

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

26 inservice training in medication administration and
27 medication error prevention in addition to existing
28 annual inservice training requirements; requiring the
29 Agency for Health Care Administration, in consultation
30 with the Board of Nursing, to adopt rules for
31 medication administration; creating s. 400.490, F.S.;
32 authorizing a certified nursing assistant or home
33 health aide to perform tasks delegated by a registered
34 nurse; creating s. 400.52, F.S.; creating the
35 Excellence in Home Health Program within the agency;
36 requiring the agency to adopt rules establishing
37 program criteria; requiring the agency to annually
38 evaluate certain home health agencies or nurse
39 registries that apply for a program award; providing
40 eligibility requirements; requiring an agency or
41 registry to reapply biennially for the award
42 designation; authorizing an award recipient to use the
43 designation in advertising and marketing; prohibiting
44 a home health agency or nurse registry from using the
45 award designation in any advertising or marketing
46 under certain circumstances; providing that an
47 application for an award designation under the program
48 is not an application for licensure and such
49 designation or denial of an award does not constitute
50 final agency action subject to certain administrative

51 | procedures; creating s. 408.064, F.S.; requiring the
52 | agency to create a webpage to provide information to
53 | patients and their families about direct care workers;
54 | providing requirements for the webpage; requiring the
55 | agency to display a link on its website to the
56 | webpage; creating s. 408.822, F.S.; defining the term
57 | "direct care worker"; requiring certain licensees to
58 | provide specified information about employees in a
59 | survey beginning on a specified date; requiring that
60 | the survey be completed on a form with a specified
61 | attestation adopted by the agency in rule; requiring a
62 | licensee to submit such survey by a time designated by
63 | the agency in rule; prohibiting the agency from
64 | issuing a license renewal until the licensee submits a
65 | completed survey; requiring the agency to analyze the
66 | results of such survey and publish its results on the
67 | agency's website; requiring the agency to update such
68 | information monthly; requiring the agency's analysis
69 | to include specified information; creating s.
70 | 464.0156, F.S.; authorizing a registered nurse to
71 | delegate tasks to a certified nursing assistant or
72 | home health aide under certain conditions; providing
73 | the criteria that a registered nurse must consider in
74 | determining if a task may be delegated; authorizing a
75 | registered nurse to delegate medication administration

76 | to a certified nursing assistant or home health aide
77 | if certain requirements are met; requiring the Board
78 | of Nursing, in consultation with the agency, to adopt
79 | rules; amending s. 464.018, F.S.; providing that a
80 | registered nurse who delegates certain tasks to a
81 | person the registered nurse knows or has reason to
82 | know is unqualified is grounds for licensure denial or
83 | disciplinary action; providing additional grounds for
84 | denial of a license or disciplinary action for
85 | advanced practice registered nurses registered to
86 | engage in autonomous practice; creating s. 464.2035,
87 | F.S.; authorizing a certified nursing assistant to
88 | administer certain prescription medications under
89 | certain conditions; requiring the certified nursing
90 | assistant to meet certain training and competency
91 | requirements; requiring the training, determination of
92 | competency, and annual validations to be performed by
93 | a registered nurse or a physician; requiring a
94 | certified nursing assistant to complete annual
95 | inservice training in medication administration and
96 | medication error prevention in addition to existing
97 | annual inservice training requirements; requiring the
98 | board, in consultation with the agency, to adopt
99 | rules; amending s. 409.905, F.S.; requiring the Agency
100 | for Health Care Administration to pay for services

101 provided to Medicaid recipients by a licensed advanced
102 practice registered nurse who is registered to engage
103 in autonomous practice; amending s. 456.0391, F.S.;
104 requiring an autonomous physician assistant to submit
105 certain information to the Department of Health;
106 requiring the department to send a notice to
107 autonomous physician assistants regarding the required
108 information; requiring autonomous physician assistants
109 who have submitted required information to update such
110 information in writing; providing penalties; amending
111 s. 456.041, F.S.; requiring the department to provide
112 a practitioner profile for an autonomous physician
113 assistant; amending ss. 458.347 and 459.022, F.S.;
114 defining the term "autonomous physician assistant";
115 authorizing third-party payors to reimburse employers
116 for services provided by autonomous physician
117 assistants; deleting a requirement that a physician
118 assistant must inform a patient of a right to see a
119 physician before prescribing or dispensing a
120 prescription; revising the requirements for physician
121 assistant education and training programs; authorizing
122 the Board of Medicine to impose certain penalties upon
123 an autonomous physician assistant; requiring the board
124 to register a physician assistant as an autonomous
125 physician assistant if the applicant meets certain

126 criteria; providing requirements; providing
127 exceptions; requiring the department to distinguish
128 such autonomous physician assistants' licenses;
129 authorizing such autonomous physician assistants to
130 perform specified acts without physician supervision
131 or supervisory protocol; requiring biennial
132 registration renewal; requiring the Council on
133 Physician Assistants to establish rules; revising the
134 membership and duties of the council; prohibiting a
135 person who is not registered as an autonomous
136 physician assistant from using the title; providing
137 for the denial, suspension, or revocation of the
138 registration of an autonomous physician assistant;
139 requiring the board to adopt rules; requiring
140 autonomous physician assistants to report adverse
141 incidents to the department; amending s. 464.012,
142 F.S.; requiring applicants for registration as an
143 advanced practice registered nurse to apply to the
144 Board of Nursing; authorizing an advanced practice
145 registered nurse to sign, certify, stamp, verify, or
146 endorse a document that requires the signature,
147 certification, stamp, verification, affidavit, or
148 endorsement of a physician within the framework of an
149 established protocol; providing an exception; creating
150 s. 464.0123, F.S.; defining the term "autonomous

151 practice"; providing for the registration of an
152 advanced practice registered nurse to engage in
153 autonomous practice; providing registration
154 requirements; requiring the department to distinguish
155 such advanced practice registered nurses' licenses and
156 include the registration in their practitioner
157 profiles; authorizing such advanced practice
158 registered nurses to perform specified acts without
159 physician supervision or supervisory protocol;
160 requiring biennial registration renewal and continuing
161 education; authorizing the Board of Nursing to
162 establish an advisory committee to determine the
163 medical acts that may be performed by such advanced
164 practice registered nurses; providing for appointment
165 and terms of committee members; requiring the board to
166 adopt rules; creating s. 464.0155, F.S.; requiring
167 advanced practice registered nurses registered to
168 engage in autonomous practice to report adverse
169 incidents to the Department of Health; providing
170 requirements; defining the term "adverse incident";
171 providing for department review of such reports;
172 authorizing the department to take disciplinary
173 action; amending s. 39.01, F.S.; revising the
174 definition of the term "licensed health care
175 professional" to include an autonomous physician

176 assistant; amending s. 39.303, F.S.; authorizing a
177 specified autonomous physician assistant to review
178 certain cases of abuse or neglect and standards for
179 face-to-face medical evaluations by a Child Protection
180 Team; amending s. 39.304, F.S.; authorizing an
181 autonomous physician assistant to perform or order an
182 examination and diagnose a child without parental
183 consent under certain circumstances; amending s.
184 110.12315, F.S.; revising requirements for
185 reimbursement of pharmacies for specified prescription
186 drugs and supplies under the state employees'
187 prescription drug program; amending s. 252.515, F.S.;
188 providing immunity from civil liability for an
189 autonomous physician assistant under the Postdisaster
190 Relief Assistance Act; amending ss. 310.071, 310.073,
191 and 310.081, F.S.; authorizing an autonomous physician
192 assistant and a physician assistant to administer the
193 physical examination required for deputy pilot
194 certification and state pilot licensure; authorizing
195 an applicant for a deputy pilot certificate or a state
196 pilot license to use controlled substances prescribed
197 by an autonomous physician assistant; amending s.
198 320.0848, F.S.; authorizing an autonomous physician
199 assistant to certify that a person is disabled to
200 satisfy requirements for certain permits; amending s.

201 381.00315, F.S.; providing for the temporary
202 reactivation of the registration of an autonomous
203 physician assistant in a public health emergency;
204 amending s. 381.00593, F.S.; revising the definition
205 of the term "health care practitioner" to include an
206 autonomous physician assistant for purposes of the
207 Public School Volunteer Health Care Practitioner Act;
208 amending s. 381.026, F.S.; revising the definition of
209 the term "health care provider" to include an advanced
210 practice registered nurse and an autonomous physician
211 assistant for purposes of the Florida Patient's Bill
212 of Rights and Responsibilities; amending s. 382.008,
213 F.S.; authorizing an autonomous physician assistant, a
214 physician assistant, and an advanced practice
215 registered nurse to file a certificate of death or
216 fetal death under certain circumstances; authorizing a
217 certified nurse midwife to provide certain information
218 to the funeral director within a specified time
219 period; replacing the term "primary or attending
220 physician" with "primary or attending practitioner";
221 defining the term "primary or attending practitioner";
222 amending s. 382.011, F.S.; conforming a provision to
223 changes made by the act; amending s. 383.14, F.S.;
224 authorizing the release of certain newborn tests and
225 screening results to an autonomous physician

226 assistant; revising the definition of the term "health
227 care practitioner" to include an autonomous physician
228 assistant for purposes of screening for certain
229 disorders and risk factors; amending s. 390.0111,
230 F.S.; authorizing a certain action by an autonomous
231 physician assistant before an abortion procedure;
232 amending s. 390.012, F.S.; authorizing certain actions
233 by an autonomous physician assistant during and after
234 an abortion procedure; amending s. 394.463, F.S.;

235 authorizing an autonomous physician assistant, a
236 physician assistant, and an advanced practice
237 registered nurse to initiate an involuntary
238 examination for mental illness under certain
239 circumstances; authorizing a physician assistant to
240 examine a patient; amending s. 395.0191, F.S.;

241 providing an exception to certain onsite medical
242 direction requirements for a specified advanced
243 practice registered nurse; amending s. 395.602, F.S.;

244 authorizing the Department of Health to use certain
245 funds to increase the number of autonomous physician
246 assistants in rural areas; amending s. 397.501, F.S.;

247 prohibiting the denial of certain services to an
248 individual who takes medication prescribed by an
249 autonomous physician assistant, a physician assistant,
250 or an advanced practice registered nurse; amending ss.

251 397.679 and 397.6793, F.S.; authorizing an autonomous
252 physician assistant to execute a certificate for
253 emergency admission of a person who is substance abuse
254 impaired; amending s. 400.021, F.S.; revising the
255 definition of the term "geriatric outpatient clinic"
256 to include a site staffed by an autonomous physician
257 assistant; amending s. 400.172, F.S.; authorizing an
258 autonomous physician assistant and an advanced
259 practice registered nurse to provide certain medical
260 information to a prospective respite care resident;
261 amending s. 400.487, F.S.; authorizing an autonomous
262 physician assistant to establish treatment orders for
263 certain patients under certain circumstances; amending
264 s. 400.506, F.S.; requiring an autonomous physician
265 assistant to comply with specified treatment plan
266 requirements; amending ss. 400.9973, 400.9974,
267 400.9976, and 400.9979, F.S.; authorizing an
268 autonomous physician assistant to prescribe client
269 admission to a transitional living facility and care
270 for such client, order treatment plans, supervise and
271 record client medications, and order physical and
272 chemical restraints, respectively; amending s.
273 401.445, F.S.; prohibiting recovery of damages in
274 court against a registered autonomous physician
275 assistant under certain circumstances; requiring an

276 | autonomous physician assistant to attempt to obtain a
277 | person's consent before providing emergency services;
278 | amending ss. 409.906 and 409.908, F.S.; authorizing
279 | the agency to reimburse an autonomous physician
280 | assistant for providing certain optional Medicaid
281 | services; amending s. 409.973, F.S.; requiring managed
282 | care plans to cover autonomous physician assistant
283 | services; amending s. 429.26, F.S.; prohibiting
284 | autonomous physician assistants from having a
285 | financial interest in the assisted living facility at
286 | which they are employed; authorizing an autonomous
287 | physician assistant to examine an assisted living
288 | facility resident before admission; amending s.
289 | 429.918, F.S.; revising the definition of the term
290 | "ADRD participant" to include a participant who has a
291 | specified diagnosis from an autonomous physician
292 | assistant; authorizing an autonomous physician
293 | assistant to provide signed documentation to an ADRD
294 | participant; amending s. 440.102, F.S.; authorizing an
295 | autonomous physician assistant to collect a specimen
296 | for a drug test for specified purposes; amending s.
297 | 456.053, F.S.; revising definitions; authorizing an
298 | advanced practice registered nurse registered to
299 | engage in autonomous practice and an autonomous
300 | physician assistant to make referrals under certain

301 | circumstances; conforming a cross-reference; amending
302 | s. 456.072, F.S.; providing penalties for an
303 | autonomous physician assistant who prescribes or
304 | dispenses a controlled substance in a certain manner;
305 | amending s. 456.44, F.S.; revising the definition of
306 | the term "registrant" to include an autonomous
307 | physician assistant for purposes of controlled
308 | substance prescribing; providing requirements for an
309 | autonomous physician assistant who prescribes
310 | controlled substances for the treatment of chronic
311 | nonmalignant pain; amending ss. 458.3265 and 459.0137,
312 | F.S.; requiring an autonomous physician assistant to
313 | perform a physical examination of a patient at a pain-
314 | management clinic under certain circumstances;
315 | amending ss. 458.331 and 459.015, F.S.; providing
316 | grounds for denial of a license or disciplinary action
317 | against an autonomous physician assistant for certain
318 | violations; amending s. 464.003, F.S.; revising the
319 | definition of the term "practice of practical nursing"
320 | to include an autonomous physician assistant for
321 | purposes of authorizing such assistant to supervise a
322 | licensed practical nurse; amending s. 464.0205, F.S.;
323 | authorizing an autonomous physician assistant to
324 | directly supervise a certified retired volunteer
325 | nurse; amending s. 480.0475, F.S.; authorizing the

326 operation of a massage establishment during specified
327 hours if the massage therapy is prescribed by an
328 autonomous physician assistant; amending s. 493.6108,
329 F.S.; authorizing an autonomous physician assistant to
330 certify the physical fitness of a certain class of
331 applicants to bear a weapon or firearm; amending s.
332 626.9707, F.S.; prohibiting an insurer from refusing
333 to issue and deliver certain disability insurance that
334 covers any medical treatment or service furnished by
335 an autonomous physician assistant or an advanced
336 practice registered nurse; amending s. 627.357, F.S.;
337 revising the definition of the term "health care
338 provider" to include an autonomous physician assistant
339 for purposes of medical malpractice self-insurance;
340 amending s. 627.736, F.S.; requiring personal injury
341 protection insurance to cover a certain percentage of
342 medical services and care provided by specified health
343 care providers; providing for specified reimbursement
344 of advanced practice registered nurses registered to
345 engage in autonomous practice or autonomous physician
346 assistants; amending s. 633.412, F.S.; authorizing an
347 autonomous physician assistant to medically examine an
348 applicant for firefighter certification; amending s.
349 641.495, F.S.; requiring certain health maintenance
350 organization documents to disclose that certain

351 services may be provided by autonomous physician
352 assistants or advanced practice registered nurses;
353 amending s. 744.2006, F.S.; authorizing an autonomous
354 physician assistant to carry out guardianship
355 functions under a contract with a public guardian;
356 conforming terminology; amending s. 744.331, F.S.;
357 authorizing an autonomous physician assistant or a
358 physician assistant to be an eligible member of an
359 examining committee; conforming terminology; amending
360 s. 744.3675, F.S.; authorizing an advanced practice
361 registered nurse, autonomous physician assistant, or
362 physician assistant to provide the medical report of a
363 ward in an annual guardianship plan; amending s.
364 766.103, F.S.; prohibiting recovery of damages against
365 an autonomous physician assistant under certain
366 conditions; amending s. 766.105, F.S.; revising the
367 definition of the term "health care provider" to
368 include an autonomous physician assistants for
369 purposes of the Florida Patient's Compensation Fund;
370 amending ss. 766.1115 and 766.1116, F.S.; revising the
371 definitions of the terms "health care provider" and
372 "health care practitioner," respectively, to include
373 autonomous physician assistants for purposes of the
374 Access to Health Care Act; amending s. 766.118, F.S.;
375 revising the definition of the term "practitioner" to

376 include an advanced practice registered nurse
377 registered to engage in autonomous practice and an
378 autonomous physician assistant; amending s. 768.135,
379 F.S.; providing immunity from liability for an
380 advanced practice registered nurse registered to
381 engage in autonomous practice or an autonomous
382 physician assistant who provides volunteer services
383 under certain circumstances; amending s. 794.08, F.S.;
384 providing an exception to medical procedures conducted
385 by an autonomous physician assistant under certain
386 circumstances; amending s. 893.02, F.S.; revising the
387 definition of the term "practitioner" to include an
388 autonomous physician assistant; amending s. 943.13,
389 F.S.; authorizing an autonomous physician assistant to
390 conduct a physical examination for a law enforcement
391 or correctional officer to satisfy qualifications for
392 employment or appointment; amending s. 945.603, F.S.;
393 authorizing the Correctional Medical Authority to
394 review and make recommendations relating to the use of
395 autonomous physician assistants as physician
396 extenders; amending s. 948.03, F.S.; authorizing an
397 autonomous physician assistant to prescribe drugs or
398 narcotics to a probationer; amending ss. 984.03 and
399 985.03, F.S.; revising the definition of the term
400 "licensed health care professional" to include an

401 autonomous physician assistant; amending ss. 1002.20
 402 and 1002.42, F.S.; providing immunity from liability
 403 for autonomous physician assistants who administer
 404 epinephrine auto-injectors in public and private
 405 schools; amending s. 1006.062, F.S.; authorizing an
 406 autonomous physician assistant to provide training in
 407 the administration of medication to designated school
 408 personnel; requiring an autonomous physician assistant
 409 to monitor such personnel; authorizing an autonomous
 410 physician assistant to determine whether such
 411 personnel may perform certain invasive medical
 412 services; amending s. 1006.20, F.S.; authorizing an
 413 autonomous physician assistant to medically evaluate a
 414 student athlete; amending s. 1009.65, F.S.;

415 authorizing an autonomous physician assistant to
 416 participate in the Medical Education Reimbursement and
 417 Loan Repayment Program; providing appropriations and
 418 authorizing positions; providing an effective date.

419
 420 Be It Enacted by the Legislature of the State of Florida:
 421

422 Section 1. Paragraph (v) is added to subsection (1) of
 423 section 400.141, Florida Statutes, to read:

424 400.141 Administration and management of nursing home
 425 facilities.—

426 (1) Every licensed facility shall comply with all
 427 applicable standards and rules of the agency and shall:
 428 (v) Be allowed to use a paid feeding assistant in
 429 accordance with federal nursing home regulations, if the paid
 430 feeding assistant has successfully completed a feeding assistant
 431 training program that meets federal nursing home requirements
 432 and has been approved by the agency. The feeding assistant
 433 training program must consist of a minimum of 12 hours of
 434 education.

435 Section 2. Paragraph (b) of subsection (3) of section
 436 400.23, Florida Statutes, is amended to read:

437 400.23 Rules; evaluation and deficiencies; licensure
 438 status.—

439 (3)

440 (b) Paid feeding assistants and nonnursing staff providing
 441 eating assistance to residents may ~~shall~~ not count toward
 442 compliance with minimum staffing standards.

443 Section 3. Subsection (15) of section 400.462, Florida
 444 Statutes, is amended to read:

445 400.462 Definitions.—As used in this part, the term:

446 (15) "Home health aide" means a person who is trained or
 447 qualified, as provided by rule, and who provides hands-on
 448 personal care, performs simple procedures as an extension of
 449 therapy or nursing services, assists in ambulation or exercises,
 450 or assists in administering medications as permitted in rule and

451 for which the person has received training established by the
452 agency under this part or performs tasks delegated to him or her
453 pursuant to chapter 464 s. 400.497(1).

454 Section 4. Subsections (5) and (6) of section 400.464,
455 Florida Statutes, are renumbered as subsections (6) and (7),
456 respectively, present subsection (6) is amended, and a new
457 subsection (5) is added to that section, to read:

458 400.464 Home health agencies to be licensed; expiration of
459 license; exemptions; unlawful acts; penalties.—

460 (5) If a licensed home health agency authorizes a
461 registered nurse to delegate tasks, including medication
462 administration, to a certified nursing assistant pursuant to
463 chapter 464 or a home health aide pursuant to s. 400.490, the
464 licensed home health agency must ensure that such delegation
465 meets the requirements of this chapter, chapter 464, and the
466 rules adopted thereunder.

467 (7)~~(6)~~ Any person, entity, or organization providing home
468 health services which is exempt from licensure under subsection
469 (6) ~~(5)~~ may voluntarily apply for a certificate of exemption
470 from licensure under its exempt status with the agency on a form
471 that specifies its name or names and addresses, a statement of
472 the reasons why it is exempt from licensure as a home health
473 agency, and other information deemed necessary by the agency. A
474 certificate of exemption is valid for a period of not more than
475 2 years and is not transferable. The agency may charge an

476 applicant \$100 for a certificate of exemption or charge the
477 actual cost of processing the certificate.

478 Section 5. Subsections (2) and (3) of section 400.488,
479 Florida Statutes, are amended to read:

480 400.488 Assistance with self-administration of
481 medication.—

482 (2) Patients who are capable of self-administering their
483 own medications without assistance shall be encouraged and
484 allowed to do so. However, an unlicensed person may, consistent
485 with a dispensed prescription's label or the package directions
486 of an over-the-counter medication, assist a patient whose
487 condition is medically stable with the self-administration of
488 routine, regularly scheduled medications that are intended to be
489 self-administered. Assistance with self-medication by an
490 unlicensed person may occur only upon a documented request by,
491 and the written informed consent of, a patient or the patient's
492 surrogate, guardian, or attorney in fact. For purposes of this
493 section, self-administered medications include both legend and
494 over-the-counter oral dosage forms, topical dosage forms, and
495 topical ophthalmic, otic, and nasal dosage forms, including
496 solutions, suspensions, sprays, ~~and~~ inhalers, and nebulizer
497 treatments.

498 (3) Assistance with self-administration of medication
499 includes:

500 (a) Taking the medication, in its previously dispensed,

501 properly labeled container, from where it is stored and bringing
502 it to the patient.

503 (b) In the presence of the patient, confirming that the
504 medication is intended for that patient, orally advising the
505 patient of the medication name and purpose ~~reading the label,~~
506 opening the container, removing a prescribed amount of
507 medication from the container, and closing the container.

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

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

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

515 (f) For nebulizer treatments, assisting with setting up
516 and cleaning the device in the presence of the patient,
517 confirming that the medication is intended for that patient,
518 orally advising the patient of the medication name and purpose,
519 opening the container, removing the prescribed amount for a
520 single treatment dose from a properly labeled container, and
521 assisting the patient with placing the dose into the medicine
522 receptacle or mouthpiece.

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

525 Section 6. Section 400.489, Florida Statutes, is created

526 to read:

527 400.489 Administration of medication by a home health
528 aide; staff training requirements.-

529 (1) A home health aide may administer oral, transdermal,
530 ophthalmic, otic, rectal, inhaled, enteral, or topical
531 prescription medications if the home health aide has been
532 delegated such task by a registered nurse licensed under chapter
533 464; has satisfactorily completed an initial 6-hour training
534 course approved by the agency; and has been found competent to
535 administer medication to a patient in a safe and sanitary
536 manner. The training, determination of competency, and initial
537 and annual validations required in this section shall be
538 conducted by a registered nurse licensed under chapter 464 or a
539 physician licensed under chapter 458 or chapter 459.

540 (2) A home health aide must annually and satisfactorily
541 complete a 2-hour inservice training course in medication
542 administration and medication error prevention approved by the
543 agency. The inservice training course shall be in addition to
544 the annual inservice training hours required by agency rules.

545 (3) The agency, in consultation with the Board of Nursing,
546 shall establish by rule standards and procedures that a home
547 health aide must follow when administering medication to a
548 patient. Such rules must, at a minimum, address qualification
549 requirements for trainers, requirements for labeling medication,
550 documentation and recordkeeping, the storage and disposal of

551 medication, instructions concerning the safe administration of
552 medication, informed-consent requirements and records, and the
553 training curriculum and validation procedures

554 Section 7. Section 400.490, Florida Statutes, is created
555 to read:

556 400.490 Nurse delegated tasks.—A certified nursing
557 assistant or home health aide may perform any task delegated by
558 a registered nurse as provided in chapter 464, including, but
559 not limited to, medication administration.

560 Section 8. Section 400.52, Florida Statutes, is created to
561 read:

562 400.52 Excellence in Home Health Program.—

563 (1) There is created within the agency the Excellence in
564 Home Health Program for the purpose of awarding home health
565 agencies or nurse registries that meet the criteria specified in
566 this section.

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

570 1. Patient or client satisfaction.

571 2. Patients or clients requiring emergency care for wound
572 infections.

573 3. Patients or clients admitted or readmitted to an acute
574 care hospital.

575 4. Patient or client improvement in the activities of

576 daily living.

577 5. Employee satisfaction, as applicable.

578 6. Quality of employee training, as applicable.

579 7. Employee retention rates, as applicable.

580 8. High performance under federal Medicaid electronic
581 visit verification requirements, as applicable.

582 (b) The agency must annually evaluate home health agencies
583 and nurse registries seeking the award which apply on a form and
584 in the manner designated by rule.

585 (3) The home health agency or nurse registry must:

586 (a) Be actively licensed and operating for at least 24
587 months to be eligible to apply for a program award. An award
588 under the program is not transferrable to another license,
589 except when the existing home health agency or nurse registry is
590 being relicensed in the name of an entity related to the current
591 licenseholder by common control or ownership, and there will be
592 no change in the management, operation, or programs of the home
593 health agency or nurse registry as a result of the relicensure.

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

597 (4) The award designation shall expire on the same date as
598 the home health agency's or nurse registry's license. A home
599 health agency or nurse registry must reapply and be approved for
600 the award designation to continue using the award designation in

601 the manner authorized under subsection (5).

