

1 A bill to be entitled
2 An act relating to direct care workers; amending s.
3 400.141, F.S.; authorizing nursing home facilities to
4 use paid feeding assistants in accordance with
5 specified federal law under certain circumstances;
6 providing training program requirements; authorizing
7 the Agency for Health Care Administration to adopt
8 rules; amending s. 400.23, F.S.; prohibiting the
9 counting of paid feeding assistants toward compliance
10 with minimum staffing standards; amending s. 400.461,
11 F.S.; revising a short title; amending s. 400.462,
12 F.S.; revising the definition of the term "home health
13 aide"; amending s. 400.464, F.S.; requiring a licensed
14 home health agency that authorizes a registered nurse
15 to delegate tasks to a certified nursing assistant or
16 a home health aide to ensure that certain requirements
17 are met; amending s. 400.488, F.S.; authorizing an
18 unlicensed person to assist with self-administration
19 of certain treatments; revising the requirements for
20 such assistance; creating s. 400.489, F.S.;
21 authorizing home health aides to administer certain
22 prescription medications under certain conditions;
23 requiring such home health aides to meet certain
24 training and competency requirements; requiring that
25 the training, determination of competency, and annual

26 validation of home health aides be conducted by a
27 registered nurse or a physician; requiring home health
28 aides to complete annual inservice training in
29 medication administration and medication error
30 prevention, in addition to existing annual inservice
31 training requirements; requiring the agency, in
32 consultation with the Board of Nursing, to establish
33 by rule standards and procedures for medication
34 administration by home health aides; providing
35 requirements for such rules; creating s. 400.490,
36 F.S.; authorizing certified nursing assistants or home
37 health aides to perform certain tasks delegated by a
38 registered nurse; creating ss. 400.52 and 400.53,
39 F.S.; creating the Excellence in Home Health Program
40 and the Nurse Registry Excellence Program,
41 respectively, within the agency for a specified
42 purpose; requiring the agency to adopt rules
43 establishing program criteria; providing requirements
44 for such criteria; requiring the agency to annually
45 evaluate certain home health agencies and nurse
46 registries; providing program designation eligibility
47 requirements; providing that a program designation is
48 not transferable, with an exception; providing for the
49 expiration of awarded designations; requiring home
50 health agencies and nurse registries to biennially

51 renew the awarded program designation; authorizing a
52 program designation award recipient to use the
53 designation in advertising and marketing; specifying
54 circumstances under which a home health agency or
55 nurse registry may not use a program designation in
56 advertising or marketing; providing that an
57 application submitted under the program is not an
58 application for licensure; providing that certain
59 actions by the agency are not subject to certain
60 provisions; creating s. 408.822, F.S.; defining the
61 term "direct care worker"; requiring certain licensees
62 to provide specified information about their employees
63 in a survey beginning on a specified date; requiring
64 that the survey be completed on a form adopted by the
65 agency by rule and include a specified attestation;
66 requiring a licensee to submit such survey as a
67 contingency of license renewal; requiring the agency
68 to continually analyze the results of such surveys and
69 publish the results on the agency's website; requiring
70 the agency to update such information monthly;
71 creating s. 464.0156, F.S.; authorizing a registered
72 nurse to delegate certain tasks to a certified nursing
73 assistant or a home health aide under certain
74 conditions; providing criteria that a registered nurse
75 must consider in determining if a task may be

76 | delegated to a certified nursing assistant or a home
77 | health aide; authorizing a registered nurse to
78 | delegate prescription medication administration to a
79 | certified nursing assistant or a home health aide,
80 | subject to certain requirements; providing an
81 | exception for certain controlled substances; requiring
82 | the Board of Nursing, in consultation with the agency,
83 | to adopt rules; amending s. 464.018, F.S.; providing
84 | disciplinary action; creating s. 464.2035, F.S.;

85 | authorizing certified nursing assistants to administer
86 | certain prescription medications under certain
87 | conditions; requiring such certified nursing
88 | assistants to meet certain training and competency
89 | requirements; requiring the training, determination of
90 | competency, and annual validation of certified nursing
91 | assistants to be conducted by a registered nurse or a
92 | physician; requiring such certified nursing assistants
93 | to complete annual inservice training in medication
94 | administration and medication error prevention in
95 | addition to existing annual inservice training
96 | requirements; requiring the board, in consultation
97 | with the agency, to adopt by rule standards and
98 | procedures for medication administration by certified
99 | nursing assistants; amending s. 381.026, F.S.;

100 | revising the definition of the term "health care

101 provider" to include an advanced practice registered
102 nurse who is registered to engage in autonomous
103 practice for purposes of the Florida Patient's Bill of
104 Rights and Responsibilities; amending s. 382.008,
105 F.S.; authorizing an advanced practice registered
106 nurse who is registered to engage in autonomous
107 practice to file a certificate of death or fetal death
108 under certain circumstances; authorizing an advanced
109 practice registered nurse who is registered to engage
110 in autonomous practice to provide certain information
111 to the funeral director within a specified time
112 period; replacing the term "primary or attending
113 physician" with "primary or attending practitioner";
114 defining the term "primary or attending practitioner";
115 amending s. 382.011, F.S.; conforming a provision to
116 changes made by the act; amending s. 394.463, F.S.;
117 authorizing an advanced practice registered nurse who
118 is registered to engage in autonomous practice to
119 initiate an involuntary examination for mental illness
120 under certain circumstances; amending s. 397.501,
121 F.S.; prohibiting the denial of certain services to an
122 individual who takes medication prescribed by an
123 advanced practice registered nurse who is registered
124 to engage in autonomous practice; amending s. 409.905,
125 F.S.; requiring the Agency for Health Care

126 Administration to pay for services provided to
127 Medicaid recipients by a licensed advanced practice
128 registered nurse who is registered to engage in
129 autonomous practice; amending s. 456.053, F.S.;
130 revising definitions; authorizing an advanced practice
131 registered nurse registered to engage in autonomous
132 practice to make referrals under certain
133 circumstances; conforming a provision to changes made
134 by the act; amending s. 464.003, F.S.; defining the
135 term "autonomous practice"; amending s. 464.012, F.S.;
136 conforming a provision to changes made by the act;
137 providing an exception; creating s. 464.0123, F.S.;
138 providing for the registration of an advanced practice
139 registered nurse to engage in autonomous practice;
140 providing registration requirements; providing
141 financial responsibility requirements; authorizing an
142 advanced practice registered nurse to engage in
143 autonomous practice to provide primary health care
144 services; requiring the department to adopt rules
145 relating to scope of practice; requiring the
146 department to distinguish such advanced practice
147 registered nurses' licenses and include the
148 registration in their practitioner profiles;
149 authorizing such advanced practice registered nurses
150 to perform specified acts without physician

151 supervision or supervisory protocol; establishing the
152 Council on Advanced Practice Registered Nurse
153 Autonomous Practice to recommend standards of practice
154 for advanced practice registered nurses engaging in
155 autonomous practice for adoption in rule by the board;
156 providing for appointment and terms of committee
157 members; requiring the board to state with
158 particularity its reason for rejecting a
159 recommendation and provide the council an opportunity
160 to modify the recommendation; requiring the board to
161 adopt rules to establish certain standards of
162 practice; requiring biennial registration renewal and
163 continuing education; requiring the board to adopt
164 rules; creating s. 464.0155, F.S.; requiring advanced
165 practice registered nurses registered to engage in
166 autonomous practice to report adverse incidents to the
167 Department of Health; providing requirements; defining
168 the term "adverse incident"; providing for department
169 review of such reports; authorizing the department to
170 take disciplinary action; amending s. 464.018, F.S.;
171 providing additional grounds for denial of a license
172 or disciplinary action for advanced practice
173 registered nurses registered to engage in autonomous
174 practice; amending s. 626.9707, F.S.; conforming
175 terminology; creating ss. 627.64025 and 627.6621,

176 F.S.; prohibiting certain health insurance policies
177 and certain group, blanket, or franchise health
178 insurance policies, respectively, from requiring an
179 insured to receive services from an advanced practice
180 registered nurse registered to engage in autonomous
181 practice in place of a physician; amending s.
182 627.6699, F.S.; prohibiting certain health benefit
183 plans from requiring an insured to receive services
184 from an advanced practice registered nurse registered
185 to engage in autonomous practice in place of a
186 physician; amending s. 627.736, F.S.; requiring
187 personal injury protection insurance policies to cover
188 a certain percentage of medical services and care
189 provided by an advanced practice registered nurse
190 registered to engage in autonomous practice; providing
191 for specified reimbursement of such an advanced
192 practice registered nurse; creating s. 641.31075,
193 F.S.; prohibiting certain health maintenance contracts
194 from requiring a subscriber to receive services from
195 an advanced practice registered nurse registered to
196 engage in autonomous practice in place of a primary
197 care physician; amending s. 641.495, F.S.; requiring
198 certain health maintenance organization documents to
199 disclose specified information; amending ss. 744.2006
200 and 744.331, F.S.; conforming terminology; amending s.

201 744.3675, F.S.; authorizing an advanced practice
202 registered nurse to provide the medical report of a
203 ward in an annual guardianship plan; amending s.
204 766.118, F.S.; revising the definition of the term
205 "practitioner" to include an advanced practice
206 registered nurse registered to engage in autonomous
207 practice; amending s. 768.135, F.S.; providing
208 immunity from liability for an advanced practice
209 registered nurse registered to engage in autonomous
210 practice who provides volunteer services under certain
211 circumstances; amending s. 1006.062, F.S.; authorizing
212 an advanced practice registered nurse to provide
213 training in the administration of medication to
214 designated school personnel; amending s. 1006.20,
215 F.S.; authorizing an advanced practice registered
216 nurse registered to engage in autonomous practice to
217 medically evaluate a student athlete; amending s.
218 1009.65, F.S.; authorizing an advanced practice
219 registered nurse registered to engage in autonomous
220 practice to receive payments under the Health Care
221 Education Reimbursement and Loan Repayment Program;
222 establishing payment amounts; providing appropriations
223 and authorizing positions; providing effective dates.

