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LEGISLATIVE ACTION

Senate

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House

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Floor: 1/RS/2R

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Senator Albritton moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (c) of subsection (2) of section
381.026, Florida Statutes, is amended to read:

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

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

(c) "Health care provider" means a physician licensed under



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12 chapter 458, an osteopathic physician licensed under chapter
13 459, ~~or~~ a podiatric physician licensed under chapter 461, or an
14 advanced practice registered nurse registered under s. 464.0123.

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

18 382.008 Death, fetal death, and nonviable birth
19 registration.—

20 (2) (a) The funeral director who first assumes custody of a
21 dead body or fetus shall file the certificate of death or fetal
22 death. In the absence of the funeral director, the physician,
23 advanced practice registered nurse registered under s. 464.0123,
24 or other person in attendance at or after the death or the
25 district medical examiner of the county in which the death
26 occurred or the body was found shall file the certificate of
27 death or fetal death. The person who files the certificate shall
28 obtain personal data from a legally authorized person as
29 described in s. 497.005 or the best qualified person or source
30 available. The medical certification of cause of death shall be
31 furnished to the funeral director, either in person or via
32 certified mail or electronic transfer, by the physician,
33 advanced practice registered nurse registered under s. 464.0123,
34 or medical examiner responsible for furnishing such information.
35 For fetal deaths, the physician, advanced practice registered
36 nurse registered under s. 464.0123, midwife, or hospital
37 administrator shall provide any medical or health information to
38 the funeral director within 72 hours after expulsion or
39 extraction.

40 (3) Within 72 hours after receipt of a death or fetal death



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41 certificate from the funeral director, the medical certification
42 of cause of death shall be completed and made available to the
43 funeral director by the decedent's primary or attending
44 practitioner ~~physician~~ or, if s. 382.011 applies, the district
45 medical examiner of the county in which the death occurred or
46 the body was found. The primary or attending practitioner
47 ~~physician~~ or the medical examiner shall certify over his or her
48 signature the cause of death to the best of his or her knowledge
49 and belief. As used in this section, the term "primary or
50 attending practitioner ~~physician~~" means a physician or advanced
51 practice registered nurse registered under s. 464.0123 who
52 treated the decedent through examination, medical advice, or
53 medication during the 12 months preceding the date of death.

54 (a) The department may grant the funeral director an
55 extension of time upon a good and sufficient showing of any of
56 the following conditions:

- 57 1. An autopsy is pending.
- 58 2. Toxicology, laboratory, or other diagnostic reports have
59 not been completed.
- 60 3. The identity of the decedent is unknown and further
61 investigation or identification is required.

62 (b) If the decedent's primary or attending practitioner
63 ~~physician~~ or the district medical examiner of the county in
64 which the death occurred or the body was found indicates that he
65 or she will sign and complete the medical certification of cause
66 of death but will not be available until after the 5-day
67 registration deadline, the local registrar may grant an
68 extension of 5 days. If a further extension is required, the
69 funeral director must provide written justification to the



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70 registrar.

71 (4) If the department or local registrar grants an
72 extension of time to provide the medical certification of cause
73 of death, the funeral director shall file a temporary
74 certificate of death or fetal death which shall contain all
75 available information, including the fact that the cause of
76 death is pending. The decedent's primary or attending
77 practitioner ~~physician~~ or the district medical examiner of the
78 county in which the death occurred or the body was found shall
79 provide an estimated date for completion of the permanent
80 certificate.

81 (5) A permanent certificate of death or fetal death,
82 containing the cause of death and any other information that was
83 previously unavailable, shall be registered as a replacement for
84 the temporary certificate. The permanent certificate may also
85 include corrected information if the items being corrected are
86 noted on the back of the certificate and dated and signed by the
87 funeral director, physician, advanced practice registered nurse
88 registered under s. 464.0123, or district medical examiner of
89 the county in which the death occurred or the body was found, as
90 appropriate.

91 Section 3. Subsection (1) of section 382.011, Florida
92 Statutes, is amended to read:

93 382.011 Medical examiner determination of cause of death.-

94 (1) In the case of any death or fetal death due to causes
95 or conditions listed in s. 406.11, any death that occurred more
96 than 12 months after the decedent was last treated by a primary
97 or attending physician ~~as defined in s. 382.008(3)~~, or any death
98 for which there is reason to believe that the death may have



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99 been due to an unlawful act or neglect, the funeral director or
100 other person to whose attention the death may come shall refer
101 the case to the district medical examiner of the county in which
102 the death occurred or the body was found for investigation and
103 determination of the cause of death.

104 Section 4. Paragraph (a) of subsection (2) of section
105 394.463, Florida Statutes, are amended to read:

106 394.463 Involuntary examination.—

107 (2) INVOLUNTARY EXAMINATION.—

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

110 1. A circuit or county court may enter an ex parte order
111 stating that a person appears to meet the criteria for
112 involuntary examination and specifying the findings on which
113 that conclusion is based. The ex parte order for involuntary
114 examination must be based on written or oral sworn testimony
115 that includes specific facts that support the findings. If other
116 less restrictive means are not available, such as voluntary
117 appearance for outpatient evaluation, a law enforcement officer,
118 or other designated agent of the court, shall take the person
119 into custody and deliver him or her to an appropriate, or the
120 nearest, facility within the designated receiving system
121 pursuant to s. 394.462 for involuntary examination. The order of
122 the court shall be made a part of the patient's clinical record.
123 A fee may not be charged for the filing of an order under this
124 subsection. A facility accepting the patient based on this order
125 must send a copy of the order to the department within 5 working
126 days. The order may be submitted electronically through existing
127 data systems, if available. The order shall be valid only until



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128 the person is delivered to the facility or for the period
129 specified in the order itself, whichever comes first. If a ~~no~~
130 time limit is not specified in the order, the order is ~~shall be~~
131 valid for 7 days after the date that the order was signed.

132 2. A law enforcement officer shall take a person who
133 appears to meet the criteria for involuntary examination into
134 custody and deliver the person or have him or her delivered to
135 an appropriate, or the nearest, facility within the designated
136 receiving system pursuant to s. 394.462 for examination. The
137 officer shall execute a written report detailing the
138 circumstances under which the person was taken into custody,
139 which must be made a part of the patient's clinical record. Any
140 facility accepting the patient based on this report must send a
141 copy of the report to the department within 5 working days.

142 3. A physician, a clinical psychologist, a psychiatric
143 nurse, an advanced practice registered nurse registered under s.
144 464.0123, a mental health counselor, a marriage and family
145 therapist, or a clinical social worker may execute a certificate
146 stating that he or she has examined a person within the
147 preceding 48 hours and finds that the person appears to meet the
148 criteria for involuntary examination and stating the
149 observations upon which that conclusion is based. If other less
150 restrictive means, such as voluntary appearance for outpatient
151 evaluation, are not available, a law enforcement officer shall
152 take into custody the person named in the certificate and
153 deliver him or her to the appropriate, or nearest, facility
154 within the designated receiving system pursuant to s. 394.462
155 for involuntary examination. The law enforcement officer shall
156 execute a written report detailing the circumstances under which



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157 the person was taken into custody. The report and certificate
158 shall be made a part of the patient's clinical record. Any
159 facility accepting the patient based on this certificate must
160 send a copy of the certificate to the department within 5
161 working days. The document may be submitted electronically
162 through existing data systems, if applicable.

