

1 A bill to be entitled
2 An act relating to autonomous physician assistants;
3 amending ss. 458.347 and 459.022, F.S.; defining the
4 term "autonomous physician assistant"; authorizing
5 third-party payors to reimburse employers for services
6 provided by autonomous physician assistants; deleting
7 a requirement that physician assistants must inform
8 patients of the right to see a physician before
9 prescribing or dispensing a prescription; revising
10 provisions related to a certain formulary to include
11 registered autonomous physician assistants; requiring
12 the Department of Health to mail a copy of the
13 formulary to all registered autonomous physician
14 assistants in this state; revising requirements for
15 physician assistant education and training programs;
16 revising provisions related to physician assistant
17 licensure requirements; authorizing the Board of
18 Medicine and the Board of Osteopathic Medicine,
19 respectively, to impose certain penalties upon
20 autonomous physician assistants under certain
21 circumstances; requiring the boards to register
22 physician assistants as autonomous physician
23 assistants if they meet specified criteria; providing
24 applicability; requiring the department to distinguish
25 autonomous physician assistants' licenses and include

26 | specified information in their practitioner profiles;
27 | providing functions autonomous physician assistants
28 | may perform without physician supervision; providing
29 | for registration renewal; requiring the Council on
30 | Physician Assistants to develop certain rules;
31 | revising duties of the council; providing criminal
32 | penalties; providing for disciplinary action;
33 | requiring the boards to adopt certain rules; requiring
34 | autonomous physician assistants to report adverse
35 | incidents to the department; amending s. 39.01, F.S.;
36 | revising the definition of the term "licensed health
37 | care professional"; amending s. 39.303, F.S.;
38 | authorizing certain autonomous physician assistants to
39 | review for a specified purpose certain cases of abuse
40 | or neglect transmitted to Child Protection Teams;
41 | revising circumstances under which a face-to-face
42 | medical evaluation by a Child Protection Team is not
43 | required; amending s. 39.304, F.S.; authorizing
44 | certain health care practitioners to perform certain
45 | medical examinations on a child without the consent of
46 | the child's parent or legal custodian; authorizing
47 | such health care practitioners to order radiological
48 | examinations to be performed on a child under certain
49 | circumstances; amending s. 110.12315, F.S.; revising
50 | requirements for reimbursement of pharmacies for

51 specified prescription drugs and supplies under the
52 state employees' prescription drug program; amending
53 s. 252.515, F.S.; providing immunity from civil
54 liability for autonomous physician assistants under
55 the Postdisaster Relief Assistance Act; amending ss.
56 310.071, 310.073, and 310.081, F.S.; authorizing
57 autonomous physicians to perform the physical
58 examination required for deputy pilot certification
59 and state pilot licensure; revising provisions related
60 to such physical examination requirements; amending s.
61 320.0848, F.S.; authorizing autonomous physician
62 assistants to provide disability certifications for
63 disabled parking permits; amending s. 381.00315, F.S.;
64 providing for the temporary reactivation of the
65 inactive registration of autonomous physician
66 assistants in a public health emergency; amending s.
67 381.00593, F.S.; revising the definition of the term
68 "health care practitioner"; amending s. 381.026, F.S.;
69 revising the definition of the term "health care
70 provider"; amending s. 382.008, F.S.; authorizing
71 autonomous physician assistants to file a certificate
72 of death or fetal death under certain circumstances;
73 revising the definition of the term "primary or
74 attending practitioner"; amending s. 383.14, F.S.;
75 revising the definition of the term "health care

