relating to providing patients with information about their
1045 rights and how to file a complaint.

1046 13. Providing deceptive or fraudulent expert witness
1047 testimony related to advanced or specialized nursing practice.

1048 Section 13. Subsection (1) of section 626.9707, Florida
1049 Statutes, is amended to read:

1050 626.9707 Disability insurance; discrimination on basis of
1051 sickle-cell trait prohibited.—

1052 (1) An ~~No~~ insurer authorized to transact insurance in this
1053 state may not ~~shall~~ refuse to issue and deliver in this state
1054 any policy of disability insurance, whether such policy is
1055 defined as individual, group, blanket, franchise, industrial, or



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1056 otherwise, which is currently being issued for delivery in this
1057 state and which affords benefits and coverage for any medical
1058 treatment or service authorized and permitted to be furnished by
1059 a hospital, clinic, health clinic, neighborhood health clinic,
1060 health maintenance organization, physician, physician's
1061 assistant, advanced practice registered nurse practitioner, or
1062 medical service facility or personnel solely because the person
1063 to be insured has the sickle-cell trait.

1064 Section 14. Section 627.64025, Florida Statutes, is created
1065 to read:

1066 627.64025 Advanced Practice Registered Nurse Services.—A
1067 health insurance policy that provides major medical coverage and
1068 that is delivered, issued, or renewed in this state on or after
1069 January 1, 2021, may not require an insured to receive services
1070 from an advanced practice registered nurse registered under s.
1071 464.0123 in place of a physician.

1072 Section 15. Section 627.6621, Florida Statutes, is created
1073 to read:

1074 627.6621 Advanced Practice Registered Nurse Services.—A
1075 group, blanket, or franchise health insurance policy that is
1076 delivered, issued, or renewed in this state on or after January
1077 1, 2021, may not require an insured to receive services from an
1078 advanced practice registered nurse registered under s. 464.0123
1079 in place of a physician.

1080 Section 16. Paragraph (g) is added to subsection (5) of
1081 section 627.6699, Florida Statutes, to read:

1082 627.6699 Employee Health Care Access Act.—

1083 (5) AVAILABILITY OF COVERAGE.—

1084 (g) A health benefit plan covering small employers which is



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1085 delivered, issued, or renewed in this state on or after January
1086 1, 2021, may not require an insured to receive services from an
1087 advanced practice registered nurse registered under s. 464.0123
1088 in place of a physician.

1089 Section 18. Paragraph (a) of subsection (1) of section
1090 627.736, Florida Statutes, is amended to read:

1091 627.736 Required personal injury protection benefits;
1092 exclusions; priority; claims.—

1093 (1) REQUIRED BENEFITS.—An insurance policy complying with
1094 the security requirements of s. 627.733 must provide personal
1095 injury protection to the named insured, relatives residing in
1096 the same household, persons operating the insured motor vehicle,
1097 passengers in the motor vehicle, and other persons struck by the
1098 motor vehicle and suffering bodily injury while not an occupant
1099 of a self-propelled vehicle, subject to subsection (2) and
1100 paragraph (4) (e), to a limit of \$10,000 in medical and
1101 disability benefits and \$5,000 in death benefits resulting from
1102 bodily injury, sickness, disease, or death arising out of the
1103 ownership, maintenance, or use of a motor vehicle as follows:

1104 (a) Medical benefits.—Eighty percent of all reasonable
1105 expenses for medically necessary medical, surgical, X-ray,
1106 dental, and rehabilitative services, including prosthetic
1107 devices and medically necessary ambulance, hospital, and nursing
1108 services if the individual receives initial services and care
1109 pursuant to subparagraph 1. within 14 days after the motor
1110 vehicle accident. The medical benefits provide reimbursement
1111 only for:

1112 1. Initial services and care that are lawfully provided,
1113 supervised, ordered, or prescribed by a physician licensed under



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1114 chapter 458 or chapter 459, a dentist licensed under chapter
1115 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
1116 an advanced practice registered nurse registered under s.
1117 464.0123 or that are provided in a hospital or in a facility
1118 that owns, or is wholly owned by, a hospital. Initial services
1119 and care may also be provided by a person or entity licensed
1120 under part III of chapter 401 which provides emergency
1121 transportation and treatment.