163

164 When sending the order, report, or certificate to the
165 department, a facility shall, at a minimum, provide information
166 about which action was taken regarding the patient under
167 paragraph (g), which information shall also be made a part of
168 the patient's clinical record.

169 Section 5. Paragraph (a) of subsection (2) of section
170 397.501, Florida Statutes, is amended to read:

171 397.501 Rights of individuals.—Individuals receiving
172 substance abuse services from any service provider are
173 guaranteed protection of the rights specified in this section,
174 unless otherwise expressly provided, and service providers must
175 ensure the protection of such rights.

176 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

177 (a) Service providers may not deny an individual access to
178 substance abuse services solely on the basis of race, gender,
179 ethnicity, age, sexual preference, human immunodeficiency virus
180 status, prior service departures against medical advice,
181 disability, or number of relapse episodes. Service providers may
182 not deny an individual who takes medication prescribed by a
183 physician or an advanced practice registered nurse registered
184 under s. 464.0123 access to substance abuse services solely on
185 that basis. Service providers who receive state funds to provide



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186 substance abuse services may not, if space and sufficient state
187 resources are available, deny access to services based solely on
188 inability to pay.

189 Section 6. Subsection (1) of section 409.905, Florida
190 Statutes, is amended to read:

191 409.905 Mandatory Medicaid services.—The agency may make
192 payments for the following services, which are required of the
193 state by Title XIX of the Social Security Act, furnished by
194 Medicaid providers to recipients who are determined to be
195 eligible on the dates on which the services were provided. Any
196 service under this section shall be provided only when medically
197 necessary and in accordance with state and federal law.
198 Mandatory services rendered by providers in mobile units to
199 Medicaid recipients may be restricted by the agency. Nothing in
200 this section shall be construed to prevent or limit the agency
201 from adjusting fees, reimbursement rates, lengths of stay,
202 number of visits, number of services, or any other adjustments
203 necessary to comply with the availability of moneys and any
204 limitations or directions provided for in the General
205 Appropriations Act or chapter 216.

206 (1) ADVANCED PRACTICE REGISTERED NURSE SERVICES.—The agency
207 shall pay for services provided to a recipient by a licensed
208 advanced practice registered nurse who has a valid collaboration
209 agreement with a licensed physician on file with the Department
210 of Health or who provides anesthesia services in accordance with
211 established protocol required by state law and approved by the
212 medical staff of the facility in which the anesthetic service is
213 performed. Reimbursement for such services must be provided in
214 an amount that equals not less than 80 percent of the



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215 reimbursement to a physician who provides the same services,
216 unless otherwise provided for in the General Appropriations Act.
217 The agency shall also pay for services provided to a recipient
218 by a licensed advance practice registered nurse who is
219 registered to engage in autonomous practice under s. 464.0123.

220 Section 7. Paragraphs (a), (i), (o), and (r) of subsection
221 (3) and paragraph (g) of subsection (5) of section 456.053,
222 Florida Statutes, are amended to read:

223 456.053 Financial arrangements between referring health
224 care providers and providers of health care services.—

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

227 (a) "Board" means any of the following boards relating to
228 the respective professions: the Board of Medicine as created in
229 s. 458.307; the Board of Osteopathic Medicine as created in s.
230 459.004; the Board of Chiropractic Medicine as created in s.
231 460.404; the Board of Podiatric Medicine as created in s.
232 461.004; the Board of Optometry as created in s. 463.003; the
233 Board of Nursing as created in s. 464.004; the Board of Pharmacy
234 as created in s. 465.004; and the Board of Dentistry as created
235 in s. 466.004.

236 (i) "Health care provider" means a ~~any~~ physician licensed
237 under chapter 458, chapter 459, chapter 460, or chapter 461; an
238 advanced practice registered nurse registered under s.
239 464.0123; ~~or any health care provider licensed under chapter~~
240 ~~463 or chapter 466.~~

241 (o) "Referral" means any referral of a patient by a health
242 care provider for health care services, including, without
243 limitation:



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244 1. The forwarding of a patient by a health care provider to
245 another health care provider or to an entity which provides or
246 supplies designated health services or any other health care
247 item or service; or

248 2. The request or establishment of a plan of care by a
249 health care provider, which includes the provision of designated
250 health services or other health care item or service.

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

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

254 b. By a physician specializing in the provision of
255 radiation therapy services for such services.

256 c. By a medical oncologist for drugs and solutions to be
257 prepared and administered intravenously to such oncologist's
258 patient, as well as for the supplies and equipment used in
259 connection therewith to treat such patient for cancer and the
260 complications thereof.

261 d. By a cardiologist for cardiac catheterization services.

262 e. By a pathologist for diagnostic clinical laboratory
263 tests and pathological examination services, if furnished by or
264 under the supervision of such pathologist pursuant to a
265 consultation requested by another physician.

266 f. By a health care provider who is the sole provider or
267 member of a group practice for designated health services or
268 other health care items or services that are prescribed or
269 provided solely for such referring health care provider's or
270 group practice's own patients, and that are provided or
271 performed by or under the direct supervision of such referring
272 health care provider or group practice; provided, however, ~~that~~



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273 ~~effective July 1, 1999,~~ a physician licensed pursuant to chapter
274 458, chapter 459, chapter 460, or chapter 461 or an advanced
275 practice registered nurse registered under s. 464.0123 may refer
276 a patient to a sole provider or group practice for diagnostic
277 imaging services, excluding radiation therapy services, for
278 which the sole provider or group practice billed both the
279 technical and the professional fee for or on behalf of the
280 patient, if the referring physician or advanced practice
281 registered nurse registered under s. 464.0123 has no investment
282 interest in the practice. The diagnostic imaging service
283 referred to a group practice or sole provider must be a
284 diagnostic imaging service normally provided within the scope of
285 practice to the patients of the group practice or sole provider.
286 The group practice or sole provider may accept no more than 15
287 percent of their patients receiving diagnostic imaging services
288 from outside referrals, excluding radiation therapy services.

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

291 h. By a urologist for lithotripsy services.

292 i. By a dentist for dental services performed by an
293 employee of or health care provider who is an independent
294 contractor with the dentist or group practice of which the
295 dentist is a member.

296 j. By a physician for infusion therapy services to a
297 patient of that physician or a member of that physician's group
298 practice.

299 k. By a nephrologist for renal dialysis services and
300 supplies, except laboratory services.