76 practitioner"; authorizing the release of certain
77 newborn tests and screening results to autonomous
78 physician assistants; amending s. 390.0111, F.S.;
79 requiring certain autonomous physician assistants to
80 review live ultrasound images and explain the images
81 to a pregnant woman under certain circumstances;
82 amending s. 390.012, F.S.; authorizing autonomous
83 physician assistants to provide postoperative
84 monitoring and care after an abortion is performed
85 under certain circumstances; revising rules related to
86 abortion procedures and recovery room standards;
87 amending s. 394.463, F.S.; authorizing autonomous
88 physician assistants to initiate and perform an
89 involuntary examination for mental illness under
90 certain circumstances; amending s. 395.602, F.S.;
91 authorizing the Department of Health to use certain
92 funds to increase the number of autonomous physician
93 assistants in rural areas; amending s. 397.501, F.S.;
94 prohibiting the denial of certain services to an
95 individual who takes medication prescribed by an
96 autonomous physician assistant; amending ss. 397.679
97 and 397.6793, F.S.; authorizing autonomous physician
98 assistants to execute a certificate for emergency
99 admission of a person who is substance abuse impaired;
100 amending s. 400.021, F.S.; revising the definition of

101 the term "geriatric outpatient clinic"; amending s.
102 400.172, F.S.; authorizing autonomous physician
103 assistants to provide certain medical information to
104 and perform the required physical examination of
105 prospective respite care residents; amending s.
106 400.487, F.S.; authorizing autonomous physician
107 assistants to establish treatment orders for skilled
108 services provided by home health agencies; providing
109 requirements for such orders; amending s. 400.506,
110 F.S.; authorizing autonomous physician assistants to
111 sign, order, and change certain medical treatment
112 plans under certain circumstances; amending ss.
113 400.9973, 400.9974, 400.9976, and 400.9979, F.S.;
114 authorizing autonomous physician assistants to
115 prescribe client admission to a transitional living
116 facility and care for such client, order treatment
117 plans, supervise and record client medications, and
118 order physical and chemical restraints, respectively;
119 amending s. 401.445, F.S.; prohibiting recovery of
120 damages in court against registered autonomous
121 physician assistants under certain circumstances;
122 requiring autonomous physician assistants to attempt
123 to obtain a person's consent before providing
124 emergency services; amending ss. 409.906 and 409.908,
125 F.S.; authorizing the Agency for Health Care

126 Administration to reimburse autonomous physician
127 assistants who provide certain Medicaid services;
128 amending s. 409.973, F.S.; requiring managed care
129 plans to cover autonomous physician assistant
130 services; amending s. 429.26, F.S.; prohibiting
131 autonomous physician assistants from having a
132 financial interest in an assisted living facility at
133 which they are employed; authorizing autonomous
134 physician assistants to perform the examination
135 required before the admission of residents to an
136 assisted living facility; amending s. 429.918, F.S.;
137 revising the definition of the term "ADRD
138 participant"; authorizing autonomous physician
139 assistants to provide certain signed medical
140 documentation to an ADRD participant; amending s.
141 440.102, F.S.; authorizing autonomous physician
142 assistants to collect a specimen for a drug test for a
143 specified purpose under certain circumstances;
144 amending s. 456.0391, F.S.; requiring autonomous
145 physician assistants to submit certain information to
146 the department; requiring the department to send a
147 notice to autonomous physician assistants regarding
148 the required information; requiring autonomous
149 physician assistants to update such information in
150 writing within a specified timeframe; providing

151 penalties; amending s. 456.041, F.S.; requiring the
152 department to provide specified information in the
153 practitioner profile for certain autonomous physician
154 assistants; amending s. 456.053, F.S.; revising the
155 definitions of the terms "health care provider,"
156 "referral," and "sole provider"; amending s. 456.072,
157 F.S.; providing penalties for autonomous physician
158 assistants who prescribe or dispense a controlled
159 substance in a certain manner; amending s. 456.44,
160 F.S.; revising the definition of the term
161 "registrant"; providing requirements for autonomous
162 physician assistants who prescribe controlled
163 substances for the treatment of chronic nonmalignant
164 pain; amending ss. 458.331 and 459.015, F.S.;
165 providing for discipline of autonomous physician
166 assistants; revising requirements for probable cause
167 panels; amending s. 480.0475, F.S.; revising
168 applicability to conform to changes made by the act;
169 amending s. 493.6108, F.S.; authorizing autonomous
170 physician assistants to certify the physical fitness
171 of a certain class of applicants to bear a weapon or
172 firearm; amending s. 626.9707, F.S.; prohibiting an
173 insurer from refusing to issue and deliver certain
174 disability insurance covering treatment and services
175 provided by an autonomous physician assistant solely