1122 2. Upon referral by a provider described in subparagraph
1123 1., followup services and care consistent with the underlying
1124 medical diagnosis rendered pursuant to subparagraph 1. which may
1125 be provided, supervised, ordered, or prescribed only by a
1126 physician licensed under chapter 458 or chapter 459, a
1127 chiropractic physician licensed under chapter 460, a dentist
1128 licensed under chapter 466, or an advanced practice registered
1129 nurse registered under s. 464.0123, or, to the extent permitted
1130 by applicable law and under the supervision of such physician,
1131 osteopathic physician, chiropractic physician, or dentist, by a
1132 physician assistant licensed under chapter 458 or chapter 459 or
1133 an advanced practice registered nurse licensed under chapter
1134 464. Followup services and care may also be provided by the
1135 following persons or entities:

1136 a. A hospital or ambulatory surgical center licensed under
1137 chapter 395.

1138 b. An entity wholly owned by one or more physicians
1139 licensed under chapter 458 or chapter 459, chiropractic
1140 physicians licensed under chapter 460, advanced practice
1141 registered nurses registered under s. 464.0123, or dentists
1142 licensed under chapter 466 or by such practitioners and the



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1143 spouse, parent, child, or sibling of such practitioners.
1144 c. An entity that owns or is wholly owned, directly or
1145 indirectly, by a hospital or hospitals.
1146 d. A physical therapist licensed under chapter 486, based
1147 upon a referral by a provider described in this subparagraph.
1148 e. A health care clinic licensed under part X of chapter
1149 400 which is accredited by an accrediting organization whose
1150 standards incorporate comparable regulations required by this
1151 state, or
1152 (I) Has a medical director licensed under chapter 458,
1153 chapter 459, or chapter 460;
1154 (II) Has been continuously licensed for more than 3 years
1155 or is a publicly traded corporation that issues securities
1156 traded on an exchange registered with the United States
1157 Securities and Exchange Commission as a national securities
1158 exchange; and
1159 (III) Provides at least four of the following medical
1160 specialties:
1161 (A) General medicine.
1162 (B) Radiography.
1163 (C) Orthopedic medicine.
1164 (D) Physical medicine.
1165 (E) Physical therapy.
1166 (F) Physical rehabilitation.
1167 (G) Prescribing or dispensing outpatient prescription
1168 medication.
1169 (H) Laboratory services.
1170 3. Reimbursement for services and care provided in
1171 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician



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1172 licensed under chapter 458 or chapter 459, a dentist licensed
1173 under chapter 466, a physician assistant licensed under chapter
1174 458 or chapter 459, or an advanced practice registered nurse
1175 licensed under chapter 464 has determined that the injured
1176 person had an emergency medical condition.

1177 4. Reimbursement for services and care provided in
1178 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
1179 provider listed in subparagraph 1. or subparagraph 2. determines
1180 that the injured person did not have an emergency medical
1181 condition.

1182 5. Medical benefits do not include massage as defined in s.
1183 480.033 or acupuncture as defined in s. 457.102, regardless of
1184 the person, entity, or licensee providing massage or
1185 acupuncture, and a licensed massage therapist or licensed
1186 acupuncturist may not be reimbursed for medical benefits under
1187 this section.

1188 6. The Financial Services Commission shall adopt by rule
1189 the form that must be used by an insurer and a health care
1190 provider specified in sub-subparagraph 2.b., sub-subparagraph
1191 2.c., or sub-subparagraph 2.e. to document that the health care
1192 provider meets the criteria of this paragraph. Such rule must
1193 include a requirement for a sworn statement or affidavit.

1194
1195 Only insurers writing motor vehicle liability insurance in this
1196 state may provide the required benefits of this section, and
1197 such insurer may not require the purchase of any other motor
1198 vehicle coverage other than the purchase of property damage
1199 liability coverage as required by s. 627.7275 as a condition for
1200 providing such benefits. Insurers may not require that property



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1201 damage liability insurance in an amount greater than \$10,000 be
1202 purchased in conjunction with personal injury protection. Such
1203 insurers shall make benefits and required property damage
1204 liability insurance coverage available through normal marketing
1205 channels. An insurer writing motor vehicle liability insurance
1206 in this state who fails to comply with such availability
1207 requirement as a general business practice violates part IX of
1208 chapter 626, and such violation constitutes an unfair method of
1209 competition or an unfair or deceptive act or practice involving
1210 the business of insurance. An insurer committing such violation
1211 is subject to the penalties provided under that part, as well as
1212 those provided elsewhere in the insurance code.