301 l. By a health care provider whose principal professional



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302 practice consists of treating patients in their private
303 residences for services to be rendered in such private
304 residences, except for services rendered by a home health agency
305 licensed under chapter 400. For purposes of this sub-
306 subparagraph, the term "private residences" includes patients'
307 private homes, independent living centers, and assisted living
308 facilities, but does not include skilled nursing facilities.

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

310 (r) "Sole provider" means one health care provider licensed
311 under chapter 458, chapter 459, chapter 460, or chapter 461, or
312 registered under s. 464.0123, who maintains a separate medical
313 office and a medical practice separate from any other health
314 care provider and who bills for his or her services separately
315 from the services provided by any other health care provider. A
316 sole provider shall not share overhead expenses or professional
317 income with any other person or group practice.

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

320 (g) A violation of this section by a health care provider
321 shall constitute grounds for disciplinary action to be taken by
322 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
323 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
324 466.028(2). Any hospital licensed under chapter 395 found in
325 violation of this section shall be subject to s. 395.0185(2).

326 Section 8. Present subsections (5) through (21) of section
327 464.003, Florida Statutes, are renumbered as subsections (6)
328 through (22), respectively, and subsection (5) is added to that
329 section, to read:

330 464.003 Definitions.—As used in this part, the term:



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331 (5) "Autonomous practice" means advanced nursing practice
332 by an advanced practice registered nurse who is registered under
333 s. 464.0123 and who is not subject to supervision by a physician
334 or a supervisory protocol.

335 Section 9. Subsection (3) of section 464.012, Florida
336 Statutes, is amended to read:

337 464.012 Licensure of advanced practice registered nurses;
338 fees; controlled substance prescribing.—

339 (3) An advanced practice registered nurse shall perform
340 those functions authorized in this section within the framework
341 of an established protocol that must be maintained on site at
342 the location or locations at which an advanced practice
343 registered nurse practices, unless the advanced practice
344 registered nurse is registered to engage in autonomous practice
345 under s. 464.0123 and is practicing as such. In the case of
346 multiple supervising physicians in the same group, an advanced
347 practice registered nurse must enter into a supervisory protocol
348 with at least one physician within the physician group practice.
349 A practitioner currently licensed under chapter 458, chapter
350 459, or chapter 466 shall maintain supervision for directing the
351 specific course of medical treatment. Within the established
352 framework, an advanced practice registered nurse may:

353 (a) Prescribe, dispense, administer, or order any drug;
354 however, an advanced practice registered nurse may prescribe or
355 dispense a controlled substance as defined in s. 893.03 only if
356 the advanced practice registered nurse has graduated from a
357 program leading to a master's or doctoral degree in a clinical
358 nursing specialty area with training in specialized practitioner
359 skills.



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360 (b) Initiate appropriate therapies for certain conditions.

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

363 (d) Order diagnostic tests and physical and occupational
364 therapy.

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

368 Section 10. Section 464.0123, Florida Statutes, is created
369 to read:

370 464.0123 Autonomous practice by an advanced practice
371 registered nurse.-

372 (1) REGISTRATION.-The board shall register an advanced
373 practice registered nurse as an autonomous advanced practice
374 registered nurse under this section if the applicant
375 demonstrates that he or she:

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

378 (b) Has not been subject to any disciplinary action as
379 specified in s. 456.072 or s. 464.018 or any similar
380 disciplinary action in another state, jurisdiction, or territory
381 of the United States within the 5 years immediately preceding
382 the registration request.

383 (c) Has completed, in any state, jurisdiction, or territory
384 of the United States, at least 3,000 clinical practice hours,
385 which may include the provision of clinical instructional hours,
386 within the 5 years immediately preceding the registration
387 request while practicing as an advanced practice registered
388 nurse under the supervision of an allopathic or osteopathic



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389 physician who held an active, unencumbered license issued by any
390 state, jurisdiction, or territory of the United States during
391 the period of such supervision. For purposes of this paragraph,
392 "clinical instruction" means education conducted by faculty in a
393 clinical setting in a graduate program leading to a master's or
394 doctoral degree in a clinical nursing specialty area.

395 (d) Has completed within the past 5 years 3 graduate-level
396 semester hours, or the equivalent, in differential diagnosis and
397 3 graduate-level semester hours, or the equivalent, in
398 pharmacology.

399 (e) The board may provide additional registration
400 requirements by rule.

401 (2) FINANCIAL RESPONSIBILITY.—

402 (a) An advanced practice registered nurse registered under
403 this section must, by one of the following methods, demonstrate
404 to the satisfaction of the board and the department financial
405 responsibility to pay claims and costs ancillary thereto arising
406 out of the rendering of, or the failure to render medical or
407 nursing care, treatment, or services:

408 1. Obtaining and maintaining professional liability
409 coverage in an amount not less than \$100,000 per claim, with a
410 minimum annual aggregate of not less than \$300,000, from an
411 authorized insurer as defined in s. 624.09, from a surplus lines
412 insurer as defined in s. 626.914(2), from a risk retention group
413 as defined in s. 627.942, from the Joint Underwriting
414 Association established under s. 627.351(4), or through a plan
415 of self-insurance as provided in s. 627.357; or

416 2. Obtaining and maintaining an unexpired, irrevocable
417 letter of credit, established pursuant to chapter 675, in an



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418 amount of not less than \$100,000 per claim, with a minimum
419 aggregate availability of credit of not less than \$300,000. The
420 letter of credit must be payable to the advanced practice
421 registered nurse as beneficiary upon presentment of a final
422 judgment indicating liability and awarding damages to be paid by
423 the advanced practice registered nurse or upon presentment of a
424 settlement agreement signed by all parties to such agreement
425 when such final judgment or settlement is a result of a claim
426 arising out of the rendering of, or the failure to render,
427 medical or nursing care and services.

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

429 1. An advanced practice registered nurse registered under
430 this section who practices exclusively as an officer, employee,
431 or agent of the Federal Government or of the state or its
432 agencies or its subdivisions.

433 2. An advanced practice registered nurse whose registration
434 under this section has become inactive and who is not practicing
435 as an advanced practice registered nurse registered under this
436 section in this state.

437 3. An advanced practice registered nurse registered under
438 this section who practices only in conjunction with his or her
439 teaching duties at an accredited school or its main teaching
440 hospitals. Such practice is limited to that which is incidental
441 to and a necessary part of duties in connection with the
442 teaching position.

443 4. An advanced practice registered nurse who holds an
444 active registration under this section and who is not engaged in
445 autonomous practice as authorized under this section in this
446 state. If such person initiates or resumes any practice as an



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447 autonomous advanced practice registered nurse, he or she must
448 notify the department of such activity and fulfill the
449 professional liability coverage requirements of paragraph (a).

450 (3) PRACTICE REQUIREMENTS.—

451 (a) An advanced practice registered nurse who is registered
452 under this section may:

453 1. Engage in autonomous practice only in primary care
454 practice, including family medicine, general pediatrics, and
455 general internal medicine, as defined by board rule.