176 on the basis of the insured's sickle-cell trait;
177 amending s. 627.357, F.S.; revising the definition of
178 the term "health care provider"; amending s. 627.736,
179 F.S.; requiring personal injury protection insurance
180 to cover a certain percentage of medical services and
181 care provided by autonomous physician assistants;
182 providing for specified reimbursement of autonomous
183 physician assistants; amending s. 633.412, F.S.;
184 authorizing autonomous physician assistants to
185 medically examine an applicant for firefighter
186 certification; amending s. 641.495, F.S.; requiring
187 certain health maintenance organization documents to
188 disclose that certain services may be provided by
189 autonomous physician assistants; amending s. 744.2006,
190 F.S.; authorizing autonomous physician assistants to
191 carry out guardianship functions under a contract with
192 a public guardian; amending s. 744.331, F.S.;
193 authorizing autonomous physician assistants to be an
194 eligible member of an examining committee; amending s.
195 744.3675, F.S.; authorizing autonomous physician
196 assistants to provide the medical report of a ward in
197 an annual guardianship plan; amending s. 766.103,
198 F.S.; prohibiting recovery of damages against
199 autonomous physician assistants under certain
200 conditions; amending s. 766.105, F.S.; revising the

201 definition of the term "health care provider";
202 revising provisions related to the coverage of the
203 Florida Patient's Compensation Fund to conform to
204 changes made by the act; amending ss. 766.1115 and
205 766.1116, F.S.; revising the definitions of the terms
206 "health care provider" and "health care practitioner,"
207 respectively; amending s. 766.118, F.S.; revising the
208 definition of the term "practitioner"; amending s.
209 768.135, F.S.; providing immunity from liability for
210 autonomous physician assistants who provide volunteer
211 services under certain circumstances; amending s.
212 794.08, F.S.; providing an exception for autonomous
213 physician assistants to perform certain prohibited
214 medical procedures under certain circumstances;
215 amending s. 893.02, F.S.; revising the definition of
216 the term "practitioner"; amending s. 943.13, F.S.;
217 authorizing autonomous physician assistants to perform
218 physical examinations required for law enforcement or
219 correctional officer employment or appointment;
220 amending s. 945.603, F.S.; authorizing the
221 Correctional Medical Authority to review and make
222 recommendations relating to the use of autonomous
223 physician assistants as physician extenders; amending
224 s. 948.03, F.S.; revising requirements related to
225 conditions of probation to conform to changes made by

226 | the act; amending ss. 984.03 and 985.03, F.S.;

227 | revising the definition of the term "licensed health

228 | care professional"; amending ss. 1002.20 and 1002.42,

229 | F.S.; providing immunity from liability for autonomous

230 | physician assistants who authorize administration of

231 | epinephrine auto-injectors for students in public and

232 | private schools, respectively; amending s. 1006.062,

233 | F.S.; authorizing autonomous physician assistants to

234 | provide training in the administration of medication

235 | and performance of health-related services to

236 | designated nonmedical school personnel; requiring

237 | autonomous physician assistants to periodically

238 | monitor such personnel in the performance of certain

239 | procedures; authorizing autonomous physician

240 | assistants to determine whether such personnel may

241 | perform certain invasive medical services; amending s.

242 | 1006.20, F.S.; authorizing autonomous physician

243 | assistants to medically evaluate a student athlete;

244 | amending s. 1009.65, F.S.; authorizing autonomous

245 | physician assistants to participate in the Medical

246 | Education Reimbursement and Loan Repayment Program;

247 | requiring the department to make annual payments to

248 | autonomous physician assistants up to a specified

249 | amount from the funds available under certain

250 | circumstances; providing an effective date.

