

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

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

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

76 | amending s. 39.01, F.S.; revising the definition of  
77 | the term "licensed health care professional" to  
78 | include an autonomous physician assistant; amending s.  
79 | 39.303, F.S.; authorizing a specified autonomous  
80 | physician assistant to review certain cases of abuse  
81 | or neglect and standards for face-to-face medical  
82 | evaluations by a Child Protection Team; amending s.  
83 | 39.304, F.S.; authorizing an autonomous physician  
84 | assistant to perform or order an examination and  
85 | diagnose a child without parental consent under  
86 | certain circumstances; amending s. 110.12315, F.S.;  
87 | revising requirements for reimbursement of pharmacies  
88 | for specified prescription drugs and supplies under  
89 | the state employees' prescription drug program;  
90 | amending s. 252.515, F.S.; providing immunity from  
91 | civil liability for an autonomous physician assistant  
92 | under the Postdisaster Relief Assistance Act; amending  
93 | ss. 310.071, 310.073, and 310.081, F.S.; authorizing  
94 | an autonomous physician assistant and a physician  
95 | assistant to administer the physical examination  
96 | required for deputy pilot certification and state  
97 | pilot licensure; authorizing an applicant for a deputy  
98 | pilot certificate or a state pilot license to use  
99 | controlled substances prescribed by an autonomous  
100 | physician assistant; amending s. 320.0848, F.S.;

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

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

127 authorizing the release of certain newborn tests and

128 screening results to an autonomous physician

129 assistant; revising the definition of the term "health

130 care practitioner" to include an autonomous physician

131 assistant for purposes of screening for certain

132 disorders and risk factors; amending s. 390.0111,

133 F.S.; authorizing a certain action by an autonomous

134 physician assistant before an abortion procedure;

135 amending s. 390.012, F.S.; authorizing certain actions

136 by an autonomous physician assistant during and after

137 an abortion procedure; amending s. 394.463, F.S.;

138 authorizing an autonomous physician assistant, a

139 physician assistant, and an advanced practice

140 registered nurse to initiate an involuntary

141 examination for mental illness under certain

142 circumstances; authorizing a physician assistant to

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

144 providing an exception to certain onsite medical

145 direction requirements for a specified advanced

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

147 authorizing the Department of Health to use certain

148 funds to increase the number of autonomous physician

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

150 prohibiting the denial of certain services to an

151 individual who takes medication prescribed by an  
152 autonomous physician assistant, a physician assistant,  
153 or an advanced practice registered nurse; amending ss.  
154 397.679 and 397.6793, F.S.; authorizing an autonomous  
155 physician assistant to execute a certificate for  
156 emergency admission of a person who is substance abuse  
157 impaired; amending s. 400.021, F.S.; revising the  
158 definition of the term "geriatric outpatient clinic"  
159 to include a site staffed by an autonomous physician  
160 assistant; amending s. 400.172, F.S.; authorizing an  
161 autonomous physician assistant and an advanced  
162 practice registered nurse to provide certain medical  
163 information to a prospective respite care resident;  
164 amending s. 400.487, F.S.; authorizing an autonomous  
165 physician assistant to establish treatment orders for  
166 certain patients under certain circumstances; amending  
167 s. 400.506, F.S.; requiring an autonomous physician  
168 assistant to comply with specified treatment plan  
169 requirements; amending ss. 400.9973, 400.9974,  
170 400.9976, and 400.9979, F.S.; authorizing an  
171 autonomous physician assistant to prescribe client  
172 admission to a transitional living facility and care  
173 for such client, order treatment plans, supervise and  
174 record client medications, and order physical and  
175 chemical restraints, respectively; amending s.

176 401.445, F.S.; prohibiting recovery of damages in  
177 court against a registered autonomous physician  
178 assistant under certain circumstances; requiring an  
179 autonomous physician assistant to attempt to obtain a  
180 person's consent before providing emergency services;  
181 amending ss. 409.906 and 409.908, F.S.; authorizing  
182 the agency to reimburse an autonomous physician  
183 assistant for providing certain optional Medicaid  
184 services; amending s. 409.973, F.S.; requiring managed  
185 care plans to cover autonomous physician assistant  
186 services; amending s. 429.26, F.S.; prohibiting  
187 autonomous physician assistants from having a  
188 financial interest in the assisted living facility at  
189 which they are employed; authorizing an autonomous  
190 physician assistant to examine an assisted living  
191 facility resident before admission; amending s.  
192 429.918, F.S.; revising the definition of the term  
193 "ADRD participant" to include a participant who has a  
194 specified diagnosis from an autonomous physician  
195 assistant; authorizing an autonomous physician  
196 assistant to provide signed documentation to an ADRD  
197 participant; amending s. 440.102, F.S.; authorizing an  
198 autonomous physician assistant to collect a specimen  
199 for a drug test for specified purposes; amending s.  
200 456.053, F.S.; revising definitions; authorizing an



201 advanced practice registered nurse registered to  
202 engage in autonomous practice and an autonomous  
203 physician assistant to make referrals under certain  
204 circumstances; conforming a cross-reference; amending  
205 s. 456.072, F.S.; providing penalties for an  
206 autonomous physician assistant who prescribes or  
207 dispenses a controlled substance in a certain manner;  
208 amending s. 456.44, F.S.; revising the definition of  
209 the term "registrant" to include an autonomous  
210 physician assistant for purposes of controlled  
211 substance prescribing; providing requirements for an  
212 autonomous physician assistant who prescribes  
213 controlled substances for the treatment of chronic  
214 nonmalignant pain; amending ss. 458.3265 and 459.0137,  
215 F.S.; requiring an autonomous physician assistant to  
216 perform a physical examination of a patient at a pain-  
217 management clinic under certain circumstances;  
218 amending ss. 458.331 and 459.015, F.S.; providing  
219 grounds for denial of a license or disciplinary action  
220 against an autonomous physician assistant for certain  
221 violations; amending s. 464.003, F.S.; revising the  
222 definition of the term "practice of practical nursing"  
223 to include an autonomous physician assistant for  
224 purposes of authorizing such assistant to supervise a  
225 licensed practical nurse; amending s. 464.0205, F.S.;

226 | authorizing an autonomous physician assistant to  
227 | directly supervise a certified retired volunteer  
228 | nurse; amending s. 480.0475, F.S.; authorizing the  
229 | operation of a massage establishment during specified  
230 | hours if the massage therapy is prescribed by an  
231 | autonomous physician assistant; amending s. 493.6108,  
232 | F.S.; authorizing an autonomous physician assistant to  
233 | certify the physical fitness of a certain class of  
234 | applicants to bear a weapon or firearm; amending s.  
235 | 626.9707, F.S.; prohibiting an insurer from refusing  
236 | to issue and deliver certain disability insurance that  
237 | covers any medical treatment or service furnished by  
238 | an autonomous physician assistant or an advanced  
239 | practice registered nurse; amending s. 627.357, F.S.;  
240 | revising the definition of the term "health care  
241 | provider" to include an autonomous physician assistant  
242 | for purposes of medical malpractice self-insurance;  
243 | amending s. 627.736, F.S.; requiring personal injury  
244 | protection insurance to cover a certain percentage of  
245 | medical services and care provided by specified health  
246 | care providers; providing for specified reimbursement  
247 | of advanced practice registered nurses registered to  
248 | engage in autonomous practice or autonomous physician  
249 | assistants; amending s. 633.412, F.S.; authorizing an  
250 | autonomous physician assistant to medically examine an

251 applicant for firefighter certification; amending s.  
252 641.495, F.S.; requiring certain health maintenance  
253 organization documents to disclose that certain  
254 services may be provided by autonomous physician  
255 assistants or advanced practice registered nurses;  
256 amending s. 744.2006, F.S.; authorizing an autonomous  
257 physician assistant to carry out guardianship  
258 functions under a contract with a public guardian;  
259 conforming terminology; amending s. 744.331, F.S.;  
260 authorizing an autonomous physician assistant or a  
261 physician assistant to be an eligible member of an  
262 examining committee; conforming terminology; amending  
263 s. 744.3675, F.S.; authorizing an advanced practice  
264 registered nurse, autonomous physician assistant, or  
265 physician assistant to provide the medical report of a  
266 ward in an annual guardianship plan; amending s.  
267 766.103, F.S.; prohibiting recovery of damages against  
268 an autonomous physician assistant under certain  
269 conditions; amending s. 766.105, F.S.; revising the  
270 definition of the term "health care provider" to  
271 include an autonomous physician assistants for  
272 purposes of the Florida Patient's Compensation Fund;  
273 amending ss. 766.1115 and 766.1116, F.S.; revising the  
274 definitions of the terms "health care provider" and  
275 "health care practitioner," respectively, to include

276 autonomous physician assistants for purposes of the  
277 Access to Health Care Act; amending s. 766.118, F.S.;  
278 revising the definition of the term "practitioner" to  
279 include an advanced practice registered nurse  
280 registered to engage in autonomous practice and an  
281 autonomous physician assistant; amending s. 768.135,  
282 F.S.; providing immunity from liability for an  
283 advanced practice registered nurse registered to  
284 engage in autonomous practice or an autonomous  
285 physician assistant who provides volunteer services  
286 under certain circumstances; amending s. 794.08, F.S.;  
287 providing an exception to medical procedures conducted  
288 by an autonomous physician assistant under certain  
289 circumstances; amending s. 893.02, F.S.; revising the  
290 definition of the term "practitioner" to include an  
291 autonomous physician assistant; amending s. 943.13,  
292 F.S.; authorizing an autonomous physician assistant to  
293 conduct a physical examination for a law enforcement  
294 or correctional officer to satisfy qualifications for  
295 employment or appointment; amending s. 945.603, F.S.;  
296 authorizing the Correctional Medical Authority to  
297 review and make recommendations relating to the use of  
298 autonomous physician assistants as physician  
299 extenders; amending s. 948.03, F.S.; authorizing an  
300 autonomous physician assistant to prescribe drugs or

301 narcotics to a probationer; amending ss. 984.03 and  
302 985.03, F.S.; revising the definition of the term  
303 "licensed health care professional" to include an  
304 autonomous physician assistant; amending ss. 1002.20  
305 and 1002.42, F.S.; providing immunity from liability  
306 for autonomous physician assistants who administer  
307 epinephrine auto-injectors in public and private  
308 schools; amending s. 1006.062, F.S.; authorizing an  
309 autonomous physician assistant to provide training in  
310 the administration of medication to designated school  
311 personnel; requiring an autonomous physician assistant  
312 to monitor such personnel; authorizing an autonomous  
313 physician assistant to determine whether such  
314 personnel may perform certain invasive medical  
315 services; amending s. 1006.20, F.S.; authorizing an  
316 autonomous physician assistant to medically evaluate a  
317 student athlete; amending s. 1009.65, F.S.;  
318 authorizing an autonomous physician assistant to  
319 participate in the Medical Education Reimbursement and  
320 Loan Repayment Program; providing appropriations and  
321 authorizing positions; providing an effective date.

322

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

324

325 Section 1. Subsections (1), (2), and (3) of section

326 | 456.0391, Florida Statutes, are amended to read:

327 |       456.0391 Advanced practice registered nurses and  
 328 | autonomous physician assistants; information required for  
 329 | licensure or registration.-

330 |       (1) (a) Each person who applies for initial licensure under  
 331 | s. 464.012 or initial registration under s. 458.347(8) or s.  
 332 | 459.022(8) must, at the time of application, and each person  
 333 | licensed under s. 464.012 or registered under s. 458.347(8) or  
 334 | s. 459.022(8) who applies for licensure or registration renewal  
 335 | must, in conjunction with the renewal of such licensure or  
 336 | registration and under procedures adopted by the Department of  
 337 | Health, and in addition to any other information that may be  
 338 | required from the applicant, furnish the following information  
 339 | to the Department of Health:

340 |       1. The name of each school or training program that the  
 341 | applicant has attended, with the months and years of attendance  
 342 | and the month and year of graduation, and a description of all  
 343 | graduate professional education completed by the applicant,  
 344 | excluding any coursework taken to satisfy continuing education  
 345 | requirements.

346 |       2. The name of each location at which the applicant  
 347 | practices.

348 |       3. The address at which the applicant will primarily  
 349 | conduct his or her practice.

350 |       4. Any certification or designation that the applicant has

351 received from a specialty or certification board that is  
352 recognized or approved by the regulatory board or department to  
353 which the applicant is applying.

354 5. The year that the applicant received initial  
355 certification, ~~or~~ licensure, or registration and began  
356 practicing the profession in any jurisdiction and the year that  
357 the applicant received initial certification, ~~or~~ licensure, or  
358 registration in this state.

359 6. Any appointment which the applicant currently holds to  
360 the faculty of a school related to the profession and an  
361 indication as to whether the applicant has had the  
362 responsibility for graduate education within the most recent 10  
363 years.

364 7. A description of any criminal offense of which the  
365 applicant has been found guilty, regardless of whether  
366 adjudication of guilt was withheld, or to which the applicant  
367 has pled guilty or nolo contendere. A criminal offense committed  
368 in another jurisdiction which would have been a felony or  
369 misdemeanor if committed in this state must be reported. If the  
370 applicant indicates that a criminal offense is under appeal and  
371 submits a copy of the notice for appeal of that criminal  
372 offense, the department must state that the criminal offense is  
373 under appeal if the criminal offense is reported in the  
374 applicant's profile. If the applicant indicates to the  
375 department that a criminal offense is under appeal, the

376 applicant must, within 15 days after the disposition of the  
 377 appeal, submit to the department a copy of the final written  
 378 order of disposition.

379 8. A description of any final disciplinary action taken  
 380 within the previous 10 years against the applicant by a  
 381 licensing or regulatory body in any jurisdiction, by a specialty  
 382 board that is recognized by the board or department, or by a  
 383 licensed hospital, health maintenance organization, prepaid  
 384 health clinic, ambulatory surgical center, or nursing home.  
 385 Disciplinary action includes resignation from or nonrenewal of  
 386 staff membership or the restriction of privileges at a licensed  
 387 hospital, health maintenance organization, prepaid health  
 388 clinic, ambulatory surgical center, or nursing home taken in  
 389 lieu of or in settlement of a pending disciplinary case related  
 390 to competence or character. If the applicant indicates that the  
 391 disciplinary action is under appeal and submits a copy of the  
 392 document initiating an appeal of the disciplinary action, the  
 393 department must state that the disciplinary action is under  
 394 appeal if the disciplinary action is reported in the applicant's  
 395 profile.

396 (b) In addition to the information required under  
 397 paragraph (a), each applicant for initial licensure or  
 398 registration or licensure or registration renewal must provide  
 399 the information required of licensees pursuant to s. 456.049.

400 (2) The Department of Health shall send a notice to each



401 person licensed under s. 464.012 or registered under s.  
 402 458.347(8) or s. 459.022(8) at the licensee's or registrant's  
 403 last known address of record regarding the requirements for  
 404 information to be submitted by such person ~~advanced practice~~  
 405 ~~registered nurses~~ pursuant to this section in conjunction with  
 406 the renewal of such license or registration.

407 (3) Each person licensed under s. 464.012 or registered  
 408 under s. 458.347(8) or s. 459.022(8) who has submitted  
 409 information pursuant to subsection (1) must update that  
 410 information in writing by notifying the Department of Health  
 411 within 45 days after the occurrence of an event or the  
 412 attainment of a status that is required to be reported by  
 413 subsection (1). Failure to comply with the requirements of this  
 414 subsection to update and submit information constitutes a ground  
 415 for disciplinary action under the applicable practice act  
 416 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the  
 417 requirements of this subsection to update and submit  
 418 information, the department or board, as appropriate, may:

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

422 (b) Issue a citation to any certificateholder, ~~or~~  
 423 licensee, or registrant who fails to submit and update the  
 424 required information and may fine the certificateholder, ~~or~~  
 425 licensee, or registrant up to \$50 for each day that the

426 certificateholder, ~~or~~ licensee, or registrant is not in  
427 compliance with this subsection. The citation must clearly state  
428 that the certificateholder, ~~or~~ licensee, or registrant may  
429 choose, in lieu of accepting the citation, to follow the  
430 procedure under s. 456.073. If the certificateholder, ~~or~~  
431 licensee, or registrant disputes the matter in the citation, the  
432 procedures set forth in s. 456.073 must be followed. However, if  
433 the certificateholder, ~~or~~ licensee, or registrant does not  
434 dispute the matter in the citation with the department within 30  
435 days after the citation is served, the citation becomes a final  
436 order and constitutes discipline. Service of a citation may be  
437 made by personal service or certified mail, restricted delivery,  
438 to the subject at the certificateholder's, ~~or~~ licensee's, or  
439 registrant's last known address.

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

442 456.041 Practitioner profile; creation.—

443 (6) The Department of Health shall provide in each  
444 practitioner profile for every physician, autonomous physician  
445 assistant, or advanced practice registered nurse terminated for  
446 cause from participating in the Medicaid program, pursuant to s.  
447 409.913, or sanctioned by the Medicaid program a statement that  
448 the practitioner has been terminated from participating in the  
449 Florida Medicaid program or sanctioned by the Medicaid program.

450 Section 3. Subsections (8) through (17) of section

451 458.347, Florida Statutes, are renumbered as subsections (9)  
452 through (18), respectively, subsection (2), paragraphs (b), (e),  
453 and (f) of subsection (4), paragraph (a) of subsection (6),  
454 paragraphs (a) and (f) of subsection (7), present subsection  
455 (9), and present subsections (11) through (13) are amended,  
456 paragraph (b) is added to subsection (2), and new subsections  
457 (8) and (19) are added to that section, to read:

458 458.347 Physician assistants.—

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

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

462 (b) "Autonomous physician assistant" means a physician  
463 assistant who meets the requirements of subsection (8) to  
464 practice primary care without physician supervision.

465 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board  
466 of Osteopathic Medicine.

467 (d) ~~(h)~~ "Continuing medical education" means courses  
468 recognized and approved by the boards, the American Academy of  
469 Physician Assistants, the American Medical Association, the  
470 American Osteopathic Association, or the Accreditation Council  
471 on Continuing Medical Education.

472 (e) ~~(e)~~ "Council" means the Council on Physician  
473 Assistants.

474 (f) ~~(e)~~ "Physician assistant" means a person who is a  
475 graduate of an approved program or its equivalent or meets

476 standards approved by the boards and is licensed to perform  
 477 medical services delegated by the supervising physician.

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

482 (h)~~(f)~~ "Supervision" means responsible supervision and  
 483 control. Except in cases of emergency, supervision requires the  
 484 easy availability or physical presence of the licensed physician  
 485 for consultation and direction of the actions of the physician  
 486 assistant. For the purposes of this definition, the term "easy  
 487 availability" includes the ability to communicate by way of  
 488 telecommunication. The boards shall establish rules as to what  
 489 constitutes responsible supervision of the physician assistant.

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

492 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

493 (b) This chapter does not prevent third-party payors from  
 494 reimbursing employers of autonomous physician assistants or  
 495 physician assistants for covered services rendered by registered  
 496 autonomous physician assistants or licensed physician  
 497 assistants.

498 (e) A supervising physician may delegate to a fully  
 499 licensed physician assistant the authority to prescribe or  
 500 dispense any medication used in the supervising physician's

501 practice unless such medication is listed on the formulary  
502 created pursuant to paragraph (f). A fully licensed physician  
503 assistant may only prescribe or dispense such medication under  
504 the following circumstances:

505 1. A physician assistant must clearly identify to the  
506 patient that he or she is a physician assistant ~~and inform the~~  
507 ~~patient that the patient has the right to see the physician~~  
508 ~~before a prescription is prescribed or dispensed by the~~  
509 ~~physician assistant.~~

510 2. The supervising physician must notify the department of  
511 his or her intent to delegate, on a department-approved form,  
512 before delegating such authority and of any change in  
513 prescriptive privileges of the physician assistant. Authority to  
514 dispense may be delegated only by a supervising physician who is  
515 registered as a dispensing practitioner in compliance with s.  
516 465.0276.

517 3. The physician assistant must complete a minimum of 10  
518 continuing medical education hours in the specialty practice in  
519 which the physician assistant has prescriptive privileges with  
520 each licensure renewal. Three of the 10 hours must consist of a  
521 continuing education course on the safe and effective  
522 prescribing of controlled substance medications which is offered  
523 by a statewide professional association of physicians in this  
524 state accredited to provide educational activities designated  
525 for the American Medical Association Physician's Recognition

526 Award Category 1 credit or designated by the American Academy of  
527 Physician Assistants as a Category 1 credit.

528 4. The department may issue a prescriber number to the  
529 physician assistant granting authority for the prescribing of  
530 medicinal drugs authorized within this paragraph upon completion  
531 of the requirements of this paragraph. The physician assistant  
532 is not required to independently register pursuant to s.  
533 465.0276.

534 5. The prescription may be in paper or electronic form but  
535 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
536 and must contain, in addition to the supervising physician's  
537 name, address, and telephone number, the physician assistant's  
538 prescriber number. Unless it is a drug or drug sample dispensed  
539 by the physician assistant, the prescription must be filled in a  
540 pharmacy permitted under chapter 465 and must be dispensed in  
541 that pharmacy by a pharmacist licensed under chapter 465. The  
542 inclusion of the prescriber number creates a presumption that  
543 the physician assistant is authorized to prescribe the medicinal  
544 drug and the prescription is valid.

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

547 (f)1. The council shall establish a formulary of medicinal  
548 drugs that a registered autonomous physician assistant or fully  
549 licensed physician assistant having prescribing authority under  
550 this section or s. 459.022 may not prescribe. The formulary must

551 include general anesthetics and radiographic contrast materials  
552 and must limit the prescription of Schedule II controlled  
553 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day  
554 supply. The formulary must also restrict the prescribing of  
555 psychiatric mental health controlled substances for children  
556 younger than 18 years of age.

557 2. In establishing the formulary, the council shall  
558 consult with a pharmacist licensed under chapter 465, but not  
559 licensed under this chapter or chapter 459, who shall be  
560 selected by the State Surgeon General.

561 3. Only the council shall add to, delete from, or modify  
562 the formulary. Any person who requests an addition, a deletion,  
563 or a modification of a medicinal drug listed on such formulary  
564 has the burden of proof to show cause why such addition,  
565 deletion, or modification should be made.

566 4. The boards shall adopt the formulary required by this  
567 paragraph, and each addition, deletion, or modification to the  
568 formulary, by rule. Notwithstanding any provision of chapter 120  
569 to the contrary, the formulary rule shall be effective 60 days  
570 after the date it is filed with the Secretary of State. Upon  
571 adoption of the formulary, the department shall mail a copy of  
572 such formulary to each registered autonomous physician assistant  
573 or fully licensed physician assistant having prescribing  
574 authority under this section or s. 459.022, and to each pharmacy  
575 licensed by the state. The boards shall establish, by rule, a

576 fee not to exceed \$200 to fund ~~the provisions of~~ this paragraph  
577 and paragraph (e).

578 (6) PROGRAM APPROVAL.—

579 (a) The boards shall approve programs, ~~based on~~  
580 ~~recommendations by the council,~~ for the education and training  
581 of physician assistants which meet standards established by rule  
582 of the boards. ~~The council may recommend only those physician~~  
583 ~~assistant programs that hold full accreditation or provisional~~  
584 ~~accreditation from the Commission on Accreditation of Allied~~  
585 ~~Health Programs or its successor organization. Any educational~~  
586 ~~institution offering a physician assistant program approved by~~  
587 ~~the boards pursuant to this paragraph may also offer the~~  
588 ~~physician assistant program authorized in paragraph (c) for~~  
589 ~~unlicensed physicians.~~

590 (7) PHYSICIAN ASSISTANT LICENSURE.—

591 (a) Any person desiring to be licensed as a physician  
592 assistant must apply to the department. The department shall  
593 issue a license to any person certified by the council as having  
594 met the following requirements:

- 595 1. Is at least 18 years of age.
- 596 2. Has satisfactorily passed a proficiency examination by  
597 an acceptable score established by the National Commission on  
598 Certification of Physician Assistants. If an applicant does not  
599 hold a current certificate issued by the National Commission on  
600 Certification of Physician Assistants and has not actively



601 | practiced as a physician assistant within the immediately  
 602 | preceding 4 years, the applicant must retake and successfully  
 603 | complete the entry-level examination of the National Commission  
 604 | on Certification of Physician Assistants to be eligible for  
 605 | licensure.

