

1 A bill to be entitled
2 An act relating to health care practitioners; amending
3 s. 409.905, F.S.; requiring the Agency for Health Care
4 Administration to pay for services provided to
5 Medicaid recipients by a licensed advanced practice
6 registered nurse who is registered to engage in
7 autonomous practice; amending s. 456.0391, F.S.;
8 requiring an autonomous physician assistant to submit
9 certain information to the Department of Health;
10 requiring the department to send a notice to
11 autonomous physician assistants regarding the required
12 information; requiring autonomous physician assistants
13 who have submitted required information to update such
14 information in writing; providing penalties; amending
15 s. 456.041, F.S.; requiring the department to provide
16 a practitioner profile for an autonomous physician
17 assistant; amending ss. 458.347 and 459.022, F.S.;
18 defining the term "autonomous physician assistant";
19 authorizing third-party payors to reimburse employers
20 for services provided by autonomous physician
21 assistants; deleting a requirement that a physician
22 assistant must inform a patient of a right to see a
23 physician before prescribing or dispensing a
24 prescription; revising the requirements for physician
25 assistant education and training programs; authorizing

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

51 certification, stamp, verification, affidavit, or
52 endorsement of a physician within the framework of an
53 established protocol; providing an exception; creating
54 s. 464.0123, F.S.; defining the term "autonomous
55 practice"; providing for the registration of an
56 advanced practice registered nurse to engage in
57 autonomous practice; providing registration
58 requirements; requiring the department to distinguish
59 such advanced practice registered nurses' licenses and
60 include the registration in their practitioner
61 profiles; authorizing such advanced practice
62 registered nurses to perform specified acts without
63 physician supervision or supervisory protocol;
64 requiring biennial registration renewal and continuing
65 education; authorizing the Board of Nursing to
66 establish an advisory committee to determine the
67 medical acts that may be performed by such advanced
68 practice registered nurses; providing for appointment
69 and terms of committee members; requiring the board to
70 adopt rules; creating s. 464.0155, F.S.; requiring
71 advanced practice registered nurses registered to
72 engage in autonomous practice to report adverse
73 incidents to the Department of Health; providing
74 requirements; defining the term "adverse incident";
75 providing for department review of such reports;

76 authorizing the department to take disciplinary
77 action; amending s. 464.018, F.S.; providing
78 additional grounds for denial of a license or
79 disciplinary action for advanced practice registered
80 nurses registered to engage in autonomous practice;
81 amending s. 39.01, F.S.; revising the definition of
82 the term "licensed health care professional" to
83 include an autonomous physician assistant; amending s.
84 39.303, F.S.; authorizing a specified autonomous
85 physician assistant to review certain cases of abuse
86 or neglect and standards for face-to-face medical
87 evaluations by a Child Protection Team; amending s.
88 39.304, F.S.; authorizing an autonomous physician
89 assistant to perform or order an examination and
90 diagnose a child without parental consent under
91 certain circumstances; amending s. 110.12315, F.S.;
92 revising requirements for reimbursement of pharmacies
93 for specified prescription drugs and supplies under
94 the state employees' prescription drug program;
95 amending s. 252.515, F.S.; providing immunity from
96 civil liability for an autonomous physician assistant
97 under the Postdisaster Relief Assistance Act; amending
98 ss. 310.071, 310.073, and 310.081, F.S.; authorizing
99 an autonomous physician assistant and a physician
100 assistant to administer the physical examination

101 required for deputy pilot certification and state
102 pilot licensure; authorizing an applicant for a deputy
103 pilot certificate or a state pilot license to use
104 controlled substances prescribed by an autonomous
105 physician assistant; amending s. 320.0848, F.S.;
106 authorizing an autonomous physician assistant to
107 certify that a person is disabled to satisfy
108 requirements for certain permits; amending s.
109 381.00315, F.S.; providing for the temporary
110 reactivation of the registration of an autonomous
111 physician assistant in a public health emergency;
112 amending s. 381.00593, F.S.; revising the definition
113 of the term "health care practitioner" to include an
114 autonomous physician assistant for purposes of the
115 Public School Volunteer Health Care Practitioner Act;
116 amending s. 381.026, F.S.; revising the definition of
117 the term "health care provider" to include an advanced
118 practice registered nurse and an autonomous physician
119 assistant for purposes of the Florida Patient's Bill
120 of Rights and Responsibilities; amending s. 382.008,
121 F.S.; authorizing an autonomous physician assistant, a
122 physician assistant, and an advanced practice
123 registered nurse to file a certificate of death or
124 fetal death under certain circumstances; authorizing a
125 certified nurse midwife to provide certain information

126 to the funeral director within a specified time
127 period; replacing the term "primary or attending
128 physician" with "primary or attending practitioner";
129 defining the term "primary or attending practitioner";
130 amending s. 382.011, F.S.; conforming a provision to
131 changes made by the act; amending s. 383.14, F.S.;
132 authorizing the release of certain newborn tests and
133 screening results to an autonomous physician
134 assistant; revising the definition of the term "health
135 care practitioner" to include an autonomous physician
136 assistant for purposes of screening for certain
137 disorders and risk factors; amending s. 390.0111,
138 F.S.; authorizing a certain action by an autonomous
139 physician assistant before an abortion procedure;
140 amending s. 390.012, F.S.; authorizing certain actions
141 by an autonomous physician assistant during and after
142 an abortion procedure; amending s. 394.463, F.S.;
143 authorizing an autonomous physician assistant, a
144 physician assistant, and an advanced practice
145 registered nurse to initiate an involuntary
146 examination for mental illness under certain
147 circumstances; authorizing a physician assistant to
148 examine a patient; amending s. 395.0191, F.S.;
149 providing an exception to certain onsite medical
150 direction requirements for a specified advanced

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

152 authorizing the Department of Health to use certain

153 funds to increase the number of autonomous physician

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

155 prohibiting the denial of certain services to an

156 individual who takes medication prescribed by an

157 autonomous physician assistant, a physician assistant,

158 or an advanced practice registered nurse; amending ss.

159 397.679 and 397.6793, F.S.; authorizing an autonomous

160 physician assistant to execute a certificate for

161 emergency admission of a person who is substance abuse

162 impaired; amending s. 400.021, F.S.; revising the

163 definition of the term "geriatric outpatient clinic"

164 to include a site staffed by an autonomous physician

165 assistant; amending s. 400.172, F.S.; authorizing an

166 autonomous physician assistant and an advanced

167 practice registered nurse to provide certain medical

168 information to a prospective respite care resident;

169 amending s. 400.487, F.S.; authorizing an autonomous

170 physician assistant to establish treatment orders for

171 certain patients under certain circumstances; amending

172 s. 400.506, F.S.; requiring an autonomous physician

173 assistant to comply with specified treatment plan

174 requirements; amending ss. 400.9973, 400.9974,

175 400.9976, and 400.9979, F.S.; authorizing an

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

201 assistant to provide signed documentation to an ADRD
202 participant; amending s. 440.102, F.S.; authorizing an
203 autonomous physician assistant to collect a specimen
204 for a drug test for specified purposes; amending s.
205 456.053, F.S.; revising definitions; authorizing an
206 advanced practice registered nurse registered to
207 engage in autonomous practice and an autonomous
208 physician assistant to make referrals under certain
209 circumstances; conforming a cross-reference; amending
210 s. 456.072, F.S.; providing penalties for an
211 autonomous physician assistant who prescribes or
212 dispenses a controlled substance in a certain manner;
213 amending s. 456.44, F.S.; revising the definition of
214 the term "registrant" to include an autonomous
215 physician assistant for purposes of controlled
216 substance prescribing; providing requirements for an
217 autonomous physician assistant who prescribes
218 controlled substances for the treatment of chronic
219 nonmalignant pain; amending ss. 458.3265 and 459.0137,
220 F.S.; requiring an autonomous physician assistant to
221 perform a physical examination of a patient at a pain-
222 management clinic under certain circumstances;
223 amending ss. 458.331 and 459.015, F.S.; providing
224 grounds for denial of a license or disciplinary action
225 against an autonomous physician assistant for certain

226 | violations; amending s. 464.003, F.S.; revising the
227 | definition of the term "practice of practical nursing"
228 | to include an autonomous physician assistant for
229 | purposes of authorizing such assistant to supervise a
230 | licensed practical nurse; amending s. 464.0205, F.S.;
231 | authorizing an autonomous physician assistant to
232 | directly supervise a certified retired volunteer
233 | nurse; amending s. 480.0475, F.S.; authorizing the
234 | operation of a massage establishment during specified
235 | hours if the massage therapy is prescribed by an
236 | autonomous physician assistant; amending s. 493.6108,
237 | F.S.; authorizing an autonomous physician assistant to
238 | certify the physical fitness of a certain class of
239 | applicants to bear a weapon or firearm; amending s.
240 | 626.9707, F.S.; prohibiting an insurer from refusing
241 | to issue and deliver certain disability insurance that
242 | covers any medical treatment or service furnished by
243 | an autonomous physician assistant or an advanced
244 | practice registered nurse; amending s. 627.357, F.S.;
245 | revising the definition of the term "health care
246 | provider" to include an autonomous physician assistant
247 | for purposes of medical malpractice self-insurance;
248 | amending s. 627.736, F.S.; requiring personal injury
249 | protection insurance to cover a certain percentage of
250 | medical services and care provided by specified health

251 care providers; providing for specified reimbursement
252 of advanced practice registered nurses registered to
253 engage in autonomous practice or autonomous physician
254 assistants; amending s. 633.412, F.S.; authorizing an
255 autonomous physician assistant to medically examine an
256 applicant for firefighter certification; amending s.
257 641.495, F.S.; requiring certain health maintenance
258 organization documents to disclose that certain
259 services may be provided by autonomous physician
260 assistants or advanced practice registered nurses;
261 amending s. 744.2006, F.S.; authorizing an autonomous
262 physician assistant to carry out guardianship
263 functions under a contract with a public guardian;
264 conforming terminology; amending s. 744.331, F.S.;
265 authorizing an autonomous physician assistant or a
266 physician assistant to be an eligible member of an
267 examining committee; conforming terminology; amending
268 s. 744.3675, F.S.; authorizing an advanced practice
269 registered nurse, autonomous physician assistant, or
270 physician assistant to provide the medical report of a
271 ward in an annual guardianship plan; amending s.
272 766.103, F.S.; prohibiting recovery of damages against
273 an autonomous physician assistant under certain
274 conditions; amending s. 766.105, F.S.; revising the
275 definition of the term "health care provider" to

276 include an autonomous physician assistants for
277 purposes of the Florida Patient's Compensation Fund;
278 amending ss. 766.1115 and 766.1116, F.S.; revising the
279 definitions of the terms "health care provider" and
280 "health care practitioner," respectively, to include
281 autonomous physician assistants for purposes of the
282 Access to Health Care Act; amending s. 766.118, F.S.;
283 revising the definition of the term "practitioner" to
284 include an advanced practice registered nurse
285 registered to engage in autonomous practice and an
286 autonomous physician assistant; amending s. 768.135,
287 F.S.; providing immunity from liability for an
288 advanced practice registered nurse registered to
289 engage in autonomous practice or an autonomous
290 physician assistant who provides volunteer services
291 under certain circumstances; amending s. 794.08, F.S.;
292 providing an exception to medical procedures conducted
293 by an autonomous physician assistant under certain
294 circumstances; amending s. 893.02, F.S.; revising the
295 definition of the term "practitioner" to include an
296 autonomous physician assistant; amending s. 943.13,
297 F.S.; authorizing an autonomous physician assistant to
298 conduct a physical examination for a law enforcement
299 or correctional officer to satisfy qualifications for
300 employment or appointment; amending s. 945.603, F.S.;

301 authorizing the Correctional Medical Authority to
302 review and make recommendations relating to the use of
303 autonomous physician assistants as physician
304 extenders; amending s. 948.03, F.S.; authorizing an
305 autonomous physician assistant to prescribe drugs or
306 narcotics to a probationer; amending ss. 984.03 and
307 985.03, F.S.; revising the definition of the term
308 "licensed health care professional" to include an
309 autonomous physician assistant; amending ss. 1002.20
310 and 1002.42, F.S.; providing immunity from liability
311 for autonomous physician assistants who administer
312 epinephrine auto-injectors in public and private
313 schools; amending s. 1006.062, F.S.; authorizing an
314 autonomous physician assistant to provide training in
315 the administration of medication to designated school
316 personnel; requiring an autonomous physician assistant
317 to monitor such personnel; authorizing an autonomous
318 physician assistant to determine whether such
319 personnel may perform certain invasive medical
320 services; amending s. 1006.20, F.S.; authorizing an
321 autonomous physician assistant to medically evaluate a
322 student athlete; amending s. 1009.65, F.S.;

323 authorizing an autonomous physician assistant to
324 participate in the Medical Education Reimbursement and
325 Loan Repayment Program; providing appropriations and

326 authorizing positions; providing an effective date.

327

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

329

330 Section 1. Subsection (1) of section 409.905, Florida
 331 Statutes, is amended to read:

332 409.905 Mandatory Medicaid services.—The agency may make
 333 payments for the following services, which are required of the
 334 state by Title XIX of the Social Security Act, furnished by
 335 Medicaid providers to recipients who are determined to be
 336 eligible on the dates on which the services were provided. Any
 337 service under this section shall be provided only when medically
 338 necessary and in accordance with state and federal law.

339 Mandatory services rendered by providers in mobile units to
 340 Medicaid recipients may be restricted by the agency. Nothing in
 341 this section shall be construed to prevent or limit the agency
 342 from adjusting fees, reimbursement rates, lengths of stay,
 343 number of visits, number of services, or any other adjustments
 344 necessary to comply with the availability of moneys and any
 345 limitations or directions provided for in the General
 346 Appropriations Act or chapter 216.

347 (1) ADVANCED PRACTICE REGISTERED NURSE SERVICES.—The
 348 agency shall pay for services provided to a recipient by a
 349 licensed advanced practice registered nurse who has a valid
 350 collaboration agreement with a licensed physician on file with

351 the Department of Health or who provides anesthesia services in
352 accordance with established protocol required by state law and
353 approved by the medical staff of the facility in which the
354 anesthetic service is performed. Reimbursement for such services
355 must be provided in an amount that equals not less than 80
356 percent of the reimbursement to a physician who provides the
357 same services, unless otherwise provided for in the General
358 Appropriations Act. The agency shall also pay for services
359 provided to a recipient by a licensed advance practice
360 registered nurse who is registered to engage in autonomous
361 practice under s. 464.0123.

362 Section 2. Subsections (1), (2), and (3) of section
363 456.0391, Florida Statutes, are amended to read:

364 456.0391 Advanced practice registered nurses and
365 autonomous physician assistants; information required for
366 licensure or registration.-

367 (1) (a) Each person who applies for initial licensure under
368 s. 464.012 or initial registration under s. 458.347(8) or s.
369 459.022(8) must, at the time of application, and each person
370 licensed under s. 464.012 or registered under s. 458.347(8) or
371 s. 459.022(8) who applies for licensure or registration renewal
372 must, in conjunction with the renewal of such licensure or
373 registration and under procedures adopted by the Department of
374 Health, and in addition to any other information that may be
375 required from the applicant, furnish the following information

376 to the Department of Health:

377 1. The name of each school or training program that the
378 applicant has attended, with the months and years of attendance
379 and the month and year of graduation, and a description of all
380 graduate professional education completed by the applicant,
381 excluding any coursework taken to satisfy continuing education
382 requirements.

383 2. The name of each location at which the applicant
384 practices.

385 3. The address at which the applicant will primarily
386 conduct his or her practice.

387 4. Any certification or designation that the applicant has
388 received from a specialty or certification board that is
389 recognized or approved by the regulatory board or department to
390 which the applicant is applying.

391 5. The year that the applicant received initial
392 certification, ~~or~~ licensure, or registration and began
393 practicing the profession in any jurisdiction and the year that
394 the applicant received initial certification, ~~or~~ or
395 registration in this state.

396 6. Any appointment which the applicant currently holds to
397 the faculty of a school related to the profession and an
398 indication as to whether the applicant has had the
399 responsibility for graduate education within the most recent 10
400 years.

401 7. A description of any criminal offense of which the
402 applicant has been found guilty, regardless of whether
403 adjudication of guilt was withheld, or to which the applicant
404 has pled guilty or nolo contendere. A criminal offense committed
405 in another jurisdiction which would have been a felony or
406 misdemeanor if committed in this state must be reported. If the
407 applicant indicates that a criminal offense is under appeal and
408 submits a copy of the notice for appeal of that criminal
409 offense, the department must state that the criminal offense is
410 under appeal if the criminal offense is reported in the
411 applicant's profile. If the applicant indicates to the
412 department that a criminal offense is under appeal, the
413 applicant must, within 15 days after the disposition of the
414 appeal, submit to the department a copy of the final written
415 order of disposition.

416 8. A description of any final disciplinary action taken
417 within the previous 10 years against the applicant by a
418 licensing or regulatory body in any jurisdiction, by a specialty
419 board that is recognized by the board or department, or by a
420 licensed hospital, health maintenance organization, prepaid
421 health clinic, ambulatory surgical center, or nursing home.
422 Disciplinary action includes resignation from or nonrenewal of
423 staff membership or the restriction of privileges at a licensed
424 hospital, health maintenance organization, prepaid health
425 clinic, ambulatory surgical center, or nursing home taken in

426 lieu of or in settlement of a pending disciplinary case related
427 to competence or character. If the applicant indicates that the
428 disciplinary action is under appeal and submits a copy of the
429 document initiating an appeal of the disciplinary action, the
430 department must state that the disciplinary action is under
431 appeal if the disciplinary action is reported in the applicant's
432 profile.

433 (b) In addition to the information required under
434 paragraph (a), each applicant for initial licensure or
435 registration or licensure or registration renewal must provide
436 the information required of licensees pursuant to s. 456.049.

437 (2) The Department of Health shall send a notice to each
438 person licensed under s. 464.012 or registered under s.
439 458.347(8) or s. 459.022(8) at the licensee's or registrant's
440 last known address of record regarding the requirements for
441 information to be submitted by such person ~~advanced practice~~
442 ~~registered nurses~~ pursuant to this section in conjunction with
443 the renewal of such license or registration.

444 (3) Each person licensed under s. 464.012 or registered
445 under s. 458.347(8) or s. 459.022(8) who has submitted
446 information pursuant to subsection (1) must update that
447 information in writing by notifying the Department of Health
448 within 45 days after the occurrence of an event or the
449 attainment of a status that is required to be reported by
450 subsection (1). Failure to comply with the requirements of this

451 subsection to update and submit information constitutes a ground
452 for disciplinary action under the applicable practice act
453 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the
454 requirements of this subsection to update and submit
455 information, the department or board, as appropriate, may:

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

459 (b) Issue a citation to any certificateholder, ~~or~~
460 licensee, or registrant who fails to submit and update the
461 required information and may fine the certificateholder, ~~or~~
462 licensee, or registrant up to \$50 for each day that the
463 certificateholder, ~~or~~ licensee, or registrant is not in
464 compliance with this subsection. The citation must clearly state
465 that the certificateholder, ~~or~~ licensee, or registrant may
466 choose, in lieu of accepting the citation, to follow the
467 procedure under s. 456.073. If the certificateholder, ~~or~~
468 licensee, or registrant disputes the matter in the citation, the
469 procedures set forth in s. 456.073 must be followed. However, if
470 the certificateholder, ~~or~~ licensee, or registrant does not
471 dispute the matter in the citation with the department within 30
472 days after the citation is served, the citation becomes a final
473 order and constitutes discipline. Service of a citation may be
474 made by personal service or certified mail, restricted delivery,
475 to the subject at the certificateholder's, ~~or~~ licensee's, or

476 | registrant's last known address.

477 | Section 3. Subsection (6) of section 456.041, Florida
478 | Statutes, is amended to read:

479 | 456.041 Practitioner profile; creation.—

480 | (6) The Department of Health shall provide in each
481 | practitioner profile for every physician, autonomous physician
482 | assistant, or advanced practice registered nurse terminated for
483 | cause from participating in the Medicaid program, pursuant to s.
484 | 409.913, or sanctioned by the Medicaid program a statement that
485 | the practitioner has been terminated from participating in the
486 | Florida Medicaid program or sanctioned by the Medicaid program.

487 | Section 4. Subsections (8) through (17) of section
488 | 458.347, Florida Statutes, are renumbered as subsections (9)
489 | through (18), respectively, subsection (2), paragraphs (b), (e),
490 | and (f) of subsection (4), paragraph (a) of subsection (6),
491 | paragraphs (a) and (f) of subsection (7), present subsection
492 | (9), and present subsections (11) through (13) are amended,
493 | paragraph (b) is added to subsection (2), and new subsections
494 | (8) and (19) are added to that section, to read:

495 | 458.347 Physician assistants.—

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

497 | (a) "Approved program" means a program, formally approved
498 | by the boards, for the education of physician assistants.

499 | (b) "Autonomous physician assistant" means a physician
500 | assistant who meets the requirements of subsection (8) to

501 practice primary care without physician supervision.

502 (c)~~(b)~~ "Boards" means the Board of Medicine and the Board
503 of Osteopathic Medicine.

504 (d)~~(h)~~ "Continuing medical education" means courses
505 recognized and approved by the boards, the American Academy of
506 Physician Assistants, the American Medical Association, the
507 American Osteopathic Association, or the Accreditation Council
508 on Continuing Medical Education.

509 (e)~~(e)~~ "Council" means the Council on Physician
510 Assistants.

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

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

519 (h)~~(f)~~ "Supervision" means responsible supervision and
520 control. Except in cases of emergency, supervision requires the
521 easy availability or physical presence of the licensed physician
522 for consultation and direction of the actions of the physician
523 assistant. For the purposes of this definition, the term "easy
524 availability" includes the ability to communicate by way of
525 telecommunication. The boards shall establish rules as to what

526 constitutes responsible supervision of the physician assistant.

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

529 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

530 (b) This chapter does not prevent third-party payors from
531 reimbursing employers of autonomous physician assistants or
532 physician assistants for covered services rendered by registered
533 autonomous physician assistants or licensed physician
534 assistants.

535 (e) A supervising physician may delegate to a fully
536 licensed physician assistant the authority to prescribe or
537 dispense any medication used in the supervising physician's
538 practice unless such medication is listed on the formulary
539 created pursuant to paragraph (f). A fully licensed physician
540 assistant may only prescribe or dispense such medication under
541 the following circumstances:

542 1. A physician assistant must clearly identify to the
543 patient that he or she is a physician assistant ~~and inform the~~
544 ~~patient that the patient has the right to see the physician~~
545 ~~before a prescription is prescribed or dispensed by the~~
546 ~~physician assistant.~~

547 2. The supervising physician must notify the department of
548 his or her intent to delegate, on a department-approved form,
549 before delegating such authority and of any change in
550 prescriptive privileges of the physician assistant. Authority to

551 dispense may be delegated only by a supervising physician who is
552 registered as a dispensing practitioner in compliance with s.
553 465.0276.