251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275

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

Section 1. Present subsections (8) through (17) of section 458.347, Florida Statutes, are redesignated as subsections (9) through (18), respectively, a new subsection (8) and subsection (19) are added to that section, and subsection (2), paragraphs (b), (e), and (f) of subsection (4), paragraph (a) of subsection (6), paragraphs (a) and (f) of subsection (7), paragraph (c) of present subsection (9), and present subsections (11), (12), and (13) are amended, to read:

458.347 Physician assistants.—

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

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

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

(c) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

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

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

(f)~~(e)~~ "Physician assistant" means a person who is a

276 graduate of an approved program or its equivalent or meets
 277 standards approved by the boards and is licensed to perform
 278 medical services delegated by the supervising physician.

279 (h)~~(f)~~ "Supervision" means responsible supervision and
 280 control. Except in cases of emergency, supervision requires the
 281 easy availability or physical presence of the licensed physician
 282 for consultation and direction of the actions of the physician
 283 assistant. For the purposes of this definition, the term "easy
 284 availability" includes the ability to communicate by way of
 285 telecommunication. The boards shall establish rules as to what
 286 constitutes responsible supervision of the physician assistant.

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

291 (d)~~(h)~~ "Continuing medical education" means courses
 292 recognized and approved by the boards, the American Academy of
 293 Physician Assistants, the American Medical Association, the
 294 American Osteopathic Association, or the Accreditation Council
 295 on Continuing Medical Education.

296 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

297 (b) This chapter does not prevent third-party payors from
 298 reimbursing employers of autonomous physician assistants or
 299 physician assistants for covered services rendered by registered
 300 autonomous physician assistants or licensed physician

301 assistants.

302 (e) A supervising physician may delegate to a fully
303 licensed physician assistant the authority to prescribe or
304 dispense any medication used in the supervising physician's
305 practice unless such medication is listed on the formulary
306 created pursuant to paragraph (f). A fully licensed physician
307 assistant may only prescribe or dispense such medication under
308 the following circumstances:

309 1. A physician assistant must clearly identify to the
310 patient that he or she is a physician assistant ~~and inform the~~
311 ~~patient that the patient has the right to see the physician~~
312 ~~before a prescription is prescribed or dispensed by the~~
313 ~~physician assistant.~~

314 2. The supervising physician must notify the department of
315 his or her intent to delegate, on a department-approved form,
316 before delegating such authority and of any change in
317 prescriptive privileges of the physician assistant. Authority to
318 dispense may be delegated only by a supervising physician who is
319 registered as a dispensing practitioner in compliance with s.
320 465.0276.

321 3. The physician assistant must complete a minimum of 10
322 continuing medical education hours in the specialty practice in
323 which the physician assistant has prescriptive privileges with
324 each licensure renewal. Three of the 10 hours must consist of a
325 continuing education course on the safe and effective

326 | prescribing of controlled substance medications which is offered
327 | by a statewide professional association of physicians in this
328 | state accredited to provide educational activities designated
329 | for the American Medical Association Physician's Recognition
330 | Award Category 1 credit or designated by the American Academy of
331 | Physician Assistants as a Category 1 credit.

332 | 4. The department may issue a prescriber number to the
333 | physician assistant granting authority for the prescribing of
334 | medicinal drugs authorized within this paragraph upon completion
335 | of the requirements of this paragraph. The physician assistant
336 | is not required to independently register pursuant to s.
337 | 465.0276.

338 | 5. The prescription may be in paper or electronic form but
339 | must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
340 | and must contain, in addition to the supervising physician's
341 | name, address, and telephone number, the physician assistant's
342 | prescriber number. Unless it is a drug or drug sample dispensed
343 | by the physician assistant, the prescription must be filled in a
344 | pharmacy permitted under chapter 465 and must be dispensed in
345 | that pharmacy by a pharmacist licensed under chapter 465. The
346 | inclusion of the prescriber number creates a presumption that
347 | the physician assistant is authorized to prescribe the medicinal
348 | drug and the prescription is valid.