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

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

613 |             b. Acknowledgment of any prior felony convictions.

614 |             c. Acknowledgment of any previous revocation or denial of  
 615 | licensure or certification in any state.

616 |             d. A copy of course transcripts and a copy of the course  
 617 | description from a physician assistant training program  
 618 | describing course content in pharmacotherapy, if the applicant  
 619 | wishes to apply for prescribing authority. These documents must  
 620 | meet the evidence requirements for prescribing authority.

621 |             (f) The Board of Medicine may impose any of the penalties  
 622 | authorized under ss. 456.072 and 458.331(2) upon an autonomous  
 623 | physician assistant or a physician assistant if the autonomous  
 624 | physician assistant, physician assistant, or ~~the~~ supervising  
 625 | physician has been found guilty of or is being investigated for

626 any act that constitutes a violation of this chapter or chapter  
627 456.

628 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

629 (a) The boards shall register a physician assistant as an  
630 autonomous physician assistant if the applicant demonstrates  
631 that he or she:

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

634 2. Has not been subject to any disciplinary action as  
635 specified in s. 456.072, s. 458.331, or s. 459.015, or any  
636 similar disciplinary action in any jurisdiction of the United  
637 States, within the 5 years immediately preceding the  
638 registration request.

639 3. Has completed, in any jurisdiction of the United  
640 States, at least 2,000 clinical practice hours within the 3  
641 years immediately preceding the submission of the registration  
642 request while practicing as a physician assistant under the  
643 supervision of an allopathic or osteopathic physician who held  
644 an active, unencumbered license issued by another state, the  
645 District of Columbia, or a possession or territory of the United  
646 States during the period of such supervision.

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

648 5. Obtains and maintains professional liability coverage  
649 at the same level and in the same manner as in s. 458.320(1)(b)  
650 or (c). However, the requirements of this subparagraph do not

651 apply to:

652 a. Any person registered under this subsection who  
653 practices exclusively as an officer, employee, or agent of the  
654 Federal Government or of the state or its agencies or its  
655 subdivisions.

656 b. Any person whose license has become inactive and who is  
657 not practicing as an autonomous physician assistant in this  
658 state.

659 c. Any person who practices as an autonomous physician  
660 assistant only in conjunction with his or her teaching duties at  
661 an accredited school or its main teaching hospitals. Such  
662 practice is limited to that which is incidental to and a  
663 necessary part of duties in connection with the teaching  
664 position.

665 d. Any person who holds an active registration under this  
666 subsection who is not practicing as an autonomous physician  
667 assistant in this state. If such person initiates or resumes any  
668 practice as an autonomous physician assistant, he or she must  
669 notify the department of such activity and fulfill the  
670 professional liability coverage requirements of this  
671 subparagraph.

672 (b) The department shall conspicuously distinguish an  
673 autonomous physician assistant license if he or she is  
674 registered under this subsection.

675 (c) An autonomous physician assistant may:

676 1. Render only primary care services as defined by rule of  
677 the boards without physician supervision.

678 2. Provide any service that is within the scope of the  
679 autonomous physician assistant's education and experience and  
680 provided in accordance with rules adopted by the board without  
681 physician supervision.

682 3. Prescribe, dispense, administer, or order any medicinal  
683 drug, including those medicinal drugs to the extent authorized  
684 under paragraph (4)(f) and the formulary adopted in that  
685 paragraph.

686 4. Order any medication for administration to a patient in  
687 a facility licensed under chapter 395 or part II of chapter 400,  
688 notwithstanding chapter 465 or chapter 893.

689 5. Provide a signature, certification, stamp,  
690 verification, affidavit, or other endorsement that is otherwise  
691 required by law to be provided by a physician.

692 (d) An autonomous physician assistant must biennially  
693 renew his or her registration under this subsection. The  
694 biennial renewal shall coincide with the autonomous physician  
695 assistant's biennial renewal period for physician assistant  
696 licensure.

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

701            (10) ~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 702 Physician Assistants is created within the department.

703            (a) The council shall consist of five members appointed as  
 704 follows:

705            1. The chairperson of the Board of Medicine shall appoint  
 706 one member who is a physician and a member ~~three members who are~~  
 707 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~  
 708 physician ~~physicians~~ must supervise a physician assistant in his  
 709 or her ~~the physician's~~ practice.

710            2. The chairperson of the Board of Osteopathic Medicine  
 711 shall appoint one member who is a physician and a member of the  
 712 Board of Osteopathic Medicine. The physician must supervise a  
 713 physician assistant in his or her practice.

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

717            (b) ~~Two of the members appointed to the council must be~~  
 718 ~~physicians who supervise physician assistants in their practice.~~  
 719 Members shall be appointed to terms of 4 years, except that of  
 720 the initial appointments, two members shall be appointed to  
 721 terms of 2 years, two members shall be appointed to terms of 3  
 722 years, and one member shall be appointed to a term of 4 years,  
 723 as established by rule of the boards. Council members may not  
 724 serve more than two consecutive terms. The council shall  
 725 annually elect a chairperson from among its members.

- 726 (c) The council shall:
- 727 1. Recommend to the department the licensure of physician  
728 assistants.
- 729 2. Develop all rules regulating the primary care practice  
730 of autonomous physician assistants and the use of physician  
731 assistants by physicians under this chapter and chapter 459,  
732 except for rules relating to the formulary developed under  
733 paragraph (4) (f). The council shall also develop rules to ensure  
734 that the continuity of supervision is maintained in each  
735 practice setting. The boards shall consider adopting a proposed  
736 rule developed by the council at the regularly scheduled meeting  
737 immediately following the submission of the proposed rule by the  
738 council. A proposed rule submitted by the council may not be  
739 adopted by either board unless both boards have accepted and  
740 approved the identical language contained in the proposed rule.  
741 The language of all proposed rules submitted by the council must  
742 be approved by both boards pursuant to each respective board's  
743 guidelines and standards regarding the adoption of proposed  
744 rules. If either board rejects the council's proposed rule, that  
745 board must specify its objection to the council with  
746 particularity and include any recommendations it may have for  
747 the modification of the proposed rule.
- 748 3. Make recommendations to the boards regarding all  
749 matters relating to autonomous physician assistants and  
750 physician assistants.

751           4. Address concerns and problems of practicing autonomous  
752 physician assistants and physician assistants in order to  
753 improve safety in the clinical practices of registered  
754 autonomous physician assistants and licensed physician  
755 assistants.

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

760           1. Refuse to certify the applicant for licensure;

761           2. Approve the applicant for licensure with restrictions  
762 on the scope of practice or license; or

763           3. Approve the applicant for conditional licensure. Such  
764 conditions may include placement of the licensee on probation  
765 for a period of time and subject to such conditions as the  
766 council may specify, including but not limited to, requiring the  
767 licensee to undergo treatment, to attend continuing education  
768 courses, to work under the direct supervision of a physician  
769 licensed in this state, or to take corrective action.

770           ~~(12)-(11)~~ PENALTY.—Any person who has not been registered  
771 or licensed by the council and approved by the department and  
772 who holds himself or herself out as an autonomous physician  
773 assistant or a physician assistant or who uses any other term in  
774 indicating or implying that he or she is an autonomous physician  
775 assistant or a physician assistant commits a felony of the third

776 degree, punishable as provided in s. 775.082 or s. 775.084 or by  
777 a fine not exceeding \$5,000.

778 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
779 The boards may deny, suspend, or revoke the registration of an  
780 autonomous physician assistant or the license of a physician  
781 assistant license if a board determines that the autonomous  
782 physician assistant or physician assistant has violated this  
783 chapter.

784 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement  
785 this section, including rules detailing the contents of the  
786 application for licensure and notification pursuant to  
787 subsection (7), rules relating to the registration of autonomous  
788 physician assistants under subsection (8), and rules to ensure  
789 ~~both~~ the continued competency of autonomous physician assistants  
790 and physician assistants and the proper utilization of them by  
791 physicians or groups of physicians.

792 (19) ADVERSE INCIDENTS.—An autonomous physician assistant  
793 must report adverse incidents to the department in accordance  
794 with s. 458.351.

795 Section 4. Subsections (8) through (17) of section  
796 459.022, Florida Statutes, are renumbered as subsections (9)  
797 through (18), respectively, subsection (2), paragraphs (b) and  
798 (e) of subsection (4), paragraph (a) of subsection (6),  
799 paragraphs (a) and (f) of subsection (7), present subsection  
800 (9), and present subsections (11) through (13) are amended,



801 paragraph (b) is added to subsection (2), and new subsections  
 802 (8) and (19) are added to that section, to read:

803 459.022 Physician assistants.—

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

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

807 (b) "Autonomous physician assistant" means a physician  
 808 assistant who meets the requirements of subsection (8) to  
 809 practice primary care without physician supervision.

810 (c)~~(b)~~ "Boards" means the Board of Medicine and the Board  
 811 of Osteopathic Medicine.

812 (d)~~(h)~~ "Continuing medical education" means courses  
 813 recognized and approved by the boards, the American Academy of  
 814 Physician Assistants, the American Medical Association, the  
 815 American Osteopathic Association, or the Accreditation Council  
 816 on Continuing Medical Education.

817 (e)~~(e)~~ "Council" means the Council on Physician  
 818 Assistants.

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

823 (g) "Proficiency examination" means an entry-level  
 824 examination approved by the boards, including, but not limited  
 825 to, those examinations administered by the National Commission

826 on Certification of Physician Assistants.

827 (h)~~(f)~~ "Supervision" means responsible supervision and  
 828 control. Except in cases of emergency, supervision requires the  
 829 easy availability or physical presence of the licensed physician  
 830 for consultation and direction of the actions of the physician  
 831 assistant. For the purposes of this definition, the term "easy  
 832 availability" includes the ability to communicate by way of  
 833 telecommunication. The boards shall establish rules as to what  
 834 constitutes responsible supervision of the physician assistant.

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

837 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

838 (b) This chapter does not prevent third-party payors from  
 839 reimbursing employers of autonomous physician assistants or  
 840 physician assistants for covered services rendered by registered  
 841 autonomous physician assistants or licensed physician  
 842 assistants.

843 (e) A supervising physician may delegate to a fully  
 844 licensed physician assistant the authority to prescribe or  
 845 dispense any medication used in the supervising physician's  
 846 practice unless such medication is listed on the formulary  
 847 created pursuant to s. 458.347. A fully licensed physician  
 848 assistant may only prescribe or dispense such medication under  
 849 the following circumstances:

850 1. A physician assistant must clearly identify to the

851 | patient that she or he is a physician assistant ~~and must inform~~  
852 | ~~the patient that the patient has the right to see the physician~~  
853 | ~~before a prescription is prescribed or dispensed by the~~  
854 | ~~physician assistant.~~

855 |         2. The supervising physician must notify the department of  
856 | her or his intent to delegate, on a department-approved form,  
857 | before delegating such authority and of any change in  
858 | prescriptive privileges of the physician assistant. Authority to  
859 | dispense may be delegated only by a supervising physician who is  
860 | registered as a dispensing practitioner in compliance with s.  
861 | 465.0276.

862 |         3. The physician assistant must complete a minimum of 10  
863 | continuing medical education hours in the specialty practice in  
864 | which the physician assistant has prescriptive privileges with  
865 | each licensure renewal.

866 |         4. The department may issue a prescriber number to the  
867 | physician assistant granting authority for the prescribing of  
868 | medicinal drugs authorized within this paragraph upon completion  
869 | of the requirements of this paragraph. The physician assistant  
870 | is not required to independently register pursuant to s.  
871 | 465.0276.

872 |         5. The prescription may be in paper or electronic form but  
873 | must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
874 | and must contain, in addition to the supervising physician's  
875 | name, address, and telephone number, the physician assistant's

876 prescriber number. Unless it is a drug or drug sample dispensed  
 877 by the physician assistant, the prescription must be filled in a  
 878 pharmacy permitted under chapter 465, and must be dispensed in  
 879 that pharmacy by a pharmacist licensed under chapter 465. The  
 880 inclusion of the prescriber number creates a presumption that  
 881 the physician assistant is authorized to prescribe the medicinal  
 882 drug and the prescription is valid.

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

885 (6) PROGRAM APPROVAL.—

886 (a) The boards shall approve programs, ~~based on~~  
 887 ~~recommendations by the council,~~ for the education and training  
 888 of physician assistants which meet standards established by rule  
 889 of the boards. ~~The council may recommend only those physician~~  
 890 ~~assistant programs that hold full accreditation or provisional~~  
 891 ~~accreditation from the Commission on Accreditation of Allied~~  
 892 ~~Health Programs or its successor organization.~~

893 (7) PHYSICIAN ASSISTANT LICENSURE.—

894 (a) Any person desiring to be licensed as a physician  
 895 assistant must apply to the department. The department shall  
 896 issue a license to any person certified by the council as having  
 897 met the following requirements:

- 898 1. Is at least 18 years of age.
- 899 2. Has satisfactorily passed a proficiency examination by
- 900 an acceptable score established by the National Commission on

901 Certification of Physician Assistants. If an applicant does not  
 902 hold a current certificate issued by the National Commission on  
 903 Certification of Physician Assistants and has not actively  
 904 practiced as a physician assistant within the immediately  
 905 preceding 4 years, the applicant must retake and successfully  
 906 complete the entry-level examination of the National Commission  
 907 on Certification of Physician Assistants to be eligible for  
 908 licensure.

909 3. Has completed the application form and remitted an  
 910 application fee not to exceed \$300 as set by the boards. An  
 911 application for licensure made by a physician assistant must  
 912 include:

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

916 b. Acknowledgment of any prior felony convictions.

917 c. Acknowledgment of any previous revocation or denial of  
 918 licensure or certification in any state.

919 d. A copy of course transcripts and a copy of the course  
 920 description from a physician assistant training program  
 921 describing course content in pharmacotherapy, if the applicant  
 922 wishes to apply for prescribing authority. These documents must  
 923 meet the evidence requirements for prescribing authority.

924 (f) The Board of Osteopathic Medicine may impose any of  
 925 the penalties authorized under ss. 456.072 and 459.015(2) upon

926 an autonomous physician assistant or a physician assistant if  
927 the autonomous physician assistant, physician assistant, or the  
928 supervising physician has been found guilty of or is being  
929 investigated for any act that constitutes a violation of this  
930 chapter or chapter 456.

931 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

932 (a) The boards shall register a physician assistant as an  
933 autonomous physician assistant if the applicant demonstrates  
934 that he or she:

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

937 2. Has not been subject to any disciplinary action as  
938 specified in s. 456.072, s. 458.331, or s. 459.015, or any  
939 similar disciplinary action in any jurisdiction of the United  
940 States, within the 5 years immediately preceding the  
941 registration request.

942 3. Has completed, in any jurisdiction of the United  
943 States, at least 2,000 clinical practice hours within the 3  
944 years immediately preceding the submission of the registration  
945 request while practicing as a physician assistant under the  
946 supervision of an allopathic or osteopathic physician who held  
947 an active, unencumbered license issued by any state, the  
948 District of Columbia, or a possession or territory of the United  
949 States during the period of such supervision.

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

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

955        a. Any person registered under this subsection who  
956 practices exclusively as an officer, employee, or agent of the  
957 Federal Government or of the state or its agencies or its  
958 subdivisions.

959        b. Any person whose license has become inactive and who is  
960 not practicing as an autonomous physician assistant in this  
961 state.

962        c. Any person who practices as an autonomous physician  
963 assistant only in conjunction with his or her teaching duties at  
964 an accredited school or its main teaching hospitals. Such  
965 practice is limited to that which is incidental to and a  
966 necessary part of duties in connection with the teaching  
967 position.

968        d. Any person who holds an active registration under this  
969 subsection who is not practicing as an autonomous physician  
970 assistant in this state. If such person initiates or resumes any  
971 practice as an autonomous physician assistant, he or she must  
972 notify the department of such activity and fulfill the  
973 professional liability coverage requirements of this  
974 subparagraph.

975        (b) The department shall conspicuously distinguish an

976 autonomous physician assistant license if he or she is  
977 registered under this subsection.

978 (c) An autonomous physician assistant may:

979 1. Render only primary care services as defined by rule of  
980 the boards without physician supervision.

981 2. Provide any service that is within the scope of the  
982 autonomous physician assistant's education and experience and  
983 provided in accordance with rules adopted by the board without  
984 physician supervision.

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

988 4. Order any medication for administration to a patient in  
989 a facility licensed under chapter 395 or part II of chapter 400,  
990 notwithstanding chapter 465 or chapter 893.

991 5. Provide a signature, certification, stamp,  
992 verification, affidavit, or other endorsement that is otherwise  
993 required by law to be provided by a physician.

994 (d) An autonomous physician assistant must biennially  
995 renew his or her registration under this subsection. The  
996 biennial renewal shall coincide with the autonomous physician  
997 assistant's biennial renewal period for physician assistant  
998 licensure.

999 (e) The council shall develop rules defining the primary  
1000 care practice of autonomous physician assistants, which may



1001 include internal medicine, general pediatrics, family medicine,  
 1002 geriatrics, and general obstetrics and gynecology practices.

1003 ~~(10)-(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 1004 Physician Assistants is created within the department.

1005 (a) The council shall consist of five members appointed as  
 1006 follows:

1007 1. The chairperson of the Board of Medicine shall appoint  
 1008 one member who is a physician and a member ~~three members who are~~  
 1009 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~  
 1010 physician ~~physicians~~ must supervise a physician assistant in his  
 1011 or her ~~the physician's~~ practice.

1012 2. The chairperson of the Board of Osteopathic Medicine  
 1013 shall appoint one member who is a physician and a member of the  
 1014 Board of Osteopathic Medicine. The physician must supervise a  
 1015 physician assistant in his or her practice.

1016 3. The State Surgeon General or her or his designee shall  
 1017 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
 1018 licensed under chapter 458 or this chapter.

1019 (b) ~~Two of the members appointed to the council must be~~  
 1020 ~~physicians who supervise physician assistants in their practice.~~  
 1021 Members shall be appointed to terms of 4 years, except that of  
 1022 the initial appointments, two members shall be appointed to  
 1023 terms of 2 years, two members shall be appointed to terms of 3  
 1024 years, and one member shall be appointed to a term of 4 years,  
 1025 as established by rule of the boards. Council members may not

1026 | serve more than two consecutive terms. The council shall  
1027 | annually elect a chairperson from among its members.

1028 | (c) The council shall:

1029 | 1. Recommend to the department the licensure of physician  
1030 | assistants.

1031 | 2. Develop all rules regulating the primary care practice  
1032 | of autonomous physician assistants and the use of physician  
1033 | assistants by physicians under chapter 458 and this chapter,  
1034 | except for rules relating to the formulary developed under s.  
1035 | 458.347. The council shall also develop rules to ensure that the  
1036 | continuity of supervision is maintained in each practice  
1037 | setting. The boards shall consider adopting a proposed rule  
1038 | developed by the council at the regularly scheduled meeting  
1039 | immediately following the submission of the proposed rule by the  
1040 | council. A proposed rule submitted by the council may not be  
1041 | adopted by either board unless both boards have accepted and  
1042 | approved the identical language contained in the proposed rule.  
1043 | The language of all proposed rules submitted by the council must  
1044 | be approved by both boards pursuant to each respective board's  
1045 | guidelines and standards regarding the adoption of proposed  
1046 | rules. If either board rejects the council's proposed rule, that  
1047 | board must specify its objection to the council with  
1048 | particularity and include any recommendations it may have for  
1049 | the modification of the proposed rule.

1050 | 3. Make recommendations to the boards regarding all

1051 matters relating to autonomous physician assistants and  
 1052 physician assistants.

1053 4. Address concerns and problems of practicing autonomous  
 1054 physician assistants and physician assistants in order to  
 1055 improve safety in the clinical practices of registered  
 1056 autonomous physician assistants and licensed physician  
 1057 assistants.

1058 (d) When the council finds that an applicant for licensure  
 1059 has failed to meet, to the council's satisfaction, each of the  
 1060 requirements for licensure set forth in this section, the  
 1061 council may enter an order to:

- 1062 1. Refuse to certify the applicant for licensure;
- 1063 2. Approve the applicant for licensure with restrictions  
 1064 on the scope of practice or license; or
- 1065 3. Approve the applicant for conditional licensure. Such  
 1066 conditions may include placement of the licensee on probation  
 1067 for a period of time and subject to such conditions as the  
 1068 council may specify, including but not limited to, requiring the  
 1069 licensee to undergo treatment, to attend continuing education  
 1070 courses, to work under the direct supervision of a physician  
 1071 licensed in this state, or to take corrective action.

1072 ~~(12)-(11)~~ PENALTY.—Any person who has not been registered  
 1073 or licensed by the council and approved by the department and  
 1074 who holds herself or himself out as an autonomous physician  
 1075 assistant or a physician assistant or who uses any other term in

1076 | indicating or implying that she or he is an autonomous physician  
 1077 | assistant or a physician assistant commits a felony of the third  
 1078 | degree, punishable as provided in s. 775.082 or s. 775.084 or by  
 1079 | a fine not exceeding \$5,000.

1080 | (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
 1081 | The boards may deny, suspend, or revoke the registration of an  
 1082 | autonomous physician assistant or the license of a physician  
 1083 | assistant ~~license~~ if a board determines that the autonomous  
 1084 | physician assistant or physician assistant has violated this  
 1085 | chapter.

1086 | (14)~~(13)~~ RULES.—The boards shall adopt rules to implement  
 1087 | this section, including rules detailing the contents of the  
 1088 | application for licensure and notification pursuant to  
 1089 | subsection (7), rules relating to the registration of autonomous  
 1090 | physician assistants under subsection (8), and rules to ensure  
 1091 | ~~both~~ the continued competency of autonomous physician assistants  
 1092 | and physician assistants and the proper utilization of them by  
 1093 | physicians or groups of physicians.

1094 | (19) ADVERSE INCIDENTS.—An autonomous physician assistant  
 1095 | must report adverse incidents to the department in accordance  
 1096 | with s. 459.026.

1097 | Section 5. Subsections (1) and (3) of section 464.012,  
 1098 | Florida Statutes, are amended to read:

1099 | 464.012 Licensure of advanced practice registered nurses;  
 1100 | fees; controlled substance prescribing.—

1101 (1) Any nurse desiring to be licensed as an advanced  
1102 practice registered nurse must apply to the board ~~department~~ and  
1103 submit proof that he or she holds a current license to practice  
1104 professional nursing or holds an active multistate license to  
1105 practice professional nursing pursuant to s. 464.0095 and ~~that~~  
1106 ~~he or she~~ meets one or more of the following requirements ~~as~~  
1107 ~~determined by the board:~~

1108 (a) Certification by an appropriate specialty board. Such  
1109 certification is required for initial state licensure and any  
1110 licensure renewal as a certified nurse midwife, certified nurse  
1111 practitioner, certified registered nurse anesthetist, clinical  
1112 nurse specialist, or psychiatric nurse. The board may by rule  
1113 provide for provisional state licensure of certified registered  
1114 nurse anesthetists, clinical nurse specialists, certified nurse  
1115 practitioners, psychiatric nurses, and certified nurse midwives  
1116 for a period of time determined to be appropriate for preparing  
1117 for and passing the national certification examination.