554 3. The physician assistant must complete a minimum of 10
555 continuing medical education hours in the specialty practice in
556 which the physician assistant has prescriptive privileges with
557 each licensure renewal. Three of the 10 hours must consist of a
558 continuing education course on the safe and effective
559 prescribing of controlled substance medications which is offered
560 by a statewide professional association of physicians in this
561 state accredited to provide educational activities designated
562 for the American Medical Association Physician's Recognition
563 Award Category 1 credit or designated by the American Academy of
564 Physician Assistants as a Category 1 credit.

565 4. The department may issue a prescriber number to the
566 physician assistant granting authority for the prescribing of
567 medicinal drugs authorized within this paragraph upon completion
568 of the requirements of this paragraph. The physician assistant
569 is not required to independently register pursuant to s.
570 465.0276.

571 5. The prescription may be in paper or electronic form but
572 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
573 and must contain, in addition to the supervising physician's
574 name, address, and telephone number, the physician assistant's
575 prescriber number. Unless it is a drug or drug sample dispensed

576 | by the physician assistant, the prescription must be filled in a
577 | pharmacy permitted under chapter 465 and must be dispensed in
578 | that pharmacy by a pharmacist licensed under chapter 465. The
579 | inclusion of the prescriber number creates a presumption that
580 | the physician assistant is authorized to prescribe the medicinal
581 | drug and the prescription is valid.

582 | 6. The physician assistant must note the prescription or
583 | dispensing of medication in the appropriate medical record.

584 | (f)1. The council shall establish a formulary of medicinal
585 | drugs that a registered autonomous physician assistant or fully
586 | licensed physician assistant having prescribing authority under
587 | this section or s. 459.022 may not prescribe. The formulary must
588 | include general anesthetics and radiographic contrast materials
589 | and must limit the prescription of Schedule II controlled
590 | substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
591 | supply. The formulary must also restrict the prescribing of
592 | psychiatric mental health controlled substances for children
593 | younger than 18 years of age.

594 | 2. In establishing the formulary, the council shall
595 | consult with a pharmacist licensed under chapter 465, but not
596 | licensed under this chapter or chapter 459, who shall be
597 | selected by the State Surgeon General.

598 | 3. Only the council shall add to, delete from, or modify
599 | the formulary. Any person who requests an addition, a deletion,
600 | or a modification of a medicinal drug listed on such formulary

601 has the burden of proof to show cause why such addition,
602 deletion, or modification should be made.

603 4. The boards shall adopt the formulary required by this
604 paragraph, and each addition, deletion, or modification to the
605 formulary, by rule. Notwithstanding any provision of chapter 120
606 to the contrary, the formulary rule shall be effective 60 days
607 after the date it is filed with the Secretary of State. Upon
608 adoption of the formulary, the department shall mail a copy of
609 such formulary to each registered autonomous physician assistant
610 or fully licensed physician assistant having prescribing
611 authority under this section or s. 459.022, and to each pharmacy
612 licensed by the state. The boards shall establish, by rule, a
613 fee not to exceed \$200 to fund ~~the provisions of~~ this paragraph
614 and paragraph (e).

615 (6) PROGRAM APPROVAL.—

616 (a) The boards shall approve programs, ~~based on~~
617 ~~recommendations by the council,~~ for the education and training
618 of physician assistants which meet standards established by rule
619 of the boards. ~~The council may recommend only those physician~~
620 ~~assistant programs that hold full accreditation or provisional~~
621 ~~accreditation from the Commission on Accreditation of Allied~~
622 ~~Health Programs or its successor organization. Any educational~~
623 ~~institution offering a physician assistant program approved by~~
624 ~~the boards pursuant to this paragraph may also offer the~~
625 ~~physician assistant program authorized in paragraph (c) for~~

626 ~~unlicensed physicians.~~

627 (7) PHYSICIAN ASSISTANT LICENSURE.—

628 (a) Any person desiring to be licensed as a physician
 629 assistant must apply to the department. The department shall
 630 issue a license to any person certified by the council as having
 631 met the following requirements:

632 1. Is at least 18 years of age.

633 2. Has satisfactorily passed a proficiency examination by
 634 an acceptable score established by the National Commission on
 635 Certification of Physician Assistants. If an applicant does not
 636 hold a current certificate issued by the National Commission on
 637 Certification of Physician Assistants and has not actively
 638 practiced as a physician assistant within the immediately
 639 preceding 4 years, the applicant must retake and successfully
 640 complete the entry-level examination of the National Commission
 641 on Certification of Physician Assistants to be eligible for
 642 licensure.

643 3. Has completed the application form and remitted an
 644 application fee not to exceed \$300 as set by the boards. An
 645 application for licensure made by a physician assistant must
 646 include:

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

650 b. Acknowledgment of any prior felony convictions.

651 c. Acknowledgment of any previous revocation or denial of
652 licensure or certification in any state.

653 d. A copy of course transcripts and a copy of the course
654 description from a physician assistant training program
655 describing course content in pharmacotherapy, if the applicant
656 wishes to apply for prescribing authority. These documents must
657 meet the evidence requirements for prescribing authority.

658 (f) The Board of Medicine may impose any of the penalties
659 authorized under ss. 456.072 and 458.331(2) upon an autonomous
660 physician assistant or a physician assistant if the autonomous
661 physician assistant, physician assistant, or the supervising
662 physician has been found guilty of or is being investigated for
663 any act that constitutes a violation of this chapter or chapter
664 456.

665 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

666 (a) The boards shall register a physician assistant as an
667 autonomous physician assistant if the applicant demonstrates
668 that he or she:

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

671 2. Has not been subject to any disciplinary action as
672 specified in s. 456.072, s. 458.331, or s. 459.015, or any
673 similar disciplinary action in any jurisdiction of the United
674 States, within the 5 years immediately preceding the
675 registration request.

676 3. Has completed, in any jurisdiction of the United
677 States, at least 2,000 clinical practice hours within the 5
678 years immediately preceding the submission of the registration
679 request while practicing as a physician assistant under the
680 supervision of an allopathic or osteopathic physician who held
681 an active, unencumbered license issued by any state, the
682 District of Columbia, or a possession or territory of the United
683 States during the period of such supervision.

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

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

689 a. Any person registered under this subsection who
690 practices exclusively as an officer, employee, or agent of the
691 Federal Government or of the state or its agencies or its
692 subdivisions.

693 b. Any person whose license has become inactive and who is
694 not practicing as an autonomous physician assistant in this
695 state.

696 c. Any person who practices as an autonomous physician
697 assistant only in conjunction with his or her teaching duties at
698 an accredited school or its main teaching hospitals. Such
699 practice is limited to that which is incidental to and a
700 necessary part of duties in connection with the teaching

701 position.

702 d. Any person who holds an active registration under this
703 subsection who is not practicing as an autonomous physician
704 assistant in this state. If such person initiates or resumes any
705 practice as an autonomous physician assistant, he or she must
706 notify the department of such activity and fulfill the
707 professional liability coverage requirements of this
708 subparagraph.

709 (b) The department shall conspicuously distinguish an
710 autonomous physician assistant license if he or she is
711 registered under this subsection.

712 (c) An autonomous physician assistant may:

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

715 2. Provide any service that is within the scope of the
716 autonomous physician assistant's education and experience and
717 provided in accordance with rules adopted by the board without
718 physician supervision.

719 3. Prescribe, dispense, administer, or order any medicinal
720 drug, including those medicinal drugs to the extent authorized
721 under paragraph (4) (f) and the formulary adopted in that
722 paragraph.

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

726 5. Provide a signature, certification, stamp,
727 verification, affidavit, or other endorsement that is otherwise
728 required by law to be provided by a physician.

729 (d) An autonomous physician assistant must biennially
730 renew his or her registration under this subsection. The
731 biennial renewal shall coincide with the autonomous physician
732 assistant's biennial renewal period for physician assistant
733 licensure.

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

738 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
739 Physician Assistants is created within the department.

740 (a) The council shall consist of five members appointed as
741 follows:

742 1. The chairperson of the Board of Medicine shall appoint
743 one member who is a physician and a member ~~three members who are~~
744 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
745 physician ~~physicians~~ must supervise a physician assistant in his
746 or her ~~the physician's~~ practice.

747 2. The chairperson of the Board of Osteopathic Medicine
748 shall appoint one member who is a physician and a member of the
749 Board of Osteopathic Medicine. The physician must supervise a
750 physician assistant in his or her practice.

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

754 (b) ~~Two of the members appointed to the council must be~~
755 ~~physicians who supervise physician assistants in their practice.~~
756 Members shall be appointed to terms of 4 years, except that of
757 the initial appointments, two members shall be appointed to
758 terms of 2 years, two members shall be appointed to terms of 3
759 years, and one member shall be appointed to a term of 4 years,
760 as established by rule of the boards. Council members may not
761 serve more than two consecutive terms. The council shall
762 annually elect a chairperson from among its members.

763 (c) The council shall:

764 1. Recommend to the department the licensure of physician
765 assistants.

766 2. Develop all rules regulating the primary care practice
767 of autonomous physician assistants and the use of physician
768 assistants by physicians under this chapter and chapter 459,
769 except for rules relating to the formulary developed under
770 paragraph (4) (f). The council shall also develop rules to ensure
771 that the continuity of supervision is maintained in each
772 practice setting. The boards shall consider adopting a proposed
773 rule developed by the council at the regularly scheduled meeting
774 immediately following the submission of the proposed rule by the
775 council. A proposed rule submitted by the council may not be

776 adopted by either board unless both boards have accepted and
777 approved the identical language contained in the proposed rule.
778 The language of all proposed rules submitted by the council must
779 be approved by both boards pursuant to each respective board's
780 guidelines and standards regarding the adoption of proposed
781 rules. If either board rejects the council's proposed rule, that
782 board must specify its objection to the council with
783 particularity and include any recommendations it may have for
784 the modification of the proposed rule.

785 3. Make recommendations to the boards regarding all
786 matters relating to autonomous physician assistants and
787 physician assistants.

788 4. Address concerns and problems of practicing autonomous
789 physician assistants and physician assistants in order to
790 improve safety in the clinical practices of registered
791 autonomous physician assistants and licensed physician
792 assistants.

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

- 797 1. Refuse to certify the applicant for licensure;
798 2. Approve the applicant for licensure with restrictions
799 on the scope of practice or license; or
800 3. Approve the applicant for conditional licensure. Such

801 conditions may include placement of the licensee on probation
802 for a period of time and subject to such conditions as the
803 council may specify, including but not limited to, requiring the
804 licensee to undergo treatment, to attend continuing education
805 courses, to work under the direct supervision of a physician
806 licensed in this state, or to take corrective action.

807 ~~(12)~~~~(11)~~ PENALTY.—Any person who has not been registered
808 or licensed by the council and approved by the department and
809 who holds himself or herself out as an autonomous physician
810 assistant or a physician assistant or who uses any other term in
811 indicating or implying that he or she is an autonomous physician
812 assistant or a physician assistant commits a felony of the third
813 degree, punishable as provided in s. 775.082 or s. 775.084 or by
814 a fine not exceeding \$5,000.

815 ~~(13)~~~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
816 The boards may deny, suspend, or revoke the registration of an
817 autonomous physician assistant or the license of a physician
818 assistant license if a board determines that the autonomous
819 physician assistant or physician assistant has violated this
820 chapter.

821 ~~(14)~~~~(13)~~ RULES.—The boards shall adopt rules to implement
822 this section, including rules detailing the contents of the
823 application for licensure and notification pursuant to
824 subsection (7), rules relating to the registration of autonomous
825 physician assistants under subsection (8), and rules to ensure

826 ~~both~~ the continued competency of autonomous physician assistants
827 and physician assistants and the proper utilization of them by
828 physicians or groups of physicians.

829 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
830 must report adverse incidents to the department in accordance
831 with s. 458.351.

832 Section 5. Subsections (8) through (17) of section
833 459.022, Florida Statutes, are renumbered as subsections (9)
834 through (18), respectively, subsection (2), paragraphs (b) and
835 (e) of subsection (4), paragraph (a) of subsection (6),
836 paragraphs (a) and (f) of subsection (7), present subsection
837 (9), and present subsections (11) through (13) are amended,
838 paragraph (b) is added to subsection (2), and new subsections
839 (8) and (19) are added to that section, to read:

840 459.022 Physician assistants.—

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

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

844 (b) "Autonomous physician assistant" means a physician
845 assistant who meets the requirements of subsection (8) to
846 practice primary care without physician supervision.

847 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
848 of Osteopathic Medicine.

849 (d) ~~(h)~~ "Continuing medical education" means courses
850 recognized and approved by the boards, the American Academy of

851 Physician Assistants, the American Medical Association, the
852 American Osteopathic Association, or the Accreditation Council
853 on Continuing Medical Education.

854 (e)~~(e)~~ "Council" means the Council on Physician
855 Assistants.

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

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

864 (h)~~(f)~~ "Supervision" means responsible supervision and
865 control. Except in cases of emergency, supervision requires the
866 easy availability or physical presence of the licensed physician
867 for consultation and direction of the actions of the physician
868 assistant. For the purposes of this definition, the term "easy
869 availability" includes the ability to communicate by way of
870 telecommunication. The boards shall establish rules as to what
871 constitutes responsible supervision of the physician assistant.

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

874 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

875 (b) This chapter does not prevent third-party payors from

876 reimbursing employers of autonomous physician assistants or
877 physician assistants for covered services rendered by registered
878 autonomous physician assistants or licensed physician
879 assistants.

880 (e) A supervising physician may delegate to a fully
881 licensed physician assistant the authority to prescribe or
882 dispense any medication used in the supervising physician's
883 practice unless such medication is listed on the formulary
884 created pursuant to s. 458.347. A fully licensed physician
885 assistant may only prescribe or dispense such medication under
886 the following circumstances:

887 1. A physician assistant must clearly identify to the
888 patient that she or he is a physician assistant ~~and must inform~~
889 ~~the patient that the patient has the right to see the physician~~
890 ~~before a prescription is prescribed or dispensed by the~~
891 ~~physician assistant.~~

892 2. The supervising physician must notify the department of
893 her or his intent to delegate, on a department-approved form,
894 before delegating such authority and of any change in
895 prescriptive privileges of the physician assistant. Authority to
896 dispense may be delegated only by a supervising physician who is
897 registered as a dispensing practitioner in compliance with s.
898 465.0276.

899 3. The physician assistant must complete a minimum of 10
900 continuing medical education hours in the specialty practice in

901 | which the physician assistant has prescriptive privileges with
 902 | each licensure renewal.

903 | 4. The department may issue a prescriber number to the
 904 | physician assistant granting authority for the prescribing of
 905 | medicinal drugs authorized within this paragraph upon completion
 906 | of the requirements of this paragraph. The physician assistant
 907 | is not required to independently register pursuant to s.
 908 | 465.0276.

909 | 5. The prescription may be in paper or electronic form but
 910 | must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
 911 | and must contain, in addition to the supervising physician's
 912 | name, address, and telephone number, the physician assistant's
 913 | prescriber number. Unless it is a drug or drug sample dispensed
 914 | by the physician assistant, the prescription must be filled in a
 915 | pharmacy permitted under chapter 465, and must be dispensed in
 916 | that pharmacy by a pharmacist licensed under chapter 465. The
 917 | inclusion of the prescriber number creates a presumption that
 918 | the physician assistant is authorized to prescribe the medicinal
 919 | drug and the prescription is valid.

920 | 6. The physician assistant must note the prescription or
 921 | dispensing of medication in the appropriate medical record.

922 | (6) PROGRAM APPROVAL.—

923 | (a) The boards shall approve programs, ~~based on~~
 924 | ~~recommendations by the council,~~ for the education and training
 925 | of physician assistants which meet standards established by rule

926 | of the boards. ~~The council may recommend only those physician~~
 927 | ~~assistant programs that hold full accreditation or provisional~~
 928 | ~~accreditation from the Commission on Accreditation of Allied~~
 929 | ~~Health Programs or its successor organization.~~

930 | (7) PHYSICIAN ASSISTANT LICENSURE.—

931 | (a) Any person desiring to be licensed as a physician
 932 | assistant must apply to the department. The department shall
 933 | issue a license to any person certified by the council as having
 934 | met the following requirements:

935 | 1. Is at least 18 years of age.

936 | 2. Has satisfactorily passed a proficiency examination by
 937 | an acceptable score established by the National Commission on
 938 | Certification of Physician Assistants. If an applicant does not
 939 | hold a current certificate issued by the National Commission on
 940 | Certification of Physician Assistants and has not actively
 941 | practiced as a physician assistant within the immediately
 942 | preceding 4 years, the applicant must retake and successfully
 943 | complete the entry-level examination of the National Commission
 944 | on Certification of Physician Assistants to be eligible for
 945 | licensure.

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

950 | a. Has graduated from a board-approved ~~A certificate of~~

951 ~~completion of a~~ physician assistant training program as
952 specified in subsection (6).

953 b. Acknowledgment of any prior felony convictions.

954 c. Acknowledgment of any previous revocation or denial of
955 licensure or certification in any state.

956 d. A copy of course transcripts and a copy of the course
957 description from a physician assistant training program
958 describing course content in pharmacotherapy, if the applicant
959 wishes to apply for prescribing authority. These documents must
960 meet the evidence requirements for prescribing authority.

961 (f) The Board of Osteopathic Medicine may impose any of
962 the penalties authorized under ss. 456.072 and 459.015(2) upon
963 an autonomous physician assistant or a physician assistant if
964 the autonomous physician assistant, physician assistant, or the
965 supervising physician has been found guilty of or is being
966 investigated for any act that constitutes a violation of this
967 chapter or chapter 456.

968 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

969 (a) The boards shall register a physician assistant as an
970 autonomous physician assistant if the applicant demonstrates
971 that he or she:

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

974 2. Has not been subject to any disciplinary action as
975 specified in s. 456.072, s. 458.331, or s. 459.015, or any

976 similar disciplinary action in any jurisdiction of the United
977 States, within the 5 years immediately preceding the
978 registration request.

979 3. Has completed, in any jurisdiction of the United
980 States, at least 2,000 clinical practice hours within the 5
981 years immediately preceding the submission of the registration
982 request while practicing as a physician assistant under the
983 supervision of an allopathic or osteopathic physician who held
984 an active, unencumbered license issued by any state, the
985 District of Columbia, or a possession or territory of the United
986 States during the period of such supervision.

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

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

992 a. Any person registered under this subsection who
993 practices exclusively as an officer, employee, or agent of the
994 Federal Government or of the state or its agencies or its
995 subdivisions.

996 b. Any person whose license has become inactive and who is
997 not practicing as an autonomous physician assistant in this
998 state.

999 c. Any person who practices as an autonomous physician
1000 assistant only in conjunction with his or her teaching duties at

1001 an accredited school or its main teaching hospitals. Such
1002 practice is limited to that which is incidental to and a
1003 necessary part of duties in connection with the teaching
1004 position.

1005 d. Any person who holds an active registration under this
1006 subsection who is not practicing as an autonomous physician
1007 assistant in this state. If such person initiates or resumes any
1008 practice as an autonomous physician assistant, he or she must
1009 notify the department of such activity and fulfill the
1010 professional liability coverage requirements of this
1011 subparagraph.

1012 (b) The department shall conspicuously distinguish an
1013 autonomous physician assistant license if he or she is
1014 registered under this subsection.

1015 (c) An autonomous physician assistant may:

1016 1. Render only primary care services as defined by rule of
1017 the boards without physician supervision.

1018 2. Provide any service that is within the scope of the
1019 autonomous physician assistant's education and experience and
1020 provided in accordance with rules adopted by the board without
1021 physician supervision.

1022 3. Prescribe, dispense, administer, or order any medicinal
1023 drug, including those medicinal drugs to the extent authorized
1024 under paragraph (4) (f) and the formulary adopted thereunder.

1025 4. Order any medication for administration to a patient in

1026 a facility licensed under chapter 395 or part II of chapter 400,
1027 notwithstanding chapter 465 or chapter 893.

1028 5. Provide a signature, certification, stamp,
1029 verification, affidavit, or other endorsement that is otherwise
1030 required by law to be provided by a physician.

1031 (d) An autonomous physician assistant must biennially
1032 renew his or her registration under this subsection. The
1033 biennial renewal shall coincide with the autonomous physician
1034 assistant's biennial renewal period for physician assistant
1035 licensure.

1036 (e) The council shall develop rules defining the primary
1037 care practice of autonomous physician assistants, which may
1038 include internal medicine, general pediatrics, family medicine,
1039 geriatrics, and general obstetrics and gynecology practices.

1040 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1041 Physician Assistants is created within the department.

1042 (a) The council shall consist of five members appointed as
1043 follows:

1044 1. The chairperson of the Board of Medicine shall appoint
1045 one member who is a physician and a member ~~three members who are~~
1046 ~~physicians and members~~ of the Board of Medicine. ~~One of~~ The
1047 physician ~~physicians~~ must supervise a physician assistant in his
1048 or her ~~the physician's~~ practice.

1049 2. The chairperson of the Board of Osteopathic Medicine
1050 shall appoint one member who is a physician and a member of the

1051 Board of Osteopathic Medicine. The physician must supervise a
1052 physician assistant in his or her practice.

1053 3. The State Surgeon General or her or his designee shall
1054 appoint three a fully licensed physician assistants ~~assistant~~
1055 licensed under chapter 458 or this chapter.

1056 (b) ~~Two of the members appointed to the council must be~~
1057 ~~physicians who supervise physician assistants in their practice.~~
1058 Members shall be appointed to terms of 4 years, except that of
1059 the initial appointments, two members shall be appointed to
1060 terms of 2 years, two members shall be appointed to terms of 3
1061 years, and one member shall be appointed to a term of 4 years,
1062 as established by rule of the boards. Council members may not
1063 serve more than two consecutive terms. The council shall
1064 annually elect a chairperson from among its members.

1065 (c) The council shall:

1066 1. Recommend to the department the licensure of physician
1067 assistants.

1068 2. Develop all rules regulating the primary care practice
1069 of autonomous physician assistants and the use of physician
1070 assistants by physicians under chapter 458 and this chapter,
1071 except for rules relating to the formulary developed under s.
1072 458.347. The council shall also develop rules to ensure that the
1073 continuity of supervision is maintained in each practice
1074 setting. The boards shall consider adopting a proposed rule
1075 developed by the council at the regularly scheduled meeting

1076 immediately following the submission of the proposed rule by the
1077 council. A proposed rule submitted by the council may not be
1078 adopted by either board unless both boards have accepted and
1079 approved the identical language contained in the proposed rule.
1080 The language of all proposed rules submitted by the council must
1081 be approved by both boards pursuant to each respective board's
1082 guidelines and standards regarding the adoption of proposed
1083 rules. If either board rejects the council's proposed rule, that
1084 board must specify its objection to the council with
1085 particularity and include any recommendations it may have for
1086 the modification of the proposed rule.

1087 3. Make recommendations to the boards regarding all
1088 matters relating to autonomous physician assistants and
1089 physician assistants.

1090 4. Address concerns and problems of practicing autonomous
1091 physician assistants and physician assistants in order to
1092 improve safety in the clinical practices of registered
1093 autonomous physician assistants and licensed physician
1094 assistants.