456 2. For certified nurse midwives, engage in autonomous
457 practice in the performance of the acts listed in s.
458 464.012(4)(c).

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

461 4. Under a protocol agreement or supervision, perform the
462 acts within his or her specialty as authorized under s.
463 464.012(4).

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

466 a. Admit the patient to the facility.

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

468 c. Discharge the patient from the facility, unless
469 prohibited by federal law or rule.

470 6. Provide a signature, certification, stamp, verification,
471 affidavit, or endorsement that is otherwise required by law to
472 be provided by a physician, except an advanced practice
473 registered nurse registered under this section may not issue a
474 physician certification under s. 381.986.

475 (b) A certified nurse midwife must have a written patient



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476 transfer agreement with a hospital and a written referral
477 agreement with a physician licensed under chapter 458 or chapter
478 459 to engage in nurse midwifery.

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

482 (d) The board shall adopt rules establishing standards of
483 practice, in consultation with the council created in subsection
484 (4), for advanced practice registered nurses registered under
485 this section.

486 (4) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
487 AUTONOMOUS PRACTICE.-

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

491 1. Two members appointed by the chair of the Board of
492 Medicine who are physicians and members of the Board of
493 Medicine.

494 2. Two members appointed by the chair of the Board of
495 Osteopathic Medicine who are physicians and members of the Board
496 of Osteopathic Medicine.

497 3. Four members appointed by the chair of the board who are
498 advanced practice registered nurses licensed under this chapter
499 with experience practicing advanced or specialized nursing.

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

502 (b) The Board of Medicine members, the Board of Osteopathic
503 Medicine members, and the Board of Nursing appointee members
504 shall be appointed for terms of 4 years. The initial



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505 appointments shall be staggered so that one member from the
506 Board of Medicine, one member from the Board of Osteopathic
507 Medicine, and one appointee member from the Board of Nursing
508 shall each be appointed for a term of 4 years; one member from
509 the Board of Medicine and one appointee member from the Board of
510 Nursing shall each be appointed for a term of 3 years; and one
511 member from the Board of Osteopathic Medicine and two appointee
512 members from the Board of Nursing shall each be appointed for a
513 term of 2 years. Physician members appointed to the council must
514 be physicians who have practiced with advanced practice
515 registered nurses under a protocol in their practice.

516 (c) Council members may not serve more than two consecutive
517 terms.

518 (d) The council shall recommend standards of practice for
519 advanced practice registered nurses registered under this
520 section to the board. If the board rejects a recommendation of
521 the council, the board must state with particularity the basis
522 for rejecting the recommendation and provide the council an
523 opportunity to modify its recommendation. The board must
524 consider the council's modified recommendation.

525 (5) REGISTRATION RENEWAL.—

526 (a) An advanced practice registered nurse must biennially
527 renew registration under this section. The biennial renewal for
528 registration shall coincide with the advanced practice
529 registered nurse's biennial renewal period for licensure.

530 (b) To renew his or her registration under this section, an
531 advanced practice registered nurse must complete at least 10
532 hours of continuing education approved by the board, in addition
533 to completing the continuing education requirements established



534 by board rule pursuant to s. 464.013. If the initial renewal
535 period occurs before January 1, 2021, an advanced practice
536 registered nurse who is registered under this section is not
537 required to complete the continuing education requirement within
538 this subsection until the following biennial renewal period.

539 (6) PRACTITIONER PROFILE.—The department shall
540 conspicuously distinguish an advanced practice registered
541 nurse's license if he or she is registered with the board under
542 this section and include the registration in the advanced
543 practice registered nurse's practitioner profile created under
544 s. 456.041.

545 (7) DISCLOSURES.—When engaging in autonomous practice, an
546 advanced practice registered nurse registered under this section
547 must provide information to a new patient about his or her
548 qualifications and the nature of autonomous practice before or
549 during the initial patient encounter.

550 (8) RULES.—The board shall adopt rules to implement this
551 section.

552 Section 11. Section 464.0155, Florida Statutes, is created
553 to read:

554 464.0155 Reports of adverse incidents by advanced practice
555 registered nurses.—

556 (1) An advanced practice registered nurse registered and
557 practicing under s. 464.0123 must report an adverse incident to
558 the department in accordance with this section.

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



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563 practice registered nurse registered under s. 464.0123. If the
564 adverse incident occurs when the patient is not at the office of
565 the advanced practice registered under s. 464.0123, the report
566 must be postmarked within 15 days after the advanced practice
567 registered nurse discovers, or reasonably should have
568 discovered, the occurrence of the adverse incident.

569 (3) For purposes of this section, the term "adverse
570 incident" means an event over which the advanced practice
571 registered nurse registered under s. 464.0123 could exercise
572 control and which is associated in whole or in part with a
573 nursing intervention, rather than the condition for which such
574 intervention occurred, and which results in any of the following
575 patient injuries:

576 (a) Any condition that required the transfer of a patient
577 from the practice location of the advanced practice registered
578 nurse registered under s. 464.0123 to a hospital licensed under
579 chapter 395.

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

581 (c) The death of the patient.

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

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

589 464.018 Disciplinary actions.—

590 (1) The following acts constitute grounds for denial of a
591 license or disciplinary action, as specified in ss. 456.072(2)



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592 and 464.0095:

593 (r) For an advanced practice registered nurse registered
594 under s. 464.0123:

595 1. Paying or receiving any commission, bonus, kickback, or
596 rebate from, or engaging in any split-fee arrangement in any
597 form whatsoever with, a health care practitioner, organization,
598 agency, or person, either directly or implicitly, for referring
599 patients to providers of health care goods or services,
600 including, but not limited to, hospitals, nursing homes,
601 clinical laboratories, ambulatory surgical centers, or
602 pharmacies. This subparagraph may not be construed to prevent an
603 advanced practice registered nurse registered under s. 464.0123
604 from receiving a fee for professional consultation services.

605 2. Exercising influence within a patient-advanced practice
606 registered nurse relationship for purposes of engaging a patient
607 in sexual activity. A patient shall be presumed to be incapable
608 of giving free, full, and informed consent to sexual activity
609 with his or her advanced practice registered nurse registered
610 under s. 464.0123.

611 3. Making deceptive, untrue, or fraudulent representations
612 in or related to, or employing a trick or scheme in or related
613 to, advanced or specialized nursing practice.

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

619 5. Failing to keep legible, as defined by department rule
620 in consultation with the board, medical records that identify



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621 the advanced practice registered nurse, by name and professional
622 title, who is responsible for rendering, ordering, supervising,
623 or billing for each diagnostic or treatment procedure and that
624 justify the course of treatment of the patient, including, but
625 not limited to, patient histories; examination results; test
626 results; records of drugs prescribed, dispensed, or
627 administered; and reports of consultations or referrals.

628 6. Exercising influence on the patient to exploit the
629 patient for the financial gain of the advanced practice
630 registered nurse or a third party, including, but not limited
631 to, the promoting or selling of services, goods, appliances, or
632 drugs.