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

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

400.141 Administration and management of nursing home facilities.—

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

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

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

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

- a. Feeding techniques.
- b. Assistance with feeding and hydration.
- c. Communication and interpersonal skills.
- d. Appropriate responses to resident behavior.
- e. Safety and emergency procedures, including the first aid procedure used to treat upper airway obstructions.
- f. Infection control.

251 g. Residents' rights.
 252 h. Recognizing changes in residents which are inconsistent
 253 with their normal behavior and the importance of reporting those
 254 changes to the supervisory nurse.

255
 256 The agency may adopt rules to implement this paragraph.

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

260 400.23 Rules; evaluation and deficiencies; licensure
 261 status.—

262 (3)

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

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

269 400.461 Short title; purpose.—

270 (1) This part, consisting of ss. 400.461-400.53 ~~ss.~~
 271 ~~400.461-400.518~~, may be cited as the "Home Health Services Act."

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

274 400.462 Definitions.—As used in this part, the term:

275 (15) "Home health aide" means a person who is trained or

276 | qualified, as provided by rule, and who provides hands-on
 277 | personal care, performs simple procedures as an extension of
 278 | therapy or nursing services, assists in ambulation or exercises,
 279 | ~~or~~ assists in administering medications as permitted in rule and
 280 | for which the person has received training established by the
 281 | agency under this part, or performs tasks delegated to him or
 282 | her under chapter 464 ~~s. 400.497(1)~~.

283 | Section 5. Effective upon this act becoming a law, present
 284 | subsections (5) and (6) of section 400.464, Florida Statutes,
 285 | are redesignated as subsections (6) and (7), respectively, a new
 286 | subsection (5) is added to that section, and present subsection
 287 | (6) of that section is amended, to read:

288 | 400.464 Home health agencies to be licensed; expiration of
 289 | license; exemptions; unlawful acts; penalties.—

290 | (5) If a licensed home health agency authorizes a
 291 | registered nurse to delegate tasks, including medication
 292 | administration, to a certified nursing assistant pursuant to
 293 | chapter 464 or to a home health aide pursuant to s. 400.490, the
 294 | licensed home health agency must ensure that such delegation
 295 | meets the requirements of this chapter and chapter 464 and the
 296 | rules adopted thereunder.

297 | ~~(7)(6)~~ Any person, entity, or organization providing home
 298 | health services which is exempt from licensure under subsection
 299 | (6) ~~subsection (5)~~ may voluntarily apply for a certificate of
 300 | exemption from licensure under its exempt status with the agency

301 on a form that specifies its name or names and addresses, a
302 statement of the reasons why it is exempt from licensure as a
303 home health agency, and other information deemed necessary by
304 the agency. A certificate of exemption is valid for a period of
305 not more than 2 years and is not transferable. The agency may
306 charge an applicant \$100 for a certificate of exemption or
307 charge the actual cost of processing the certificate.

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

311 400.488 Assistance with self-administration of
312 medication.—

313 (2) Patients who are capable of self-administering their
314 own medications without assistance shall be encouraged and
315 allowed to do so. However, an unlicensed person may, consistent
316 with a dispensed prescription's label or the package directions
317 of an over-the-counter medication, assist a patient whose
318 condition is medically stable with the self-administration of
319 routine, regularly scheduled medications that are intended to be
320 self-administered. Assistance with self-medication by an
321 unlicensed person may occur only upon a documented request by,
322 and the written informed consent of, a patient or the patient's
323 surrogate, guardian, or attorney in fact. For purposes of this
324 section, self-administered medications include both legend and
325 over-the-counter oral dosage forms, topical dosage forms, and

326 topical ophthalmic, otic, and nasal dosage forms, including
327 solutions, suspensions, sprays, ~~and inhalers,~~ and nebulizer
328 treatments.

329 (3) Assistance with self-administration of medication
330 includes:

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

334 (b) In the presence of the patient, confirming that the
335 medication is intended for that patient, orally advising the
336 patient of the medication name and purpose ~~reading the label,~~
337 opening the container, removing a prescribed amount of
338 medication from the container, and closing the container.

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

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

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

346 (f) For nebulizer treatments, assisting with setting up
347 and cleaning the device in the presence of the patient,
348 confirming that the medication is intended for that patient,
349 orally advising the patient of the medication name and purpose,
350 opening the container, removing the prescribed amount for a

351 single treatment dose from a properly labeled container, and
352 assisting the patient with placing the dose into the medicine
353 receptacle or mouthpiece.

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

356 Section 7. Effective upon this act becoming a law, section
357 400.489, Florida Statutes, is created to read:

358 400.489 Administration of medication by a home health
359 aide; staff training requirements.—

360 (1) A home health aide may administer oral, transdermal,
361 ophthalmic, otic, rectal, inhaled, enteral, or topical
362 prescription medications if the home health aide has been
363 delegated such task by a registered nurse licensed under chapter
364 464; has satisfactorily completed an initial 6-hour training
365 course approved by the agency; and has been found competent to
366 administer medication to a patient in a safe and sanitary
367 manner. The training, determination of competency, and initial
368 and annual validations required in this section shall be
369 conducted by a registered nurse licensed under chapter 464 or a
370 physician licensed under chapter 458 or chapter 459.

371 (2) A home health aide must annually and satisfactorily
372 complete a 2-hour inservice training course approved by the
373 agency in medication administration and medication error
374 prevention. The inservice training course shall be in addition
375 to the annual inservice training hours required by agency rules.

376 (3) The agency, in consultation with the Board of Nursing,
377 shall establish by rule standards and procedures that a home
378 health aide must follow when administering medication to a
379 patient. Such rules must, at a minimum, address qualification
380 requirements for trainers, requirements for labeling medication,
381 documentation and recordkeeping, the storage and disposal of
382 medication, instructions concerning the safe administration of
383 medication, informed-consent requirements and records, and the
384 training curriculum and validation procedures.

385 Section 8. Effective upon this act becoming a law, section
386 400.490, Florida Statutes, is created to read:

387 400.490 Nurse-delegated tasks.—A certified nursing
388 assistant or home health aide may perform any task delegated by
389 a registered nurse as authorized in this part and in chapter
390 464, including, but not limited to, medication administration.

391 Section 9. Effective upon this act becoming a law, section
392 400.52, Florida Statutes, is created to read:

393 400.52 Excellence in Home Health Program.—

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

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

400 1. Patient satisfaction.

401 2. Patients requiring emergency care for wound infections.

402 3. Patients admitted or readmitted to an acute care
403 hospital.

404 4. Patient improvement in the activities of daily living.

405 5. Employee satisfaction.

406 6. Quality of employee training.

407 7. Employee retention rates.

408 8. High performance under federal Medicaid electronic
409 visit verification requirements.

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

413 (3) The home health agency must:

414 (a) Be actively licensed and operating for at least 24
415 months to be eligible to apply for a program award. An award
416 under the program is not transferrable to another license,
417 except when the existing home health agency is being relicensed
418 in the name of an entity related to the current licenseholder by
419 common control or ownership, and there will be no change in the
420 management, operation, or programs of the home health agency as
421 a result of the relicensure.

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

425 (4) The award designation shall expire on the same date as

426 the home health agency's license. A home health agency must
427 reapply and be approved for the award designation to continue
428 using the award designation in the manner authorized under
429 subsection (5).

430 (5) A home health agency that is awarded under the program
431 may use the designation in advertising and marketing. However, a
432 home health agency may not use the award designation in any
433 advertising or marketing if the home health agency:

434 (a) Has not been awarded the designation;

435 (b) Fails to renew the award upon expiration of the award
436 designation;

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

439 (d) Has been notified that it no longer meets the criteria
440 for the award upon reapplication after expiration of the award
441 designation.

442 (6) An application for an award designation under the
443 program is not an application for licensure. A designation award
444 or denial by the agency under this section does not constitute
445 final agency action subject to chapter 120.

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

448 400.53 Nurse Registry Excellence Program.—

449 (1) There is created within the agency the Nurse Registry
450 Excellence Program for the purpose of awarding nurse registries

451 that meet the criteria specified in this section.

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

455 1. Patient or client satisfaction.

456 2. Patients or clients requiring emergency care for wound
457 infections.

458 3. Patients or clients admitted or readmitted to an acute
459 care hospital.

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

461 5. Independent contractor satisfaction.

462 6. Independent contractor longevity with the nurse
463 registry.

464 7. High performance under federal Medicaid electronic
465 visit verification requirements.

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

469 (3) The nurse registry must:

470 (a) Be actively licensed and operating for at least 24
471 months to be eligible to apply for a program award. An award
472 under the program is not transferrable to another license,
473 except when the existing nurse registry is being relicensed in
474 the name of an entity related to the current licenseholder by
475 common control or ownership, and there will be no change in the

476 management, operation, or programs of the nurse registry as a
477 result of the relicensure.

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

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

485 (5) A nurse registry that is awarded under the program may
486 use the designation in advertising and marketing. However, a
487 nurse registry may not use the award designation in any
488 advertising or marketing if the nurse registry:

489 (a) Has not been awarded the designation;

490 (b) Fails to renew the award upon expiration of the award
491 designation;

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

494 (d) Has been notified that it no longer meets the criteria
495 for the award upon reapplication after expiration of the award
496 designation.

497 (6) An application for an award designation under the
498 program is not an application for licensure. A designation award
499 or denial by the agency under this section does not constitute
500 final agency action subject to chapter 120.

