

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 5
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 any 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 5
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 any state, the District of Columbia, or a possession
 1198 or territory of the United States during the period of such
 1199 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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2020

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.