1213 Section 19. Section 641.31075, Florida Statutes, is created
1214 to read:

1215 641.31075 Advanced Practice Registered Nurse Services.—A
1216 health maintenance contract that is delivered, issued, or
1217 renewed in this state on or after January 1, 2021, may not
1218 require a subscriber to receive services from an advanced
1219 practice registered nurse registered under s. 464.0123 in place
1220 of a physician.

1221 Section 20. Subsection (8) of section 641.495, Florida
1222 Statutes, is amended to read:

1223 641.495 Requirements for issuance and maintenance of
1224 certificate.—

1225 (8) Each organization's contracts, certificates, and
1226 subscriber handbooks shall contain a provision, if applicable,
1227 disclosing that, for certain types of described medical
1228 procedures, services may be provided by physician assistants,
1229 advanced practice registered nurses ~~nurse practitioners~~, or



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1230 other individuals who are not licensed physicians.

1231 Section 21. Subsection (1) of section 744.2006, Florida
1232 Statutes, is amended to read:

1233 744.2006 Office of Public and Professional Guardians;
1234 appointment, notification.—

1235 (1) The executive director of the Office of Public and
1236 Professional Guardians, after consultation with the chief judge
1237 and other circuit judges within the judicial circuit and with
1238 appropriate advocacy groups and individuals and organizations
1239 who are knowledgeable about the needs of incapacitated persons,
1240 may establish, within a county in the judicial circuit or within
1241 the judicial circuit, one or more offices of public guardian and
1242 if so established, shall create a list of persons best qualified
1243 to serve as the public guardian, who have been investigated
1244 pursuant to s. 744.3135. The public guardian must have knowledge
1245 of the legal process and knowledge of social services available
1246 to meet the needs of incapacitated persons. The public guardian
1247 shall maintain a staff or contract with professionally qualified
1248 individuals to carry out the guardianship functions, including
1249 an attorney who has experience in probate areas and another
1250 person who has a master's degree in social work, or a
1251 gerontologist, psychologist, advanced practice registered nurse,
1252 or registered nurse,~~or nurse practitioner~~. A public guardian
1253 that is a nonprofit corporate guardian under s. 744.309(5) must
1254 receive tax-exempt status from the United States Internal
1255 Revenue Service.

1256 Section 22. Paragraph (a) of subsection (3) of section
1257 744.331, Florida Statutes, is amended to read:

1258 744.331 Procedures to determine incapacity.—



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1259 (3) EXAMINING COMMITTEE.—

1260 (a) Within 5 days after a petition for determination of
1261 incapacity has been filed, the court shall appoint an examining
1262 committee consisting of three members. One member must be a
1263 psychiatrist or other physician. The remaining members must be
1264 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
1265 a ~~or other~~ physician, an advanced practice registered nurse, a
1266 registered nurse, ~~nurse practitioner,~~ a licensed social worker,
1267 a person with an advanced degree in gerontology from an
1268 accredited institution of higher education, or any other person
1269 who by knowledge, skill, experience, training, or education may,
1270 in the court's discretion, advise the court in the form of an
1271 expert opinion. One of three members of the committee must have
1272 knowledge of the type of incapacity alleged in the petition.
1273 Unless good cause is shown, the attending or family physician
1274 may not be appointed to the committee. If the attending or
1275 family physician is available for consultation, the committee
1276 must consult with the physician. Members of the examining
1277 committee may not be related to or associated with one another,
1278 with the petitioner, with counsel for the petitioner or the
1279 proposed guardian, or with the person alleged to be totally or
1280 partially incapacitated. A member may not be employed by any
1281 private or governmental agency that has custody of, or
1282 furnishes, services or subsidies, directly or indirectly, to the
1283 person or the family of the person alleged to be incapacitated
1284 or for whom a guardianship is sought. A petitioner may not serve
1285 as a member of the examining committee. Members of the examining
1286 committee must be able to communicate, either directly or
1287 through an interpreter, in the language that the alleged



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1288 incapacitated person speaks or to communicate in a medium
1289 understandable to the alleged incapacitated person if she or he
1290 is able to communicate. The clerk of the court shall send notice
1291 of the appointment to each person appointed no later than 3 days
1292 after the court's appointment.