602 (5) A home health agency or nurse registry that is awarded
 603 under the program may use the designation in advertising and
 604 marketing. A home health agency or nurse registry may not use
 605 the award designation in any advertising or marketing if the
 606 home health agency or nurse registry:

607 (a) Has not been awarded the designation;

608 (b) Fails to renew the award upon expiration of the award
 609 designation;

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

612 (d) Has been notified that it no longer meets the criteria
 613 for the award upon reapplication after expiration of the award
 614 designation.

615 (6) An application for an award designation under the
 616 program is not an application for licensure. A designation award
 617 or denial by the agency under this section does not constitute
 618 final agency action subject to chapter 120.

619 Section 9. Section 408.064, Florida Statutes, is created
 620 to read:

621 408.064 Direct care worker education and awareness.—

622 (1) The agency shall create a webpage dedicated solely to
 623 providing information to patients and their families about
 624 direct care workers, as defined in s. 408.822, including, but
 625 not limited to, a description of:

626 (a) Each type of direct care worker, including any
 627 licensure or certification requirements.

628 (b) The services that each type of direct care worker
 629 typically provides.

630 (c) The business relationship that each type of direct
 631 care worker typically has with a patient or a patient's family,
 632 including the responsibilities of the consumer for each type of
 633 business relationship.

634 (2) The webpage shall contain a link to health-related
 635 data required by s. 408.05, which allows consumers to search and
 636 locate direct care workers by county and statewide. The agency
 637 shall prominently display a link on its website to the webpage
 638 created under this section.

639 Section 10. Section 408.822, Florida Statutes, is created
 640 to read:

641 408.822 Direct care workforce survey.—

642 (1) For purposes of this section, the term "direct care
 643 worker" means a certified nursing assistant, home health aide,
 644 personal care assistant, companion services or homemaker
 645 services provider, paid feeding assistant, or other individuals
 646 who provide personal care as defined in s. 400.462 to
 647 individuals who are elderly, developmentally disabled, or
 648 chronically ill.

649 (2) Beginning January 1, 2021, each licensee that applies
 650 for licensure renewal as a nursing home facility licensed under

651 part II of chapter 400; an assisted living facility licensed
652 under part I of chapter 429; or a home health agency, nurse
653 registry, or a companion services or homemaker services provider
654 licensed under part III of chapter 400 must furnish the
655 following information to the agency in a survey on the direct
656 care workforce:

657 (a) The number of registered nurses, licensed practical
658 nurses, and direct care workers employed or contracted by the
659 licensee.

660 (b) The turnover and vacancy rates of employed registered
661 nurses, licensed practical nurses, and direct care workers and
662 contributing factors to the rates, as applicable.

663 (c) Average wage for registered nurses, licensed practical
664 nurses, and each category of direct care workers, including
665 employees and independent contractors.

666 (d) Employment benefits for employed direct care workers
667 or independent contractors and the average cost to the employer
668 and employee or independent contractor, as applicable.

669 (e) Type and availability of training for employed
670 registered nurses, licensed practical nurses, and direct care
671 workers, as applicable.

672 (3) An administrator or designee shall include the
673 information required in subsection (2) on a survey form
674 developed by the agency in rule which must contain an
675 attestation that the information provided is true and accurate

676 to the best of his or her knowledge.

677 (4) The licensee must submit the completed survey by a
678 time designated by the agency in rule. The agency may not issue
679 a license renewal until the licensee submits a completed survey.

680 (5) The agency shall continually analyze the results of
681 the survey and publish the results on its website. The agency
682 must update the information published on its website monthly.

683 The analysis must include the:

684 (a) Number of direct workers in the state, including the
685 number of full-time workers and the number of part-time workers.

686 (b) Turnover rate and causes of turnover.

687 (c) Vacancy rate.

688 (d) Average hourly wage.

689 (e) Benefits offered.

690 (f) Availability of post-employment training.

691 Section 11. Section 464.0156, Florida Statutes, is created
692 to read:

693 464.0156 Delegation of duties.—

694 (1) A registered nurse may delegate a task to a certified
695 nursing assistant certified under part II of this chapter or a
696 home health aide as defined in s. 400.462, if the registered
697 nurse determines that the certified nursing assistant or home
698 health aide is competent to perform the task, the task is
699 delegable under federal law, and the task:

700 (a) Is within the nurse's scope of practice.

701 (b) Frequently recurs in the routine care of a patient or
702 group of patients.

703 (c) Is performed according to an established sequence of
704 steps.

705 (d) Involves little or no modification from one patient to
706 another.

707 (e) May be performed with a predictable outcome.

708 (f) Does not inherently involve ongoing assessment,
709 interpretation, or clinical judgement.

710 (g) Does not endanger a patient's life or well-being.

711 (2) A registered nurse may delegate to a certified nursing
712 assistant or a home health aide the administration of medication
713 of oral, transdermal, ophthalmic, otic, rectal, inhaled,
714 enteral, or topical prescription medications to a patient of a
715 home health agency if the certified nursing assistant or home
716 health aide meets the requirements of s. 464.2035 or s. 400.489,
717 respectively. A registered nurse may not delegate the
718 administration of any controlled substance listed in Schedule
719 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.
720 812.

721 (3) The board, in consultation with the Agency for Health
722 Care Administration, shall adopt rules to implement this
723 section.

724 Section 12. Paragraphs (r) and (s) are added to subsection
725 (1) of section 464.018, Florida Statutes, to read:

726 464.018 Disciplinary actions.—

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

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

734 (s) For an advanced practice registered nurse registered
735 to engage in autonomous practice under s. 464.0123:

736 1. Paying or receiving any commission, bonus, kickback, or
737 rebate from, or engaging in any split-fee arrangement in any
738 form whatsoever with, a health care practitioner, organization,
739 agency, or person, either directly or implicitly, for referring
740 patients to providers of health care goods or services,
741 including, but not limited to, hospitals, nursing homes,
742 clinical laboratories, ambulatory surgical centers, or
743 pharmacies. This subparagraph may not be construed to prevent an
744 advanced practice registered nurse from receiving a fee for
745 professional consultation services.

746 2. Exercising influence within a patient-advanced practice
747 registered nurse relationship for purposes of engaging a patient
748 in sexual activity. A patient shall be presumed to be incapable
749 of giving free, full, and informed consent to sexual activity
750 with his or her advanced practice registered nurse.

751 3. Making deceptive, untrue, or fraudulent representations
752 in or related to, or employing a trick or scheme in or related
753 to, advanced or specialized nursing practice.

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

759 5. Failing to keep legible, as defined by department rule
760 in consultation with the board, medical records that identify
761 the advanced practice registered nurse by name and professional
762 title who is responsible for rendering, ordering, supervising,
763 or billing for each diagnostic or treatment procedure and that
764 justify the course of treatment of the patient, including, but
765 not limited to, patient histories; examination results; test
766 results; records of drugs prescribed, dispensed, or
767 administered; and reports of consultations or referrals.

768 6. Exercising influence on the patient to exploit the
769 patient for the financial gain of the advanced practice
770 registered nurse or a third party, including, but not limited
771 to, the promoting or selling of services, goods, appliances, or
772 drugs.

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

776 8. Performing any procedure or prescribing any therapy
777 that, by the prevailing standards of advanced or specialized
778 nursing practice in the community, would constitute
779 experimentation on a human subject, without first obtaining
780 full, informed, and written consent.

781 9. Delegating professional responsibilities to a person
782 when the advanced practice registered nurse delegating such
783 responsibilities knows or has reason to believe that such person
784 is not qualified by training, experience, or licensure to
785 perform such responsibilities.

786 10. Committing, or conspiring with another to commit, an
787 act that would tend to coerce, intimidate, or preclude another
788 advanced practice registered nurse from lawfully advertising his
789 or her services.

790 11. Advertising or holding himself or herself out as
791 having certification in a specialty that the he or she has not
792 received.

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

796 13. Providing deceptive or fraudulent expert witness
797 testimony related to advanced or specialized nursing practice.

798 Section 13. Section 464.2035, Florida Statutes, is created
799 to read:

800 464.2035 Administration of medication.—

801 (1) A certified nursing assistant may administer oral,
802 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
803 topical prescription medication to a patient of a home health
804 agency if the certified nursing assistant has been delegated
805 such task by a registered nurse licensed under part I of this
806 chapter, has satisfactorily completed an initial 6-hour training
807 course approved by the board, and has been found competent to
808 administer medication to a patient in a safe and sanitary
809 manner. The training, determination of competency, and initial
810 and annual validations required in this section shall be
811 conducted by a registered nurse licensed under this chapter or a
812 physician licensed under chapter 458 or chapter 459.

813 (2) A certified nursing assistant must annually and
814 satisfactorily complete 2 hours of inservice training in
815 medication administration and medication error prevention
816 approved by the board, in consultation with the Agency for
817 Health Care Administration. The inservice training is in
818 addition to the annual inservice training hours required under
819 this part.

820 (3) The board, in consultation with the Agency for Health
821 Care Administration, shall establish by rule standards and
822 procedures that a certified nursing assistant must follow when
823 administering medication to a patient of a home health agency.
824 Such rules must, at a minimum, address qualification
825 requirements for trainers, requirements for labeling medication,

826 | documentation and recordkeeping, the storage and disposal of
 827 | medication, instructions concerning the safe administration of
 828 | medication, informed-consent requirements and records, and the
 829 | training curriculum and validation procedures.

830 | Section 14. Subsection (1) of section 409.905, Florida
 831 | Statutes, is amended to read:

832 | 409.905 Mandatory Medicaid services.—The agency may make
 833 | payments for the following services, which are required of the
 834 | state by Title XIX of the Social Security Act, furnished by
 835 | Medicaid providers to recipients who are determined to be
 836 | eligible on the dates on which the services were provided. Any
 837 | service under this section shall be provided only when medically
 838 | necessary and in accordance with state and federal law.

839 | Mandatory services rendered by providers in mobile units to
 840 | Medicaid recipients may be restricted by the agency. Nothing in
 841 | this section shall be construed to prevent or limit the agency
 842 | from adjusting fees, reimbursement rates, lengths of stay,
 843 | number of visits, number of services, or any other adjustments
 844 | necessary to comply with the availability of moneys and any
 845 | limitations or directions provided for in the General
 846 | Appropriations Act or chapter 216.

847 | (1) ADVANCED PRACTICE REGISTERED NURSE SERVICES.—The
 848 | agency shall pay for services provided to a recipient by a
 849 | licensed advanced practice registered nurse who has a valid
 850 | collaboration agreement with a licensed physician on file with

851 the Department of Health or who provides anesthesia services in
852 accordance with established protocol required by state law and
853 approved by the medical staff of the facility in which the
854 anesthetic service is performed. Reimbursement for such services
855 must be provided in an amount that equals not less than 80
856 percent of the reimbursement to a physician who provides the
857 same services, unless otherwise provided for in the General
858 Appropriations Act. The agency shall also pay for services
859 provided to a recipient by a licensed advance practice
860 registered nurse who is registered to engage in autonomous
861 practice under s. 464.0123.

862 Section 15. Subsections (1), (2), and (3) of section
863 456.0391, Florida Statutes, are amended to read:

864 456.0391 Advanced practice registered nurses and
865 autonomous physician assistants; information required for
866 licensure or registration.-

867 (1) (a) Each person who applies for initial licensure under
868 s. 464.012 or initial registration under s. 458.347(8) or s.
869 459.022(8) must, at the time of application, and each person
870 licensed under s. 464.012 or registered under s. 458.347(8) or
871 s. 459.022(8) who applies for licensure or registration renewal
872 must, in conjunction with the renewal of such licensure or
873 registration and under procedures adopted by the Department of
874 Health, and in addition to any other information that may be
875 required from the applicant, furnish the following information

876 to the Department of Health:

877 1. The name of each school or training program that the
878 applicant has attended, with the months and years of attendance
879 and the month and year of graduation, and a description of all
880 graduate professional education completed by the applicant,
881 excluding any coursework taken to satisfy continuing education
882 requirements.

883 2. The name of each location at which the applicant
884 practices.

885 3. The address at which the applicant will primarily
886 conduct his or her practice.

887 4. Any certification or designation that the applicant has
888 received from a specialty or certification board that is
889 recognized or approved by the regulatory board or department to
890 which the applicant is applying.

891 5. The year that the applicant received initial
892 certification, ~~or~~ licensure, or registration and began
893 practicing the profession in any jurisdiction and the year that
894 the applicant received initial certification, ~~or~~ or
895 registration in this state.

896 6. Any appointment which the applicant currently holds to
897 the faculty of a school related to the profession and an
898 indication as to whether the applicant has had the
899 responsibility for graduate education within the most recent 10
900 years.

901 7. A description of any criminal offense of which the
902 applicant has been found guilty, regardless of whether
903 adjudication of guilt was withheld, or to which the applicant
904 has pled guilty or nolo contendere. A criminal offense committed
905 in another jurisdiction which would have been a felony or
906 misdemeanor if committed in this state must be reported. If the
907 applicant indicates that a criminal offense is under appeal and
908 submits a copy of the notice for appeal of that criminal
909 offense, the department must state that the criminal offense is
910 under appeal if the criminal offense is reported in the
911 applicant's profile. If the applicant indicates to the
912 department that a criminal offense is under appeal, the
913 applicant must, within 15 days after the disposition of the
914 appeal, submit to the department a copy of the final written
915 order of disposition.

916 8. A description of any final disciplinary action taken
917 within the previous 10 years against the applicant by a
918 licensing or regulatory body in any jurisdiction, by a specialty
919 board that is recognized by the board or department, or by a
920 licensed hospital, health maintenance organization, prepaid
921 health clinic, ambulatory surgical center, or nursing home.
922 Disciplinary action includes resignation from or nonrenewal of
923 staff membership or the restriction of privileges at a licensed
924 hospital, health maintenance organization, prepaid health
925 clinic, ambulatory surgical center, or nursing home taken in

926 lieu of or in settlement of a pending disciplinary case related
927 to competence or character. If the applicant indicates that the
928 disciplinary action is under appeal and submits a copy of the
929 document initiating an appeal of the disciplinary action, the
930 department must state that the disciplinary action is under
931 appeal if the disciplinary action is reported in the applicant's
932 profile.

933 (b) In addition to the information required under
934 paragraph (a), each applicant for initial licensure or
935 registration or licensure or registration renewal must provide
936 the information required of licensees pursuant to s. 456.049.

937 (2) The Department of Health shall send a notice to each
938 person licensed under s. 464.012 or registered under s.
939 458.347(8) or s. 459.022(8) at the licensee's or registrant's
940 last known address of record regarding the requirements for
941 information to be submitted by such person ~~advanced practice~~
942 ~~registered nurses~~ pursuant to this section in conjunction with
943 the renewal of such license or registration.

944 (3) Each person licensed under s. 464.012 or registered
945 under s. 458.347(8) or s. 459.022(8) who has submitted
946 information pursuant to subsection (1) must update that
947 information in writing by notifying the Department of Health
948 within 45 days after the occurrence of an event or the
949 attainment of a status that is required to be reported by
950 subsection (1). Failure to comply with the requirements of this

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

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

959 (b) Issue a citation to any certificateholder, ~~or~~
960 licensee, or registrant who fails to submit and update the
961 required information and may fine the certificateholder, ~~or~~
962 licensee, or registrant up to \$50 for each day that the
963 certificateholder, ~~or~~ licensee, or registrant is not in
964 compliance with this subsection. The citation must clearly state
965 that the certificateholder, ~~or~~ licensee, or registrant may
966 choose, in lieu of accepting the citation, to follow the
967 procedure under s. 456.073. If the certificateholder, ~~or~~
968 licensee, or registrant disputes the matter in the citation, the
969 procedures set forth in s. 456.073 must be followed. However, if
970 the certificateholder, ~~or~~ licensee, or registrant does not
971 dispute the matter in the citation with the department within 30
972 days after the citation is served, the citation becomes a final
973 order and constitutes discipline. Service of a citation may be
974 made by personal service or certified mail, restricted delivery,
975 to the subject at the certificateholder's, ~~or~~ licensee's, or

976 | registrant's last known address.

977 | Section 16. Subsection (6) of section 456.041, Florida
978 | Statutes, is amended to read:

979 | 456.041 Practitioner profile; creation.—

980 | (6) The Department of Health shall provide in each
981 | practitioner profile for every physician, autonomous physician
982 | assistant, or advanced practice registered nurse terminated for
983 | cause from participating in the Medicaid program, pursuant to s.
984 | 409.913, or sanctioned by the Medicaid program a statement that
985 | the practitioner has been terminated from participating in the
986 | Florida Medicaid program or sanctioned by the Medicaid program.

987 | Section 17. Subsections (8) through (17) of section
988 | 458.347, Florida Statutes, are renumbered as subsections (9)
989 | through (18), respectively, subsection (2), paragraphs (b), (e),
990 | and (f) of subsection (4), paragraph (a) of subsection (6),
991 | paragraphs (a) and (f) of subsection (7), and present
992 | subsections (9), (11), (12), and (13) are amended, and new
993 | subsections (8) and (19) are added to that section, to read:

994 | 458.347 Physician assistants.—

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

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

998 | (b) "Autonomous physician assistant" means a physician
999 | assistant who meets the requirements of subsection (8) to
1000 | practice primary care without physician supervision.

1001 (c)~~(b)~~ "Boards" means the Board of Medicine and the Board
 1002 of Osteopathic Medicine.

1003 (d)~~(h)~~ "Continuing medical education" means courses
 1004 recognized and approved by the boards, the American Academy of
 1005 Physician Assistants, the American Medical Association, the
 1006 American Osteopathic Association, or the Accreditation Council
 1007 on Continuing Medical Education.

1008 (e)~~(e)~~ "Council" means the Council on Physician
 1009 Assistants.

1010 (f)~~(e)~~ "Physician assistant" means a person who is a
 1011 graduate of an approved program or its equivalent or meets
 1012 standards approved by the boards and is licensed to perform
 1013 medical services delegated by the supervising physician.

1014 (g) "Proficiency examination" means an entry-level
 1015 examination approved by the boards, including, but not limited
 1016 to, those examinations administered by the National Commission
 1017 on Certification of Physician Assistants.

1018 (h)~~(f)~~ "Supervision" means responsible supervision and
 1019 control. Except in cases of emergency, supervision requires the
 1020 easy availability or physical presence of the licensed physician
 1021 for consultation and direction of the actions of the physician
 1022 assistant. For the purposes of this definition, the term "easy
 1023 availability" includes the ability to communicate by way of
 1024 telecommunication. The boards shall establish rules as to what
 1025 constitutes responsible supervision of the physician assistant.

1026 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
 1027 in an approved program.

1028 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1029 (b) This chapter does not prevent third-party payors from
 1030 reimbursing employers of autonomous physician assistants or
 1031 physician assistants for covered services rendered by registered
 1032 autonomous physician assistants or licensed physician
 1033 assistants.

1034 (e) A supervising physician may delegate to a fully
 1035 licensed physician assistant the authority to prescribe or
 1036 dispense any medication used in the supervising physician's
 1037 practice unless such medication is listed on the formulary
 1038 created pursuant to paragraph (f). A fully licensed physician
 1039 assistant may only prescribe or dispense such medication under
 1040 the following circumstances:

1041 1. A physician assistant must clearly identify to the
 1042 patient that he or she is a physician assistant ~~and inform the~~
 1043 ~~patient that the patient has the right to see the physician~~
 1044 ~~before a prescription is prescribed or dispensed by the~~
 1045 ~~physician assistant.~~

1046 2. The supervising physician must notify the department of
 1047 his or her intent to delegate, on a department-approved form,
 1048 before delegating such authority and of any change in
 1049 prescriptive privileges of the physician assistant. Authority to
 1050 dispense may be delegated only by a supervising physician who is

1051 registered as a dispensing practitioner in compliance with s.
1052 465.0276.

1053 3. The physician assistant must complete a minimum of 10
1054 continuing medical education hours in the specialty practice in
1055 which the physician assistant has prescriptive privileges with
1056 each licensure renewal. Three of the 10 hours must consist of a
1057 continuing education course on the safe and effective
1058 prescribing of controlled substance medications which is offered
1059 by a statewide professional association of physicians in this
1060 state accredited to provide educational activities designated
1061 for the American Medical Association Physician's Recognition
1062 Award Category 1 credit or designated by the American Academy of
1063 Physician Assistants as a Category 1 credit.

1064 4. The department may issue a prescriber number to the
1065 physician assistant granting authority for the prescribing of
1066 medicinal drugs authorized within this paragraph upon completion
1067 of the requirements of this paragraph. The physician assistant
1068 is not required to independently register pursuant to s.
1069 465.0276.

1070 5. The prescription may be in paper or electronic form but
1071 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
1072 and must contain, in addition to the supervising physician's
1073 name, address, and telephone number, the physician assistant's
1074 prescriber number. Unless it is a drug or drug sample dispensed
1075 by the physician assistant, the prescription must be filled in a

1076 pharmacy permitted under chapter 465 and must be dispensed in
1077 that pharmacy by a pharmacist licensed under chapter 465. The
1078 inclusion of the prescriber number creates a presumption that
1079 the physician assistant is authorized to prescribe the medicinal
1080 drug and the prescription is valid.

1081 6. The physician assistant must note the prescription or
1082 dispensing of medication in the appropriate medical record.

1083 (f)1. The council shall establish a formulary of medicinal
1084 drugs that a registered autonomous physician assistant or fully
1085 licensed physician assistant having prescribing authority under
1086 this section or s. 459.022 may not prescribe. The formulary must
1087 include general anesthetics and radiographic contrast materials
1088 and must limit the prescription of Schedule II controlled
1089 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
1090 supply. The formulary must also restrict the prescribing of
1091 psychiatric mental health controlled substances for children
1092 younger than 18 years of age.

1093 2. In establishing the formulary, the council shall
1094 consult with a pharmacist licensed under chapter 465, but not
1095 licensed under this chapter or chapter 459, who shall be
1096 selected by the State Surgeon General.

1097 3. Only the council shall add to, delete from, or modify
1098 the formulary. Any person who requests an addition, a deletion,
1099 or a modification of a medicinal drug listed on such formulary
1100 has the burden of proof to show cause why such addition,

1101 deletion, or modification should be made.

1102 4. The boards shall adopt the formulary required by this
1103 paragraph, and each addition, deletion, or modification to the
1104 formulary, by rule. Notwithstanding any provision of chapter 120
1105 to the contrary, the formulary rule shall be effective 60 days
1106 after the date it is filed with the Secretary of State. Upon
1107 adoption of the formulary, the department shall mail a copy of
1108 such formulary to each registered autonomous physician assistant
1109 or fully licensed physician assistant having prescribing
1110 authority under this section or s. 459.022, and to each pharmacy
1111 licensed by the state. The boards shall establish, by rule, a
1112 fee not to exceed \$200 to fund ~~the provisions of this paragraph~~
1113 and paragraph (e).

1114 (6) PROGRAM APPROVAL.—

1115 (a) The boards shall approve programs, ~~based on~~
1116 ~~recommendations by the council,~~ for the education and training
1117 of physician assistants which meet standards established by rule
1118 of the boards. ~~The council may recommend only those physician~~
1119 ~~assistant programs that hold full accreditation or provisional~~
1120 ~~accreditation from the Commission on Accreditation of Allied~~
1121 ~~Health Programs or its successor organization. Any educational~~
1122 ~~institution offering a physician assistant program approved by~~
1123 ~~the boards pursuant to this paragraph may also offer the~~
1124 ~~physician assistant program authorized in paragraph (c) for~~
1125 ~~unlicensed physicians.~~

1126 (7) PHYSICIAN ASSISTANT LICENSURE.—

1127 (a) Any person desiring to be licensed as a physician
 1128 assistant must apply to the department. The department shall
 1129 issue a license to any person certified by the council as having
 1130 met the following requirements:

1131 1. Is at least 18 years of age.

1132 2. Has satisfactorily passed a proficiency examination by
 1133 an acceptable score established by the National Commission on
 1134 Certification of Physician Assistants. If an applicant does not
 1135 hold a current certificate issued by the National Commission on
 1136 Certification of Physician Assistants and has not actively
 1137 practiced as a physician assistant within the immediately
 1138 preceding 4 years, the applicant must retake and successfully
 1139 complete the entry-level examination of the National Commission
 1140 on Certification of Physician Assistants to be eligible for
 1141 licensure.

1142 3. Has completed the application form and remitted an
 1143 application fee not to exceed \$300 as set by the boards. An
 1144 application for licensure made by a physician assistant must
 1145 include:

1146 a. Has graduated from a board-approved ~~A certificate of~~
 1147 ~~completion of a~~ physician assistant training program as
 1148 specified in subsection (6).

1149 b. Acknowledgment of any prior felony convictions.

1150 c. Acknowledgment of any previous revocation or denial of

1151 licensure or certification in any state.

1152 d. A copy of course transcripts and a copy of the course
1153 description from a physician assistant training program
1154 describing course content in pharmacotherapy, if the applicant
1155 wishes to apply for prescribing authority. These documents must
1156 meet the evidence requirements for prescribing authority.

1157 (f) The Board of Medicine may impose any of the penalties
1158 authorized under ss. 456.072 and 458.331(2) upon an autonomous
1159 physician assistant or a physician assistant if the autonomous
1160 physician assistant, physician assistant, ~~the~~ supervising
1161 physician has been found guilty of or is being investigated for
1162 any act that constitutes a violation of this chapter or chapter
1163 456.

1164 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

1165 (a) The boards shall register a physician assistant as an
1166 autonomous physician assistant if the applicant demonstrates
1167 that he or she:

1168 1. Holds an active, unencumbered license to practice as a
1169 physician assistant in this state.

1170 2. Has not been subject to any disciplinary action as
1171 specified in s. 456.072, s. 458.331, or s. 459.015, or any
1172 similar disciplinary action in any jurisdiction of the United
1173 States, within the 5 years immediately preceding the
1174 registration request.

1175 3. Has completed, in any jurisdiction of the United

1176 States, at least 2,000 clinical practice hours within the 5
1177 years immediately preceding the submission of the registration
1178 request while practicing as a physician assistant under the
1179 supervision of an allopathic or osteopathic physician who held
1180 an active, unencumbered license issued by any state, the
1181 District of Columbia, or a possession or territory of the United
1182 States during the period of such supervision.