1118 (b) Graduation from a ~~program leading to a~~ master's degree  
1119 program in a nursing clinical specialty area with preparation in  
1120 specialized practitioner skills. For applicants graduating on or  
1121 after October 1, 1998, graduation from a master's degree program  
1122 is required for initial licensure as a certified nurse  
1123 practitioner under paragraph (4) (a).

1124 1. For applicants graduating on or after October 1, 2001,  
1125 graduation from a master's degree program is required for

1126 initial licensure as a certified registered nurse anesthetist  
1127 who may perform the acts listed in paragraph (4) (b).

1128 2. For applicants graduating on or after October 1, 1998,  
1129 graduation from a master's degree program is required for  
1130 initial licensure as a certified nurse midwife who may perform  
1131 the acts listed in paragraph (4) (c).

1132 3. For applicants graduating on or after July 1, 2007,  
1133 graduation from a master's degree program is required for  
1134 initial licensure as a clinical nurse specialist who may perform  
1135 the acts listed in paragraph (4) (d).

1136 (3) An advanced practice registered nurse shall perform  
1137 those functions authorized in this section within the framework  
1138 of an established protocol that must be maintained on site at  
1139 the location or locations at which an advanced practice  
1140 registered nurse practices, unless the advanced practice  
1141 registered nurse is registered to engage in autonomous practice  
1142 under s. 464.0123. In the case of multiple supervising  
1143 physicians in the same group, an advanced practice registered  
1144 nurse must enter into a supervisory protocol with at least one  
1145 physician within the physician group practice. A practitioner  
1146 currently licensed under chapter 458, chapter 459, or chapter  
1147 466 shall maintain supervision for directing the specific course  
1148 of medical treatment. Within the established framework, an  
1149 advanced practice registered nurse may:

1150 (a) Prescribe, dispense, administer, or order any drug;

1151 however, an advanced practice registered nurse may prescribe or  
1152 dispense a controlled substance as defined in s. 893.03 only if  
1153 the advanced practice registered nurse has graduated from a  
1154 program leading to a master's or doctoral degree in a clinical  
1155 nursing specialty area with training in specialized practitioner  
1156 skills.

1157 (b) Initiate appropriate therapies for certain conditions.

1158 (c) Perform additional functions as may be determined by  
1159 rule in accordance with s. 464.003(2).

1160 (d) Order diagnostic tests and physical and occupational  
1161 therapy.

1162 (e) Order any medication for administration to a patient  
1163 in a facility licensed under chapter 395 or part II of chapter  
1164 400, notwithstanding any provisions in chapter 465 or chapter  
1165 893.

1166 (f) Sign, certify, stamp, verify, or endorse a document  
1167 that requires the signature, certification, stamp, verification,  
1168 affidavit, or endorsement of a physician. However, a supervisory  
1169 physician may not delegate the authority to issue a documented  
1170 approval to release a patient from a receiving facility or its  
1171 contractor under s. 394.463(2)(f) to an advanced practice  
1172 registered nurse.

1173 Section 6. Section 464.0123, Florida Statutes, is created  
1174 to read:

1175 464.0123 Autonomous practice by an advanced practice

1176 registered nurse.-

1177 (1) For purposes of this section, the term "autonomous  
1178 practice" means advanced or specialized nursing practice by an  
1179 advanced practice registered nurse who is not subject to  
1180 supervision by a physician or a supervisory protocol.

1181 (2) The board shall register an advanced practice  
1182 registered nurse as an autonomous advanced practice registered  
1183 nurse if the applicant demonstrates that he or she:

1184 (a) Holds an active, unencumbered license to practice  
1185 advanced or specialized nursing in this state.

1186 (b) Has not been subject to any disciplinary action as  
1187 specified in s. 456.072 or s. 464.018, or any similar  
1188 disciplinary action in any other jurisdiction of the United  
1189 States, within the 5 years immediately preceding the  
1190 registration request.

1191 (c) Has completed, in any jurisdiction of the United  
1192 States, at least 2,000 clinical practice hours or clinical  
1193 instructional hours within the 5 years immediately preceding the  
1194 registration request while practicing as an advanced practice  
1195 registered nurse under the supervision of an allopathic or  
1196 osteopathic physician who held an active, unencumbered license  
1197 issued by another state, the District of Columbia, or a  
1198 possession or territory of the United States during the period  
1199 of such supervision.

1200 (d) Has completed a graduate-level course in pharmacology.



1201       (3) The board may provide by rule additional requirements  
1202 for an advanced practice registered nurse who is registered  
1203 under this section when performing acts within his or her  
1204 specialty pursuant to s. 464.012(4).

1205       (4) (a) An advanced practice registered nurse registered  
1206 under this section must by one of the following methods  
1207 demonstrate to the satisfaction of the board and the department  
1208 financial responsibility to pay claims and costs ancillary  
1209 thereto arising out of the rendering of, or the failure to  
1210 render, medical or nursing care or services:

1211       1. Obtaining and maintaining professional liability  
1212 coverage in an amount not less than \$100,000 per claim, with a  
1213 minimum annual aggregate of not less than \$300,000, from an  
1214 authorized insurer as defined in s. 624.09, from a surplus lines  
1215 insurer as defined in s. 626.914(2), from a risk retention group  
1216 as defined in s. 627.942, from the Joint Underwriting  
1217 Association established under s. 627.351(4), or through a plan  
1218 of self-insurance as provided in s. 627.357; or

1219       2. Obtaining and maintaining an unexpired, irrevocable  
1220 letter of credit, established pursuant to chapter 675, in an  
1221 amount of not less than \$100,000 per claim, with a minimum  
1222 aggregate availability of credit of not less than \$300,000. The  
1223 letter of credit must be payable to the advanced practice  
1224 registered nurse as beneficiary upon presentment of a final  
1225 judgment indicating liability and awarding damages to be paid by

1226 the advanced practice registered nurse or upon presentment of a  
1227 settlement agreement signed by all parties to such agreement  
1228 when such final judgment or settlement is a result of a claim  
1229 arising out of the rendering of, or the failure to render,  
1230 medical or nursing care and services.

1231 (b) The requirements of paragraph (a) do not apply to:

1232 1. Any person registered under this subsection who  
1233 practices exclusively as an officer, employee, or agent of the  
1234 Federal Government or of the state or its agencies or its  
1235 subdivisions.

1236 2. Any person whose license has become inactive and who is  
1237 not practicing as an advanced practice registered nurse  
1238 registered under this section in this state.

1239 3. Any person who practices as an advanced practice  
1240 registered nurse registered under this section only in  
1241 conjunction with his or her teaching duties at an accredited  
1242 school or its main teaching hospitals. Such practice is limited  
1243 to that which is incidental to and a necessary part of duties in  
1244 connection with the teaching position.

1245 4. Any person who holds an active registration under this  
1246 section who is not practicing as an autonomous advanced practice  
1247 registered nurse registered under this section in this state. If  
1248 such person initiates or resumes any practice as an autonomous  
1249 advanced practice registered nurse, he or she must notify the  
1250 department of such activity and fulfill the professional

1251 liability coverage requirements of paragraph (a).

1252 (5) The department shall conspicuously distinguish an  
 1253 advanced practice registered nurse's license if he or she is  
 1254 registered with the board under this section and include the  
 1255 registration in the advanced practice registered nurse's  
 1256 practitioner profile created under s. 456.041.

1257 (6) An advanced practice registered nurse who is  
 1258 registered under this section may perform the general functions  
 1259 of an advanced practice registered nurse under s. 464.012(3),  
 1260 the acts within his or her specialty under s. 464.012(4), and  
 1261 the following:

1262 (a) For a patient who requires the services of a health  
 1263 care facility, as defined in s. 408.032(8):

- 1264 1. Admit the patient to the facility.
- 1265 2. Manage the care received by the patient in the  
 1266 facility.
- 1267 3. Discharge the patient from the facility, unless  
 1268 prohibited by federal law or rule.

1269 (b) Provide a signature, certification, stamp,  
 1270 verification, affidavit, or endorsement that is otherwise  
 1271 required by law to be provided by a physician.

1272 (7) (a) An advanced practice registered nurse must  
 1273 biennially renew his or her registration under this section. The  
 1274 biennial renewal for registration shall coincide with the  
 1275 advanced practice registered nurse's biennial renewal period for

1276 licensure.

1277 (b) To renew his or her registration under this section,  
1278 an advanced practice registered nurse must complete at least 10  
1279 hours of continuing education approved by the board in addition  
1280 to completing the continuing education requirements established  
1281 by board rule pursuant to s. 464.013. If the initial renewal  
1282 period occurs before January 1, 2021, an advanced practice  
1283 registered nurse who is registered under this section is not  
1284 required to complete the continuing education requirement under  
1285 this paragraph until the following biennial renewal period.

1286 (8) The board may establish an advisory committee to make  
1287 evidence-based recommendations about medical acts that an  
1288 advanced practice registered nurse who is registered under this  
1289 section may perform. The committee must consist of four advanced  
1290 practice registered nurses licensed under this chapter,  
1291 appointed by the board; two physicians licensed under chapter  
1292 458 or chapter 459 who have professional experience with  
1293 advanced practice registered nurses, appointed by the Board of  
1294 Medicine; and the State Surgeon General or his or her designee.  
1295 Each committee member appointed by a board shall serve a term of  
1296 4 years, unless a shorter term is required to establish or  
1297 maintain staggered terms. The Board of Nursing shall act upon  
1298 the recommendations from the committee within 90 days after the  
1299 submission of such recommendations.

1300 (9) The board shall adopt rules as necessary to implement

1301 this section.

1302 Section 7. Section 464.0155, Florida Statutes, is created  
1303 to read:

1304 464.0155 Reports of adverse incidents by advanced practice  
1305 registered nurses.-

1306 (1) An advanced practice registered nurse registered to  
1307 engage in autonomous practice under s. 464.0123 must report an  
1308 adverse incident to the department in accordance with this  
1309 section.

1310 (2) The report must be in writing, sent to the department  
1311 by certified mail, and postmarked within 15 days after the  
1312 occurrence of the adverse incident if the adverse incident  
1313 occurs when the patient is at the office of the advanced  
1314 practice registered nurse. If the adverse incident occurs when  
1315 the patient is not at the office of the advanced practice  
1316 registered nurse, the report must be postmarked within 15 days  
1317 after the advanced practice registered nurse discovers, or  
1318 reasonably should have discovered, the occurrence of the adverse  
1319 incident.

1320 (3) For purposes of this section, the term "adverse  
1321 incident" means any of the following events when it is  
1322 reasonable to believe that the event is attributable to the  
1323 prescription of a controlled substance regulated under chapter  
1324 893 or 21 U.S.C. s. 812 by the advanced practice registered  
1325 nurse:

1326 (a) A condition that requires the transfer of a patient to  
 1327 a hospital licensed under chapter 395.

1328 (b) Permanent physical injury to the patient.

1329 (c) Death of the patient.

1330 (4) The department shall review each report of an adverse  
 1331 incident and determine whether the adverse incident was  
 1332 attributable to conduct by the advanced practice registered  
 1333 nurse. Upon such a determination, the board may take  
 1334 disciplinary action pursuant to s. 456.073.

1335 Section 8. Paragraph (r) is added to subsection (1) of  
 1336 section 464.018, Florida Statutes, to read:

1337 464.018 Disciplinary actions.—

1338 (1) The following acts constitute grounds for denial of a  
 1339 license or disciplinary action, as specified in ss. 456.072(2)  
 1340 and 464.0095:

1341 (r) For an advanced practice registered nurse registered  
 1342 to engage in autonomous practice under s. 464.0123:

1343 1. Paying or receiving any commission, bonus, kickback, or  
 1344 rebate from, or engaging in any split-fee arrangement in any  
 1345 form whatsoever with, a health care practitioner, organization,  
 1346 agency, or person, either directly or implicitly, for referring  
 1347 patients to providers of health care goods or services,  
 1348 including, but not limited to, hospitals, nursing homes,  
 1349 clinical laboratories, ambulatory surgical centers, or  
 1350 pharmacies. This subparagraph may not be construed to prevent an

1351 advanced practice registered nurse from receiving a fee for  
1352 professional consultation services.

1353 2. Exercising influence within a patient-advanced practice  
1354 registered nurse relationship for purposes of engaging a patient  
1355 in sexual activity. A patient shall be presumed to be incapable  
1356 of giving free, full, and informed consent to sexual activity  
1357 with his or her advanced practice registered nurse.

1358 3. Making deceptive, untrue, or fraudulent representations  
1359 in or related to, or employing a trick or scheme in or related  
1360 to, advanced or specialized nursing practice.

1361 4. Soliciting patients, either personally or through an  
1362 agent, by the use of fraud, intimidation, undue influence, or a  
1363 form of overreaching or vexatious conduct. As used in this  
1364 subparagraph, the term "soliciting" means directly or implicitly  
1365 requesting an immediate oral response from the recipient.

1366 5. Failing to keep legible, as defined by department rule  
1367 in consultation with the board, medical records that identify  
1368 the advanced practice registered nurse by name and professional  
1369 title who is responsible for rendering, ordering, supervising,  
1370 or billing for each diagnostic or treatment procedure and that  
1371 justify the course of treatment of the patient, including, but  
1372 not limited to, patient histories; examination results; test  
1373 results; records of drugs prescribed, dispensed, or  
1374 administered; and reports of consultations or referrals.

1375 6. Exercising influence on the patient to exploit the

1376 patient for the financial gain of the advanced practice  
1377 registered nurse or a third party, including, but not limited  
1378 to, the promoting or selling of services, goods, appliances, or  
1379 drugs.

1380 7. Performing professional services that have not been  
1381 duly authorized by the patient, or his or her legal  
1382 representative, except as provided in s. 766.103 or s. 768.13.

1383 8. Performing any procedure or prescribing any therapy  
1384 that, by the prevailing standards of advanced or specialized  
1385 nursing practice in the community, would constitute  
1386 experimentation on a human subject, without first obtaining  
1387 full, informed, and written consent.

1388 9. Delegating professional responsibilities to a person  
1389 when the advanced practice registered nurse delegating such  
1390 responsibilities knows or has reason to believe that such person  
1391 is not qualified by training, experience, or licensure to  
1392 perform such responsibilities.

1393 10. Committing, or conspiring with another to commit, an  
1394 act that would tend to coerce, intimidate, or preclude another  
1395 advanced practice registered nurse from lawfully advertising his  
1396 or her services.

1397 11. Advertising or holding himself or herself out as  
1398 having certification in a specialty that the he or she has not  
1399 received.

1400 12. Failing to comply with the requirements of ss. 381.026



1401 and 381.0261 related to providing patients with information  
1402 about their rights and how to file a complaint.

1403 13. Providing deceptive or fraudulent expert witness  
1404 testimony related to advanced or specialized nursing practice.

1405 Section 9. Subsection (43) of section 39.01, Florida  
1406 Statutes, is amended to read:

1407 39.01 Definitions.—When used in this chapter, unless the  
1408 context otherwise requires:

1409 (43) "Licensed health care professional" means a physician  
1410 licensed under chapter 458, an osteopathic physician licensed  
1411 under chapter 459, a nurse licensed under part I of chapter 464,  
1412 an autonomous physician assistant or a physician assistant  
1413 registered or licensed under chapter 458 or chapter 459, or a  
1414 dentist licensed under chapter 466.

1415 Section 10. Paragraphs (d) and (e) of subsection (5) of  
1416 section 39.303, Florida Statutes, are redesignated as paragraphs  
1417 (e) and (f), respectively, a new paragraph (d) is added to that  
1418 subsection, and paragraph (a) of subsection (6) of that section  
1419 is amended, to read:

1420 39.303 Child Protection Teams and sexual abuse treatment  
1421 programs; services; eligible cases.—

1422 (5) All abuse and neglect cases transmitted for  
1423 investigation to a circuit by the hotline must be simultaneously  
1424 transmitted to the Child Protection Team for review. For the  
1425 purpose of determining whether a face-to-face medical evaluation

1426 | by a Child Protection Team is necessary, all cases transmitted  
 1427 | to the Child Protection Team which meet the criteria in  
 1428 | subsection (4) must be timely reviewed by:

1429 |       (d) An autonomous physician assistant registered under  
 1430 | chapter 458 or chapter 459 who has a specialty in pediatrics or  
 1431 | family medicine and is member of the Child Protection Team;

1432 |       (6) A face-to-face medical evaluation by a Child  
 1433 | Protection Team is not necessary when:

1434 |       (a) The child was examined for the alleged abuse or  
 1435 | neglect by a physician who is not a member of the Child  
 1436 | Protection Team, and a consultation between the Child Protection  
 1437 | Team medical director or a Child Protection Team board-certified  
 1438 | pediatrician, advanced practice registered nurse, autonomous  
 1439 | physician assistant, or physician assistant working under the  
 1440 | supervision of a Child Protection Team medical director or a  
 1441 | Child Protection Team board-certified pediatrician, or  
 1442 | registered nurse working under the direct supervision of a Child  
 1443 | Protection Team medical director or a Child Protection Team  
 1444 | board-certified pediatrician, and the examining physician  
 1445 | concludes that a further medical evaluation is unnecessary;

1446 |  
 1447 | Notwithstanding paragraphs (a), (b), and (c), a Child Protection  
 1448 | Team medical director or a Child Protection Team pediatrician,  
 1449 | as authorized in subsection (5), may determine that a face-to-  
 1450 | face medical evaluation is necessary.

1451 Section 11. Paragraph (b) of subsection (1) of section  
1452 39.304, Florida Statutes, is amended to read:

1453 39.304 Photographs, medical examinations, X rays, and  
1454 medical treatment of abused, abandoned, or neglected child.—

1455 (1)

1456 (b) If the areas of trauma visible on a child indicate a  
1457 need for a medical examination, or if the child verbally  
1458 complains or otherwise exhibits distress as a result of injury  
1459 through suspected child abuse, abandonment, or neglect, or is  
1460 alleged to have been sexually abused, the person required to  
1461 investigate may cause the child to be referred for diagnosis to  
1462 a licensed physician or an emergency department in a hospital  
1463 without the consent of the child's parents or legal custodian.  
1464 Such examination may be performed by any licensed physician,  
1465 registered autonomous physician assistant, licensed physician  
1466 assistant, or an advanced practice registered nurse licensed or  
1467 registered under ~~pursuant to~~ part I of chapter 464. Any licensed  
1468 physician, registered autonomous physician assistant, licensed  
1469 physician assistant, or advanced practice registered nurse  
1470 licensed or registered under ~~pursuant to~~ part I of chapter 464  
1471 who has reasonable cause to suspect that an injury was the  
1472 result of child abuse, abandonment, or neglect may authorize a  
1473 radiological examination to be performed on the child without  
1474 the consent of the child's parent or legal custodian.

1475 Section 12. Paragraph (d) of subsection (2) of section

1476 110.12315, Florida Statutes, is amended to read:

1477 110.12315 Prescription drug program.—The state employees'  
1478 prescription drug program is established. This program shall be  
1479 administered by the Department of Management Services, according  
1480 to the terms and conditions of the plan as established by the  
1481 relevant provisions of the annual General Appropriations Act and  
1482 implementing legislation, subject to the following conditions:

1483 (2) In providing for reimbursement of pharmacies for  
1484 prescription drugs and supplies dispensed to members of the  
1485 state group health insurance plan and their dependents under the  
1486 state employees' prescription drug program:

1487 (d) The department shall establish the reimbursement  
1488 schedule for prescription drugs and supplies dispensed under the  
1489 program. Reimbursement rates for a prescription drug or supply  
1490 must be based on the cost of the generic equivalent drug or  
1491 supply if a generic equivalent exists, unless the physician,  
1492 advanced practice registered nurse, autonomous physician  
1493 assistant, or physician assistant prescribing the drug or supply  
1494 clearly states on the prescription that the brand name drug or  
1495 supply is medically necessary or that the drug or supply is  
1496 included on the formulary of drugs and supplies that may not be  
1497 interchanged as provided in chapter 465, in which case  
1498 reimbursement must be based on the cost of the brand name drug  
1499 or supply as specified in the reimbursement schedule adopted by  
1500 the department.

1501 Section 13. Paragraph (a) of subsection (3) of section  
 1502 252.515, Florida Statutes, is amended to read:  
 1503 252.515 Postdisaster Relief Assistance Act; immunity from  
 1504 civil liability.—

1505 (3) As used in this section, the term:

1506 (a) "Emergency first responder" means:

- 1507 1. A physician licensed under chapter 458.
- 1508 2. An osteopathic physician licensed under chapter 459.
- 1509 3. A chiropractic physician licensed under chapter 460.
- 1510 4. A podiatric physician licensed under chapter 461.
- 1511 5. A dentist licensed under chapter 466.
- 1512 6. An advanced practice registered nurse licensed under s.
- 1513 464.012.
- 1514 7. An autonomous physician assistant or a physician
- 1515 assistant registered or licensed under chapter 458 ~~s. 458.347~~ or
- 1516 chapter 459 ~~s. 459.022~~.
- 1517 8. A worker employed by a public or private hospital in
- 1518 the state.
- 1519 9. A paramedic as defined in s. 401.23(17).
- 1520 10. An emergency medical technician as defined in s.
- 1521 401.23(11).
- 1522 11. A firefighter as defined in s. 633.102.
- 1523 12. A law enforcement officer as defined in s. 943.10.
- 1524 13. A member of the Florida National Guard.
- 1525 14. Any other personnel designated as emergency personnel

1526 | by the Governor pursuant to a declared emergency.

1527 |       Section 14. Paragraph (c) of subsection (1) of section  
1528 | 310.071, Florida Statutes, is amended to read:

1529 |       310.071 Deputy pilot certification.—

1530 |       (1) In addition to meeting other requirements specified in  
1531 | this chapter, each applicant for certification as a deputy pilot  
1532 | must:

1533 |       (c) Be in good physical and mental health, as evidenced by  
1534 | documentary proof of having satisfactorily passed a complete  
1535 | physical examination administered by a licensed physician within  
1536 | the preceding 6 months. The board shall adopt rules to establish  
1537 | requirements for passing the physical examination, which rules  
1538 | shall establish minimum standards for the physical or mental  
1539 | capabilities necessary to carry out the professional duties of a  
1540 | certificated deputy pilot. Such standards shall include zero  
1541 | tolerance for any controlled substance regulated under chapter  
1542 | 893 unless that individual is under the care of a physician, an  
1543 | advanced practice registered nurse, an autonomous physician  
1544 | assistant, or a physician assistant and that controlled  
1545 | substance was prescribed by that physician, advanced practice  
1546 | registered nurse, autonomous physician assistant, or physician  
1547 | assistant. To maintain eligibility as a certificated deputy  
1548 | pilot, each certificated deputy pilot must annually provide  
1549 | documentary proof of having satisfactorily passed a complete  
1550 | physical examination administered by a licensed physician. The

1551 physician must know the minimum standards and certify that the  
1552 certificateholder satisfactorily meets the standards. The  
1553 standards for certificateholders shall include a drug test.