1095 (d) When the council finds that an applicant for licensure
1096 has failed to meet, to the council's satisfaction, each of the
1097 requirements for licensure set forth in this section, the
1098 council may enter an order to:

- 1099 1. Refuse to certify the applicant for licensure;
- 1100 2. Approve the applicant for licensure with restrictions

1101 on the scope of practice or license; or

1102 3. Approve the applicant for conditional licensure. Such
1103 conditions may include placement of the licensee on probation
1104 for a period of time and subject to such conditions as the
1105 council may specify, including but not limited to, requiring the
1106 licensee to undergo treatment, to attend continuing education
1107 courses, to work under the direct supervision of a physician
1108 licensed in this state, or to take corrective action.

1109 ~~(12)-(11)~~ PENALTY.—Any person who has not been registered
1110 or licensed by the council and approved by the department and
1111 who holds herself or himself out as an autonomous physician
1112 assistant or a physician assistant or who uses any other term in
1113 indicating or implying that she or he is an autonomous physician
1114 assistant or a physician assistant commits a felony of the third
1115 degree, punishable as provided in s. 775.082 or s. 775.084 or by
1116 a fine not exceeding \$5,000.

1117 ~~(13)-(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
1118 The boards may deny, suspend, or revoke the registration of an
1119 autonomous physician assistant or the license of a physician
1120 assistant ~~license~~ if a board determines that the autonomous
1121 physician assistant or physician assistant has violated this
1122 chapter.

1123 ~~(14)-(13)~~ RULES.—The boards shall adopt rules to implement
1124 this section, including rules detailing the contents of the
1125 application for licensure and notification pursuant to

1126 subsection (7), rules relating to the registration of autonomous
1127 physician assistants under subsection (8), and rules to ensure
1128 ~~both~~ the continued competency of autonomous physician assistants
1129 and physician assistants and the proper utilization of them by
1130 physicians or groups of physicians.

1131 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
1132 must report adverse incidents to the department in accordance
1133 with s. 459.026.

1134 Section 6. Subsections (1) and (3) of section 464.012,
1135 Florida Statutes, are amended to read:

1136 464.012 Licensure of advanced practice registered nurses;
1137 fees; controlled substance prescribing.—

1138 (1) Any nurse desiring to be licensed as an advanced
1139 practice registered nurse must apply to the board ~~department~~ and
1140 submit proof that he or she holds a current license to practice
1141 professional nursing or holds an active multistate license to
1142 practice professional nursing pursuant to s. 464.0095 and ~~that~~
1143 ~~he or she~~ meets one or more of the following requirements ~~as~~
1144 ~~determined by the board:~~

1145 (a) Certification by an appropriate specialty board. Such
1146 certification is required for initial state licensure and any
1147 licensure renewal as a certified nurse midwife, certified nurse
1148 practitioner, certified registered nurse anesthetist, clinical
1149 nurse specialist, or psychiatric nurse. The board may by rule
1150 provide for provisional state licensure of certified registered

1151 nurse anesthetists, clinical nurse specialists, certified nurse
 1152 practitioners, psychiatric nurses, and certified nurse midwives
 1153 for a period of time determined to be appropriate for preparing
 1154 for and passing the national certification examination.

1155 (b) Graduation from a ~~program leading to a~~ master's degree
 1156 program in a nursing clinical specialty area with preparation in
 1157 specialized practitioner skills. For applicants graduating on or
 1158 after October 1, 1998, graduation from a master's degree program
 1159 is required for initial licensure as a certified nurse
 1160 practitioner under paragraph (4) (a).

1161 1. For applicants graduating on or after October 1, 2001,
 1162 graduation from a master's degree program is required for
 1163 initial licensure as a certified registered nurse anesthetist
 1164 who may perform the acts listed in paragraph (4) (b).

1165 2. For applicants graduating on or after October 1, 1998,
 1166 graduation from a master's degree program is required for
 1167 initial licensure as a certified nurse midwife who may perform
 1168 the acts listed in paragraph (4) (c).

1169 3. For applicants graduating on or after July 1, 2007,
 1170 graduation from a master's degree program is required for
 1171 initial licensure as a clinical nurse specialist who may perform
 1172 the acts listed in paragraph (4) (d).

1173 (3) An advanced practice registered nurse shall perform
 1174 those functions authorized in this section within the framework
 1175 of an established protocol that must be maintained on site at

1176 the location or locations at which an advanced practice
1177 registered nurse practices, unless the advanced practice
1178 registered nurse is registered to engage in autonomous practice
1179 under s. 464.0123. In the case of multiple supervising
1180 physicians in the same group, an advanced practice registered
1181 nurse must enter into a supervisory protocol with at least one
1182 physician within the physician group practice. A practitioner
1183 currently licensed under chapter 458, chapter 459, or chapter
1184 466 shall maintain supervision for directing the specific course
1185 of medical treatment. Within the established framework, an
1186 advanced practice registered nurse may:

1187 (a) Prescribe, dispense, administer, or order any drug;
1188 however, an advanced practice registered nurse may prescribe or
1189 dispense a controlled substance as defined in s. 893.03 only if
1190 the advanced practice registered nurse has graduated from a
1191 program leading to a master's or doctoral degree in a clinical
1192 nursing specialty area with training in specialized practitioner
1193 skills.

1194 (b) Initiate appropriate therapies for certain conditions.

1195 (c) Perform additional functions as may be determined by
1196 rule in accordance with s. 464.003(2).

1197 (d) Order diagnostic tests and physical and occupational
1198 therapy.

1199 (e) Order any medication for administration to a patient
1200 in a facility licensed under chapter 395 or part II of chapter

1201 400, notwithstanding any provisions in chapter 465 or chapter
 1202 893.

1203 (f) Sign, certify, stamp, verify, or endorse a document
 1204 that requires the signature, certification, stamp, verification,
 1205 affidavit, or endorsement of a physician. However, a supervisory
 1206 physician may not delegate the authority to issue a documented
 1207 approval to release a patient from a receiving facility or its
 1208 contractor under s. 394.463(2)(f) to an advanced practice
 1209 registered nurse.

1210 Section 7. Section 464.0123, Florida Statutes, is created
 1211 to read:

1212 464.0123 Autonomous practice by an advanced practice
 1213 registered nurse.-

1214 (1) For purposes of this section, the term "autonomous
 1215 practice" means advanced or specialized nursing practice by an
 1216 advanced practice registered nurse who is not subject to
 1217 supervision by a physician or a supervisory protocol.

1218 (2) The board shall register an advanced practice
 1219 registered nurse as an autonomous advanced practice registered
 1220 nurse if the applicant demonstrates that he or she:

1221 (a) Holds an active, unencumbered license to practice
 1222 advanced or specialized nursing in this state.

1223 (b) Has not been subject to any disciplinary action as
 1224 specified in s. 456.072 or s. 464.018, or any similar
 1225 disciplinary action in any other jurisdiction of the United

1226 States, within the 5 years immediately preceding the
1227 registration request.

1228 (c) Has completed, in any jurisdiction of the United
1229 States, at least 2,000 clinical practice hours or clinical
1230 instructional hours within the 5 years immediately preceding the
1231 registration request while practicing as an advanced practice
1232 registered nurse under the supervision of an allopathic or
1233 osteopathic physician who held an active, unencumbered license
1234 issued by any state, the District of Columbia, or a possession
1235 or territory of the United States during the period of such
1236 supervision.

1237 (d) Has completed a graduate-level course in pharmacology.

1238 (3) The board may provide by rule additional requirements
1239 for an advanced practice registered nurse who is registered
1240 under this section when performing acts within his or her
1241 specialty pursuant to s. 464.012(4).

1242 (4) (a) An advanced practice registered nurse registered
1243 under this section must by one of the following methods
1244 demonstrate to the satisfaction of the board and the department
1245 financial responsibility to pay claims and costs ancillary
1246 thereto arising out of the rendering of, or the failure to
1247 render, medical or nursing care or services:

1248 1. Obtaining and maintaining professional liability
1249 coverage in an amount not less than \$100,000 per claim, with a
1250 minimum annual aggregate of not less than \$300,000, from an

1251 authorized insurer as defined in s. 624.09, from a surplus lines
1252 insurer as defined in s. 626.914(2), from a risk retention group
1253 as defined in s. 627.942, from the Joint Underwriting
1254 Association established under s. 627.351(4), or through a plan
1255 of self-insurance as provided in s. 627.357; or

1256 2. Obtaining and maintaining an unexpired, irrevocable
1257 letter of credit, established pursuant to chapter 675, in an
1258 amount of not less than \$100,000 per claim, with a minimum
1259 aggregate availability of credit of not less than \$300,000. The
1260 letter of credit must be payable to the advanced practice
1261 registered nurse as beneficiary upon presentment of a final
1262 judgment indicating liability and awarding damages to be paid by
1263 the advanced practice registered nurse or upon presentment of a
1264 settlement agreement signed by all parties to such agreement
1265 when such final judgment or settlement is a result of a claim
1266 arising out of the rendering of, or the failure to render,
1267 medical or nursing care and services.

1268 (b) The requirements of paragraph (a) do not apply to:

1269 1. Any person registered under this subsection who
1270 practices exclusively as an officer, employee, or agent of the
1271 Federal Government or of the state or its agencies or its
1272 subdivisions.

1273 2. Any person whose license has become inactive and who is
1274 not practicing as an advanced practice registered nurse
1275 registered under this section in this state.

1276 3. Any person who practices as an advanced practice
1277 registered nurse registered under this section only in
1278 conjunction with his or her teaching duties at an accredited
1279 school or its main teaching hospitals. Such practice is limited
1280 to that which is incidental to and a necessary part of duties in
1281 connection with the teaching position.

1282 4. Any person who holds an active registration under this
1283 section who is not practicing as an autonomous advanced practice
1284 registered nurse registered under this section in this state. If
1285 such person initiates or resumes any practice as an autonomous
1286 advanced practice registered nurse, he or she must notify the
1287 department of such activity and fulfill the professional
1288 liability coverage requirements of paragraph (a).

1289 (5) The department shall conspicuously distinguish an
1290 advanced practice registered nurse's license if he or she is
1291 registered with the board under this section and include the
1292 registration in the advanced practice registered nurse's
1293 practitioner profile created under s. 456.041.

1294 (6) An advanced practice registered nurse who is
1295 registered under this section may perform the general functions
1296 of an advanced practice registered nurse under s. 464.012(3),
1297 the acts within his or her specialty under s. 464.012(4), and
1298 the following:

1299 (a) For a patient who requires the services of a health
1300 care facility, as defined in s. 408.032(8):

1301 1. Admit the patient to the facility.

1302 2. Manage the care received by the patient in the
 1303 facility.

1304 3. Discharge the patient from the facility, unless
 1305 prohibited by federal law or rule.

1306 (b) Provide a signature, certification, stamp,
 1307 verification, affidavit, or endorsement that is otherwise
 1308 required by law to be provided by a physician.

1309 (7) (a) An advanced practice registered nurse must
 1310 biennially renew his or her registration under this section. The
 1311 biennial renewal for registration shall coincide with the
 1312 advanced practice registered nurse's biennial renewal period for
 1313 licensure.

1314 (b) To renew his or her registration under this section,
 1315 an advanced practice registered nurse must complete at least 10
 1316 hours of continuing education approved by the board in addition
 1317 to completing the continuing education requirements established
 1318 by board rule pursuant to s. 464.013. If the initial renewal
 1319 period occurs before January 1, 2021, an advanced practice
 1320 registered nurse who is registered under this section is not
 1321 required to complete the continuing education requirement under
 1322 this paragraph until the following biennial renewal period.

1323 (8) The board may establish an advisory committee to make
 1324 evidence-based recommendations about medical acts that an
 1325 advanced practice registered nurse who is registered under this

1326 section may perform. The committee must consist of four advanced
1327 practice registered nurses licensed under this chapter,
1328 appointed by the board; two physicians licensed under chapter
1329 458 or chapter 459 who have professional experience with
1330 advanced practice registered nurses, appointed by the Board of
1331 Medicine; and the State Surgeon General or his or her designee.
1332 Each committee member appointed by a board shall serve a term of
1333 4 years, unless a shorter term is required to establish or
1334 maintain staggered terms. The Board of Nursing shall act upon
1335 the recommendations from the committee within 90 days after the
1336 submission of such recommendations.

1337 (9) The board shall adopt rules as necessary to implement
1338 this section.

1339 Section 8. Section 464.0155, Florida Statutes, is created
1340 to read:

1341 464.0155 Reports of adverse incidents by advanced practice
1342 registered nurses.—

1343 (1) An advanced practice registered nurse registered to
1344 engage in autonomous practice under s. 464.0123 must report an
1345 adverse incident to the department in accordance with this
1346 section.

1347 (2) The report must be in writing, sent to the department
1348 by certified mail, and postmarked within 15 days after the
1349 occurrence of the adverse incident if the adverse incident
1350 occurs when the patient is at the office of the advanced

1351 practice registered nurse. If the adverse incident occurs when
1352 the patient is not at the office of the advanced practice
1353 registered nurse, the report must be postmarked within 15 days
1354 after the advanced practice registered nurse discovers, or
1355 reasonably should have discovered, the occurrence of the adverse
1356 incident.

1357 (3) For purposes of this section, the term "adverse
1358 incident" means any of the following events when it is
1359 reasonable to believe that the event is attributable to the
1360 prescription of a controlled substance regulated under chapter
1361 893 or 21 U.S.C. s. 812 by the advanced practice registered
1362 nurse:

1363 (a) A condition that requires the transfer of a patient to
1364 a hospital licensed under chapter 395.

1365 (b) Permanent physical injury to the patient.

1366 (c) Death of the patient.

1367 (4) The department shall review each report of an adverse
1368 incident and determine whether the adverse incident was
1369 attributable to conduct by the advanced practice registered
1370 nurse. Upon such a determination, the board may take
1371 disciplinary action pursuant to s. 456.073.

1372 Section 9. Paragraph (r) is added to subsection (1) of
1373 section 464.018, Florida Statutes, to read:

1374 464.018 Disciplinary actions.—

1375 (1) The following acts constitute grounds for denial of a

1376 license or disciplinary action, as specified in ss. 456.072(2)
1377 and 464.0095:

1378 (r) For an advanced practice registered nurse registered
1379 to engage in autonomous practice under s. 464.0123:

1380 1. Paying or receiving any commission, bonus, kickback, or
1381 rebate from, or engaging in any split-fee arrangement in any
1382 form whatsoever with, a health care practitioner, organization,
1383 agency, or person, either directly or implicitly, for referring
1384 patients to providers of health care goods or services,
1385 including, but not limited to, hospitals, nursing homes,
1386 clinical laboratories, ambulatory surgical centers, or
1387 pharmacies. This subparagraph may not be construed to prevent an
1388 advanced practice registered nurse from receiving a fee for
1389 professional consultation services.

1390 2. Exercising influence within a patient-advanced practice
1391 registered nurse relationship for purposes of engaging a patient
1392 in sexual activity. A patient shall be presumed to be incapable
1393 of giving free, full, and informed consent to sexual activity
1394 with his or her advanced practice registered nurse.

1395 3. Making deceptive, untrue, or fraudulent representations
1396 in or related to, or employing a trick or scheme in or related
1397 to, advanced or specialized nursing practice.

1398 4. Soliciting patients, either personally or through an
1399 agent, by the use of fraud, intimidation, undue influence, or a
1400 form of overreaching or vexatious conduct. As used in this

1401 subparagraph, the term "soliciting" means directly or implicitly
1402 requesting an immediate oral response from the recipient.

1403 5. Failing to keep legible, as defined by department rule
1404 in consultation with the board, medical records that identify
1405 the advanced practice registered nurse by name and professional
1406 title who is responsible for rendering, ordering, supervising,
1407 or billing for each diagnostic or treatment procedure and that
1408 justify the course of treatment of the patient, including, but
1409 not limited to, patient histories; examination results; test
1410 results; records of drugs prescribed, dispensed, or
1411 administered; and reports of consultations or referrals.

1412 6. Exercising influence on the patient to exploit the
1413 patient for the financial gain of the advanced practice
1414 registered nurse or a third party, including, but not limited
1415 to, the promoting or selling of services, goods, appliances, or
1416 drugs.

1417 7. Performing professional services that have not been
1418 duly authorized by the patient, or his or her legal
1419 representative, except as provided in s. 766.103 or s. 768.13.

1420 8. Performing any procedure or prescribing any therapy
1421 that, by the prevailing standards of advanced or specialized
1422 nursing practice in the community, would constitute
1423 experimentation on a human subject, without first obtaining
1424 full, informed, and written consent.

1425 9. Delegating professional responsibilities to a person

1426 when the advanced practice registered nurse delegating such
1427 responsibilities knows or has reason to believe that such person
1428 is not qualified by training, experience, or licensure to
1429 perform such responsibilities.

1430 10. Committing, or conspiring with another to commit, an
1431 act that would tend to coerce, intimidate, or preclude another
1432 advanced practice registered nurse from lawfully advertising his
1433 or her services.

1434 11. Advertising or holding himself or herself out as
1435 having certification in a specialty that the he or she has not
1436 received.

1437 12. Failing to comply with the requirements of ss. 381.026
1438 and 381.0261 related to providing patients with information
1439 about their rights and how to file a complaint.

1440 13. Providing deceptive or fraudulent expert witness
1441 testimony related to advanced or specialized nursing practice.

1442 Section 10. Subsection (43) of section 39.01, Florida
1443 Statutes, is amended to read:

1444 39.01 Definitions.—When used in this chapter, unless the
1445 context otherwise requires:

1446 (43) "Licensed health care professional" means a physician
1447 licensed under chapter 458, an osteopathic physician licensed
1448 under chapter 459, a nurse licensed under part I of chapter 464,
1449 an autonomous physician assistant or a physician assistant
1450 registered or licensed under chapter 458 or chapter 459, or a

1451 dentist licensed under chapter 466.

1452 Section 11. Paragraphs (d) and (e) of subsection (5) of
 1453 section 39.303, Florida Statutes, are redesignated as paragraphs
 1454 (e) and (f), respectively, a new paragraph (d) is added to that
 1455 subsection, and paragraph (a) of subsection (6) of that section
 1456 is amended, to read:

1457 39.303 Child Protection Teams and sexual abuse treatment
 1458 programs; services; eligible cases.—

1459 (5) All abuse and neglect cases transmitted for
 1460 investigation to a circuit by the hotline must be simultaneously
 1461 transmitted to the Child Protection Team for review. For the
 1462 purpose of determining whether a face-to-face medical evaluation
 1463 by a Child Protection Team is necessary, all cases transmitted
 1464 to the Child Protection Team which meet the criteria in
 1465 subsection (4) must be timely reviewed by:

1466 (d) An autonomous physician assistant registered under
 1467 chapter 458 or chapter 459 who has a specialty in pediatrics or
 1468 family medicine and is member of the Child Protection Team;

1469 (6) A face-to-face medical evaluation by a Child
 1470 Protection Team is not necessary when:

1471 (a) The child was examined for the alleged abuse or
 1472 neglect by a physician who is not a member of the Child
 1473 Protection Team, and a consultation between the Child Protection
 1474 Team medical director or a Child Protection Team board-certified
 1475 pediatrician, advanced practice registered nurse, autonomous

1476 physician assistant, or physician assistant working under the
1477 supervision of a Child Protection Team medical director or a
1478 Child Protection Team board-certified pediatrician, or
1479 registered nurse working under the direct supervision of a Child
1480 Protection Team medical director or a Child Protection Team
1481 board-certified pediatrician, and the examining physician
1482 concludes that a further medical evaluation is unnecessary;
1483

1484 Notwithstanding paragraphs (a), (b), and (c), a Child Protection
1485 Team medical director or a Child Protection Team pediatrician,
1486 as authorized in subsection (5), may determine that a face-to-
1487 face medical evaluation is necessary.

1488 Section 12. Paragraph (b) of subsection (1) of section
1489 39.304, Florida Statutes, is amended to read:

1490 39.304 Photographs, medical examinations, X rays, and
1491 medical treatment of abused, abandoned, or neglected child.—

1492 (1)

1493 (b) If the areas of trauma visible on a child indicate a
1494 need for a medical examination, or if the child verbally
1495 complains or otherwise exhibits distress as a result of injury
1496 through suspected child abuse, abandonment, or neglect, or is
1497 alleged to have been sexually abused, the person required to
1498 investigate may cause the child to be referred for diagnosis to
1499 a licensed physician or an emergency department in a hospital
1500 without the consent of the child's parents or legal custodian.

1501 Such examination may be performed by any licensed physician,
1502 registered autonomous physician assistant, licensed physician
1503 assistant, or ~~an~~ advanced practice registered nurse licensed or
1504 registered under ~~pursuant to~~ part I of chapter 464. Any licensed
1505 physician, registered autonomous physician assistant, licensed
1506 physician assistant, or advanced practice registered nurse
1507 licensed or registered under ~~pursuant to~~ part I of chapter 464
1508 who has reasonable cause to suspect that an injury was the
1509 result of child abuse, abandonment, or neglect may authorize a
1510 radiological examination to be performed on the child without
1511 the consent of the child's parent or legal custodian.

1512 Section 13. Paragraph (d) of subsection (2) of section
1513 110.12315, Florida Statutes, is amended to read:

1514 110.12315 Prescription drug program.—The state employees'
1515 prescription drug program is established. This program shall be
1516 administered by the Department of Management Services, according
1517 to the terms and conditions of the plan as established by the
1518 relevant provisions of the annual General Appropriations Act and
1519 implementing legislation, subject to the following conditions:

1520 (2) In providing for reimbursement of pharmacies for
1521 prescription drugs and supplies dispensed to members of the
1522 state group health insurance plan and their dependents under the
1523 state employees' prescription drug program:

1524 (d) The department shall establish the reimbursement
1525 schedule for prescription drugs and supplies dispensed under the

1526 program. Reimbursement rates for a prescription drug or supply
 1527 must be based on the cost of the generic equivalent drug or
 1528 supply if a generic equivalent exists, unless the physician,
 1529 advanced practice registered nurse, autonomous physician
 1530 assistant, or physician assistant prescribing the drug or supply
 1531 clearly states on the prescription that the brand name drug or
 1532 supply is medically necessary or that the drug or supply is
 1533 included on the formulary of drugs and supplies that may not be
 1534 interchanged as provided in chapter 465, in which case
 1535 reimbursement must be based on the cost of the brand name drug
 1536 or supply as specified in the reimbursement schedule adopted by
 1537 the department.

1538 Section 14. Paragraph (a) of subsection (3) of section
 1539 252.515, Florida Statutes, is amended to read:

1540 252.515 Postdisaster Relief Assistance Act; immunity from
 1541 civil liability.—

1542 (3) As used in this section, the term:

1543 (a) "Emergency first responder" means:

- 1544 1. A physician licensed under chapter 458.
- 1545 2. An osteopathic physician licensed under chapter 459.
- 1546 3. A chiropractic physician licensed under chapter 460.
- 1547 4. A podiatric physician licensed under chapter 461.
- 1548 5. A dentist licensed under chapter 466.
- 1549 6. An advanced practice registered nurse licensed under s.
 1550 464.012.

1551 7. An autonomous physician assistant or a physician
 1552 assistant registered or licensed under chapter 458 ~~s. 458.347~~ or
 1553 chapter 459 ~~s. 459.022~~.

1554 8. A worker employed by a public or private hospital in
 1555 the state.

1556 9. A paramedic as defined in s. 401.23(17).

1557 10. An emergency medical technician as defined in s.
 1558 401.23(11).