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

503 408.822 Direct care workforce survey.-

504 (1) For purposes of this section, the term "direct care
 505 worker" means a certified nursing assistant, a home health aide,
 506 a personal care assistant, a companion services or homemaker
 507 services provider, a paid feeding assistant trained under s.
 508 400.141(1)(v), or another individual who provides personal care
 509 as defined in s. 400.462 to individuals who are elderly,
 510 developmentally disabled, or chronically ill.

511 (2) Beginning January 1, 2021, each licensee that applies
 512 for licensure renewal as a nursing home facility licensed under
 513 part II of chapter 400, an assisted living facility licensed
 514 under part I of chapter 429, or a home health agency or
 515 companion services or homemaker services provider licensed under
 516 part III of chapter 400 shall furnish all of the following
 517 information to the agency in a survey on the direct care
 518 workforce:

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

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

524 (c) The average employee wage for registered nurses and
 525 each category of direct care worker.

526 (d) Employment benefits for registered nurses and direct
527 care workers and the average cost of such benefits to the
528 employer and the employee.

529 (e) Type and availability of training for registered
530 nurses and direct care workers.

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

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

538 (5) The agency shall continually analyze the results of
539 the surveys and publish the results on its website. The agency
540 shall update the information published on its website monthly.

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

543 464.0156 Delegation of duties.—

544 (1) A registered nurse may delegate a task to a certified
545 nursing assistant certified under part II of this chapter or a
546 home health aide as defined in s. 400.462 if the registered
547 nurse determines that the certified nursing assistant or the
548 home health aide is competent to perform the task, the task is
549 delegable under federal law, and the task meets all of the
550 following criteria:

- 551 (a) Is within the nurse's scope of practice.
- 552 (b) Frequently recurs in the routine care of a patient or
553 group of patients.
- 554 (c) Is performed according to an established sequence of
555 steps.
- 556 (d) Involves little or no modification from one patient to
557 another.
- 558 (e) May be performed with a predictable outcome.
- 559 (f) Does not inherently involve ongoing assessment,
560 interpretation, or clinical judgment.
- 561 (g) Does not endanger a patient's life or well-being.
- 562 (2) A registered nurse may delegate to a certified nursing
563 assistant or a home health aide the administration of oral,
564 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
565 topical prescription medications to a patient of a home health
566 agency, if the certified nursing assistant or home health aide
567 meets the requirements of s. 464.2035 or s. 400.489,
568 respectively. A registered nurse may not delegate the
569 administration of any controlled substance listed in Schedule
570 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.
571 812.
- 572 (3) The board, in consultation with the Agency for Health
573 Care Administration, shall adopt rules to implement this
574 section.
- 575 Section 13. Effective upon this act becoming a law,

576 paragraph (r) is added to subsection (1) of section 464.018,
577 Florida Statutes, to read:

578 464.018 Disciplinary actions.—

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

582 (r) Delegating professional responsibilities to a person
583 when the nurse delegating such responsibilities knows or has
584 reason to know that such person is not qualified by training,
585 experience, certification, or licensure to perform them.

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

588 464.2035 Administration of medication.—

589 (1) A certified nursing assistant may administer oral,
590 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
591 topical prescription medication to a patient of a home health
592 agency if the certified nursing assistant has been delegated
593 such task by a registered nurse licensed under part I of this
594 chapter, has satisfactorily completed an initial 6-hour training
595 course approved by the board, and has been found competent to
596 administer medication to a patient in a safe and sanitary
597 manner. The training, determination of competency, and initial
598 and annual validation required under this section must be
599 conducted by a registered nurse licensed under this chapter or a
600 physician licensed under chapter 458 or chapter 459.

601 (2) A certified nursing assistant shall annually and
602 satisfactorily complete 2 hours of inservice training in
603 medication administration and medication error prevention
604 approved by the board, in consultation with the Agency for
605 Health Care Administration. The inservice training is in
606 addition to the other annual inservice training hours required
607 under this part.

608 (3) The board, in consultation with the Agency for Health
609 Care Administration, shall establish by rule standards and
610 procedures that a certified nursing assistant must follow when
611 administering medication to a patient of a home health agency.
612 Such rules must, at a minimum, address qualification
613 requirements for trainers, requirements for labeling medication,
614 documentation and recordkeeping, the storage and disposal of
615 medication, instructions concerning the safe administration of
616 medication, informed-consent requirements and records, and the
617 training curriculum and validation procedures.

618 Section 15. Paragraph (c) of subsection (2) of section
619 381.026, Florida Statutes, is amended to read:

620 381.026 Florida Patient's Bill of Rights and
621 Responsibilities.—

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

624 (c) "Health care provider" means a physician licensed
625 under chapter 458, an osteopathic physician licensed under

626 chapter 459, ~~or~~ a podiatric physician licensed under chapter
627 461, or an advanced practice registered nurse registered under
628 s. 464.0123.

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

632 382.008 Death, fetal death, and nonviable birth
633 registration.—

634 (2) (a) The funeral director who first assumes custody of a
635 dead body or fetus shall file the certificate of death or fetal
636 death. In the absence of the funeral director, the physician,
637 advanced practice registered nurse registered under s. 464.0123,
638 or other person in attendance at or after the death or the
639 district medical examiner of the county in which the death
640 occurred or the body was found shall file the certificate of
641 death or fetal death. The person who files the certificate shall
642 obtain personal data from a legally authorized person as
643 described in s. 497.005 or the best qualified person or source
644 available. The medical certification of cause of death shall be
645 furnished to the funeral director, either in person or via
646 certified mail or electronic transfer, by the physician,
647 advanced practice registered nurse registered under s. 464.0123,
648 or medical examiner responsible for furnishing such information.
649 For fetal deaths, the physician, advanced practice registered
650 nurse registered under s. 464.0123, midwife, or hospital

651 administrator shall provide any medical or health information to
652 the funeral director within 72 hours after expulsion or
653 extraction.

654 (3) Within 72 hours after receipt of a death or fetal
655 death certificate from the funeral director, the medical
656 certification of cause of death shall be completed and made
657 available to the funeral director by the decedent's primary or
658 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
659 district medical examiner of the county in which the death
660 occurred or the body was found. The primary or attending
661 practitioner ~~physician~~ or the medical examiner shall certify
662 over his or her signature the cause of death to the best of his
663 or her knowledge and belief. As used in this section, the term
664 "primary or attending practitioner ~~physician~~" means a physician
665 or advanced practice registered nurse registered under s.
666 464.0123 who treated the decedent through examination, medical
667 advice, or medication during the 12 months preceding the date of
668 death.

669 (a) The department may grant the funeral director an
670 extension of time upon a good and sufficient showing of any of
671 the following conditions:

- 672 1. An autopsy is pending.
- 673 2. Toxicology, laboratory, or other diagnostic reports
674 have not been completed.
- 675 3. The identity of the decedent is unknown and further

676 investigation or identification is required.

677 (b) If the decedent's primary or attending practitioner
678 ~~physician~~ or the district medical examiner of the county in
679 which the death occurred or the body was found indicates that he
680 or she will sign and complete the medical certification of cause
681 of death but will not be available until after the 5-day
682 registration deadline, the local registrar may grant an
683 extension of 5 days. If a further extension is required, the
684 funeral director must provide written justification to the
685 registrar.

686 (4) If the department or local registrar grants an
687 extension of time to provide the medical certification of cause
688 of death, the funeral director shall file a temporary
689 certificate of death or fetal death which shall contain all
690 available information, including the fact that the cause of
691 death is pending. The decedent's primary or attending
692 practitioner ~~physician~~ or the district medical examiner of the
693 county in which the death occurred or the body was found shall
694 provide an estimated date for completion of the permanent
695 certificate.

696 (5) A permanent certificate of death or fetal death,
697 containing the cause of death and any other information that was
698 previously unavailable, shall be registered as a replacement for
699 the temporary certificate. The permanent certificate may also
700 include corrected information if the items being corrected are

701 noted on the back of the certificate and dated and signed by the
702 funeral director, physician, advanced practice registered nurse
703 registered under s. 464.0123, or district medical examiner of
704 the county in which the death occurred or the body was found, as
705 appropriate.

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

708 382.011 Medical examiner determination of cause of death.—

709 (1) In the case of any death or fetal death due to causes
710 or conditions listed in s. 406.11, any death that occurred more
711 than 12 months after the decedent was last treated by a primary
712 or attending physician ~~as defined in s. 382.008(3)~~, or any death
713 for which there is reason to believe that the death may have
714 been due to an unlawful act or neglect, the funeral director or
715 other person to whose attention the death may come shall refer
716 the case to the district medical examiner of the county in which
717 the death occurred or the body was found for investigation and
718 determination of the cause of death.

719 Section 18. Paragraph (a) of subsection (2) of section
720 394.463, Florida Statutes, is amended to read:

721 394.463 Involuntary examination.—

722 (2) INVOLUNTARY EXAMINATION.—

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

725 1. A circuit or county court may enter an ex parte order

726 stating that a person appears to meet the criteria for
727 involuntary examination and specifying the findings on which
728 that conclusion is based. The ex parte order for involuntary
729 examination must be based on written or oral sworn testimony
730 that includes specific facts that support the findings. If other
731 less restrictive means are not available, such as voluntary
732 appearance for outpatient evaluation, a law enforcement officer,
733 or other designated agent of the court, shall take the person
734 into custody and deliver him or her to an appropriate, or the
735 nearest, facility within the designated receiving system
736 pursuant to s. 394.462 for involuntary examination. The order of
737 the court shall be made a part of the patient's clinical record.
738 A fee may not be charged for the filing of an order under this
739 subsection. A facility accepting the patient based on this order
740 must send a copy of the order to the department within 5 working
741 days. The order may be submitted electronically through existing
742 data systems, if available. The order shall be valid only until
743 the person is delivered to the facility or for the period
744 specified in the order itself, whichever comes first. If a ~~no~~
745 time limit is not specified in the order, the order is ~~shall be~~
746 valid for 7 days after the date that the order was signed.