1554 Section 15. Subsection (3) of section 310.073, Florida  
1555 Statutes, is amended to read:

1556 310.073 State pilot licensing.—In addition to meeting  
1557 other requirements specified in this chapter, each applicant for  
1558 license as a state pilot must:

1559 (3) Be in good physical and mental health, as evidenced by  
1560 documentary proof of having satisfactorily passed a complete  
1561 physical examination administered by a licensed physician within  
1562 the preceding 6 months. The board shall adopt rules to establish  
1563 requirements for passing the physical examination, which rules  
1564 shall establish minimum standards for the physical or mental  
1565 capabilities necessary to carry out the professional duties of a  
1566 licensed state pilot. Such standards shall include zero  
1567 tolerance for any controlled substance regulated under chapter  
1568 893 unless that individual is under the care of a physician, an  
1569 advanced practice registered nurse, an autonomous physician  
1570 assistant, or a physician assistant and that controlled  
1571 substance was prescribed by that physician, advanced practice  
1572 registered nurse, autonomous physician assistant, or physician  
1573 assistant. To maintain eligibility as a licensed state pilot,  
1574 each licensed state pilot must annually provide documentary  
1575 proof of having satisfactorily passed a complete physical

1576 examination administered by a licensed physician. The physician  
1577 must know the minimum standards and certify that the licensee  
1578 satisfactorily meets the standards. The standards for licensees  
1579 shall include a drug test.

1580 Section 16. Paragraph (b) of subsection (3) of section  
1581 310.081, Florida Statutes, is amended to read:

1582 310.081 Department to examine and license state pilots and  
1583 certificate deputy pilots; vacancies.-

1584 (3) Pilots shall hold their licenses or certificates  
1585 pursuant to the requirements of this chapter so long as they:

1586 (b) Are in good physical and mental health as evidenced by  
1587 documentary proof of having satisfactorily passed a physical  
1588 examination administered by a licensed physician or physician  
1589 assistant within each calendar year. The board shall adopt rules  
1590 to establish requirements for passing the physical examination,  
1591 which rules shall establish minimum standards for the physical  
1592 or mental capabilities necessary to carry out the professional  
1593 duties of a licensed state pilot or a certificated deputy pilot.  
1594 Such standards shall include zero tolerance for any controlled  
1595 substance regulated under chapter 893 unless that individual is  
1596 under the care of a physician, an advanced practice registered  
1597 nurse, an autonomous physician assistant, or a physician  
1598 assistant and that controlled substance was prescribed by that  
1599 physician, advanced practice registered nurse, autonomous  
1600 physician assistant, or physician assistant. To maintain



1601 eligibility as a certificated deputy pilot or licensed state  
 1602 pilot, each certificated deputy pilot or licensed state pilot  
 1603 must annually provide documentary proof of having satisfactorily  
 1604 passed a complete physical examination administered by a  
 1605 licensed physician. The physician must know the minimum  
 1606 standards and certify that the certificateholder or licensee  
 1607 satisfactorily meets the standards. The standards for  
 1608 certificateholders and for licensees shall include a drug test.

1609  
 1610 Upon resignation or in the case of disability permanently  
 1611 affecting a pilot's ability to serve, the state license or  
 1612 certificate issued under this chapter shall be revoked by the  
 1613 department.

1614 Section 17. Paragraph (b) of subsection (1) of section  
 1615 320.0848, Florida Statutes, is amended to read:

1616 320.0848 Persons who have disabilities; issuance of  
 1617 disabled parking permits; temporary permits; permits for certain  
 1618 providers of transportation services to persons who have  
 1619 disabilities.—

1620 (1)

1621 (b)1. The person must be currently certified as being  
 1622 legally blind or as having any of the following disabilities  
 1623 that render him or her unable to walk 200 feet without stopping  
 1624 to rest:

1625 a. Inability to walk without the use of or assistance from

1626 a brace, cane, crutch, prosthetic device, or other assistive  
1627 device, or without the assistance of another person. If the  
1628 assistive device significantly restores the person's ability to  
1629 walk to the extent that the person can walk without severe  
1630 limitation, the person is not eligible for the exemption parking  
1631 permit.

1632 b. The need to permanently use a wheelchair.

1633 c. Restriction by lung disease to the extent that the  
1634 person's forced (respiratory) expiratory volume for 1 second,  
1635 when measured by spirometry, is less than 1 liter, or the  
1636 person's arterial oxygen is less than 60 mm/hg on room air at  
1637 rest.

1638 d. Use of portable oxygen.

1639 e. Restriction by cardiac condition to the extent that the  
1640 person's functional limitations are classified in severity as  
1641 Class III or Class IV according to standards set by the American  
1642 Heart Association.

1643 f. Severe limitation in the person's ability to walk due  
1644 to an arthritic, neurological, or orthopedic condition.

1645 2. The certification of disability which is required under  
1646 subparagraph 1. must be provided by a physician licensed under  
1647 chapter 458, chapter 459, or chapter 460, by a podiatric  
1648 physician licensed under chapter 461, by an optometrist licensed  
1649 under chapter 463, by an advanced practice registered nurse  
1650 licensed under chapter 464 under the protocol of a licensed

1651 physician as stated in this subparagraph, by an autonomous  
1652 physician assistant or a physician assistant registered or  
1653 licensed under chapter 458 or chapter 459, or by a similarly  
1654 licensed physician from another state if the application is  
1655 accompanied by documentation of the physician's licensure in the  
1656 other state and a form signed by the out-of-state physician  
1657 verifying his or her knowledge of this state's eligibility  
1658 guidelines.

1659 Section 18. Paragraph (c) of subsection (1) of section  
1660 381.00315, Florida Statutes, is amended to read:

1661 381.00315 Public health advisories; public health  
1662 emergencies; isolation and quarantines.—The State Health Officer  
1663 is responsible for declaring public health emergencies, issuing  
1664 public health advisories, and ordering isolation or quarantines.

1665 (1) As used in this section, the term:

1666 (c) "Public health emergency" means any occurrence, or  
1667 threat thereof, whether natural or manmade, which results or may  
1668 result in substantial injury or harm to the public health from  
1669 infectious disease, chemical agents, nuclear agents, biological  
1670 toxins, or situations involving mass casualties or natural  
1671 disasters. Before declaring a public health emergency, the State  
1672 Health Officer shall, to the extent possible, consult with the  
1673 Governor and shall notify the Chief of Domestic Security. The  
1674 declaration of a public health emergency shall continue until  
1675 the State Health Officer finds that the threat or danger has

1676 | been dealt with to the extent that the emergency conditions no  
1677 | longer exist and he or she terminates the declaration. However,  
1678 | a declaration of a public health emergency may not continue for  
1679 | longer than 60 days unless the Governor concurs in the renewal  
1680 | of the declaration. The State Health Officer, upon declaration  
1681 | of a public health emergency, may take actions that are  
1682 | necessary to protect the public health. Such actions include,  
1683 | but are not limited to:

1684 |       1. Directing manufacturers of prescription drugs or over-  
1685 | the-counter drugs who are permitted under chapter 499 and  
1686 | wholesalers of prescription drugs located in this state who are  
1687 | permitted under chapter 499 to give priority to the shipping of  
1688 | specified drugs to pharmacies and health care providers within  
1689 | geographic areas that have been identified by the State Health  
1690 | Officer. The State Health Officer must identify the drugs to be  
1691 | shipped. Manufacturers and wholesalers located in the state must  
1692 | respond to the State Health Officer's priority shipping  
1693 | directive before shipping the specified drugs.

1694 |       2. Notwithstanding chapters 465 and 499 and rules adopted  
1695 | thereunder, directing pharmacists employed by the department to  
1696 | compound bulk prescription drugs and provide these bulk  
1697 | prescription drugs to physicians and nurses of county health  
1698 | departments or any qualified person authorized by the State  
1699 | Health Officer for administration to persons as part of a  
1700 | prophylactic or treatment regimen.

1701           3. Notwithstanding s. 456.036, temporarily reactivating  
1702 the inactive license or registration of the following health  
1703 care practitioners, when such practitioners are needed to  
1704 respond to the public health emergency: physicians, autonomous  
1705 physician assistants, or physician assistants licensed or  
1706 registered under chapter 458 or chapter 459; ~~physician~~  
1707 ~~assistants licensed under chapter 458 or chapter 459;~~ licensed  
1708 practical nurses, registered nurses, and advanced practice  
1709 registered nurses licensed under part I of chapter 464;  
1710 respiratory therapists licensed under part V of chapter 468; and  
1711 emergency medical technicians and paramedics certified under  
1712 part III of chapter 401. Only those health care practitioners  
1713 specified in this paragraph who possess an unencumbered inactive  
1714 license and who request that such license be reactivated are  
1715 eligible for reactivation. An inactive license that is  
1716 reactivated under this paragraph shall return to inactive status  
1717 when the public health emergency ends or before the end of the  
1718 public health emergency if the State Health Officer determines  
1719 that the health care practitioner is no longer needed to provide  
1720 services during the public health emergency. Such licenses may  
1721 only be reactivated for a period not to exceed 90 days without  
1722 meeting the requirements of s. 456.036 or chapter 401, as  
1723 applicable.

1724           4. Ordering an individual to be examined, tested,  
1725 vaccinated, treated, isolated, or quarantined for communicable

1726 diseases that have significant morbidity or mortality and  
1727 present a severe danger to public health. Individuals who are  
1728 unable or unwilling to be examined, tested, vaccinated, or  
1729 treated for reasons of health, religion, or conscience may be  
1730 subjected to isolation or quarantine.

1731 a. Examination, testing, vaccination, or treatment may be  
1732 performed by any qualified person authorized by the State Health  
1733 Officer.

1734 b. If the individual poses a danger to the public health,  
1735 the State Health Officer may subject the individual to isolation  
1736 or quarantine. If there is no practical method to isolate or  
1737 quarantine the individual, the State Health Officer may use any  
1738 means necessary to vaccinate or treat the individual.

1739  
1740 Any order of the State Health Officer given to effectuate this  
1741 paragraph shall be immediately enforceable by a law enforcement  
1742 officer under s. 381.0012.

1743 Section 19. Subsection (3) of section 381.00593, Florida  
1744 Statutes, is amended to read:

1745 381.00593 Public school volunteer health care practitioner  
1746 program.—

1747 (3) For purposes of this section, the term "health care  
1748 practitioner" means a physician or autonomous physician  
1749 assistant licensed or registered under chapter 458; an  
1750 osteopathic physician or autonomous physician assistant licensed

1751 or registered under chapter 459; a chiropractic physician  
1752 licensed under chapter 460; a podiatric physician licensed under  
1753 chapter 461; an optometrist licensed under chapter 463; an  
1754 advanced practice registered nurse, registered nurse, or  
1755 licensed practical nurse licensed under part I of chapter 464; a  
1756 pharmacist licensed under chapter 465; a dentist or dental  
1757 hygienist licensed under chapter 466; a midwife licensed under  
1758 chapter 467; a speech-language pathologist or audiologist  
1759 licensed under part I of chapter 468; a dietitian/nutritionist  
1760 licensed under part X of chapter 468; or a physical therapist  
1761 licensed under chapter 486.

1762 Section 20. Paragraph (c) of subsection (2) of section  
1763 381.026, Florida Statutes, is amended to read:

1764 381.026 Florida Patient's Bill of Rights and  
1765 Responsibilities.—

1766 (2) DEFINITIONS.—As used in this section and s. 381.0261,  
1767 the term:

1768 (c) "Health care provider" means a physician licensed  
1769 under chapter 458, an osteopathic physician licensed under  
1770 chapter 459, ~~or~~ a podiatric physician licensed under chapter  
1771 461, an autonomous physician assistant registered under s.  
1772 458.347(8), or an advanced practice registered nurse registered  
1773 to engage in autonomous practice under s. 464.0123.

1774 Section 21. Paragraph (a) of subsection (2) and  
1775 subsections (3), (4), and (5) of section 382.008, Florida

1776 Statutes, are amended to read:

1777       382.008 Death, fetal death, and nonviable birth  
1778 registration.—

1779       (2) (a) The funeral director who first assumes custody of a  
1780 dead body or fetus shall file the certificate of death or fetal  
1781 death. In the absence of the funeral director, the physician,  
1782 autonomous physician assistant, physician assistant, advanced  
1783 practice registered nurse, or other person in attendance at or  
1784 after the death or the district medical examiner of the county  
1785 in which the death occurred or the body was found shall file the  
1786 certificate of death or fetal death. The person who files the  
1787 certificate shall obtain personal data from a legally authorized  
1788 person as described in s. 497.005 or the best qualified person  
1789 or source available. The medical certification of cause of death  
1790 shall be furnished to the funeral director, either in person or  
1791 via certified mail or electronic transfer, by the physician,  
1792 autonomous physician assistant, physician assistant, advanced  
1793 practice registered nurse, or medical examiner responsible for  
1794 furnishing such information. For fetal deaths, the physician,  
1795 certified nurse midwife, midwife, or hospital administrator  
1796 shall provide any medical or health information to the funeral  
1797 director within 72 hours after expulsion or extraction.

1798       (3) Within 72 hours after receipt of a death or fetal  
1799 death certificate from the funeral director, the medical  
1800 certification of cause of death shall be completed and made



1801 available to the funeral director by the decedent's primary or  
1802 attending practitioner ~~physician~~ or, if s. 382.011 applies, the  
1803 district medical examiner of the county in which the death  
1804 occurred or the body was found. The primary or attending  
1805 practitioner ~~physician~~ or the medical examiner shall certify  
1806 over his or her signature the cause of death to the best of his  
1807 or her knowledge and belief. As used in this section, the term  
1808 "primary or attending practitioner ~~physician~~" means a physician,  
1809 autonomous physician assistant, physician assistant, or advanced  
1810 practice registered nurse who treated the decedent through  
1811 examination, medical advice, or medication during the 12 months  
1812 preceding the date of death.

1813 (a) The department may grant the funeral director an  
1814 extension of time upon a good and sufficient showing of any of  
1815 the following conditions:

- 1816 1. An autopsy is pending.
- 1817 2. Toxicology, laboratory, or other diagnostic reports  
1818 have not been completed.
- 1819 3. The identity of the decedent is unknown and further  
1820 investigation or identification is required.

1821 (b) If the decedent's primary or attending practitioner  
1822 ~~physician~~ or the district medical examiner of the county in  
1823 which the death occurred or the body was found indicates that he  
1824 or she will sign and complete the medical certification of cause  
1825 of death but will not be available until after the 5-day

1826 registration deadline, the local registrar may grant an  
 1827 extension of 5 days. If a further extension is required, the  
 1828 funeral director must provide written justification to the  
 1829 registrar.

1830 (4) If the department or local registrar grants an  
 1831 extension of time to provide the medical certification of cause  
 1832 of death, the funeral director shall file a temporary  
 1833 certificate of death or fetal death which shall contain all  
 1834 available information, including the fact that the cause of  
 1835 death is pending. The decedent's primary or attending  
 1836 practitioner ~~physician~~ or the district medical examiner of the  
 1837 county in which the death occurred or the body was found shall  
 1838 provide an estimated date for completion of the permanent  
 1839 certificate.

1840 (5) A permanent certificate of death or fetal death,  
 1841 containing the cause of death and any other information that was  
 1842 previously unavailable, shall be registered as a replacement for  
 1843 the temporary certificate. The permanent certificate may also  
 1844 include corrected information if the items being corrected are  
 1845 noted on the back of the certificate and dated and signed by the  
 1846 funeral director, physician, autonomous physician assistant,  
 1847 physician assistant, advanced practice registered nurse, or  
 1848 district medical examiner of the county in which the death  
 1849 occurred or the body was found, as appropriate.

1850 Section 22. Subsection (1) of section 382.011, Florida

1851 Statutes, is amended to read:

1852 382.011 Medical examiner determination of cause of death.—

1853 (1) In the case of any death or fetal death due to causes  
 1854 or conditions listed in s. 406.11, any death that occurred more  
 1855 than 12 months after the decedent was last treated by a primary  
 1856 or attending physician ~~as defined in s. 382.008(3)~~, or any death  
 1857 for which there is reason to believe that the death may have  
 1858 been due to an unlawful act or neglect, the funeral director or  
 1859 other person to whose attention the death may come shall refer  
 1860 the case to the district medical examiner of the county in which  
 1861 the death occurred or the body was found for investigation and  
 1862 determination of the cause of death.

1863 Section 23. Paragraph (c) of subsection (1) of section  
 1864 383.14, Florida Statutes, is amended to read:

1865 383.14 Screening for metabolic disorders, other hereditary  
 1866 and congenital disorders, and environmental risk factors.—

1867 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
 1868 maternal and child health care system, the Department of Health  
 1869 shall promote the screening of all newborns born in Florida for  
 1870 metabolic, hereditary, and congenital disorders known to result  
 1871 in significant impairment of health or intellect, as screening  
 1872 programs accepted by current medical practice become available  
 1873 and practical in the judgment of the department. The department  
 1874 shall also promote the identification and screening of all  
 1875 newborns in this state and their families for environmental risk

1876 factors such as low income, poor education, maternal and family  
1877 stress, emotional instability, substance abuse, and other high-  
1878 risk conditions associated with increased risk of infant  
1879 mortality and morbidity to provide early intervention,  
1880 remediation, and prevention services, including, but not limited  
1881 to, parent support and training programs, home visitation, and  
1882 case management. Identification, perinatal screening, and  
1883 intervention efforts shall begin before ~~prior to~~ and immediately  
1884 following the birth of the child by the attending health care  
1885 provider. Such efforts shall be conducted in hospitals,  
1886 perinatal centers, county health departments, school health  
1887 programs that provide prenatal care, and birthing centers, and  
1888 reported to the Office of Vital Statistics.

1889 (c) Release of screening results.—Notwithstanding any law  
1890 to the contrary, the State Public Health Laboratory may release,  
1891 directly or through the Children's Medical Services program, the  
1892 results of a newborn's hearing and metabolic tests or screenings  
1893 to the newborn's health care practitioner, the newborn's parent  
1894 or legal guardian, the newborn's personal representative, or a  
1895 person designated by the newborn's parent or legal guardian. As  
1896 used in this paragraph, the term "health care practitioner"  
1897 means a physician, autonomous physician assistant, or physician  
1898 assistant licensed or registered under chapter 458; an  
1899 osteopathic physician, autonomous physician assistant, or  
1900 physician assistant licensed or registered under chapter 459; an

1901 advanced practice registered nurse, registered nurse, or  
 1902 licensed practical nurse licensed under part I of chapter 464; a  
 1903 midwife licensed under chapter 467; a speech-language  
 1904 pathologist or audiologist licensed under part I of chapter 468;  
 1905 or a dietician or nutritionist licensed under part X of chapter  
 1906 468.

1907 Section 24. Paragraph (a) of subsection (3) of section  
 1908 390.0111, Florida Statutes, is amended to read:

1909 390.0111 Termination of pregnancies.—

1910 (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
 1911 be performed or induced except with the voluntary and informed  
 1912 written consent of the pregnant woman or, in the case of a  
 1913 mental incompetent, the voluntary and informed written consent  
 1914 of her court-appointed guardian.

1915 (a) Except in the case of a medical emergency, consent to  
 1916 a termination of pregnancy is voluntary and informed only if:

1917 1. The physician who is to perform the procedure, or the  
 1918 referring physician, has, at a minimum, orally, while physically  
 1919 present in the same room, and at least 24 hours before the  
 1920 procedure, informed the woman of:

1921 a. The nature and risks of undergoing or not undergoing  
 1922 the proposed procedure that a reasonable patient would consider  
 1923 material to making a knowing and willful decision of whether to  
 1924 terminate a pregnancy.

1925 b. The probable gestational age of the fetus, verified by

1926 | an ultrasound, at the time the termination of pregnancy is to be  
 1927 | performed.

1928 |         (I) The ultrasound must be performed by the physician who  
 1929 | is to perform the abortion or by a person having documented  
 1930 | evidence that he or she has completed a course in the operation  
 1931 | of ultrasound equipment as prescribed by rule and who is working  
 1932 | in conjunction with the physician.

1933 |         (II) The person performing the ultrasound must offer the  
 1934 | woman the opportunity to view the live ultrasound images and  
 1935 | hear an explanation of them. If the woman accepts the  
 1936 | opportunity to view the images and hear the explanation, a  
 1937 | physician or a registered nurse, licensed practical nurse,  
 1938 | advanced practice registered nurse, autonomous physician  
 1939 | assistant, or physician assistant working in conjunction with  
 1940 | the physician must contemporaneously review and explain the  
 1941 | images to the woman before the woman gives informed consent to  
 1942 | having an abortion procedure performed.

1943 |         (III) The woman has a right to decline to view and hear  
 1944 | the explanation of the live ultrasound images after she is  
 1945 | informed of her right and offered an opportunity to view the  
 1946 | images and hear the explanation. If the woman declines, the  
 1947 | woman shall complete a form acknowledging that she was offered  
 1948 | an opportunity to view and hear the explanation of the images  
 1949 | but that she declined that opportunity. The form must also  
 1950 | indicate that the woman's decision was not based on any undue

1951 influence from any person to discourage her from viewing the  
1952 images or hearing the explanation and that she declined of her  
1953 own free will.

1954 (IV) Unless requested by the woman, the person performing  
1955 the ultrasound may not offer the opportunity to view the images  
1956 and hear the explanation and the explanation may not be given  
1957 if, at the time the woman schedules or arrives for her  
1958 appointment to obtain an abortion, a copy of a restraining  
1959 order, police report, medical record, or other court order or  
1960 documentation is presented which provides evidence that the  
1961 woman is obtaining the abortion because the woman is a victim of  
1962 rape, incest, domestic violence, or human trafficking or that  
1963 the woman has been diagnosed as having a condition that, on the  
1964 basis of a physician's good faith clinical judgment, would  
1965 create a serious risk of substantial and irreversible impairment  
1966 of a major bodily function if the woman delayed terminating her  
1967 pregnancy.

1968 c. The medical risks to the woman and fetus of carrying  
1969 the pregnancy to term.

1970  
1971 The physician may provide the information required in this  
1972 subparagraph within 24 hours before the procedure if requested  
1973 by the woman at the time she schedules or arrives for her  
1974 appointment to obtain an abortion and if she presents to the  
1975 physician a copy of a restraining order, police report, medical

1976 record, or other court order or documentation evidencing that  
 1977 she is obtaining the abortion because she is a victim of rape,  
 1978 incest, domestic violence, or human trafficking.

1979 2. Printed materials prepared and provided by the  
 1980 department have been provided to the pregnant woman, if she  
 1981 chooses to view these materials, including:

1982 a. A description of the fetus, including a description of  
 1983 the various stages of development.

1984 b. A list of entities that offer alternatives to  
 1985 terminating the pregnancy.

1986 c. Detailed information on the availability of medical  
 1987 assistance benefits for prenatal care, childbirth, and neonatal  
 1988 care.

1989 3. The woman acknowledges in writing, before the  
 1990 termination of pregnancy, that the information required to be  
 1991 provided under this subsection has been provided.

1992  
 1993 Nothing in this paragraph is intended to prohibit a physician  
 1994 from providing any additional information which the physician  
 1995 deems material to the woman's informed decision to terminate her  
 1996 pregnancy.

1997 Section 25. Paragraphs (c), (e), and (f) of subsection (3)  
 1998 of section 390.012, Florida Statutes, are amended to read:

1999 390.012 Powers of agency; rules; disposal of fetal  
 2000 remains.—



2001 (3) For clinics that perform or claim to perform abortions  
2002 after the first trimester of pregnancy, the agency shall adopt  
2003 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
2004 provisions of this chapter, including the following:

2005 (c) Rules relating to abortion clinic personnel. At a  
2006 minimum, these rules shall require that:

2007 1. The abortion clinic designate a medical director who is  
2008 licensed to practice medicine in this state, and all physicians  
2009 who perform abortions in the clinic have admitting privileges at  
2010 a hospital within reasonable proximity to the clinic, unless the  
2011 clinic has a written patient transfer agreement with a hospital  
2012 within reasonable proximity to the clinic which includes the  
2013 transfer of the patient's medical records held by both the  
2014 clinic and the treating physician.

2015 2. If a physician is not present after an abortion is  
2016 performed, a registered nurse, licensed practical nurse,  
2017 advanced practice registered nurse, autonomous physician  
2018 assistant, or physician assistant be present and remain at the  
2019 clinic to provide postoperative monitoring and care until the  
2020 patient is discharged.