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

351 (f)1. The council shall establish a formulary of medicinal
352 drugs that a registered autonomous physician assistant or fully
353 licensed physician assistant having prescribing authority under
354 this section or s. 459.022 may not prescribe. The formulary must
355 include general anesthetics and radiographic contrast materials
356 and must limit the prescription of Schedule II controlled
357 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
358 supply. The formulary must also restrict the prescribing of
359 psychiatric mental health controlled substances for children
360 younger than 18 years of age.

361 2. In establishing the formulary, the council shall
362 consult with a pharmacist licensed under chapter 465, but not
363 licensed under this chapter or chapter 459, who shall be
364 selected by the State Surgeon General.

365 3. Only the council shall add to, delete from, or modify
366 the formulary. Any person who requests an addition, a deletion,
367 or a modification of a medicinal drug listed on such formulary
368 has the burden of proof to show cause why such addition,
369 deletion, or modification should be made.

370 4. The boards shall adopt the formulary required by this
371 paragraph, and each addition, deletion, or modification to the
372 formulary, by rule. Notwithstanding any provision of chapter 120
373 to the contrary, the formulary rule shall be effective 60 days
374 after the date it is filed with the Secretary of State. Upon
375 adoption of the formulary, the department shall mail a copy of

376 such formulary to each registered autonomous physician assistant
377 or fully licensed physician assistant having prescribing
378 authority under this section or s. 459.022, and to each pharmacy
379 licensed by the state. The boards shall establish, by rule, a
380 fee not to exceed \$200 to fund ~~the provisions of this paragraph~~
381 and paragraph (e).

382 (6) PROGRAM APPROVAL.—

383 (a) The boards shall approve programs, ~~based on~~
384 ~~recommendations by the council,~~ for the education and training
385 of physician assistants which meet standards established by rule
386 of the boards. ~~The council may recommend only those physician~~
387 ~~assistant programs that hold full accreditation or provisional~~
388 ~~accreditation from the Commission on Accreditation of Allied~~
389 ~~Health Programs or its successor organization. Any educational~~
390 ~~institution offering a physician assistant program approved by~~
391 ~~the boards pursuant to this paragraph may also offer the~~
392 ~~physician assistant program authorized in paragraph (c) for~~
393 ~~unlicensed physicians.~~

394 (7) PHYSICIAN ASSISTANT LICENSURE.—

395 (a) Any person desiring to be licensed as a physician
396 assistant must apply to the department. The department shall
397 issue a license to any person certified by the council as having
398 met the following requirements:

- 399 1. Is at least 18 years of age.
400 2. Has satisfactorily passed a proficiency examination by

401 an acceptable score established by the National Commission on
402 Certification of Physician Assistants. If an applicant does not
403 hold a current certificate issued by the National Commission on
404 Certification of Physician Assistants and has not actively
405 practiced as a physician assistant within the immediately
406 preceding 4 years, the applicant must retake and successfully
407 complete the entry-level examination of the National Commission
408 on Certification of Physician Assistants to be eligible for
409 licensure.

410 3. Has completed the application form and remitted an
411 application fee not to exceed \$300 as set by the boards. An
412 application for licensure made by a physician assistant must
413 include:

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

417 b. Acknowledgment of any prior felony convictions.

418 c. Acknowledgment of any previous revocation or denial of
419 licensure or certification in any state.

420 d. A copy of course transcripts and a copy of the course
421 description from a physician assistant training program
422 describing course content in pharmacotherapy, if the applicant
423 wishes to apply for prescribing authority. These documents must
424 meet the evidence requirements for prescribing authority.