747 2. A law enforcement officer shall take a person who
748 appears to meet the criteria for involuntary examination into
749 custody and deliver the person or have him or her delivered to
750 an appropriate, or the nearest, facility within the designated

751 receiving system pursuant to s. 394.462 for examination. The
752 officer shall execute a written report detailing the
753 circumstances under which the person was taken into custody,
754 which must be made a part of the patient's clinical record. Any
755 facility accepting the patient based on this report must send a
756 copy of the report to the department within 5 working days.

757 3. A physician, a clinical psychologist, a psychiatric
758 nurse, an advanced practice registered nurse registered under s.
759 464.0123, a mental health counselor, a marriage and family
760 therapist, or a clinical social worker may execute a certificate
761 stating that he or she has examined a person within the
762 preceding 48 hours and finds that the person appears to meet the
763 criteria for involuntary examination and stating the
764 observations upon which that conclusion is based. If other less
765 restrictive means, such as voluntary appearance for outpatient
766 evaluation, are not available, a law enforcement officer shall
767 take into custody the person named in the certificate and
768 deliver him or her to the appropriate, or nearest, facility
769 within the designated receiving system pursuant to s. 394.462
770 for involuntary examination. The law enforcement officer shall
771 execute a written report detailing the circumstances under which
772 the person was taken into custody. The report and certificate
773 shall be made a part of the patient's clinical record. Any
774 facility accepting the patient based on this certificate must
775 send a copy of the certificate to the department within 5

776 working days. The document may be submitted electronically
777 through existing data systems, if applicable.

778
779 When sending the order, report, or certificate to the
780 department, a facility shall, at a minimum, provide information
781 about which action was taken regarding the patient under
782 paragraph (g), which information shall also be made a part of
783 the patient's clinical record.

784 Section 19. Paragraph (a) of subsection (2) of section
785 397.501, Florida Statutes, is amended to read:

786 397.501 Rights of individuals.—Individuals receiving
787 substance abuse services from any service provider are
788 guaranteed protection of the rights specified in this section,
789 unless otherwise expressly provided, and service providers must
790 ensure the protection of such rights.

791 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

792 (a) Service providers may not deny an individual access to
793 substance abuse services solely on the basis of race, gender,
794 ethnicity, age, sexual preference, human immunodeficiency virus
795 status, prior service departures against medical advice,
796 disability, or number of relapse episodes. Service providers may
797 not deny an individual who takes medication prescribed by a
798 physician or an advanced practice registered nurse registered
799 under s. 464.0123 access to substance abuse services solely on
800 that basis. Service providers who receive state funds to provide

801 substance abuse services may not, if space and sufficient state
802 resources are available, deny access to services based solely on
803 inability to pay.

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

806 409.905 Mandatory Medicaid services.—The agency may make
807 payments for the following services, which are required of the
808 state by Title XIX of the Social Security Act, furnished by
809 Medicaid providers to recipients who are determined to be
810 eligible on the dates on which the services were provided. Any
811 service under this section shall be provided only when medically
812 necessary and in accordance with state and federal law.

813 Mandatory services rendered by providers in mobile units to
814 Medicaid recipients may be restricted by the agency. Nothing in
815 this section shall be construed to prevent or limit the agency
816 from adjusting fees, reimbursement rates, lengths of stay,
817 number of visits, number of services, or any other adjustments
818 necessary to comply with the availability of moneys and any
819 limitations or directions provided for in the General
820 Appropriations Act or chapter 216.

821 (1) ADVANCED PRACTICE REGISTERED NURSE SERVICES.—The
822 agency shall pay for services provided to a recipient by a
823 licensed advanced practice registered nurse who has a valid
824 collaboration agreement with a licensed physician on file with
825 the Department of Health or who provides anesthesia services in

826 accordance with established protocol required by state law and
827 approved by the medical staff of the facility in which the
828 anesthetic service is performed. Reimbursement for such services
829 must be provided in an amount that equals not less than 80
830 percent of the reimbursement to a physician who provides the
831 same services, unless otherwise provided for in the General
832 Appropriations Act. The agency shall also pay for services
833 provided to a recipient by a licensed advance practice
834 registered nurse who is registered to engage in autonomous
835 practice under s. 464.0123.

836 Section 21. Paragraphs (a), (i), (o), and (r) of
837 subsection (3) and paragraph (g) of subsection (5) of section
838 456.053, Florida Statutes, are amended to read:

839 456.053 Financial arrangements between referring health
840 care providers and providers of health care services.—

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

843 (a) "Board" means any of the following boards relating to
844 the respective professions: the Board of Medicine as created in
845 s. 458.307; the Board of Osteopathic Medicine as created in s.
846 459.004; the Board of Chiropractic Medicine as created in s.
847 460.404; the Board of Podiatric Medicine as created in s.
848 461.004; the Board of Optometry as created in s. 463.003; the
849 Board of Nursing as created in s. 464.004; the Board of Pharmacy
850 as created in s. 465.004; and the Board of Dentistry as created

851 in s. 466.004.

852 (i) "Health care provider" means a ~~any~~ physician licensed
853 under chapter 458, chapter 459, chapter 460, or chapter 461; an
854 advanced practice registered nurse registered under s.
855 464.0123;~~7~~ or any health care provider licensed under chapter
856 463 or chapter 466.

857 (o) "Referral" means any referral of a patient by a health
858 care provider for health care services, including, without
859 limitation:

860 1. The forwarding of a patient by a health care provider
861 to another health care provider or to an entity which provides
862 or supplies designated health services or any other health care
863 item or service; or

864 2. The request or establishment of a plan of care by a
865 health care provider, which includes the provision of designated
866 health services or other health care item or service.

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

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

870 b. By a physician specializing in the provision of
871 radiation therapy services for such services.

872 c. By a medical oncologist for drugs and solutions to be
873 prepared and administered intravenously to such oncologist's
874 patient, as well as for the supplies and equipment used in
875 connection therewith to treat such patient for cancer and the

876 complications thereof.

877 d. By a cardiologist for cardiac catheterization services.

878 e. By a pathologist for diagnostic clinical laboratory
 879 tests and pathological examination services, if furnished by or
 880 under the supervision of such pathologist pursuant to a
 881 consultation requested by another physician.

882 f. By a health care provider who is the sole provider or
 883 member of a group practice for designated health services or
 884 other health care items or services that are prescribed or
 885 provided solely for such referring health care provider's or
 886 group practice's own patients, and that are provided or
 887 performed by or under the direct supervision of such referring
 888 health care provider or group practice; provided, however, ~~that~~
 889 ~~effective July 1, 1999,~~ a physician licensed pursuant to chapter
 890 458, chapter 459, chapter 460, or chapter 461 or an advanced
 891 practice registered nurse registered under s. 464.0123 may refer
 892 a patient to a sole provider or group practice for diagnostic
 893 imaging services, excluding radiation therapy services, for
 894 which the sole provider or group practice billed both the
 895 technical and the professional fee for or on behalf of the
 896 patient, if the referring physician or advanced practice
 897 registered nurse registered under s. 464.0123 has no investment
 898 interest in the practice. The diagnostic imaging service
 899 referred to a group practice or sole provider must be a
 900 diagnostic imaging service normally provided within the scope of

901 practice to the patients of the group practice or sole provider.
902 The group practice or sole provider may accept no more than 15
903 percent of their patients receiving diagnostic imaging services
904 from outside referrals, excluding radiation therapy services.

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

907 h. By a urologist for lithotripsy services.

908 i. By a dentist for dental services performed by an
909 employee of or health care provider who is an independent
910 contractor with the dentist or group practice of which the
911 dentist is a member.

912 j. By a physician for infusion therapy services to a
913 patient of that physician or a member of that physician's group
914 practice.

915 k. By a nephrologist for renal dialysis services and
916 supplies, except laboratory services.

917 l. By a health care provider whose principal professional
918 practice consists of treating patients in their private
919 residences for services to be rendered in such private
920 residences, except for services rendered by a home health agency
921 licensed under chapter 400. For purposes of this sub-
922 subparagraph, the term "private residences" includes patients'
923 private homes, independent living centers, and assisted living
924 facilities, but does not include skilled nursing facilities.

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

926 (r) "Sole provider" means one health care provider
 927 licensed under chapter 458, chapter 459, chapter 460, or chapter
 928 461, or registered under s. 464.0123, who maintains a separate
 929 medical office and a medical practice separate from any other
 930 health care provider and who bills for his or her services
 931 separately from the services provided by any other health care
 932 provider. A sole provider shall not share overhead expenses or
 933 professional income with any other person or group practice.

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

936 (g) A violation of this section by a health care provider
 937 shall constitute grounds for disciplinary action to be taken by
 938 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
 939 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
 940 466.028(2). Any hospital licensed under chapter 395 found in
 941 violation of this section shall be subject to s. 395.0185(2).

942 Section 22. Present subsections (5) through (21) of
 943 section 464.003, Florida Statutes, are renumbered as subsections
 944 (6) through (22), respectively, and subsection (5) is added to
 945 that section, to read:

946 464.003 Definitions.—As used in this part, the term:

947 (5) "Autonomous practice" means advanced nursing practice
 948 by an advanced practice registered nurse who is registered under
 949 s. 464.0123 and who is not subject to supervision by a physician
 950 or a supervisory protocol.

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

953 464.012 Licensure of advanced practice registered nurses;
 954 fees; controlled substance prescribing.—

955 (3) An advanced practice registered nurse shall perform
 956 those functions authorized in this section within the framework
 957 of an established protocol that must be maintained on site at
 958 the location or locations at which an advanced practice
 959 registered nurse practices, unless the advanced practice
 960 registered nurse is registered and practicing under s. 464.0123.