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

636 8. Performing any procedure or prescribing any therapy
637 that, by the prevailing standards of advanced or specialized
638 nursing practice in the community, would constitute
639 experimentation on a human subject, without first obtaining
640 full, informed, and written consent.

641 9. Delegating professional responsibilities to a person
642 when the advanced practice registered nurse delegating such
643 responsibilities knows or has reason to believe that such person
644 is not qualified by training, experience, or licensure to
645 perform such responsibilities.

646 10. Committing, or conspiring with another to commit, an
647 act that would tend to coerce, intimidate, or preclude another
648 advanced practice registered nurse from lawfully advertising his
649 or her services.



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650 11. Advertising or holding himself or herself out as having
651 certification in a specialty that the he or she has not
652 received.

653 12. Failing to comply with ss. 381.026 and 381.0261
654 relating to providing patients with information about their
655 rights and how to file a complaint.

656 13. Providing deceptive or fraudulent expert witness
657 testimony related to advanced or specialized nursing practice.

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

660 626.9707 Disability insurance; discrimination on basis of
661 sickle-cell trait prohibited.—

662 (1) An ~~No~~ insurer authorized to transact insurance in this
663 state may not shall refuse to issue and deliver in this state
664 any policy of disability insurance, whether such policy is
665 defined as individual, group, blanket, franchise, industrial, or
666 otherwise, which is currently being issued for delivery in this
667 state and which affords benefits and coverage for any medical
668 treatment or service authorized and permitted to be furnished by
669 a hospital, clinic, health clinic, neighborhood health clinic,
670 health maintenance organization, physician, physician's
671 assistant, advanced practice registered nurse ~~practitioner~~, or
672 medical service facility or personnel solely because the person
673 to be insured has the sickle-cell trait.

674 Section 14. Section 627.64025, Florida Statutes, is created
675 to read:

676 627.64025 Advanced Practice Registered Nurse Services.—A
677 health insurance policy that provides major medical coverage and
678 that is delivered, issued, or renewed in this state on or after



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679 January 1, 2021, may not require an insured to receive services
680 from an advanced practice registered nurse registered under s.
681 464.0123 in place of a physician.

682 Section 15. Section 627.6621, Florida Statutes, is created
683 to read:

684 627.6621 Advanced Practice Registered Nurse Services.—A
685 group, blanket, or franchise health insurance policy that is
686 delivered, issued, or renewed in this state on or after January
687 1, 2021, may not require an insured to receive services from an
688 advanced practice registered nurse registered under s. 464.0123
689 in place of a physician.

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

692 627.6699 Employee Health Care Access Act.—

693 (5) AVAILABILITY OF COVERAGE.—

694 (g) A health benefit plan covering small employers which is
695 delivered, issued, or renewed in this state on or after January
696 1, 2021, may not require an insured to receive services from an
697 advanced practice registered nurse registered under s. 464.0123
698 in place of a physician.

699 Section 18. Paragraph (a) of subsection (1) of section
700 627.736, Florida Statutes, is amended to read:

701 627.736 Required personal injury protection benefits;
702 exclusions; priority; claims.—

703 (1) REQUIRED BENEFITS.—An insurance policy complying with
704 the security requirements of s. 627.733 must provide personal
705 injury protection to the named insured, relatives residing in
706 the same household, persons operating the insured motor vehicle,
707 passengers in the motor vehicle, and other persons struck by the



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708 motor vehicle and suffering bodily injury while not an occupant
709 of a self-propelled vehicle, subject to subsection (2) and
710 paragraph (4) (e), to a limit of \$10,000 in medical and
711 disability benefits and \$5,000 in death benefits resulting from
712 bodily injury, sickness, disease, or death arising out of the
713 ownership, maintenance, or use of a motor vehicle as follows:

714 (a) Medical benefits.—Eighty percent of all reasonable
715 expenses for medically necessary medical, surgical, X-ray,
716 dental, and rehabilitative services, including prosthetic
717 devices and medically necessary ambulance, hospital, and nursing
718 services if the individual receives initial services and care
719 pursuant to subparagraph 1. within 14 days after the motor
720 vehicle accident. The medical benefits provide reimbursement
721 only for:

722 1. Initial services and care that are lawfully provided,
723 supervised, ordered, or prescribed by a physician licensed under
724 chapter 458 or chapter 459, a dentist licensed under chapter
725 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
726 an advanced practice registered nurse registered under s.

727 464.0123 or that are provided in a hospital or in a facility
728 that owns, or is wholly owned by, a hospital. Initial services
729 and care may also be provided by a person or entity licensed
730 under part III of chapter 401 which provides emergency
731 transportation and treatment.

732 2. Upon referral by a provider described in subparagraph
733 1., followup services and care consistent with the underlying
734 medical diagnosis rendered pursuant to subparagraph 1. which may
735 be provided, supervised, ordered, or prescribed only by a
736 physician licensed under chapter 458 or chapter 459, a



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737 chiropractic physician licensed under chapter 460, a dentist
738 licensed under chapter 466, or an advanced practice registered
739 nurse registered under s. 464.0123, or, to the extent permitted
740 by applicable law and under the supervision of such physician,
741 osteopathic physician, chiropractic physician, or dentist, by a
742 physician assistant licensed under chapter 458 or chapter 459 or
743 an advanced practice registered nurse licensed under chapter
744 464. Followup services and care may also be provided by the
745 following persons or entities:

746 a. A hospital or ambulatory surgical center licensed under
747 chapter 395.

748 b. An entity wholly owned by one or more physicians
749 licensed under chapter 458 or chapter 459, chiropractic
750 physicians licensed under chapter 460, advanced practice
751 registered nurses registered under s. 464.0123, or dentists
752 licensed under chapter 466 or by such practitioners and the
753 spouse, parent, child, or sibling of such practitioners.

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

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

758 e. A health care clinic licensed under part X of chapter
759 400 which is accredited by an accrediting organization whose
760 standards incorporate comparable regulations required by this
761 state, or

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

764 (II) Has been continuously licensed for more than 3 years
765 or is a publicly traded corporation that issues securities



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766 traded on an exchange registered with the United States
767 Securities and Exchange Commission as a national securities
768 exchange; and

769 (III) Provides at least four of the following medical
770 specialties:

771 (A) General medicine.

772 (B) Radiography.

773 (C) Orthopedic medicine.

774 (D) Physical medicine.

775 (E) Physical therapy.

776 (F) Physical rehabilitation.

777 (G) Prescribing or dispensing outpatient prescription
778 medication.

779 (H) Laboratory services.

780 3. Reimbursement for services and care provided in
781 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
782 licensed under chapter 458 or chapter 459, a dentist licensed
783 under chapter 466, a physician assistant licensed under chapter
784 458 or chapter 459, or an advanced practice registered nurse
785 licensed under chapter 464 has determined that the injured
786 person had an emergency medical condition.