1293 Section 23. Paragraph (b) of subsection (1) of section
1294 744.3675, Florida Statutes, is amended to read:

1295 744.3675 Annual guardianship plan.—Each guardian of the
1296 person must file with the court an annual guardianship plan
1297 which updates information about the condition of the ward. The
1298 annual plan must specify the current needs of the ward and how
1299 those needs are proposed to be met in the coming year.

1300 (1) Each plan for an adult ward must, if applicable,
1301 include:

1302 (b) Information concerning the medical and mental health
1303 conditions and treatment and rehabilitation needs of the ward,
1304 including:

1305 1. A resume of any professional medical treatment given to
1306 the ward during the preceding year.

1307 2. The report of a physician or an advanced practice
1308 registered nurse registered under s. 464.0123 who examined the
1309 ward no more than 90 days before the beginning of the applicable
1310 reporting period. The report must contain an evaluation of the
1311 ward's condition and a statement of the current level of
1312 capacity of the ward.

1313 3. The plan for providing medical, mental health, and
1314 rehabilitative services in the coming year.

1315 Section 24. Paragraph (c) of subsection (1) of section
1316 766.118, Florida Statutes, is amended to read:



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1317 766.118 Determination of noneconomic damages.—
1318 (1) DEFINITIONS.—As used in this section, the term:
1319 (c) "Practitioner" means any person licensed under chapter
1320 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter
1321 463, chapter 466, chapter 467, chapter 486, or s. 464.012 or
1322 registered under s. 464.0123. "Practitioner" also means any
1323 association, corporation, firm, partnership, or other business
1324 entity under which such practitioner practices or any employee
1325 of such practitioner or entity acting in the scope of his or her
1326 employment. For the purpose of determining the limitations on
1327 noneconomic damages set forth in this section, the term
1328 "practitioner" includes any person or entity for whom a
1329 practitioner is vicariously liable and any person or entity
1330 whose liability is based solely on such person or entity being
1331 vicariously liable for the actions of a practitioner.
1332 Section 25. Subsection (3) of section 768.135, Florida
1333 Statutes, is amended to read:
1334 768.135 Volunteer team physicians; immunity.—
1335 (3) A practitioner licensed under chapter 458, chapter 459,
1336 chapter 460, or s. 464.012 or registered under s. 464.0123 who
1337 gratuitously and in good faith conducts an evaluation pursuant
1338 to s. 1006.20(2)(c) is not liable for any civil damages arising
1339 from that evaluation unless the evaluation was conducted in a
1340 wrongful manner.
1341 Section 26. Paragraph (a) of subsection (1) of section
1342 1006.062, Florida Statutes, are amended to read:
1343 1006.062 Administration of medication and provision of
1344 medical services by district school board personnel.—
1345 (1) Notwithstanding the provisions of the Nurse Practice



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1346 Act, part I of chapter 464, district school board personnel may
1347 assist students in the administration of prescription medication
1348 when the following conditions have been met:

1349 (a) Each district school board shall include in its
1350 approved school health services plan a procedure to provide
1351 training, by a registered nurse, a licensed practical nurse, or
1352 an advanced practice registered nurse licensed under chapter 464
1353 or by a physician licensed under ~~pursuant to~~ chapter 458 or
1354 chapter 459, or a physician assistant licensed under ~~pursuant to~~
1355 chapter 458 or chapter 459, to the school personnel designated
1356 by the school principal to assist students in the administration
1357 of prescribed medication. Such training may be provided in
1358 collaboration with other school districts, through contract with
1359 an education consortium, or by any other arrangement consistent
1360 with the intent of this subsection.

1361 Section 27. Paragraph (c) of subsection (2) of section
1362 1006.20, Florida Statutes, is amended to read:

1363 1006.20 Athletics in public K-12 schools.—

1364 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

1365 (c) The FHSAA shall adopt bylaws that require all students
1366 participating in interscholastic athletic competition or who are
1367 candidates for an interscholastic athletic team to
1368 satisfactorily pass a medical evaluation each year before ~~prior~~
1369 ~~to~~ participating in interscholastic athletic competition or
1370 engaging in any practice, tryout, workout, or other physical
1371 activity associated with the student's candidacy for an
1372 interscholastic athletic team. Such medical evaluation may be
1373 administered only by a practitioner licensed under chapter 458,
1374 chapter 459, chapter 460, or s. 464.012 or registered under s.