961 In the case of multiple supervising physicians in the same
 962 group, an advanced practice registered nurse must enter into a
 963 supervisory protocol with at least one physician within the
 964 physician group practice. A practitioner currently licensed
 965 under chapter 458, chapter 459, or chapter 466 shall maintain
 966 supervision for directing the specific course of medical
 967 treatment. Within the established framework, an advanced
 968 practice registered nurse may:

969 (a) Prescribe, dispense, administer, or order any drug;
 970 however, an advanced practice registered nurse may prescribe or
 971 dispense a controlled substance as defined in s. 893.03 only if
 972 the advanced practice registered nurse has graduated from a
 973 program leading to a master's or doctoral degree in a clinical
 974 nursing specialty area with training in specialized practitioner
 975 skills.

976 (b) Initiate appropriate therapies for certain conditions.

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

979 (d) Order diagnostic tests and physical and occupational
980 therapy.

981 (e) Order any medication for administration to a patient
982 in a facility licensed under chapter 395 or part II of chapter
983 400, notwithstanding any provisions in chapter 465 or chapter
984 893.

985 Section 24. Section 464.0123, Florida Statutes, is created
986 to read:

987 464.0123 Autonomous practice by an advanced practice
988 registered nurse.—

989 (1) REGISTRATION.—The board shall register an advanced
990 practice registered nurse as an autonomous advanced practice
991 registered nurse if the applicant demonstrates that he or she:

992 (a) Holds an active, unencumbered license to practice
993 advanced nursing under s. 464.012.

994 (b) Has not been subject to any disciplinary action as
995 specified in s. 456.072 or s. 464.018 or any similar
996 disciplinary action in another state or other territory or
997 jurisdiction within the 5 years immediately preceding the
998 registration request.

999 (c) Has completed, in any state, jurisdiction, or
1000 territory of the United States, at least 3,000 clinical practice

1001 hours, which may include clinical instructional hours provided
1002 by the applicant, within the 5 years immediately preceding the
1003 registration request while practicing as an advanced practice
1004 registered nurse under the supervision of an allopathic or
1005 osteopathic physician who held an active, unencumbered license
1006 issued by any state, jurisdiction, or territory of the United
1007 States during the period of such supervision. For purposes of
1008 this paragraph, "clinical instruction" means education provided
1009 by faculty in a clinical setting in a graduate program leading
1010 to a master's or doctoral degree in a clinical nursing specialty
1011 area.

1012 (d) Has completed within the past 5 years 3 graduate-level
1013 semester hours, or the equivalent, in differential diagnosis and
1014 3 graduate-level semester hours, or the equivalent, in
1015 pharmacology.

1016 (e) The board may provide additional registration
1017 requirements by rule.

1018 (2) FINANCIAL RESPONSIBILITY.—

1019 (a) An advanced practice registered nurse registered under
1020 this section must, by one of the following methods, demonstrate
1021 to the satisfaction of the board and the department financial
1022 responsibility to pay claims and costs ancillary thereto arising
1023 out of the rendering of, or the failure to render nursing care,
1024 treatment, or services:

1025 1. Obtaining and maintaining professional liability

1026 coverage in an amount not less than \$100,000 per claim, with a
1027 minimum annual aggregate of not less than \$300,000, from an
1028 authorized insurer as defined in s. 624.09, from a surplus lines
1029 insurer as defined in s. 626.914(2), from a risk retention group
1030 as defined in s. 627.942, from the Joint Underwriting
1031 Association established under s. 627.351(4), or through a plan
1032 of self-insurance as provided in s. 627.357; or

1033 2. Obtaining and maintaining an unexpired, irrevocable
1034 letter of credit, established pursuant to chapter 675, in an
1035 amount of not less than \$100,000 per claim, with a minimum
1036 aggregate availability of credit of not less than \$300,000. The
1037 letter of credit must be payable to the advanced practice
1038 registered nurse as beneficiary upon presentment of a final
1039 judgment indicating liability and awarding damages to be paid by
1040 the advanced practice registered nurse or upon presentment of a
1041 settlement agreement signed by all parties to such agreement
1042 when such final judgment or settlement is a result of a claim
1043 arising out of the rendering of, or the failure to render,
1044 nursing care and services.

1045 (b) The requirements of paragraph (a) do not apply to:

1046 1. An advanced practice registered nurse registered under
1047 this section who practices exclusively as an officer, employee,
1048 or agent of the Federal Government or of the state or its
1049 agencies or its subdivisions.

1050 2. An advanced practice registered nurse whose

1051 registration under this section has become inactive and who is
1052 not practicing as an advanced practice registered nurse
1053 registered under this section in this state.

1054 3. An advanced practice registered nurse registered under
1055 this section who practices only in conjunction with his or her
1056 teaching duties at an accredited school or its main teaching
1057 hospitals. Such practice is limited to that which is incidental
1058 to and a necessary part of duties in connection with the
1059 teaching position.

1060 4. An advanced practice registered nurse who holds an
1061 active registration under this section and who is not engaged in
1062 autonomous practice as authorized under this section in this
1063 state. If such person initiates or resumes any practice as an
1064 autonomous advanced practice registered nurse, he or she must
1065 notify the department of such activity and fulfill the
1066 professional liability coverage requirements of paragraph (a).

1067 (3) PRACTICE REQUIREMENTS.—

1068 (a) An advanced practice registered nurse who is
1069 registered under this section may:

1070 1. Engage in autonomous practice only in primary care
1071 practice, including family medicine, general pediatrics, and
1072 general internal medicine, as defined by board rule.

1073 2. For certified nurse midwives, engage in autonomous
1074 practice in the performance of the acts listed in s.
1075 464.012(4)(c).

1076 3. Perform the general functions of an advanced practice
1077 registered nurse under s. 464.012(3) related to primary care.

1078 4. For a patient who requires the services of a health
1079 care facility, as defined in s. 408.032(8):

1080 a. Admit the patient to the facility.

1081 b. Manage the care received by the patient in the
1082 facility.

1083 c. Discharge the patient from the facility, unless
1084 prohibited by federal law or rule.

1085 5. Provide a signature, certification, stamp,
1086 verification, affidavit, or endorsement that is otherwise
1087 required by law to be provided by a physician, except an
1088 advanced practice registered nurse registered under this section
1089 may not issue a physician certification under s. 381.986.

1090 (b) A certified nurse midwife must have a written patient
1091 transfer agreement with a hospital and a written referral
1092 agreement with a physician licensed under chapter 458 or chapter
1093 459 to engage in nurse midwifery.

1094 (c) An advanced practice registered nurse engaging in
1095 autonomous practice under this section may not perform any
1096 surgical procedure other than a subcutaneous procedure.

1097 (d) The board shall adopt rules, in consultation with the
1098 council created in subsection (4), establishing standards of
1099 practice, for an advanced practice registered nurse registered
1100 under this section.

1101 (4) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
 1102 AUTONOMOUS PRACTICE.—
 1103 (a) The Council on Advanced Practice Registered Nurse
 1104 Autonomous Practice is established within the Department of
 1105 Health. The council must consist of the following nine members:
 1106 1. Two members appointed by the chair of the Board of
 1107 Medicine who are physicians and members of the Board of
 1108 Medicine.
 1109 2. Two members appointed by the chair of the Board of
 1110 Osteopathic Medicine who are physicians and members of the Board
 1111 of Osteopathic Medicine.
 1112 3. Four members appointed by the chair of the board who
 1113 are advanced practice registered nurses registered under this
 1114 chapter with experience practicing advanced or specialized
 1115 nursing.
 1116 4. The State Surgeon General or his or her designee who
 1117 shall serve as the chair of the council.
 1118 (b) The Board of Medicine members, the Board of
 1119 Osteopathic Medicine members, and the Board of Nursing appointee
 1120 members shall be appointed for terms of 4 years. The initial
 1121 appointments shall be staggered so that one member from the
 1122 Board of Medicine, one member from the Board of Osteopathic
 1123 Medicine, and one appointee member from the Board of Nursing
 1124 shall each be appointed for a term of 4 years; one member from
 1125 the Board of Medicine and one appointee member from the Board of

1126 Nursing shall each be appointed for a term of 3 years; and one
1127 member from the Board of Osteopathic Medicine and two appointee
1128 members from the Board of Nursing shall each be appointed for a
1129 term of 2 years. Physician members appointed to the council must
1130 be physicians who have practiced with advanced practice
1131 registered nurses under a protocol in their practice.

1132 (c) Council members may not serve more than two
1133 consecutive terms.

1134 (d) The council shall recommend standards of practice for
1135 advanced practice registered nurses registered under this
1136 section to the board. If the board rejects a recommendation of
1137 the council, the board must state with particularity the basis
1138 for rejecting the recommendation and provide the council an
1139 opportunity to modify its recommendation. The board must
1140 consider the council's modified recommendation.

1141 (5) REGISTRATION RENEWAL.—

1142 (a) An advanced practice registered nurse must biennially
1143 renew registration under this section. The biennial renewal for
1144 registration shall coincide with the advanced practice
1145 registered nurse's biennial renewal period for licensure.

1146 (b) To renew his or her registration under this section,
1147 an advanced practice registered nurse must complete at least 10
1148 hours of continuing education approved by the board, in addition
1149 to completing 30 hours of continuing education requirements
1150 established by board rule pursuant to s. 464.013, regardless of

1151 whether the registrant is otherwise required to complete this
1152 requirement. If the initial renewal period occurs before January
1153 1, 2021, an advanced practice registered nurse who is registered
1154 under this section is not required to complete the continuing
1155 education requirement within this subsection until the following
1156 biennial renewal period.

1157 (6) PRACTITIONER PROFILE.—The department shall
1158 conspicuously distinguish an advanced practice registered
1159 nurse's license if he or she is registered with the board under
1160 this section and include the registration in the advanced
1161 practice registered nurse's practitioner profile created under
1162 s. 456.041.