787 4. Reimbursement for services and care provided in
788 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
789 provider listed in subparagraph 1. or subparagraph 2. determines
790 that the injured person did not have an emergency medical
791 condition.

792 5. Medical benefits do not include massage as defined in s.
793 480.033 or acupuncture as defined in s. 457.102, regardless of
794 the person, entity, or licensee providing massage or



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795 acupuncture, and a licensed massage therapist or licensed
796 acupuncturist may not be reimbursed for medical benefits under
797 this section.

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

804

805 Only insurers writing motor vehicle liability insurance in this
806 state may provide the required benefits of this section, and
807 such insurer may not require the purchase of any other motor
808 vehicle coverage other than the purchase of property damage
809 liability coverage as required by s. 627.7275 as a condition for
810 providing such benefits. Insurers may not require that property
811 damage liability insurance in an amount greater than \$10,000 be
812 purchased in conjunction with personal injury protection. Such
813 insurers shall make benefits and required property damage
814 liability insurance coverage available through normal marketing
815 channels. An insurer writing motor vehicle liability insurance
816 in this state who fails to comply with such availability
817 requirement as a general business practice violates part IX of
818 chapter 626, and such violation constitutes an unfair method of
819 competition or an unfair or deceptive act or practice involving
820 the business of insurance. An insurer committing such violation
821 is subject to the penalties provided under that part, as well as
822 those provided elsewhere in the insurance code.

823 Section 19. Section 641.31075, Florida Statutes, is created



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824 to read:

825 641.31075 Advanced Practice Registered Nurse Services.—A
826 health maintenance contract that is delivered, issued, or
827 renewed in this state on or after January 1, 2021, may not
828 require a subscriber to receive services from an advanced
829 practice registered nurse registered under s. 464.0123 in place
830 of a physician.

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

833 641.495 Requirements for issuance and maintenance of
834 certificate.—

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

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

843 744.2006 Office of Public and Professional Guardians;
844 appointment, notification.—

845 (1) The executive director of the Office of Public and
846 Professional Guardians, after consultation with the chief judge
847 and other circuit judges within the judicial circuit and with
848 appropriate advocacy groups and individuals and organizations
849 who are knowledgeable about the needs of incapacitated persons,
850 may establish, within a county in the judicial circuit or within
851 the judicial circuit, one or more offices of public guardian and
852 if so established, shall create a list of persons best qualified



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853 to serve as the public guardian, who have been investigated
854 pursuant to s. 744.3135. The public guardian must have knowledge
855 of the legal process and knowledge of social services available
856 to meet the needs of incapacitated persons. The public guardian
857 shall maintain a staff or contract with professionally qualified
858 individuals to carry out the guardianship functions, including
859 an attorney who has experience in probate areas and another
860 person who has a master's degree in social work, or a
861 gerontologist, psychologist, advanced practice registered nurse,
862 or registered nurse,~~or nurse practitioner~~. A public guardian
863 that is a nonprofit corporate guardian under s. 744.309(5) must
864 receive tax-exempt status from the United States Internal
865 Revenue Service.

866 Section 22. Paragraph (a) of subsection (3) of section
867 744.331, Florida Statutes, is amended to read:

868 744.331 Procedures to determine incapacity.—

869 (3) EXAMINING COMMITTEE.—

870 (a) Within 5 days after a petition for determination of
871 incapacity has been filed, the court shall appoint an examining
872 committee consisting of three members. One member must be a
873 psychiatrist or other physician. The remaining members must be
874 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
875 a ~~or other~~ physician, an advanced practice registered nurse, a
876 registered nurse, ~~nurse practitioner,~~ a licensed social worker,
877 a person with an advanced degree in gerontology from an
878 accredited institution of higher education, or any other person
879 who by knowledge, skill, experience, training, or education may,
880 in the court's discretion, advise the court in the form of an
881 expert opinion. One of three members of the committee must have



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882 knowledge of the type of incapacity alleged in the petition.
883 Unless good cause is shown, the attending or family physician
884 may not be appointed to the committee. If the attending or
885 family physician is available for consultation, the committee
886 must consult with the physician. Members of the examining
887 committee may not be related to or associated with one another,
888 with the petitioner, with counsel for the petitioner or the
889 proposed guardian, or with the person alleged to be totally or
890 partially incapacitated. A member may not be employed by any
891 private or governmental agency that has custody of, or
892 furnishes, services or subsidies, directly or indirectly, to the
893 person or the family of the person alleged to be incapacitated
894 or for whom a guardianship is sought. A petitioner may not serve
895 as a member of the examining committee. Members of the examining
896 committee must be able to communicate, either directly or
897 through an interpreter, in the language that the alleged
898 incapacitated person speaks or to communicate in a medium
899 understandable to the alleged incapacitated person if she or he
900 is able to communicate. The clerk of the court shall send notice
901 of the appointment to each person appointed no later than 3 days
902 after the court's appointment.

903 Section 23. Paragraph (b) of subsection (1) of section
904 744.3675, Florida Statutes, is amended to read:

905 744.3675 Annual guardianship plan.—Each guardian of the
906 person must file with the court an annual guardianship plan
907 which updates information about the condition of the ward. The
908 annual plan must specify the current needs of the ward and how
909 those needs are proposed to be met in the coming year.

910 (1) Each plan for an adult ward must, if applicable,



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911 include:

912 (b) Information concerning the medical and mental health
913 conditions and treatment and rehabilitation needs of the ward,
914 including:

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

917 2. The report of a physician or an advanced practice
918 registered nurse registered under s. 464.0123 who examined the
919 ward no more than 90 days before the beginning of the applicable
920 reporting period. The report must contain an evaluation of the
921 ward's condition and a statement of the current level of
922 capacity of the ward.

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

925 Section 24. Paragraph (c) of subsection (1) of section
926 766.118, Florida Statutes, is amended to read:

927 766.118 Determination of noneconomic damages.—

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

929 (c) "Practitioner" means any person licensed under chapter
930 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter
931 463, chapter 466, chapter 467, chapter 486, or s. 464.012 or
932 registered under s. 464.0123. "Practitioner" also means any
933 association, corporation, firm, partnership, or other business
934 entity under which such practitioner practices or any employee
935 of such practitioner or entity acting in the scope of his or her
936 employment. For the purpose of determining the limitations on
937 noneconomic damages set forth in this section, the term
938 "practitioner" includes any person or entity for whom a
939 practitioner is vicariously liable and any person or entity



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940 whose liability is based solely on such person or entity being
941 vicariously liable for the actions of a practitioner.

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

944 768.135 Volunteer team physicians; immunity.—

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

951 Section 26. Paragraph (a) of subsection (1) of section
952 1006.062, Florida Statutes, are amended to read:

953 1006.062 Administration of medication and provision of
954 medical services by district school board personnel.—

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

959 (a) Each district school board shall include in its
960 approved school health services plan a procedure to provide
961 training, by a registered nurse, a licensed practical nurse, or
962 an advanced practice registered nurse licensed under chapter 464
963 or by a physician licensed under pursuant to chapter 458 or
964 chapter 459, or a physician assistant licensed under pursuant to
965 chapter 458 or chapter 459, to the school personnel designated
966 by the school principal to assist students in the administration
967 of prescribed medication. Such training may be provided in
968 collaboration with other school districts, through contract with



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969 an education consortium, or by any other arrangement consistent
970 with the intent of this subsection.