2021 3. Surgical assistants receive training in counseling,  
2022 patient advocacy, and the specific responsibilities associated  
2023 with the services the surgical assistants provide.

2024 4. Volunteers receive training in the specific  
2025 responsibilities associated with the services the volunteers

2026 provide, including counseling and patient advocacy as provided  
 2027 in the rules adopted by the director for different types of  
 2028 volunteers based on their responsibilities.

2029 (e) Rules relating to the abortion procedure. At a  
 2030 minimum, these rules shall require:

2031 1. That a physician, registered nurse, licensed practical  
 2032 nurse, advanced practice registered nurse, autonomous physician  
 2033 assistant, or physician assistant is available to all patients  
 2034 throughout the abortion procedure.

2035 2. Standards for the safe conduct of abortion procedures  
 2036 that conform to obstetric standards in keeping with established  
 2037 standards of care regarding the estimation of fetal age as  
 2038 defined in rule.

2039 3. Appropriate use of general and local anesthesia,  
 2040 analgesia, and sedation if ordered by the physician.

2041 4. Appropriate precautions, such as the establishment of  
 2042 intravenous access at least for patients undergoing post-first  
 2043 trimester abortions.

2044 5. Appropriate monitoring of the vital signs and other  
 2045 defined signs and markers of the patient's status throughout the  
 2046 abortion procedure and during the recovery period until the  
 2047 patient's condition is deemed to be stable in the recovery room.

2048 (f) Rules that prescribe minimum recovery room standards.

2049 At a minimum, these rules must require that:

2050 1. Postprocedure recovery rooms be supervised and staffed

2051 to meet the patients' needs.

2052       2. Immediate postprocedure care consist of observation in  
2053 a supervised recovery room for as long as the patient's  
2054 condition warrants.

2055       3. A registered nurse, licensed practical nurse, advanced  
2056 practice registered nurse, autonomous physician assistant, or  
2057 physician assistant who is trained in the management of the  
2058 recovery area and is capable of providing basic cardiopulmonary  
2059 resuscitation and related emergency procedures remain on the  
2060 premises of the abortion clinic until all patients are  
2061 discharged.

2062       4. A physician sign the discharge order and be readily  
2063 accessible and available until the last patient is discharged to  
2064 facilitate the transfer of emergency cases if hospitalization of  
2065 the patient or viable fetus is necessary.

2066       5. A physician discuss Rho(D) immune globulin with each  
2067 patient for whom it is indicated and ensure that it is offered  
2068 to the patient in the immediate postoperative period or will be  
2069 available to her within 72 hours after completion of the  
2070 abortion procedure. If the patient refuses the Rho(D) immune  
2071 globulin, she and a witness must sign a refusal form approved by  
2072 the agency which must be included in the medical record.

2073       6. Written instructions with regard to postabortion  
2074 coitus, signs of possible problems, and general aftercare which  
2075 are specific to the patient be given to each patient. The

2076 instructions must include information regarding access to  
 2077 medical care for complications, including a telephone number for  
 2078 use in the event of a medical emergency.

2079 7. A minimum length of time be specified, by type of  
 2080 abortion procedure and duration of gestation, during which a  
 2081 patient must remain in the recovery room.

2082 8. The physician ensure that, with the patient's consent,  
 2083 a registered nurse, licensed practical nurse, advanced practice  
 2084 registered nurse, autonomous physician assistant, or physician  
 2085 assistant from the abortion clinic makes a good faith effort to  
 2086 contact the patient by telephone within 24 hours after surgery  
 2087 to assess the patient's recovery.

2088 9. Equipment and services be readily accessible to provide  
 2089 appropriate emergency resuscitative and life support procedures  
 2090 pending the transfer of the patient or viable fetus to the  
 2091 hospital.

2092 Section 26. Paragraphs (a) and (f) of subsection (2) of  
 2093 section 394.463, Florida Statutes, are amended to read:

2094 394.463 Involuntary examination.—

2095 (2) INVOLUNTARY EXAMINATION.—

2096 (a) An involuntary examination may be initiated by any one  
 2097 of the following means:

2098 1. A circuit or county court may enter an ex parte order  
 2099 stating that a person appears to meet the criteria for  
 2100 involuntary examination and specifying the findings on which

2101 that conclusion is based. The ex parte order for involuntary  
2102 examination must be based on written or oral sworn testimony  
2103 that includes specific facts that support the findings. If other  
2104 less restrictive means are not available, such as voluntary  
2105 appearance for outpatient evaluation, a law enforcement officer,  
2106 or other designated agent of the court, shall take the person  
2107 into custody and deliver him or her to an appropriate, or the  
2108 nearest, facility within the designated receiving system  
2109 pursuant to s. 394.462 for involuntary examination. The order of  
2110 the court shall be made a part of the patient's clinical record.  
2111 A fee may not be charged for the filing of an order under this  
2112 subsection. A facility accepting the patient based on this order  
2113 must send a copy of the order to the department within 5 working  
2114 days. The order may be submitted electronically through existing  
2115 data systems, if available. The order shall be valid only until  
2116 the person is delivered to the facility or for the period  
2117 specified in the order itself, whichever comes first. If a ~~no~~  
2118 time limit is not specified in the order, the order is ~~shall be~~  
2119 valid for 7 days after the date that the order was signed.

2120 2. A law enforcement officer shall take a person who  
2121 appears to meet the criteria for involuntary examination into  
2122 custody and deliver the person or have him or her delivered to  
2123 an appropriate, or the nearest, facility within the designated  
2124 receiving system pursuant to s. 394.462 for examination. The  
2125 officer shall execute a written report detailing the

2126 | circumstances under which the person was taken into custody,  
2127 | which must be made a part of the patient's clinical record. Any  
2128 | facility accepting the patient based on this report must send a  
2129 | copy of the report to the department within 5 working days.

2130 |         3. A physician, autonomous physician assistant, physician  
2131 | assistant, clinical psychologist, psychiatric nurse, advanced  
2132 | practice registered nurse, mental health counselor, marriage and  
2133 | family therapist, or clinical social worker may execute a  
2134 | certificate stating that he or she has examined a person within  
2135 | the preceding 48 hours and finds that the person appears to meet  
2136 | the criteria for involuntary examination and stating the  
2137 | observations upon which that conclusion is based. If other less  
2138 | restrictive means, such as voluntary appearance for outpatient  
2139 | evaluation, are not available, a law enforcement officer shall  
2140 | take into custody the person named in the certificate and  
2141 | deliver him or her to the appropriate, or nearest, facility  
2142 | within the designated receiving system pursuant to s. 394.462  
2143 | for involuntary examination. The law enforcement officer shall  
2144 | execute a written report detailing the circumstances under which  
2145 | the person was taken into custody. The report and certificate  
2146 | shall be made a part of the patient's clinical record. Any  
2147 | facility accepting the patient based on this certificate must  
2148 | send a copy of the certificate to the department within 5  
2149 | working days. The document may be submitted electronically  
2150 | through existing data systems, if applicable.

2151  
2152 When sending the order, report, or certificate to the  
2153 department, a facility shall, at a minimum, provide information  
2154 about which action was taken regarding the patient under  
2155 paragraph (g), which information shall also be made a part of  
2156 the patient's clinical record.

2157 (f) A patient shall be examined by a physician, physician  
2158 assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse  
2159 performing within the framework of an established protocol with  
2160 a psychiatrist, at a facility without unnecessary delay to  
2161 determine if the criteria for involuntary services are met.  
2162 Emergency treatment may be provided upon the order of a  
2163 physician if the physician determines that such treatment is  
2164 necessary for the safety of the patient or others. The patient  
2165 may not be released by the receiving facility or its contractor  
2166 without the documented approval of a psychiatrist or a clinical  
2167 psychologist or, if the receiving facility is owned or operated  
2168 by a hospital or health system, the release may also be approved  
2169 by a psychiatric nurse performing within the framework of an  
2170 established protocol with a psychiatrist, or an attending  
2171 emergency department physician with experience in the diagnosis  
2172 and treatment of mental illness after completion of an  
2173 involuntary examination pursuant to this subsection. A  
2174 psychiatric nurse may not approve the release of a patient if  
2175 the involuntary examination was initiated by a psychiatrist

2176 unless the release is approved by the initiating psychiatrist.

2177 Section 27. Paragraph (b) of subsection (2) of section  
2178 395.0191, Florida Statutes, is amended to read:

2179 395.0191 Staff membership and clinical privileges.—

2180 (2)

2181 (b) An advanced practice registered nurse who is certified  
2182 as a registered nurse anesthetist licensed under part I of  
2183 chapter 464 shall administer anesthesia under the onsite medical  
2184 direction of a professional licensed under chapter 458, chapter  
2185 459, or chapter 466, and in accordance with an established  
2186 protocol approved by the medical staff. The medical direction  
2187 shall specifically address the needs of the individual patient.

2188 This paragraph does not apply to a certified registered nurse  
2189 anesthetist registered to engage in autonomous practice under s.  
2190 464.0123.

2191 Section 28. Subsection (3) of section 395.602, Florida  
2192 Statutes, is amended to read:

2193 395.602 Rural hospitals.—

2194 (3) USE OF FUNDS.—It is the intent of the Legislature that  
2195 funds as appropriated shall be utilized by the department for  
2196 the purpose of increasing the number of primary care physicians,  
2197 autonomous physician assistants, physician assistants, certified  
2198 nurse midwives, nurse practitioners, and nurses in rural areas,  
2199 either through the Medical Education Reimbursement and Loan  
2200 Repayment Program as defined by s. 1009.65 or through a federal



2201 loan repayment program which requires state matching funds. The  
2202 department may use funds appropriated for the Medical Education  
2203 Reimbursement and Loan Repayment Program as matching funds for  
2204 federal loan repayment programs for health care personnel, such  
2205 as that authorized in Pub. L. No. 100-177, s. 203. If the  
2206 department receives federal matching funds, the department shall  
2207 only implement the federal program. Reimbursement through either  
2208 program shall be limited to:

2209 (a) Primary care physicians, autonomous physician  
2210 assistants, physician assistants, certified nurse midwives,  
2211 nurse practitioners, and nurses employed by or affiliated with  
2212 rural hospitals, as defined in this act; and

2213 (b) Primary care physicians, autonomous physician  
2214 assistants, physician assistants, certified nurse midwives,  
2215 nurse practitioners, and nurses employed by or affiliated with  
2216 rural area health education centers, as defined in this section.  
2217 These personnel shall practice:

2218 1. In a county with a population density of no greater  
2219 than 100 persons per square mile; or

2220 2. Within the boundaries of a hospital tax district which  
2221 encompasses a population of no greater than 100 persons per  
2222 square mile.

2223  
2224 If the department administers a federal loan repayment program,  
2225 priority shall be given to obligating state and federal matching

2226 funds pursuant to paragraphs (a) and (b). The department may use  
 2227 federal matching funds in other health workforce shortage areas  
 2228 and medically underserved areas in the state for loan repayment  
 2229 programs for primary care physicians, autonomous physician  
 2230 assistants, physician assistants, certified nurse midwives,  
 2231 nurse practitioners, and nurses who are employed by publicly  
 2232 financed health care programs that serve medically indigent  
 2233 persons.

2234 Section 29. Paragraph (a) of subsection (2) of section  
 2235 397.501, Florida Statutes, is amended to read:

2236 397.501 Rights of individuals.—Individuals receiving  
 2237 substance abuse services from any service provider are  
 2238 guaranteed protection of the rights specified in this section,  
 2239 unless otherwise expressly provided, and service providers must  
 2240 ensure the protection of such rights.

2241 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2242 (a) Service providers may not deny an individual access to  
 2243 substance abuse services solely on the basis of race, gender,  
 2244 ethnicity, age, sexual preference, human immunodeficiency virus  
 2245 status, prior service departures against medical advice,  
 2246 disability, or number of relapse episodes. Service providers may  
 2247 not deny an individual who takes medication prescribed by a  
 2248 physician, autonomous physician assistant, physician assistant,  
 2249 or advanced practice registered nurse access to substance abuse  
 2250 services solely on that basis. Service providers who receive

2251 state funds to provide substance abuse services may not, if  
2252 space and sufficient state resources are available, deny access  
2253 to services based solely on inability to pay.

2254 Section 30. Section 397.679, Florida Statutes, is amended  
2255 to read:

2256 397.679 Emergency admission; circumstances justifying.—A  
2257 person who meets the criteria for involuntary admission in s.  
2258 397.675 may be admitted to a hospital or to a licensed  
2259 detoxification facility or addictions receiving facility for  
2260 emergency assessment and stabilization, or to a less intensive  
2261 component of a licensed service provider for assessment only,  
2262 upon receipt by the facility of a certificate by a physician, an  
2263 autonomous physician assistant, an advanced practice registered  
2264 nurse, a psychiatric nurse, a clinical psychologist, a clinical  
2265 social worker, a marriage and family therapist, a mental health  
2266 counselor, a physician assistant working under the scope of  
2267 practice of the supervising physician, or a master's-level-  
2268 certified addictions professional for substance abuse services,  
2269 if the certificate is specific to substance abuse impairment,  
2270 and the completion of an application for emergency admission.

2271 Section 31. Subsection (1) of section 397.6793, Florida  
2272 Statutes, is amended to read:

2273 397.6793 Professional's certificate for emergency  
2274 admission.—

2275 (1) A physician, a clinical psychologist, an autonomous

2276 physician assistant, a physician assistant working under the  
2277 scope of practice of the supervising physician, a psychiatric  
2278 nurse, an advanced practice registered nurse, a mental health  
2279 counselor, a marriage and family therapist, a master's-level-  
2280 certified addictions professional for substance abuse services,  
2281 or a clinical social worker may execute a professional's  
2282 certificate for emergency admission. The professional's  
2283 certificate must include the name of the person to be admitted,  
2284 the relationship between the person and the professional  
2285 executing the certificate, the relationship between the  
2286 applicant and the professional, any relationship between the  
2287 professional and the licensed service provider, a statement that  
2288 the person has been examined and assessed within the preceding 5  
2289 days after the application date, and factual allegations with  
2290 respect to the need for emergency admission, including:

2291 (a) The reason for the belief that the person is substance  
2292 abuse impaired;

2293 (b) The reason for the belief that because of such  
2294 impairment the person has lost the power of self-control with  
2295 respect to substance abuse; and

2296 (c)1. The reason for the belief that, without care or  
2297 treatment, the person is likely to suffer from neglect or refuse  
2298 to care for himself or herself; that such neglect or refusal  
2299 poses a real and present threat of substantial harm to his or  
2300 her well-being; and that it is not apparent that such harm may

2301 | be avoided through the help of willing family members or friends  
 2302 | or the provision of other services, or there is substantial  
 2303 | likelihood that the person has inflicted or, unless admitted, is  
 2304 | likely to inflict, physical harm on himself, herself, or  
 2305 | another; or

2306 |         2. The reason for the belief that the person's refusal to  
 2307 | voluntarily receive care is based on judgment so impaired by  
 2308 | reason of substance abuse that the person is incapable of  
 2309 | appreciating his or her need for care and of making a rational  
 2310 | decision regarding his or her need for care.

2311 |         Section 32. Subsection (8) of section 400.021, Florida  
 2312 | Statutes, is amended to read:

2313 |             400.021 Definitions.—When used in this part, unless the  
 2314 | context otherwise requires, the term:

2315 |             (8) "Geriatric outpatient clinic" means a site for  
 2316 | providing outpatient health care to persons 60 years of age or  
 2317 | older, which is staffed by a registered nurse, a physician  
 2318 | assistant, or a licensed practical nurse under the direct  
 2319 | supervision of a registered nurse, advanced practice registered  
 2320 | nurse, physician assistant, autonomous physician assistant, or  
 2321 | physician.

2322 |         Section 33. Subsection (3) of section 400.172, Florida  
 2323 | Statutes, is amended to read:

2324 |             400.172 Respite care provided in nursing home facilities.—

2325 |             (3) A prospective respite care resident must provide

2326 | medical information from a physician, autonomous physician  
 2327 | assistant, physician assistant, or nurse practitioner and any  
 2328 | other information provided by the primary caregiver required by  
 2329 | the facility before or when the person is admitted to receive  
 2330 | respite care. The medical information must include a physician's  
 2331 | order for respite care and proof of a physical examination by a  
 2332 | licensed physician, autonomous physician assistant, physician  
 2333 | assistant, or nurse practitioner. The physician's order and  
 2334 | physical examination may be used to provide intermittent respite  
 2335 | care for up to 12 months after the date the order is written.

2336 |         Section 34. Subsection (2) of section 400.487, Florida  
 2337 | Statutes, is amended to read:

2338 |             400.487 Home health service agreements; physician's,  
 2339 | physician assistant's, autonomous physician assistant's, and  
 2340 | advanced practice registered nurse's treatment orders; patient  
 2341 | assessment; establishment and review of plan of care; provision  
 2342 | of services; orders not to resuscitate.—

2343 |             (2) When required by ~~the provisions of~~ chapter 464; part  
 2344 | I, part III, or part V of chapter 468; or chapter 486, the  
 2345 | attending physician, autonomous physician assistant, physician  
 2346 | assistant, or advanced practice registered nurse, acting within  
 2347 | his or her respective scope of practice, shall establish  
 2348 | treatment orders for a patient who is to receive skilled care.  
 2349 | The treatment orders must be signed by the physician, autonomous  
 2350 | physician assistant, physician assistant, or advanced practice

2351 registered nurse before a claim for payment for the skilled  
2352 services is submitted by the home health agency. If the claim is  
2353 submitted to a managed care organization, the treatment orders  
2354 must be signed within the time allowed under the provider  
2355 agreement. The treatment orders shall be reviewed, as frequently  
2356 as the patient's illness requires, by the physician, autonomous  
2357 physician assistant, physician assistant, or advanced practice  
2358 registered nurse in consultation with the home health agency.

2359 Section 35. Paragraph (a) of subsection (13) of section  
2360 400.506, Florida Statutes, is amended to read:

2361 400.506 Licensure of nurse registries; requirements;  
2362 penalties.—

2363 (13) All persons referred for contract in private  
2364 residences by a nurse registry must comply with the following  
2365 requirements for a plan of treatment:

2366 (a) When, in accordance with the privileges and  
2367 restrictions imposed upon a nurse under part I of chapter 464,  
2368 the delivery of care to a patient is under the direction or  
2369 supervision of a physician or when a physician is responsible  
2370 for the medical care of the patient, a medical plan of treatment  
2371 must be established for each patient receiving care or treatment  
2372 provided by a licensed nurse in the home. The original medical  
2373 plan of treatment must be timely signed by the physician,  
2374 autonomous physician assistant, physician assistant, or advanced  
2375 practice registered nurse, acting within his or her respective

2376 scope of practice, and reviewed in consultation with the  
2377 licensed nurse at least every 2 months. Any additional order or  
2378 change in orders must be obtained from the physician, autonomous  
2379 physician assistant, physician assistant, or advanced practice  
2380 registered nurse and reduced to writing and timely signed by the  
2381 physician, autonomous physician assistant, physician assistant,  
2382 or advanced practice registered nurse. The delivery of care  
2383 under a medical plan of treatment must be substantiated by the  
2384 appropriate nursing notes or documentation made by the nurse in  
2385 compliance with nursing practices established under part I of  
2386 chapter 464.

2387 Section 36. Subsection (5) and paragraph (b) of subsection  
2388 (7) of section 400.9973, Florida Statutes, are amended to read:

2389 400.9973 Client admission, transfer, and discharge.—

2390 (5) A client admitted to a transitional living facility  
2391 must be admitted upon prescription by a licensed physician,  
2392 autonomous physician assistant, physician assistant, or advanced  
2393 practice registered nurse and must remain under the care of a  
2394 licensed physician, autonomous physician assistant, physician  
2395 assistant, or advanced practice registered nurse for the  
2396 duration of the client's stay in the facility.

2397 (7) A person may not be admitted to a transitional living  
2398 facility if the person:

2399 (b) Is a danger to himself or herself or others as  
2400 determined by a physician, autonomous physician assistant,



2401 physician assistant, advanced practice registered nurse, or a  
 2402 mental health practitioner licensed under chapter 490 or chapter  
 2403 491, unless the facility provides adequate staffing and support  
 2404 to ensure patient safety;

2405 Section 37. Paragraphs (a) and (b) of subsection (2) of  
 2406 section 400.9974, Florida Statutes, are amended to read:

2407 400.9974 Client comprehensive treatment plans; client  
 2408 services.—

2409 (2) The comprehensive treatment plan must include:

2410 (a) Orders obtained from the physician, autonomous  
 2411 physician assistant, physician assistant, or advanced practice  
 2412 registered nurse and the client's diagnosis, medical history,  
 2413 physical examination, and rehabilitative or restorative needs.

2414 (b) A preliminary nursing evaluation, including orders for  
 2415 immediate care provided by the physician, autonomous physician  
 2416 assistant, physician assistant, or advanced practice registered  
 2417 nurse, which shall be completed when the client is admitted.

2418 Section 38. Section 400.9976, Florida Statutes, is amended  
 2419 to read:

2420 400.9976 Administration of medication.—

2421 (1) An individual medication administration record must be  
 2422 maintained for each client. A dose of medication, including a  
 2423 self-administered dose, shall be properly recorded in the  
 2424 client's record. A client who self-administers medication shall  
 2425 be given a pill organizer. Medication must be placed in the pill

2426 organizer by a nurse. A nurse shall document the date and time  
2427 that medication is placed into each client's pill organizer. All  
2428 medications must be administered in compliance with orders of a  
2429 physician, autonomous physician assistant, physician assistant,  
2430 or advanced practice registered nurse.

2431 (2) If an interdisciplinary team determines that self-  
2432 administration of medication is an appropriate objective, and if  
2433 the physician, autonomous physician assistant, physician  
2434 assistant, or advanced practice registered nurse does not  
2435 specify otherwise, the client must be instructed by the  
2436 physician, autonomous physician assistant, physician assistant,  
2437 or advanced practice registered nurse to self-administer his or  
2438 her medication without the assistance of a staff person. All  
2439 forms of self-administration of medication, including  
2440 administration orally, by injection, and by suppository, shall  
2441 be included in the training. The client's physician, autonomous  
2442 physician assistant, physician assistant, or advanced practice  
2443 registered nurse must be informed of the interdisciplinary  
2444 team's decision that self-administration of medication is an  
2445 objective for the client. A client may not self-administer  
2446 medication until he or she demonstrates the competency to take  
2447 the correct medication in the correct dosage at the correct  
2448 time, to respond to missed doses, and to contact the appropriate  
2449 person with questions.

2450 (3) Medication administration discrepancies and adverse

2451 drug reactions must be recorded and reported immediately to a  
2452 physician, autonomous physician assistant, physician assistant,  
2453 or advanced practice registered nurse.

2454 Section 39. Subsections (2) through (5) of section  
2455 400.9979, Florida Statutes, are amended to read:

2456 400.9979 Restraint and seclusion; client safety.—

2457 (2) The use of physical restraints must be ordered and  
2458 documented by a physician, autonomous physician assistant,  
2459 physician assistant, or advanced practice registered nurse and  
2460 must be consistent with the policies and procedures adopted by  
2461 the facility. The client or, if applicable, the client's  
2462 representative shall be informed of the facility's physical  
2463 restraint policies and procedures when the client is admitted.

2464 (3) The use of chemical restraints shall be limited to  
2465 prescribed dosages of medications as ordered by a physician,  
2466 autonomous physician assistant, physician assistant, or advanced  
2467 practice registered nurse and must be consistent with the  
2468 client's diagnosis and the policies and procedures adopted by  
2469 the facility. The client and, if applicable, the client's  
2470 representative shall be informed of the facility's chemical  
2471 restraint policies and procedures when the client is admitted.