425 (f) The Board of Medicine may impose any of the penalties

426 authorized under ss. 456.072 and 458.331(2) upon an autonomous
427 physician assistant or a physician assistant if the autonomous
428 physician assistant, physician assistant, or ~~the~~ supervising
429 physician has been found guilty of or is being investigated for
430 any act that constitutes a violation of this chapter or chapter
431 456.

432 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

433 (a) The boards shall register a physician assistant as an
434 autonomous physician assistant if the applicant demonstrates
435 that he or she:

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

438 2. Has not been subject to any disciplinary action as
439 specified in s. 456.072, s. 458.331, or s. 459.015, or any
440 similar disciplinary action in any jurisdiction of the United
441 States, within the 5 years immediately preceding the
442 registration request.

443 3. Has completed, in any jurisdiction of the United
444 States, at least 4,000 clinical practice hours, 2,000 of which
445 were completed within the 3 years immediately preceding the
446 submission of the registration request, while practicing as a
447 physician assistant under the supervision of an allopathic or
448 osteopathic physician who held an active, unencumbered license
449 issued by any state, the District of Columbia, or a possession
450 or territory of the United States during the period of such

451 supervision.

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

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

457 a. Any person registered under this subsection who
458 practices exclusively as an officer, employee, or agent of the
459 Federal Government or of the state or its agencies or its
460 subdivisions.

461 b. Any person whose license is inactive and who is not
462 practicing as an autonomous physician assistant in this state.

463 c. Any person who practices as an autonomous physician
464 assistant only in conjunction with his or her teaching duties at
465 an accredited school or its main teaching hospitals. Such
466 practice is limited to that which is incidental to and a
467 necessary part of duties in connection with the teaching
468 position.

469 d. Any person who holds an active registration under this
470 subsection who is not practicing as an autonomous physician
471 assistant in this state. If such person initiates or resumes any
472 practice as an autonomous physician assistant, he or she must
473 notify the department of such activity and fulfill the
474 professional liability coverage requirements of this
475 subparagraph.

476 (b) The department shall distinguish an autonomous
477 physician assistant license if he or she is registered under
478 this subsection and shall include the registration in the
479 physician assistant's practitioner profile created pursuant to
480 s. 456.041.

481 (c) An autonomous physician assistant may do all of the
482 following without physician supervision:

483 1. Render only primary care services as defined by rule of
484 the boards.

485 2. Provide any service that is within the scope of the
486 autonomous physician assistant's education and experience and
487 provided in accordance with rules adopted by the board.

488 3. Prescribe, dispense, administer, or order any medicinal
489 drug, including those medicinal drugs to the extent authorized
490 under paragraph (4) (f) and the formulary adopted in that
491 paragraph.

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

495 5. Except for a physician certification under s. 381.9 86,
496 provide a signature, certification, stamp, verification,
497 affidavit, or other endorsement that is otherwise required by
498 law to be provided by a physician.

499 (d) An autonomous physician assistant must biennially
500 renew his or her registration under this subsection. The

501 biennial renewal shall coincide with the autonomous physician
502 assistant's biennial renewal period for physician assistant
503 licensure.

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

508 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
509 Physician Assistants is created within the department.

510 (c) The council shall:

511 1. Recommend to the department the licensure of physician
512 assistants.

513 2. Develop all rules regulating the primary care practice
514 of autonomous physician assistants and the use of physician
515 assistants by physicians under this chapter and chapter 459,
516 except for rules relating to the formulary developed under
517 paragraph (4) (f). The council shall also develop rules to ensure
518 that the continuity of supervision is maintained in each
519 practice setting. The boards shall consider adopting a proposed
520 rule developed by the council at the regularly scheduled meeting
521 immediately following the submission of the proposed rule by the
522 council. A proposed rule submitted by the council may not be
523 adopted by either board unless both boards have accepted and
524 approved the identical language contained in the proposed rule.
525 The language of all proposed rules submitted by the council must

526 | be approved by both boards pursuant to each respective board's
527 | guidelines and standards regarding the adoption of proposed
528 | rules. If either board rejects the council's proposed rule, that
529 | board must specify its objection to the council with
530 | particularity and include any recommendations it may have for
531 | the modification of the proposed rule.