1559 11. A firefighter as defined in s. 633.102.

1560 12. A law enforcement officer as defined in s. 943.10.

1561 13. A member of the Florida National Guard.

1562 14. Any other personnel designated as emergency personnel
 1563 by the Governor pursuant to a declared emergency.

1564 Section 15. Paragraph (c) of subsection (1) of section
 1565 310.071, Florida Statutes, is amended to read:

1566 310.071 Deputy pilot certification.—

1567 (1) In addition to meeting other requirements specified in
 1568 this chapter, each applicant for certification as a deputy pilot
 1569 must:

1570 (c) Be in good physical and mental health, as evidenced by
 1571 documentary proof of having satisfactorily passed a complete
 1572 physical examination administered by a licensed physician within
 1573 the preceding 6 months. The board shall adopt rules to establish
 1574 requirements for passing the physical examination, which rules
 1575 shall establish minimum standards for the physical or mental

1576 capabilities necessary to carry out the professional duties of a
1577 certificated deputy pilot. Such standards shall include zero
1578 tolerance for any controlled substance regulated under chapter
1579 893 unless that individual is under the care of a physician, an
1580 advanced practice registered nurse, an autonomous physician
1581 assistant, or a physician assistant and that controlled
1582 substance was prescribed by that physician, advanced practice
1583 registered nurse, autonomous physician assistant, or physician
1584 assistant. To maintain eligibility as a certificated deputy
1585 pilot, each certificated deputy pilot must annually provide
1586 documentary proof of having satisfactorily passed a complete
1587 physical examination administered by a licensed physician. The
1588 physician must know the minimum standards and certify that the
1589 certificateholder satisfactorily meets the standards. The
1590 standards for certificateholders shall include a drug test.

1591 Section 16. Subsection (3) of section 310.073, Florida
1592 Statutes, is amended to read:

1593 310.073 State pilot licensing.—In addition to meeting
1594 other requirements specified in this chapter, each applicant for
1595 license as a state pilot must:

1596 (3) Be in good physical and mental health, as evidenced by
1597 documentary proof of having satisfactorily passed a complete
1598 physical examination administered by a licensed physician within
1599 the preceding 6 months. The board shall adopt rules to establish
1600 requirements for passing the physical examination, which rules

1601 shall establish minimum standards for the physical or mental
 1602 capabilities necessary to carry out the professional duties of a
 1603 licensed state pilot. Such standards shall include zero
 1604 tolerance for any controlled substance regulated under chapter
 1605 893 unless that individual is under the care of a physician, an
 1606 advanced practice registered nurse, an autonomous physician
 1607 assistant, or a physician assistant and that controlled
 1608 substance was prescribed by that physician, advanced practice
 1609 registered nurse, autonomous physician assistant, or physician
 1610 assistant. To maintain eligibility as a licensed state pilot,
 1611 each licensed state pilot must annually provide documentary
 1612 proof of having satisfactorily passed a complete physical
 1613 examination administered by a licensed physician. The physician
 1614 must know the minimum standards and certify that the licensee
 1615 satisfactorily meets the standards. The standards for licensees
 1616 shall include a drug test.

1617 Section 17. Paragraph (b) of subsection (3) of section
 1618 310.081, Florida Statutes, is amended to read:

1619 310.081 Department to examine and license state pilots and
 1620 certificate deputy pilots; vacancies.—

1621 (3) Pilots shall hold their licenses or certificates
 1622 pursuant to the requirements of this chapter so long as they:

1623 (b) Are in good physical and mental health as evidenced by
 1624 documentary proof of having satisfactorily passed a physical
 1625 examination administered by a licensed physician or physician

1626 assistant within each calendar year. The board shall adopt rules
1627 to establish requirements for passing the physical examination,
1628 which rules shall establish minimum standards for the physical
1629 or mental capabilities necessary to carry out the professional
1630 duties of a licensed state pilot or a certificated deputy pilot.
1631 Such standards shall include zero tolerance for any controlled
1632 substance regulated under chapter 893 unless that individual is
1633 under the care of a physician, an advanced practice registered
1634 nurse, an autonomous physician assistant, or a physician
1635 assistant and that controlled substance was prescribed by that
1636 physician, advanced practice registered nurse, autonomous
1637 physician assistant, or physician assistant. To maintain
1638 eligibility as a certificated deputy pilot or licensed state
1639 pilot, each certificated deputy pilot or licensed state pilot
1640 must annually provide documentary proof of having satisfactorily
1641 passed a complete physical examination administered by a
1642 licensed physician. The physician must know the minimum
1643 standards and certify that the certificateholder or licensee
1644 satisfactorily meets the standards. The standards for
1645 certificateholders and for licensees shall include a drug test.
1646
1647 Upon resignation or in the case of disability permanently
1648 affecting a pilot's ability to serve, the state license or
1649 certificate issued under this chapter shall be revoked by the
1650 department.

1651 Section 18. Paragraph (b) of subsection (1) of section
1652 320.0848, Florida Statutes, is amended to read:

1653 320.0848 Persons who have disabilities; issuance of
1654 disabled parking permits; temporary permits; permits for certain
1655 providers of transportation services to persons who have
1656 disabilities.—

1657 (1)

1658 (b)1. The person must be currently certified as being
1659 legally blind or as having any of the following disabilities
1660 that render him or her unable to walk 200 feet without stopping
1661 to rest:

1662 a. Inability to walk without the use of or assistance from
1663 a brace, cane, crutch, prosthetic device, or other assistive
1664 device, or without the assistance of another person. If the
1665 assistive device significantly restores the person's ability to
1666 walk to the extent that the person can walk without severe
1667 limitation, the person is not eligible for the exemption parking
1668 permit.

1669 b. The need to permanently use a wheelchair.

1670 c. Restriction by lung disease to the extent that the
1671 person's forced (respiratory) expiratory volume for 1 second,
1672 when measured by spirometry, is less than 1 liter, or the
1673 person's arterial oxygen is less than 60 mm/hg on room air at
1674 rest.

1675 d. Use of portable oxygen.

1676 e. Restriction by cardiac condition to the extent that the
1677 person's functional limitations are classified in severity as
1678 Class III or Class IV according to standards set by the American
1679 Heart Association.

1680 f. Severe limitation in the person's ability to walk due
1681 to an arthritic, neurological, or orthopedic condition.

1682 2. The certification of disability which is required under
1683 subparagraph 1. must be provided by a physician licensed under
1684 chapter 458, chapter 459, or chapter 460, by a podiatric
1685 physician licensed under chapter 461, by an optometrist licensed
1686 under chapter 463, by an advanced practice registered nurse
1687 licensed under chapter 464 under the protocol of a licensed
1688 physician as stated in this subparagraph, by an autonomous
1689 physician assistant or a physician assistant registered or
1690 licensed under chapter 458 or chapter 459, or by a similarly
1691 licensed physician from another state if the application is
1692 accompanied by documentation of the physician's licensure in the
1693 other state and a form signed by the out-of-state physician
1694 verifying his or her knowledge of this state's eligibility
1695 guidelines.

1696 Section 19. Paragraph (c) of subsection (1) of section
1697 381.00315, Florida Statutes, is amended to read:

1698 381.00315 Public health advisories; public health
1699 emergencies; isolation and quarantines.—The State Health Officer
1700 is responsible for declaring public health emergencies, issuing

1701 public health advisories, and ordering isolation or quarantines.

1702 (1) As used in this section, the term:

1703 (c) "Public health emergency" means any occurrence, or
 1704 threat thereof, whether natural or manmade, which results or may
 1705 result in substantial injury or harm to the public health from
 1706 infectious disease, chemical agents, nuclear agents, biological
 1707 toxins, or situations involving mass casualties or natural
 1708 disasters. Before declaring a public health emergency, the State
 1709 Health Officer shall, to the extent possible, consult with the
 1710 Governor and shall notify the Chief of Domestic Security. The
 1711 declaration of a public health emergency shall continue until
 1712 the State Health Officer finds that the threat or danger has
 1713 been dealt with to the extent that the emergency conditions no
 1714 longer exist and he or she terminates the declaration. However,
 1715 a declaration of a public health emergency may not continue for
 1716 longer than 60 days unless the Governor concurs in the renewal
 1717 of the declaration. The State Health Officer, upon declaration
 1718 of a public health emergency, may take actions that are
 1719 necessary to protect the public health. Such actions include,
 1720 but are not limited to:

1721 1. Directing manufacturers of prescription drugs or over-
 1722 the-counter drugs who are permitted under chapter 499 and
 1723 wholesalers of prescription drugs located in this state who are
 1724 permitted under chapter 499 to give priority to the shipping of
 1725 specified drugs to pharmacies and health care providers within

1726 geographic areas that have been identified by the State Health
 1727 Officer. The State Health Officer must identify the drugs to be
 1728 shipped. Manufacturers and wholesalers located in the state must
 1729 respond to the State Health Officer's priority shipping
 1730 directive before shipping the specified drugs.

1731 2. Notwithstanding chapters 465 and 499 and rules adopted
 1732 thereunder, directing pharmacists employed by the department to
 1733 compound bulk prescription drugs and provide these bulk
 1734 prescription drugs to physicians and nurses of county health
 1735 departments or any qualified person authorized by the State
 1736 Health Officer for administration to persons as part of a
 1737 prophylactic or treatment regimen.

1738 3. Notwithstanding s. 456.036, temporarily reactivating
 1739 the inactive license or registration of the following health
 1740 care practitioners, when such practitioners are needed to
 1741 respond to the public health emergency: physicians, autonomous
 1742 physician assistants, or physician assistants licensed or
 1743 registered under chapter 458 or chapter 459; ~~physician~~
 1744 ~~assistants licensed under chapter 458 or chapter 459;~~ licensed
 1745 practical nurses, registered nurses, and advanced practice
 1746 registered nurses licensed under part I of chapter 464;
 1747 respiratory therapists licensed under part V of chapter 468; and
 1748 emergency medical technicians and paramedics certified under
 1749 part III of chapter 401. Only those health care practitioners
 1750 specified in this paragraph who possess an unencumbered inactive

1751 license and who request that such license be reactivated are
1752 eligible for reactivation. An inactive license that is
1753 reactivated under this paragraph shall return to inactive status
1754 when the public health emergency ends or before the end of the
1755 public health emergency if the State Health Officer determines
1756 that the health care practitioner is no longer needed to provide
1757 services during the public health emergency. Such licenses may
1758 only be reactivated for a period not to exceed 90 days without
1759 meeting the requirements of s. 456.036 or chapter 401, as
1760 applicable.

1761 4. Ordering an individual to be examined, tested,
1762 vaccinated, treated, isolated, or quarantined for communicable
1763 diseases that have significant morbidity or mortality and
1764 present a severe danger to public health. Individuals who are
1765 unable or unwilling to be examined, tested, vaccinated, or
1766 treated for reasons of health, religion, or conscience may be
1767 subjected to isolation or quarantine.

1768 a. Examination, testing, vaccination, or treatment may be
1769 performed by any qualified person authorized by the State Health
1770 Officer.

1771 b. If the individual poses a danger to the public health,
1772 the State Health Officer may subject the individual to isolation
1773 or quarantine. If there is no practical method to isolate or
1774 quarantine the individual, the State Health Officer may use any
1775 means necessary to vaccinate or treat the individual.

1776
1777 Any order of the State Health Officer given to effectuate this
1778 paragraph shall be immediately enforceable by a law enforcement
1779 officer under s. 381.0012.

1780 Section 20. Subsection (3) of section 381.00593, Florida
1781 Statutes, is amended to read:

1782 381.00593 Public school volunteer health care practitioner
1783 program.—

1784 (3) For purposes of this section, the term "health care
1785 practitioner" means a physician or autonomous physician
1786 assistant licensed or registered under chapter 458; an
1787 osteopathic physician or autonomous physician assistant licensed
1788 or registered under chapter 459; a chiropractic physician
1789 licensed under chapter 460; a podiatric physician licensed under
1790 chapter 461; an optometrist licensed under chapter 463; an
1791 advanced practice registered nurse, registered nurse, or
1792 licensed practical nurse licensed under part I of chapter 464; a
1793 pharmacist licensed under chapter 465; a dentist or dental
1794 hygienist licensed under chapter 466; a midwife licensed under
1795 chapter 467; a speech-language pathologist or audiologist
1796 licensed under part I of chapter 468; a dietitian/nutritionist
1797 licensed under part X of chapter 468; or a physical therapist
1798 licensed under chapter 486.

1799 Section 21. Paragraph (c) of subsection (2) of section
1800 381.026, Florida Statutes, is amended to read:

1801 381.026 Florida Patient's Bill of Rights and
 1802 Responsibilities.—

1803 (2) DEFINITIONS.—As used in this section and s. 381.0261,
 1804 the term:

1805 (c) "Health care provider" means a physician licensed
 1806 under chapter 458, an osteopathic physician licensed under
 1807 chapter 459, ~~or~~ a podiatric physician licensed under chapter
 1808 461, an autonomous physician assistant registered under s.
 1809 458.347(8), or an advanced practice registered nurse registered
 1810 to engage in autonomous practice under s. 464.0123.

1811 Section 22. Paragraph (a) of subsection (2) and
 1812 subsections (3), (4), and (5) of section 382.008, Florida
 1813 Statutes, are amended to read:

1814 382.008 Death, fetal death, and nonviable birth
 1815 registration.—

1816 (2) (a) The funeral director who first assumes custody of a
 1817 dead body or fetus shall file the certificate of death or fetal
 1818 death. In the absence of the funeral director, the physician,
 1819 autonomous physician assistant, physician assistant, advanced
 1820 practice registered nurse, or other person in attendance at or
 1821 after the death or the district medical examiner of the county
 1822 in which the death occurred or the body was found shall file the
 1823 certificate of death or fetal death. The person who files the
 1824 certificate shall obtain personal data from a legally authorized
 1825 person as described in s. 497.005 or the best qualified person

1826 or source available. The medical certification of cause of death
1827 shall be furnished to the funeral director, either in person or
1828 via certified mail or electronic transfer, by the physician,
1829 autonomous physician assistant, physician assistant, advanced
1830 practice registered nurse, or medical examiner responsible for
1831 furnishing such information. For fetal deaths, the physician,
1832 certified nurse midwife, midwife, or hospital administrator
1833 shall provide any medical or health information to the funeral
1834 director within 72 hours after expulsion or extraction.

1835 (3) Within 72 hours after receipt of a death or fetal
1836 death certificate from the funeral director, the medical
1837 certification of cause of death shall be completed and made
1838 available to the funeral director by the decedent's primary or
1839 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
1840 district medical examiner of the county in which the death
1841 occurred or the body was found. The primary or attending
1842 practitioner ~~physician~~ or the medical examiner shall certify
1843 over his or her signature the cause of death to the best of his
1844 or her knowledge and belief. As used in this section, the term
1845 "primary or attending practitioner ~~physician~~" means a physician,
1846 autonomous physician assistant, physician assistant, or advanced
1847 practice registered nurse who treated the decedent through
1848 examination, medical advice, or medication during the 12 months
1849 preceding the date of death.

1850 (a) The department may grant the funeral director an

1851 extension of time upon a good and sufficient showing of any of
 1852 the following conditions:

1853 1. An autopsy is pending.

1854 2. Toxicology, laboratory, or other diagnostic reports
 1855 have not been completed.

1856 3. The identity of the decedent is unknown and further
 1857 investigation or identification is required.

1858 (b) If the decedent's primary or attending practitioner
 1859 ~~physician~~ or the district medical examiner of the county in
 1860 which the death occurred or the body was found indicates that he
 1861 or she will sign and complete the medical certification of cause
 1862 of death but will not be available until after the 5-day
 1863 registration deadline, the local registrar may grant an
 1864 extension of 5 days. If a further extension is required, the
 1865 funeral director must provide written justification to the
 1866 registrar.

1867 (4) If the department or local registrar grants an
 1868 extension of time to provide the medical certification of cause
 1869 of death, the funeral director shall file a temporary
 1870 certificate of death or fetal death which shall contain all
 1871 available information, including the fact that the cause of
 1872 death is pending. The decedent's primary or attending
 1873 practitioner ~~physician~~ or the district medical examiner of the
 1874 county in which the death occurred or the body was found shall
 1875 provide an estimated date for completion of the permanent

1876 certificate.

1877 (5) A permanent certificate of death or fetal death,
 1878 containing the cause of death and any other information that was
 1879 previously unavailable, shall be registered as a replacement for
 1880 the temporary certificate. The permanent certificate may also
 1881 include corrected information if the items being corrected are
 1882 noted on the back of the certificate and dated and signed by the
 1883 funeral director, physician, autonomous physician assistant,
 1884 physician assistant, advanced practice registered nurse, or
 1885 district medical examiner of the county in which the death
 1886 occurred or the body was found, as appropriate.

1887 Section 23. Subsection (1) of section 382.011, Florida
 1888 Statutes, is amended to read:

1889 382.011 Medical examiner determination of cause of death.—

1890 (1) In the case of any death or fetal death due to causes
 1891 or conditions listed in s. 406.11, any death that occurred more
 1892 than 12 months after the decedent was last treated by a primary
 1893 or attending physician ~~as defined in s. 382.008(3)~~, or any death
 1894 for which there is reason to believe that the death may have
 1895 been due to an unlawful act or neglect, the funeral director or
 1896 other person to whose attention the death may come shall refer
 1897 the case to the district medical examiner of the county in which
 1898 the death occurred or the body was found for investigation and
 1899 determination of the cause of death.

1900 Section 24. Paragraph (c) of subsection (1) of section

1901 383.14, Florida Statutes, is amended to read:

1902 383.14 Screening for metabolic disorders, other hereditary
1903 and congenital disorders, and environmental risk factors.—

1904 (1) SCREENING REQUIREMENTS.—To help ensure access to the
1905 maternal and child health care system, the Department of Health
1906 shall promote the screening of all newborns born in Florida for
1907 metabolic, hereditary, and congenital disorders known to result
1908 in significant impairment of health or intellect, as screening
1909 programs accepted by current medical practice become available
1910 and practical in the judgment of the department. The department
1911 shall also promote the identification and screening of all
1912 newborns in this state and their families for environmental risk
1913 factors such as low income, poor education, maternal and family
1914 stress, emotional instability, substance abuse, and other high-
1915 risk conditions associated with increased risk of infant
1916 mortality and morbidity to provide early intervention,
1917 remediation, and prevention services, including, but not limited
1918 to, parent support and training programs, home visitation, and
1919 case management. Identification, perinatal screening, and
1920 intervention efforts shall begin before ~~prior to~~ and immediately
1921 following the birth of the child by the attending health care
1922 provider. Such efforts shall be conducted in hospitals,
1923 perinatal centers, county health departments, school health
1924 programs that provide prenatal care, and birthing centers, and
1925 reported to the Office of Vital Statistics.

1926 (c) Release of screening results.—Notwithstanding any law
1927 to the contrary, the State Public Health Laboratory may release,
1928 directly or through the Children's Medical Services program, the
1929 results of a newborn's hearing and metabolic tests or screenings
1930 to the newborn's health care practitioner, the newborn's parent
1931 or legal guardian, the newborn's personal representative, or a
1932 person designated by the newborn's parent or legal guardian. As
1933 used in this paragraph, the term "health care practitioner"
1934 means a physician, autonomous physician assistant, or physician
1935 assistant licensed or registered under chapter 458; an
1936 osteopathic physician, autonomous physician assistant, or
1937 physician assistant licensed or registered under chapter 459; an
1938 advanced practice registered nurse, registered nurse, or
1939 licensed practical nurse licensed under part I of chapter 464; a
1940 midwife licensed under chapter 467; a speech-language
1941 pathologist or audiologist licensed under part I of chapter 468;
1942 or a dietician or nutritionist licensed under part X of chapter
1943 468.

1944 Section 25. Paragraph (a) of subsection (3) of section
1945 390.0111, Florida Statutes, is amended to read:

1946 390.0111 Termination of pregnancies.—

1947 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1948 be performed or induced except with the voluntary and informed
1949 written consent of the pregnant woman or, in the case of a
1950 mental incompetent, the voluntary and informed written consent

1951 of her court-appointed guardian.

1952 (a) Except in the case of a medical emergency, consent to
 1953 a termination of pregnancy is voluntary and informed only if:

1954 1. The physician who is to perform the procedure, or the
 1955 referring physician, has, at a minimum, orally, while physically
 1956 present in the same room, and at least 24 hours before the
 1957 procedure, informed the woman of:

1958 a. The nature and risks of undergoing or not undergoing
 1959 the proposed procedure that a reasonable patient would consider
 1960 material to making a knowing and willful decision of whether to
 1961 terminate a pregnancy.

1962 b. The probable gestational age of the fetus, verified by
 1963 an ultrasound, at the time the termination of pregnancy is to be
 1964 performed.

1965 (I) The ultrasound must be performed by the physician who
 1966 is to perform the abortion or by a person having documented
 1967 evidence that he or she has completed a course in the operation
 1968 of ultrasound equipment as prescribed by rule and who is working
 1969 in conjunction with the physician.

1970 (II) The person performing the ultrasound must offer the
 1971 woman the opportunity to view the live ultrasound images and
 1972 hear an explanation of them. If the woman accepts the
 1973 opportunity to view the images and hear the explanation, a
 1974 physician or a registered nurse, licensed practical nurse,
 1975 advanced practice registered nurse, autonomous physician

1976 assistant, or physician assistant working in conjunction with
1977 the physician must contemporaneously review and explain the
1978 images to the woman before the woman gives informed consent to
1979 having an abortion procedure performed.

1980 (III) The woman has a right to decline to view and hear
1981 the explanation of the live ultrasound images after she is
1982 informed of her right and offered an opportunity to view the
1983 images and hear the explanation. If the woman declines, the
1984 woman shall complete a form acknowledging that she was offered
1985 an opportunity to view and hear the explanation of the images
1986 but that she declined that opportunity. The form must also
1987 indicate that the woman's decision was not based on any undue
1988 influence from any person to discourage her from viewing the
1989 images or hearing the explanation and that she declined of her
1990 own free will.

1991 (IV) Unless requested by the woman, the person performing
1992 the ultrasound may not offer the opportunity to view the images
1993 and hear the explanation and the explanation may not be given
1994 if, at the time the woman schedules or arrives for her
1995 appointment to obtain an abortion, a copy of a restraining
1996 order, police report, medical record, or other court order or
1997 documentation is presented which provides evidence that the
1998 woman is obtaining the abortion because the woman is a victim of
1999 rape, incest, domestic violence, or human trafficking or that
2000 the woman has been diagnosed as having a condition that, on the

2001 basis of a physician's good faith clinical judgment, would
 2002 create a serious risk of substantial and irreversible impairment
 2003 of a major bodily function if the woman delayed terminating her
 2004 pregnancy.

2005 c. The medical risks to the woman and fetus of carrying
 2006 the pregnancy to term.

2007
 2008 The physician may provide the information required in this
 2009 subparagraph within 24 hours before the procedure if requested
 2010 by the woman at the time she schedules or arrives for her
 2011 appointment to obtain an abortion and if she presents to the
 2012 physician a copy of a restraining order, police report, medical
 2013 record, or other court order or documentation evidencing that
 2014 she is obtaining the abortion because she is a victim of rape,
 2015 incest, domestic violence, or human trafficking.