1183 4. Has completed a graduate-level course in pharmacology.

1184 5. Obtains and maintains professional liability coverage
1185 at the same level and in the same manner as in s. 458.320(1)(b)
1186 or (c). However, the requirements of this subparagraph do not
1187 apply to:

1188 a. Any person registered under this subsection who
1189 practices exclusively as an officer, employee, or agent of the
1190 Federal Government or of the state or its agencies or its
1191 subdivisions.

1192 b. Any person whose license has become inactive and who is
1193 not practicing as an autonomous physician assistant in this
1194 state.

1195 c. Any person who practices as an autonomous physician
1196 assistant only in conjunction with his or her teaching duties at
1197 an accredited school or its main teaching hospitals. Such
1198 practice is limited to that which is incidental to and a
1199 necessary part of duties in connection with the teaching
1200 position.

1201 d. Any person who holds an active registration under this
1202 subsection who is not practicing as an autonomous physician
1203 assistant in this state. If such person initiates or resumes any
1204 practice as an autonomous physician assistant, he or she must
1205 notify the department of such activity and fulfill the
1206 professional liability coverage requirements of this
1207 subparagraph.

1208 (b) The department shall conspicuously distinguish an
1209 autonomous physician assistant license if he or she is
1210 registered under this subsection.

1211 (c) An autonomous physician assistant may:

1212 1. Render only primary care services as defined by rule of
1213 the boards without physician supervision.

1214 2. Provide any service that is within the scope of the
1215 autonomous physician assistant's education and experience and
1216 provided in accordance with rules adopted by the board without
1217 physician supervision.

1218 3. Prescribe, dispense, administer, or order any medicinal
1219 drug, including those medicinal drugs to the extent authorized
1220 under paragraph (4) (f) and the formulary adopted in that
1221 paragraph.

1222 4. Order any medication for administration to a patient in
1223 a facility licensed under chapter 395 or part II of chapter 400,
1224 notwithstanding chapter 465 or chapter 893.

1225 5. Provide a signature, certification, stamp,

1226 verification, affidavit, or other endorsement that is otherwise
1227 required by law to be provided by a physician.

1228 (d) An autonomous physician assistant must biennially
1229 renew his or her registration under this subsection. The
1230 biennial renewal shall coincide with the autonomous physician
1231 assistant's biennial renewal period for physician assistant
1232 licensure.

1233 (e) The council shall develop rules defining the primary
1234 care practice of autonomous physician assistants, which may
1235 include internal medicine, general pediatrics, family medicine,
1236 geriatrics, and general obstetrics and gynecology practices.

1237 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1238 Physician Assistants is created within the department.

1239 (a) The council shall consist of five members appointed as
1240 follows:

1241 1. The chairperson of the Board of Medicine shall appoint
1242 one member who is a physician and a member ~~three members who are~~
1243 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
1244 physician ~~physicians~~ must supervise a physician assistant in his
1245 or her ~~the physician's~~ practice.

1246 2. The chairperson of the Board of Osteopathic Medicine
1247 shall appoint one member who is a physician and a member of the
1248 Board of Osteopathic Medicine. The physician must supervise a
1249 physician assistant in his or her practice.

1250 3. The State Surgeon General or his or her designee shall

1251 appoint three a fully licensed physician assistants ~~assistant~~
1252 licensed under this chapter or chapter 459.

1253 (b) ~~Two of the members appointed to the council must be~~
1254 ~~physicians who supervise physician assistants in their practice.~~
1255 Members shall be appointed to terms of 4 years, except that of
1256 the initial appointments, two members shall be appointed to
1257 terms of 2 years, two members shall be appointed to terms of 3
1258 years, and one member shall be appointed to a term of 4 years,
1259 as established by rule of the boards. Council members may not
1260 serve more than two consecutive terms. The council shall
1261 annually elect a chairperson from among its members.

1262 (c) The council shall:

1263 1. Recommend to the department the licensure of physician
1264 assistants.

1265 2. Develop all rules regulating the primary care practice
1266 of autonomous physician assistants and the use of physician
1267 assistants by physicians under this chapter and chapter 459,
1268 except for rules relating to the formulary developed under
1269 paragraph (4) (f). The council shall also develop rules to ensure
1270 that the continuity of supervision is maintained in each
1271 practice setting. The boards shall consider adopting a proposed
1272 rule developed by the council at the regularly scheduled meeting
1273 immediately following the submission of the proposed rule by the
1274 council. A proposed rule submitted by the council may not be
1275 adopted by either board unless both boards have accepted and

1276 approved the identical language contained in the proposed rule.
1277 The language of all proposed rules submitted by the council must
1278 be approved by both boards pursuant to each respective board's
1279 guidelines and standards regarding the adoption of proposed
1280 rules. If either board rejects the council's proposed rule, that
1281 board must specify its objection to the council with
1282 particularity and include any recommendations it may have for
1283 the modification of the proposed rule.

1284 3. Make recommendations to the boards regarding all
1285 matters relating to autonomous physician assistants and
1286 physician assistants.

1287 4. Address concerns and problems of practicing autonomous
1288 physician assistants and physician assistants in order to
1289 improve safety in the clinical practices of registered
1290 autonomous physician assistants and licensed physician
1291 assistants.

1292 (d) When the council finds that an applicant for licensure
1293 has failed to meet, to the council's satisfaction, each of the
1294 requirements for licensure set forth in this section, the
1295 council may enter an order to:

- 1296 1. Refuse to certify the applicant for licensure;
- 1297 2. Approve the applicant for licensure with restrictions
1298 on the scope of practice or license; or
- 1299 3. Approve the applicant for conditional licensure. Such
1300 conditions may include placement of the licensee on probation

1301 for a period of time and subject to such conditions as the
1302 council may specify, including but not limited to, requiring the
1303 licensee to undergo treatment, to attend continuing education
1304 courses, to work under the direct supervision of a physician
1305 licensed in this state, or to take corrective action.

1306 (12)~~(11)~~ PENALTY.—Any person who has not been registered
1307 or licensed by the council and approved by the department and
1308 who holds himself or herself out as an autonomous physician
1309 assistant or a physician assistant or who uses any other term in
1310 indicating or implying that he or she is an autonomous physician
1311 assistant or a physician assistant commits a felony of the third
1312 degree, punishable as provided in s. 775.082 or s. 775.084 or by
1313 a fine not exceeding \$5,000.

1314 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
1315 The boards may deny, suspend, or revoke the registration of an
1316 autonomous physician assistant or the license of a physician
1317 assistant license if a board determines that the autonomous
1318 physician assistant or physician assistant has violated this
1319 chapter.

1320 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement
1321 this section, including rules detailing the contents of the
1322 application for licensure and notification pursuant to
1323 subsection (7), rules relating to the registration of autonomous
1324 physician assistants under subsection (8), and rules to ensure
1325 ~~both~~ the continued competency of autonomous physician assistants

1326 | and physician assistants and the proper utilization of them by
 1327 | physicians or groups of physicians.

1328 | (19) ADVERSE INCIDENTS.—An autonomous physician assistant
 1329 | must report adverse incidents to the department in accordance
 1330 | with s. 458.351.

1331 | Section 18. Subsections (8) through (17) of section
 1332 | 459.022, Florida Statutes, are renumbered as subsections (9)
 1333 | through (18), respectively, subsection (2), paragraphs (b) and
 1334 | (e) of subsection (4), paragraph (a) of subsection (6),
 1335 | paragraphs (a) and (f) of subsection (7), and present
 1336 | subsections (9), (11), (12), and (13) are amended, and new
 1337 | subsections (8) and (19) are added to that section, to read:

1338 | 459.022 Physician assistants.—

1339 | (2) DEFINITIONS.—As used in this section:

1340 | (a) "Approved program" means a program, formally approved
 1341 | by the boards, for the education of physician assistants.

1342 | (b) "Autonomous physician assistant" means a physician
 1343 | assistant who meets the requirements of subsection (8) to
 1344 | practice primary care without physician supervision.

1345 | (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
 1346 | of Osteopathic Medicine.

1347 | (d) ~~(h)~~ "Continuing medical education" means courses
 1348 | recognized and approved by the boards, the American Academy of
 1349 | Physician Assistants, the American Medical Association, the
 1350 | American Osteopathic Association, or the Accreditation Council

1351 on Continuing Medical Education.

1352 (e)~~(e)~~ "Council" means the Council on Physician
1353 Assistants.

1354 (f)~~(e)~~ "Physician assistant" means a person who is a
1355 graduate of an approved program or its equivalent or meets
1356 standards approved by the boards and is licensed to perform
1357 medical services delegated by the supervising physician.

1358 (g) "Proficiency examination" means an entry-level
1359 examination approved by the boards, including, but not limited
1360 to, those examinations administered by the National Commission
1361 on Certification of Physician Assistants.

1362 (h)~~(f)~~ "Supervision" means responsible supervision and
1363 control. Except in cases of emergency, supervision requires the
1364 easy availability or physical presence of the licensed physician
1365 for consultation and direction of the actions of the physician
1366 assistant. For the purposes of this definition, the term "easy
1367 availability" includes the ability to communicate by way of
1368 telecommunication. The boards shall establish rules as to what
1369 constitutes responsible supervision of the physician assistant.

1370 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
1371 in an approved program.

1372 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1373 (b) This chapter does not prevent third-party payors from
1374 reimbursing employers of autonomous physician assistants or
1375 physician assistants for covered services rendered by registered

1376 autonomous physician assistants or licensed physician
 1377 assistants.

1378 (e) A supervising physician may delegate to a fully
 1379 licensed physician assistant the authority to prescribe or
 1380 dispense any medication used in the supervising physician's
 1381 practice unless such medication is listed on the formulary
 1382 created pursuant to s. 458.347. A fully licensed physician
 1383 assistant may only prescribe or dispense such medication under
 1384 the following circumstances:

1385 1. A physician assistant must clearly identify to the
 1386 patient that she or he is a physician assistant ~~and must inform~~
 1387 ~~the patient that the patient has the right to see the physician~~
 1388 ~~before a prescription is prescribed or dispensed by the~~
 1389 ~~physician assistant.~~

1390 2. The supervising physician must notify the department of
 1391 her or his intent to delegate, on a department-approved form,
 1392 before delegating such authority and of any change in
 1393 prescriptive privileges of the physician assistant. Authority to
 1394 dispense may be delegated only by a supervising physician who is
 1395 registered as a dispensing practitioner in compliance with s.
 1396 465.0276.

1397 3. The physician assistant must complete a minimum of 10
 1398 continuing medical education hours in the specialty practice in
 1399 which the physician assistant has prescriptive privileges with
 1400 each licensure renewal.

1401 4. The department may issue a prescriber number to the
1402 physician assistant granting authority for the prescribing of
1403 medicinal drugs authorized within this paragraph upon completion
1404 of the requirements of this paragraph. The physician assistant
1405 is not required to independently register pursuant to s.
1406 465.0276.

1407 5. The prescription may be in paper or electronic form but
1408 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
1409 and must contain, in addition to the supervising physician's
1410 name, address, and telephone number, the physician assistant's
1411 prescriber number. Unless it is a drug or drug sample dispensed
1412 by the physician assistant, the prescription must be filled in a
1413 pharmacy permitted under chapter 465, and must be dispensed in
1414 that pharmacy by a pharmacist licensed under chapter 465. The
1415 inclusion of the prescriber number creates a presumption that
1416 the physician assistant is authorized to prescribe the medicinal
1417 drug and the prescription is valid.

1418 6. The physician assistant must note the prescription or
1419 dispensing of medication in the appropriate medical record.

1420 (6) PROGRAM APPROVAL.—

1421 (a) The boards shall approve programs, ~~based on~~
1422 ~~recommendations by the council,~~ for the education and training
1423 of physician assistants which meet standards established by rule
1424 of the boards. ~~The council may recommend only those physician~~
1425 ~~assistant programs that hold full accreditation or provisional~~

1426 ~~accreditation from the Commission on Accreditation of Allied~~
 1427 ~~Health Programs or its successor organization.~~

1428 (7) PHYSICIAN ASSISTANT LICENSURE.—

1429 (a) Any person desiring to be licensed as a physician
 1430 assistant must apply to the department. The department shall
 1431 issue a license to any person certified by the council as having
 1432 met the following requirements:

1433 1. Is at least 18 years of age.

1434 2. Has satisfactorily passed a proficiency examination by
 1435 an acceptable score established by the National Commission on
 1436 Certification of Physician Assistants. If an applicant does not
 1437 hold a current certificate issued by the National Commission on
 1438 Certification of Physician Assistants and has not actively
 1439 practiced as a physician assistant within the immediately
 1440 preceding 4 years, the applicant must retake and successfully
 1441 complete the entry-level examination of the National Commission
 1442 on Certification of Physician Assistants to be eligible for
 1443 licensure.

1444 3. Has completed the application form and remitted an
 1445 application fee not to exceed \$300 as set by the boards. An
 1446 application for licensure made by a physician assistant must
 1447 include:

1448 a. Has graduated from a board-approved ~~A certificate of~~
 1449 ~~completion of a~~ physician assistant training program as
 1450 specified in subsection (6).

1451 b. Acknowledgment of any prior felony convictions.

1452 c. Acknowledgment of any previous revocation or denial of
1453 licensure or certification in any state.

1454 d. A copy of course transcripts and a copy of the course
1455 description from a physician assistant training program
1456 describing course content in pharmacotherapy, if the applicant
1457 wishes to apply for prescribing authority. These documents must
1458 meet the evidence requirements for prescribing authority.

1459 (f) The Board of Osteopathic Medicine may impose any of
1460 the penalties authorized under ss. 456.072 and 459.015(2) upon
1461 an autonomous physician assistant or a physician assistant if
1462 the autonomous physician assistant, physician assistant, or the
1463 supervising physician has been found guilty of or is being
1464 investigated for any act that constitutes a violation of this
1465 chapter or chapter 456.

1466 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

1467 (a) The boards shall register a physician assistant as an
1468 autonomous physician assistant if the applicant demonstrates
1469 that he or she:

1470 1. Holds an active, unencumbered license to practice as a
1471 physician assistant in this state.

1472 2. Has not been subject to any disciplinary action as
1473 specified in s. 456.072, s. 458.331, or s. 459.015, or any
1474 similar disciplinary action in any jurisdiction of the United
1475 States, within the 5 years immediately preceding the

1476 registration request.

1477 3. Has completed, in any jurisdiction of the United
1478 States, at least 2,000 clinical practice hours within the 5
1479 years immediately preceding the submission of the registration
1480 request while practicing as a physician assistant under the
1481 supervision of an allopathic or osteopathic physician who held
1482 an active, unencumbered license issued by any state, the
1483 District of Columbia, or a possession or territory of the United
1484 States during the period of such supervision.

1485 4. Has completed a graduate-level course in pharmacology.

1486 5. Obtains and maintains professional liability coverage
1487 at the same level and in the same manner as in s. 458.320(1)(b)
1488 or (c). However, the requirements of this subparagraph do not
1489 apply to:

1490 a. Any person registered under this subsection who
1491 practices exclusively as an officer, employee, or agent of the
1492 Federal Government or of the state or its agencies or its
1493 subdivisions.

1494 b. Any person whose license has become inactive and who is
1495 not practicing as an autonomous physician assistant in this
1496 state.

1497 c. Any person who practices as an autonomous physician
1498 assistant only in conjunction with his or her teaching duties at
1499 an accredited school or its main teaching hospitals. Such
1500 practice is limited to that which is incidental to and a

1501 necessary part of duties in connection with the teaching
1502 position.

1503 d. Any person who holds an active registration under this
1504 subsection who is not practicing as an autonomous physician
1505 assistant in this state. If such person initiates or resumes any
1506 practice as an autonomous physician assistant, he or she must
1507 notify the department of such activity and fulfill the
1508 professional liability coverage requirements of this
1509 subparagraph.

1510 (b) The department shall conspicuously distinguish an
1511 autonomous physician assistant license if he or she is
1512 registered under this subsection.

1513 (c) An autonomous physician assistant may:

1514 1. Render only primary care services as defined by rule of
1515 the boards without physician supervision.

1516 2. Provide any service that is within the scope of the
1517 autonomous physician assistant's education and experience and
1518 provided in accordance with rules adopted by the board without
1519 physician supervision.

1520 3. Prescribe, dispense, administer, or order any medicinal
1521 drug, including those medicinal drugs to the extent authorized
1522 under paragraph (4) (f) and the formulary adopted thereunder.

1523 4. Order any medication for administration to a patient in
1524 a facility licensed under chapter 395 or part II of chapter 400,
1525 notwithstanding chapter 465 or chapter 893.

1526 5. Provide a signature, certification, stamp,
1527 verification, affidavit, or other endorsement that is otherwise
1528 required by law to be provided by a physician.

1529 (d) An autonomous physician assistant must biennially
1530 renew his or her registration under this subsection. The
1531 biennial renewal shall coincide with the autonomous physician
1532 assistant's biennial renewal period for physician assistant
1533 licensure.

1534 (e) The council shall develop rules defining the primary
1535 care practice of autonomous physician assistants, which may
1536 include internal medicine, general pediatrics, family medicine,
1537 geriatrics, and general obstetrics and gynecology practices.

1538 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1539 Physician Assistants is created within the department.

1540 (a) The council shall consist of five members appointed as
1541 follows:

1542 1. The chairperson of the Board of Medicine shall appoint
1543 one member who is a physician and a member ~~three members who are~~
1544 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
1545 physician ~~physicians~~ must supervise a physician assistant in his
1546 or her ~~the physician's~~ practice.

1547 2. The chairperson of the Board of Osteopathic Medicine
1548 shall appoint one member who is a physician and a member of the
1549 Board of Osteopathic Medicine. The physician must supervise a
1550 physician assistant in his or her practice.

1551 3. The State Surgeon General or her or his designee shall
1552 appoint three a fully licensed physician assistants ~~assistant~~
1553 licensed under chapter 458 or this chapter.

1554 (b) ~~Two of the members appointed to the council must be~~
1555 ~~physicians who supervise physician assistants in their practice.~~
1556 Members shall be appointed to terms of 4 years, except that of
1557 the initial appointments, two members shall be appointed to
1558 terms of 2 years, two members shall be appointed to terms of 3
1559 years, and one member shall be appointed to a term of 4 years,
1560 as established by rule of the boards. Council members may not
1561 serve more than two consecutive terms. The council shall
1562 annually elect a chairperson from among its members.

1563 (c) The council shall:

1564 1. Recommend to the department the licensure of physician
1565 assistants.

1566 2. Develop all rules regulating the primary care practice
1567 of autonomous physician assistants and the use of physician
1568 assistants by physicians under chapter 458 and this chapter,
1569 except for rules relating to the formulary developed under s.
1570 458.347. The council shall also develop rules to ensure that the
1571 continuity of supervision is maintained in each practice
1572 setting. The boards shall consider adopting a proposed rule
1573 developed by the council at the regularly scheduled meeting
1574 immediately following the submission of the proposed rule by the
1575 council. A proposed rule submitted by the council may not be

1576 adopted by either board unless both boards have accepted and
1577 approved the identical language contained in the proposed rule.
1578 The language of all proposed rules submitted by the council must
1579 be approved by both boards pursuant to each respective board's
1580 guidelines and standards regarding the adoption of proposed
1581 rules. If either board rejects the council's proposed rule, that
1582 board must specify its objection to the council with
1583 particularity and include any recommendations it may have for
1584 the modification of the proposed rule.

1585 3. Make recommendations to the boards regarding all
1586 matters relating to autonomous physician assistants and
1587 physician assistants.

1588 4. Address concerns and problems of practicing autonomous
1589 physician assistants and physician assistants in order to
1590 improve safety in the clinical practices of registered
1591 autonomous physician assistants and licensed physician
1592 assistants.

1593 (d) When the council finds that an applicant for licensure
1594 has failed to meet, to the council's satisfaction, each of the
1595 requirements for licensure set forth in this section, the
1596 council may enter an order to:

- 1597 1. Refuse to certify the applicant for licensure;
1598 2. Approve the applicant for licensure with restrictions
1599 on the scope of practice or license; or
1600 3. Approve the applicant for conditional licensure. Such

1601 conditions may include placement of the licensee on probation
1602 for a period of time and subject to such conditions as the
1603 council may specify, including but not limited to, requiring the
1604 licensee to undergo treatment, to attend continuing education
1605 courses, to work under the direct supervision of a physician
1606 licensed in this state, or to take corrective action.

1607 ~~(12)~~~~(11)~~ PENALTY.—Any person who has not been registered
1608 or licensed by the council and approved by the department and
1609 who holds herself or himself out as an autonomous physician
1610 assistant or a physician assistant or who uses any other term in
1611 indicating or implying that she or he is an autonomous physician
1612 assistant or a physician assistant commits a felony of the third
1613 degree, punishable as provided in s. 775.082 or s. 775.084 or by
1614 a fine not exceeding \$5,000.

1615 ~~(13)~~~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
1616 The boards may deny, suspend, or revoke the registration of an
1617 autonomous physician assistant or the license of a physician
1618 assistant license if a board determines that the autonomous
1619 physician assistant or physician assistant has violated this
1620 chapter.

1621 ~~(14)~~~~(13)~~ RULES.—The boards shall adopt rules to implement
1622 this section, including rules detailing the contents of the
1623 application for licensure and notification pursuant to
1624 subsection (7), rules relating to the registration of autonomous
1625 physician assistants under subsection (8), and rules to ensure

1626 ~~both~~ the continued competency of autonomous physician assistants
1627 and physician assistants and the proper utilization of them by
1628 physicians or groups of physicians.

1629 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
1630 must report adverse incidents to the department in accordance
1631 with s. 459.026.

1632 Section 19. Subsections (1) and (3) of section 464.012,
1633 Florida Statutes, are amended to read:

1634 464.012 Licensure of advanced practice registered nurses;
1635 fees; controlled substance prescribing.—

1636 (1) Any nurse desiring to be licensed as an advanced
1637 practice registered nurse must apply to the board ~~department~~ and
1638 submit proof that he or she holds a current license to practice
1639 professional nursing or holds an active multistate license to
1640 practice professional nursing pursuant to s. 464.0095 and ~~that~~
1641 ~~he or she~~ meets one or more of the following requirements ~~as~~
1642 ~~determined by the board:~~

1643 (a) Certification by an appropriate specialty board. Such
1644 certification is required for initial state licensure and any
1645 licensure renewal as a certified nurse midwife, certified nurse
1646 practitioner, certified registered nurse anesthetist, clinical
1647 nurse specialist, or psychiatric nurse. The board may by rule
1648 provide for provisional state licensure of certified registered
1649 nurse anesthetists, clinical nurse specialists, certified nurse
1650 practitioners, psychiatric nurses, and certified nurse midwives

1651 for a period of time determined to be appropriate for preparing
1652 for and passing the national certification examination.

1653 (b) Graduation from a ~~program leading to a~~ master's degree
1654 program in a nursing clinical specialty area with preparation in
1655 specialized practitioner skills. For applicants graduating on or
1656 after October 1, 1998, graduation from a master's degree program
1657 is required for initial licensure as a certified nurse
1658 practitioner under paragraph (4) (a).

1659 1. For applicants graduating on or after October 1, 2001,
1660 graduation from a master's degree program is required for
1661 initial licensure as a certified registered nurse anesthetist
1662 who may perform the acts listed in paragraph (4) (b).

1663 2. For applicants graduating on or after October 1, 1998,
1664 graduation from a master's degree program is required for
1665 initial licensure as a certified nurse midwife who may perform
1666 the acts listed in paragraph (4) (c).

1667 3. For applicants graduating on or after July 1, 2007,
1668 graduation from a master's degree program is required for
1669 initial licensure as a clinical nurse specialist who may perform
1670 the acts listed in paragraph (4) (d).

1671 (3) An advanced practice registered nurse shall perform
1672 those functions authorized in this section within the framework
1673 of an established protocol that must be maintained on site at
1674 the location or locations at which an advanced practice
1675 registered nurse practices, unless the advanced practice

1676 registered nurse is registered to engage in autonomous practice
1677 under s. 464.0123. In the case of multiple supervising
1678 physicians in the same group, an advanced practice registered
1679 nurse must enter into a supervisory protocol with at least one
1680 physician within the physician group practice. A practitioner
1681 currently licensed under chapter 458, chapter 459, or chapter
1682 466 shall maintain supervision for directing the specific course
1683 of medical treatment. Within the established framework, an
1684 advanced practice registered nurse may:

1685 (a) Prescribe, dispense, administer, or order any drug;
1686 however, an advanced practice registered nurse may prescribe or
1687 dispense a controlled substance as defined in s. 893.03 only if
1688 the advanced practice registered nurse has graduated from a
1689 program leading to a master's or doctoral degree in a clinical
1690 nursing specialty area with training in specialized practitioner
1691 skills.

1692 (b) Initiate appropriate therapies for certain conditions.

1693 (c) Perform additional functions as may be determined by
1694 rule in accordance with s. 464.003(2).

1695 (d) Order diagnostic tests and physical and occupational
1696 therapy.

1697 (e) Order any medication for administration to a patient
1698 in a facility licensed under chapter 395 or part II of chapter
1699 400, notwithstanding any provisions in chapter 465 or chapter
1700 893.

1701 (f) Sign, certify, stamp, verify, or endorse a document
1702 that requires the signature, certification, stamp, verification,
1703 affidavit, or endorsement of a physician. However, a supervisory
1704 physician may not delegate the authority to issue a documented
1705 approval to release a patient from a receiving facility or its
1706 contractor under s. 394.463(2)(f) to an advanced practice
1707 registered nurse.

1708 Section 20. Section 464.0123, Florida Statutes, is created
1709 to read:

1710 464.0123 Autonomous practice by an advanced practice
1711 registered nurse.-

1712 (1) For purposes of this section, the term "autonomous
1713 practice" means advanced or specialized nursing practice by an
1714 advanced practice registered nurse who is not subject to
1715 supervision by a physician or a supervisory protocol.