1163 (7) DISCLOSURES.—When engaging in autonomous practice, an
1164 advanced practice registered nurse registered under this section
1165 must provide information in writing to a new patient about his
1166 or her qualifications and the nature of autonomous practice
1167 before or during the initial patient encounter.

1168 (8) RULES.—The board shall adopt rules to implement this
1169 section.

1170 Section 25. Section 464.0155, Florida Statutes, is created
1171 to read:

1172 464.0155 Reports of adverse incidents by advanced practice
1173 registered nurses.—

1174 (1) An advanced practice registered nurse registered under
1175 s. 464.0123 must report an adverse incident to the department in

1176 accordance with this section.

1177 (2) The report must be in writing, sent to the department
1178 by certified mail, and postmarked within 15 days after the
1179 occurrence of the adverse incident if the adverse incident
1180 occurs when the patient is in the direct care of the advanced
1181 practice registered nurse registered under s. 464.0123. If the
1182 adverse incident occurs when the patient is not in the direct
1183 care of the advanced practice registered nurse registered under
1184 s. 464.0123, the report must be postmarked within 15 days after
1185 the advanced practice registered nurse discovers, or reasonably
1186 should have discovered, the occurrence of the adverse incident.

1187 (3) For purposes of this section, the term "adverse
1188 incident" means an event over which the advanced practice
1189 registered nurse registered under s. 464.0123 could exercise
1190 control and which is associated in whole or in part with a
1191 nursing intervention, rather than the condition for which such
1192 intervention occurred, and which results in any of the following
1193 patient injuries:

1194 (a) Any condition that required the transfer of a patient
1195 from the practice location of the advanced practice registered
1196 nurse registered under s. 464.0123 to a hospital licensed under
1197 chapter 395.

1198 (b) A permanent physical injury to the patient.

1199 (c) The death of the patient.

1200 (4) The department shall review each report of an adverse

1201 incident and determine whether the adverse incident was
1202 attributable to conduct by the advanced practice registered
1203 nurse. Upon making such a determination, the board may take
1204 disciplinary action pursuant to s. 456.073.

1205 Section 26. Paragraph (r) is added to subsection (1) of
1206 section 464.018, Florida Statutes, to read:

1207 464.018 Disciplinary actions.—

1208 (1) The following acts constitute grounds for denial of a
1209 license or disciplinary action, as specified in ss. 456.072(2)
1210 and 464.0095:

1211 (r) For an advanced practice registered nurse registered
1212 under s. 464.0123:

1213 1. Paying or receiving any commission, bonus, kickback, or
1214 rebate from, or engaging in any split-fee arrangement in any
1215 form whatsoever with, a health care practitioner, organization,
1216 agency, or person, either directly or implicitly, for referring
1217 patients to providers of health care goods or services,
1218 including, but not limited to, hospitals, nursing homes,
1219 clinical laboratories, ambulatory surgical centers, or
1220 pharmacies. This subparagraph may not be construed to prevent an
1221 advanced practice registered nurse registered under s. 464.0123
1222 from receiving a fee for professional consultation services.

1223 2. Exercising influence within a patient-advanced practice
1224 registered nurse relationship for purposes of engaging a patient
1225 in sexual activity. A patient shall be presumed to be incapable

1226 of giving free, full, and informed consent to sexual activity
1227 with his or her advanced practice registered nurse registered
1228 under s. 464.0123.

1229 3. Making deceptive, untrue, or fraudulent representations
1230 in or related to, or employing a trick or scheme in or related
1231 to, advanced or specialized nursing practice.

1232 4. Soliciting patients, either personally or through an
1233 agent, by the use of fraud, intimidation, undue influence, or a
1234 form of overreaching or vexatious conduct. As used in this
1235 subparagraph, the term "soliciting" means directly or implicitly
1236 requesting an immediate oral response from the recipient.

1237 5. Failing to keep legible, as defined by department rule
1238 in consultation with the board, medical records that identify
1239 the advanced practice registered nurse, by name and professional
1240 title, who is responsible for rendering, ordering, supervising,
1241 or billing for each diagnostic or treatment procedure and that
1242 justify the course of treatment of the patient, including, but
1243 not limited to, patient histories; examination results; test
1244 results; records of drugs prescribed, dispensed, or
1245 administered; and reports of consultations or referrals.

1246 6. Exercising influence on the patient to exploit the
1247 patient for the financial gain of the advanced practice
1248 registered nurse or a third party, including, but not limited
1249 to, the promoting or selling of services, goods, appliances, or
1250 drugs.

1251 7. Performing professional services that have not been
1252 duly authorized by the patient or his or her legal
1253 representative, except as provided in s. 766.103 or s. 768.13.

1254 8. Performing any procedure or prescribing any therapy
1255 that, by the prevailing standards of advanced or specialized
1256 nursing practice in the community, would constitute
1257 experimentation on a human subject, without first obtaining
1258 full, informed, and written consent.

1259 9. Delegating professional responsibilities to a person
1260 when the advanced practice registered nurse delegating such
1261 responsibilities knows or has reason to believe that such person
1262 is not qualified by training, experience, or licensure to
1263 perform such responsibilities.

1264 10. Committing, or conspiring with another to commit, an
1265 act that would tend to coerce, intimidate, or preclude another
1266 advanced practice registered nurse from lawfully advertising his
1267 or her services.

1268 11. Advertising or holding himself or herself out as
1269 having certification in a specialty that he or she has not
1270 received.

1271 12. Failing to comply with ss. 381.026 and 381.0261
1272 relating to providing patients with information about their
1273 rights and how to file a complaint.

1274 13. Providing deceptive or fraudulent expert witness
1275 testimony related to advanced or specialized nursing practice.

1276 Section 27. Subsection (1) of section 626.9707, Florida
 1277 Statutes, is amended to read:

1278 626.9707 Disability insurance; discrimination on basis of
 1279 sickle-cell trait prohibited.—

1280 (1) An ~~No~~ insurer authorized to transact insurance in this
 1281 state may not ~~shall~~ refuse to issue and deliver in this state
 1282 any policy of disability insurance, whether such policy is
 1283 defined as individual, group, blanket, franchise, industrial, or
 1284 otherwise, which is currently being issued for delivery in this
 1285 state and which affords benefits and coverage for any medical
 1286 treatment or service authorized and permitted to be furnished by
 1287 a hospital, clinic, health clinic, neighborhood health clinic,
 1288 health maintenance organization, physician, physician's
 1289 assistant, advanced practice registered nurse practitioner, or
 1290 medical service facility or personnel solely because the person
 1291 to be insured has the sickle-cell trait.

1292 Section 28. Section 627.64025, Florida Statutes, is
 1293 created to read:

1294 627.64025 Advanced practice registered nurse services.—A
 1295 health insurance policy that provides major medical coverage and
 1296 that is delivered, issued, or renewed in this state on or after
 1297 January 1, 2021, may not require an insured to receive services
 1298 from an advanced practice registered nurse registered under s.
 1299 464.0123 in place of a physician.

1300 Section 29. Section 627.6621, Florida Statutes, is created

1301 to read:

1302 627.6621 Advanced practice registered nurse services.—A
1303 group, blanket, or franchise health insurance policy that is
1304 delivered, issued, or renewed in this state on or after January
1305 1, 2021, may not require an insured to receive services from an
1306 advanced practice registered nurse registered under s. 464.0123
1307 in place of a physician.

1308 Section 30. Paragraph (g) is added to subsection (5) of
1309 section 627.6699, Florida Statutes, to read:

1310 627.6699 Employee Health Care Access Act.—

1311 (5) AVAILABILITY OF COVERAGE.—

1312 (g) A health benefit plan covering small employers which
1313 is delivered, issued, or renewed in this state on or after
1314 January 1, 2021, may not require an insured to receive services
1315 from an advanced practice registered nurse registered under s.
1316 464.0123 in place of a physician.

1317 Section 31. Paragraph (a) of subsection (1) of section
1318 627.736, Florida Statutes, is amended to read:

1319 627.736 Required personal injury protection benefits;
1320 exclusions; priority; claims.—

1321 (1) REQUIRED BENEFITS.—An insurance policy complying with
1322 the security requirements of s. 627.733 must provide personal
1323 injury protection to the named insured, relatives residing in
1324 the same household, persons operating the insured motor vehicle,
1325 passengers in the motor vehicle, and other persons struck by the

1326 motor vehicle and suffering bodily injury while not an occupant
1327 of a self-propelled vehicle, subject to subsection (2) and
1328 paragraph (4) (e), to a limit of \$10,000 in medical and
1329 disability benefits and \$5,000 in death benefits resulting from
1330 bodily injury, sickness, disease, or death arising out of the
1331 ownership, maintenance, or use of a motor vehicle as follows:

1332 (a) *Medical benefits.*—Eighty percent of all reasonable
1333 expenses for medically necessary medical, surgical, X-ray,
1334 dental, and rehabilitative services, including prosthetic
1335 devices and medically necessary ambulance, hospital, and nursing
1336 services if the individual receives initial services and care
1337 pursuant to subparagraph 1. within 14 days after the motor
1338 vehicle accident. The medical benefits provide reimbursement
1339 only for:

1340 1. Initial services and care that are lawfully provided,
1341 supervised, ordered, or prescribed by a physician licensed under
1342 chapter 458 or chapter 459, a dentist licensed under chapter
1343 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
1344 an advanced practice registered nurse registered under s.
1345 464.0123 or that are provided in a hospital or in a facility
1346 that owns, or is wholly owned by, a hospital. Initial services
1347 and care may also be provided by a person or entity licensed
1348 under part III of chapter 401 which provides emergency
1349 transportation and treatment.