2472 (4) Based on the assessment by a physician, autonomous  
2473 physician assistant, physician assistant, or advanced practice  
2474 registered nurse, if a client exhibits symptoms that present an  
2475 immediate risk of injury or death to himself or herself or

2476 others, a physician, physician assistant, or advanced practice  
2477 registered nurse may issue an emergency treatment order to  
2478 immediately administer rapid-response psychotropic medications  
2479 or other chemical restraints. Each emergency treatment order  
2480 must be documented and maintained in the client's record.

2481 (a) An emergency treatment order is not effective for more  
2482 than 24 hours.

2483 (b) Whenever a client is medicated under this subsection,  
2484 the client's representative or a responsible party and the  
2485 client's physician, autonomous physician assistant, physician  
2486 assistant, or advanced practice registered nurse shall be  
2487 notified as soon as practicable.

2488 (5) A client who is prescribed and receives a medication  
2489 that can serve as a chemical restraint for a purpose other than  
2490 an emergency treatment order must be evaluated by his or her  
2491 physician, autonomous physician assistant, physician assistant,  
2492 or advanced practice registered nurse at least monthly to  
2493 assess:

2494 (a) The continued need for the medication.

2495 (b) The level of the medication in the client's blood.

2496 (c) The need for adjustments to the prescription.

2497 Section 40. Subsections (1) and (2) of section 401.445,  
2498 Florida Statutes, are amended to read:

2499 401.445 Emergency examination and treatment of  
2500 incapacitated persons.—

2501 (1) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in  
 2502 this state against any emergency medical technician, paramedic,  
 2503 or physician as defined in this chapter, any advanced practice  
 2504 registered nurse licensed under s. 464.012, or any autonomous  
 2505 physician assistant or physician assistant registered or  
 2506 licensed under s. 458.347 or s. 459.022, or any person acting  
 2507 under the direct medical supervision of a physician, in an  
 2508 action brought for examining or treating a patient without his  
 2509 or her informed consent if:

2510 (a) The patient at the time of examination or treatment is  
 2511 intoxicated, under the influence of drugs, or otherwise  
 2512 incapable of providing informed consent as provided in s.  
 2513 766.103;

2514 (b) The patient at the time of examination or treatment is  
 2515 experiencing an emergency medical condition; and

2516 (c) The patient would reasonably, under all the  
 2517 surrounding circumstances, undergo such examination, treatment,  
 2518 or procedure if he or she were advised by the emergency medical  
 2519 technician, paramedic, physician, advanced practice registered  
 2520 nurse, autonomous physician assistant, or physician assistant in  
 2521 accordance with s. 766.103(3).

2522  
 2523 Examination and treatment provided under this subsection shall  
 2524 be limited to reasonable examination of the patient to determine  
 2525 the medical condition of the patient and treatment reasonably

2526 necessary to alleviate the emergency medical condition or to  
2527 stabilize the patient.

2528 (2) In examining and treating a person who is apparently  
2529 intoxicated, under the influence of drugs, or otherwise  
2530 incapable of providing informed consent, the emergency medical  
2531 technician, paramedic, physician, advanced practice registered  
2532 nurse, autonomous physician assistant, or physician assistant,  
2533 or any person acting under the direct medical supervision of a  
2534 physician, shall proceed wherever possible with the consent of  
2535 the person. If the person reasonably appears to be incapacitated  
2536 and refuses his or her consent, the person may be examined,  
2537 treated, or taken to a hospital or other appropriate treatment  
2538 resource if he or she is in need of emergency attention, without  
2539 his or her consent, but unreasonable force shall not be used.

2540 Section 41. Subsection (18) of section 409.906, Florida  
2541 Statutes, is amended to read:

2542 409.906 Optional Medicaid services.—Subject to specific  
2543 appropriations, the agency may make payments for services which  
2544 are optional to the state under Title XIX of the Social Security  
2545 Act and are furnished by Medicaid providers to recipients who  
2546 are determined to be eligible on the dates on which the services  
2547 were provided. Any optional service that is provided shall be  
2548 provided only when medically necessary and in accordance with  
2549 state and federal law. Optional services rendered by providers  
2550 in mobile units to Medicaid recipients may be restricted or

2551 prohibited by the agency. Nothing in this section shall be  
2552 construed to prevent or limit the agency from adjusting fees,  
2553 reimbursement rates, lengths of stay, number of visits, or  
2554 number of services, or making any other adjustments necessary to  
2555 comply with the availability of moneys and any limitations or  
2556 directions provided for in the General Appropriations Act or  
2557 chapter 216. If necessary to safeguard the state's systems of  
2558 providing services to elderly and disabled persons and subject  
2559 to the notice and review provisions of s. 216.177, the Governor  
2560 may direct the Agency for Health Care Administration to amend  
2561 the Medicaid state plan to delete the optional Medicaid service  
2562 known as "Intermediate Care Facilities for the Developmentally  
2563 Disabled." Optional services may include:

2564 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for  
2565 all services provided to a recipient by an autonomous physician  
2566 assistant or a physician assistant registered or licensed under  
2567 s. 458.347 or s. 459.022. Reimbursement for such services must  
2568 be not less than 80 percent of the reimbursement that would be  
2569 paid to a physician who provided the same services.

2570 Section 42. Paragraph (m) of subsection (3) of section  
2571 409.908, Florida Statutes, is amended to read:

2572 409.908 Reimbursement of Medicaid providers.—Subject to  
2573 specific appropriations, the agency shall reimburse Medicaid  
2574 providers, in accordance with state and federal law, according  
2575 to methodologies set forth in the rules of the agency and in

2576 policy manuals and handbooks incorporated by reference therein.  
 2577 These methodologies may include fee schedules, reimbursement  
 2578 methods based on cost reporting, negotiated fees, competitive  
 2579 bidding pursuant to s. 287.057, and other mechanisms the agency  
 2580 considers efficient and effective for purchasing services or  
 2581 goods on behalf of recipients. If a provider is reimbursed based  
 2582 on cost reporting and submits a cost report late and that cost  
 2583 report would have been used to set a lower reimbursement rate  
 2584 for a rate semester, then the provider's rate for that semester  
 2585 shall be retroactively calculated using the new cost report, and  
 2586 full payment at the recalculated rate shall be effected  
 2587 retroactively. Medicare-granted extensions for filing cost  
 2588 reports, if applicable, shall also apply to Medicaid cost  
 2589 reports. Payment for Medicaid compensable services made on  
 2590 behalf of Medicaid eligible persons is subject to the  
 2591 availability of moneys and any limitations or directions  
 2592 provided for in the General Appropriations Act or chapter 216.  
 2593 Further, nothing in this section shall be construed to prevent  
 2594 or limit the agency from adjusting fees, reimbursement rates,  
 2595 lengths of stay, number of visits, or number of services, or  
 2596 making any other adjustments necessary to comply with the  
 2597 availability of moneys and any limitations or directions  
 2598 provided for in the General Appropriations Act, provided the  
 2599 adjustment is consistent with legislative intent.

2600 (3) Subject to any limitations or directions provided for



2601 in the General Appropriations Act, the following Medicaid  
 2602 services and goods may be reimbursed on a fee-for-service basis.  
 2603 For each allowable service or goods furnished in accordance with  
 2604 Medicaid rules, policy manuals, handbooks, and state and federal  
 2605 law, the payment shall be the amount billed by the provider, the  
 2606 provider's usual and customary charge, or the maximum allowable  
 2607 fee established by the agency, whichever amount is less, with  
 2608 the exception of those services or goods for which the agency  
 2609 makes payment using a methodology based on capitation rates,  
 2610 average costs, or negotiated fees.

2611 (m) Autonomous physician assistant and physician assistant  
 2612 services.

2613 Section 43. Paragraphs (c) through (cc) of subsection (1)  
 2614 of section 409.973, Florida Statutes, are redesignated as  
 2615 paragraphs (d) through (dd), respectively, and a new paragraph  
 2616 (c) is added to that subsection to read:

2617 409.973 Benefits.—

2618 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 2619 minimum, the following services:

2620 (c) Autonomous physician assistant services.

2621 Section 44. Subsections (2), (4), and (5) of section  
 2622 429.26, Florida Statutes, are amended to read:

2623 429.26 Appropriateness of placements; examinations of  
 2624 residents.—

2625 (2) A physician, autonomous physician assistant, physician

2626 assistant, or nurse practitioner who is employed by an assisted  
2627 living facility to provide an initial examination for admission  
2628 purposes may not have financial interest in the facility.

2629 (4) If possible, each resident shall have been examined by  
2630 a licensed physician, an autonomous physician assistant, a  
2631 licensed physician assistant, or a licensed nurse practitioner  
2632 within 60 days before admission to the facility. The signed and  
2633 completed medical examination report shall be submitted to the  
2634 owner or administrator of the facility who shall use the  
2635 information contained therein to assist in the determination of  
2636 the appropriateness of the resident's admission and continued  
2637 stay in the facility. The medical examination report shall  
2638 become a permanent part of the record of the resident at the  
2639 facility and shall be made available to the agency during  
2640 inspection or upon request. An assessment that has been  
2641 completed through the Comprehensive Assessment and Review for  
2642 Long-Term Care Services (CARES) Program fulfills the  
2643 requirements for a medical examination under this subsection and  
2644 s. 429.07(3)(b)6.

2645 (5) Except as provided in s. 429.07, if a medical  
2646 examination has not been completed within 60 days before the  
2647 admission of the resident to the facility, a licensed physician,  
2648 a registered autonomous physician assistant, a licensed  
2649 physician assistant, or a licensed nurse practitioner shall  
2650 examine the resident and complete a medical examination form

2651 provided by the agency within 30 days following the admission to  
2652 the facility to enable the facility owner or administrator to  
2653 determine the appropriateness of the admission. The medical  
2654 examination form shall become a permanent part of the record of  
2655 the resident at the facility and shall be made available to the  
2656 agency during inspection by the agency or upon request.

2657 Section 45. Paragraph (a) of subsection (2) and paragraph  
2658 (a) of subsection (7) of section 429.918, Florida Statutes, are  
2659 amended to read:

2660 429.918 Licensure designation as a specialized Alzheimer's  
2661 services adult day care center.—

2662 (2) As used in this section, the term:

2663 (a) "ADRD participant" means a participant who has a  
2664 documented diagnosis of Alzheimer's disease or a dementia-  
2665 related disorder (ADRD) from a licensed physician, a registered  
2666 autonomous physician assistant, a licensed physician assistant,  
2667 or a licensed advanced practice registered nurse.

2668 (7) (a) An ADRD participant admitted to an adult day care  
2669 center having a license designated under this section, or the  
2670 caregiver when applicable, must:

2671 1. Require ongoing supervision to maintain the highest  
2672 level of medical or custodial functioning and have a  
2673 demonstrated need for a responsible party to oversee his or her  
2674 care.

2675 2. Not actively demonstrate aggressive behavior that

2676 | places himself, herself, or others at risk of harm.

2677 |         3. Provide the following medical documentation signed by a  
 2678 | licensed physician, a registered autonomous physician assistant,  
 2679 | a licensed physician assistant, or a licensed advanced practice  
 2680 | registered nurse:

2681 |             a. Any physical, health, or emotional conditions that  
 2682 | require medical care.

2683 |             b. A listing of the ADRD participant's current prescribed  
 2684 | and over-the-counter medications and dosages, diet restrictions,  
 2685 | mobility restrictions, and other physical limitations.

2686 |         4. Provide documentation signed by a health care provider  
 2687 | licensed in this state which indicates that the ADRD participant  
 2688 | is free of the communicable form of tuberculosis and free of  
 2689 | signs and symptoms of other communicable diseases.

2690 |         Section 46. Paragraph (e) of subsection (5) of section  
 2691 | 440.102, Florida Statutes, is amended to read:

2692 |             440.102 Drug-free workplace program requirements.—The  
 2693 | following provisions apply to a drug-free workplace program  
 2694 | implemented pursuant to law or to rules adopted by the Agency  
 2695 | for Health Care Administration:

2696 |             (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
 2697 | collection and testing for drugs under this section shall be  
 2698 | performed in accordance with the following procedures:

2699 |             (e) A specimen for a drug test may be taken or collected  
 2700 | by any of the following persons:

2701 1. A physician, an autonomous physician assistant, a  
 2702 physician assistant, a registered professional nurse, a licensed  
 2703 practical nurse, or a nurse practitioner or a certified  
 2704 paramedic who is present at the scene of an accident for the  
 2705 purpose of rendering emergency medical service or treatment.

2706 2. A qualified person employed by a licensed or certified  
 2707 laboratory as described in subsection (9).

2708 Section 47. Paragraphs (a), (i), (o), and (r) of  
 2709 subsection (3) and paragraph (g) of subsection (5) of section  
 2710 456.053, Florida Statutes, are amended to read:

2711 456.053 Financial arrangements between referring health  
 2712 care providers and providers of health care services.—

2713 (3) DEFINITIONS.—For the purpose of this section, the  
 2714 word, phrase, or term:

2715 (a) "Board" means any of the following boards relating to  
 2716 the respective professions: the Board of Medicine as created in  
 2717 s. 458.307; the Board of Osteopathic Medicine as created in s.  
 2718 459.004; the Board of Chiropractic Medicine as created in s.  
 2719 460.404; the Board of Podiatric Medicine as created in s.  
 2720 461.004; the Board of Optometry as created in s. 463.003; the  
 2721 Board of Nursing as created in s. 464.004; the Board of Pharmacy  
 2722 as created in s. 465.004; and the Board of Dentistry as created  
 2723 in s. 466.004.

2724 (i) "Health care provider" means a ~~any~~ physician licensed  
 2725 under chapter 458, chapter 459, chapter 460, or chapter 461; an

2726 autonomous physician assistant registered under chapter 458 or  
 2727 chapter 459; an advanced practice registered nurse registered to  
 2728 engage in autonomous practice under s. 464.0123;~~7~~ or any health  
 2729 care provider licensed under chapter 463 or chapter 466.

2730 (o) "Referral" means any referral of a patient by a health  
 2731 care provider for health care services, including, without  
 2732 limitation:

2733 1. The forwarding of a patient by a health care provider  
 2734 to another health care provider or to an entity which provides  
 2735 or supplies designated health services or any other health care  
 2736 item or service; or

2737 2. The request or establishment of a plan of care by a  
 2738 health care provider, which includes the provision of designated  
 2739 health services or other health care item or service.

2740 3. The following orders, recommendations, or plans of care  
 2741 shall not constitute a referral by a health care provider:

2742 a. By a radiologist for diagnostic-imaging services.

2743 b. By a physician specializing in the provision of  
 2744 radiation therapy services for such services.

2745 c. By a medical oncologist for drugs and solutions to be  
 2746 prepared and administered intravenously to such oncologist's  
 2747 patient, as well as for the supplies and equipment used in  
 2748 connection therewith to treat such patient for cancer and the  
 2749 complications thereof.

2750 d. By a cardiologist for cardiac catheterization services.

2751 e. By a pathologist for diagnostic clinical laboratory  
2752 tests and pathological examination services, if furnished by or  
2753 under the supervision of such pathologist pursuant to a  
2754 consultation requested by another physician.

2755 f. By a health care provider who is the sole provider or  
2756 member of a group practice for designated health services or  
2757 other health care items or services that are prescribed or  
2758 provided solely for such referring health care provider's or  
2759 group practice's own patients, and that are provided or  
2760 performed by or under the direct supervision of such referring  
2761 health care provider or group practice; provided, however, ~~that~~  
2762 ~~effective July 1, 1999,~~ a health care provider ~~physician~~  
2763 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~  
2764 ~~chapter 461~~ may refer a patient to a sole provider or group  
2765 practice for diagnostic imaging services, excluding radiation  
2766 therapy services, for which the sole provider or group practice  
2767 billed both the technical and the professional fee for or on  
2768 behalf of the patient, if the referring health care provider  
2769 does not have an ~~physician has no~~ investment interest in the  
2770 practice. The diagnostic imaging service referred to a group  
2771 practice or sole provider must be a diagnostic imaging service  
2772 normally provided within the scope of practice to the patients  
2773 of the group practice or sole provider. The group practice or  
2774 sole provider may accept no more than 15 percent of their  
2775 patients receiving diagnostic imaging services from outside

2776 referrals, excluding radiation therapy services.

2777 g. By a health care provider for services provided by an  
 2778 ambulatory surgical center licensed under chapter 395.

2779 h. By a urologist for lithotripsy services.

2780 i. By a dentist for dental services performed by an  
 2781 employee of or health care provider who is an independent  
 2782 contractor with the dentist or group practice of which the  
 2783 dentist is a member.

2784 j. By a physician for infusion therapy services to a  
 2785 patient of that physician or a member of that physician's group  
 2786 practice.

2787 k. By a nephrologist for renal dialysis services and  
 2788 supplies, except laboratory services.

2789 l. By a health care provider whose principal professional  
 2790 practice consists of treating patients in their private  
 2791 residences for services to be rendered in such private  
 2792 residences, except for services rendered by a home health agency  
 2793 licensed under chapter 400. For purposes of this sub-  
 2794 subparagraph, the term "private residences" includes patients'  
 2795 private homes, independent living centers, and assisted living  
 2796 facilities, but does not include skilled nursing facilities.

2797 m. By a health care provider for sleep-related testing.

2798 (r) "Sole provider" means one health care provider  
 2799 licensed under chapter 458, chapter 459, chapter 460, or chapter  
 2800 461, or registered under s. 464.0123, who maintains a separate



2801 medical office and a medical practice separate from any other  
2802 health care provider and who bills for his or her services  
2803 separately from the services provided by any other health care  
2804 provider. A sole provider shall not share overhead expenses or  
2805 professional income with any other person or group practice.

2806 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
2807 provided in this section:

2808 (g) A violation of this section by a health care provider  
2809 shall constitute grounds for disciplinary action to be taken by  
2810 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
2811 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.  
2812 466.028(2). Any hospital licensed under chapter 395 found in  
2813 violation of this section shall be subject to s. 395.0185(2).

2814 Section 48. Subsection (7) of section 456.072, Florida  
2815 Statutes, is amended to read:

2816 456.072 Grounds for discipline; penalties; enforcement.—

2817 (7) Notwithstanding subsection (2), upon a finding that a  
2818 physician or autonomous physician assistant has prescribed or  
2819 dispensed a controlled substance, or caused a controlled  
2820 substance to be prescribed or dispensed, in a manner that  
2821 violates the standard of practice set forth in s. 458.331(1)(g)  
2822 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.  
2823 466.028(1)(p) or (x), or that an advanced practice registered  
2824 nurse has prescribed or dispensed a controlled substance, or  
2825 caused a controlled substance to be prescribed or dispensed, in

2826 a manner that violates the standard of practice set forth in s.  
2827 464.018(1)(n) or (p)6., the physician, autonomous physician  
2828 assistant, or advanced practice registered nurse shall be  
2829 suspended for a period of not less than 6 months and pay a fine  
2830 of not less than \$10,000 per count. Repeated violations shall  
2831 result in increased penalties.

2832 Section 49. Paragraph (h) of subsection (1) and subsection  
2833 (2) of section 456.44, Florida Statutes, are amended to read:

2834 456.44 Controlled substance prescribing.—

2835 (1) DEFINITIONS.—As used in this section, the term:

2836 (h) "Registrant" means a physician, an autonomous  
2837 physician assistant, a physician assistant, or an advanced  
2838 practice registered nurse who meets the requirements of  
2839 subsection (2).

2840 (2) REGISTRATION.—A physician licensed under chapter 458,  
2841 chapter 459, chapter 461, or chapter 466, an autonomous  
2842 physician assistant or a physician assistant registered or  
2843 licensed under chapter 458 or chapter 459, or an advanced  
2844 practice registered nurse licensed under part I of chapter 464  
2845 who prescribes any controlled substance, listed in Schedule II,  
2846 Schedule III, or Schedule IV as defined in s. 893.03, for the  
2847 treatment of chronic nonmalignant pain, must:

2848 (a) Designate himself or herself as a controlled substance  
2849 prescribing practitioner on his or her practitioner profile.

2850 (b) Comply with the requirements of this section and

2851 applicable board rules.

2852 Section 50. Paragraph (c) of subsection (3) of section  
2853 458.3265, Florida Statutes, is amended to read:

2854 458.3265 Pain-management clinics.—

2855 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
2856 apply to any physician who provides professional services in a  
2857 pain-management clinic that is required to be registered in  
2858 subsection (1).

2859 (c) A physician, an autonomous physician assistant, a  
2860 physician assistant, or an advanced practice registered nurse  
2861 must perform a physical examination of a patient on the same day  
2862 that the physician prescribes a controlled substance to a  
2863 patient at a pain-management clinic. If the physician prescribes  
2864 more than a 72-hour dose of controlled substances for the  
2865 treatment of chronic nonmalignant pain, the physician must  
2866 document in the patient's record the reason for prescribing that  
2867 quantity.

2868 Section 51. Paragraph (ii) of subsection (1) and  
2869 subsection (10) of section 458.331, Florida Statutes, are  
2870 amended to read:

2871 458.331 Grounds for disciplinary action; action by the  
2872 board and department.—

2873 (1) The following acts constitute grounds for denial of a  
2874 license or disciplinary action, as specified in s. 456.072(2):

2875 (ii) Failing to report to the department any licensee

2876 | under this chapter or under chapter 459 who the physician,  
2877 | autonomous physician assistant, or physician assistant knows has  
2878 | violated the grounds for disciplinary action set out in the law  
2879 | under which that person is licensed and who provides health care  
2880 | services in a facility licensed under chapter 395, or a health  
2881 | maintenance organization certificated under part I of chapter  
2882 | 641, in which the physician, autonomous physician assistant, or  
2883 | physician assistant also provides services.

2884 |       (10) A probable cause panel convened to consider  
2885 | disciplinary action against an autonomous physician assistant or  
2886 | a physician assistant alleged to have violated s. 456.072 or  
2887 | this section must include one physician assistant. The physician  
2888 | assistant must hold a valid license to practice as a physician  
2889 | assistant in this state and be appointed to the panel by the  
2890 | Council of Physician Assistants. The physician assistant may  
2891 | hear only cases involving disciplinary actions against a  
2892 | physician assistant. If the appointed physician assistant is not  
2893 | present at the disciplinary hearing, the panel may consider the  
2894 | matter and vote on the case in the absence of the physician  
2895 | assistant. The training requirements set forth in s. 458.307(4)  
2896 | do not apply to the appointed physician assistant. Rules need  
2897 | not be adopted to implement this subsection.

2898 |       Section 52. Paragraph (c) of subsection (3) of section  
2899 | 459.0137, Florida Statutes, is amended to read:

2900 |       459.0137 Pain-management clinics.—

2901 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
2902 apply to any osteopathic physician who provides professional  
2903 services in a pain-management clinic that is required to be  
2904 registered in subsection (1).

2905 (c) An osteopathic physician, an autonomous physician  
2906 assistant, a physician assistant, or an advanced practice  
2907 registered nurse must perform a physical examination of a  
2908 patient on the same day that the physician prescribes a  
2909 controlled substance to a patient at a pain-management clinic.  
2910 If the osteopathic physician prescribes more than a 72-hour dose  
2911 of controlled substances for the treatment of chronic  
2912 nonmalignant pain, the osteopathic physician must document in  
2913 the patient's record the reason for prescribing that quantity.