1716 (2) The board shall register an advanced practice
1717 registered nurse as an autonomous advanced practice registered
1718 nurse if the applicant demonstrates that he or she:

1719 (a) Holds an active, unencumbered license to practice
1720 advanced or specialized nursing in this state.

1721 (b) Has not been subject to any disciplinary action as
1722 specified in s. 456.072 or s. 464.018, or any similar
1723 disciplinary action in any other jurisdiction of the United
1724 States, within the 5 years immediately preceding the
1725 registration request.

1726 (c) Has completed, in any jurisdiction of the United
1727 States, at least 2,000 clinical practice hours or clinical
1728 instructional hours within the 5 years immediately preceding the
1729 registration request while practicing as an advanced practice
1730 registered nurse under the supervision of an allopathic or
1731 osteopathic physician who held an active, unencumbered license
1732 issued by any state, the District of Columbia, or a possession
1733 or territory of the United States during the period of such
1734 supervision.

1735 (d) Has completed a graduate-level course in pharmacology.

1736 (3) The board may provide by rule additional requirements
1737 for an advanced practice registered nurse who is registered
1738 under this section when performing acts within his or her
1739 specialty pursuant to s. 464.012(4).

1740 (4) (a) An advanced practice registered nurse registered
1741 under this section must by one of the following methods
1742 demonstrate to the satisfaction of the board and the department
1743 financial responsibility to pay claims and costs ancillary
1744 thereto arising out of the rendering of, or the failure to
1745 render, medical or nursing care or services:

1746 1. Obtaining and maintaining professional liability
1747 coverage in an amount not less than \$100,000 per claim, with a
1748 minimum annual aggregate of not less than \$300,000, from an
1749 authorized insurer as defined in s. 624.09, from a surplus lines
1750 insurer as defined in s. 626.914(2), from a risk retention group

1751 as defined in s. 627.942, from the Joint Underwriting
1752 Association established under s. 627.351(4), or through a plan
1753 of self-insurance as provided in s. 627.357; or

1754 2. Obtaining and maintaining an unexpired, irrevocable
1755 letter of credit, established pursuant to chapter 675, in an
1756 amount of not less than \$100,000 per claim, with a minimum
1757 aggregate availability of credit of not less than \$300,000. The
1758 letter of credit must be payable to the advanced practice
1759 registered nurse as beneficiary upon presentment of a final
1760 judgment indicating liability and awarding damages to be paid by
1761 the advanced practice registered nurse or upon presentment of a
1762 settlement agreement signed by all parties to such agreement
1763 when such final judgment or settlement is a result of a claim
1764 arising out of the rendering of, or the failure to render,
1765 medical or nursing care and services.

1766 (b) The requirements of paragraph (a) do not apply to:

1767 1. Any person registered under this subsection who
1768 practices exclusively as an officer, employee, or agent of the
1769 Federal Government or of the state or its agencies or its
1770 subdivisions.

1771 2. Any person whose license has become inactive and who is
1772 not practicing as an advanced practice registered nurse
1773 registered under this section in this state.

1774 3. Any person who practices as an advanced practice
1775 registered nurse registered under this section only in

1776 conjunction with his or her teaching duties at an accredited
1777 school or its main teaching hospitals. Such practice is limited
1778 to that which is incidental to and a necessary part of duties in
1779 connection with the teaching position.

1780 4. Any person who holds an active registration under this
1781 section who is not practicing as an autonomous advanced practice
1782 registered nurse registered under this section in this state. If
1783 such person initiates or resumes any practice as an autonomous
1784 advanced practice registered nurse, he or she must notify the
1785 department of such activity and fulfill the professional
1786 liability coverage requirements of paragraph (a).

1787 (5) The department shall conspicuously distinguish an
1788 advanced practice registered nurse's license if he or she is
1789 registered with the board under this section and include the
1790 registration in the advanced practice registered nurse's
1791 practitioner profile created under s. 456.041.

1792 (6) An advanced practice registered nurse who is
1793 registered under this section may perform the general functions
1794 of an advanced practice registered nurse under s. 464.012(3),
1795 the acts within his or her specialty under s. 464.012(4), and
1796 the following:

1797 (a) For a patient who requires the services of a health
1798 care facility, as defined in s. 408.032(8):

1799 1. Admit the patient to the facility.

1800 2. Manage the care received by the patient in the

1801 facility.

1802 3. Discharge the patient from the facility, unless
1803 prohibited by federal law or rule.

1804 (b) Provide a signature, certification, stamp,
1805 verification, affidavit, or endorsement that is otherwise
1806 required by law to be provided by a physician.

1807 (7) (a) An advanced practice registered nurse must
1808 biennially renew his or her registration under this section. The
1809 biennial renewal for registration shall coincide with the
1810 advanced practice registered nurse's biennial renewal period for
1811 licensure.

1812 (b) To renew his or her registration under this section,
1813 an advanced practice registered nurse must complete at least 10
1814 hours of continuing education approved by the board in addition
1815 to completing the continuing education requirements established
1816 by board rule pursuant to s. 464.013. If the initial renewal
1817 period occurs before January 1, 2021, an advanced practice
1818 registered nurse who is registered under this section is not
1819 required to complete the continuing education requirement under
1820 this paragraph until the following biennial renewal period.

1821 (8) The board may establish an advisory committee to make
1822 evidence-based recommendations about medical acts that an
1823 advanced practice registered nurse who is registered under this
1824 section may perform. The committee must consist of four advanced
1825 practice registered nurses licensed under this chapter,

1826 appointed by the board; two physicians licensed under chapter
1827 458 or chapter 459 who have professional experience with
1828 advanced practice registered nurses, appointed by the Board of
1829 Medicine; and the State Surgeon General or his or her designee.
1830 Each committee member appointed by a board shall serve a term of
1831 4 years, unless a shorter term is required to establish or
1832 maintain staggered terms. The Board of Nursing shall act upon
1833 the recommendations from the committee within 90 days after the
1834 submission of such recommendations.

1835 (9) The board shall adopt rules as necessary to implement
1836 this section.

1837 Section 21. Section 464.0155, Florida Statutes, is created
1838 to read:

1839 464.0155 Reports of adverse incidents by advanced practice
1840 registered nurses.—

1841 (1) An advanced practice registered nurse registered to
1842 engage in autonomous practice under s. 464.0123 must report an
1843 adverse incident to the department in accordance with this
1844 section.

1845 (2) The report must be in writing, sent to the department
1846 by certified mail, and postmarked within 15 days after the
1847 occurrence of the adverse incident if the adverse incident
1848 occurs when the patient is at the office of the advanced
1849 practice registered nurse. If the adverse incident occurs when
1850 the patient is not at the office of the advanced practice

1851 registered nurse, the report must be postmarked within 15 days
1852 after the advanced practice registered nurse discovers, or
1853 reasonably should have discovered, the occurrence of the adverse
1854 incident.

1855 (3) For purposes of this section, the term "adverse
1856 incident" means any of the following events when it is
1857 reasonable to believe that the event is attributable to the
1858 prescription of a controlled substance regulated under chapter
1859 893 or 21 U.S.C. s. 812 by the advanced practice registered
1860 nurse:

1861 (a) A condition that requires the transfer of a patient to
1862 a hospital licensed under chapter 395.

1863 (b) Permanent physical injury to the patient.

1864 (c) Death of the patient.

1865 (4) The department shall review each report of an adverse
1866 incident and determine whether the adverse incident was
1867 attributable to conduct by the advanced practice registered
1868 nurse. Upon such a determination, the board may take
1869 disciplinary action pursuant to s. 456.073.

1870 Section 22. Subsection (43) of section 39.01, Florida
1871 Statutes, is amended to read:

1872 39.01 Definitions.—When used in this chapter, unless the
1873 context otherwise requires:

1874 (43) "Licensed health care professional" means a physician
1875 licensed under chapter 458, an osteopathic physician licensed

1876 | under chapter 459, a nurse licensed under part I of chapter 464,
 1877 | an autonomous physician assistant or a physician assistant
 1878 | registered or licensed under chapter 458 or chapter 459, or a
 1879 | dentist licensed under chapter 466.

1880 | Section 23. Paragraphs (d) and (e) of subsection (5) of
 1881 | section 39.303, Florida Statutes, are redesignated as paragraphs
 1882 | (e) and (f), respectively, a new paragraph (d) is added to that
 1883 | subsection, and paragraph (a) of subsection (6) of that section
 1884 | is amended, to read:

1885 | 39.303 Child Protection Teams and sexual abuse treatment
 1886 | programs; services; eligible cases.—

1887 | (5) All abuse and neglect cases transmitted for
 1888 | investigation to a circuit by the hotline must be simultaneously
 1889 | transmitted to the Child Protection Team for review. For the
 1890 | purpose of determining whether a face-to-face medical evaluation
 1891 | by a Child Protection Team is necessary, all cases transmitted
 1892 | to the Child Protection Team which meet the criteria in
 1893 | subsection (4) must be timely reviewed by:

1894 | (d) An autonomous physician assistant registered under
 1895 | chapter 458 or chapter 459 who has a specialty in pediatrics or
 1896 | family medicine and is member of the Child Protection Team;

1897 | (6) A face-to-face medical evaluation by a Child
 1898 | Protection Team is not necessary when:

1899 | (a) The child was examined for the alleged abuse or
 1900 | neglect by a physician who is not a member of the Child

1901 Protection Team, and a consultation between the Child Protection
 1902 Team medical director or a Child Protection Team board-certified
 1903 pediatrician, advanced practice registered nurse, autonomous
 1904 physician assistant, or physician assistant working under the
 1905 supervision of a Child Protection Team medical director or a
 1906 Child Protection Team board-certified pediatrician, or
 1907 registered nurse working under the direct supervision of a Child
 1908 Protection Team medical director or a Child Protection Team
 1909 board-certified pediatrician, and the examining physician
 1910 concludes that a further medical evaluation is unnecessary;

1911
 1912 Notwithstanding paragraphs (a), (b), and (c), a Child Protection
 1913 Team medical director or a Child Protection Team pediatrician,
 1914 as authorized in subsection (5), may determine that a face-to-
 1915 face medical evaluation is necessary.

1916 Section 24. Paragraph (b) of subsection (1) of section
 1917 39.304, Florida Statutes, is amended to read:

1918 39.304 Photographs, medical examinations, X rays, and
 1919 medical treatment of abused, abandoned, or neglected child.—

1920 (1)

1921 (b) If the areas of trauma visible on a child indicate a
 1922 need for a medical examination, or if the child verbally
 1923 complains or otherwise exhibits distress as a result of injury
 1924 through suspected child abuse, abandonment, or neglect, or is
 1925 alleged to have been sexually abused, the person required to

1926 | investigate may cause the child to be referred for diagnosis to
 1927 | a licensed physician or an emergency department in a hospital
 1928 | without the consent of the child's parents or legal custodian.
 1929 | Such examination may be performed by any licensed physician,
 1930 | registered autonomous physician assistant, licensed physician
 1931 | assistant, or ~~an~~ advanced practice registered nurse licensed or
 1932 | registered under ~~pursuant to~~ part I of chapter 464. Any licensed
 1933 | physician, registered autonomous physician assistant, licensed
 1934 | physician assistant, or advanced practice registered nurse
 1935 | licensed or registered under ~~pursuant to~~ part I of chapter 464
 1936 | who has reasonable cause to suspect that an injury was the
 1937 | result of child abuse, abandonment, or neglect may authorize a
 1938 | radiological examination to be performed on the child without
 1939 | the consent of the child's parent or legal custodian.

1940 | Section 25. Paragraph (d) of subsection (2) of section
 1941 | 110.12315, Florida Statutes, is amended to read:

1942 | 110.12315 Prescription drug program.—The state employees'
 1943 | prescription drug program is established. This program shall be
 1944 | administered by the Department of Management Services, according
 1945 | to the terms and conditions of the plan as established by the
 1946 | relevant provisions of the annual General Appropriations Act and
 1947 | implementing legislation, subject to the following conditions:

1948 | (2) In providing for reimbursement of pharmacies for
 1949 | prescription drugs and supplies dispensed to members of the
 1950 | state group health insurance plan and their dependents under the

1951 state employees' prescription drug program:

1952 (d) The department shall establish the reimbursement
 1953 schedule for prescription drugs and supplies dispensed under the
 1954 program. Reimbursement rates for a prescription drug or supply
 1955 must be based on the cost of the generic equivalent drug or
 1956 supply if a generic equivalent exists, unless the physician,
 1957 advanced practice registered nurse, autonomous physician
 1958 assistant, or physician assistant prescribing the drug or supply
 1959 clearly states on the prescription that the brand name drug or
 1960 supply is medically necessary or that the drug or supply is
 1961 included on the formulary of drugs and supplies that may not be
 1962 interchanged as provided in chapter 465, in which case
 1963 reimbursement must be based on the cost of the brand name drug
 1964 or supply as specified in the reimbursement schedule adopted by
 1965 the department.

1966 Section 26. Paragraph (a) of subsection (3) of section
 1967 252.515, Florida Statutes, is amended to read:

1968 252.515 Postdisaster Relief Assistance Act; immunity from
 1969 civil liability.—

1970 (3) As used in this section, the term:

1971 (a) "Emergency first responder" means:

- 1972 1. A physician licensed under chapter 458.
- 1973 2. An osteopathic physician licensed under chapter 459.
- 1974 3. A chiropractic physician licensed under chapter 460.
- 1975 4. A podiatric physician licensed under chapter 461.

- 1976 5. A dentist licensed under chapter 466.
- 1977 6. An advanced practice registered nurse licensed under s.
- 1978 464.012.
- 1979 7. An autonomous physician assistant or a physician
- 1980 assistant registered or licensed under chapter 458 ~~s. 458.347~~ or
- 1981 chapter 459 ~~s. 459.022~~.
- 1982 8. A worker employed by a public or private hospital in
- 1983 the state.
- 1984 9. A paramedic as defined in s. 401.23(17).
- 1985 10. An emergency medical technician as defined in s.
- 1986 401.23(11).
- 1987 11. A firefighter as defined in s. 633.102.
- 1988 12. A law enforcement officer as defined in s. 943.10.
- 1989 13. A member of the Florida National Guard.
- 1990 14. Any other personnel designated as emergency personnel
- 1991 by the Governor pursuant to a declared emergency.
- 1992 Section 27. Paragraph (c) of subsection (1) of section
- 1993 310.071, Florida Statutes, is amended to read:
- 1994 310.071 Deputy pilot certification.—
- 1995 (1) In addition to meeting other requirements specified in
- 1996 this chapter, each applicant for certification as a deputy pilot
- 1997 must:
- 1998 (c) Be in good physical and mental health, as evidenced by
- 1999 documentary proof of having satisfactorily passed a complete
- 2000 physical examination administered by a licensed physician within

2001 the preceding 6 months. The board shall adopt rules to establish
2002 requirements for passing the physical examination, which rules
2003 shall establish minimum standards for the physical or mental
2004 capabilities necessary to carry out the professional duties of a
2005 certificated deputy pilot. Such standards shall include zero
2006 tolerance for any controlled substance regulated under chapter
2007 893 unless that individual is under the care of a physician, an
2008 advanced practice registered nurse, an autonomous physician
2009 assistant, or a physician assistant and that controlled
2010 substance was prescribed by that physician, advanced practice
2011 registered nurse, autonomous physician assistant, or physician
2012 assistant. To maintain eligibility as a certificated deputy
2013 pilot, each certificated deputy pilot must annually provide
2014 documentary proof of having satisfactorily passed a complete
2015 physical examination administered by a licensed physician. The
2016 physician must know the minimum standards and certify that the
2017 certificateholder satisfactorily meets the standards. The
2018 standards for certificateholders shall include a drug test.

2019 Section 28. Subsection (3) of section 310.073, Florida
2020 Statutes, is amended to read:

2021 310.073 State pilot licensing.—In addition to meeting
2022 other requirements specified in this chapter, each applicant for
2023 license as a state pilot must:

2024 (3) Be in good physical and mental health, as evidenced by
2025 documentary proof of having satisfactorily passed a complete

2026 physical examination administered by a licensed physician within
2027 the preceding 6 months. The board shall adopt rules to establish
2028 requirements for passing the physical examination, which rules
2029 shall establish minimum standards for the physical or mental
2030 capabilities necessary to carry out the professional duties of a
2031 licensed state pilot. Such standards shall include zero
2032 tolerance for any controlled substance regulated under chapter
2033 893 unless that individual is under the care of a physician, an
2034 advanced practice registered nurse, an autonomous physician
2035 assistant, or a physician assistant and that controlled
2036 substance was prescribed by that physician, advanced practice
2037 registered nurse, autonomous physician assistant, or physician
2038 assistant. To maintain eligibility as a licensed state pilot,
2039 each licensed state pilot must annually provide documentary
2040 proof of having satisfactorily passed a complete physical
2041 examination administered by a licensed physician. The physician
2042 must know the minimum standards and certify that the licensee
2043 satisfactorily meets the standards. The standards for licensees
2044 shall include a drug test.

2045 Section 29. Paragraph (b) of subsection (3) of section
2046 310.081, Florida Statutes, is amended to read:

2047 310.081 Department to examine and license state pilots and
2048 certificate deputy pilots; vacancies.-

2049 (3) Pilots shall hold their licenses or certificates
2050 pursuant to the requirements of this chapter so long as they:

2051 (b) Are in good physical and mental health as evidenced by
2052 documentary proof of having satisfactorily passed a physical
2053 examination administered by a licensed physician or physician
2054 assistant within each calendar year. The board shall adopt rules
2055 to establish requirements for passing the physical examination,
2056 which rules shall establish minimum standards for the physical
2057 or mental capabilities necessary to carry out the professional
2058 duties of a licensed state pilot or a certificated deputy pilot.
2059 Such standards shall include zero tolerance for any controlled
2060 substance regulated under chapter 893 unless that individual is
2061 under the care of a physician, an advanced practice registered
2062 nurse, an autonomous physician assistant, or a physician
2063 assistant and that controlled substance was prescribed by that
2064 physician, advanced practice registered nurse, autonomous
2065 physician assistant, or physician assistant. To maintain
2066 eligibility as a certificated deputy pilot or licensed state
2067 pilot, each certificated deputy pilot or licensed state pilot
2068 must annually provide documentary proof of having satisfactorily
2069 passed a complete physical examination administered by a
2070 licensed physician. The physician must know the minimum
2071 standards and certify that the certificateholder or licensee
2072 satisfactorily meets the standards. The standards for
2073 certificateholders and for licensees shall include a drug test.
2074
2075 Upon resignation or in the case of disability permanently

2076 affecting a pilot's ability to serve, the state license or
2077 certificate issued under this chapter shall be revoked by the
2078 department.

2079 Section 30. Paragraph (b) of subsection (1) of section
2080 320.0848, Florida Statutes, is amended to read:

2081 320.0848 Persons who have disabilities; issuance of
2082 disabled parking permits; temporary permits; permits for certain
2083 providers of transportation services to persons who have
2084 disabilities.—

2085 (1)

2086 (b)1. The person must be currently certified as being
2087 legally blind or as having any of the following disabilities
2088 that render him or her unable to walk 200 feet without stopping
2089 to rest:

2090 a. Inability to walk without the use of or assistance from
2091 a brace, cane, crutch, prosthetic device, or other assistive
2092 device, or without the assistance of another person. If the
2093 assistive device significantly restores the person's ability to
2094 walk to the extent that the person can walk without severe
2095 limitation, the person is not eligible for the exemption parking
2096 permit.

2097 b. The need to permanently use a wheelchair.

2098 c. Restriction by lung disease to the extent that the
2099 person's forced (respiratory) expiratory volume for 1 second,
2100 when measured by spirometry, is less than 1 liter, or the

2101 person's arterial oxygen is less than 60 mm/hg on room air at
 2102 rest.

2103 d. Use of portable oxygen.

2104 e. Restriction by cardiac condition to the extent that the
 2105 person's functional limitations are classified in severity as
 2106 Class III or Class IV according to standards set by the American
 2107 Heart Association.

2108 f. Severe limitation in the person's ability to walk due
 2109 to an arthritic, neurological, or orthopedic condition.

2110 2. The certification of disability which is required under
 2111 subparagraph 1. must be provided by a physician licensed under
 2112 chapter 458, chapter 459, or chapter 460, by a podiatric
 2113 physician licensed under chapter 461, by an optometrist licensed
 2114 under chapter 463, by an advanced practice registered nurse
 2115 licensed under chapter 464 under the protocol of a licensed
 2116 physician as stated in this subparagraph, by an autonomous
 2117 physician assistant or a physician assistant registered or
 2118 licensed under chapter 458 or chapter 459, or by a similarly
 2119 licensed physician from another state if the application is
 2120 accompanied by documentation of the physician's licensure in the
 2121 other state and a form signed by the out-of-state physician
 2122 verifying his or her knowledge of this state's eligibility
 2123 guidelines.

2124 Section 31. Paragraph (c) of subsection (1) of section
 2125 381.00315, Florida Statutes, is amended to read:

2126 381.00315 Public health advisories; public health
2127 emergencies; isolation and quarantines.—The State Health Officer
2128 is responsible for declaring public health emergencies, issuing
2129 public health advisories, and ordering isolation or quarantines.

2130 (1) As used in this section, the term:

2131 (c) "Public health emergency" means any occurrence, or
2132 threat thereof, whether natural or manmade, which results or may
2133 result in substantial injury or harm to the public health from
2134 infectious disease, chemical agents, nuclear agents, biological
2135 toxins, or situations involving mass casualties or natural
2136 disasters. Before declaring a public health emergency, the State
2137 Health Officer shall, to the extent possible, consult with the
2138 Governor and shall notify the Chief of Domestic Security. The
2139 declaration of a public health emergency shall continue until
2140 the State Health Officer finds that the threat or danger has
2141 been dealt with to the extent that the emergency conditions no
2142 longer exist and he or she terminates the declaration. However,
2143 a declaration of a public health emergency may not continue for
2144 longer than 60 days unless the Governor concurs in the renewal
2145 of the declaration. The State Health Officer, upon declaration
2146 of a public health emergency, may take actions that are
2147 necessary to protect the public health. Such actions include,
2148 but are not limited to:

2149 1. Directing manufacturers of prescription drugs or over-
2150 the-counter drugs who are permitted under chapter 499 and

2151 wholesalers of prescription drugs located in this state who are
2152 permitted under chapter 499 to give priority to the shipping of
2153 specified drugs to pharmacies and health care providers within
2154 geographic areas that have been identified by the State Health
2155 Officer. The State Health Officer must identify the drugs to be
2156 shipped. Manufacturers and wholesalers located in the state must
2157 respond to the State Health Officer's priority shipping
2158 directive before shipping the specified drugs.

2159 2. Notwithstanding chapters 465 and 499 and rules adopted
2160 thereunder, directing pharmacists employed by the department to
2161 compound bulk prescription drugs and provide these bulk
2162 prescription drugs to physicians and nurses of county health
2163 departments or any qualified person authorized by the State
2164 Health Officer for administration to persons as part of a
2165 prophylactic or treatment regimen.

2166 3. Notwithstanding s. 456.036, temporarily reactivating
2167 the inactive license or registration of the following health
2168 care practitioners, when such practitioners are needed to
2169 respond to the public health emergency: physicians, autonomous
2170 physician assistants, or physician assistants licensed or
2171 registered under chapter 458 or chapter 459; ~~physician~~
2172 ~~assistants licensed under chapter 458 or chapter 459;~~ licensed
2173 practical nurses, registered nurses, and advanced practice
2174 registered nurses licensed under part I of chapter 464;
2175 respiratory therapists licensed under part V of chapter 468; and

2176 emergency medical technicians and paramedics certified under
2177 part III of chapter 401. Only those health care practitioners
2178 specified in this paragraph who possess an unencumbered inactive
2179 license and who request that such license be reactivated are
2180 eligible for reactivation. An inactive license that is
2181 reactivated under this paragraph shall return to inactive status
2182 when the public health emergency ends or before the end of the
2183 public health emergency if the State Health Officer determines
2184 that the health care practitioner is no longer needed to provide
2185 services during the public health emergency. Such licenses may
2186 only be reactivated for a period not to exceed 90 days without
2187 meeting the requirements of s. 456.036 or chapter 401, as
2188 applicable.

2189 4. Ordering an individual to be examined, tested,
2190 vaccinated, treated, isolated, or quarantined for communicable
2191 diseases that have significant morbidity or mortality and
2192 present a severe danger to public health. Individuals who are
2193 unable or unwilling to be examined, tested, vaccinated, or
2194 treated for reasons of health, religion, or conscience may be
2195 subjected to isolation or quarantine.

2196 a. Examination, testing, vaccination, or treatment may be
2197 performed by any qualified person authorized by the State Health
2198 Officer.

2199 b. If the individual poses a danger to the public health,
2200 the State Health Officer may subject the individual to isolation

2201 or quarantine. If there is no practical method to isolate or
2202 quarantine the individual, the State Health Officer may use any
2203 means necessary to vaccinate or treat the individual.

2204

2205 Any order of the State Health Officer given to effectuate this
2206 paragraph shall be immediately enforceable by a law enforcement
2207 officer under s. 381.0012.

2208 Section 32. Subsection (3) of section 381.00593, Florida
2209 Statutes, is amended to read:

2210 381.00593 Public school volunteer health care practitioner
2211 program.—

2212 (3) For purposes of this section, the term "health care
2213 practitioner" means a physician or autonomous physician
2214 assistant licensed or registered under chapter 458; an
2215 osteopathic physician or autonomous physician assistant licensed
2216 or registered under chapter 459; a chiropractic physician
2217 licensed under chapter 460; a podiatric physician licensed under
2218 chapter 461; an optometrist licensed under chapter 463; an
2219 advanced practice registered nurse, registered nurse, or
2220 licensed practical nurse licensed under part I of chapter 464; a
2221 pharmacist licensed under chapter 465; a dentist or dental
2222 hygienist licensed under chapter 466; a midwife licensed under
2223 chapter 467; a speech-language pathologist or audiologist
2224 licensed under part I of chapter 468; a dietitian/nutritionist
2225 licensed under part X of chapter 468; or a physical therapist

2226 licensed under chapter 486.