971 Section 27. Paragraph (c) of subsection (2) of section
972 1006.20, Florida Statutes, is amended to read:

973 1006.20 Athletics in public K-12 schools.—

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

975 (c) The FHSAA shall adopt bylaws that require all students
976 participating in interscholastic athletic competition or who are
977 candidates for an interscholastic athletic team to
978 satisfactorily pass a medical evaluation each year before ~~prior~~
979 ~~to~~ participating in interscholastic athletic competition or
980 engaging in any practice, tryout, workout, or other physical
981 activity associated with the student's candidacy for an
982 interscholastic athletic team. Such medical evaluation may be
983 administered only by a practitioner licensed under chapter 458,
984 chapter 459, chapter 460, or s. 464.012 or registered under s.
985 464.0123 and in good standing with the practitioner's
986 regulatory board. The bylaws shall establish requirements for
987 eliciting a student's medical history and performing the medical
988 evaluation required under this paragraph, which shall include a
989 physical assessment of the student's physical capabilities to
990 participate in interscholastic athletic competition as contained
991 in a uniform preparticipation physical evaluation and history
992 form. The evaluation form shall incorporate the recommendations
993 of the American Heart Association for participation
994 cardiovascular screening and shall provide a place for the
995 signature of the practitioner performing the evaluation with an
996 attestation that each examination procedure listed on the form
997 was performed by the practitioner or by someone under the direct



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998 supervision of the practitioner. The form shall also contain a
999 place for the practitioner to indicate if a referral to another
1000 practitioner was made in lieu of completion of a certain
1001 examination procedure. The form shall provide a place for the
1002 practitioner to whom the student was referred to complete the
1003 remaining sections and attest to that portion of the
1004 examination. The preparticipation physical evaluation form shall
1005 advise students to complete a cardiovascular assessment and
1006 shall include information concerning alternative cardiovascular
1007 evaluation and diagnostic tests. Results of such medical
1008 evaluation must be provided to the school. A student is not
1009 eligible to participate, as provided in s. 1006.15(3), in any
1010 interscholastic athletic competition or engage in any practice,
1011 tryout, workout, or other physical activity associated with the
1012 student's candidacy for an interscholastic athletic team until
1013 the results of the medical evaluation have been received and
1014 approved by the school.

1015 Section 28. For the 2020-2021 fiscal year, the sums of
1016 \$219,089 in recurring funds and \$17,716 in nonrecurring funds
1017 from the Medical Quality Assurance Trust Fund are appropriated
1018 to the Department of Health, and 3.5 full-time equivalent
1019 positions with associated salary rate of 183,895 are authorized,
1020 for the purpose of implementing this act.

1021 Section 29. Section 1. Subsection (1) and paragraphs (a)
1022 and (b) of subsection (2) of section 1009.65, Florida Statutes,
1023 are amended to read:

1024 1009.65 Medical Education Reimbursement and Loan Repayment
1025 Program.—

1026 (1) To encourage qualified medical professionals to



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1027 practice in underserved locations where there are shortages of
1028 such personnel, there is established the Medical Education
1029 Reimbursement and Loan Repayment Program. The function of the
1030 program is to make payments that offset loans and educational
1031 expenses incurred by students for studies leading to a medical
1032 or nursing degree, medical or nursing licensure, or advanced
1033 practice registered nurse licensure or physician assistant
1034 licensure. The following licensed or certified health care
1035 professionals are eligible to participate in this program:

1036 (a) Medical doctors with primary care specialties, doctors
1037 of osteopathic medicine with primary care specialties,
1038 physician's assistants, licensed practical nurses and registered
1039 nurses, ~~and~~ advanced practice registered nurses with primary
1040 care specialties such as certified nurse midwives. Primary care
1041 medical specialties for physicians include obstetrics,
1042 gynecology, general and family practice, internal medicine,
1043 pediatrics, and other specialties which may be identified by the
1044 Department of Health. ~~(2) From the funds available, the~~
1045 Department of Health shall make payments ~~to selected medical~~
1046 ~~professionals~~ as follows:

1047 1. ~~(a)~~ Up to \$4,000 per year for licensed practical nurses
1048 and registered nurses, up to \$10,000 per year for advanced
1049 practice registered nurses and physician's assistants, and up to
1050 \$20,000 per year for physicians. Penalties for noncompliance
1051 shall be the same as those in the National Health Services Corps
1052 Loan Repayment Program. Educational expenses include costs for
1053 tuition, matriculation, registration, books, laboratory and
1054 other fees, other educational costs, and reasonable living
1055 expenses as determined by the Department of Health.



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1056 ~~2.(b)~~ All payments are contingent on continued proof of
1057 primary care practice in an area defined in s. 395.602(2)(b), or
1058 an underserved area designated by the Department of Health,
1059 provided the practitioner accepts Medicaid reimbursement if
1060 eligible for such reimbursement. Correctional facilities, state
1061 hospitals, and other state institutions that employ medical
1062 personnel shall be designated by the Department of Health as
1063 underserved locations. Locations with high incidences of infant
1064 mortality, high morbidity, or low Medicaid participation by
1065 health care professionals may be designated as underserved.

1066 (b) Advanced practice registered nurses registered to
1067 engage in autonomous practice under s. 464.0123 and practicing
1068 in the primary care specialties of family medicine, general
1069 pediatrics, general internal medicine, or obstetrics. From the
1070 funds available, the Department of Health shall make payments of
1071 up to \$15,000 per year to advanced practice registered nurses
1072 registered under s. 464.0123 who demonstrate, as required by
1073 department rule, active employment providing primary care
1074 services in a public health program, an independent practice, or
1075 a group practice that serves Medicaid recipients and other low-
1076 income patients and that is located in a primary care health
1077 professional shortage area or in a medically underserved area.
1078 Only loans to pay the costs of tuition, books, medical equipment
1079 and supplies, uniforms, and living expenses may be covered. For
1080 the purposes of this paragraph:

1081 1. "Medically underserved area" means a geographic area
1082 designated as such by the Health Resources and Services
1083 Administration of the United States Department of Health and
1084 Human Services.



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1085 2. "Primary care health professional shortage area" means a
 1086 geographic area, an area having a special population, or a
 1087 facility that is designated by the Health Resources and Services
 1088 Administration of the United States Department of Health and
 1089 Human Services as a health professional shortage area as defined
 1090 by federal regulation and that has a shortage of primary care
 1091 professionals who serve Medicaid recipients and other low-income
 1092 patients.