2016 2. Printed materials prepared and provided by the
 2017 department have been provided to the pregnant woman, if she
 2018 chooses to view these materials, including:

2019 a. A description of the fetus, including a description of
 2020 the various stages of development.

2021 b. A list of entities that offer alternatives to
 2022 terminating the pregnancy.

2023 c. Detailed information on the availability of medical
 2024 assistance benefits for prenatal care, childbirth, and neonatal
 2025 care.

2026 3. The woman acknowledges in writing, before the
 2027 termination of pregnancy, that the information required to be
 2028 provided under this subsection has been provided.

2029
 2030 Nothing in this paragraph is intended to prohibit a physician
 2031 from providing any additional information which the physician
 2032 deems material to the woman's informed decision to terminate her
 2033 pregnancy.

2034 Section 26. Paragraphs (c), (e), and (f) of subsection (3)
 2035 of section 390.012, Florida Statutes, are amended to read:

2036 390.012 Powers of agency; rules; disposal of fetal
 2037 remains.—

2038 (3) For clinics that perform or claim to perform abortions
 2039 after the first trimester of pregnancy, the agency shall adopt
 2040 rules pursuant to ss. 120.536(1) and 120.54 to implement the
 2041 provisions of this chapter, including the following:

2042 (c) Rules relating to abortion clinic personnel. At a
 2043 minimum, these rules shall require that:

2044 1. The abortion clinic designate a medical director who is
 2045 licensed to practice medicine in this state, and all physicians
 2046 who perform abortions in the clinic have admitting privileges at
 2047 a hospital within reasonable proximity to the clinic, unless the
 2048 clinic has a written patient transfer agreement with a hospital
 2049 within reasonable proximity to the clinic which includes the
 2050 transfer of the patient's medical records held by both the

2051 clinic and the treating physician.

2052 2. If a physician is not present after an abortion is
2053 performed, a registered nurse, licensed practical nurse,
2054 advanced practice registered nurse, autonomous physician
2055 assistant, or physician assistant be present and remain at the
2056 clinic to provide postoperative monitoring and care until the
2057 patient is discharged.

2058 3. Surgical assistants receive training in counseling,
2059 patient advocacy, and the specific responsibilities associated
2060 with the services the surgical assistants provide.

2061 4. Volunteers receive training in the specific
2062 responsibilities associated with the services the volunteers
2063 provide, including counseling and patient advocacy as provided
2064 in the rules adopted by the director for different types of
2065 volunteers based on their responsibilities.

2066 (e) Rules relating to the abortion procedure. At a
2067 minimum, these rules shall require:

2068 1. That a physician, registered nurse, licensed practical
2069 nurse, advanced practice registered nurse, autonomous physician
2070 assistant, or physician assistant is available to all patients
2071 throughout the abortion procedure.

2072 2. Standards for the safe conduct of abortion procedures
2073 that conform to obstetric standards in keeping with established
2074 standards of care regarding the estimation of fetal age as
2075 defined in rule.

2076 3. Appropriate use of general and local anesthesia,
 2077 analgesia, and sedation if ordered by the physician.

2078 4. Appropriate precautions, such as the establishment of
 2079 intravenous access at least for patients undergoing post-first
 2080 trimester abortions.

2081 5. Appropriate monitoring of the vital signs and other
 2082 defined signs and markers of the patient's status throughout the
 2083 abortion procedure and during the recovery period until the
 2084 patient's condition is deemed to be stable in the recovery room.

2085 (f) Rules that prescribe minimum recovery room standards.
 2086 At a minimum, these rules must require that:

2087 1. Postprocedure recovery rooms be supervised and staffed
 2088 to meet the patients' needs.

2089 2. Immediate postprocedure care consist of observation in
 2090 a supervised recovery room for as long as the patient's
 2091 condition warrants.

2092 3. A registered nurse, licensed practical nurse, advanced
 2093 practice registered nurse, autonomous physician assistant, or
 2094 physician assistant who is trained in the management of the
 2095 recovery area and is capable of providing basic cardiopulmonary
 2096 resuscitation and related emergency procedures remain on the
 2097 premises of the abortion clinic until all patients are
 2098 discharged.

2099 4. A physician sign the discharge order and be readily
 2100 accessible and available until the last patient is discharged to

2101 facilitate the transfer of emergency cases if hospitalization of
2102 the patient or viable fetus is necessary.

2103 5. A physician discuss Rho(D) immune globulin with each
2104 patient for whom it is indicated and ensure that it is offered
2105 to the patient in the immediate postoperative period or will be
2106 available to her within 72 hours after completion of the
2107 abortion procedure. If the patient refuses the Rho(D) immune
2108 globulin, she and a witness must sign a refusal form approved by
2109 the agency which must be included in the medical record.

2110 6. Written instructions with regard to postabortion
2111 coitus, signs of possible problems, and general aftercare which
2112 are specific to the patient be given to each patient. The
2113 instructions must include information regarding access to
2114 medical care for complications, including a telephone number for
2115 use in the event of a medical emergency.

2116 7. A minimum length of time be specified, by type of
2117 abortion procedure and duration of gestation, during which a
2118 patient must remain in the recovery room.

2119 8. The physician ensure that, with the patient's consent,
2120 a registered nurse, licensed practical nurse, advanced practice
2121 registered nurse, autonomous physician assistant, or physician
2122 assistant from the abortion clinic makes a good faith effort to
2123 contact the patient by telephone within 24 hours after surgery
2124 to assess the patient's recovery.

2125 9. Equipment and services be readily accessible to provide

2126 appropriate emergency resuscitative and life support procedures
2127 pending the transfer of the patient or viable fetus to the
2128 hospital.

2129 Section 27. Paragraphs (a) and (f) of subsection (2) of
2130 section 394.463, Florida Statutes, are amended to read:

2131 394.463 Involuntary examination.—

2132 (2) INVOLUNTARY EXAMINATION.—

2133 (a) An involuntary examination may be initiated by any one
2134 of the following means:

2135 1. A circuit or county court may enter an ex parte order
2136 stating that a person appears to meet the criteria for
2137 involuntary examination and specifying the findings on which
2138 that conclusion is based. The ex parte order for involuntary
2139 examination must be based on written or oral sworn testimony
2140 that includes specific facts that support the findings. If other
2141 less restrictive means are not available, such as voluntary
2142 appearance for outpatient evaluation, a law enforcement officer,
2143 or other designated agent of the court, shall take the person
2144 into custody and deliver him or her to an appropriate, or the
2145 nearest, facility within the designated receiving system
2146 pursuant to s. 394.462 for involuntary examination. The order of
2147 the court shall be made a part of the patient's clinical record.
2148 A fee may not be charged for the filing of an order under this
2149 subsection. A facility accepting the patient based on this order
2150 must send a copy of the order to the department within 5 working

2151 days. The order may be submitted electronically through existing
2152 data systems, if available. The order shall be valid only until
2153 the person is delivered to the facility or for the period
2154 specified in the order itself, whichever comes first. If a ~~no~~
2155 time limit is not specified in the order, the order is ~~shall be~~
2156 valid for 7 days after the date that the order was signed.

2157 2. A law enforcement officer shall take a person who
2158 appears to meet the criteria for involuntary examination into
2159 custody and deliver the person or have him or her delivered to
2160 an appropriate, or the nearest, facility within the designated
2161 receiving system pursuant to s. 394.462 for examination. The
2162 officer shall execute a written report detailing the
2163 circumstances under which the person was taken into custody,
2164 which must be made a part of the patient's clinical record. Any
2165 facility accepting the patient based on this report must send a
2166 copy of the report to the department within 5 working days.

2167 3. A physician, autonomous physician assistant, physician
2168 assistant, clinical psychologist, psychiatric nurse, advanced
2169 practice registered nurse, mental health counselor, marriage and
2170 family therapist, or clinical social worker may execute a
2171 certificate stating that he or she has examined a person within
2172 the preceding 48 hours and finds that the person appears to meet
2173 the criteria for involuntary examination and stating the
2174 observations upon which that conclusion is based. If other less
2175 restrictive means, such as voluntary appearance for outpatient

2176 evaluation, are not available, a law enforcement officer shall
2177 take into custody the person named in the certificate and
2178 deliver him or her to the appropriate, or nearest, facility
2179 within the designated receiving system pursuant to s. 394.462
2180 for involuntary examination. The law enforcement officer shall
2181 execute a written report detailing the circumstances under which
2182 the person was taken into custody. The report and certificate
2183 shall be made a part of the patient's clinical record. Any
2184 facility accepting the patient based on this certificate must
2185 send a copy of the certificate to the department within 5
2186 working days. The document may be submitted electronically
2187 through existing data systems, if applicable.

2188
2189 When sending the order, report, or certificate to the
2190 department, a facility shall, at a minimum, provide information
2191 about which action was taken regarding the patient under
2192 paragraph (g), which information shall also be made a part of
2193 the patient's clinical record.

2194 (f) A patient shall be examined by a physician, physician
2195 assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse
2196 performing within the framework of an established protocol with
2197 a psychiatrist, at a facility without unnecessary delay to
2198 determine if the criteria for involuntary services are met.
2199 Emergency treatment may be provided upon the order of a
2200 physician if the physician determines that such treatment is

2201 necessary for the safety of the patient or others. The patient
 2202 may not be released by the receiving facility or its contractor
 2203 without the documented approval of a psychiatrist or a clinical
 2204 psychologist or, if the receiving facility is owned or operated
 2205 by a hospital or health system, the release may also be approved
 2206 by a psychiatric nurse performing within the framework of an
 2207 established protocol with a psychiatrist, or an attending
 2208 emergency department physician with experience in the diagnosis
 2209 and treatment of mental illness after completion of an
 2210 involuntary examination pursuant to this subsection. A
 2211 psychiatric nurse may not approve the release of a patient if
 2212 the involuntary examination was initiated by a psychiatrist
 2213 unless the release is approved by the initiating psychiatrist.

2214 Section 28. Paragraph (b) of subsection (2) of section
 2215 395.0191, Florida Statutes, is amended to read:

2216 395.0191 Staff membership and clinical privileges.—

2217 (2)

2218 (b) An advanced practice registered nurse who is certified
 2219 as a registered nurse anesthetist licensed under part I of
 2220 chapter 464 shall administer anesthesia under the onsite medical
 2221 direction of a professional licensed under chapter 458, chapter
 2222 459, or chapter 466, and in accordance with an established
 2223 protocol approved by the medical staff. The medical direction
 2224 shall specifically address the needs of the individual patient.
 2225 This paragraph does not apply to a certified registered nurse

2226 anesthetist registered to engage in autonomous practice under s.
2227 464.0123.

2228 Section 29. Subsection (3) of section 395.602, Florida
2229 Statutes, is amended to read:

2230 395.602 Rural hospitals.—

2231 (3) USE OF FUNDS.—It is the intent of the Legislature that
2232 funds as appropriated shall be utilized by the department for
2233 the purpose of increasing the number of primary care physicians,
2234 autonomous physician assistants, physician assistants, certified
2235 nurse midwives, nurse practitioners, and nurses in rural areas,
2236 either through the Medical Education Reimbursement and Loan
2237 Repayment Program as defined by s. 1009.65 or through a federal
2238 loan repayment program which requires state matching funds. The
2239 department may use funds appropriated for the Medical Education
2240 Reimbursement and Loan Repayment Program as matching funds for
2241 federal loan repayment programs for health care personnel, such
2242 as that authorized in Pub. L. No. 100-177, s. 203. If the
2243 department receives federal matching funds, the department shall
2244 only implement the federal program. Reimbursement through either
2245 program shall be limited to:

2246 (a) Primary care physicians, autonomous physician
2247 assistants, physician assistants, certified nurse midwives,
2248 nurse practitioners, and nurses employed by or affiliated with
2249 rural hospitals, as defined in this act; and

2250 (b) Primary care physicians, autonomous physician

2251 assistants, physician assistants, certified nurse midwives,
2252 nurse practitioners, and nurses employed by or affiliated with
2253 rural area health education centers, as defined in this section.

2254 These personnel shall practice:

2255 1. In a county with a population density of no greater
2256 than 100 persons per square mile; or

2257 2. Within the boundaries of a hospital tax district which
2258 encompasses a population of no greater than 100 persons per
2259 square mile.

2260

2261 If the department administers a federal loan repayment program,
2262 priority shall be given to obligating state and federal matching
2263 funds pursuant to paragraphs (a) and (b). The department may use
2264 federal matching funds in other health workforce shortage areas
2265 and medically underserved areas in the state for loan repayment
2266 programs for primary care physicians, autonomous physician
2267 assistants, physician assistants, certified nurse midwives,
2268 nurse practitioners, and nurses who are employed by publicly
2269 financed health care programs that serve medically indigent
2270 persons.

2271 Section 30. Paragraph (a) of subsection (2) of section
2272 397.501, Florida Statutes, is amended to read:

2273 397.501 Rights of individuals.—Individuals receiving
2274 substance abuse services from any service provider are
2275 guaranteed protection of the rights specified in this section,

2276 unless otherwise expressly provided, and service providers must
 2277 ensure the protection of such rights.

2278 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2279 (a) Service providers may not deny an individual access to
 2280 substance abuse services solely on the basis of race, gender,
 2281 ethnicity, age, sexual preference, human immunodeficiency virus
 2282 status, prior service departures against medical advice,
 2283 disability, or number of relapse episodes. Service providers may
 2284 not deny an individual who takes medication prescribed by a
 2285 physician, autonomous physician assistant, physician assistant,
 2286 or advanced practice registered nurse access to substance abuse
 2287 services solely on that basis. Service providers who receive
 2288 state funds to provide substance abuse services may not, if
 2289 space and sufficient state resources are available, deny access
 2290 to services based solely on inability to pay.

2291 Section 31. Section 397.679, Florida Statutes, is amended
 2292 to read:

2293 397.679 Emergency admission; circumstances justifying.—A
 2294 person who meets the criteria for involuntary admission in s.
 2295 397.675 may be admitted to a hospital or to a licensed
 2296 detoxification facility or addictions receiving facility for
 2297 emergency assessment and stabilization, or to a less intensive
 2298 component of a licensed service provider for assessment only,
 2299 upon receipt by the facility of a certificate by a physician, an
 2300 autonomous physician assistant, an advanced practice registered

2301 nurse, a psychiatric nurse, a clinical psychologist, a clinical
2302 social worker, a marriage and family therapist, a mental health
2303 counselor, a physician assistant working under the scope of
2304 practice of the supervising physician, or a master's-level-
2305 certified addictions professional for substance abuse services,
2306 if the certificate is specific to substance abuse impairment,
2307 and the completion of an application for emergency admission.

2308 Section 32. Subsection (1) of section 397.6793, Florida
2309 Statutes, is amended to read:

2310 397.6793 Professional's certificate for emergency
2311 admission.—

2312 (1) A physician, a clinical psychologist, an autonomous
2313 physician assistant, a physician assistant working under the
2314 scope of practice of the supervising physician, a psychiatric
2315 nurse, an advanced practice registered nurse, a mental health
2316 counselor, a marriage and family therapist, a master's-level-
2317 certified addictions professional for substance abuse services,
2318 or a clinical social worker may execute a professional's
2319 certificate for emergency admission. The professional's
2320 certificate must include the name of the person to be admitted,
2321 the relationship between the person and the professional
2322 executing the certificate, the relationship between the
2323 applicant and the professional, any relationship between the
2324 professional and the licensed service provider, a statement that
2325 the person has been examined and assessed within the preceding 5

2326 | days after the application date, and factual allegations with
 2327 | respect to the need for emergency admission, including:

2328 | (a) The reason for the belief that the person is substance
 2329 | abuse impaired;

2330 | (b) The reason for the belief that because of such
 2331 | impairment the person has lost the power of self-control with
 2332 | respect to substance abuse; and

2333 | (c)1. The reason for the belief that, without care or
 2334 | treatment, the person is likely to suffer from neglect or refuse
 2335 | to care for himself or herself; that such neglect or refusal
 2336 | poses a real and present threat of substantial harm to his or
 2337 | her well-being; and that it is not apparent that such harm may
 2338 | be avoided through the help of willing family members or friends
 2339 | or the provision of other services, or there is substantial
 2340 | likelihood that the person has inflicted or, unless admitted, is
 2341 | likely to inflict, physical harm on himself, herself, or
 2342 | another; or

2343 | 2. The reason for the belief that the person's refusal to
 2344 | voluntarily receive care is based on judgment so impaired by
 2345 | reason of substance abuse that the person is incapable of
 2346 | appreciating his or her need for care and of making a rational
 2347 | decision regarding his or her need for care.

2348 | Section 33. Subsection (8) of section 400.021, Florida
 2349 | Statutes, is amended to read:

2350 | 400.021 Definitions.—When used in this part, unless the

2351 context otherwise requires, the term:

2352 (8) "Geriatric outpatient clinic" means a site for
2353 providing outpatient health care to persons 60 years of age or
2354 older, which is staffed by a registered nurse, a physician
2355 assistant, or a licensed practical nurse under the direct
2356 supervision of a registered nurse, advanced practice registered
2357 nurse, physician assistant, autonomous physician assistant, or
2358 physician.

2359 Section 34. Subsection (3) of section 400.172, Florida
2360 Statutes, is amended to read:

2361 400.172 Respite care provided in nursing home facilities.—

2362 (3) A prospective respite care resident must provide
2363 medical information from a physician, autonomous physician
2364 assistant, physician assistant, or nurse practitioner and any
2365 other information provided by the primary caregiver required by
2366 the facility before or when the person is admitted to receive
2367 respite care. The medical information must include a physician's
2368 order for respite care and proof of a physical examination by a
2369 licensed physician, autonomous physician assistant, physician
2370 assistant, or nurse practitioner. The physician's order and
2371 physical examination may be used to provide intermittent respite
2372 care for up to 12 months after the date the order is written.

2373 Section 35. Subsection (2) of section 400.487, Florida
2374 Statutes, is amended to read:

2375 400.487 Home health service agreements; physician's,

2376 physician assistant's, autonomous physician assistant's, and
 2377 advanced practice registered nurse's treatment orders; patient
 2378 assessment; establishment and review of plan of care; provision
 2379 of services; orders not to resuscitate.—

2380 (2) When required by ~~the provisions of~~ chapter 464; part
 2381 I, part III, or part V of chapter 468; or chapter 486, the
 2382 attending physician, autonomous physician assistant, physician
 2383 assistant, or advanced practice registered nurse, acting within
 2384 his or her respective scope of practice, shall establish
 2385 treatment orders for a patient who is to receive skilled care.
 2386 The treatment orders must be signed by the physician, autonomous
 2387 physician assistant, physician assistant, or advanced practice
 2388 registered nurse before a claim for payment for the skilled
 2389 services is submitted by the home health agency. If the claim is
 2390 submitted to a managed care organization, the treatment orders
 2391 must be signed within the time allowed under the provider
 2392 agreement. The treatment orders shall be reviewed, as frequently
 2393 as the patient's illness requires, by the physician, autonomous
 2394 physician assistant, physician assistant, or advanced practice
 2395 registered nurse in consultation with the home health agency.

2396 Section 36. Paragraph (a) of subsection (13) of section
 2397 400.506, Florida Statutes, is amended to read:

2398 400.506 Licensure of nurse registries; requirements;
 2399 penalties.—

2400 (13) All persons referred for contract in private

2401 residences by a nurse registry must comply with the following
2402 requirements for a plan of treatment:

2403 (a) When, in accordance with the privileges and
2404 restrictions imposed upon a nurse under part I of chapter 464,
2405 the delivery of care to a patient is under the direction or
2406 supervision of a physician or when a physician is responsible
2407 for the medical care of the patient, a medical plan of treatment
2408 must be established for each patient receiving care or treatment
2409 provided by a licensed nurse in the home. The original medical
2410 plan of treatment must be timely signed by the physician,
2411 autonomous physician assistant, physician assistant, or advanced
2412 practice registered nurse, acting within his or her respective
2413 scope of practice, and reviewed in consultation with the
2414 licensed nurse at least every 2 months. Any additional order or
2415 change in orders must be obtained from the physician, autonomous
2416 physician assistant, physician assistant, or advanced practice
2417 registered nurse and reduced to writing and timely signed by the
2418 physician, autonomous physician assistant, physician assistant,
2419 or advanced practice registered nurse. The delivery of care
2420 under a medical plan of treatment must be substantiated by the
2421 appropriate nursing notes or documentation made by the nurse in
2422 compliance with nursing practices established under part I of
2423 chapter 464.

2424 Section 37. Subsection (5) and paragraph (b) of subsection
2425 (7) of section 400.9973, Florida Statutes, are amended to read:

2426 | 400.9973 Client admission, transfer, and discharge.—

2427 | (5) A client admitted to a transitional living facility
 2428 | must be admitted upon prescription by a licensed physician,
 2429 | autonomous physician assistant, physician assistant, or advanced
 2430 | practice registered nurse and must remain under the care of a
 2431 | licensed physician, autonomous physician assistant, physician
 2432 | assistant, or advanced practice registered nurse for the
 2433 | duration of the client's stay in the facility.

2434 | (7) A person may not be admitted to a transitional living
 2435 | facility if the person:

2436 | (b) Is a danger to himself or herself or others as
 2437 | determined by a physician, autonomous physician assistant,
 2438 | physician assistant, advanced practice registered nurse, or a
 2439 | mental health practitioner licensed under chapter 490 or chapter
 2440 | 491, unless the facility provides adequate staffing and support
 2441 | to ensure patient safety;

2442 | Section 38. Paragraphs (a) and (b) of subsection (2) of
 2443 | section 400.9974, Florida Statutes, are amended to read:

2444 | 400.9974 Client comprehensive treatment plans; client
 2445 | services.—

2446 | (2) The comprehensive treatment plan must include:

2447 | (a) Orders obtained from the physician, autonomous
 2448 | physician assistant, physician assistant, or advanced practice
 2449 | registered nurse and the client's diagnosis, medical history,
 2450 | physical examination, and rehabilitative or restorative needs.

2451 (b) A preliminary nursing evaluation, including orders for
 2452 immediate care provided by the physician, autonomous physician
 2453 assistant, physician assistant, or advanced practice registered
 2454 nurse, which shall be completed when the client is admitted.

2455 Section 39. Section 400.9976, Florida Statutes, is amended
 2456 to read:

2457 400.9976 Administration of medication.—

2458 (1) An individual medication administration record must be
 2459 maintained for each client. A dose of medication, including a
 2460 self-administered dose, shall be properly recorded in the
 2461 client's record. A client who self-administers medication shall
 2462 be given a pill organizer. Medication must be placed in the pill
 2463 organizer by a nurse. A nurse shall document the date and time
 2464 that medication is placed into each client's pill organizer. All
 2465 medications must be administered in compliance with orders of a
 2466 physician, autonomous physician assistant, physician assistant,
 2467 or advanced practice registered nurse.