2227 Section 33. Paragraph (c) of subsection (2) of section
2228 381.026, Florida Statutes, is amended to read:

2229 381.026 Florida Patient's Bill of Rights and
2230 Responsibilities.—

2231 (2) DEFINITIONS.—As used in this section and s. 381.0261,
2232 the term:

2233 (c) "Health care provider" means a physician licensed
2234 under chapter 458, an osteopathic physician licensed under
2235 chapter 459, ~~or~~ a podiatric physician licensed under chapter
2236 461, an autonomous physician assistant registered under s.
2237 458.347(8), or an advanced practice registered nurse registered
2238 to engage in autonomous practice under s. 464.0123.

2239 Section 34. Paragraph (a) of subsection (2) and
2240 subsections (3), (4), and (5) of section 382.008, Florida
2241 Statutes, are amended to read:

2242 382.008 Death, fetal death, and nonviable birth
2243 registration.—

2244 (2) (a) The funeral director who first assumes custody of a
2245 dead body or fetus shall file the certificate of death or fetal
2246 death. In the absence of the funeral director, the physician,
2247 autonomous physician assistant, physician assistant, advanced
2248 practice registered nurse, or other person in attendance at or
2249 after the death or the district medical examiner of the county
2250 in which the death occurred or the body was found shall file the

2251 certificate of death or fetal death. The person who files the
2252 certificate shall obtain personal data from a legally authorized
2253 person as described in s. 497.005 or the best qualified person
2254 or source available. The medical certification of cause of death
2255 shall be furnished to the funeral director, either in person or
2256 via certified mail or electronic transfer, by the physician,
2257 autonomous physician assistant, physician assistant, advanced
2258 practice registered nurse, or medical examiner responsible for
2259 furnishing such information. For fetal deaths, the physician,
2260 certified nurse midwife, midwife, or hospital administrator
2261 shall provide any medical or health information to the funeral
2262 director within 72 hours after expulsion or extraction.

2263 (3) Within 72 hours after receipt of a death or fetal
2264 death certificate from the funeral director, the medical
2265 certification of cause of death shall be completed and made
2266 available to the funeral director by the decedent's primary or
2267 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
2268 district medical examiner of the county in which the death
2269 occurred or the body was found. The primary or attending
2270 practitioner ~~physician~~ or the medical examiner shall certify
2271 over his or her signature the cause of death to the best of his
2272 or her knowledge and belief. As used in this section, the term
2273 "primary or attending practitioner ~~physician~~" means a physician,
2274 autonomous physician assistant, physician assistant, or advanced
2275 practice registered nurse who treated the decedent through

2276 examination, medical advice, or medication during the 12 months
2277 preceding the date of death.

2278 (a) The department may grant the funeral director an
2279 extension of time upon a good and sufficient showing of any of
2280 the following conditions:

2281 1. An autopsy is pending.

2282 2. Toxicology, laboratory, or other diagnostic reports
2283 have not been completed.

2284 3. The identity of the decedent is unknown and further
2285 investigation or identification is required.

2286 (b) If the decedent's primary or attending practitioner
2287 ~~physician~~ or the district medical examiner of the county in
2288 which the death occurred or the body was found indicates that he
2289 or she will sign and complete the medical certification of cause
2290 of death but will not be available until after the 5-day
2291 registration deadline, the local registrar may grant an
2292 extension of 5 days. If a further extension is required, the
2293 funeral director must provide written justification to the
2294 registrar.

2295 (4) If the department or local registrar grants an
2296 extension of time to provide the medical certification of cause
2297 of death, the funeral director shall file a temporary
2298 certificate of death or fetal death which shall contain all
2299 available information, including the fact that the cause of
2300 death is pending. The decedent's primary or attending

2301 practitioner ~~physician~~ or the district medical examiner of the
2302 county in which the death occurred or the body was found shall
2303 provide an estimated date for completion of the permanent
2304 certificate.

2305 (5) A permanent certificate of death or fetal death,
2306 containing the cause of death and any other information that was
2307 previously unavailable, shall be registered as a replacement for
2308 the temporary certificate. The permanent certificate may also
2309 include corrected information if the items being corrected are
2310 noted on the back of the certificate and dated and signed by the
2311 funeral director, physician, autonomous physician assistant,
2312 physician assistant, advanced practice registered nurse, or
2313 district medical examiner of the county in which the death
2314 occurred or the body was found, as appropriate.

2315 Section 35. Subsection (1) of section 382.011, Florida
2316 Statutes, is amended to read:

2317 382.011 Medical examiner determination of cause of death.—

2318 (1) In the case of any death or fetal death due to causes
2319 or conditions listed in s. 406.11, any death that occurred more
2320 than 12 months after the decedent was last treated by a primary
2321 or attending physician ~~as defined in s. 382.008(3)~~, or any death
2322 for which there is reason to believe that the death may have
2323 been due to an unlawful act or neglect, the funeral director or
2324 other person to whose attention the death may come shall refer
2325 the case to the district medical examiner of the county in which

2326 | the death occurred or the body was found for investigation and
 2327 | determination of the cause of death.

2328 | Section 36. Paragraph (c) of subsection (1) of section
 2329 | 383.14, Florida Statutes, is amended to read:

2330 | 383.14 Screening for metabolic disorders, other hereditary
 2331 | and congenital disorders, and environmental risk factors.—

2332 | (1) SCREENING REQUIREMENTS.—To help ensure access to the
 2333 | maternal and child health care system, the Department of Health
 2334 | shall promote the screening of all newborns born in Florida for
 2335 | metabolic, hereditary, and congenital disorders known to result
 2336 | in significant impairment of health or intellect, as screening
 2337 | programs accepted by current medical practice become available
 2338 | and practical in the judgment of the department. The department
 2339 | shall also promote the identification and screening of all
 2340 | newborns in this state and their families for environmental risk
 2341 | factors such as low income, poor education, maternal and family
 2342 | stress, emotional instability, substance abuse, and other high-
 2343 | risk conditions associated with increased risk of infant
 2344 | mortality and morbidity to provide early intervention,
 2345 | remediation, and prevention services, including, but not limited
 2346 | to, parent support and training programs, home visitation, and
 2347 | case management. Identification, perinatal screening, and
 2348 | intervention efforts shall begin before ~~prior to~~ and immediately
 2349 | following the birth of the child by the attending health care
 2350 | provider. Such efforts shall be conducted in hospitals,

2351 perinatal centers, county health departments, school health
2352 programs that provide prenatal care, and birthing centers, and
2353 reported to the Office of Vital Statistics.

2354 (c) Release of screening results.—Notwithstanding any law
2355 to the contrary, the State Public Health Laboratory may release,
2356 directly or through the Children's Medical Services program, the
2357 results of a newborn's hearing and metabolic tests or screenings
2358 to the newborn's health care practitioner, the newborn's parent
2359 or legal guardian, the newborn's personal representative, or a
2360 person designated by the newborn's parent or legal guardian. As
2361 used in this paragraph, the term "health care practitioner"
2362 means a physician, autonomous physician assistant, or physician
2363 assistant licensed or registered under chapter 458; an
2364 osteopathic physician, autonomous physician assistant, or
2365 physician assistant licensed or registered under chapter 459; an
2366 advanced practice registered nurse, registered nurse, or
2367 licensed practical nurse licensed under part I of chapter 464; a
2368 midwife licensed under chapter 467; a speech-language
2369 pathologist or audiologist licensed under part I of chapter 468;
2370 or a dietician or nutritionist licensed under part X of chapter
2371 468.

2372 Section 37. Paragraph (a) of subsection (3) of section
2373 390.0111, Florida Statutes, is amended to read:

2374 390.0111 Termination of pregnancies.—

2375 (3) CONSENTS REQUIRED.—A termination of pregnancy may not

2376 | be performed or induced except with the voluntary and informed
2377 | written consent of the pregnant woman or, in the case of a
2378 | mental incompetent, the voluntary and informed written consent
2379 | of her court-appointed guardian.

2380 | (a) Except in the case of a medical emergency, consent to
2381 | a termination of pregnancy is voluntary and informed only if:

2382 | 1. The physician who is to perform the procedure, or the
2383 | referring physician, has, at a minimum, orally, while physically
2384 | present in the same room, and at least 24 hours before the
2385 | procedure, informed the woman of:

2386 | a. The nature and risks of undergoing or not undergoing
2387 | the proposed procedure that a reasonable patient would consider
2388 | material to making a knowing and willful decision of whether to
2389 | terminate a pregnancy.

2390 | b. The probable gestational age of the fetus, verified by
2391 | an ultrasound, at the time the termination of pregnancy is to be
2392 | performed.

2393 | (I) The ultrasound must be performed by the physician who
2394 | is to perform the abortion or by a person having documented
2395 | evidence that he or she has completed a course in the operation
2396 | of ultrasound equipment as prescribed by rule and who is working
2397 | in conjunction with the physician.

2398 | (II) The person performing the ultrasound must offer the
2399 | woman the opportunity to view the live ultrasound images and
2400 | hear an explanation of them. If the woman accepts the

2401 opportunity to view the images and hear the explanation, a
2402 physician or a registered nurse, licensed practical nurse,
2403 advanced practice registered nurse, autonomous physician
2404 assistant, or physician assistant working in conjunction with
2405 the physician must contemporaneously review and explain the
2406 images to the woman before the woman gives informed consent to
2407 having an abortion procedure performed.

2408 (III) The woman has a right to decline to view and hear
2409 the explanation of the live ultrasound images after she is
2410 informed of her right and offered an opportunity to view the
2411 images and hear the explanation. If the woman declines, the
2412 woman shall complete a form acknowledging that she was offered
2413 an opportunity to view and hear the explanation of the images
2414 but that she declined that opportunity. The form must also
2415 indicate that the woman's decision was not based on any undue
2416 influence from any person to discourage her from viewing the
2417 images or hearing the explanation and that she declined of her
2418 own free will.

2419 (IV) Unless requested by the woman, the person performing
2420 the ultrasound may not offer the opportunity to view the images
2421 and hear the explanation and the explanation may not be given
2422 if, at the time the woman schedules or arrives for her
2423 appointment to obtain an abortion, a copy of a restraining
2424 order, police report, medical record, or other court order or
2425 documentation is presented which provides evidence that the

2426 woman is obtaining the abortion because the woman is a victim of
2427 rape, incest, domestic violence, or human trafficking or that
2428 the woman has been diagnosed as having a condition that, on the
2429 basis of a physician's good faith clinical judgment, would
2430 create a serious risk of substantial and irreversible impairment
2431 of a major bodily function if the woman delayed terminating her
2432 pregnancy.

2433 c. The medical risks to the woman and fetus of carrying
2434 the pregnancy to term.

2435

2436 The physician may provide the information required in this
2437 subparagraph within 24 hours before the procedure if requested
2438 by the woman at the time she schedules or arrives for her
2439 appointment to obtain an abortion and if she presents to the
2440 physician a copy of a restraining order, police report, medical
2441 record, or other court order or documentation evidencing that
2442 she is obtaining the abortion because she is a victim of rape,
2443 incest, domestic violence, or human trafficking.

2444 2. Printed materials prepared and provided by the
2445 department have been provided to the pregnant woman, if she
2446 chooses to view these materials, including:

2447 a. A description of the fetus, including a description of
2448 the various stages of development.

2449 b. A list of entities that offer alternatives to
2450 terminating the pregnancy.

2451 c. Detailed information on the availability of medical
2452 assistance benefits for prenatal care, childbirth, and neonatal
2453 care.

2454 3. The woman acknowledges in writing, before the
2455 termination of pregnancy, that the information required to be
2456 provided under this subsection has been provided.

2457
2458 Nothing in this paragraph is intended to prohibit a physician
2459 from providing any additional information which the physician
2460 deems material to the woman's informed decision to terminate her
2461 pregnancy.

2462 Section 38. Paragraphs (c), (e), and (f) of subsection (3)
2463 of section 390.012, Florida Statutes, are amended to read:

2464 390.012 Powers of agency; rules; disposal of fetal
2465 remains.—

2466 (3) For clinics that perform or claim to perform abortions
2467 after the first trimester of pregnancy, the agency shall adopt
2468 rules pursuant to ss. 120.536(1) and 120.54 to implement the
2469 provisions of this chapter, including the following:

2470 (c) Rules relating to abortion clinic personnel. At a
2471 minimum, these rules shall require that:

2472 1. The abortion clinic designate a medical director who is
2473 licensed to practice medicine in this state, and all physicians
2474 who perform abortions in the clinic have admitting privileges at
2475 a hospital within reasonable proximity to the clinic, unless the

2476 clinic has a written patient transfer agreement with a hospital
2477 within reasonable proximity to the clinic which includes the
2478 transfer of the patient's medical records held by both the
2479 clinic and the treating physician.

2480 2. If a physician is not present after an abortion is
2481 performed, a registered nurse, licensed practical nurse,
2482 advanced practice registered nurse, autonomous physician
2483 assistant, or physician assistant be present and remain at the
2484 clinic to provide postoperative monitoring and care until the
2485 patient is discharged.

2486 3. Surgical assistants receive training in counseling,
2487 patient advocacy, and the specific responsibilities associated
2488 with the services the surgical assistants provide.

2489 4. Volunteers receive training in the specific
2490 responsibilities associated with the services the volunteers
2491 provide, including counseling and patient advocacy as provided
2492 in the rules adopted by the director for different types of
2493 volunteers based on their responsibilities.

2494 (e) Rules relating to the abortion procedure. At a
2495 minimum, these rules shall require:

2496 1. That a physician, registered nurse, licensed practical
2497 nurse, advanced practice registered nurse, autonomous physician
2498 assistant, or physician assistant is available to all patients
2499 throughout the abortion procedure.

2500 2. Standards for the safe conduct of abortion procedures

2501 that conform to obstetric standards in keeping with established
 2502 standards of care regarding the estimation of fetal age as
 2503 defined in rule.

2504 3. Appropriate use of general and local anesthesia,
 2505 analgesia, and sedation if ordered by the physician.

2506 4. Appropriate precautions, such as the establishment of
 2507 intravenous access at least for patients undergoing post-first
 2508 trimester abortions.

2509 5. Appropriate monitoring of the vital signs and other
 2510 defined signs and markers of the patient's status throughout the
 2511 abortion procedure and during the recovery period until the
 2512 patient's condition is deemed to be stable in the recovery room.

2513 (f) Rules that prescribe minimum recovery room standards.
 2514 At a minimum, these rules must require that:

2515 1. Postprocedure recovery rooms be supervised and staffed
 2516 to meet the patients' needs.

2517 2. Immediate postprocedure care consist of observation in
 2518 a supervised recovery room for as long as the patient's
 2519 condition warrants.

2520 3. A registered nurse, licensed practical nurse, advanced
 2521 practice registered nurse, autonomous physician assistant, or
 2522 physician assistant who is trained in the management of the
 2523 recovery area and is capable of providing basic cardiopulmonary
 2524 resuscitation and related emergency procedures remain on the
 2525 premises of the abortion clinic until all patients are

2526 discharged.

2527 4. A physician sign the discharge order and be readily
2528 accessible and available until the last patient is discharged to
2529 facilitate the transfer of emergency cases if hospitalization of
2530 the patient or viable fetus is necessary.

2531 5. A physician discuss Rho(D) immune globulin with each
2532 patient for whom it is indicated and ensure that it is offered
2533 to the patient in the immediate postoperative period or will be
2534 available to her within 72 hours after completion of the
2535 abortion procedure. If the patient refuses the Rho(D) immune
2536 globulin, she and a witness must sign a refusal form approved by
2537 the agency which must be included in the medical record.

2538 6. Written instructions with regard to postabortion
2539 coitus, signs of possible problems, and general aftercare which
2540 are specific to the patient be given to each patient. The
2541 instructions must include information regarding access to
2542 medical care for complications, including a telephone number for
2543 use in the event of a medical emergency.

2544 7. A minimum length of time be specified, by type of
2545 abortion procedure and duration of gestation, during which a
2546 patient must remain in the recovery room.

2547 8. The physician ensure that, with the patient's consent,
2548 a registered nurse, licensed practical nurse, advanced practice
2549 registered nurse, autonomous physician assistant, or physician
2550 assistant from the abortion clinic makes a good faith effort to

2551 contact the patient by telephone within 24 hours after surgery
2552 to assess the patient's recovery.

2553 9. Equipment and services be readily accessible to provide
2554 appropriate emergency resuscitative and life support procedures
2555 pending the transfer of the patient or viable fetus to the
2556 hospital.

2557 Section 39. Paragraphs (a) and (f) of subsection (2) of
2558 section 394.463, Florida Statutes, are amended to read:

2559 394.463 Involuntary examination.—

2560 (2) INVOLUNTARY EXAMINATION.—

2561 (a) An involuntary examination may be initiated by any one
2562 of the following means:

2563 1. A circuit or county court may enter an ex parte order
2564 stating that a person appears to meet the criteria for
2565 involuntary examination and specifying the findings on which
2566 that conclusion is based. The ex parte order for involuntary
2567 examination must be based on written or oral sworn testimony
2568 that includes specific facts that support the findings. If other
2569 less restrictive means are not available, such as voluntary
2570 appearance for outpatient evaluation, a law enforcement officer,
2571 or other designated agent of the court, shall take the person
2572 into custody and deliver him or her to an appropriate, or the
2573 nearest, facility within the designated receiving system
2574 pursuant to s. 394.462 for involuntary examination. The order of
2575 the court shall be made a part of the patient's clinical record.

2576 A fee may not be charged for the filing of an order under this
2577 subsection. A facility accepting the patient based on this order
2578 must send a copy of the order to the department within 5 working
2579 days. The order may be submitted electronically through existing
2580 data systems, if available. The order shall be valid only until
2581 the person is delivered to the facility or for the period
2582 specified in the order itself, whichever comes first. If a ~~no~~
2583 time limit is not specified in the order, the order is ~~shall be~~
2584 valid for 7 days after the date that the order was signed.

2585 2. A law enforcement officer shall take a person who
2586 appears to meet the criteria for involuntary examination into
2587 custody and deliver the person or have him or her delivered to
2588 an appropriate, or the nearest, facility within the designated
2589 receiving system pursuant to s. 394.462 for examination. The
2590 officer shall execute a written report detailing the
2591 circumstances under which the person was taken into custody,
2592 which must be made a part of the patient's clinical record. Any
2593 facility accepting the patient based on this report must send a
2594 copy of the report to the department within 5 working days.

2595 3. A physician, autonomous physician assistant, physician
2596 assistant, clinical psychologist, psychiatric nurse, advanced
2597 practice registered nurse, mental health counselor, marriage and
2598 family therapist, or clinical social worker may execute a
2599 certificate stating that he or she has examined a person within
2600 the preceding 48 hours and finds that the person appears to meet

2601 the criteria for involuntary examination and stating the
2602 observations upon which that conclusion is based. If other less
2603 restrictive means, such as voluntary appearance for outpatient
2604 evaluation, are not available, a law enforcement officer shall
2605 take into custody the person named in the certificate and
2606 deliver him or her to the appropriate, or nearest, facility
2607 within the designated receiving system pursuant to s. 394.462
2608 for involuntary examination. The law enforcement officer shall
2609 execute a written report detailing the circumstances under which
2610 the person was taken into custody. The report and certificate
2611 shall be made a part of the patient's clinical record. Any
2612 facility accepting the patient based on this certificate must
2613 send a copy of the certificate to the department within 5
2614 working days. The document may be submitted electronically
2615 through existing data systems, if applicable.

2616
2617 When sending the order, report, or certificate to the
2618 department, a facility shall, at a minimum, provide information
2619 about which action was taken regarding the patient under
2620 paragraph (g), which information shall also be made a part of
2621 the patient's clinical record.

2622 (f) A patient shall be examined by a physician, physician
2623 assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse
2624 performing within the framework of an established protocol with
2625 a psychiatrist, at a facility without unnecessary delay to

2626 determine if the criteria for involuntary services are met.
2627 Emergency treatment may be provided upon the order of a
2628 physician if the physician determines that such treatment is
2629 necessary for the safety of the patient or others. The patient
2630 may not be released by the receiving facility or its contractor
2631 without the documented approval of a psychiatrist or a clinical
2632 psychologist or, if the receiving facility is owned or operated
2633 by a hospital or health system, the release may also be approved
2634 by a psychiatric nurse performing within the framework of an
2635 established protocol with a psychiatrist, or an attending
2636 emergency department physician with experience in the diagnosis
2637 and treatment of mental illness after completion of an
2638 involuntary examination pursuant to this subsection. A
2639 psychiatric nurse may not approve the release of a patient if
2640 the involuntary examination was initiated by a psychiatrist
2641 unless the release is approved by the initiating psychiatrist.

2642 Section 40. Paragraph (b) of subsection (2) of section
2643 395.0191, Florida Statutes, is amended to read:

2644 395.0191 Staff membership and clinical privileges.—

2645 (2)

2646 (b) An advanced practice registered nurse who is certified
2647 as a registered nurse anesthetist licensed under part I of
2648 chapter 464 shall administer anesthesia under the onsite medical
2649 direction of a professional licensed under chapter 458, chapter
2650 459, or chapter 466, and in accordance with an established

2651 protocol approved by the medical staff. The medical direction
2652 shall specifically address the needs of the individual patient.
2653 This paragraph does not apply to a certified registered nurse
2654 anesthetist registered to engage in autonomous practice under s.
2655 464.0123.

2656 Section 41. Subsection (3) of section 395.602, Florida
2657 Statutes, is amended to read:

2658 395.602 Rural hospitals.—

2659 (3) USE OF FUNDS.—It is the intent of the Legislature that
2660 funds as appropriated shall be utilized by the department for
2661 the purpose of increasing the number of primary care physicians,
2662 autonomous physician assistants, physician assistants, certified
2663 nurse midwives, nurse practitioners, and nurses in rural areas,
2664 either through the Medical Education Reimbursement and Loan
2665 Repayment Program as defined by s. 1009.65 or through a federal
2666 loan repayment program which requires state matching funds. The
2667 department may use funds appropriated for the Medical Education
2668 Reimbursement and Loan Repayment Program as matching funds for
2669 federal loan repayment programs for health care personnel, such
2670 as that authorized in Pub. L. No. 100-177, s. 203. If the
2671 department receives federal matching funds, the department shall
2672 only implement the federal program. Reimbursement through either
2673 program shall be limited to:

2674 (a) Primary care physicians, autonomous physician
2675 assistants, physician assistants, certified nurse midwives,

2676 nurse practitioners, and nurses employed by or affiliated with
2677 rural hospitals, as defined in this act; and

2678 (b) Primary care physicians, autonomous physician
2679 assistants, physician assistants, certified nurse midwives,
2680 nurse practitioners, and nurses employed by or affiliated with
2681 rural area health education centers, as defined in this section.
2682 These personnel shall practice:

2683 1. In a county with a population density of no greater
2684 than 100 persons per square mile; or

2685 2. Within the boundaries of a hospital tax district which
2686 encompasses a population of no greater than 100 persons per
2687 square mile.

2688
2689 If the department administers a federal loan repayment program,
2690 priority shall be given to obligating state and federal matching
2691 funds pursuant to paragraphs (a) and (b). The department may use
2692 federal matching funds in other health workforce shortage areas
2693 and medically underserved areas in the state for loan repayment
2694 programs for primary care physicians, autonomous physician
2695 assistants, physician assistants, certified nurse midwives,
2696 nurse practitioners, and nurses who are employed by publicly
2697 financed health care programs that serve medically indigent
2698 persons.

2699 Section 42. Paragraph (a) of subsection (2) of section
2700 397.501, Florida Statutes, is amended to read:

2701 397.501 Rights of individuals.—Individuals receiving
2702 substance abuse services from any service provider are
2703 guaranteed protection of the rights specified in this section,
2704 unless otherwise expressly provided, and service providers must
2705 ensure the protection of such rights.

2706 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2707 (a) Service providers may not deny an individual access to
2708 substance abuse services solely on the basis of race, gender,
2709 ethnicity, age, sexual preference, human immunodeficiency virus
2710 status, prior service departures against medical advice,
2711 disability, or number of relapse episodes. Service providers may
2712 not deny an individual who takes medication prescribed by a
2713 physician, autonomous physician assistant, physician assistant,
2714 or advanced practice registered nurse access to substance abuse
2715 services solely on that basis. Service providers who receive
2716 state funds to provide substance abuse services may not, if
2717 space and sufficient state resources are available, deny access
2718 to services based solely on inability to pay.

2719 Section 43. Section 397.679, Florida Statutes, is amended
2720 to read:

2721 397.679 Emergency admission; circumstances justifying.—A
2722 person who meets the criteria for involuntary admission in s.
2723 397.675 may be admitted to a hospital or to a licensed
2724 detoxification facility or addictions receiving facility for
2725 emergency assessment and stabilization, or to a less intensive

2726 component of a licensed service provider for assessment only,
2727 upon receipt by the facility of a certificate by a physician, an
2728 autonomous physician assistant, an advanced practice registered
2729 nurse, a psychiatric nurse, a clinical psychologist, a clinical
2730 social worker, a marriage and family therapist, a mental health
2731 counselor, a physician assistant working under the scope of
2732 practice of the supervising physician, or a master's-level-
2733 certified addictions professional for substance abuse services,
2734 if the certificate is specific to substance abuse impairment,
2735 and the completion of an application for emergency admission.