2914 Section 53. Paragraph (11) of subsection (1) and  
2915 subsection (10) of section 459.015, Florida Statutes, are  
2916 amended to read:

2917 459.015 Grounds for disciplinary action; action by the  
2918 board and department.—

2919 (1) The following acts constitute grounds for denial of a  
2920 license or disciplinary action, as specified in s. 456.072(2):

2921 (11) Failing to report to the department any licensee  
2922 under chapter 458 or under this chapter who the osteopathic  
2923 physician, autonomous physician assistant, or physician  
2924 assistant knows has violated the grounds for disciplinary action  
2925 set out in the law under which that person is licensed and who

2926 provides health care services in a facility licensed under  
 2927 chapter 395, or a health maintenance organization certificated  
 2928 under part I of chapter 641, in which the osteopathic physician,  
 2929 autonomous physician assistant, or physician assistant also  
 2930 provides services.

2931 (10) A probable cause panel convened to consider  
 2932 disciplinary action against an autonomous physician assistant or  
 2933 a physician assistant alleged to have violated s. 456.072 or  
 2934 this section must include one physician assistant. The physician  
 2935 assistant must hold a valid license to practice as a physician  
 2936 assistant in this state and be appointed to the panel by the  
 2937 Council of Physician Assistants. The physician assistant may  
 2938 hear only cases involving disciplinary actions against a  
 2939 physician assistant. If the appointed physician assistant is not  
 2940 present at the disciplinary hearing, the panel may consider the  
 2941 matter and vote on the case in the absence of the physician  
 2942 assistant. The training requirements set forth in s. 458.307(4)  
 2943 do not apply to the appointed physician assistant. Rules need  
 2944 not be adopted to implement this subsection.

2945 Section 54. Subsection (17) of section 464.003, Florida  
 2946 Statutes, is amended to read:

2947 464.003 Definitions.—As used in this part, the term:

2948 (17) "Practice of practical nursing" means the performance  
 2949 of selected acts, including the administration of treatments and  
 2950 medications, in the care of the ill, injured, or infirm; the

2951 promotion of wellness, maintenance of health, and prevention of  
 2952 illness of others under the direction of a registered nurse, a  
 2953 licensed physician, a licensed osteopathic physician, a licensed  
 2954 podiatric physician, a registered autonomous physician  
 2955 assistant, or a licensed dentist; and the teaching of general  
 2956 principles of health and wellness to the public and to students  
 2957 other than nursing students. A practical nurse is responsible  
 2958 and accountable for making decisions that are based upon the  
 2959 individual's educational preparation and experience in nursing.

2960 Section 55. Paragraph (a) of subsection (4) of section  
 2961 464.0205, Florida Statutes, is amended to read:

2962 464.0205 Retired volunteer nurse certificate.—

2963 (4) A retired volunteer nurse receiving certification from  
 2964 the board shall:

2965 (a) Work under the direct supervision of the director of a  
 2966 county health department, a physician working under a limited  
 2967 license issued pursuant to s. 458.317 or s. 459.0075, a  
 2968 physician or an autonomous physician assistant licensed or  
 2969 registered under chapter 458 or chapter 459, an advanced  
 2970 practice registered nurse licensed under s. 464.012, or a  
 2971 registered nurse licensed under s. 464.008 or s. 464.009.

2972 Section 56. Paragraph (b) of subsection (1) of section  
 2973 480.0475, Florida Statutes, is amended to read:

2974 480.0475 Massage establishments; prohibited practices.—

2975 (1) A person may not operate a massage establishment

2976 | between the hours of midnight and 5 a.m. This subsection does  
 2977 | not apply to a massage establishment:

2978 |         (b) In which every massage performed between the hours of  
 2979 | midnight and 5 a.m. is performed by a massage therapist acting  
 2980 | under the prescription of a physician, autonomous physician  
 2981 | assistant, or physician assistant licensed or registered under  
 2982 | chapter 458;~~7~~ an osteopathic physician, autonomous physician  
 2983 | assistant, or physician assistant licensed or registered under  
 2984 | chapter 459;~~7~~ a chiropractic physician licensed under chapter  
 2985 | 460;~~7~~ a podiatric physician licensed under chapter 461;~~7~~ an  
 2986 | advanced practice registered nurse licensed under part I of  
 2987 | chapter 464;~~7~~ or a dentist licensed under chapter 466; or

2988 |         Section 57. Subsection (2) of section 493.6108, Florida  
 2989 | Statutes, is amended to read:

2990 |             493.6108 Investigation of applicants by Department of  
 2991 | Agriculture and Consumer Services.—

2992 |         (2) In addition to subsection (1), the department shall  
 2993 | make an investigation of the general physical fitness of the  
 2994 | Class "G" applicant to bear a weapon or firearm. Determination  
 2995 | of physical fitness shall be certified by a physician,  
 2996 | autonomous physician assistant, or physician assistant currently  
 2997 | licensed or registered under ~~pursuant to~~ chapter 458, chapter  
 2998 | 459, or any similar law of another state or authorized to act as  
 2999 | a licensed physician by a federal agency or department or by an  
 3000 | advanced practice registered nurse currently licensed pursuant



3001 to chapter 464. Such certification shall be submitted on a form  
 3002 provided by the department.

3003 Section 58. Subsection (1) of section 626.9707, Florida  
 3004 Statutes, is amended to read:

3005 626.9707 Disability insurance; discrimination on basis of  
 3006 sickle-cell trait prohibited.—

3007 (1) An ~~No~~ insurer authorized to transact insurance in this  
 3008 state may not ~~shall~~ refuse to issue and deliver in this state  
 3009 any policy of disability insurance, whether such policy is  
 3010 defined as individual, group, blanket, franchise, industrial, or  
 3011 otherwise, which is currently being issued for delivery in this  
 3012 state and which affords benefits and coverage for any medical  
 3013 treatment or service authorized and permitted to be furnished by  
 3014 a hospital, a clinic, a health clinic, a neighborhood health  
 3015 clinic, a health maintenance organization, a physician, an  
 3016 autonomous physician assistant, a physician ~~physician's~~  
 3017 assistant, an advanced practice registered nurse ~~practitioner,~~  
 3018 or a medical service facility or personnel solely because the  
 3019 person to be insured has the sickle-cell trait.

3020 Section 59. Paragraph (b) of subsection (1) of section  
 3021 627.357, Florida Statutes, is amended to read:

3022 627.357 Medical malpractice self-insurance.—

3023 (1) DEFINITIONS.—As used in this section, the term:

3024 (b) "Health care provider" means any:

3025 1. Hospital licensed under chapter 395.

- 3026           2. Physician, autonomous physician assistant ~~licensed~~, or  
 3027 physician assistant registered or licensed, under chapter 458.
- 3028           3. Osteopathic physician, autonomous physician assistant,  
 3029 or physician assistant registered or licensed under chapter 459.
- 3030           4. Podiatric physician licensed under chapter 461.
- 3031           5. Health maintenance organization certificated under part  
 3032 I of chapter 641.
- 3033           6. Ambulatory surgical center licensed under chapter 395.
- 3034           7. Chiropractic physician licensed under chapter 460.
- 3035           8. Psychologist licensed under chapter 490.
- 3036           9. Optometrist licensed under chapter 463.
- 3037           10. Dentist licensed under chapter 466.
- 3038           11. Pharmacist licensed under chapter 465.
- 3039           12. Registered nurse, licensed practical nurse, or  
 3040 advanced practice registered nurse licensed or registered under  
 3041 part I of chapter 464.
- 3042           13. Other medical facility.
- 3043           14. Professional association, partnership, corporation,  
 3044 joint venture, or other association established by the  
 3045 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
 3046 10., 11., and 12. for professional activity.
- 3047           Section 60. Paragraph (a) of subsection (1) of section  
 3048 627.736, Florida Statutes, is amended to read:
- 3049           627.736 Required personal injury protection benefits;  
 3050 exclusions; priority; claims.—

3051 (1) REQUIRED BENEFITS.—An insurance policy complying with  
3052 the security requirements of s. 627.733 must provide personal  
3053 injury protection to the named insured, relatives residing in  
3054 the same household, persons operating the insured motor vehicle,  
3055 passengers in the motor vehicle, and other persons struck by the  
3056 motor vehicle and suffering bodily injury while not an occupant  
3057 of a self-propelled vehicle, subject to subsection (2) and  
3058 paragraph (4) (e), to a limit of \$10,000 in medical and  
3059 disability benefits and \$5,000 in death benefits resulting from  
3060 bodily injury, sickness, disease, or death arising out of the  
3061 ownership, maintenance, or use of a motor vehicle as follows:

3062 (a) Medical benefits.—Eighty percent of all reasonable  
3063 expenses for medically necessary medical, surgical, X-ray,  
3064 dental, and rehabilitative services, including prosthetic  
3065 devices and medically necessary ambulance, hospital, and nursing  
3066 services if the individual receives initial services and care  
3067 pursuant to subparagraph 1. within 14 days after the motor  
3068 vehicle accident. The medical benefits provide reimbursement  
3069 only for:

3070 1. Initial services and care that are lawfully provided,  
3071 supervised, ordered, or prescribed by a physician or an  
3072 autonomous physician assistant licensed or registered under  
3073 chapter 458 or chapter 459, a dentist licensed under chapter  
3074 466, ~~or~~ a chiropractic physician licensed under chapter 460, or  
3075 an advanced practice registered nurse registered to engage in

3076 autonomous practice under s. 464.0123 or that are provided in a  
3077 hospital or in a facility that owns, or is wholly owned by, a  
3078 hospital. Initial services and care may also be provided by a  
3079 person or entity licensed under part III of chapter 401 which  
3080 provides emergency transportation and treatment.

3081 2. Upon referral by a provider described in subparagraph  
3082 1., followup services and care consistent with the underlying  
3083 medical diagnosis rendered pursuant to subparagraph 1. which may  
3084 be provided, supervised, ordered, or prescribed only by a  
3085 physician or an autonomous physician assistant licensed or  
3086 registered under chapter 458 or chapter 459, a chiropractic  
3087 physician licensed under chapter 460, a dentist licensed under  
3088 chapter 466, or an advanced practice registered nurse registered  
3089 to engage in autonomous practice under s. 464.0123, or, to the  
3090 extent permitted by applicable law and under the supervision of  
3091 such physician, osteopathic physician, chiropractic physician,  
3092 or dentist, by a physician assistant licensed under chapter 458  
3093 or chapter 459 or an advanced practice registered nurse licensed  
3094 under chapter 464. Followup services and care may also be  
3095 provided by the following persons or entities:

3096 a. A hospital or ambulatory surgical center licensed under  
3097 chapter 395.

3098 b. An entity wholly owned by one or more physicians or  
3099 autonomous physician assistants licensed or registered under  
3100 chapter 458 or chapter 459, chiropractic physicians licensed

3101 | under chapter 460, advanced practice registered nurses  
 3102 | registered to engage in autonomous practice under s. 464.0123,  
 3103 | or dentists licensed under chapter 466 or by such practitioners  
 3104 | and the spouse, parent, child, or sibling of such practitioners.

3105 |       c. An entity that owns or is wholly owned, directly or  
 3106 | indirectly, by a hospital or hospitals.

3107 |       d. A physical therapist licensed under chapter 486, based  
 3108 | upon a referral by a provider described in this subparagraph.

3109 |       e. A health care clinic licensed under part X of chapter  
 3110 | 400 which is accredited by an accrediting organization whose  
 3111 | standards incorporate comparable regulations required by this  
 3112 | state, or

3113 |           (I) Has a medical director licensed under chapter 458,  
 3114 | chapter 459, or chapter 460;

3115 |           (II) Has been continuously licensed for more than 3 years  
 3116 | or is a publicly traded corporation that issues securities  
 3117 | traded on an exchange registered with the United States  
 3118 | Securities and Exchange Commission as a national securities  
 3119 | exchange; and

3120 |           (III) Provides at least four of the following medical  
 3121 | specialties:

3122 |               (A) General medicine.

3123 |               (B) Radiography.

3124 |               (C) Orthopedic medicine.

3125 |               (D) Physical medicine.

3126 (E) Physical therapy.

3127 (F) Physical rehabilitation.

3128 (G) Prescribing or dispensing outpatient prescription  
 3129 medication.

3130 (H) Laboratory services.

3131 3. Reimbursement for services and care provided in  
 3132 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
 3133 licensed under chapter 458 or chapter 459, a dentist licensed  
 3134 under chapter 466, an autonomous physician assistant or a  
 3135 physician assistant registered or licensed under chapter 458 or  
 3136 chapter 459, or an advanced practice registered nurse licensed  
 3137 under chapter 464 has determined that the injured person had an  
 3138 emergency medical condition.

3139 4. Reimbursement for services and care provided in  
 3140 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
 3141 provider listed in subparagraph 1. or subparagraph 2. determines  
 3142 that the injured person did not have an emergency medical  
 3143 condition.

3144 5. Medical benefits do not include massage as defined in  
 3145 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
 3146 of the person, entity, or licensee providing massage or  
 3147 acupuncture, and a licensed massage therapist or licensed  
 3148 acupuncturist may not be reimbursed for medical benefits under  
 3149 this section.

3150 6. The Financial Services Commission shall adopt by rule

3151 the form that must be used by an insurer and a health care  
 3152 provider specified in sub-subparagraph 2.b., sub-subparagraph  
 3153 2.c., or sub-subparagraph 2.e. to document that the health care  
 3154 provider meets the criteria of this paragraph. Such rule must  
 3155 include a requirement for a sworn statement or affidavit.

3156  
 3157 Only insurers writing motor vehicle liability insurance in this  
 3158 state may provide the required benefits of this section, and  
 3159 such insurer may not require the purchase of any other motor  
 3160 vehicle coverage other than the purchase of property damage  
 3161 liability coverage as required by s. 627.7275 as a condition for  
 3162 providing such benefits. Insurers may not require that property  
 3163 damage liability insurance in an amount greater than \$10,000 be  
 3164 purchased in conjunction with personal injury protection. Such  
 3165 insurers shall make benefits and required property damage  
 3166 liability insurance coverage available through normal marketing  
 3167 channels. An insurer writing motor vehicle liability insurance  
 3168 in this state who fails to comply with such availability  
 3169 requirement as a general business practice violates part IX of  
 3170 chapter 626, and such violation constitutes an unfair method of  
 3171 competition or an unfair or deceptive act or practice involving  
 3172 the business of insurance. An insurer committing such violation  
 3173 is subject to the penalties provided under that part, as well as  
 3174 those provided elsewhere in the insurance code.

3175 Section 61. Subsection (5) of section 633.412, Florida

3176 Statutes, is amended to read:

3177       633.412 Firefighters; qualifications for certification.—A  
 3178 person applying for certification as a firefighter must:

3179       (5) Be in good physical condition as determined by a  
 3180 medical examination given by a physician, surgeon, or autonomous  
 3181 physician assistant or physician assistant licensed or  
 3182 registered under ~~to practice in the state pursuant to~~ chapter  
 3183 458; an osteopathic physician, surgeon, autonomous physician  
 3184 assistant, or physician assistant licensed or registered under  
 3185 ~~to practice in the state pursuant to~~ chapter 459; or an advanced  
 3186 practice registered nurse licensed under ~~to practice in the~~  
 3187 ~~state pursuant to~~ chapter 464. Such examination may include, but  
 3188 need not be limited to, the National Fire Protection Association  
 3189 Standard 1582. A medical examination evidencing good physical  
 3190 condition shall be submitted to the division, on a form as  
 3191 provided by rule, before an individual is eligible for admission  
 3192 into a course under s. 633.408.

3193       Section 62. Subsection (8) of section 641.495, Florida  
 3194 Statutes, is amended to read:

3195       641.495 Requirements for issuance and maintenance of  
 3196 certificate.—

3197       (8) Each organization's contracts, certificates, and  
 3198 subscriber handbooks shall contain a provision, if applicable,  
 3199 disclosing that, for certain types of described medical  
 3200 procedures, services may be provided by autonomous physician



3201 assistants, physician assistants, advanced practice registered  
 3202 nurses ~~nurse practitioners~~, or other individuals who are not  
 3203 licensed physicians.

3204 Section 63. Subsection (1) of section 744.2006, Florida  
 3205 Statutes, is amended to read:

3206 744.2006 Office of Public and Professional Guardians;  
 3207 appointment, notification.—

3208 (1) The executive director of the Office of Public and  
 3209 Professional Guardians, after consultation with the chief judge  
 3210 and other circuit judges within the judicial circuit and with  
 3211 appropriate advocacy groups and individuals and organizations  
 3212 who are knowledgeable about the needs of incapacitated persons,  
 3213 may establish, within a county in the judicial circuit or within  
 3214 the judicial circuit, one or more offices of public guardian and  
 3215 if so established, shall create a list of persons best qualified  
 3216 to serve as the public guardian, who have been investigated  
 3217 pursuant to s. 744.3135. The public guardian must have knowledge  
 3218 of the legal process and knowledge of social services available  
 3219 to meet the needs of incapacitated persons. The public guardian  
 3220 shall maintain a staff or contract with professionally qualified  
 3221 individuals to carry out the guardianship functions, including  
 3222 an attorney who has experience in probate areas and another  
 3223 person who has a master's degree in social work, or a  
 3224 gerontologist, psychologist, autonomous physician assistant,  
 3225 advanced practice registered nurse, or registered nurse, ~~or~~

3226 ~~nurse practitioner~~. A public guardian that is a nonprofit  
3227 corporate guardian under s. 744.309(5) must receive tax-exempt  
3228 status from the United States Internal Revenue Service.

3229 Section 64. Paragraph (a) of subsection (3) of section  
3230 744.331, Florida Statutes, is amended to read:

3231 744.331 Procedures to determine incapacity.—

3232 (3) EXAMINING COMMITTEE.—

3233 (a) Within 5 days after a petition for determination of  
3234 incapacity has been filed, the court shall appoint an examining  
3235 committee consisting of three members. One member must be a  
3236 psychiatrist or other physician. The remaining members must be  
3237 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,  
3238 a ~~or other~~ physician, an autonomous physician assistant, a  
3239 physician assistant, an advanced practice registered nurse, a  
3240 registered nurse, ~~nurse practitioner~~, a licensed social worker,  
3241 a person with an advanced degree in gerontology from an  
3242 accredited institution of higher education, or any other person  
3243 who by knowledge, skill, experience, training, or education may,  
3244 in the court's discretion, advise the court in the form of an  
3245 expert opinion. One of three members of the committee must have  
3246 knowledge of the type of incapacity alleged in the petition.  
3247 Unless good cause is shown, the attending or family physician  
3248 may not be appointed to the committee. If the attending or  
3249 family physician is available for consultation, the committee  
3250 must consult with the physician. Members of the examining

3251 committee may not be related to or associated with one another,  
3252 with the petitioner, with counsel for the petitioner or the  
3253 proposed guardian, or with the person alleged to be totally or  
3254 partially incapacitated. A member may not be employed by any  
3255 private or governmental agency that has custody of, or  
3256 furnishes, services or subsidies, directly or indirectly, to the  
3257 person or the family of the person alleged to be incapacitated  
3258 or for whom a guardianship is sought. A petitioner may not serve  
3259 as a member of the examining committee. Members of the examining  
3260 committee must be able to communicate, either directly or  
3261 through an interpreter, in the language that the alleged  
3262 incapacitated person speaks or to communicate in a medium  
3263 understandable to the alleged incapacitated person if she or he  
3264 is able to communicate. The clerk of the court shall send notice  
3265 of the appointment to each person appointed no later than 3 days  
3266 after the court's appointment.

3267 Section 65. Paragraph (b) of subsection (1) of section  
3268 744.3675, Florida Statutes, is amended to read:

3269 744.3675 Annual guardianship plan.—Each guardian of the  
3270 person must file with the court an annual guardianship plan  
3271 which updates information about the condition of the ward. The  
3272 annual plan must specify the current needs of the ward and how  
3273 those needs are proposed to be met in the coming year.

3274 (1) Each plan for an adult ward must, if applicable,  
3275 include:

3276 (b) Information concerning the medical and mental health  
 3277 conditions and treatment and rehabilitation needs of the ward,  
 3278 including:

3279 1. A resume of any professional medical treatment given to  
 3280 the ward during the preceding year.

3281 2. The report of a physician, autonomous physician  
 3282 assistant, physician assistant, or advanced practice registered  
 3283 nurse who examined the ward no more than 90 days before the  
 3284 beginning of the applicable reporting period. The report must  
 3285 contain an evaluation of the ward's condition and a statement of  
 3286 the current level of capacity of the ward.

3287 3. The plan for providing medical, mental health, and  
 3288 rehabilitative services in the coming year.

3289 Section 66. Subsection (3) of section 766.103, Florida  
 3290 Statutes, is amended to read:

3291 766.103 Florida Medical Consent Law.—

3292 (3) ~~No Recovery is not shall be~~ allowed in any court in  
 3293 this state against any physician licensed under chapter 458,  
 3294 osteopathic physician licensed under chapter 459, chiropractic  
 3295 physician licensed under chapter 460, podiatric physician  
 3296 licensed under chapter 461, dentist licensed under chapter 466,  
 3297 advanced practice registered nurse licensed under s. 464.012,  
 3298 autonomous physician assistant registered under chapter 458 or  
 3299 chapter 459, or physician assistant licensed under s. 458.347 or  
 3300 s. 459.022 in an action brought for treating, examining, or

3301 | operating on a patient without his or her informed consent when:

3302 |       (a)1. The action of the physician, osteopathic physician,  
 3303 | chiropractic physician, podiatric physician, dentist, advanced  
 3304 | practice registered nurse, autonomous physician assistant, or  
 3305 | physician assistant in obtaining the consent of the patient or  
 3306 | another person authorized to give consent for the patient was in  
 3307 | accordance with an accepted standard of medical practice among  
 3308 | members of the medical profession with similar training and  
 3309 | experience in the same or similar medical community as that of  
 3310 | the person treating, examining, or operating on the patient for  
 3311 | whom the consent is obtained; and

3312 |       2. A reasonable individual, from the information provided  
 3313 | by the physician, osteopathic physician, chiropractic physician,  
 3314 | podiatric physician, dentist, advanced practice registered  
 3315 | nurse, autonomous physician assistant, or physician assistant,  
 3316 | under the circumstances, would have a general understanding of  
 3317 | the procedure, the medically acceptable alternative procedures  
 3318 | or treatments, and the substantial risks and hazards inherent in  
 3319 | the proposed treatment or procedures, which are recognized among  
 3320 | other physicians, osteopathic physicians, chiropractic  
 3321 | physicians, podiatric physicians, or dentists in the same or  
 3322 | similar community who perform similar treatments or procedures;  
 3323 | or

3324 |       (b) The patient would reasonably, under all the  
 3325 | surrounding circumstances, have undergone such treatment or

3326 | procedure had he or she been advised by the physician,  
 3327 | osteopathic physician, chiropractic physician, podiatric  
 3328 | physician, dentist, advanced practice registered nurse,  
 3329 | autonomous physician assistant, or physician assistant in  
 3330 | accordance with ~~the provisions of~~ paragraph (a).

3331 | Section 67. Paragraph (b) of subsection (1) and paragraph  
 3332 | (e) of subsection (2) of section 766.105, Florida Statutes, are  
 3333 | amended to read:

3334 | 766.105 Florida Patient's Compensation Fund.—

3335 | (1) DEFINITIONS.—The following definitions apply in the  
 3336 | interpretation and enforcement of this section:

3337 | (b) The term "health care provider" means any:

- 3338 | 1. Hospital licensed under chapter 395.
- 3339 | 2. Physician, autonomous physician assistant, or physician  
 3340 | assistant licensed or registered under chapter 458.
- 3341 | 3. Osteopathic physician, autonomous physician assistant,  
 3342 | or physician assistant licensed or registered under chapter 459.
- 3343 | 4. Podiatric physician licensed under chapter 461.
- 3344 | 5. Health maintenance organization certificated under part  
 3345 | I of chapter 641.
- 3346 | 6. Ambulatory surgical center licensed under chapter 395.
- 3347 | 7. "Other medical facility" as defined in paragraph (c).
- 3348 | 8. Professional association, partnership, corporation,  
 3349 | joint venture, or other association by the individuals set forth  
 3350 | in subparagraphs 2., 3., and 4. for professional activity.