1350 2. Upon referral by a provider described in subparagraph

1351 1., followup services and care consistent with the underlying
1352 medical diagnosis rendered pursuant to subparagraph 1. which may
1353 be provided, supervised, ordered, or prescribed only by a
1354 physician licensed under chapter 458 or chapter 459, a
1355 chiropractic physician licensed under chapter 460, a dentist
1356 licensed under chapter 466, or an advanced practice registered
1357 nurse registered under s. 464.0123, or, to the extent permitted
1358 by applicable law and under the supervision of such physician,
1359 osteopathic physician, chiropractic physician, or dentist, by a
1360 physician assistant licensed under chapter 458 or chapter 459 or
1361 an advanced practice registered nurse licensed under chapter
1362 464. Followup services and care may also be provided by the
1363 following persons or entities:

1364 a. A hospital or ambulatory surgical center licensed under
1365 chapter 395.

1366 b. An entity wholly owned by one or more physicians
1367 licensed under chapter 458 or chapter 459, chiropractic
1368 physicians licensed under chapter 460, advanced practice
1369 registered nurses registered under s. 464.0123, or dentists
1370 licensed under chapter 466 or by such practitioners and the
1371 spouse, parent, child, or sibling of such practitioners.

1372 c. An entity that owns or is wholly owned, directly or
1373 indirectly, by a hospital or hospitals.

1374 d. A physical therapist licensed under chapter 486, based
1375 upon a referral by a provider described in this subparagraph.

1376 e. A health care clinic licensed under part X of chapter
 1377 400 which is accredited by an accrediting organization whose
 1378 standards incorporate comparable regulations required by this
 1379 state, or

1380 (I) Has a medical director licensed under chapter 458,
 1381 chapter 459, or chapter 460;

1382 (II) Has been continuously licensed for more than 3 years
 1383 or is a publicly traded corporation that issues securities
 1384 traded on an exchange registered with the United States
 1385 Securities and Exchange Commission as a national securities
 1386 exchange; and

1387 (III) Provides at least four of the following medical
 1388 specialties:

1389 (A) General medicine.

1390 (B) Radiography.

1391 (C) Orthopedic medicine.

1392 (D) Physical medicine.

1393 (E) Physical therapy.

1394 (F) Physical rehabilitation.

1395 (G) Prescribing or dispensing outpatient prescription
 1396 medication.

1397 (H) Laboratory services.

1398 3. Reimbursement for services and care provided in
 1399 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 1400 licensed under chapter 458 or chapter 459, a dentist licensed

1401 under chapter 466, a physician assistant licensed under chapter
1402 458 or chapter 459, or an advanced practice registered nurse
1403 licensed under chapter 464 has determined that the injured
1404 person had an emergency medical condition.

1405 4. Reimbursement for services and care provided in
1406 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
1407 provider listed in subparagraph 1. or subparagraph 2. determines
1408 that the injured person did not have an emergency medical
1409 condition.

1410 5. Medical benefits do not include massage as defined in
1411 s. 480.033 or acupuncture as defined in s. 457.102, regardless
1412 of the person, entity, or licensee providing massage or
1413 acupuncture, and a licensed massage therapist or licensed
1414 acupuncturist may not be reimbursed for medical benefits under
1415 this section.

1416 6. The Financial Services Commission shall adopt by rule
1417 the form that must be used by an insurer and a health care
1418 provider specified in sub-subparagraph 2.b., sub-subparagraph
1419 2.c., or sub-subparagraph 2.e. to document that the health care
1420 provider meets the criteria of this paragraph. Such rule must
1421 include a requirement for a sworn statement or affidavit.

1422
1423 Only insurers writing motor vehicle liability insurance in this
1424 state may provide the required benefits of this section, and
1425 such insurer may not require the purchase of any other motor

1426 vehicle coverage other than the purchase of property damage
1427 liability coverage as required by s. 627.7275 as a condition for
1428 providing such benefits. Insurers may not require that property
1429 damage liability insurance in an amount greater than \$10,000 be
1430 purchased in conjunction with personal injury protection. Such
1431 insurers shall make benefits and required property damage
1432 liability insurance coverage available through normal marketing
1433 channels. An insurer writing motor vehicle liability insurance
1434 in this state who fails to comply with such availability
1435 requirement as a general business practice violates part IX of
1436 chapter 626, and such violation constitutes an unfair method of
1437 competition or an unfair or deceptive act or practice involving
1438 the business of insurance. An insurer committing such violation
1439 is subject to the penalties provided under that part, as well as
1440 those provided elsewhere in the insurance code.

1441 Section 32. Section 641.31075, Florida Statutes, is
1442 created to read:

1443 641.31075 Advanced practice registered nurse services.—A
1444 health maintenance contract that is delivered, issued, or
1445 renewed in this state on or after January 1, 2021, may not
1446 require a subscriber to receive services from an advanced
1447 practice registered nurse registered under s. 464.0123 in place
1448 of a physician.

1449 Section 33. Subsection (8) of section 641.495, Florida
1450 Statutes, is amended to read:

1451 641.495 Requirements for issuance and maintenance of
 1452 certificate.—

1453 (8) Each organization's contracts, certificates, and
 1454 subscriber handbooks shall contain a provision, if applicable,
 1455 disclosing that, for certain types of described medical
 1456 procedures, services may be provided by physician assistants,
 1457 advanced practice registered nurses ~~nurse practitioners~~, or
 1458 other individuals who are not licensed physicians.

1459 Section 34. Subsection (1) of section 744.2006, Florida
 1460 Statutes, is amended to read:

1461 744.2006 Office of Public and Professional Guardians;
 1462 appointment, notification.—

1463 (1) The executive director of the Office of Public and
 1464 Professional Guardians, after consultation with the chief judge
 1465 and other circuit judges within the judicial circuit and with
 1466 appropriate advocacy groups and individuals and organizations
 1467 who are knowledgeable about the needs of incapacitated persons,
 1468 may establish, within a county in the judicial circuit or within
 1469 the judicial circuit, one or more offices of public guardian and
 1470 if so established, shall create a list of persons best qualified
 1471 to serve as the public guardian, who have been investigated
 1472 pursuant to s. 744.3135. The public guardian must have knowledge
 1473 of the legal process and knowledge of social services available
 1474 to meet the needs of incapacitated persons. The public guardian
 1475 shall maintain a staff or contract with professionally qualified

1476 individuals to carry out the guardianship functions, including
1477 an attorney who has experience in probate areas and another
1478 person who has a master's degree in social work, or a
1479 gerontologist, psychologist, advanced practice registered nurse,
1480 or registered nurse, ~~or nurse practitioner~~. A public guardian
1481 that is a nonprofit corporate guardian under s. 744.309(5) must
1482 receive tax-exempt status from the United States Internal
1483 Revenue Service.

1484 Section 35. Paragraph (a) of subsection (3) of section
1485 744.331, Florida Statutes, is amended to read:

1486 744.331 Procedures to determine incapacity.—

1487 (3) EXAMINING COMMITTEE.—

1488 (a) Within 5 days after a petition for determination of
1489 incapacity has been filed, the court shall appoint an examining
1490 committee consisting of three members. One member must be a
1491 psychiatrist or other physician. The remaining members must be
1492 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
1493 a ~~or other~~ physician, an advanced practice registered nurse, a
1494 registered nurse, a ~~nurse practitioner~~, licensed social worker,
1495 a person with an advanced degree in gerontology from an
1496 accredited institution of higher education, or any other person
1497 who by knowledge, skill, experience, training, or education may,
1498 in the court's discretion, advise the court in the form of an
1499 expert opinion. One of three members of the committee must have
1500 knowledge of the type of incapacity alleged in the petition.

1501 Unless good cause is shown, the attending or family physician
1502 may not be appointed to the committee. If the attending or
1503 family physician is available for consultation, the committee
1504 must consult with the physician. Members of the examining
1505 committee may not be related to or associated with one another,
1506 with the petitioner, with counsel for the petitioner or the
1507 proposed guardian, or with the person alleged to be totally or
1508 partially incapacitated. A member may not be employed by any
1509 private or governmental agency that has custody of, or
1510 furnishes, services or subsidies, directly or indirectly, to the
1511 person or the family of the person alleged to be incapacitated
1512 or for whom a guardianship is sought. A petitioner may not serve
1513 as a member of the examining committee. Members of the examining
1514 committee must be able to communicate, either directly or
1515 through an interpreter, in the language that the alleged
1516 incapacitated person speaks or to communicate in a medium
1517 understandable to the alleged incapacitated person if she or he
1518 is able to communicate. The clerk of the court shall send notice
1519 of the appointment to each person appointed no later than 3 days
1520 after the court's appointment.

1521 Section 36. Paragraph (b) of subsection (1) of section
1522 744.3675, Florida Statutes, is amended to read:

1523 744.3675 Annual guardianship plan.—Each guardian of the
1524 person must file with the court an annual guardianship plan
1525 which updates information about the condition of the ward. The

1526 | annual plan must specify the current needs of the ward and how
 1527 | those needs are proposed to be met in the coming year.

1528 | (1) Each plan for an adult ward must, if applicable,
 1529 | include:

1530 | (b) Information concerning the medical and mental health
 1531 | conditions and treatment and rehabilitation needs of the ward,
 1532 | including:

1533 | 1. A resume of any professional medical treatment given to
 1534 | the ward during the preceding year.

1535 | 2. The report of a physician or an advanced practice
 1536 | registered nurse registered under s. 464.0123 who examined the
 1537 | ward no more than 90 days before the beginning of the applicable
 1538 | reporting period. The report must contain an evaluation of the
 1539 | ward's condition and a statement of the current level of
 1540 | capacity of the ward.

1541 | 3. The plan for providing medical, mental health, and
 1542 | rehabilitative services in the coming year.