2736 Section 44. Subsection (1) of section 397.6793, Florida
2737 Statutes, is amended to read:

2738 397.6793 Professional's certificate for emergency
2739 admission.—

2740 (1) A physician, a clinical psychologist, an autonomous
2741 physician assistant, a physician assistant working under the
2742 scope of practice of the supervising physician, a psychiatric
2743 nurse, an advanced practice registered nurse, a mental health
2744 counselor, a marriage and family therapist, a master's-level-
2745 certified addictions professional for substance abuse services,
2746 or a clinical social worker may execute a professional's
2747 certificate for emergency admission. The professional's
2748 certificate must include the name of the person to be admitted,
2749 the relationship between the person and the professional
2750 executing the certificate, the relationship between the

2751 applicant and the professional, any relationship between the
2752 professional and the licensed service provider, a statement that
2753 the person has been examined and assessed within the preceding 5
2754 days after the application date, and factual allegations with
2755 respect to the need for emergency admission, including:

2756 (a) The reason for the belief that the person is substance
2757 abuse impaired;

2758 (b) The reason for the belief that because of such
2759 impairment the person has lost the power of self-control with
2760 respect to substance abuse; and

2761 (c)1. The reason for the belief that, without care or
2762 treatment, the person is likely to suffer from neglect or refuse
2763 to care for himself or herself; that such neglect or refusal
2764 poses a real and present threat of substantial harm to his or
2765 her well-being; and that it is not apparent that such harm may
2766 be avoided through the help of willing family members or friends
2767 or the provision of other services, or there is substantial
2768 likelihood that the person has inflicted or, unless admitted, is
2769 likely to inflict, physical harm on himself, herself, or
2770 another; or

2771 2. The reason for the belief that the person's refusal to
2772 voluntarily receive care is based on judgment so impaired by
2773 reason of substance abuse that the person is incapable of
2774 appreciating his or her need for care and of making a rational
2775 decision regarding his or her need for care.

2776 Section 45. Subsection (8) of section 400.021, Florida
 2777 Statutes, is amended to read:

2778 400.021 Definitions.—When used in this part, unless the
 2779 context otherwise requires, the term:

2780 (8) "Geriatric outpatient clinic" means a site for
 2781 providing outpatient health care to persons 60 years of age or
 2782 older, which is staffed by a registered nurse, a physician
 2783 assistant, or a licensed practical nurse under the direct
 2784 supervision of a registered nurse, advanced practice registered
 2785 nurse, physician assistant, autonomous physician assistant, or
 2786 physician.

2787 Section 46. Subsection (3) of section 400.172, Florida
 2788 Statutes, is amended to read:

2789 400.172 Respite care provided in nursing home facilities.—

2790 (3) A prospective respite care resident must provide
 2791 medical information from a physician, autonomous physician
 2792 assistant, physician assistant, or nurse practitioner and any
 2793 other information provided by the primary caregiver required by
 2794 the facility before or when the person is admitted to receive
 2795 respite care. The medical information must include a physician's
 2796 order for respite care and proof of a physical examination by a
 2797 licensed physician, autonomous physician assistant, physician
 2798 assistant, or nurse practitioner. The physician's order and
 2799 physical examination may be used to provide intermittent respite
 2800 care for up to 12 months after the date the order is written.

2801 Section 47. Subsection (2) of section 400.487, Florida
2802 Statutes, is amended to read:

2803 400.487 Home health service agreements; physician's,
2804 physician assistant's, autonomous physician assistant's, and
2805 advanced practice registered nurse's treatment orders; patient
2806 assessment; establishment and review of plan of care; provision
2807 of services; orders not to resuscitate.—

2808 (2) When required by ~~the provisions of~~ chapter 464; part
2809 I, part III, or part V of chapter 468; or chapter 486, the
2810 attending physician, autonomous physician assistant, physician
2811 assistant, or advanced practice registered nurse, acting within
2812 his or her respective scope of practice, shall establish
2813 treatment orders for a patient who is to receive skilled care.
2814 The treatment orders must be signed by the physician, autonomous
2815 physician assistant, physician assistant, or advanced practice
2816 registered nurse before a claim for payment for the skilled
2817 services is submitted by the home health agency. If the claim is
2818 submitted to a managed care organization, the treatment orders
2819 must be signed within the time allowed under the provider
2820 agreement. The treatment orders shall be reviewed, as frequently
2821 as the patient's illness requires, by the physician, autonomous
2822 physician assistant, physician assistant, or advanced practice
2823 registered nurse in consultation with the home health agency.

2824 Section 48. Paragraph (a) of subsection (13) of section
2825 400.506, Florida Statutes, is amended to read:

2826 400.506 Licensure of nurse registries; requirements;
2827 penalties.—

2828 (13) All persons referred for contract in private
2829 residences by a nurse registry must comply with the following
2830 requirements for a plan of treatment:

2831 (a) When, in accordance with the privileges and
2832 restrictions imposed upon a nurse under part I of chapter 464,
2833 the delivery of care to a patient is under the direction or
2834 supervision of a physician or when a physician is responsible
2835 for the medical care of the patient, a medical plan of treatment
2836 must be established for each patient receiving care or treatment
2837 provided by a licensed nurse in the home. The original medical
2838 plan of treatment must be timely signed by the physician,
2839 autonomous physician assistant, physician assistant, or advanced
2840 practice registered nurse, acting within his or her respective
2841 scope of practice, and reviewed in consultation with the
2842 licensed nurse at least every 2 months. Any additional order or
2843 change in orders must be obtained from the physician, autonomous
2844 physician assistant, physician assistant, or advanced practice
2845 registered nurse and reduced to writing and timely signed by the
2846 physician, autonomous physician assistant, physician assistant,
2847 or advanced practice registered nurse. The delivery of care
2848 under a medical plan of treatment must be substantiated by the
2849 appropriate nursing notes or documentation made by the nurse in
2850 compliance with nursing practices established under part I of

2851 chapter 464.

2852 Section 49. Subsection (5) and paragraph (b) of subsection
2853 (7) of section 400.9973, Florida Statutes, are amended to read:

2854 400.9973 Client admission, transfer, and discharge.—

2855 (5) A client admitted to a transitional living facility
2856 must be admitted upon prescription by a licensed physician,
2857 autonomous physician assistant, physician assistant, or advanced
2858 practice registered nurse and must remain under the care of a
2859 licensed physician, autonomous physician assistant, physician
2860 assistant, or advanced practice registered nurse for the
2861 duration of the client's stay in the facility.

2862 (7) A person may not be admitted to a transitional living
2863 facility if the person:

2864 (b) Is a danger to himself or herself or others as
2865 determined by a physician, autonomous physician assistant,
2866 physician assistant, advanced practice registered nurse, or a
2867 mental health practitioner licensed under chapter 490 or chapter
2868 491, unless the facility provides adequate staffing and support
2869 to ensure patient safety;

2870 Section 50. Paragraphs (a) and (b) of subsection (2) of
2871 section 400.9974, Florida Statutes, are amended to read:

2872 400.9974 Client comprehensive treatment plans; client
2873 services.—

2874 (2) The comprehensive treatment plan must include:

2875 (a) Orders obtained from the physician, autonomous

2876 physician assistant, physician assistant, or advanced practice
2877 registered nurse and the client's diagnosis, medical history,
2878 physical examination, and rehabilitative or restorative needs.

2879 (b) A preliminary nursing evaluation, including orders for
2880 immediate care provided by the physician, autonomous physician
2881 assistant, physician assistant, or advanced practice registered
2882 nurse, which shall be completed when the client is admitted.

2883 Section 51. Section 400.9976, Florida Statutes, is amended
2884 to read:

2885 400.9976 Administration of medication.—

2886 (1) An individual medication administration record must be
2887 maintained for each client. A dose of medication, including a
2888 self-administered dose, shall be properly recorded in the
2889 client's record. A client who self-administers medication shall
2890 be given a pill organizer. Medication must be placed in the pill
2891 organizer by a nurse. A nurse shall document the date and time
2892 that medication is placed into each client's pill organizer. All
2893 medications must be administered in compliance with orders of a
2894 physician, autonomous physician assistant, physician assistant,
2895 or advanced practice registered nurse.

2896 (2) If an interdisciplinary team determines that self-
2897 administration of medication is an appropriate objective, and if
2898 the physician, autonomous physician assistant, physician
2899 assistant, or advanced practice registered nurse does not
2900 specify otherwise, the client must be instructed by the

2901 physician, autonomous physician assistant, physician assistant,
2902 or advanced practice registered nurse to self-administer his or
2903 her medication without the assistance of a staff person. All
2904 forms of self-administration of medication, including
2905 administration orally, by injection, and by suppository, shall
2906 be included in the training. The client's physician, autonomous
2907 physician assistant, physician assistant, or advanced practice
2908 registered nurse must be informed of the interdisciplinary
2909 team's decision that self-administration of medication is an
2910 objective for the client. A client may not self-administer
2911 medication until he or she demonstrates the competency to take
2912 the correct medication in the correct dosage at the correct
2913 time, to respond to missed doses, and to contact the appropriate
2914 person with questions.

2915 (3) Medication administration discrepancies and adverse
2916 drug reactions must be recorded and reported immediately to a
2917 physician, autonomous physician assistant, physician assistant,
2918 or advanced practice registered nurse.

2919 Section 52. Subsections (2) through (5) of section
2920 400.9979, Florida Statutes, are amended to read:

2921 400.9979 Restraint and seclusion; client safety.—

2922 (2) The use of physical restraints must be ordered and
2923 documented by a physician, autonomous physician assistant,
2924 physician assistant, or advanced practice registered nurse and
2925 must be consistent with the policies and procedures adopted by

2926 | the facility. The client or, if applicable, the client's
 2927 | representative shall be informed of the facility's physical
 2928 | restraint policies and procedures when the client is admitted.

2929 | (3) The use of chemical restraints shall be limited to
 2930 | prescribed dosages of medications as ordered by a physician,
 2931 | autonomous physician assistant, physician assistant, or advanced
 2932 | practice registered nurse and must be consistent with the
 2933 | client's diagnosis and the policies and procedures adopted by
 2934 | the facility. The client and, if applicable, the client's
 2935 | representative shall be informed of the facility's chemical
 2936 | restraint policies and procedures when the client is admitted.

2937 | (4) Based on the assessment by a physician, autonomous
 2938 | physician assistant, physician assistant, or advanced practice
 2939 | registered nurse, if a client exhibits symptoms that present an
 2940 | immediate risk of injury or death to himself or herself or
 2941 | others, a physician, physician assistant, or advanced practice
 2942 | registered nurse may issue an emergency treatment order to
 2943 | immediately administer rapid-response psychotropic medications
 2944 | or other chemical restraints. Each emergency treatment order
 2945 | must be documented and maintained in the client's record.

2946 | (a) An emergency treatment order is not effective for more
 2947 | than 24 hours.

2948 | (b) Whenever a client is medicated under this subsection,
 2949 | the client's representative or a responsible party and the
 2950 | client's physician, autonomous physician assistant, physician

2951 assistant, or advanced practice registered nurse shall be
 2952 notified as soon as practicable.

2953 (5) A client who is prescribed and receives a medication
 2954 that can serve as a chemical restraint for a purpose other than
 2955 an emergency treatment order must be evaluated by his or her
 2956 physician, autonomous physician assistant, physician assistant,
 2957 or advanced practice registered nurse at least monthly to
 2958 assess:

2959 (a) The continued need for the medication.

2960 (b) The level of the medication in the client's blood.

2961 (c) The need for adjustments to the prescription.

2962 Section 53. Subsections (1) and (2) of section 401.445,
 2963 Florida Statutes, are amended to read:

2964 401.445 Emergency examination and treatment of
 2965 incapacitated persons.—

2966 (1) ~~No Recovery is not shall be~~ allowed in any court in
 2967 this state against any emergency medical technician, paramedic,
 2968 or physician as defined in this chapter, any advanced practice
 2969 registered nurse licensed under s. 464.012, or any autonomous
 2970 physician assistant or physician assistant registered or
 2971 licensed under s. 458.347 or s. 459.022, or any person acting
 2972 under the direct medical supervision of a physician, in an
 2973 action brought for examining or treating a patient without his
 2974 or her informed consent if:

2975 (a) The patient at the time of examination or treatment is

2976 intoxicated, under the influence of drugs, or otherwise
2977 incapable of providing informed consent as provided in s.
2978 766.103;

2979 (b) The patient at the time of examination or treatment is
2980 experiencing an emergency medical condition; and

2981 (c) The patient would reasonably, under all the
2982 surrounding circumstances, undergo such examination, treatment,
2983 or procedure if he or she were advised by the emergency medical
2984 technician, paramedic, physician, advanced practice registered
2985 nurse, autonomous physician assistant, or physician assistant in
2986 accordance with s. 766.103(3).

2987
2988 Examination and treatment provided under this subsection shall
2989 be limited to reasonable examination of the patient to determine
2990 the medical condition of the patient and treatment reasonably
2991 necessary to alleviate the emergency medical condition or to
2992 stabilize the patient.

2993 (2) In examining and treating a person who is apparently
2994 intoxicated, under the influence of drugs, or otherwise
2995 incapable of providing informed consent, the emergency medical
2996 technician, paramedic, physician, advanced practice registered
2997 nurse, autonomous physician assistant, or physician assistant,
2998 or any person acting under the direct medical supervision of a
2999 physician, shall proceed wherever possible with the consent of
3000 the person. If the person reasonably appears to be incapacitated

3001 and refuses his or her consent, the person may be examined,
3002 treated, or taken to a hospital or other appropriate treatment
3003 resource if he or she is in need of emergency attention, without
3004 his or her consent, but unreasonable force shall not be used.

3005 Section 54. Subsection (18) of section 409.906, Florida
3006 Statutes, is amended to read:

3007 409.906 Optional Medicaid services.—Subject to specific
3008 appropriations, the agency may make payments for services which
3009 are optional to the state under Title XIX of the Social Security
3010 Act and are furnished by Medicaid providers to recipients who
3011 are determined to be eligible on the dates on which the services
3012 were provided. Any optional service that is provided shall be
3013 provided only when medically necessary and in accordance with
3014 state and federal law. Optional services rendered by providers
3015 in mobile units to Medicaid recipients may be restricted or
3016 prohibited by the agency. Nothing in this section shall be
3017 construed to prevent or limit the agency from adjusting fees,
3018 reimbursement rates, lengths of stay, number of visits, or
3019 number of services, or making any other adjustments necessary to
3020 comply with the availability of moneys and any limitations or
3021 directions provided for in the General Appropriations Act or
3022 chapter 216. If necessary to safeguard the state's systems of
3023 providing services to elderly and disabled persons and subject
3024 to the notice and review provisions of s. 216.177, the Governor
3025 may direct the Agency for Health Care Administration to amend

3026 | the Medicaid state plan to delete the optional Medicaid service
 3027 | known as "Intermediate Care Facilities for the Developmentally
 3028 | Disabled." Optional services may include:

3029 | (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
 3030 | all services provided to a recipient by an autonomous physician
 3031 | assistant or a physician assistant registered or licensed under
 3032 | s. 458.347 or s. 459.022. Reimbursement for such services must
 3033 | be not less than 80 percent of the reimbursement that would be
 3034 | paid to a physician who provided the same services.

3035 | Section 55. Paragraph (m) of subsection (3) of section
 3036 | 409.908, Florida Statutes, is amended to read:

3037 | 409.908 Reimbursement of Medicaid providers.—Subject to
 3038 | specific appropriations, the agency shall reimburse Medicaid
 3039 | providers, in accordance with state and federal law, according
 3040 | to methodologies set forth in the rules of the agency and in
 3041 | policy manuals and handbooks incorporated by reference therein.
 3042 | These methodologies may include fee schedules, reimbursement
 3043 | methods based on cost reporting, negotiated fees, competitive
 3044 | bidding pursuant to s. 287.057, and other mechanisms the agency
 3045 | considers efficient and effective for purchasing services or
 3046 | goods on behalf of recipients. If a provider is reimbursed based
 3047 | on cost reporting and submits a cost report late and that cost
 3048 | report would have been used to set a lower reimbursement rate
 3049 | for a rate semester, then the provider's rate for that semester
 3050 | shall be retroactively calculated using the new cost report, and

3051 full payment at the recalculated rate shall be effected
3052 retroactively. Medicare-granted extensions for filing cost
3053 reports, if applicable, shall also apply to Medicaid cost
3054 reports. Payment for Medicaid compensable services made on
3055 behalf of Medicaid eligible persons is subject to the
3056 availability of moneys and any limitations or directions
3057 provided for in the General Appropriations Act or chapter 216.
3058 Further, nothing in this section shall be construed to prevent
3059 or limit the agency from adjusting fees, reimbursement rates,
3060 lengths of stay, number of visits, or number of services, or
3061 making any other adjustments necessary to comply with the
3062 availability of moneys and any limitations or directions
3063 provided for in the General Appropriations Act, provided the
3064 adjustment is consistent with legislative intent.

3065 (3) Subject to any limitations or directions provided for
3066 in the General Appropriations Act, the following Medicaid
3067 services and goods may be reimbursed on a fee-for-service basis.
3068 For each allowable service or goods furnished in accordance with
3069 Medicaid rules, policy manuals, handbooks, and state and federal
3070 law, the payment shall be the amount billed by the provider, the
3071 provider's usual and customary charge, or the maximum allowable
3072 fee established by the agency, whichever amount is less, with
3073 the exception of those services or goods for which the agency
3074 makes payment using a methodology based on capitation rates,
3075 average costs, or negotiated fees.

3076 (m) Autonomous physician assistant and physician assistant
 3077 services.

3078 Section 56. Paragraphs (c) through (cc) of subsection (1)
 3079 of section 409.973, Florida Statutes, are redesignated as
 3080 paragraphs (d) through (dd), respectively, and a new paragraph
 3081 (c) is added to that subsection to read:

3082 409.973 Benefits.—

3083 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
 3084 minimum, the following services:

3085 (c) Autonomous physician assistant services.

3086 Section 57. Subsections (2), (4), and (5) of section
 3087 429.26, Florida Statutes, are amended to read:

3088 429.26 Appropriateness of placements; examinations of
 3089 residents.—

3090 (2) A physician, autonomous physician assistant, physician
 3091 assistant, or nurse practitioner who is employed by an assisted
 3092 living facility to provide an initial examination for admission
 3093 purposes may not have financial interest in the facility.

3094 (4) If possible, each resident shall have been examined by
 3095 a licensed physician, an autonomous physician assistant, a
 3096 licensed physician assistant, or a licensed nurse practitioner
 3097 within 60 days before admission to the facility. The signed and
 3098 completed medical examination report shall be submitted to the
 3099 owner or administrator of the facility who shall use the
 3100 information contained therein to assist in the determination of

3101 the appropriateness of the resident's admission and continued
3102 stay in the facility. The medical examination report shall
3103 become a permanent part of the record of the resident at the
3104 facility and shall be made available to the agency during
3105 inspection or upon request. An assessment that has been
3106 completed through the Comprehensive Assessment and Review for
3107 Long-Term Care Services (CARES) Program fulfills the
3108 requirements for a medical examination under this subsection and
3109 s. 429.07(3)(b)6.

3110 (5) Except as provided in s. 429.07, if a medical
3111 examination has not been completed within 60 days before the
3112 admission of the resident to the facility, a licensed physician,
3113 a registered autonomous physician assistant, a licensed
3114 physician assistant, or a licensed nurse practitioner shall
3115 examine the resident and complete a medical examination form
3116 provided by the agency within 30 days following the admission to
3117 the facility to enable the facility owner or administrator to
3118 determine the appropriateness of the admission. The medical
3119 examination form shall become a permanent part of the record of
3120 the resident at the facility and shall be made available to the
3121 agency during inspection by the agency or upon request.

3122 Section 58. Paragraph (a) of subsection (2) and paragraph
3123 (a) of subsection (7) of section 429.918, Florida Statutes, are
3124 amended to read:

3125 429.918 Licensure designation as a specialized Alzheimer's

3126 services adult day care center.-

3127 (2) As used in this section, the term:

3128 (a) "ADRD participant" means a participant who has a
 3129 documented diagnosis of Alzheimer's disease or a dementia-
 3130 related disorder (ADRD) from a licensed physician, a registered
 3131 autonomous physician assistant, a licensed physician assistant,
 3132 or a licensed advanced practice registered nurse.

3133 (7) (a) An ADRD participant admitted to an adult day care
 3134 center having a license designated under this section, or the
 3135 caregiver when applicable, must:

3136 1. Require ongoing supervision to maintain the highest
 3137 level of medical or custodial functioning and have a
 3138 demonstrated need for a responsible party to oversee his or her
 3139 care.

3140 2. Not actively demonstrate aggressive behavior that
 3141 places himself, herself, or others at risk of harm.

3142 3. Provide the following medical documentation signed by a
 3143 licensed physician, a registered autonomous physician assistant,
 3144 a licensed physician assistant, or a licensed advanced practice
 3145 registered nurse:

3146 a. Any physical, health, or emotional conditions that
 3147 require medical care.

3148 b. A listing of the ADRD participant's current prescribed
 3149 and over-the-counter medications and dosages, diet restrictions,
 3150 mobility restrictions, and other physical limitations.

3151 4. Provide documentation signed by a health care provider
3152 licensed in this state which indicates that the ADRD participant
3153 is free of the communicable form of tuberculosis and free of
3154 signs and symptoms of other communicable diseases.

3155 Section 59. Paragraph (e) of subsection (5) of section
3156 440.102, Florida Statutes, is amended to read:

3157 440.102 Drug-free workplace program requirements.—The
3158 following provisions apply to a drug-free workplace program
3159 implemented pursuant to law or to rules adopted by the Agency
3160 for Health Care Administration:

3161 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
3162 collection and testing for drugs under this section shall be
3163 performed in accordance with the following procedures:

3164 (e) A specimen for a drug test may be taken or collected
3165 by any of the following persons:

3166 1. A physician, an autonomous physician assistant, a
3167 physician assistant, a registered professional nurse, a licensed
3168 practical nurse, or a nurse practitioner or a certified
3169 paramedic who is present at the scene of an accident for the
3170 purpose of rendering emergency medical service or treatment.

3171 2. A qualified person employed by a licensed or certified
3172 laboratory as described in subsection (9).

3173 Section 60. Paragraphs (a), (i), (o), and (r) of
3174 subsection (3) and paragraph (g) of subsection (5) of section
3175 456.053, Florida Statutes, are amended to read:

3176 456.053 Financial arrangements between referring health
 3177 care providers and providers of health care services.—

3178 (3) DEFINITIONS.—For the purpose of this section, the
 3179 word, phrase, or term:

3180 (a) "Board" means any of the following boards relating to
 3181 the respective professions: the Board of Medicine as created in
 3182 s. 458.307; the Board of Osteopathic Medicine as created in s.
 3183 459.004; the Board of Chiropractic Medicine as created in s.
 3184 460.404; the Board of Podiatric Medicine as created in s.
 3185 461.004; the Board of Optometry as created in s. 463.003; the
 3186 Board of Nursing as created in s. 464.004; the Board of Pharmacy
 3187 as created in s. 465.004; and the Board of Dentistry as created
 3188 in s. 466.004.

3189 (i) "Health care provider" means a ~~any~~ physician licensed
 3190 under chapter 458, chapter 459, chapter 460, or chapter 461; an
 3191 autonomous physician assistant registered under chapter 458 or
 3192 chapter 459; an advanced practice registered nurse registered to
 3193 engage in autonomous practice under s. 464.0123;~~7~~ or any health
 3194 care provider licensed under chapter 463 or chapter 466.

3195 (o) "Referral" means any referral of a patient by a health
 3196 care provider for health care services, including, without
 3197 limitation:

3198 1. The forwarding of a patient by a health care provider
 3199 to another health care provider or to an entity which provides
 3200 or supplies designated health services or any other health care

3201 item or service; or

3202 2. The request or establishment of a plan of care by a

3203 health care provider, which includes the provision of designated

3204 health services or other health care item or service.

3205 3. The following orders, recommendations, or plans of care

3206 shall not constitute a referral by a health care provider:

3207 a. By a radiologist for diagnostic-imaging services.

3208 b. By a physician specializing in the provision of

3209 radiation therapy services for such services.

3210 c. By a medical oncologist for drugs and solutions to be

3211 prepared and administered intravenously to such oncologist's

3212 patient, as well as for the supplies and equipment used in

3213 connection therewith to treat such patient for cancer and the

3214 complications thereof.

3215 d. By a cardiologist for cardiac catheterization services.

3216 e. By a pathologist for diagnostic clinical laboratory

3217 tests and pathological examination services, if furnished by or

3218 under the supervision of such pathologist pursuant to a

3219 consultation requested by another physician.

3220 f. By a health care provider who is the sole provider or

3221 member of a group practice for designated health services or

3222 other health care items or services that are prescribed or

3223 provided solely for such referring health care provider's or

3224 group practice's own patients, and that are provided or

3225 performed by or under the direct supervision of such referring

3226 health care provider or group practice; provided, however, ~~that~~
3227 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
3228 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
3229 ~~chapter 461~~ may refer a patient to a sole provider or group
3230 practice for diagnostic imaging services, excluding radiation
3231 therapy services, for which the sole provider or group practice
3232 billed both the technical and the professional fee for or on
3233 behalf of the patient, if the referring health care provider
3234 does not have an ~~physician has no~~ investment interest in the
3235 practice. The diagnostic imaging service referred to a group
3236 practice or sole provider must be a diagnostic imaging service
3237 normally provided within the scope of practice to the patients
3238 of the group practice or sole provider. The group practice or
3239 sole provider may accept no more than 15 percent of their
3240 patients receiving diagnostic imaging services from outside
3241 referrals, excluding radiation therapy services.

3242 g. By a health care provider for services provided by an
3243 ambulatory surgical center licensed under chapter 395.

3244 h. By a urologist for lithotripsy services.

3245 i. By a dentist for dental services performed by an
3246 employee of or health care provider who is an independent
3247 contractor with the dentist or group practice of which the
3248 dentist is a member.

3249 j. By a physician for infusion therapy services to a
3250 patient of that physician or a member of that physician's group

3251 practice.

3252 k. By a nephrologist for renal dialysis services and
3253 supplies, except laboratory services.

3254 l. By a health care provider whose principal professional
3255 practice consists of treating patients in their private
3256 residences for services to be rendered in such private
3257 residences, except for services rendered by a home health agency
3258 licensed under chapter 400. For purposes of this sub-
3259 subparagraph, the term "private residences" includes patients'
3260 private homes, independent living centers, and assisted living
3261 facilities, but does not include skilled nursing facilities.

3262 m. By a health care provider for sleep-related testing.