532 | 3. Make recommendations to the boards regarding all
533 | matters relating to autonomous physician assistants and
534 | physician assistants.

535 | 4. Address concerns and problems of practicing autonomous
536 | physician assistants and physician assistants in order to
537 | improve safety in the clinical practices of registered
538 | autonomous physician assistants and licensed physician
539 | assistants.

540 | ~~(12)-(11)~~ PENALTY.—Any person who has not been registered
541 | or licensed by the council and approved by the department and
542 | who holds himself or herself out as an autonomous physician
543 | assistant or a physician assistant or who uses any other term in
544 | indicating or implying that he or she is an autonomous physician
545 | assistant or a physician assistant commits a felony of the third
546 | degree, punishable as provided in s. 775.082 or s. 775.084 or by
547 | a fine not exceeding \$5,000.

548 | ~~(13)-(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
549 | The boards may deny, suspend, or revoke the registration of an
550 | autonomous physician assistant or the license of a physician

551 assistant ~~license~~ if a board determines that the autonomous
552 physician assistant or physician assistant has violated this
553 chapter.

554 ~~(14)(13)~~ RULES.—The boards shall adopt rules to implement
555 this section, including rules detailing the contents of the
556 application for licensure and notification pursuant to
557 subsection (7), rules relating to the registration of autonomous
558 physician assistants under subsection (8), and rules to ensure
559 ~~both~~ the continued competency of autonomous physician assistants
560 and physician assistants and the proper utilization of them by
561 physicians or groups of physicians.

562 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
563 must report adverse incidents to the department in accordance
564 with s. 458.351.

565 Section 2. Present subsections (8) through (17) of section
566 459.022, Florida Statutes, are redesignated as subsections (9)
567 through (18), respectively, a new subsection (8) and subsection
568 (19) are added to that section, and subsection (2), paragraphs
569 (b) and (e) of subsection (4), paragraph (a) of subsection (6),
570 paragraphs (a) and (f) of subsection (7), paragraph (c) of
571 present subsection (9), and present subsections (11), (12), and
572 (13) are amended, to read:

573 459.022 Physician assistants.—

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

575 (a) "Approved program" means a program, formally approved

576 | by the boards, for the education of physician assistants.

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

580 | (c) "Boards" means the Board of Medicine and the Board of
581 | Osteopathic Medicine.

582 | ~~(e)~~ "Council" means the Council on Physician
583 | Assistants.

584 | ~~(i)~~ "Trainee" means a person who is currently enrolled
585 | in an approved program.

586 | ~~(f)~~ "Physician assistant" means a person who is a
587 | graduate of an approved program or its equivalent or meets
588 | standards approved by the boards and is licensed to perform
589 | medical services delegated by the supervising physician.

590 | ~~(h)~~ "Supervision" means responsible supervision and
591 | control. Except in cases of emergency, supervision requires the
592 | easy availability or physical presence of the licensed physician
593 | for consultation and direction of the actions of the physician
594 | assistant. For the purposes of this definition, the term "easy
595 | availability" includes the ability to communicate by way of
596 | telecommunication. The boards shall establish rules as to what
597 | constitutes responsible supervision of the physician assistant.

598 | (g) "Proficiency examination" means an entry-level
599 | examination approved by the boards, including, but not limited
600 | to, those examinations administered by the National Commission

601 on Certification of Physician Assistants.

602 (d) ~~(h)~~ "Continuing medical education" means courses
603 recognized and approved by the boards, the American Academy of
604 Physician Assistants, the American Medical Association, the
605 American Osteopathic Association, or the Accreditation Council
606 on Continuing Medical Education.