2468 (2) If an interdisciplinary team determines that self-
 2469 administration of medication is an appropriate objective, and if
 2470 the physician, autonomous physician assistant, physician
 2471 assistant, or advanced practice registered nurse does not
 2472 specify otherwise, the client must be instructed by the
 2473 physician, autonomous physician assistant, physician assistant,
 2474 or advanced practice registered nurse to self-administer his or
 2475 her medication without the assistance of a staff person. All

2476 forms of self-administration of medication, including
2477 administration orally, by injection, and by suppository, shall
2478 be included in the training. The client's physician, autonomous
2479 physician assistant, physician assistant, or advanced practice
2480 registered nurse must be informed of the interdisciplinary
2481 team's decision that self-administration of medication is an
2482 objective for the client. A client may not self-administer
2483 medication until he or she demonstrates the competency to take
2484 the correct medication in the correct dosage at the correct
2485 time, to respond to missed doses, and to contact the appropriate
2486 person with questions.

2487 (3) Medication administration discrepancies and adverse
2488 drug reactions must be recorded and reported immediately to a
2489 physician, autonomous physician assistant, physician assistant,
2490 or advanced practice registered nurse.

2491 Section 40. Subsections (2) through (5) of section
2492 400.9979, Florida Statutes, are amended to read:

2493 400.9979 Restraint and seclusion; client safety.—

2494 (2) The use of physical restraints must be ordered and
2495 documented by a physician, autonomous physician assistant,
2496 physician assistant, or advanced practice registered nurse and
2497 must be consistent with the policies and procedures adopted by
2498 the facility. The client or, if applicable, the client's
2499 representative shall be informed of the facility's physical
2500 restraint policies and procedures when the client is admitted.

2501 (3) The use of chemical restraints shall be limited to
2502 prescribed dosages of medications as ordered by a physician,
2503 autonomous physician assistant, physician assistant, or advanced
2504 practice registered nurse and must be consistent with the
2505 client's diagnosis and the policies and procedures adopted by
2506 the facility. The client and, if applicable, the client's
2507 representative shall be informed of the facility's chemical
2508 restraint policies and procedures when the client is admitted.

2509 (4) Based on the assessment by a physician, autonomous
2510 physician assistant, physician assistant, or advanced practice
2511 registered nurse, if a client exhibits symptoms that present an
2512 immediate risk of injury or death to himself or herself or
2513 others, a physician, physician assistant, or advanced practice
2514 registered nurse may issue an emergency treatment order to
2515 immediately administer rapid-response psychotropic medications
2516 or other chemical restraints. Each emergency treatment order
2517 must be documented and maintained in the client's record.

2518 (a) An emergency treatment order is not effective for more
2519 than 24 hours.

2520 (b) Whenever a client is medicated under this subsection,
2521 the client's representative or a responsible party and the
2522 client's physician, autonomous physician assistant, physician
2523 assistant, or advanced practice registered nurse shall be
2524 notified as soon as practicable.

2525 (5) A client who is prescribed and receives a medication

2526 that can serve as a chemical restraint for a purpose other than
 2527 an emergency treatment order must be evaluated by his or her
 2528 physician, autonomous physician assistant, physician assistant,
 2529 or advanced practice registered nurse at least monthly to
 2530 assess:

- 2531 (a) The continued need for the medication.
- 2532 (b) The level of the medication in the client's blood.
- 2533 (c) The need for adjustments to the prescription.

2534 Section 41. Subsections (1) and (2) of section 401.445,
 2535 Florida Statutes, are amended to read:

2536 401.445 Emergency examination and treatment of
 2537 incapacitated persons.—

2538 (1) ~~No Recovery is not shall be~~ allowed in any court in
 2539 this state against any emergency medical technician, paramedic,
 2540 or physician as defined in this chapter, any advanced practice
 2541 registered nurse licensed under s. 464.012, or any autonomous
 2542 physician assistant or physician assistant registered or
 2543 licensed under s. 458.347 or s. 459.022, or any person acting
 2544 under the direct medical supervision of a physician, in an
 2545 action brought for examining or treating a patient without his
 2546 or her informed consent if:

- 2547 (a) The patient at the time of examination or treatment is
 2548 intoxicated, under the influence of drugs, or otherwise
 2549 incapable of providing informed consent as provided in s.
 2550 766.103;

2551 (b) The patient at the time of examination or treatment is
2552 experiencing an emergency medical condition; and

2553 (c) The patient would reasonably, under all the
2554 surrounding circumstances, undergo such examination, treatment,
2555 or procedure if he or she were advised by the emergency medical
2556 technician, paramedic, physician, advanced practice registered
2557 nurse, autonomous physician assistant, or physician assistant in
2558 accordance with s. 766.103(3).

2559
2560 Examination and treatment provided under this subsection shall
2561 be limited to reasonable examination of the patient to determine
2562 the medical condition of the patient and treatment reasonably
2563 necessary to alleviate the emergency medical condition or to
2564 stabilize the patient.

2565 (2) In examining and treating a person who is apparently
2566 intoxicated, under the influence of drugs, or otherwise
2567 incapable of providing informed consent, the emergency medical
2568 technician, paramedic, physician, advanced practice registered
2569 nurse, autonomous physician assistant, or physician assistant,
2570 or any person acting under the direct medical supervision of a
2571 physician, shall proceed wherever possible with the consent of
2572 the person. If the person reasonably appears to be incapacitated
2573 and refuses his or her consent, the person may be examined,
2574 treated, or taken to a hospital or other appropriate treatment
2575 resource if he or she is in need of emergency attention, without

2576 his or her consent, but unreasonable force shall not be used.

2577 Section 42. Subsection (18) of section 409.906, Florida
2578 Statutes, is amended to read:

2579 409.906 Optional Medicaid services.—Subject to specific
2580 appropriations, the agency may make payments for services which
2581 are optional to the state under Title XIX of the Social Security
2582 Act and are furnished by Medicaid providers to recipients who
2583 are determined to be eligible on the dates on which the services
2584 were provided. Any optional service that is provided shall be
2585 provided only when medically necessary and in accordance with
2586 state and federal law. Optional services rendered by providers
2587 in mobile units to Medicaid recipients may be restricted or
2588 prohibited by the agency. Nothing in this section shall be
2589 construed to prevent or limit the agency from adjusting fees,
2590 reimbursement rates, lengths of stay, number of visits, or
2591 number of services, or making any other adjustments necessary to
2592 comply with the availability of moneys and any limitations or
2593 directions provided for in the General Appropriations Act or
2594 chapter 216. If necessary to safeguard the state's systems of
2595 providing services to elderly and disabled persons and subject
2596 to the notice and review provisions of s. 216.177, the Governor
2597 may direct the Agency for Health Care Administration to amend
2598 the Medicaid state plan to delete the optional Medicaid service
2599 known as "Intermediate Care Facilities for the Developmentally
2600 Disabled." Optional services may include:

2601 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
2602 all services provided to a recipient by an autonomous physician
2603 assistant or a physician assistant registered or licensed under
2604 s. 458.347 or s. 459.022. Reimbursement for such services must
2605 be not less than 80 percent of the reimbursement that would be
2606 paid to a physician who provided the same services.

2607 Section 43. Paragraph (m) of subsection (3) of section
2608 409.908, Florida Statutes, is amended to read:

2609 409.908 Reimbursement of Medicaid providers.—Subject to
2610 specific appropriations, the agency shall reimburse Medicaid
2611 providers, in accordance with state and federal law, according
2612 to methodologies set forth in the rules of the agency and in
2613 policy manuals and handbooks incorporated by reference therein.
2614 These methodologies may include fee schedules, reimbursement
2615 methods based on cost reporting, negotiated fees, competitive
2616 bidding pursuant to s. 287.057, and other mechanisms the agency
2617 considers efficient and effective for purchasing services or
2618 goods on behalf of recipients. If a provider is reimbursed based
2619 on cost reporting and submits a cost report late and that cost
2620 report would have been used to set a lower reimbursement rate
2621 for a rate semester, then the provider's rate for that semester
2622 shall be retroactively calculated using the new cost report, and
2623 full payment at the recalculated rate shall be effected
2624 retroactively. Medicare-granted extensions for filing cost
2625 reports, if applicable, shall also apply to Medicaid cost

2626 reports. Payment for Medicaid compensable services made on
 2627 behalf of Medicaid eligible persons is subject to the
 2628 availability of moneys and any limitations or directions
 2629 provided for in the General Appropriations Act or chapter 216.
 2630 Further, nothing in this section shall be construed to prevent
 2631 or limit the agency from adjusting fees, reimbursement rates,
 2632 lengths of stay, number of visits, or number of services, or
 2633 making any other adjustments necessary to comply with the
 2634 availability of moneys and any limitations or directions
 2635 provided for in the General Appropriations Act, provided the
 2636 adjustment is consistent with legislative intent.

2637 (3) Subject to any limitations or directions provided for
 2638 in the General Appropriations Act, the following Medicaid
 2639 services and goods may be reimbursed on a fee-for-service basis.
 2640 For each allowable service or goods furnished in accordance with
 2641 Medicaid rules, policy manuals, handbooks, and state and federal
 2642 law, the payment shall be the amount billed by the provider, the
 2643 provider's usual and customary charge, or the maximum allowable
 2644 fee established by the agency, whichever amount is less, with
 2645 the exception of those services or goods for which the agency
 2646 makes payment using a methodology based on capitation rates,
 2647 average costs, or negotiated fees.

2648 (m) Autonomous physician assistant and physician assistant
 2649 services.

2650 Section 44. Paragraphs (c) through (cc) of subsection (1)

2651 of section 409.973, Florida Statutes, are redesignated as
2652 paragraphs (d) through (dd), respectively, and a new paragraph
2653 (c) is added to that subsection to read:

2654 409.973 Benefits.—

2655 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
2656 minimum, the following services:

2657 (c) Autonomous physician assistant services.

2658 Section 45. Subsections (2), (4), and (5) of section
2659 429.26, Florida Statutes, are amended to read:

2660 429.26 Appropriateness of placements; examinations of
2661 residents.—

2662 (2) A physician, autonomous physician assistant, physician
2663 assistant, or nurse practitioner who is employed by an assisted
2664 living facility to provide an initial examination for admission
2665 purposes may not have financial interest in the facility.

2666 (4) If possible, each resident shall have been examined by
2667 a licensed physician, an autonomous physician assistant, a
2668 licensed physician assistant, or a licensed nurse practitioner
2669 within 60 days before admission to the facility. The signed and
2670 completed medical examination report shall be submitted to the
2671 owner or administrator of the facility who shall use the
2672 information contained therein to assist in the determination of
2673 the appropriateness of the resident's admission and continued
2674 stay in the facility. The medical examination report shall
2675 become a permanent part of the record of the resident at the

2676 facility and shall be made available to the agency during
2677 inspection or upon request. An assessment that has been
2678 completed through the Comprehensive Assessment and Review for
2679 Long-Term Care Services (CARES) Program fulfills the
2680 requirements for a medical examination under this subsection and
2681 s. 429.07(3)(b)6.

2682 (5) Except as provided in s. 429.07, if a medical
2683 examination has not been completed within 60 days before the
2684 admission of the resident to the facility, a licensed physician,
2685 a registered autonomous physician assistant, a licensed
2686 physician assistant, or a licensed nurse practitioner shall
2687 examine the resident and complete a medical examination form
2688 provided by the agency within 30 days following the admission to
2689 the facility to enable the facility owner or administrator to
2690 determine the appropriateness of the admission. The medical
2691 examination form shall become a permanent part of the record of
2692 the resident at the facility and shall be made available to the
2693 agency during inspection by the agency or upon request.

2694 Section 46. Paragraph (a) of subsection (2) and paragraph
2695 (a) of subsection (7) of section 429.918, Florida Statutes, are
2696 amended to read:

2697 429.918 Licensure designation as a specialized Alzheimer's
2698 services adult day care center.—

2699 (2) As used in this section, the term:

2700 (a) "ADRD participant" means a participant who has a

2701 | documented diagnosis of Alzheimer's disease or a dementia-
 2702 | related disorder (ARD) from a licensed physician, a registered
 2703 | autonomous physician assistant, a licensed physician assistant,
 2704 | or a licensed advanced practice registered nurse.

2705 | (7) (a) An ARD participant admitted to an adult day care
 2706 | center having a license designated under this section, or the
 2707 | caregiver when applicable, must:

2708 | 1. Require ongoing supervision to maintain the highest
 2709 | level of medical or custodial functioning and have a
 2710 | demonstrated need for a responsible party to oversee his or her
 2711 | care.

2712 | 2. Not actively demonstrate aggressive behavior that
 2713 | places himself, herself, or others at risk of harm.

2714 | 3. Provide the following medical documentation signed by a
 2715 | licensed physician, a registered autonomous physician assistant,
 2716 | a licensed physician assistant, or a licensed advanced practice
 2717 | registered nurse:

2718 | a. Any physical, health, or emotional conditions that
 2719 | require medical care.

2720 | b. A listing of the ARD participant's current prescribed
 2721 | and over-the-counter medications and dosages, diet restrictions,
 2722 | mobility restrictions, and other physical limitations.

2723 | 4. Provide documentation signed by a health care provider
 2724 | licensed in this state which indicates that the ARD participant
 2725 | is free of the communicable form of tuberculosis and free of

2726 signs and symptoms of other communicable diseases.

2727 Section 47. Paragraph (e) of subsection (5) of section
2728 440.102, Florida Statutes, is amended to read:

2729 440.102 Drug-free workplace program requirements.—The
2730 following provisions apply to a drug-free workplace program
2731 implemented pursuant to law or to rules adopted by the Agency
2732 for Health Care Administration:

2733 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2734 collection and testing for drugs under this section shall be
2735 performed in accordance with the following procedures:

2736 (e) A specimen for a drug test may be taken or collected
2737 by any of the following persons:

2738 1. A physician, an autonomous physician assistant, a
2739 physician assistant, a registered professional nurse, a licensed
2740 practical nurse, or a nurse practitioner or a certified
2741 paramedic who is present at the scene of an accident for the
2742 purpose of rendering emergency medical service or treatment.

2743 2. A qualified person employed by a licensed or certified
2744 laboratory as described in subsection (9).

2745 Section 48. Paragraphs (a), (i), (o), and (r) of
2746 subsection (3) and paragraph (g) of subsection (5) of section
2747 456.053, Florida Statutes, are amended to read:

2748 456.053 Financial arrangements between referring health
2749 care providers and providers of health care services.—

2750 (3) DEFINITIONS.—For the purpose of this section, the

2751 word, phrase, or term:

2752 (a) "Board" means any of the following boards relating to
 2753 the respective professions: the Board of Medicine as created in
 2754 s. 458.307; the Board of Osteopathic Medicine as created in s.
 2755 459.004; the Board of Chiropractic Medicine as created in s.
 2756 460.404; the Board of Podiatric Medicine as created in s.
 2757 461.004; the Board of Optometry as created in s. 463.003; the
 2758 Board of Nursing as created in s. 464.004; the Board of Pharmacy
 2759 as created in s. 465.004; and the Board of Dentistry as created
 2760 in s. 466.004.

2761 (i) "Health care provider" means a ~~any~~ physician licensed
 2762 under chapter 458, chapter 459, chapter 460, or chapter 461; an
 2763 autonomous physician assistant registered under chapter 458 or
 2764 chapter 459; an advanced practice registered nurse registered to
 2765 engage in autonomous practice under s. 464.0123;~~7~~ or any health
 2766 care provider licensed under chapter 463 or chapter 466.

2767 (o) "Referral" means any referral of a patient by a health
 2768 care provider for health care services, including, without
 2769 limitation:

2770 1. The forwarding of a patient by a health care provider
 2771 to another health care provider or to an entity which provides
 2772 or supplies designated health services or any other health care
 2773 item or service; or

2774 2. The request or establishment of a plan of care by a
 2775 health care provider, which includes the provision of designated

2776 health services or other health care item or service.

2777 3. The following orders, recommendations, or plans of care
2778 shall not constitute a referral by a health care provider:

2779 a. By a radiologist for diagnostic-imaging services.

2780 b. By a physician specializing in the provision of
2781 radiation therapy services for such services.

2782 c. By a medical oncologist for drugs and solutions to be
2783 prepared and administered intravenously to such oncologist's
2784 patient, as well as for the supplies and equipment used in
2785 connection therewith to treat such patient for cancer and the
2786 complications thereof.

2787 d. By a cardiologist for cardiac catheterization services.

2788 e. By a pathologist for diagnostic clinical laboratory
2789 tests and pathological examination services, if furnished by or
2790 under the supervision of such pathologist pursuant to a
2791 consultation requested by another physician.

2792 f. By a health care provider who is the sole provider or
2793 member of a group practice for designated health services or
2794 other health care items or services that are prescribed or
2795 provided solely for such referring health care provider's or
2796 group practice's own patients, and that are provided or
2797 performed by or under the direct supervision of such referring
2798 health care provider or group practice; provided, however, ~~that~~
2799 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
2800 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~

2801 ~~chapter 461~~ may refer a patient to a sole provider or group
2802 practice for diagnostic imaging services, excluding radiation
2803 therapy services, for which the sole provider or group practice
2804 billed both the technical and the professional fee for or on
2805 behalf of the patient, if the referring health care provider
2806 does not have an ~~physician has no~~ investment interest in the
2807 practice. The diagnostic imaging service referred to a group
2808 practice or sole provider must be a diagnostic imaging service
2809 normally provided within the scope of practice to the patients
2810 of the group practice or sole provider. The group practice or
2811 sole provider may accept no more than 15 percent of their
2812 patients receiving diagnostic imaging services from outside
2813 referrals, excluding radiation therapy services.

2814 g. By a health care provider for services provided by an
2815 ambulatory surgical center licensed under chapter 395.

2816 h. By a urologist for lithotripsy services.

2817 i. By a dentist for dental services performed by an
2818 employee of or health care provider who is an independent
2819 contractor with the dentist or group practice of which the
2820 dentist is a member.

2821 j. By a physician for infusion therapy services to a
2822 patient of that physician or a member of that physician's group
2823 practice.

2824 k. By a nephrologist for renal dialysis services and
2825 supplies, except laboratory services.

2826 1. By a health care provider whose principal professional
2827 practice consists of treating patients in their private
2828 residences for services to be rendered in such private
2829 residences, except for services rendered by a home health agency
2830 licensed under chapter 400. For purposes of this sub-
2831 subparagraph, the term "private residences" includes patients'
2832 private homes, independent living centers, and assisted living
2833 facilities, but does not include skilled nursing facilities.

2834 m. By a health care provider for sleep-related testing.

2835 (r) "Sole provider" means one health care provider
2836 licensed under chapter 458, chapter 459, chapter 460, or chapter
2837 461, or registered under s. 464.0123, who maintains a separate
2838 medical office and a medical practice separate from any other
2839 health care provider and who bills for his or her services
2840 separately from the services provided by any other health care
2841 provider. A sole provider shall not share overhead expenses or
2842 professional income with any other person or group practice.

2843 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
2844 provided in this section:

2845 (g) A violation of this section by a health care provider
2846 shall constitute grounds for disciplinary action to be taken by
2847 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
2848 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
2849 466.028(2). Any hospital licensed under chapter 395 found in
2850 violation of this section shall be subject to s. 395.0185(2).

2851 Section 49. Subsection (7) of section 456.072, Florida
 2852 Statutes, is amended to read:

2853 456.072 Grounds for discipline; penalties; enforcement.—

2854 (7) Notwithstanding subsection (2), upon a finding that a
 2855 physician or autonomous physician assistant has prescribed or
 2856 dispensed a controlled substance, or caused a controlled
 2857 substance to be prescribed or dispensed, in a manner that
 2858 violates the standard of practice set forth in s. 458.331(1)(q)
 2859 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.
 2860 466.028(1)(p) or (x), or that an advanced practice registered
 2861 nurse has prescribed or dispensed a controlled substance, or
 2862 caused a controlled substance to be prescribed or dispensed, in
 2863 a manner that violates the standard of practice set forth in s.
 2864 464.018(1)(n) or (p)6., the physician, autonomous physician
 2865 assistant, or advanced practice registered nurse shall be
 2866 suspended for a period of not less than 6 months and pay a fine
 2867 of not less than \$10,000 per count. Repeated violations shall
 2868 result in increased penalties.

2869 Section 50. Paragraph (h) of subsection (1) and subsection
 2870 (2) of section 456.44, Florida Statutes, are amended to read:

2871 456.44 Controlled substance prescribing.—

2872 (1) DEFINITIONS.—As used in this section, the term:

2873 (h) "Registrant" means a physician, an autonomous
 2874 physician assistant, a physician assistant, or an advanced
 2875 practice registered nurse who meets the requirements of

2876 subsection (2).

2877 (2) REGISTRATION.—A physician licensed under chapter 458,
2878 chapter 459, chapter 461, or chapter 466, an autonomous
2879 physician assistant or a physician assistant registered or
2880 licensed under chapter 458 or chapter 459, or an advanced
2881 practice registered nurse licensed under part I of chapter 464
2882 who prescribes any controlled substance, listed in Schedule II,
2883 Schedule III, or Schedule IV as defined in s. 893.03, for the
2884 treatment of chronic nonmalignant pain, must:

2885 (a) Designate himself or herself as a controlled substance
2886 prescribing practitioner on his or her practitioner profile.

2887 (b) Comply with the requirements of this section and
2888 applicable board rules.

2889 Section 51. Paragraph (c) of subsection (3) of section
2890 458.3265, Florida Statutes, is amended to read:

2891 458.3265 Pain-management clinics.—

2892 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2893 apply to any physician who provides professional services in a
2894 pain-management clinic that is required to be registered in
2895 subsection (1).

2896 (c) A physician, an autonomous physician assistant, a
2897 physician assistant, or an advanced practice registered nurse
2898 must perform a physical examination of a patient on the same day
2899 that the physician prescribes a controlled substance to a
2900 patient at a pain-management clinic. If the physician prescribes

2901 more than a 72-hour dose of controlled substances for the
 2902 treatment of chronic nonmalignant pain, the physician must
 2903 document in the patient's record the reason for prescribing that
 2904 quantity.

2905 Section 52. Paragraph (ii) of subsection (1) and
 2906 subsection (10) of section 458.331, Florida Statutes, are
 2907 amended to read:

2908 458.331 Grounds for disciplinary action; action by the
 2909 board and department.—

2910 (1) The following acts constitute grounds for denial of a
 2911 license or disciplinary action, as specified in s. 456.072(2):

2912 (ii) Failing to report to the department any licensee
 2913 under this chapter or under chapter 459 who the physician,
 2914 autonomous physician assistant, or physician assistant knows has
 2915 violated the grounds for disciplinary action set out in the law
 2916 under which that person is licensed and who provides health care
 2917 services in a facility licensed under chapter 395, or a health
 2918 maintenance organization certificated under part I of chapter
 2919 641, in which the physician, autonomous physician assistant, or
 2920 physician assistant also provides services.

2921 (10) A probable cause panel convened to consider
 2922 disciplinary action against an autonomous physician assistant or
 2923 a physician assistant alleged to have violated s. 456.072 or
 2924 this section must include one physician assistant. The physician
 2925 assistant must hold a valid license to practice as a physician

2926 assistant in this state and be appointed to the panel by the
2927 Council of Physician Assistants. The physician assistant may
2928 hear only cases involving disciplinary actions against a
2929 physician assistant. If the appointed physician assistant is not
2930 present at the disciplinary hearing, the panel may consider the
2931 matter and vote on the case in the absence of the physician
2932 assistant. The training requirements set forth in s. 458.307(4)
2933 do not apply to the appointed physician assistant. Rules need
2934 not be adopted to implement this subsection.