3263 (r) "Sole provider" means one health care provider
3264 licensed under chapter 458, chapter 459, chapter 460, or chapter
3265 461, or registered under s. 464.0123, who maintains a separate
3266 medical office and a medical practice separate from any other
3267 health care provider and who bills for his or her services
3268 separately from the services provided by any other health care
3269 provider. A sole provider shall not share overhead expenses or
3270 professional income with any other person or group practice.

3271 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
3272 provided in this section:

3273 (g) A violation of this section by a health care provider
3274 shall constitute grounds for disciplinary action to be taken by
3275 the applicable board pursuant to s. 458.331(2), s. 459.015(2),

3276 | s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
 3277 | 466.028(2). Any hospital licensed under chapter 395 found in
 3278 | violation of this section shall be subject to s. 395.0185(2).

3279 | Section 61. Subsection (7) of section 456.072, Florida
 3280 | Statutes, is amended to read:

3281 | 456.072 Grounds for discipline; penalties; enforcement.—

3282 | (7) Notwithstanding subsection (2), upon a finding that a
 3283 | physician or autonomous physician assistant has prescribed or
 3284 | dispensed a controlled substance, or caused a controlled
 3285 | substance to be prescribed or dispensed, in a manner that
 3286 | violates the standard of practice set forth in s. 458.331(1)(q)
 3287 | or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.
 3288 | 466.028(1)(p) or (x), or that an advanced practice registered
 3289 | nurse has prescribed or dispensed a controlled substance, or
 3290 | caused a controlled substance to be prescribed or dispensed, in
 3291 | a manner that violates the standard of practice set forth in s.
 3292 | 464.018(1)(n) or (p)6., the physician, autonomous physician
 3293 | assistant, or advanced practice registered nurse shall be
 3294 | suspended for a period of not less than 6 months and pay a fine
 3295 | of not less than \$10,000 per count. Repeated violations shall
 3296 | result in increased penalties.

3297 | Section 62. Paragraph (h) of subsection (1) and subsection
 3298 | (2) of section 456.44, Florida Statutes, are amended to read:

3299 | 456.44 Controlled substance prescribing.—

3300 | (1) DEFINITIONS.—As used in this section, the term:

3301 (h) "Registrant" means a physician, an autonomous
 3302 physician assistant, a physician assistant, or an advanced
 3303 practice registered nurse who meets the requirements of
 3304 subsection (2).

3305 (2) REGISTRATION.—A physician licensed under chapter 458,
 3306 chapter 459, chapter 461, or chapter 466, an autonomous
 3307 physician assistant or a physician assistant registered or
 3308 licensed under chapter 458 or chapter 459, or an advanced
 3309 practice registered nurse licensed under part I of chapter 464
 3310 who prescribes any controlled substance, listed in Schedule II,
 3311 Schedule III, or Schedule IV as defined in s. 893.03, for the
 3312 treatment of chronic nonmalignant pain, must:

3313 (a) Designate himself or herself as a controlled substance
 3314 prescribing practitioner on his or her practitioner profile.

3315 (b) Comply with the requirements of this section and
 3316 applicable board rules.

3317 Section 63. Paragraph (c) of subsection (3) of section
 3318 458.3265, Florida Statutes, is amended to read:

3319 458.3265 Pain-management clinics.—

3320 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 3321 apply to any physician who provides professional services in a
 3322 pain-management clinic that is required to be registered in
 3323 subsection (1).

3324 (c) A physician, an autonomous physician assistant, a
 3325 physician assistant, or an advanced practice registered nurse

3326 must perform a physical examination of a patient on the same day
3327 that the physician prescribes a controlled substance to a
3328 patient at a pain-management clinic. If the physician prescribes
3329 more than a 72-hour dose of controlled substances for the
3330 treatment of chronic nonmalignant pain, the physician must
3331 document in the patient's record the reason for prescribing that
3332 quantity.

3333 Section 64. Paragraph (ii) of subsection (1) and
3334 subsection (10) of section 458.331, Florida Statutes, are
3335 amended to read:

3336 458.331 Grounds for disciplinary action; action by the
3337 board and department.—

3338 (1) The following acts constitute grounds for denial of a
3339 license or disciplinary action, as specified in s. 456.072(2):

3340 (ii) Failing to report to the department any licensee
3341 under this chapter or under chapter 459 who the physician,
3342 autonomous physician assistant, or physician assistant knows has
3343 violated the grounds for disciplinary action set out in the law
3344 under which that person is licensed and who provides health care
3345 services in a facility licensed under chapter 395, or a health
3346 maintenance organization certificated under part I of chapter
3347 641, in which the physician, autonomous physician assistant, or
3348 physician assistant also provides services.

3349 (10) A probable cause panel convened to consider
3350 disciplinary action against an autonomous physician assistant or

3351 a physician assistant alleged to have violated s. 456.072 or
3352 this section must include one physician assistant. The physician
3353 assistant must hold a valid license to practice as a physician
3354 assistant in this state and be appointed to the panel by the
3355 Council of Physician Assistants. The physician assistant may
3356 hear only cases involving disciplinary actions against a
3357 physician assistant. If the appointed physician assistant is not
3358 present at the disciplinary hearing, the panel may consider the
3359 matter and vote on the case in the absence of the physician
3360 assistant. The training requirements set forth in s. 458.307(4)
3361 do not apply to the appointed physician assistant. Rules need
3362 not be adopted to implement this subsection.

3363 Section 65. Paragraph (c) of subsection (3) of section
3364 459.0137, Florida Statutes, is amended to read:

3365 459.0137 Pain-management clinics.—

3366 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
3367 apply to any osteopathic physician who provides professional
3368 services in a pain-management clinic that is required to be
3369 registered in subsection (1).

3370 (c) An osteopathic physician, an autonomous physician
3371 assistant, a physician assistant, or an advanced practice
3372 registered nurse must perform a physical examination of a
3373 patient on the same day that the physician prescribes a
3374 controlled substance to a patient at a pain-management clinic.
3375 If the osteopathic physician prescribes more than a 72-hour dose

3376 of controlled substances for the treatment of chronic
3377 nonmalignant pain, the osteopathic physician must document in
3378 the patient's record the reason for prescribing that quantity.

3379 Section 66. Paragraph (11) of subsection (1) and
3380 subsection (10) of section 459.015, Florida Statutes, are
3381 amended to read:

3382 459.015 Grounds for disciplinary action; action by the
3383 board and department.—

3384 (1) The following acts constitute grounds for denial of a
3385 license or disciplinary action, as specified in s. 456.072(2):

3386 (11) Failing to report to the department any licensee
3387 under chapter 458 or under this chapter who the osteopathic
3388 physician, autonomous physician assistant, or physician
3389 assistant knows has violated the grounds for disciplinary action
3390 set out in the law under which that person is licensed and who
3391 provides health care services in a facility licensed under
3392 chapter 395, or a health maintenance organization certificated
3393 under part I of chapter 641, in which the osteopathic physician,
3394 autonomous physician assistant, or physician assistant also
3395 provides services.

3396 (10) A probable cause panel convened to consider
3397 disciplinary action against an autonomous physician assistant or
3398 a physician assistant alleged to have violated s. 456.072 or
3399 this section must include one physician assistant. The physician
3400 assistant must hold a valid license to practice as a physician

3401 assistant in this state and be appointed to the panel by the
3402 Council of Physician Assistants. The physician assistant may
3403 hear only cases involving disciplinary actions against a
3404 physician assistant. If the appointed physician assistant is not
3405 present at the disciplinary hearing, the panel may consider the
3406 matter and vote on the case in the absence of the physician
3407 assistant. The training requirements set forth in s. 458.307(4)
3408 do not apply to the appointed physician assistant. Rules need
3409 not be adopted to implement this subsection.

3410 Section 67. Subsection (17) of section 464.003, Florida
3411 Statutes, is amended to read:

3412 464.003 Definitions.—As used in this part, the term:

3413 (17) "Practice of practical nursing" means the performance
3414 of selected acts, including the administration of treatments and
3415 medications, in the care of the ill, injured, or infirm; the
3416 promotion of wellness, maintenance of health, and prevention of
3417 illness of others under the direction of a registered nurse, a
3418 licensed physician, a licensed osteopathic physician, a licensed
3419 podiatric physician, a registered autonomous physician
3420 assistant, or a licensed dentist; and the teaching of general
3421 principles of health and wellness to the public and to students
3422 other than nursing students. A practical nurse is responsible
3423 and accountable for making decisions that are based upon the
3424 individual's educational preparation and experience in nursing.

3425 Section 68. Paragraph (a) of subsection (4) of section

3426 464.0205, Florida Statutes, is amended to read:

3427 464.0205 Retired volunteer nurse certificate.—

3428 (4) A retired volunteer nurse receiving certification from
3429 the board shall:

3430 (a) Work under the direct supervision of the director of a
3431 county health department, a physician working under a limited
3432 license issued pursuant to s. 458.317 or s. 459.0075, a
3433 physician or an autonomous physician assistant licensed or
3434 registered under chapter 458 or chapter 459, an advanced
3435 practice registered nurse licensed under s. 464.012, or a
3436 registered nurse licensed under s. 464.008 or s. 464.009.

3437 Section 69. Paragraph (b) of subsection (1) of section
3438 480.0475, Florida Statutes, is amended to read:

3439 480.0475 Massage establishments; prohibited practices.—

3440 (1) A person may not operate a massage establishment
3441 between the hours of midnight and 5 a.m. This subsection does
3442 not apply to a massage establishment:

3443 (b) In which every massage performed between the hours of
3444 midnight and 5 a.m. is performed by a massage therapist acting
3445 under the prescription of a physician, autonomous physician
3446 assistant, or physician assistant licensed or registered under
3447 chapter 458;~~;~~ an osteopathic physician, autonomous physician
3448 assistant, or physician assistant licensed or registered under
3449 chapter 459;~~;~~ a chiropractic physician licensed under chapter
3450 460;~~;~~ a podiatric physician licensed under chapter 461;~~;~~ an

3451 advanced practice registered nurse licensed under part I of
3452 chapter 464;~~7~~ or a dentist licensed under chapter 466; or
3453 Section 70. Subsection (2) of section 493.6108, Florida
3454 Statutes, is amended to read:

3455 493.6108 Investigation of applicants by Department of
3456 Agriculture and Consumer Services.—

3457 (2) In addition to subsection (1), the department shall
3458 make an investigation of the general physical fitness of the
3459 Class "G" applicant to bear a weapon or firearm. Determination
3460 of physical fitness shall be certified by a physician,
3461 autonomous physician assistant, or physician assistant currently
3462 licensed or registered under ~~pursuant to~~ chapter 458, chapter
3463 459, or any similar law of another state or authorized to act as
3464 a licensed physician by a federal agency or department or by an
3465 advanced practice registered nurse currently licensed pursuant
3466 to chapter 464. Such certification shall be submitted on a form
3467 provided by the department.

3468 Section 71. Subsection (1) of section 626.9707, Florida
3469 Statutes, is amended to read:

3470 626.9707 Disability insurance; discrimination on basis of
3471 sickle-cell trait prohibited.—

3472 (1) An ~~No~~ insurer authorized to transact insurance in this
3473 state may not shall refuse to issue and deliver in this state
3474 any policy of disability insurance, whether such policy is
3475 defined as individual, group, blanket, franchise, industrial, or

3476 otherwise, which is currently being issued for delivery in this
 3477 state and which affords benefits and coverage for any medical
 3478 treatment or service authorized and permitted to be furnished by
 3479 a hospital, a clinic, a health clinic, a neighborhood health
 3480 clinic, a health maintenance organization, a physician, an
 3481 autonomous physician assistant, a physician ~~physician's~~
 3482 ~~assistant,~~ an advanced practice registered nurse practitioner,
 3483 or a medical service facility or personnel solely because the
 3484 person to be insured has the sickle-cell trait.

3485 Section 72. Paragraph (b) of subsection (1) of section
 3486 627.357, Florida Statutes, is amended to read:

3487 627.357 Medical malpractice self-insurance.—

3488 (1) DEFINITIONS.—As used in this section, the term:

3489 (b) "Health care provider" means any:

3490 1. Hospital licensed under chapter 395.

3491 2. Physician, autonomous physician assistant ~~licensed,~~ or
 3492 physician assistant registered or licensed, under chapter 458.

3493 3. Osteopathic physician, autonomous physician assistant,
 3494 or physician assistant registered or licensed under chapter 459.

3495 4. Podiatric physician licensed under chapter 461.

3496 5. Health maintenance organization certificated under part
 3497 I of chapter 641.

3498 6. Ambulatory surgical center licensed under chapter 395.

3499 7. Chiropractic physician licensed under chapter 460.

3500 8. Psychologist licensed under chapter 490.

- 3501 9. Optometrist licensed under chapter 463.
 3502 10. Dentist licensed under chapter 466.
 3503 11. Pharmacist licensed under chapter 465.
 3504 12. Registered nurse, licensed practical nurse, or
 3505 advanced practice registered nurse licensed or registered under
 3506 part I of chapter 464.
 3507 13. Other medical facility.
 3508 14. Professional association, partnership, corporation,
 3509 joint venture, or other association established by the
 3510 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
 3511 10., 11., and 12. for professional activity.

3512 Section 73. Paragraph (a) of subsection (1) of section
 3513 627.736, Florida Statutes, is amended to read:

3514 627.736 Required personal injury protection benefits;
 3515 exclusions; priority; claims.—

3516 (1) REQUIRED BENEFITS.—An insurance policy complying with
 3517 the security requirements of s. 627.733 must provide personal
 3518 injury protection to the named insured, relatives residing in
 3519 the same household, persons operating the insured motor vehicle,
 3520 passengers in the motor vehicle, and other persons struck by the
 3521 motor vehicle and suffering bodily injury while not an occupant
 3522 of a self-propelled vehicle, subject to subsection (2) and
 3523 paragraph (4) (e), to a limit of \$10,000 in medical and
 3524 disability benefits and \$5,000 in death benefits resulting from
 3525 bodily injury, sickness, disease, or death arising out of the

3526 | ownership, maintenance, or use of a motor vehicle as follows:

3527 | (a) Medical benefits.—Eighty percent of all reasonable
 3528 | expenses for medically necessary medical, surgical, X-ray,
 3529 | dental, and rehabilitative services, including prosthetic
 3530 | devices and medically necessary ambulance, hospital, and nursing
 3531 | services if the individual receives initial services and care
 3532 | pursuant to subparagraph 1. within 14 days after the motor
 3533 | vehicle accident. The medical benefits provide reimbursement
 3534 | only for:

3535 | 1. Initial services and care that are lawfully provided,
 3536 | supervised, ordered, or prescribed by a physician or an
 3537 | autonomous physician assistant licensed or registered under
 3538 | chapter 458 or chapter 459, a dentist licensed under chapter
 3539 | 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
 3540 | an advanced practice registered nurse registered to engage in
 3541 | autonomous practice under s. 464.0123 or that are provided in a
 3542 | hospital or in a facility that owns, or is wholly owned by, a
 3543 | hospital. Initial services and care may also be provided by a
 3544 | person or entity licensed under part III of chapter 401 which
 3545 | provides emergency transportation and treatment.

3546 | 2. Upon referral by a provider described in subparagraph
 3547 | 1., followup services and care consistent with the underlying
 3548 | medical diagnosis rendered pursuant to subparagraph 1. which may
 3549 | be provided, supervised, ordered, or prescribed only by a
 3550 | physician or an autonomous physician assistant licensed or

3551 registered under chapter 458 or chapter 459, a chiropractic
3552 physician licensed under chapter 460, a dentist licensed under
3553 chapter 466, or an advanced practice registered nurse registered
3554 to engage in autonomous practice under s. 464.0123, or, to the
3555 extent permitted by applicable law and under the supervision of
3556 such physician, osteopathic physician, chiropractic physician,
3557 or dentist, by a physician assistant licensed under chapter 458
3558 or chapter 459 or an advanced practice registered nurse licensed
3559 under chapter 464. Followup services and care may also be
3560 provided by the following persons or entities:

3561 a. A hospital or ambulatory surgical center licensed under
3562 chapter 395.

3563 b. An entity wholly owned by one or more physicians or
3564 autonomous physician assistants licensed or registered under
3565 chapter 458 or chapter 459, chiropractic physicians licensed
3566 under chapter 460, advanced practice registered nurses
3567 registered to engage in autonomous practice under s. 464.0123,
3568 or dentists licensed under chapter 466 or by such practitioners
3569 and the spouse, parent, child, or sibling of such practitioners.

3570 c. An entity that owns or is wholly owned, directly or
3571 indirectly, by a hospital or hospitals.

3572 d. A physical therapist licensed under chapter 486, based
3573 upon a referral by a provider described in this subparagraph.

3574 e. A health care clinic licensed under part X of chapter
3575 400 which is accredited by an accrediting organization whose

3576 standards incorporate comparable regulations required by this
 3577 state, or

3578 (I) Has a medical director licensed under chapter 458,
 3579 chapter 459, or chapter 460;

3580 (II) Has been continuously licensed for more than 3 years
 3581 or is a publicly traded corporation that issues securities
 3582 traded on an exchange registered with the United States
 3583 Securities and Exchange Commission as a national securities
 3584 exchange; and

3585 (III) Provides at least four of the following medical
 3586 specialties:

3587 (A) General medicine.

3588 (B) Radiography.

3589 (C) Orthopedic medicine.

3590 (D) Physical medicine.

3591 (E) Physical therapy.

3592 (F) Physical rehabilitation.

3593 (G) Prescribing or dispensing outpatient prescription
 3594 medication.

3595 (H) Laboratory services.

3596 3. Reimbursement for services and care provided in
 3597 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 3598 licensed under chapter 458 or chapter 459, a dentist licensed
 3599 under chapter 466, an autonomous physician assistant or a
 3600 physician assistant registered or licensed under chapter 458 or

3601 chapter 459, or an advanced practice registered nurse licensed
3602 under chapter 464 has determined that the injured person had an
3603 emergency medical condition.

3604 4. Reimbursement for services and care provided in
3605 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
3606 provider listed in subparagraph 1. or subparagraph 2. determines
3607 that the injured person did not have an emergency medical
3608 condition.

3609 5. Medical benefits do not include massage as defined in
3610 s. 480.033 or acupuncture as defined in s. 457.102, regardless
3611 of the person, entity, or licensee providing massage or
3612 acupuncture, and a licensed massage therapist or licensed
3613 acupuncturist may not be reimbursed for medical benefits under
3614 this section.

3615 6. The Financial Services Commission shall adopt by rule
3616 the form that must be used by an insurer and a health care
3617 provider specified in sub-subparagraph 2.b., sub-subparagraph
3618 2.c., or sub-subparagraph 2.e. to document that the health care
3619 provider meets the criteria of this paragraph. Such rule must
3620 include a requirement for a sworn statement or affidavit.

3621
3622 Only insurers writing motor vehicle liability insurance in this
3623 state may provide the required benefits of this section, and
3624 such insurer may not require the purchase of any other motor
3625 vehicle coverage other than the purchase of property damage

3626 liability coverage as required by s. 627.7275 as a condition for
 3627 providing such benefits. Insurers may not require that property
 3628 damage liability insurance in an amount greater than \$10,000 be
 3629 purchased in conjunction with personal injury protection. Such
 3630 insurers shall make benefits and required property damage
 3631 liability insurance coverage available through normal marketing
 3632 channels. An insurer writing motor vehicle liability insurance
 3633 in this state who fails to comply with such availability
 3634 requirement as a general business practice violates part IX of
 3635 chapter 626, and such violation constitutes an unfair method of
 3636 competition or an unfair or deceptive act or practice involving
 3637 the business of insurance. An insurer committing such violation
 3638 is subject to the penalties provided under that part, as well as
 3639 those provided elsewhere in the insurance code.

3640 Section 74. Subsection (5) of section 633.412, Florida
 3641 Statutes, is amended to read:

3642 633.412 Firefighters; qualifications for certification.—A
 3643 person applying for certification as a firefighter must:

3644 (5) Be in good physical condition as determined by a
 3645 medical examination given by a physician, surgeon, or autonomous
 3646 physician assistant or physician assistant licensed or
 3647 registered under ~~to practice in the state pursuant to~~ chapter
 3648 458; an osteopathic physician, surgeon, autonomous physician
 3649 assistant, or physician assistant licensed or registered under
 3650 ~~to practice in the state pursuant to~~ chapter 459; or an advanced

3651 practice registered nurse licensed under ~~to practice in the~~
3652 ~~state pursuant to~~ chapter 464. Such examination may include, but
3653 need not be limited to, the National Fire Protection Association
3654 Standard 1582. A medical examination evidencing good physical
3655 condition shall be submitted to the division, on a form as
3656 provided by rule, before an individual is eligible for admission
3657 into a course under s. 633.408.

3658 Section 75. Subsection (8) of section 641.495, Florida
3659 Statutes, is amended to read:

3660 641.495 Requirements for issuance and maintenance of
3661 certificate.—

3662 (8) Each organization's contracts, certificates, and
3663 subscriber handbooks shall contain a provision, if applicable,
3664 disclosing that, for certain types of described medical
3665 procedures, services may be provided by autonomous physician
3666 assistants, physician assistants, advanced practice registered
3667 nurses ~~nurse practitioners~~, or other individuals who are not
3668 licensed physicians.

3669 Section 76. Subsection (1) of section 744.2006, Florida
3670 Statutes, is amended to read:

3671 744.2006 Office of Public and Professional Guardians;
3672 appointment, notification.—

3673 (1) The executive director of the Office of Public and
3674 Professional Guardians, after consultation with the chief judge
3675 and other circuit judges within the judicial circuit and with

3676 appropriate advocacy groups and individuals and organizations
 3677 who are knowledgeable about the needs of incapacitated persons,
 3678 may establish, within a county in the judicial circuit or within
 3679 the judicial circuit, one or more offices of public guardian and
 3680 if so established, shall create a list of persons best qualified
 3681 to serve as the public guardian, who have been investigated
 3682 pursuant to s. 744.3135. The public guardian must have knowledge
 3683 of the legal process and knowledge of social services available
 3684 to meet the needs of incapacitated persons. The public guardian
 3685 shall maintain a staff or contract with professionally qualified
 3686 individuals to carry out the guardianship functions, including
 3687 an attorney who has experience in probate areas and another
 3688 person who has a master's degree in social work, or a
 3689 gerontologist, psychologist, autonomous physician assistant,
 3690 advanced practice registered nurse, or registered nurse,~~or~~
 3691 ~~nurse practitioner~~. A public guardian that is a nonprofit
 3692 corporate guardian under s. 744.309(5) must receive tax-exempt
 3693 status from the United States Internal Revenue Service.

3694 Section 77. Paragraph (a) of subsection (3) of section
 3695 744.331, Florida Statutes, is amended to read:

3696 744.331 Procedures to determine incapacity.—

3697 (3) EXAMINING COMMITTEE.—

3698 (a) Within 5 days after a petition for determination of
 3699 incapacity has been filed, the court shall appoint an examining
 3700 committee consisting of three members. One member must be a

3701 | psychiatrist or other physician. The remaining members must be
3702 | either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
3703 | a ~~or other~~ physician, an autonomous physician assistant, a
3704 | physician assistant, an advanced practice registered nurse, a
3705 | registered nurse, nurse practitioner, a licensed social worker,
3706 | a person with an advanced degree in gerontology from an
3707 | accredited institution of higher education, or any other person
3708 | who by knowledge, skill, experience, training, or education may,
3709 | in the court's discretion, advise the court in the form of an
3710 | expert opinion. One of three members of the committee must have
3711 | knowledge of the type of incapacity alleged in the petition.
3712 | Unless good cause is shown, the attending or family physician
3713 | may not be appointed to the committee. If the attending or
3714 | family physician is available for consultation, the committee
3715 | must consult with the physician. Members of the examining
3716 | committee may not be related to or associated with one another,
3717 | with the petitioner, with counsel for the petitioner or the
3718 | proposed guardian, or with the person alleged to be totally or
3719 | partially incapacitated. A member may not be employed by any
3720 | private or governmental agency that has custody of, or
3721 | furnishes, services or subsidies, directly or indirectly, to the
3722 | person or the family of the person alleged to be incapacitated
3723 | or for whom a guardianship is sought. A petitioner may not serve
3724 | as a member of the examining committee. Members of the examining
3725 | committee must be able to communicate, either directly or

3726 through an interpreter, in the language that the alleged
 3727 incapacitated person speaks or to communicate in a medium
 3728 understandable to the alleged incapacitated person if she or he
 3729 is able to communicate. The clerk of the court shall send notice
 3730 of the appointment to each person appointed no later than 3 days
 3731 after the court's appointment.

3732 Section 78. Paragraph (b) of subsection (1) of section
 3733 744.3675, Florida Statutes, is amended to read:

3734 744.3675 Annual guardianship plan.—Each guardian of the
 3735 person must file with the court an annual guardianship plan
 3736 which updates information about the condition of the ward. The
 3737 annual plan must specify the current needs of the ward and how
 3738 those needs are proposed to be met in the coming year.

3739 (1) Each plan for an adult ward must, if applicable,
 3740 include:

3741 (b) Information concerning the medical and mental health
 3742 conditions and treatment and rehabilitation needs of the ward,
 3743 including:

3744 1. A resume of any professional medical treatment given to
 3745 the ward during the preceding year.

3746 2. The report of a physician, autonomous physician
 3747 assistant, physician assistant, or advanced practice registered
 3748 nurse who examined the ward no more than 90 days before the
 3749 beginning of the applicable reporting period. The report must
 3750 contain an evaluation of the ward's condition and a statement of

3751 the current level of capacity of the ward.

3752 3. The plan for providing medical, mental health, and
3753 rehabilitative services in the coming year.