3351 (2) COVERAGE.—

3352 (e) The coverage afforded by the fund for a participating  
 3353 hospital or ambulatory surgical center shall apply to the  
 3354 officers, trustees, volunteer workers, trainees, committee  
 3355 members (including physicians, osteopathic physicians, podiatric  
 3356 physicians, and dentists), and employees of the hospital or  
 3357 ambulatory surgical center, other than employed physicians  
 3358 licensed under chapter 458, autonomous physician assistants or  
 3359 physician assistants registered or licensed under chapter 458 or  
 3360 chapter 459, osteopathic physicians licensed under chapter 459,  
 3361 dentists licensed under chapter 466, and podiatric physicians  
 3362 licensed under chapter 461. However, the coverage afforded by  
 3363 the fund for a participating hospital shall apply to house  
 3364 physicians, interns, employed physician residents in a resident  
 3365 training program, or physicians performing purely administrative  
 3366 duties for the participating hospitals other than the treatment  
 3367 of patients. This coverage shall apply to the hospital or  
 3368 ambulatory surgical center and those included in this subsection  
 3369 as one health care provider.

3370 Section 68. Paragraph (d) of subsection (3) of section  
 3371 766.1115, Florida Statutes, is amended to read:

3372 766.1115 Health care providers; creation of agency  
 3373 relationship with governmental contractors.—

3374 (3) DEFINITIONS.—As used in this section, the term:

3375 (d) "Health care provider" or "provider" means:

- 3376 | 1. A birth center licensed under chapter 383.
- 3377 | 2. An ambulatory surgical center licensed under chapter
- 3378 | 395.
- 3379 | 3. A hospital licensed under chapter 395.
- 3380 | 4. A physician, autonomous physician assistant, or
- 3381 | physician assistant licensed or registered under chapter 458.
- 3382 | 5. An osteopathic physician, autonomous physician
- 3383 | assistant, or ~~osteopathic~~ physician assistant licensed or
- 3384 | registered under chapter 459.
- 3385 | 6. A chiropractic physician licensed under chapter 460.
- 3386 | 7. A podiatric physician licensed under chapter 461.
- 3387 | 8. A registered nurse, nurse midwife, licensed practical
- 3388 | nurse, or advanced practice registered nurse licensed or
- 3389 | registered under part I of chapter 464 or any facility which
- 3390 | employs nurses licensed or registered under part I of chapter
- 3391 | 464 to supply all or part of the care delivered under this
- 3392 | section.
- 3393 | 9. A midwife licensed under chapter 467.
- 3394 | 10. A health maintenance organization certificated under
- 3395 | part I of chapter 641.
- 3396 | 11. A health care professional association and its
- 3397 | employees or a corporate medical group and its employees.
- 3398 | 12. Any other medical facility the primary purpose of
- 3399 | which is to deliver human medical diagnostic services or which
- 3400 | delivers nonsurgical human medical treatment, and which includes



3401 an office maintained by a provider.

3402 13. A dentist or dental hygienist licensed under chapter  
3403 466.

3404 14. A free clinic that delivers only medical diagnostic  
3405 services or nonsurgical medical treatment free of charge to all  
3406 low-income recipients.

3407 15. Any other health care professional, practitioner,  
3408 provider, or facility under contract with a governmental  
3409 contractor, including a student enrolled in an accredited  
3410 program that prepares the student for licensure as any one of  
3411 the professionals listed in subparagraphs 4.-9.

3412  
3413 The term includes any nonprofit corporation qualified as exempt  
3414 from federal income taxation under s. 501(a) of the Internal  
3415 Revenue Code, and described in s. 501(c) of the Internal Revenue  
3416 Code, which delivers health care services provided by licensed  
3417 professionals listed in this paragraph, any federally funded  
3418 community health center, and any volunteer corporation or  
3419 volunteer health care provider that delivers health care  
3420 services.

3421 Section 69. Subsection (1) of section 766.1116, Florida  
3422 Statutes, is amended to read:

3423 766.1116 Health care practitioner; waiver of license  
3424 renewal fees and continuing education requirements.—

3425 (1) As used in this section, the term "health care

3426 practitioner" means a physician, autonomous physician assistant,  
 3427 or physician assistant licensed or registered under chapter 458;  
 3428 an osteopathic physician, autonomous physician assistant, or  
 3429 physician assistant licensed or registered under chapter 459; a  
 3430 chiropractic physician licensed under chapter 460; a podiatric  
 3431 physician licensed under chapter 461; an advanced practice  
 3432 registered nurse, registered nurse, or licensed practical nurse  
 3433 licensed under part I of chapter 464; a dentist or dental  
 3434 hygienist licensed under chapter 466; or a midwife licensed  
 3435 under chapter 467, who participates as a health care provider  
 3436 under s. 766.1115.

3437 Section 70. Paragraph (c) of subsection (1) of section  
 3438 766.118, Florida Statutes, is amended to read:

3439 766.118 Determination of noneconomic damages.—

3440 (1) DEFINITIONS.—As used in this section, the term:

3441 (c) "Practitioner" means any person licensed or registered  
 3442 under chapter 458, chapter 459, chapter 460, chapter 461,  
 3443 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,  
 3444 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any  
 3445 association, corporation, firm, partnership, or other business  
 3446 entity under which such practitioner practices or any employee  
 3447 of such practitioner or entity acting in the scope of his or her  
 3448 employment. For the purpose of determining the limitations on  
 3449 noneconomic damages set forth in this section, the term  
 3450 "practitioner" includes any person or entity for whom a

3451 practitioner is vicariously liable and any person or entity  
 3452 whose liability is based solely on such person or entity being  
 3453 vicariously liable for the actions of a practitioner.

3454 Section 71. Subsection (3) of section 768.135, Florida  
 3455 Statutes, is amended to read:

3456 768.135 Volunteer team physicians; immunity.—

3457 (3) A practitioner licensed or registered under chapter  
 3458 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who  
 3459 gratuitously and in good faith conducts an evaluation pursuant  
 3460 to s. 1006.20(2)(c) is not liable for any civil damages arising  
 3461 from that evaluation unless the evaluation was conducted in a  
 3462 wrongful manner.

3463 Section 72. Subsection (5) of section 794.08, Florida  
 3464 Statutes, is amended to read:

3465 794.08 Female genital mutilation.—

3466 (5) This section does not apply to procedures performed by  
 3467 or under the direction of a physician licensed under chapter  
 3468 458, an osteopathic physician licensed under chapter 459, a  
 3469 registered nurse licensed under part I of chapter 464, a  
 3470 practical nurse licensed under part I of chapter 464, an  
 3471 advanced practice registered nurse licensed under part I of  
 3472 chapter 464, a midwife licensed under chapter 467, or an  
 3473 autonomous physician assistant or a physician assistant  
 3474 registered or licensed under chapter 458 or chapter 459 when  
 3475 necessary to preserve the physical health of a female person.

3476 This section also does not apply to any autopsy or limited  
 3477 dissection conducted pursuant to chapter 406.

3478 Section 73. Subsection (23) of section 893.02, Florida  
 3479 Statutes, is amended to read:

3480 893.02 Definitions.—The following words and phrases as  
 3481 used in this chapter shall have the following meanings, unless  
 3482 the context otherwise requires:

3483 (23) "Practitioner" means a physician licensed under  
 3484 chapter 458, a dentist licensed under chapter 466, a  
 3485 veterinarian licensed under chapter 474, an osteopathic  
 3486 physician licensed under chapter 459, an advanced practice  
 3487 registered nurse licensed under chapter 464, a naturopath  
 3488 licensed under chapter 462, a certified optometrist licensed  
 3489 under chapter 463, a psychiatric nurse as defined in s. 394.455,  
 3490 a podiatric physician licensed under chapter 461, an autonomous  
 3491 physician assistant registered under chapter 458 or chapter 459,  
 3492 or a physician assistant licensed under chapter 458 or chapter  
 3493 459, provided such practitioner holds a valid federal controlled  
 3494 substance registry number.

3495 Section 74. Subsection (6) of section 943.13, Florida  
 3496 Statutes, is amended to read:

3497 943.13 Officers' minimum qualifications for employment or  
 3498 appointment.—On or after October 1, 1984, any person employed or  
 3499 appointed as a full-time, part-time, or auxiliary law  
 3500 enforcement officer or correctional officer; on or after October

3501 1, 1986, any person employed as a full-time, part-time, or  
3502 auxiliary correctional probation officer; and on or after  
3503 October 1, 1986, any person employed as a full-time, part-time,  
3504 or auxiliary correctional officer by a private entity under  
3505 contract to the Department of Corrections, to a county  
3506 commission, or to the Department of Management Services shall:

3507 (6) Have passed a physical examination by a licensed  
3508 physician, registered autonomous physician assistant, licensed  
3509 physician assistant, or licensed advanced practice registered  
3510 nurse, based on specifications established by the commission. In  
3511 order to be eligible for the presumption set forth in s. 112.18  
3512 while employed with an employing agency, a law enforcement  
3513 officer, correctional officer, or correctional probation officer  
3514 must have successfully passed the physical examination required  
3515 by this subsection upon entering into service as a law  
3516 enforcement officer, correctional officer, or correctional  
3517 probation officer with the employing agency, which examination  
3518 must have failed to reveal any evidence of tuberculosis, heart  
3519 disease, or hypertension. A law enforcement officer,  
3520 correctional officer, or correctional probation officer may not  
3521 use a physical examination from a former employing agency for  
3522 purposes of claiming the presumption set forth in s. 112.18  
3523 against the current employing agency.

3524 Section 75. Subsection (2) of section 945.603, Florida  
3525 Statutes, is amended to read:

3526           945.603 Powers and duties of authority.—The purpose of the  
 3527 authority is to assist in the delivery of health care services  
 3528 for inmates in the Department of Corrections by advising the  
 3529 Secretary of Corrections on the professional conduct of primary,  
 3530 convalescent, dental, and mental health care and the management  
 3531 of costs consistent with quality care, by advising the Governor  
 3532 and the Legislature on the status of the Department of  
 3533 Corrections' health care delivery system, and by assuring that  
 3534 adequate standards of physical and mental health care for  
 3535 inmates are maintained at all Department of Corrections  
 3536 institutions. For this purpose, the authority has the authority  
 3537 to:

3538           (2) Review and make recommendations regarding health care  
 3539 for the delivery of health care services including, but not  
 3540 limited to, acute hospital-based services and facilities,  
 3541 primary and tertiary care services, ancillary and clinical  
 3542 services, dental services, mental health services, intake and  
 3543 screening services, medical transportation services, and the use  
 3544 of nurse practitioner, autonomous physician assistant, and  
 3545 physician assistant personnel to act as physician extenders as  
 3546 these relate to inmates in the Department of Corrections.

3547           Section 76. Paragraph (n) of subsection (1) of section  
 3548 948.03, Florida Statutes, is amended to read:

3549           948.03 Terms and conditions of probation.—

3550           (1) The court shall determine the terms and conditions of

3551 probation. Conditions specified in this section do not require  
 3552 oral pronouncement at the time of sentencing and may be  
 3553 considered standard conditions of probation. These conditions  
 3554 may include among them the following, that the probationer or  
 3555 offender in community control shall:

3556 (n) Be prohibited from using intoxicants to excess or  
 3557 possessing any drugs or narcotics unless prescribed by a  
 3558 physician, an advanced practice registered nurse, an autonomous  
 3559 physician assistant, or a physician assistant. The probationer  
 3560 or community controllee may not knowingly visit places where  
 3561 intoxicants, drugs, or other dangerous substances are unlawfully  
 3562 sold, dispensed, or used.

3563 Section 77. Subsection (34) of section 984.03, Florida  
 3564 Statutes, is amended to read:

3565 984.03 Definitions.—When used in this chapter, the term:

3566 (34) "Licensed health care professional" means a physician  
 3567 licensed under chapter 458, an osteopathic physician licensed  
 3568 under chapter 459, a nurse licensed under part I of chapter 464,  
 3569 an autonomous physician assistant or a physician assistant  
 3570 registered or licensed under chapter 458 or chapter 459, or a  
 3571 dentist licensed under chapter 466.

3572 Section 78. Subsection (30) of section 985.03, Florida  
 3573 Statutes, is amended to read:

3574 985.03 Definitions.—As used in this chapter, the term:

3575 (30) "Licensed health care professional" means a physician

3576 licensed under chapter 458, an osteopathic physician licensed  
3577 under chapter 459, a nurse licensed under part I of chapter 464,  
3578 an autonomous physician assistant or a physician assistant  
3579 registered or licensed under chapter 458 or chapter 459, or a  
3580 dentist licensed under chapter 466.

3581 Section 79. Paragraph (i) of subsection (3) of section  
3582 1002.20, Florida Statutes, is amended to read:

3583 1002.20 K-12 student and parent rights.—Parents of public  
3584 school students must receive accurate and timely information  
3585 regarding their child's academic progress and must be informed  
3586 of ways they can help their child to succeed in school. K-12  
3587 students and their parents are afforded numerous statutory  
3588 rights including, but not limited to, the following:

3589 (3) HEALTH ISSUES.—

3590 (i) Epinephrine use and supply.—

3591 1. A student who has experienced or is at risk for life-  
3592 threatening allergic reactions may carry an epinephrine auto-  
3593 injector and self-administer epinephrine by auto-injector while  
3594 in school, participating in school-sponsored activities, or in  
3595 transit to or from school or school-sponsored activities if the  
3596 school has been provided with parental and physician  
3597 authorization. The State Board of Education, in cooperation with  
3598 the Department of Health, shall adopt rules for such use of  
3599 epinephrine auto-injectors that shall include provisions to  
3600 protect the safety of all students from the misuse or abuse of



3601 auto-injectors. A school district, county health department,  
3602 public-private partner, and their employees and volunteers shall  
3603 be indemnified by the parent of a student authorized to carry an  
3604 epinephrine auto-injector for any and all liability with respect  
3605 to the student's use of an epinephrine auto-injector pursuant to  
3606 this paragraph.

3607 2. A public school may purchase a supply of epinephrine  
3608 auto-injectors from a wholesale distributor as defined in s.  
3609 499.003 or may enter into an arrangement with a wholesale  
3610 distributor or manufacturer as defined in s. 499.003 for the  
3611 epinephrine auto-injectors at fair-market, free, or reduced  
3612 prices for use in the event a student has an anaphylactic  
3613 reaction. The epinephrine auto-injectors must be maintained in a  
3614 secure location on the public school's premises. The  
3615 participating school district shall adopt a protocol developed  
3616 by a licensed physician for the administration by school  
3617 personnel who are trained to recognize an anaphylactic reaction  
3618 and to administer an epinephrine auto-injection. The supply of  
3619 epinephrine auto-injectors may be provided to and used by a  
3620 student authorized to self-administer epinephrine by auto-  
3621 injector under subparagraph 1. or trained school personnel.

3622 3. The school district and its employees, agents, and the  
3623 physician who provides the standing protocol for school  
3624 epinephrine auto-injectors are not liable for any injury arising  
3625 from the use of an epinephrine auto-injector administered by

3626 | trained school personnel who follow the adopted protocol and  
 3627 | whose professional opinion is that the student is having an  
 3628 | anaphylactic reaction:

3629 |       a. Unless the trained school personnel's action is willful  
 3630 | and wanton;

3631 |       b. Notwithstanding that the parents or guardians of the  
 3632 | student to whom the epinephrine is administered have not been  
 3633 | provided notice or have not signed a statement acknowledging  
 3634 | that the school district is not liable; and

3635 |       c. Regardless of whether authorization has been given by  
 3636 | the student's parents or guardians or by the student's  
 3637 | physician, autonomous physician assistant, physician ~~physician's~~  
 3638 | assistant, or advanced practice registered nurse.

3639 |       Section 80. Paragraph (b) of subsection (17) of section  
 3640 | 1002.42, Florida Statutes, is amended to read:

3641 |       1002.42 Private schools.—

3642 |       (17) EPINEPHRINE SUPPLY.—

3643 |       (b) The private school and its employees, agents, and the  
 3644 | physician who provides the standing protocol for school  
 3645 | epinephrine auto-injectors are not liable for any injury arising  
 3646 | from the use of an epinephrine auto-injector administered by  
 3647 | trained school personnel who follow the adopted protocol and  
 3648 | whose professional opinion is that the student is having an  
 3649 | anaphylactic reaction:

3650 |       1. Unless the trained school personnel's action is willful

3651 and wanton;

3652 2. Notwithstanding that the parents or guardians of the  
 3653 student to whom the epinephrine is administered have not been  
 3654 provided notice or have not signed a statement acknowledging  
 3655 that the school district is not liable; and

3656 3. Regardless of whether authorization has been given by  
 3657 the student's parents or guardians or by the student's  
 3658 physician, autonomous physician assistant, physician ~~physician's~~  
 3659 assistant, or advanced practice registered nurse.

3660 Section 81. Paragraph (a) of subsection (1) and  
 3661 subsections (4) and (5) of section 1006.062, Florida Statutes,  
 3662 are amended to read:

3663 1006.062 Administration of medication and provision of  
 3664 medical services by district school board personnel.-

3665 (1) Notwithstanding the provisions of the Nurse Practice  
 3666 Act, part I of chapter 464, district school board personnel may  
 3667 assist students in the administration of prescription medication  
 3668 when the following conditions have been met:

3669 (a) Each district school board shall include in its  
 3670 approved school health services plan a procedure to provide  
 3671 training, by a registered nurse, a licensed practical nurse, or  
 3672 an advanced practice registered nurse licensed under chapter 464  
 3673 or by a physician, autonomous physician assistant, or physician  
 3674 assistant licensed or registered under ~~pursuant to~~ chapter 458  
 3675 or chapter 459, ~~or a physician assistant licensed pursuant to~~

3676 ~~chapter 458 or chapter 459~~, to the school personnel designated  
3677 by the school principal to assist students in the administration  
3678 of prescribed medication. Such training may be provided in  
3679 collaboration with other school districts, through contract with  
3680 an education consortium, or by any other arrangement consistent  
3681 with the intent of this subsection.

3682 (4) Nonmedical assistive personnel shall be allowed to  
3683 perform health-related services upon successful completion of  
3684 child-specific training by a registered nurse or advanced  
3685 practice registered nurse licensed under chapter 464 or a  
3686 physician, autonomous physician assistant, or physician  
3687 assistant licensed or registered under ~~pursuant to~~ chapter 458  
3688 or chapter 459, ~~or a physician assistant licensed pursuant to~~  
3689 ~~chapter 458 or chapter 459~~. All procedures shall be monitored  
3690 periodically by a nurse, advanced practice registered nurse,  
3691 autonomous physician assistant, physician assistant, or  
3692 physician, including, but not limited to:

- 3693 (a) Intermittent clean catheterization.  
3694 (b) Gastrostomy tube feeding.  
3695 (c) Monitoring blood glucose.  
3696 (d) Administering emergency injectable medication.

3697 (5) For all other invasive medical services not listed in  
3698 this subsection, a registered nurse or advanced practice  
3699 registered nurse licensed under chapter 464 or a physician,  
3700 autonomous physician assistant, or physician assistant licensed

3701 or registered under ~~pursuant to~~ chapter 458 or chapter 459, ~~or a~~  
3702 ~~physician assistant licensed pursuant to chapter 458 or chapter~~  
3703 ~~459~~ shall determine if nonmedical district school board  
3704 personnel shall be allowed to perform such service.

3705 Section 82. Paragraph (c) of subsection (2) of section  
3706 1006.20, Florida Statutes, is amended to read:

3707 1006.20 Athletics in public K-12 schools.—

3708 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3709 (c) The FHSAA shall adopt bylaws that require all students  
3710 participating in interscholastic athletic competition or who are  
3711 candidates for an interscholastic athletic team to  
3712 satisfactorily pass a medical evaluation each year before ~~prior~~  
3713 ~~to~~ participating in interscholastic athletic competition or  
3714 engaging in any practice, tryout, workout, or other physical  
3715 activity associated with the student's candidacy for an  
3716 interscholastic athletic team. Such medical evaluation may be  
3717 administered only by a practitioner licensed or registered under  
3718 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.  
3719 464.0123 and in good standing with the practitioner's regulatory  
3720 board. The bylaws shall establish requirements for eliciting a  
3721 student's medical history and performing the medical evaluation  
3722 required under this paragraph, which shall include a physical  
3723 assessment of the student's physical capabilities to participate  
3724 in interscholastic athletic competition as contained in a  
3725 uniform preparticipation physical evaluation and history form.

3726 The evaluation form shall incorporate the recommendations of the  
3727 American Heart Association for participation cardiovascular  
3728 screening and shall provide a place for the signature of the  
3729 practitioner performing the evaluation with an attestation that  
3730 each examination procedure listed on the form was performed by  
3731 the practitioner or by someone under the direct supervision of  
3732 the practitioner. The form shall also contain a place for the  
3733 practitioner to indicate if a referral to another practitioner  
3734 was made in lieu of completion of a certain examination  
3735 procedure. The form shall provide a place for the practitioner  
3736 to whom the student was referred to complete the remaining  
3737 sections and attest to that portion of the examination. The  
3738 preparticipation physical evaluation form shall advise students  
3739 to complete a cardiovascular assessment and shall include  
3740 information concerning alternative cardiovascular evaluation and  
3741 diagnostic tests. Results of such medical evaluation must be  
3742 provided to the school. A student is not eligible to  
3743 participate, as provided in s. 1006.15(3), in any  
3744 interscholastic athletic competition or engage in any practice,  
3745 tryout, workout, or other physical activity associated with the  
3746 student's candidacy for an interscholastic athletic team until  
3747 the results of the medical evaluation have been received and  
3748 approved by the school.

3749 Section 83. Subsection (1) of section 1009.65, Florida  
3750 Statutes, is amended to read:

3751 1009.65 Medical Education Reimbursement and Loan Repayment  
 3752 Program.—

3753 (1) To encourage qualified medical professionals to  
 3754 practice in underserved locations where there are shortages of  
 3755 such personnel, there is established the Medical Education  
 3756 Reimbursement and Loan Repayment Program. The function of the  
 3757 program is to make payments that offset loans and educational  
 3758 expenses incurred by students for studies leading to a medical  
 3759 or nursing degree, medical or nursing licensure, ~~or~~ advanced  
 3760 practice registered nurse licensure, autonomous physician  
 3761 assistant registration, or physician assistant licensure. The  
 3762 following licensed or certified health care professionals are  
 3763 eligible to participate in this program: medical doctors with  
 3764 primary care specialties, doctors of osteopathic medicine with  
 3765 primary care specialties, autonomous physician assistants,  
 3766 physician ~~physician's~~ assistants, licensed practical nurses and  
 3767 registered nurses, and advanced practice registered nurses with  
 3768 primary care specialties such as certified nurse midwives.  
 3769 Primary care medical specialties for physicians include  
 3770 obstetrics, gynecology, general and family practice, internal  
 3771 medicine, pediatrics, and other specialties which may be  
 3772 identified by the Department of Health.

3773 Section 84. For the 2020-2021 fiscal year, 3.5 full-time  
 3774 equivalent positions with associated salary rate of 183,895 are  
 3775 authorized and the sums of \$219,089 in recurring funds and

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3776 | \$17,716 in nonrecurring funds from the Medical Quality Assurance  
3777 | Trust Fund are appropriated to the Department of Health for the  
3778 | purpose of implementing this act.

3779 | Section 85. This act shall take effect July 1, 2020.