2935 Section 53. Paragraph (c) of subsection (3) of section
2936 459.0137, Florida Statutes, is amended to read:

2937 459.0137 Pain-management clinics.—

2938 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2939 apply to any osteopathic physician who provides professional
2940 services in a pain-management clinic that is required to be
2941 registered in subsection (1).

2942 (c) An osteopathic physician, an autonomous physician
2943 assistant, a physician assistant, or an advanced practice
2944 registered nurse must perform a physical examination of a
2945 patient on the same day that the physician prescribes a
2946 controlled substance to a patient at a pain-management clinic.
2947 If the osteopathic physician prescribes more than a 72-hour dose
2948 of controlled substances for the treatment of chronic
2949 nonmalignant pain, the osteopathic physician must document in
2950 the patient's record the reason for prescribing that quantity.

2951 Section 54. Paragraph (11) of subsection (1) and
2952 subsection (10) of section 459.015, Florida Statutes, are
2953 amended to read:

2954 459.015 Grounds for disciplinary action; action by the
2955 board and department.—

2956 (1) The following acts constitute grounds for denial of a
2957 license or disciplinary action, as specified in s. 456.072(2):

2958 (11) Failing to report to the department any licensee
2959 under chapter 458 or under this chapter who the osteopathic
2960 physician, autonomous physician assistant, or physician
2961 assistant knows has violated the grounds for disciplinary action
2962 set out in the law under which that person is licensed and who
2963 provides health care services in a facility licensed under
2964 chapter 395, or a health maintenance organization certificated
2965 under part I of chapter 641, in which the osteopathic physician,
2966 autonomous physician assistant, or physician assistant also
2967 provides services.

2968 (10) A probable cause panel convened to consider
2969 disciplinary action against an autonomous physician assistant or
2970 a physician assistant alleged to have violated s. 456.072 or
2971 this section must include one physician assistant. The physician
2972 assistant must hold a valid license to practice as a physician
2973 assistant in this state and be appointed to the panel by the
2974 Council of Physician Assistants. The physician assistant may
2975 hear only cases involving disciplinary actions against a

2976 physician assistant. If the appointed physician assistant is not
 2977 present at the disciplinary hearing, the panel may consider the
 2978 matter and vote on the case in the absence of the physician
 2979 assistant. The training requirements set forth in s. 458.307(4)
 2980 do not apply to the appointed physician assistant. Rules need
 2981 not be adopted to implement this subsection.

2982 Section 55. Subsection (17) of section 464.003, Florida
 2983 Statutes, is amended to read:

2984 464.003 Definitions.—As used in this part, the term:

2985 (17) "Practice of practical nursing" means the performance
 2986 of selected acts, including the administration of treatments and
 2987 medications, in the care of the ill, injured, or infirm; the
 2988 promotion of wellness, maintenance of health, and prevention of
 2989 illness of others under the direction of a registered nurse, a
 2990 licensed physician, a licensed osteopathic physician, a licensed
 2991 podiatric physician, a registered autonomous physician
 2992 assistant, or a licensed dentist; and the teaching of general
 2993 principles of health and wellness to the public and to students
 2994 other than nursing students. A practical nurse is responsible
 2995 and accountable for making decisions that are based upon the
 2996 individual's educational preparation and experience in nursing.

2997 Section 56. Paragraph (a) of subsection (4) of section
 2998 464.0205, Florida Statutes, is amended to read:

2999 464.0205 Retired volunteer nurse certificate.—

3000 (4) A retired volunteer nurse receiving certification from

3001 the board shall:

3002 (a) Work under the direct supervision of the director of a
 3003 county health department, a physician working under a limited
 3004 license issued pursuant to s. 458.317 or s. 459.0075, a
 3005 physician or an autonomous physician assistant licensed or
 3006 registered under chapter 458 or chapter 459, an advanced
 3007 practice registered nurse licensed under s. 464.012, or a
 3008 registered nurse licensed under s. 464.008 or s. 464.009.

3009 Section 57. Paragraph (b) of subsection (1) of section
 3010 480.0475, Florida Statutes, is amended to read:

3011 480.0475 Massage establishments; prohibited practices.—

3012 (1) A person may not operate a massage establishment
 3013 between the hours of midnight and 5 a.m. This subsection does
 3014 not apply to a massage establishment:

3015 (b) In which every massage performed between the hours of
 3016 midnight and 5 a.m. is performed by a massage therapist acting
 3017 under the prescription of a physician, autonomous physician
 3018 assistant, or physician assistant licensed or registered under
 3019 chapter 458;~~;~~ an osteopathic physician, autonomous physician
 3020 assistant, or physician assistant licensed or registered under
 3021 chapter 459;~~;~~ a chiropractic physician licensed under chapter
 3022 460;~~;~~ a podiatric physician licensed under chapter 461;~~;~~ an
 3023 advanced practice registered nurse licensed under part I of
 3024 chapter 464;~~;~~ or a dentist licensed under chapter 466; or

3025 Section 58. Subsection (2) of section 493.6108, Florida

3026 Statutes, is amended to read:

3027 493.6108 Investigation of applicants by Department of
3028 Agriculture and Consumer Services.—

3029 (2) In addition to subsection (1), the department shall
3030 make an investigation of the general physical fitness of the
3031 Class "G" applicant to bear a weapon or firearm. Determination
3032 of physical fitness shall be certified by a physician,
3033 autonomous physician assistant, or physician assistant currently
3034 licensed or registered under ~~pursuant to~~ chapter 458, chapter
3035 459, or any similar law of another state or authorized to act as
3036 a licensed physician by a federal agency or department or by an
3037 advanced practice registered nurse currently licensed pursuant
3038 to chapter 464. Such certification shall be submitted on a form
3039 provided by the department.

3040 Section 59. Subsection (1) of section 626.9707, Florida
3041 Statutes, is amended to read:

3042 626.9707 Disability insurance; discrimination on basis of
3043 sickle-cell trait prohibited.—

3044 (1) An ~~No~~ insurer authorized to transact insurance in this
3045 state may not ~~shall~~ refuse to issue and deliver in this state
3046 any policy of disability insurance, whether such policy is
3047 defined as individual, group, blanket, franchise, industrial, or
3048 otherwise, which is currently being issued for delivery in this
3049 state and which affords benefits and coverage for any medical
3050 treatment or service authorized and permitted to be furnished by

3051 a hospital, a clinic, a health clinic, a neighborhood health
 3052 clinic, a health maintenance organization, a physician, an
 3053 autonomous physician assistant, a physician ~~physician's~~
 3054 assistant, an advanced practice registered nurse practitioner,
 3055 or a medical service facility or personnel solely because the
 3056 person to be insured has the sickle-cell trait.

3057 Section 60. Paragraph (b) of subsection (1) of section
 3058 627.357, Florida Statutes, is amended to read:

3059 627.357 Medical malpractice self-insurance.—

3060 (1) DEFINITIONS.—As used in this section, the term:

3061 (b) "Health care provider" means any:

3062 1. Hospital licensed under chapter 395.

3063 2. Physician, autonomous physician assistant ~~licensed,~~ or
 3064 physician assistant registered or licensed, under chapter 458.

3065 3. Osteopathic physician, autonomous physician assistant,
 3066 or physician assistant registered or licensed under chapter 459.

3067 4. Podiatric physician licensed under chapter 461.

3068 5. Health maintenance organization certificated under part
 3069 I of chapter 641.

3070 6. Ambulatory surgical center licensed under chapter 395.

3071 7. Chiropractic physician licensed under chapter 460.

3072 8. Psychologist licensed under chapter 490.

3073 9. Optometrist licensed under chapter 463.

3074 10. Dentist licensed under chapter 466.

3075 11. Pharmacist licensed under chapter 465.

3076 12. Registered nurse, licensed practical nurse, or
 3077 advanced practice registered nurse licensed or registered under
 3078 part I of chapter 464.

3079 13. Other medical facility.

3080 14. Professional association, partnership, corporation,
 3081 joint venture, or other association established by the
 3082 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
 3083 10., 11., and 12. for professional activity.

3084 Section 61. Paragraph (a) of subsection (1) of section
 3085 627.736, Florida Statutes, is amended to read:

3086 627.736 Required personal injury protection benefits;
 3087 exclusions; priority; claims.—

3088 (1) REQUIRED BENEFITS.—An insurance policy complying with
 3089 the security requirements of s. 627.733 must provide personal
 3090 injury protection to the named insured, relatives residing in
 3091 the same household, persons operating the insured motor vehicle,
 3092 passengers in the motor vehicle, and other persons struck by the
 3093 motor vehicle and suffering bodily injury while not an occupant
 3094 of a self-propelled vehicle, subject to subsection (2) and
 3095 paragraph (4) (e), to a limit of \$10,000 in medical and
 3096 disability benefits and \$5,000 in death benefits resulting from
 3097 bodily injury, sickness, disease, or death arising out of the
 3098 ownership, maintenance, or use of a motor vehicle as follows:

3099 (a) Medical benefits.—Eighty percent of all reasonable
 3100 expenses for medically necessary medical, surgical, X-ray,

3101 dental, and rehabilitative services, including prosthetic
3102 devices and medically necessary ambulance, hospital, and nursing
3103 services if the individual receives initial services and care
3104 pursuant to subparagraph 1. within 14 days after the motor
3105 vehicle accident. The medical benefits provide reimbursement
3106 only for:

3107 1. Initial services and care that are lawfully provided,
3108 supervised, ordered, or prescribed by a physician or an
3109 autonomous physician assistant licensed or registered under
3110 chapter 458 or chapter 459, a dentist licensed under chapter
3111 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
3112 an advanced practice registered nurse registered to engage in
3113 autonomous practice under s. 464.0123 or that are provided in a
3114 hospital or in a facility that owns, or is wholly owned by, a
3115 hospital. Initial services and care may also be provided by a
3116 person or entity licensed under part III of chapter 401 which
3117 provides emergency transportation and treatment.

3118 2. Upon referral by a provider described in subparagraph
3119 1., followup services and care consistent with the underlying
3120 medical diagnosis rendered pursuant to subparagraph 1. which may
3121 be provided, supervised, ordered, or prescribed only by a
3122 physician or an autonomous physician assistant licensed or
3123 registered under chapter 458 or chapter 459, a chiropractic
3124 physician licensed under chapter 460, a dentist licensed under
3125 chapter 466, or an advanced practice registered nurse registered

3126 | to engage in autonomous practice under s. 464.0123, or, to the
 3127 | extent permitted by applicable law and under the supervision of
 3128 | such physician, osteopathic physician, chiropractic physician,
 3129 | or dentist, by a physician assistant licensed under chapter 458
 3130 | or chapter 459 or an advanced practice registered nurse licensed
 3131 | under chapter 464. Followup services and care may also be
 3132 | provided by the following persons or entities:

3133 | a. A hospital or ambulatory surgical center licensed under
 3134 | chapter 395.

3135 | b. An entity wholly owned by one or more physicians or
 3136 | autonomous physician assistants licensed or registered under
 3137 | chapter 458 or chapter 459, chiropractic physicians licensed
 3138 | under chapter 460, advanced practice registered nurses
 3139 | registered to engage in autonomous practice under s. 464.0123,
 3140 | or dentists licensed under chapter 466 or by such practitioners
 3141 | and the spouse, parent, child, or sibling of such practitioners.

3142 | c. An entity that owns or is wholly owned, directly or
 3143 | indirectly, by a hospital or hospitals.

3144 | d. A physical therapist licensed under chapter 486, based
 3145 | upon a referral by a provider described in this subparagraph.

3146 | e. A health care clinic licensed under part X of chapter
 3147 | 400 which is accredited by an accrediting organization whose
 3148 | standards incorporate comparable regulations required by this
 3149 | state, or

3150 | (I) Has a medical director licensed under chapter 458,

3151 chapter 459, or chapter 460;

3152 (II) Has been continuously licensed for more than 3 years

3153 or is a publicly traded corporation that issues securities

3154 traded on an exchange registered with the United States

3155 Securities and Exchange Commission as a national securities

3156 exchange; and

3157 (III) Provides at least four of the following medical

3158 specialties:

3159 (A) General medicine.

3160 (B) Radiography.

3161 (C) Orthopedic medicine.

3162 (D) Physical medicine.

3163 (E) Physical therapy.

3164 (F) Physical rehabilitation.

3165 (G) Prescribing or dispensing outpatient prescription

3166 medication.

3167 (H) Laboratory services.

3168 3. Reimbursement for services and care provided in

3169 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician

3170 licensed under chapter 458 or chapter 459, a dentist licensed

3171 under chapter 466, an autonomous physician assistant or a

3172 physician assistant registered or licensed under chapter 458 or

3173 chapter 459, or an advanced practice registered nurse licensed

3174 under chapter 464 has determined that the injured person had an

3175 emergency medical condition.

3176 4. Reimbursement for services and care provided in
3177 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
3178 provider listed in subparagraph 1. or subparagraph 2. determines
3179 that the injured person did not have an emergency medical
3180 condition.

3181 5. Medical benefits do not include massage as defined in
3182 s. 480.033 or acupuncture as defined in s. 457.102, regardless
3183 of the person, entity, or licensee providing massage or
3184 acupuncture, and a licensed massage therapist or licensed
3185 acupuncturist may not be reimbursed for medical benefits under
3186 this section.

3187 6. The Financial Services Commission shall adopt by rule
3188 the form that must be used by an insurer and a health care
3189 provider specified in sub-subparagraph 2.b., sub-subparagraph
3190 2.c., or sub-subparagraph 2.e. to document that the health care
3191 provider meets the criteria of this paragraph. Such rule must
3192 include a requirement for a sworn statement or affidavit.

3193
3194 Only insurers writing motor vehicle liability insurance in this
3195 state may provide the required benefits of this section, and
3196 such insurer may not require the purchase of any other motor
3197 vehicle coverage other than the purchase of property damage
3198 liability coverage as required by s. 627.7275 as a condition for
3199 providing such benefits. Insurers may not require that property
3200 damage liability insurance in an amount greater than \$10,000 be

3201 purchased in conjunction with personal injury protection. Such
 3202 insurers shall make benefits and required property damage
 3203 liability insurance coverage available through normal marketing
 3204 channels. An insurer writing motor vehicle liability insurance
 3205 in this state who fails to comply with such availability
 3206 requirement as a general business practice violates part IX of
 3207 chapter 626, and such violation constitutes an unfair method of
 3208 competition or an unfair or deceptive act or practice involving
 3209 the business of insurance. An insurer committing such violation
 3210 is subject to the penalties provided under that part, as well as
 3211 those provided elsewhere in the insurance code.

3212 Section 62. Subsection (5) of section 633.412, Florida
 3213 Statutes, is amended to read:

3214 633.412 Firefighters; qualifications for certification.—A
 3215 person applying for certification as a firefighter must:

3216 (5) Be in good physical condition as determined by a
 3217 medical examination given by a physician, surgeon, or autonomous
 3218 physician assistant or physician assistant licensed or
 3219 registered under ~~to practice in the state pursuant to~~ chapter
 3220 458; an osteopathic physician, surgeon, autonomous physician
 3221 assistant, or physician assistant licensed or registered under
 3222 ~~to practice in the state pursuant to~~ chapter 459; or an advanced
 3223 practice registered nurse licensed under ~~to practice in the~~
 3224 ~~state pursuant to~~ chapter 464. Such examination may include, but
 3225 need not be limited to, the National Fire Protection Association

3226 Standard 1582. A medical examination evidencing good physical
 3227 condition shall be submitted to the division, on a form as
 3228 provided by rule, before an individual is eligible for admission
 3229 into a course under s. 633.408.

3230 Section 63. Subsection (8) of section 641.495, Florida
 3231 Statutes, is amended to read:

3232 641.495 Requirements for issuance and maintenance of
 3233 certificate.—

3234 (8) Each organization's contracts, certificates, and
 3235 subscriber handbooks shall contain a provision, if applicable,
 3236 disclosing that, for certain types of described medical
 3237 procedures, services may be provided by autonomous physician
 3238 assistants, physician assistants, advanced practice registered
 3239 nurses ~~nurse-practitioners~~, or other individuals who are not
 3240 licensed physicians.

3241 Section 64. Subsection (1) of section 744.2006, Florida
 3242 Statutes, is amended to read:

3243 744.2006 Office of Public and Professional Guardians;
 3244 appointment, notification.—

3245 (1) The executive director of the Office of Public and
 3246 Professional Guardians, after consultation with the chief judge
 3247 and other circuit judges within the judicial circuit and with
 3248 appropriate advocacy groups and individuals and organizations
 3249 who are knowledgeable about the needs of incapacitated persons,
 3250 may establish, within a county in the judicial circuit or within

3251 the judicial circuit, one or more offices of public guardian and
3252 if so established, shall create a list of persons best qualified
3253 to serve as the public guardian, who have been investigated
3254 pursuant to s. 744.3135. The public guardian must have knowledge
3255 of the legal process and knowledge of social services available
3256 to meet the needs of incapacitated persons. The public guardian
3257 shall maintain a staff or contract with professionally qualified
3258 individuals to carry out the guardianship functions, including
3259 an attorney who has experience in probate areas and another
3260 person who has a master's degree in social work, or a
3261 gerontologist, psychologist, autonomous physician assistant,
3262 advanced practice registered nurse, or registered nurse, ~~or~~
3263 ~~nurse practitioner~~. A public guardian that is a nonprofit
3264 corporate guardian under s. 744.309(5) must receive tax-exempt
3265 status from the United States Internal Revenue Service.

3266 Section 65. Paragraph (a) of subsection (3) of section
3267 744.331, Florida Statutes, is amended to read:

3268 744.331 Procedures to determine incapacity.—

3269 (3) EXAMINING COMMITTEE.—

3270 (a) Within 5 days after a petition for determination of
3271 incapacity has been filed, the court shall appoint an examining
3272 committee consisting of three members. One member must be a
3273 psychiatrist or other physician. The remaining members must be
3274 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
3275 a ~~or other~~ physician, an autonomous physician assistant, a

3276 | physician assistant, an advanced practice registered nurse, a
3277 | registered nurse, ~~nurse practitioner,~~ a licensed social worker,
3278 | a person with an advanced degree in gerontology from an
3279 | accredited institution of higher education, or any other person
3280 | who by knowledge, skill, experience, training, or education may,
3281 | in the court's discretion, advise the court in the form of an
3282 | expert opinion. One of three members of the committee must have
3283 | knowledge of the type of incapacity alleged in the petition.
3284 | Unless good cause is shown, the attending or family physician
3285 | may not be appointed to the committee. If the attending or
3286 | family physician is available for consultation, the committee
3287 | must consult with the physician. Members of the examining
3288 | committee may not be related to or associated with one another,
3289 | with the petitioner, with counsel for the petitioner or the
3290 | proposed guardian, or with the person alleged to be totally or
3291 | partially incapacitated. A member may not be employed by any
3292 | private or governmental agency that has custody of, or
3293 | furnishes, services or subsidies, directly or indirectly, to the
3294 | person or the family of the person alleged to be incapacitated
3295 | or for whom a guardianship is sought. A petitioner may not serve
3296 | as a member of the examining committee. Members of the examining
3297 | committee must be able to communicate, either directly or
3298 | through an interpreter, in the language that the alleged
3299 | incapacitated person speaks or to communicate in a medium
3300 | understandable to the alleged incapacitated person if she or he

3301 is able to communicate. The clerk of the court shall send notice
 3302 of the appointment to each person appointed no later than 3 days
 3303 after the court's appointment.

3304 Section 66. Paragraph (b) of subsection (1) of section
 3305 744.3675, Florida Statutes, is amended to read:

3306 744.3675 Annual guardianship plan.—Each guardian of the
 3307 person must file with the court an annual guardianship plan
 3308 which updates information about the condition of the ward. The
 3309 annual plan must specify the current needs of the ward and how
 3310 those needs are proposed to be met in the coming year.

3311 (1) Each plan for an adult ward must, if applicable,
 3312 include:

3313 (b) Information concerning the medical and mental health
 3314 conditions and treatment and rehabilitation needs of the ward,
 3315 including:

3316 1. A resume of any professional medical treatment given to
 3317 the ward during the preceding year.

3318 2. The report of a physician, autonomous physician
 3319 assistant, physician assistant, or advanced practice registered
 3320 nurse who examined the ward no more than 90 days before the
 3321 beginning of the applicable reporting period. The report must
 3322 contain an evaluation of the ward's condition and a statement of
 3323 the current level of capacity of the ward.

3324 3. The plan for providing medical, mental health, and
 3325 rehabilitative services in the coming year.

3326 Section 67. Subsection (3) of section 766.103, Florida
 3327 Statutes, is amended to read:

3328 766.103 Florida Medical Consent Law.—

3329 (3) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in
 3330 this state against any physician licensed under chapter 458,
 3331 osteopathic physician licensed under chapter 459, chiropractic
 3332 physician licensed under chapter 460, podiatric physician
 3333 licensed under chapter 461, dentist licensed under chapter 466,
 3334 advanced practice registered nurse licensed under s. 464.012,
 3335 autonomous physician assistant registered under chapter 458 or
 3336 chapter 459, or physician assistant licensed under s. 458.347 or
 3337 s. 459.022 in an action brought for treating, examining, or
 3338 operating on a patient without his or her informed consent when:

3339 (a)1. The action of the physician, osteopathic physician,
 3340 chiropractic physician, podiatric physician, dentist, advanced
 3341 practice registered nurse, autonomous physician assistant, or
 3342 physician assistant in obtaining the consent of the patient or
 3343 another person authorized to give consent for the patient was in
 3344 accordance with an accepted standard of medical practice among
 3345 members of the medical profession with similar training and
 3346 experience in the same or similar medical community as that of
 3347 the person treating, examining, or operating on the patient for
 3348 whom the consent is obtained; and

3349 2. A reasonable individual, from the information provided
 3350 by the physician, osteopathic physician, chiropractic physician,

3351 | podiatric physician, dentist, advanced practice registered
3352 | nurse, autonomous physician assistant, or physician assistant,
3353 | under the circumstances, would have a general understanding of
3354 | the procedure, the medically acceptable alternative procedures
3355 | or treatments, and the substantial risks and hazards inherent in
3356 | the proposed treatment or procedures, which are recognized among
3357 | other physicians, osteopathic physicians, chiropractic
3358 | physicians, podiatric physicians, or dentists in the same or
3359 | similar community who perform similar treatments or procedures;
3360 | or

3361 | (b) The patient would reasonably, under all the
3362 | surrounding circumstances, have undergone such treatment or
3363 | procedure had he or she been advised by the physician,
3364 | osteopathic physician, chiropractic physician, podiatric
3365 | physician, dentist, advanced practice registered nurse,
3366 | autonomous physician assistant, or physician assistant in
3367 | accordance with ~~the provisions of~~ paragraph (a).

3368 | Section 68. Paragraph (b) of subsection (1) and paragraph
3369 | (e) of subsection (2) of section 766.105, Florida Statutes, are
3370 | amended to read:

3371 | 766.105 Florida Patient's Compensation Fund.—

3372 | (1) DEFINITIONS.—The following definitions apply in the
3373 | interpretation and enforcement of this section:

3374 | (b) The term "health care provider" means any:

3375 | 1. Hospital licensed under chapter 395.