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1375 464.0123 and in good standing with the practitioner's
1376 regulatory board. The bylaws shall establish requirements for
1377 eliciting a student's medical history and performing the medical
1378 evaluation required under this paragraph, which shall include a
1379 physical assessment of the student's physical capabilities to
1380 participate in interscholastic athletic competition as contained
1381 in a uniform preparticipation physical evaluation and history
1382 form. The evaluation form shall incorporate the recommendations
1383 of the American Heart Association for participation
1384 cardiovascular screening and shall provide a place for the
1385 signature of the practitioner performing the evaluation with an
1386 attestation that each examination procedure listed on the form
1387 was performed by the practitioner or by someone under the direct
1388 supervision of the practitioner. The form shall also contain a
1389 place for the practitioner to indicate if a referral to another
1390 practitioner was made in lieu of completion of a certain
1391 examination procedure. The form shall provide a place for the
1392 practitioner to whom the student was referred to complete the
1393 remaining sections and attest to that portion of the
1394 examination. The preparticipation physical evaluation form shall
1395 advise students to complete a cardiovascular assessment and
1396 shall include information concerning alternative cardiovascular
1397 evaluation and diagnostic tests. Results of such medical
1398 evaluation must be provided to the school. A student is not
1399 eligible to participate, as provided in s. 1006.15(3), in any
1400 interscholastic athletic competition or engage in any practice,
1401 tryout, workout, or other physical activity associated with the
1402 student's candidacy for an interscholastic athletic team until
1403 the results of the medical evaluation have been received and



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1404 approved by the school.

1405 Section 28. For the 2020-2021 fiscal year, the sums of
1406 \$219,089 in recurring funds and \$17,716 in nonrecurring funds
1407 from the Medical Quality Assurance Trust Fund are appropriated
1408 to the Department of Health, and 3.5 full-time equivalent
1409 positions with associated salary rate of 183,895 are authorized,
1410 for the purpose of implementing this act.

1411 Section 29. Subsection (1) and paragraphs (a) and (b) of
1412 subsection (2) of section 1009.65, Florida Statutes, are amended
1413 to read:

1414 1009.65 Medical Education Reimbursement and Loan Repayment
1415 Program.—

1416 (1) To encourage qualified medical professionals to
1417 practice in underserved locations where there are shortages of
1418 such personnel, there is established the Medical Education
1419 Reimbursement and Loan Repayment Program. The function of the
1420 program is to make payments that offset loans and educational
1421 expenses incurred by students for studies leading to a medical
1422 or nursing degree, medical or nursing licensure, or advanced
1423 practice registered nurse licensure or physician assistant
1424 licensure. The following licensed or certified health care
1425 professionals are eligible to participate in this program:

1426 (a) Medical doctors with primary care specialties, doctors
1427 of osteopathic medicine with primary care specialties,
1428 physician's assistants, licensed practical nurses and registered
1429 nurses, ~~and~~ advanced practice registered nurses with primary
1430 care specialties such as certified nurse midwives. Primary care
1431 medical specialties for physicians include obstetrics,
1432 gynecology, general and family practice, internal medicine,



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1433 pediatrics, and other specialties which may be identified by the
1434 Department of Health.~~(2)~~ From the funds available, the
1435 Department of Health shall make payments ~~to selected medical~~
1436 ~~professionals~~ as follows:

1437 1.~~(a)~~ Up to \$4,000 per year for licensed practical nurses
1438 and registered nurses, up to \$10,000 per year for advanced
1439 practice registered nurses and physician's assistants, and up to
1440 \$20,000 per year for physicians. Penalties for noncompliance
1441 shall be the same as those in the National Health Services Corps
1442 Loan Repayment Program. Educational expenses include costs for
1443 tuition, matriculation, registration, books, laboratory and
1444 other fees, other educational costs, and reasonable living
1445 expenses as determined by the Department of Health.