3754 Section 79. Subsection (3) of section 766.103, Florida
3755 Statutes, is amended to read:

3756 766.103 Florida Medical Consent Law.—

3757 (3) ~~No Recovery is not shall be~~ allowed in any court in
3758 this state against any physician licensed under chapter 458,
3759 osteopathic physician licensed under chapter 459, chiropractic
3760 physician licensed under chapter 460, podiatric physician
3761 licensed under chapter 461, dentist licensed under chapter 466,
3762 advanced practice registered nurse licensed under s. 464.012,
3763 autonomous physician assistant registered under chapter 458 or
3764 chapter 459, or physician assistant licensed under s. 458.347 or
3765 s. 459.022 in an action brought for treating, examining, or
3766 operating on a patient without his or her informed consent when:

3767 (a)1. The action of the physician, osteopathic physician,
3768 chiropractic physician, podiatric physician, dentist, advanced
3769 practice registered nurse, autonomous physician assistant, or
3770 physician assistant in obtaining the consent of the patient or
3771 another person authorized to give consent for the patient was in
3772 accordance with an accepted standard of medical practice among
3773 members of the medical profession with similar training and
3774 experience in the same or similar medical community as that of
3775 the person treating, examining, or operating on the patient for

3776 | whom the consent is obtained; and

3777 | 2. A reasonable individual, from the information provided
3778 | by the physician, osteopathic physician, chiropractic physician,
3779 | podiatric physician, dentist, advanced practice registered
3780 | nurse, autonomous physician assistant, or physician assistant,
3781 | under the circumstances, would have a general understanding of
3782 | the procedure, the medically acceptable alternative procedures
3783 | or treatments, and the substantial risks and hazards inherent in
3784 | the proposed treatment or procedures, which are recognized among
3785 | other physicians, osteopathic physicians, chiropractic
3786 | physicians, podiatric physicians, or dentists in the same or
3787 | similar community who perform similar treatments or procedures;
3788 | or

3789 | (b) The patient would reasonably, under all the
3790 | surrounding circumstances, have undergone such treatment or
3791 | procedure had he or she been advised by the physician,
3792 | osteopathic physician, chiropractic physician, podiatric
3793 | physician, dentist, advanced practice registered nurse,
3794 | autonomous physician assistant, or physician assistant in
3795 | accordance with ~~the provisions of~~ paragraph (a).

3796 | Section 80. Paragraph (b) of subsection (1) and paragraph
3797 | (e) of subsection (2) of section 766.105, Florida Statutes, are
3798 | amended to read:

3799 | 766.105 Florida Patient's Compensation Fund.—

3800 | (1) DEFINITIONS.—The following definitions apply in the

3801 interpretation and enforcement of this section:

3802 (b) The term "health care provider" means any:

3803 1. Hospital licensed under chapter 395.

3804 2. Physician, autonomous physician assistant, or physician

3805 assistant licensed or registered under chapter 458.

3806 3. Osteopathic physician, autonomous physician assistant,

3807 or physician assistant licensed or registered under chapter 459.

3808 4. Podiatric physician licensed under chapter 461.

3809 5. Health maintenance organization certificated under part

3810 I of chapter 641.

3811 6. Ambulatory surgical center licensed under chapter 395.

3812 7. "Other medical facility" as defined in paragraph (c).

3813 8. Professional association, partnership, corporation,

3814 joint venture, or other association by the individuals set forth

3815 in subparagraphs 2., 3., and 4. for professional activity.

3816 (2) COVERAGE.—

3817 (e) The coverage afforded by the fund for a participating

3818 hospital or ambulatory surgical center shall apply to the

3819 officers, trustees, volunteer workers, trainees, committee

3820 members (including physicians, osteopathic physicians, podiatric

3821 physicians, and dentists), and employees of the hospital or

3822 ambulatory surgical center, other than employed physicians

3823 licensed under chapter 458, autonomous physician assistants or

3824 physician assistants registered or licensed under chapter 458 or

3825 chapter 459, osteopathic physicians licensed under chapter 459,

3826 dentists licensed under chapter 466, and podiatric physicians
 3827 licensed under chapter 461. However, the coverage afforded by
 3828 the fund for a participating hospital shall apply to house
 3829 physicians, interns, employed physician residents in a resident
 3830 training program, or physicians performing purely administrative
 3831 duties for the participating hospitals other than the treatment
 3832 of patients. This coverage shall apply to the hospital or
 3833 ambulatory surgical center and those included in this subsection
 3834 as one health care provider.

3835 Section 81. Paragraph (d) of subsection (3) of section
 3836 766.1115, Florida Statutes, is amended to read:

3837 766.1115 Health care providers; creation of agency
 3838 relationship with governmental contractors.-

3839 (3) DEFINITIONS.-As used in this section, the term:

3840 (d) "Health care provider" or "provider" means:

- 3841 1. A birth center licensed under chapter 383.
- 3842 2. An ambulatory surgical center licensed under chapter
 3843 395.
- 3844 3. A hospital licensed under chapter 395.
- 3845 4. A physician, autonomous physician assistant, or
 3846 physician assistant licensed or registered under chapter 458.
- 3847 5. An osteopathic physician, autonomous physician
 3848 assistant, or ~~osteopathic~~ physician assistant licensed or
 3849 registered under chapter 459.
- 3850 6. A chiropractic physician licensed under chapter 460.

- 3851 7. A podiatric physician licensed under chapter 461.
- 3852 8. A registered nurse, nurse midwife, licensed practical
 3853 nurse, or advanced practice registered nurse licensed or
 3854 registered under part I of chapter 464 or any facility which
 3855 employs nurses licensed or registered under part I of chapter
 3856 464 to supply all or part of the care delivered under this
 3857 section.
- 3858 9. A midwife licensed under chapter 467.
- 3859 10. A health maintenance organization certificated under
 3860 part I of chapter 641.
- 3861 11. A health care professional association and its
 3862 employees or a corporate medical group and its employees.
- 3863 12. Any other medical facility the primary purpose of
 3864 which is to deliver human medical diagnostic services or which
 3865 delivers nonsurgical human medical treatment, and which includes
 3866 an office maintained by a provider.
- 3867 13. A dentist or dental hygienist licensed under chapter
 3868 466.
- 3869 14. A free clinic that delivers only medical diagnostic
 3870 services or nonsurgical medical treatment free of charge to all
 3871 low-income recipients.
- 3872 15. Any other health care professional, practitioner,
 3873 provider, or facility under contract with a governmental
 3874 contractor, including a student enrolled in an accredited
 3875 program that prepares the student for licensure as any one of

3876 | the professionals listed in subparagraphs 4.-9.

3877 |

3878 | The term includes any nonprofit corporation qualified as exempt
3879 | from federal income taxation under s. 501(a) of the Internal
3880 | Revenue Code, and described in s. 501(c) of the Internal Revenue
3881 | Code, which delivers health care services provided by licensed
3882 | professionals listed in this paragraph, any federally funded
3883 | community health center, and any volunteer corporation or
3884 | volunteer health care provider that delivers health care
3885 | services.

3886 | Section 82. Subsection (1) of section 766.1116, Florida
3887 | Statutes, is amended to read:

3888 | 766.1116 Health care practitioner; waiver of license
3889 | renewal fees and continuing education requirements.—

3890 | (1) As used in this section, the term "health care
3891 | practitioner" means a physician, autonomous physician assistant,
3892 | or physician assistant licensed or registered under chapter 458;
3893 | an osteopathic physician, autonomous physician assistant, or
3894 | physician assistant licensed or registered under chapter 459; a
3895 | chiropractic physician licensed under chapter 460; a podiatric
3896 | physician licensed under chapter 461; an advanced practice
3897 | registered nurse, registered nurse, or licensed practical nurse
3898 | licensed under part I of chapter 464; a dentist or dental
3899 | hygienist licensed under chapter 466; or a midwife licensed
3900 | under chapter 467, who participates as a health care provider

3901 under s. 766.1115.

3902 Section 83. Paragraph (c) of subsection (1) of section
3903 766.118, Florida Statutes, is amended to read:

3904 766.118 Determination of noneconomic damages.—

3905 (1) DEFINITIONS.—As used in this section, the term:

3906 (c) "Practitioner" means any person licensed or registered
3907 under chapter 458, chapter 459, chapter 460, chapter 461,
3908 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
3909 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
3910 association, corporation, firm, partnership, or other business
3911 entity under which such practitioner practices or any employee
3912 of such practitioner or entity acting in the scope of his or her
3913 employment. For the purpose of determining the limitations on
3914 noneconomic damages set forth in this section, the term
3915 "practitioner" includes any person or entity for whom a
3916 practitioner is vicariously liable and any person or entity
3917 whose liability is based solely on such person or entity being
3918 vicariously liable for the actions of a practitioner.

3919 Section 84. Subsection (3) of section 768.135, Florida
3920 Statutes, is amended to read:

3921 768.135 Volunteer team physicians; immunity.—

3922 (3) A practitioner licensed or registered under chapter
3923 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
3924 gratuitously and in good faith conducts an evaluation pursuant
3925 to s. 1006.20(2)(c) is not liable for any civil damages arising

3926 | from that evaluation unless the evaluation was conducted in a
 3927 | wrongful manner.

3928 | Section 85. Subsection (5) of section 794.08, Florida
 3929 | Statutes, is amended to read:

3930 | 794.08 Female genital mutilation.—

3931 | (5) This section does not apply to procedures performed by
 3932 | or under the direction of a physician licensed under chapter
 3933 | 458, an osteopathic physician licensed under chapter 459, a
 3934 | registered nurse licensed under part I of chapter 464, a
 3935 | practical nurse licensed under part I of chapter 464, an
 3936 | advanced practice registered nurse licensed under part I of
 3937 | chapter 464, a midwife licensed under chapter 467, or an
 3938 | autonomous physician assistant or a physician assistant
 3939 | registered or licensed under chapter 458 or chapter 459 when
 3940 | necessary to preserve the physical health of a female person.
 3941 | This section also does not apply to any autopsy or limited
 3942 | dissection conducted pursuant to chapter 406.

3943 | Section 86. Subsection (23) of section 893.02, Florida
 3944 | Statutes, is amended to read:

3945 | 893.02 Definitions.—The following words and phrases as
 3946 | used in this chapter shall have the following meanings, unless
 3947 | the context otherwise requires:

3948 | (23) "Practitioner" means a physician licensed under
 3949 | chapter 458, a dentist licensed under chapter 466, a
 3950 | veterinarian licensed under chapter 474, an osteopathic

3951 physician licensed under chapter 459, an advanced practice
3952 registered nurse licensed under chapter 464, a naturopath
3953 licensed under chapter 462, a certified optometrist licensed
3954 under chapter 463, a psychiatric nurse as defined in s. 394.455,
3955 a podiatric physician licensed under chapter 461, an autonomous
3956 physician assistant registered under chapter 458 or chapter 459,
3957 or a physician assistant licensed under chapter 458 or chapter
3958 459, provided such practitioner holds a valid federal controlled
3959 substance registry number.

3960 Section 87. Subsection (6) of section 943.13, Florida
3961 Statutes, is amended to read:

3962 943.13 Officers' minimum qualifications for employment or
3963 appointment.—On or after October 1, 1984, any person employed or
3964 appointed as a full-time, part-time, or auxiliary law
3965 enforcement officer or correctional officer; on or after October
3966 1, 1986, any person employed as a full-time, part-time, or
3967 auxiliary correctional probation officer; and on or after
3968 October 1, 1986, any person employed as a full-time, part-time,
3969 or auxiliary correctional officer by a private entity under
3970 contract to the Department of Corrections, to a county
3971 commission, or to the Department of Management Services shall:

3972 (6) Have passed a physical examination by a licensed
3973 physician, registered autonomous physician assistant, licensed
3974 physician assistant, or licensed advanced practice registered
3975 nurse, based on specifications established by the commission. In

3976 | order to be eligible for the presumption set forth in s. 112.18
 3977 | while employed with an employing agency, a law enforcement
 3978 | officer, correctional officer, or correctional probation officer
 3979 | must have successfully passed the physical examination required
 3980 | by this subsection upon entering into service as a law
 3981 | enforcement officer, correctional officer, or correctional
 3982 | probation officer with the employing agency, which examination
 3983 | must have failed to reveal any evidence of tuberculosis, heart
 3984 | disease, or hypertension. A law enforcement officer,
 3985 | correctional officer, or correctional probation officer may not
 3986 | use a physical examination from a former employing agency for
 3987 | purposes of claiming the presumption set forth in s. 112.18
 3988 | against the current employing agency.

3989 | Section 88. Subsection (2) of section 945.603, Florida
 3990 | Statutes, is amended to read:

3991 | 945.603 Powers and duties of authority.—The purpose of the
 3992 | authority is to assist in the delivery of health care services
 3993 | for inmates in the Department of Corrections by advising the
 3994 | Secretary of Corrections on the professional conduct of primary,
 3995 | convalescent, dental, and mental health care and the management
 3996 | of costs consistent with quality care, by advising the Governor
 3997 | and the Legislature on the status of the Department of
 3998 | Corrections' health care delivery system, and by assuring that
 3999 | adequate standards of physical and mental health care for
 4000 | inmates are maintained at all Department of Corrections

4001 institutions. For this purpose, the authority has the authority
4002 to:

4003 (2) Review and make recommendations regarding health care
4004 for the delivery of health care services including, but not
4005 limited to, acute hospital-based services and facilities,
4006 primary and tertiary care services, ancillary and clinical
4007 services, dental services, mental health services, intake and
4008 screening services, medical transportation services, and the use
4009 of nurse practitioner, autonomous physician assistant, and
4010 physician assistant personnel to act as physician extenders as
4011 these relate to inmates in the Department of Corrections.

4012 Section 89. Paragraph (n) of subsection (1) of section
4013 948.03, Florida Statutes, is amended to read:

4014 948.03 Terms and conditions of probation.—

4015 (1) The court shall determine the terms and conditions of
4016 probation. Conditions specified in this section do not require
4017 oral pronouncement at the time of sentencing and may be
4018 considered standard conditions of probation. These conditions
4019 may include among them the following, that the probationer or
4020 offender in community control shall:

4021 (n) Be prohibited from using intoxicants to excess or
4022 possessing any drugs or narcotics unless prescribed by a
4023 physician, an advanced practice registered nurse, an autonomous
4024 physician assistant, or a physician assistant. The probationer
4025 or community controllee may not knowingly visit places where

4026 | intoxicants, drugs, or other dangerous substances are unlawfully
 4027 | sold, dispensed, or used.

4028 | Section 90. Subsection (34) of section 984.03, Florida
 4029 | Statutes, is amended to read:

4030 | 984.03 Definitions.—When used in this chapter, the term:

4031 | (34) "Licensed health care professional" means a physician
 4032 | licensed under chapter 458, an osteopathic physician licensed
 4033 | under chapter 459, a nurse licensed under part I of chapter 464,
 4034 | an autonomous physician assistant or a physician assistant
 4035 | registered or licensed under chapter 458 or chapter 459, or a
 4036 | dentist licensed under chapter 466.

4037 | Section 91. Subsection (30) of section 985.03, Florida
 4038 | Statutes, is amended to read:

4039 | 985.03 Definitions.—As used in this chapter, the term:

4040 | (30) "Licensed health care professional" means a physician
 4041 | licensed under chapter 458, an osteopathic physician licensed
 4042 | under chapter 459, a nurse licensed under part I of chapter 464,
 4043 | an autonomous physician assistant or a physician assistant
 4044 | registered or licensed under chapter 458 or chapter 459, or a
 4045 | dentist licensed under chapter 466.

4046 | Section 92. Paragraph (i) of subsection (3) of section
 4047 | 1002.20, Florida Statutes, is amended to read:

4048 | 1002.20 K-12 student and parent rights.—Parents of public
 4049 | school students must receive accurate and timely information
 4050 | regarding their child's academic progress and must be informed

4051 of ways they can help their child to succeed in school. K-12
4052 students and their parents are afforded numerous statutory
4053 rights including, but not limited to, the following:

4054 (3) HEALTH ISSUES.—

4055 (i) Epinephrine use and supply.—

4056 1. A student who has experienced or is at risk for life-
4057 threatening allergic reactions may carry an epinephrine auto-
4058 injector and self-administer epinephrine by auto-injector while
4059 in school, participating in school-sponsored activities, or in
4060 transit to or from school or school-sponsored activities if the
4061 school has been provided with parental and physician
4062 authorization. The State Board of Education, in cooperation with
4063 the Department of Health, shall adopt rules for such use of
4064 epinephrine auto-injectors that shall include provisions to
4065 protect the safety of all students from the misuse or abuse of
4066 auto-injectors. A school district, county health department,
4067 public-private partner, and their employees and volunteers shall
4068 be indemnified by the parent of a student authorized to carry an
4069 epinephrine auto-injector for any and all liability with respect
4070 to the student's use of an epinephrine auto-injector pursuant to
4071 this paragraph.

4072 2. A public school may purchase a supply of epinephrine
4073 auto-injectors from a wholesale distributor as defined in s.
4074 499.003 or may enter into an arrangement with a wholesale
4075 distributor or manufacturer as defined in s. 499.003 for the

4076 epinephrine auto-injectors at fair-market, free, or reduced
4077 prices for use in the event a student has an anaphylactic
4078 reaction. The epinephrine auto-injectors must be maintained in a
4079 secure location on the public school's premises. The
4080 participating school district shall adopt a protocol developed
4081 by a licensed physician for the administration by school
4082 personnel who are trained to recognize an anaphylactic reaction
4083 and to administer an epinephrine auto-injection. The supply of
4084 epinephrine auto-injectors may be provided to and used by a
4085 student authorized to self-administer epinephrine by auto-
4086 injector under subparagraph 1. or trained school personnel.

4087 3. The school district and its employees, agents, and the
4088 physician who provides the standing protocol for school
4089 epinephrine auto-injectors are not liable for any injury arising
4090 from the use of an epinephrine auto-injector administered by
4091 trained school personnel who follow the adopted protocol and
4092 whose professional opinion is that the student is having an
4093 anaphylactic reaction:

4094 a. Unless the trained school personnel's action is willful
4095 and wanton;

4096 b. Notwithstanding that the parents or guardians of the
4097 student to whom the epinephrine is administered have not been
4098 provided notice or have not signed a statement acknowledging
4099 that the school district is not liable; and

4100 c. Regardless of whether authorization has been given by

4101 the student's parents or guardians or by the student's
 4102 physician, autonomous physician assistant, physician ~~physician's~~
 4103 assistant, or advanced practice registered nurse.

4104 Section 93. Paragraph (b) of subsection (17) of section
 4105 1002.42, Florida Statutes, is amended to read:

4106 1002.42 Private schools.—

4107 (17) EPINEPHRINE SUPPLY.—

4108 (b) The private school and its employees, agents, and the
 4109 physician who provides the standing protocol for school
 4110 epinephrine auto-injectors are not liable for any injury arising
 4111 from the use of an epinephrine auto-injector administered by
 4112 trained school personnel who follow the adopted protocol and
 4113 whose professional opinion is that the student is having an
 4114 anaphylactic reaction:

4115 1. Unless the trained school personnel's action is willful
 4116 and wanton;

4117 2. Notwithstanding that the parents or guardians of the
 4118 student to whom the epinephrine is administered have not been
 4119 provided notice or have not signed a statement acknowledging
 4120 that the school district is not liable; and

4121 3. Regardless of whether authorization has been given by
 4122 the student's parents or guardians or by the student's
 4123 physician, autonomous physician assistant, physician ~~physician's~~
 4124 assistant, or advanced practice registered nurse.

4125 Section 94. Paragraph (a) of subsection (1) and

4126 subsections (4) and (5) of section 1006.062, Florida Statutes,
 4127 are amended to read:

4128 1006.062 Administration of medication and provision of
 4129 medical services by district school board personnel.—

4130 (1) Notwithstanding the provisions of the Nurse Practice
 4131 Act, part I of chapter 464, district school board personnel may
 4132 assist students in the administration of prescription medication
 4133 when the following conditions have been met:

4134 (a) Each district school board shall include in its
 4135 approved school health services plan a procedure to provide
 4136 training, by a registered nurse, a licensed practical nurse, or
 4137 an advanced practice registered nurse licensed under chapter 464
 4138 or by a physician, autonomous physician assistant, or physician
 4139 assistant licensed or registered under ~~pursuant to~~ chapter 458
 4140 or chapter 459, ~~or a physician assistant licensed pursuant to~~
 4141 ~~chapter 458 or chapter 459~~, to the school personnel designated
 4142 by the school principal to assist students in the administration
 4143 of prescribed medication. Such training may be provided in
 4144 collaboration with other school districts, through contract with
 4145 an education consortium, or by any other arrangement consistent
 4146 with the intent of this subsection.

4147 (4) Nonmedical assistive personnel shall be allowed to
 4148 perform health-related services upon successful completion of
 4149 child-specific training by a registered nurse or advanced
 4150 practice registered nurse licensed under chapter 464 or, a

4151 physician, autonomous physician assistant, or physician
 4152 assistant licensed or registered under ~~pursuant to~~ chapter 458
 4153 or chapter 459, ~~or a physician assistant licensed pursuant to~~
 4154 ~~chapter 458 or chapter 459.~~ All procedures shall be monitored
 4155 periodically by a nurse, advanced practice registered nurse,
 4156 autonomous physician assistant, physician assistant, or
 4157 physician, including, but not limited to:

- 4158 (a) Intermittent clean catheterization.
- 4159 (b) Gastrostomy tube feeding.
- 4160 (c) Monitoring blood glucose.
- 4161 (d) Administering emergency injectable medication.
- 4162 (5) For all other invasive medical services not listed in
 4163 this subsection, a registered nurse or advanced practice
 4164 registered nurse licensed under chapter 464 or a physician,
 4165 autonomous physician assistant, or physician assistant licensed
 4166 or registered under ~~pursuant to~~ chapter 458 or chapter 459, ~~or a~~
 4167 ~~physician assistant licensed pursuant to chapter 458 or chapter~~
 4168 ~~459~~ shall determine if nonmedical district school board
 4169 personnel shall be allowed to perform such service.

4170 Section 95. Paragraph (c) of subsection (2) of section
 4171 1006.20, Florida Statutes, is amended to read:

4172 1006.20 Athletics in public K-12 schools.—

4173 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

4174 (c) The FHSAA shall adopt bylaws that require all students
 4175 participating in interscholastic athletic competition or who are

4176 candidates for an interscholastic athletic team to
4177 satisfactorily pass a medical evaluation each year before ~~prior~~
4178 ~~to~~ participating in interscholastic athletic competition or
4179 engaging in any practice, tryout, workout, or other physical
4180 activity associated with the student's candidacy for an
4181 interscholastic athletic team. Such medical evaluation may be
4182 administered only by a practitioner licensed or registered under
4183 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.
4184 464.0123 and in good standing with the practitioner's regulatory
4185 board. The bylaws shall establish requirements for eliciting a
4186 student's medical history and performing the medical evaluation
4187 required under this paragraph, which shall include a physical
4188 assessment of the student's physical capabilities to participate
4189 in interscholastic athletic competition as contained in a
4190 uniform preparticipation physical evaluation and history form.
4191 The evaluation form shall incorporate the recommendations of the
4192 American Heart Association for participation cardiovascular
4193 screening and shall provide a place for the signature of the
4194 practitioner performing the evaluation with an attestation that
4195 each examination procedure listed on the form was performed by
4196 the practitioner or by someone under the direct supervision of
4197 the practitioner. The form shall also contain a place for the
4198 practitioner to indicate if a referral to another practitioner
4199 was made in lieu of completion of a certain examination
4200 procedure. The form shall provide a place for the practitioner

4201 to whom the student was referred to complete the remaining
 4202 sections and attest to that portion of the examination. The
 4203 preparticipation physical evaluation form shall advise students
 4204 to complete a cardiovascular assessment and shall include
 4205 information concerning alternative cardiovascular evaluation and
 4206 diagnostic tests. Results of such medical evaluation must be
 4207 provided to the school. A student is not eligible to
 4208 participate, as provided in s. 1006.15(3), in any
 4209 interscholastic athletic competition or engage in any practice,
 4210 tryout, workout, or other physical activity associated with the
 4211 student's candidacy for an interscholastic athletic team until
 4212 the results of the medical evaluation have been received and
 4213 approved by the school.

4214 Section 96. Subsection (1) of section 1009.65, Florida
 4215 Statutes, is amended to read:

4216 1009.65 Medical Education Reimbursement and Loan Repayment
 4217 Program.—

4218 (1) To encourage qualified medical professionals to
 4219 practice in underserved locations where there are shortages of
 4220 such personnel, there is established the Medical Education
 4221 Reimbursement and Loan Repayment Program. The function of the
 4222 program is to make payments that offset loans and educational
 4223 expenses incurred by students for studies leading to a medical
 4224 or nursing degree, medical or nursing licensure, ~~or~~ advanced
 4225 practice registered nurse licensure, autonomous physician

4226 assistant registration, or physician assistant licensure. The
4227 following licensed or certified health care professionals are
4228 eligible to participate in this program: medical doctors with
4229 primary care specialties, doctors of osteopathic medicine with
4230 primary care specialties, autonomous physician assistants,
4231 physician ~~physician's~~ assistants, licensed practical nurses and
4232 registered nurses, and advanced practice registered nurses with
4233 primary care specialties such as certified nurse midwives.
4234 Primary care medical specialties for physicians include
4235 obstetrics, gynecology, general and family practice, internal
4236 medicine, pediatrics, and other specialties which may be
4237 identified by the Department of Health.

4238 Section 97. For the 2020-2021 fiscal year, four full-time
4239 equivalent positions with associated salary rate of 166,992 are
4240 authorized and the sums of \$643,659 in recurring and \$555,200 in
4241 nonrecurring funds from the Health Care Trust Fund are
4242 appropriated to the Agency for Health Care Administration for
4243 the purpose of implementing sections 400.52, 408.064, and
4244 408.822, Florida Statutes, as created by this act.

4245 Section 98. For the 2020-2021 fiscal year, 3.5 full-time
4246 equivalent positions with associated salary rate of 183,895 are
4247 authorized and the sums of \$219,089 in recurring funds and
4248 \$17,716 in nonrecurring funds from the Medical Quality Assurance
4249 Trust Fund are appropriated to the Department of Health for the
4250 purpose of implementing section 464.0123, Florida Statutes, as

4251 | created by this act.

4252 | Section 99. This act shall take effect July 1, 2020.