3376 2. Physician, autonomous physician assistant, or physician
 3377 assistant licensed or registered under chapter 458.

3378 3. Osteopathic physician, autonomous physician assistant,
 3379 or physician assistant licensed or registered under chapter 459.

3380 4. Podiatric physician licensed under chapter 461.

3381 5. Health maintenance organization certificated under part
 3382 I of chapter 641.

3383 6. Ambulatory surgical center licensed under chapter 395.

3384 7. "Other medical facility" as defined in paragraph (c).

3385 8. Professional association, partnership, corporation,
 3386 joint venture, or other association by the individuals set forth
 3387 in subparagraphs 2., 3., and 4. for professional activity.

3388 (2) COVERAGE.—

3389 (e) The coverage afforded by the fund for a participating
 3390 hospital or ambulatory surgical center shall apply to the
 3391 officers, trustees, volunteer workers, trainees, committee
 3392 members (including physicians, osteopathic physicians, podiatric
 3393 physicians, and dentists), and employees of the hospital or
 3394 ambulatory surgical center, other than employed physicians
 3395 licensed under chapter 458, autonomous physician assistants or
 3396 physician assistants registered or licensed under chapter 458 or
 3397 chapter 459, osteopathic physicians licensed under chapter 459,
 3398 dentists licensed under chapter 466, and podiatric physicians
 3399 licensed under chapter 461. However, the coverage afforded by
 3400 the fund for a participating hospital shall apply to house

3401 physicians, interns, employed physician residents in a resident
 3402 training program, or physicians performing purely administrative
 3403 duties for the participating hospitals other than the treatment
 3404 of patients. This coverage shall apply to the hospital or
 3405 ambulatory surgical center and those included in this subsection
 3406 as one health care provider.

3407 Section 69. Paragraph (d) of subsection (3) of section
 3408 766.1115, Florida Statutes, is amended to read:

3409 766.1115 Health care providers; creation of agency
 3410 relationship with governmental contractors.—

3411 (3) DEFINITIONS.—As used in this section, the term:

3412 (d) "Health care provider" or "provider" means:

- 3413 1. A birth center licensed under chapter 383.
- 3414 2. An ambulatory surgical center licensed under chapter
 3415 395.
- 3416 3. A hospital licensed under chapter 395.
- 3417 4. A physician, autonomous physician assistant, or
 3418 physician assistant licensed or registered under chapter 458.
- 3419 5. An osteopathic physician, autonomous physician
 3420 assistant, or ~~osteopathic~~ physician assistant licensed or
 3421 registered under chapter 459.
- 3422 6. A chiropractic physician licensed under chapter 460.
- 3423 7. A podiatric physician licensed under chapter 461.
- 3424 8. A registered nurse, nurse midwife, licensed practical
 3425 nurse, or advanced practice registered nurse licensed or

3426 registered under part I of chapter 464 or any facility which
 3427 employs nurses licensed or registered under part I of chapter
 3428 464 to supply all or part of the care delivered under this
 3429 section.

3430 9. A midwife licensed under chapter 467.

3431 10. A health maintenance organization certificated under
 3432 part I of chapter 641.

3433 11. A health care professional association and its
 3434 employees or a corporate medical group and its employees.

3435 12. Any other medical facility the primary purpose of
 3436 which is to deliver human medical diagnostic services or which
 3437 delivers nonsurgical human medical treatment, and which includes
 3438 an office maintained by a provider.

3439 13. A dentist or dental hygienist licensed under chapter
 3440 466.

3441 14. A free clinic that delivers only medical diagnostic
 3442 services or nonsurgical medical treatment free of charge to all
 3443 low-income recipients.

3444 15. Any other health care professional, practitioner,
 3445 provider, or facility under contract with a governmental
 3446 contractor, including a student enrolled in an accredited
 3447 program that prepares the student for licensure as any one of
 3448 the professionals listed in subparagraphs 4.-9.

3449

3450 The term includes any nonprofit corporation qualified as exempt

3451 from federal income taxation under s. 501(a) of the Internal
 3452 Revenue Code, and described in s. 501(c) of the Internal Revenue
 3453 Code, which delivers health care services provided by licensed
 3454 professionals listed in this paragraph, any federally funded
 3455 community health center, and any volunteer corporation or
 3456 volunteer health care provider that delivers health care
 3457 services.

3458 Section 70. Subsection (1) of section 766.1116, Florida
 3459 Statutes, is amended to read:

3460 766.1116 Health care practitioner; waiver of license
 3461 renewal fees and continuing education requirements.—

3462 (1) As used in this section, the term "health care
 3463 practitioner" means a physician, autonomous physician assistant,
 3464 or physician assistant licensed or registered under chapter 458;
 3465 an osteopathic physician, autonomous physician assistant, or
 3466 physician assistant licensed or registered under chapter 459; a
 3467 chiropractic physician licensed under chapter 460; a podiatric
 3468 physician licensed under chapter 461; an advanced practice
 3469 registered nurse, registered nurse, or licensed practical nurse
 3470 licensed under part I of chapter 464; a dentist or dental
 3471 hygienist licensed under chapter 466; or a midwife licensed
 3472 under chapter 467, who participates as a health care provider
 3473 under s. 766.1115.

3474 Section 71. Paragraph (c) of subsection (1) of section
 3475 766.118, Florida Statutes, is amended to read:

3476 766.118 Determination of noneconomic damages.—
 3477 (1) DEFINITIONS.—As used in this section, the term:
 3478 (c) "Practitioner" means any person licensed or registered
 3479 under chapter 458, chapter 459, chapter 460, chapter 461,
 3480 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
 3481 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
 3482 association, corporation, firm, partnership, or other business
 3483 entity under which such practitioner practices or any employee
 3484 of such practitioner or entity acting in the scope of his or her
 3485 employment. For the purpose of determining the limitations on
 3486 noneconomic damages set forth in this section, the term
 3487 "practitioner" includes any person or entity for whom a
 3488 practitioner is vicariously liable and any person or entity
 3489 whose liability is based solely on such person or entity being
 3490 vicariously liable for the actions of a practitioner.

3491 Section 72. Subsection (3) of section 768.135, Florida
 3492 Statutes, is amended to read:

3493 768.135 Volunteer team physicians; immunity.—

3494 (3) A practitioner licensed or registered under chapter
 3495 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
 3496 gratuitously and in good faith conducts an evaluation pursuant
 3497 to s. 1006.20(2)(c) is not liable for any civil damages arising
 3498 from that evaluation unless the evaluation was conducted in a
 3499 wrongful manner.

3500 Section 73. Subsection (5) of section 794.08, Florida

3501 Statutes, is amended to read:

3502 794.08 Female genital mutilation.—

3503 (5) This section does not apply to procedures performed by
 3504 or under the direction of a physician licensed under chapter
 3505 458, an osteopathic physician licensed under chapter 459, a
 3506 registered nurse licensed under part I of chapter 464, a
 3507 practical nurse licensed under part I of chapter 464, an
 3508 advanced practice registered nurse licensed under part I of
 3509 chapter 464, a midwife licensed under chapter 467, or an
 3510 autonomous physician assistant or a physician assistant
 3511 registered or licensed under chapter 458 or chapter 459 when
 3512 necessary to preserve the physical health of a female person.
 3513 This section also does not apply to any autopsy or limited
 3514 dissection conducted pursuant to chapter 406.

3515 Section 74. Subsection (23) of section 893.02, Florida
 3516 Statutes, is amended to read:

3517 893.02 Definitions.—The following words and phrases as
 3518 used in this chapter shall have the following meanings, unless
 3519 the context otherwise requires:

3520 (23) "Practitioner" means a physician licensed under
 3521 chapter 458, a dentist licensed under chapter 466, a
 3522 veterinarian licensed under chapter 474, an osteopathic
 3523 physician licensed under chapter 459, an advanced practice
 3524 registered nurse licensed under chapter 464, a naturopath
 3525 licensed under chapter 462, a certified optometrist licensed

3526 | under chapter 463, a psychiatric nurse as defined in s. 394.455,
 3527 | a podiatric physician licensed under chapter 461, an autonomous
 3528 | physician assistant registered under chapter 458 or chapter 459,
 3529 | or a physician assistant licensed under chapter 458 or chapter
 3530 | 459, provided such practitioner holds a valid federal controlled
 3531 | substance registry number.

3532 | Section 75. Subsection (6) of section 943.13, Florida
 3533 | Statutes, is amended to read:

3534 | 943.13 Officers' minimum qualifications for employment or
 3535 | appointment.—On or after October 1, 1984, any person employed or
 3536 | appointed as a full-time, part-time, or auxiliary law
 3537 | enforcement officer or correctional officer; on or after October
 3538 | 1, 1986, any person employed as a full-time, part-time, or
 3539 | auxiliary correctional probation officer; and on or after
 3540 | October 1, 1986, any person employed as a full-time, part-time,
 3541 | or auxiliary correctional officer by a private entity under
 3542 | contract to the Department of Corrections, to a county
 3543 | commission, or to the Department of Management Services shall:

3544 | (6) Have passed a physical examination by a licensed
 3545 | physician, registered autonomous physician assistant, licensed
 3546 | physician assistant, or licensed advanced practice registered
 3547 | nurse, based on specifications established by the commission. In
 3548 | order to be eligible for the presumption set forth in s. 112.18
 3549 | while employed with an employing agency, a law enforcement
 3550 | officer, correctional officer, or correctional probation officer

3551 must have successfully passed the physical examination required
3552 by this subsection upon entering into service as a law
3553 enforcement officer, correctional officer, or correctional
3554 probation officer with the employing agency, which examination
3555 must have failed to reveal any evidence of tuberculosis, heart
3556 disease, or hypertension. A law enforcement officer,
3557 correctional officer, or correctional probation officer may not
3558 use a physical examination from a former employing agency for
3559 purposes of claiming the presumption set forth in s. 112.18
3560 against the current employing agency.

3561 Section 76. Subsection (2) of section 945.603, Florida
3562 Statutes, is amended to read:

3563 945.603 Powers and duties of authority.—The purpose of the
3564 authority is to assist in the delivery of health care services
3565 for inmates in the Department of Corrections by advising the
3566 Secretary of Corrections on the professional conduct of primary,
3567 convalescent, dental, and mental health care and the management
3568 of costs consistent with quality care, by advising the Governor
3569 and the Legislature on the status of the Department of
3570 Corrections' health care delivery system, and by assuring that
3571 adequate standards of physical and mental health care for
3572 inmates are maintained at all Department of Corrections
3573 institutions. For this purpose, the authority has the authority
3574 to:

3575 (2) Review and make recommendations regarding health care

3576 for the delivery of health care services including, but not
3577 limited to, acute hospital-based services and facilities,
3578 primary and tertiary care services, ancillary and clinical
3579 services, dental services, mental health services, intake and
3580 screening services, medical transportation services, and the use
3581 of nurse practitioner, autonomous physician assistant, and
3582 physician assistant personnel to act as physician extenders as
3583 these relate to inmates in the Department of Corrections.

3584 Section 77. Paragraph (n) of subsection (1) of section
3585 948.03, Florida Statutes, is amended to read:

3586 948.03 Terms and conditions of probation.—

3587 (1) The court shall determine the terms and conditions of
3588 probation. Conditions specified in this section do not require
3589 oral pronouncement at the time of sentencing and may be
3590 considered standard conditions of probation. These conditions
3591 may include among them the following, that the probationer or
3592 offender in community control shall:

3593 (n) Be prohibited from using intoxicants to excess or
3594 possessing any drugs or narcotics unless prescribed by a
3595 physician, an advanced practice registered nurse, an autonomous
3596 physician assistant, or a physician assistant. The probationer
3597 or community controllee may not knowingly visit places where
3598 intoxicants, drugs, or other dangerous substances are unlawfully
3599 sold, dispensed, or used.

3600 Section 78. Subsection (34) of section 984.03, Florida

3601 Statutes, is amended to read:

3602 984.03 Definitions.—When used in this chapter, the term:

3603 (34) "Licensed health care professional" means a physician
 3604 licensed under chapter 458, an osteopathic physician licensed
 3605 under chapter 459, a nurse licensed under part I of chapter 464,
 3606 an autonomous physician assistant or a physician assistant
 3607 registered or licensed under chapter 458 or chapter 459, or a
 3608 dentist licensed under chapter 466.

3609 Section 79. Subsection (30) of section 985.03, Florida
 3610 Statutes, is amended to read:

3611 985.03 Definitions.—As used in this chapter, the term:

3612 (30) "Licensed health care professional" means a physician
 3613 licensed under chapter 458, an osteopathic physician licensed
 3614 under chapter 459, a nurse licensed under part I of chapter 464,
 3615 an autonomous physician assistant or a physician assistant
 3616 registered or licensed under chapter 458 or chapter 459, or a
 3617 dentist licensed under chapter 466.

3618 Section 80. Paragraph (i) of subsection (3) of section
 3619 1002.20, Florida Statutes, is amended to read:

3620 1002.20 K-12 student and parent rights.—Parents of public
 3621 school students must receive accurate and timely information
 3622 regarding their child's academic progress and must be informed
 3623 of ways they can help their child to succeed in school. K-12
 3624 students and their parents are afforded numerous statutory
 3625 rights including, but not limited to, the following:

3626 (3) HEALTH ISSUES.—

3627 (i) Epinephrine use and supply.—

3628 1. A student who has experienced or is at risk for life-
 3629 threatening allergic reactions may carry an epinephrine auto-
 3630 injector and self-administer epinephrine by auto-injector while
 3631 in school, participating in school-sponsored activities, or in
 3632 transit to or from school or school-sponsored activities if the
 3633 school has been provided with parental and physician
 3634 authorization. The State Board of Education, in cooperation with
 3635 the Department of Health, shall adopt rules for such use of
 3636 epinephrine auto-injectors that shall include provisions to
 3637 protect the safety of all students from the misuse or abuse of
 3638 auto-injectors. A school district, county health department,
 3639 public-private partner, and their employees and volunteers shall
 3640 be indemnified by the parent of a student authorized to carry an
 3641 epinephrine auto-injector for any and all liability with respect
 3642 to the student's use of an epinephrine auto-injector pursuant to
 3643 this paragraph.

3644 2. A public school may purchase a supply of epinephrine
 3645 auto-injectors from a wholesale distributor as defined in s.
 3646 499.003 or may enter into an arrangement with a wholesale
 3647 distributor or manufacturer as defined in s. 499.003 for the
 3648 epinephrine auto-injectors at fair-market, free, or reduced
 3649 prices for use in the event a student has an anaphylactic
 3650 reaction. The epinephrine auto-injectors must be maintained in a

3651 secure location on the public school's premises. The
3652 participating school district shall adopt a protocol developed
3653 by a licensed physician for the administration by school
3654 personnel who are trained to recognize an anaphylactic reaction
3655 and to administer an epinephrine auto-injection. The supply of
3656 epinephrine auto-injectors may be provided to and used by a
3657 student authorized to self-administer epinephrine by auto-
3658 injector under subparagraph 1. or trained school personnel.

3659 3. The school district and its employees, agents, and the
3660 physician who provides the standing protocol for school
3661 epinephrine auto-injectors are not liable for any injury arising
3662 from the use of an epinephrine auto-injector administered by
3663 trained school personnel who follow the adopted protocol and
3664 whose professional opinion is that the student is having an
3665 anaphylactic reaction:

3666 a. Unless the trained school personnel's action is willful
3667 and wanton;

3668 b. Notwithstanding that the parents or guardians of the
3669 student to whom the epinephrine is administered have not been
3670 provided notice or have not signed a statement acknowledging
3671 that the school district is not liable; and

3672 c. Regardless of whether authorization has been given by
3673 the student's parents or guardians or by the student's
3674 physician, autonomous physician assistant, physician ~~physician's~~
3675 assistant, or advanced practice registered nurse.

3676 Section 81. Paragraph (b) of subsection (17) of section
 3677 1002.42, Florida Statutes, is amended to read:
 3678 1002.42 Private schools.—
 3679 (17) EPINEPHRINE SUPPLY.—
 3680 (b) The private school and its employees, agents, and the
 3681 physician who provides the standing protocol for school
 3682 epinephrine auto-injectors are not liable for any injury arising
 3683 from the use of an epinephrine auto-injector administered by
 3684 trained school personnel who follow the adopted protocol and
 3685 whose professional opinion is that the student is having an
 3686 anaphylactic reaction:
 3687 1. Unless the trained school personnel's action is willful
 3688 and wanton;
 3689 2. Notwithstanding that the parents or guardians of the
 3690 student to whom the epinephrine is administered have not been
 3691 provided notice or have not signed a statement acknowledging
 3692 that the school district is not liable; and
 3693 3. Regardless of whether authorization has been given by
 3694 the student's parents or guardians or by the student's
 3695 physician, autonomous physician assistant, physician ~~physician's~~
 3696 assistant, or advanced practice registered nurse.
 3697 Section 82. Paragraph (a) of subsection (1) and
 3698 subsections (4) and (5) of section 1006.062, Florida Statutes,
 3699 are amended to read:
 3700 1006.062 Administration of medication and provision of

3701 medical services by district school board personnel.-

3702 (1) Notwithstanding the provisions of the Nurse Practice
 3703 Act, part I of chapter 464, district school board personnel may
 3704 assist students in the administration of prescription medication
 3705 when the following conditions have been met:

3706 (a) Each district school board shall include in its
 3707 approved school health services plan a procedure to provide
 3708 training, by a registered nurse, a licensed practical nurse, or
 3709 an advanced practice registered nurse licensed under chapter 464
 3710 or by a physician, autonomous physician assistant, or physician
 3711 assistant licensed or registered under ~~pursuant to~~ chapter 458
 3712 or chapter 459, ~~or a physician assistant licensed pursuant to~~
 3713 ~~chapter 458 or chapter 459~~, to the school personnel designated
 3714 by the school principal to assist students in the administration
 3715 of prescribed medication. Such training may be provided in
 3716 collaboration with other school districts, through contract with
 3717 an education consortium, or by any other arrangement consistent
 3718 with the intent of this subsection.

3719 (4) Nonmedical assistive personnel shall be allowed to
 3720 perform health-related services upon successful completion of
 3721 child-specific training by a registered nurse or advanced
 3722 practice registered nurse licensed under chapter 464 or, a
 3723 physician, autonomous physician assistant, or physician
 3724 assistant licensed or registered under ~~pursuant to~~ chapter 458
 3725 or chapter 459, ~~or a physician assistant licensed pursuant to~~

3726 ~~chapter 458 or chapter 459.~~ All procedures shall be monitored
 3727 periodically by a nurse, advanced practice registered nurse,
 3728 autonomous physician assistant, physician assistant, or
 3729 physician, including, but not limited to:

- 3730 (a) Intermittent clean catheterization.
- 3731 (b) Gastrostomy tube feeding.
- 3732 (c) Monitoring blood glucose.
- 3733 (d) Administering emergency injectable medication.
- 3734 (5) For all other invasive medical services not listed in
 3735 this subsection, a registered nurse or advanced practice
 3736 registered nurse licensed under chapter 464 or a physician,
 3737 autonomous physician assistant, or physician assistant licensed
 3738 or registered under ~~pursuant to~~ chapter 458 or chapter 459, ~~or a~~
 3739 ~~physician assistant licensed pursuant to chapter 458 or chapter~~
 3740 ~~459~~ shall determine if nonmedical district school board
 3741 personnel shall be allowed to perform such service.

3742 Section 83. Paragraph (c) of subsection (2) of section
 3743 1006.20, Florida Statutes, is amended to read:

3744 1006.20 Athletics in public K-12 schools.—

3745 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3746 (c) The FHSAA shall adopt bylaws that require all students
 3747 participating in interscholastic athletic competition or who are
 3748 candidates for an interscholastic athletic team to
 3749 satisfactorily pass a medical evaluation each year before ~~prior~~
 3750 ~~to~~ participating in interscholastic athletic competition or

3751 engaging in any practice, tryout, workout, or other physical
3752 activity associated with the student's candidacy for an
3753 interscholastic athletic team. Such medical evaluation may be
3754 administered only by a practitioner licensed or registered under
3755 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.
3756 464.0123 and in good standing with the practitioner's regulatory
3757 board. The bylaws shall establish requirements for eliciting a
3758 student's medical history and performing the medical evaluation
3759 required under this paragraph, which shall include a physical
3760 assessment of the student's physical capabilities to participate
3761 in interscholastic athletic competition as contained in a
3762 uniform preparticipation physical evaluation and history form.
3763 The evaluation form shall incorporate the recommendations of the
3764 American Heart Association for participation cardiovascular
3765 screening and shall provide a place for the signature of the
3766 practitioner performing the evaluation with an attestation that
3767 each examination procedure listed on the form was performed by
3768 the practitioner or by someone under the direct supervision of
3769 the practitioner. The form shall also contain a place for the
3770 practitioner to indicate if a referral to another practitioner
3771 was made in lieu of completion of a certain examination
3772 procedure. The form shall provide a place for the practitioner
3773 to whom the student was referred to complete the remaining
3774 sections and attest to that portion of the examination. The
3775 preparticipation physical evaluation form shall advise students

3776 to complete a cardiovascular assessment and shall include
3777 information concerning alternative cardiovascular evaluation and
3778 diagnostic tests. Results of such medical evaluation must be
3779 provided to the school. A student is not eligible to
3780 participate, as provided in s. 1006.15(3), in any
3781 interscholastic athletic competition or engage in any practice,
3782 tryout, workout, or other physical activity associated with the
3783 student's candidacy for an interscholastic athletic team until
3784 the results of the medical evaluation have been received and
3785 approved by the school.

3786 Section 84. Subsection (1) of section 1009.65, Florida
3787 Statutes, is amended to read:

3788 1009.65 Medical Education Reimbursement and Loan Repayment
3789 Program.—

3790 (1) To encourage qualified medical professionals to
3791 practice in underserved locations where there are shortages of
3792 such personnel, there is established the Medical Education
3793 Reimbursement and Loan Repayment Program. The function of the
3794 program is to make payments that offset loans and educational
3795 expenses incurred by students for studies leading to a medical
3796 or nursing degree, medical or nursing licensure, ~~or~~ advanced
3797 practice registered nurse licensure, autonomous physician
3798 assistant registration, or physician assistant licensure. The
3799 following licensed or certified health care professionals are
3800 eligible to participate in this program: medical doctors with

3801 primary care specialties, doctors of osteopathic medicine with
 3802 primary care specialties, autonomous physician assistants,
 3803 physician ~~physician's~~ assistants, licensed practical nurses and
 3804 registered nurses, and advanced practice registered nurses with
 3805 primary care specialties such as certified nurse midwives.
 3806 Primary care medical specialties for physicians include
 3807 obstetrics, gynecology, general and family practice, internal
 3808 medicine, pediatrics, and other specialties which may be
 3809 identified by the Department of Health.

3810 Section 85. For the 2020-2021 fiscal year, 3.5 full-time
 3811 equivalent positions with associated salary rate of 183,895 are
 3812 authorized and the sums of \$219,089 in recurring funds and
 3813 \$17,716 in nonrecurring funds from the Medical Quality Assurance
 3814 Trust Fund are appropriated to the Department of Health for the
 3815 purpose of implementing this act.

3816 Section 86. This act shall take effect July 1, 2020.