1446 2.~~(b)~~ All payments are contingent on continued proof of
1447 primary care practice in an area defined in s. 395.602(2)(b), or
1448 an underserved area designated by the Department of Health,
1449 provided the practitioner accepts Medicaid reimbursement if
1450 eligible for such reimbursement. Correctional facilities, state
1451 hospitals, and other state institutions that employ medical
1452 personnel shall be designated by the Department of Health as
1453 underserved locations. Locations with high incidences of infant
1454 mortality, high morbidity, or low Medicaid participation by
1455 health care professionals may be designated as underserved.

1456 (b) Advanced practice registered nurses registered to
1457 engage in autonomous practice under s. 464.0123 and practicing
1458 in the primary care specialties of family medicine, general
1459 pediatrics, general internal medicine, or midwifery. From the
1460 funds available, the Department of Health shall make payments of
1461 up to \$15,000 per year to advanced practice registered nurses



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1462 registered under s. 464.0123 who demonstrate, as required by
1463 department rule, active employment providing primary care
1464 services in a public health program, an independent practice, or
1465 a group practice that serves Medicaid recipients and other low-
1466 income patients and that is located in a primary care health
1467 professional shortage area. Only loans to pay the costs of
1468 tuition, books, medical equipment and supplies, uniforms, and
1469 living expenses may be covered. For the purposes of this
1470 paragraph:

1471 1. "Primary care health professional shortage area" means a
1472 geographic area, an area having a special population, or a
1473 facility with a score of at least 18, as designated and
1474 calculated by the Federal Health Resources and Services
1475 Administration or a rural area as defined by the Federal Office
1476 of Rural Health Policy.

1477 1. "Public health program" means a county health
1478 department, the Children's Medical Services program, a federally
1479 funded community health center, a federally funded migrant
1480 health center, or any other publicly funded or nonprofit health
1481 care program designated by the department.

1482 Section 30. For the 2020-2021 fiscal year, the sum of \$5
1483 million in recurring funds is appropriated from the General
1484 Revenue Fund to the Department of Health for the Health Care
1485 Education Reimbursement and Loan Repayment Program pursuant to
1486 s. 1009.65, Florida Statutes, for advanced practice registered
1487 nurses registered to engage in autonomous practice under s.
1488 464.0123, Florida Statutes.

1489 Section 31. Except as expressly provided otherwise in this
1490 act, and except for this section, which shall take effect upon



1491 this act becoming a law, this act shall take effect July 1,
1492 2020.

1493
1494 ===== T I T L E A M E N D M E N T =====

1495 And the title is amended as follows:

1496 Delete everything before the enacting clause
1497 and insert:

1498 A bill to be entitled
1499 An act relating to direct care workers; amending
1500 s. 381.026, F.S.; revising the definition of the term
1501 "health care provider" to include an advanced practice
1502 registered nurse who is registered to engage in
1503 autonomous practice for purposes of the Florida
1504 Patient's Bill of Rights and Responsibilities;
1505 amending s. 382.008, F.S.; authorizing an advanced
1506 practice registered nurse who is registered to engage
1507 in autonomous practice to file a certificate of death
1508 or fetal death under certain circumstances;
1509 authorizing an advanced practice registered nurse who
1510 is registered to engage in autonomous practice to
1511 provide certain information to the funeral director
1512 within a specified time period; replacing the term
1513 "primary or attending physician" with "primary or
1514 attending practitioner"; defining the term "primary or
1515 attending practitioner"; amending s. 382.011, F.S.;
1516 conforming a provision to changes made by the act;
1517 amending s. 394.463, F.S.; authorizing an advanced
1518 practice registered nurse who is registered to engage
1519 in autonomous practice to initiate an involuntary



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1520 examination for mental illness under certain
1521 circumstances; amending s. 397.501, F.S.; prohibiting
1522 the denial of certain services to an individual who
1523 takes medication prescribed by an advanced practice
1524 registered nurse who is registered to engage in
1525 autonomous practice; amending s. 409.905, F.S.;
1526 requiring the Agency for Health Care Administration to
1527 pay for services provided to Medicaid recipients by a
1528 licensed advanced practice registered nurse who is
1529 registered to engage in autonomous practice; amending
1530 s. 456.053, F.S.; revising definitions; authorizing an
1531 advanced practice registered nurse registered to
1532 engage in autonomous practice to make referrals under
1533 certain circumstances; conforming a provision to
1534 changes made by the act; amending s. 464.003, F.S.;
1535 defining the term "autonomous practice"; amending s.
1536 464.012, F.S.; conforming a provision to changes made
1537 by the act; providing an exception; creating s.
1538 464.0123, F.S.; providing for the registration of an
1539 advanced practice registered nurse to engage in
1540 autonomous practice; providing registration
1541 requirements; providing financial responsibility
1542 requirements; authorizing an advanced practice
1543 registered nurse to engage in autonomous practice to
1544 provide primary health care services; requiring the
1545 department to adopt rules relating to scope of
1546 practice; requiring the department to distinguish such
1547 advanced practice registered nurses' licenses and
1548 include the registration in their practitioner