1543 | Section 37. Paragraph (c) of subsection (1) of section
 1544 | 766.118, Florida Statutes, is amended to read:

1545 | 766.118 Determination of noneconomic damages.—

1546 | (1) DEFINITIONS.—As used in this section, the term:

1547 | (c) "Practitioner" means any person licensed under chapter
 1548 | 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter
 1549 | 463, chapter 466, chapter 467, chapter 486, or s. 464.012 or
 1550 | registered under s. 464.0123. "Practitioner" also means any

1551 association, corporation, firm, partnership, or other business
1552 entity under which such practitioner practices or any employee
1553 of such practitioner or entity acting in the scope of his or her
1554 employment. For the purpose of determining the limitations on
1555 noneconomic damages set forth in this section, the term
1556 "practitioner" includes any person or entity for whom a
1557 practitioner is vicariously liable and any person or entity
1558 whose liability is based solely on such person or entity being
1559 vicariously liable for the actions of a practitioner.

1560 Section 38. Subsection (3) of section 768.135, Florida
1561 Statutes, is amended to read:

1562 768.135 Volunteer team physicians; immunity.—

1563 (3) A practitioner licensed under chapter 458, chapter
1564 459, chapter 460, or s. 464.012 or registered under s. 464.0123
1565 who gratuitously and in good faith conducts an evaluation
1566 pursuant to s. 1006.20(2)(c) is not liable for any civil damages
1567 arising from that evaluation unless the evaluation was conducted
1568 in a wrongful manner.

1569 Section 39. Paragraph (a) of subsection (1) of section
1570 1006.062, Florida Statutes, is amended to read:

1571 1006.062 Administration of medication and provision of
1572 medical services by district school board personnel.—

1573 (1) Notwithstanding the provisions of the Nurse Practice
1574 Act, part I of chapter 464, district school board personnel may
1575 assist students in the administration of prescription medication

1576 when the following conditions have been met:

1577 (a) Each district school board shall include in its
1578 approved school health services plan a procedure to provide
1579 training, by a registered nurse, a licensed practical nurse, or
1580 an advanced practice registered nurse licensed under chapter 464
1581 or by a physician licensed under ~~pursuant to~~ chapter 458 or
1582 chapter 459, or a physician assistant licensed under ~~pursuant to~~
1583 chapter 458 or chapter 459, to the school personnel designated
1584 by the school principal to assist students in the administration
1585 of prescribed medication. Such training may be provided in
1586 collaboration with other school districts, through contract with
1587 an education consortium, or by any other arrangement consistent
1588 with the intent of this subsection.

1589 Section 40. Paragraph (c) of subsection (2) of section
1590 1006.20, Florida Statutes, is amended to read:

1591 1006.20 Athletics in public K-12 schools.—

1592 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

1593 (c) The FHSAA shall adopt bylaws that require all students
1594 participating in interscholastic athletic competition or who are
1595 candidates for an interscholastic athletic team to
1596 satisfactorily pass a medical evaluation each year before ~~prior~~
1597 ~~to~~ participating in interscholastic athletic competition or
1598 engaging in any practice, tryout, workout, or other physical
1599 activity associated with the student's candidacy for an
1600 interscholastic athletic team. Such medical evaluation may be

1601 administered only by a practitioner licensed under chapter 458,
1602 chapter 459, chapter 460, or s. 464.012 or registered under s.
1603 464.0123~~7~~ and in good standing with the practitioner's
1604 regulatory board. The bylaws shall establish requirements for
1605 eliciting a student's medical history and performing the medical
1606 evaluation required under this paragraph, which shall include a
1607 physical assessment of the student's physical capabilities to
1608 participate in interscholastic athletic competition as contained
1609 in a uniform preparticipation physical evaluation and history
1610 form. The evaluation form shall incorporate the recommendations
1611 of the American Heart Association for participation
1612 cardiovascular screening and shall provide a place for the
1613 signature of the practitioner performing the evaluation with an
1614 attestation that each examination procedure listed on the form
1615 was performed by the practitioner or by someone under the direct
1616 supervision of the practitioner. The form shall also contain a
1617 place for the practitioner to indicate if a referral to another
1618 practitioner was made in lieu of completion of a certain
1619 examination procedure. The form shall provide a place for the
1620 practitioner to whom the student was referred to complete the
1621 remaining sections and attest to that portion of the
1622 examination. The preparticipation physical evaluation form shall
1623 advise students to complete a cardiovascular assessment and
1624 shall include information concerning alternative cardiovascular
1625 evaluation and diagnostic tests. Results of such medical

1626 evaluation must be provided to the school. A student is not
1627 eligible to participate, as provided in s. 1006.15(3), in any
1628 interscholastic athletic competition or engage in any practice,
1629 tryout, workout, or other physical activity associated with the
1630 student's candidacy for an interscholastic athletic team until
1631 the results of the medical evaluation have been received and
1632 approved by the school.

1633 Section 41. For the 2020-2021 fiscal year, the sums of
1634 \$219,089 in recurring funds and \$17,716 in nonrecurring funds
1635 from the Medical Quality Assurance Trust Fund are appropriated
1636 to the Department of Health, and 3.5 full-time equivalent
1637 positions with associated salary rate of 183,895 are authorized,
1638 for the purpose of implementing s. 464.0123, Florida Statutes,
1639 as created by this act.

1640 Section 42. For the 2020-2021 fiscal year, two full-time
1641 equivalent positions with associated salary rate of 82,211 are
1642 authorized and the sums of \$320,150 in recurring and \$232,342 in
1643 nonrecurring funds from the Health Care Trust Fund are
1644 appropriated to the Agency for Health Care Administration for
1645 the purpose of implementing sections 400.52, 400.53, and
1646 408.822, Florida Statutes, as created by this act.

1647 Section 43. Subsection (1) and paragraphs (a) and (b) of
1648 subsection (2) of section 1009.65, Florida Statutes, are amended
1649 to read:

1650 1009.65 Medical Education Reimbursement and Loan Repayment

1651 Program.—

1652 (1) To encourage qualified medical professionals to
 1653 practice in underserved locations where there are shortages of
 1654 such personnel, there is established the Medical Education
 1655 Reimbursement and Loan Repayment Program. The function of the
 1656 program is to make payments that offset loans and educational
 1657 expenses incurred by students for studies leading to a medical
 1658 or nursing degree, medical or nursing licensure, or advanced
 1659 practice registered nurse licensure or physician assistant
 1660 licensure. The following licensed or certified health care
 1661 professionals are eligible to participate in this program:

1662 (a) Medical doctors with primary care specialties, doctors
 1663 of osteopathic medicine with primary care specialties,
 1664 physician's assistants, licensed practical nurses and registered
 1665 nurses, ~~and~~ advanced practice registered nurses with primary
 1666 care specialties such as certified nurse midwives. Primary care
 1667 medical specialties for physicians include obstetrics,
 1668 gynecology, general and family practice, internal medicine,
 1669 pediatrics, and other specialties which may be identified by the
 1670 Department of Health.

1671 ~~(2)~~ From the funds available, the Department of Health
 1672 shall make payments ~~to selected medical professionals~~ as
 1673 follows:

1674 1.(a) Up to \$4,000 per year for licensed practical nurses
 1675 and registered nurses, up to \$10,000 per year for advanced

1676 practice registered nurses and physician's assistants, and up to
1677 \$20,000 per year for physicians. Penalties for noncompliance
1678 shall be the same as those in the National Health Services Corps
1679 Loan Repayment Program. Educational expenses include costs for
1680 tuition, matriculation, registration, books, laboratory and
1681 other fees, other educational costs, and reasonable living
1682 expenses as determined by the Department of Health.

1683 ~~2.(b)~~ All payments are contingent on continued proof of
1684 primary care practice in an area defined in s. 395.602(2)(b), or
1685 an underserved area designated by the Department of Health,
1686 provided the practitioner accepts Medicaid reimbursement if
1687 eligible for such reimbursement. Correctional facilities, state
1688 hospitals, and other state institutions that employ medical
1689 personnel shall be designated by the Department of Health as
1690 underserved locations. Locations with high incidences of infant
1691 mortality, high morbidity, or low Medicaid participation by
1692 health care professionals may be designated as underserved.

1693 (b) Advanced practice registered nurses registered to
1694 engage in autonomous practice under s. 464.0123 and practicing
1695 in the primary care specialties of family medicine, general
1696 pediatrics, general internal medicine, or midwifery. From the
1697 funds available, the Department of Health shall make payments of
1698 up to \$15,000 per year to advanced practice registered nurses
1699 registered under s. 464.0123 who demonstrate, as required by
1700 department rule, active employment providing primary care

1701 services in a public health program, an independent practice, or
1702 a group practice that serves Medicaid recipients and other low-
1703 income patients and that is located in a primary care health
1704 professional shortage area. Only loans to pay the costs of
1705 tuition, books, medical equipment and supplies, uniforms, and
1706 living expenses may be covered. For the purposes of this
1707 paragraph:

1708 1. "Primary care health professional shortage area" means
1709 a geographic area, an area having a special population, or a
1710 facility with a score of at least 18, as designated and
1711 calculated by the Federal Health Resources and Services
1712 Administration or a rural area as defined by the Federal Office
1713 of Rural Health Policy.

1714 2. "Public health program" means a county health
1715 department, the Children's Medical Services program, a federally
1716 funded community health center, a federally funded migrant
1717 health center, or any other publicly funded or nonprofit health
1718 care program designated by the department.

1719 Section 44. For the 2020-2021 fiscal year, the sum of \$5
1720 million in recurring funds is appropriated from the General
1721 Revenue Fund to the Department of Health for the Health Care
1722 Education Reimbursement and Loan Repayment Program pursuant to
1723 s. 1009.65, Florida Statutes, for advanced practice registered
1724 nurses registered to engage in autonomous practice under s.
1725 464.0123, Florida Statutes.

1726 | Section 45. Except as expressly provided otherwise in this
1727 | act, and except for this section, which shall take effect upon
1728 | this act becoming a law, this act shall take effect July 1,
1729 | 2020.