1093 3. "Public health program" means a county health
 1094 department, the Children's Medical Services program, a federally
 1095 funded community health center, a federally funded migrant
 1096 health center, or any other publicly funded or nonprofit health
 1097 care program designated by the department.

1098 Section 30. For the 2020-2021 fiscal year, the sum of \$5
 1099 million in recurring funds is appropriated from the General
 1100 Revenue Fund to the Department of Health for the Health Care
 1101 Education Reimbursement and Loan Repayment Program pursuant to
 1102 s. 1009.65, Florida Statutes, for advanced practice registered
 1103 nurses registered to engage in autonomous practice under s.
 1104 464.0123, Florida Statutes.

1105 Section 31. This act shall take effect July 1, 2020.

1106
 1107 ===== T I T L E A M E N D M E N T =====
 1108 And the title is amended as follows:

1109 Delete everything before the enacting clause
 1110 and insert:

1111 A bill to be entitled
 1112 An act relating to direct care workers; amending
 1113 s. 381.026, F.S.; revising the definition of the term



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1114 "health care provider" to include an advanced practice
1115 registered nurse who is registered to engage in
1116 autonomous practice for purposes of the Florida
1117 Patient's Bill of Rights and Responsibilities;
1118 amending s. 382.008, F.S.; authorizing an advanced
1119 practice registered nurse who is registered to engage
1120 in autonomous practice to file a certificate of death
1121 or fetal death under certain circumstances;
1122 authorizing an advanced practice registered nurse who
1123 is registered to engage in autonomous practice to
1124 provide certain information to the funeral director
1125 within a specified time period; replacing the term
1126 "primary or attending physician" with "primary or
1127 attending practitioner"; defining the term "primary or
1128 attending practitioner"; amending s. 382.011, F.S.;
1129 conforming a provision to changes made by the act;
1130 amending s. 394.463, F.S.; authorizing an advanced
1131 practice registered nurse who is registered to engage
1132 in autonomous practice to initiate an involuntary
1133 examination for mental illness under certain
1134 circumstances; amending s. 397.501, F.S.; prohibiting
1135 the denial of certain services to an individual who
1136 takes medication prescribed by an advanced practice
1137 registered nurse who is registered to engage in
1138 autonomous practice; amending s. 409.905, F.S.;
1139 requiring the Agency for Health Care Administration to
1140 pay for services provided to Medicaid recipients by a
1141 licensed advanced practice registered nurse who is
1142 registered to engage in autonomous practice; amending



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1143 s. 456.053, F.S.; revising definitions; authorizing an
1144 advanced practice registered nurse registered to
1145 engage in autonomous practice to make referrals under
1146 certain circumstances; conforming a provision to
1147 changes made by the act; amending s. 464.003, F.S.;
1148 defining the term "autonomous practice"; amending s.
1149 464.012, F.S.; conforming a provision to changes made
1150 by the act; providing an exception; creating s.
1151 464.0123, F.S.; providing for the registration of an
1152 advanced practice registered nurse to engage in
1153 autonomous practice; providing registration
1154 requirements; providing financial responsibility
1155 requirements; authorizing an advanced practice
1156 registered nurse to engage in autonomous practice to
1157 provide primary health care services; requiring the
1158 department to adopt rules relating to scope of
1159 practice; requiring the department to distinguish such
1160 advanced practice registered nurses' licenses and
1161 include the registration in their practitioner
1162 profiles; authorizing such advanced practice
1163 registered nurses to perform specified acts without
1164 physician supervision or supervisory protocol;
1165 establishing the Council on Advanced Practice
1166 Registered Nurse Autonomous Practice to recommend
1167 standards of practice for advanced practice registered
1168 nurses engaging in autonomous practice for adoption in
1169 rule by the board; providing for appointment and terms
1170 of committee members; requiring the board to state
1171 with particularity its reason for rejecting a



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1172 recommendation and provide the council an opportunity
1173 to modify the recommendation; requiring the board to
1174 adopt rules establish certain standards of practice;
1175 requiring biennial registration renewal and continuing
1176 education; requiring the board to adopt rules;
1177 creating s. 464.0155, F.S.; requiring advanced
1178 practice registered nurses registered to engage in
1179 autonomous practice to report adverse incidents to the
1180 Department of Health; providing requirements; defining
1181 the term "adverse incident"; providing for department
1182 review of such reports; authorizing the department to
1183 take disciplinary action; amending s. 464.018, F.S.;
1184 providing additional grounds for denial of a license
1185 or disciplinary action for advanced practice
1186 registered nurses registered to engage in autonomous
1187 practice; amending s. 626.9707, F.S.; conforming
1188 terminology; creating ss. 627.64025 and 627.6621,
1189 F.S.; prohibiting certain health insurance policies
1190 and certain group, blanket, or franchise health
1191 insurance policies, respectively, from requiring an
1192 insured to receive services from an advanced practice
1193 registered nurse registered to engage in autonomous
1194 practice in place of a physician; amending s.
1195 627.6699, F.S.; prohibiting certain health benefit
1196 plans from requiring an insured to receive services
1197 from an advanced practice registered nurse registered
1198 to engage in autonomous practice in place of a
1199 physician; amending s. 627.736, F.S.; requiring
1200 personal injury protection insurance policies to cover



1201 a certain percentage of medical services and care
1202 provided by an advanced practice registered nurse
1203 registered to engage in autonomous practice; providing
1204 for specified reimbursement of such an advanced
1205 practice registered nurse; creating s. 641.31075,
1206 F.S.; prohibiting certain health maintenance contracts
1207 from requiring a subscriber to receive services from
1208 an advanced practice registered nurse registered to
1209 engage in autonomous practice in place of a primary
1210 care physician; amending s. 641.495, F.S.; requiring
1211 certain health maintenance organization documents to
1212 disclose specified information; amending ss. 744.2006
1213 and 744.331, F.S.; conforming terminology; amending s.
1214 744.3675, F.S.; authorizing an advanced practice
1215 registered nurse to provide the medical report of a
1216 ward in an annual guardianship plan; amending s.
1217 766.118, F.S.; revising the definition of the term
1218 "practitioner" to include an advanced practice
1219 registered nurse registered to engage in autonomous
1220 practice; amending s. 768.135, F.S.; providing
1221 immunity from liability for an advanced practice
1222 registered nurse registered to engage in autonomous
1223 practice who provides volunteer services under certain
1224 circumstances; amending s. 1006.062, F.S.; authorizing
1225 an advanced practice registered nurse to provide
1226 training in the administration of medication to
1227 designated school personnel; amending s. 1006.20,
1228 F.S.; authorizing an advanced practice registered
1229 nurse registered to engage in autonomous practice to



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1230 medically evaluate a student athlete; amending s.
1231 1009.65, F.S.; authorizing an advanced practice
1232 registered nurse registered to engage in autonomous
1233 practice to receive payments under the Health Care
1234 Education Reimbursement and Loan Repayment Program;
1235 establishing payment amounts; providing appropriations
1236 and authorizing positions; providing an effective
1237 date.