1549 profiles; authorizing such advanced practice
1550 registered nurses to perform specified acts without
1551 physician supervision or supervisory protocol;
1552 establishing the Council on Advanced Practice
1553 Registered Nurse Autonomous Practice to recommend
1554 standards of practice for advanced practice registered
1555 nurses engaging in autonomous practice for adoption in
1556 rule by the board; providing for appointment and terms
1557 of committee members; requiring the board to state
1558 with particularity its reason for rejecting a
1559 recommendation and provide the council an opportunity
1560 to modify the recommendation; requiring the board to
1561 adopt rules establish certain standards of practice;
1562 requiring biennial registration renewal and continuing
1563 education; requiring the board to adopt rules;
1564 creating s. 464.0155, F.S.; requiring advanced
1565 practice registered nurses registered to engage in
1566 autonomous practice to report adverse incidents to the
1567 Department of Health; providing requirements; defining
1568 the term "adverse incident"; providing for department
1569 review of such reports; authorizing the department to
1570 take disciplinary action; amending s. 464.018, F.S.;
1571 providing additional grounds for denial of a license
1572 or disciplinary action for advanced practice
1573 registered nurses registered to engage in autonomous
1574 practice; amending s. 626.9707, F.S.; conforming
1575 terminology; creating ss. 627.64025 and 627.6621,
1576 F.S.; prohibiting certain health insurance policies
1577 and certain group, blanket, or franchise health



1578 insurance policies, respectively, from requiring an
1579 insured to receive services from an advanced practice
1580 registered nurse registered to engage in autonomous
1581 practice in place of a physician; amending s.
1582 627.6699, F.S.; prohibiting certain health benefit
1583 plans from requiring an insured to receive services
1584 from an advanced practice registered nurse registered
1585 to engage in autonomous practice in place of a
1586 physician; amending s. 627.736, F.S.; requiring
1587 personal injury protection insurance policies to cover
1588 a certain percentage of medical services and care
1589 provided by an advanced practice registered nurse
1590 registered to engage in autonomous practice; providing
1591 for specified reimbursement of such an advanced
1592 practice registered nurse; creating s. 641.31075,
1593 F.S.; prohibiting certain health maintenance contracts
1594 from requiring a subscriber to receive services from
1595 an advanced practice registered nurse registered to
1596 engage in autonomous practice in place of a primary
1597 care physician; amending s. 641.495, F.S.; requiring
1598 certain health maintenance organization documents to
1599 disclose specified information; amending ss. 744.2006
1600 and 744.331, F.S.; conforming terminology; amending s.
1601 744.3675, F.S.; authorizing an advanced practice
1602 registered nurse to provide the medical report of a
1603 ward in an annual guardianship plan; amending s.
1604 766.118, F.S.; revising the definition of the term
1605 "practitioner" to include an advanced practice
1606 registered nurse registered to engage in autonomous



1607 practice; amending s. 768.135, F.S.; providing
1608 immunity from liability for an advanced practice
1609 registered nurse registered to engage in autonomous
1610 practice who provides volunteer services under certain
1611 circumstances; amending s. 1006.062, F.S.; authorizing
1612 an advanced practice registered nurse to provide
1613 training in the administration of medication to
1614 designated school personnel; amending s. 1006.20,
1615 F.S.; authorizing an advanced practice registered
1616 nurse registered to engage in autonomous practice to
1617 medically evaluate a student athlete; amending s.
1618 1009.65, F.S.; authorizing an advanced practice
1619 registered nurse registered to engage in autonomous
1620 practice to receive payments under the Health Care
1621 Education Reimbursement and Loan Repayment Program;
1622 establishing payment amounts; providing appropriations
1623 and authorizing positions; providing an effective
1624 date.