607 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

608 (b) This chapter does not prevent third-party payors from
609 reimbursing employers of autonomous physician assistants or
610 physician assistants for covered services rendered by registered
611 autonomous physician assistants or licensed physician
612 assistants.

613 (e) A supervising physician may delegate to a fully
614 licensed physician assistant the authority to prescribe or
615 dispense any medication used in the supervising physician's
616 practice unless such medication is listed on the formulary
617 created pursuant to s. 458.347. A fully licensed physician
618 assistant may only prescribe or dispense such medication under
619 the following circumstances:

620 1. A physician assistant must clearly identify to the
621 patient that she or he is a physician assistant ~~and must inform~~
622 ~~the patient that the patient has the right to see the physician~~
623 ~~before a prescription is prescribed or dispensed by the~~
624 ~~physician assistant.~~

625 2. The supervising physician must notify the department of

626 her or his intent to delegate, on a department-approved form,
627 before delegating such authority and of any change in
628 prescriptive privileges of the physician assistant. Authority to
629 dispense may be delegated only by a supervising physician who is
630 registered as a dispensing practitioner in compliance with s.
631 465.0276.

632 3. The physician assistant must complete a minimum of 10
633 continuing medical education hours in the specialty practice in
634 which the physician assistant has prescriptive privileges with
635 each licensure renewal.

636 4. The department may issue a prescriber number to the
637 physician assistant granting authority for the prescribing of
638 medicinal drugs authorized within this paragraph upon completion
639 of the requirements of this paragraph. The physician assistant
640 is not required to independently register pursuant to s.
641 465.0276.

642 5. The prescription may be in paper or electronic form but
643 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
644 and must contain, in addition to the supervising physician's
645 name, address, and telephone number, the physician assistant's
646 prescriber number. Unless it is a drug or drug sample dispensed
647 by the physician assistant, the prescription must be filled in a
648 pharmacy permitted under chapter 465, and must be dispensed in
649 that pharmacy by a pharmacist licensed under chapter 465. The
650 inclusion of the prescriber number creates a presumption that

651 the physician assistant is authorized to prescribe the medicinal
 652 drug and the prescription is valid.

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

655 (6) PROGRAM APPROVAL.—

656 (a) The boards shall approve programs, ~~based on~~
 657 ~~recommendations by the council,~~ for the education and training
 658 of physician assistants which meet standards established by rule
 659 of the boards. ~~The council may recommend only those physician~~
 660 ~~assistant programs that hold full accreditation or provisional~~
 661 ~~accreditation from the Commission on Accreditation of Allied~~
 662 ~~Health Programs or its successor organization.~~

663 (7) PHYSICIAN ASSISTANT LICENSURE.—

664 (a) Any person desiring to be licensed as a physician
 665 assistant must apply to the department. The department shall
 666 issue a license to any person certified by the council as having
 667 met the following requirements:

- 668 1. Is at least 18 years of age.
- 669 2. Has satisfactorily passed a proficiency examination by
 670 an acceptable score established by the National Commission on
 671 Certification of Physician Assistants. If an applicant does not
 672 hold a current certificate issued by the National Commission on
 673 Certification of Physician Assistants and has not actively
 674 practiced as a physician assistant within the immediately
 675 preceding 4 years, the applicant must retake and successfully

676 complete the entry-level examination of the National Commission
 677 on Certification of Physician Assistants to be eligible for
 678 licensure.

679 3. Has completed the application form and remitted an
 680 application fee not to exceed \$300 as set by the boards. An
 681 application for licensure made by a physician assistant must
 682 include:

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

686 b. Acknowledgment of any prior felony convictions.

687 c. Acknowledgment of any previous revocation or denial of
 688 licensure or certification in any state.

689 d. A copy of course transcripts and a copy of the course
 690 description from a physician assistant training program
 691 describing course content in pharmacotherapy, if the applicant
 692 wishes to apply for prescribing authority. These documents must
 693 meet the evidence requirements for prescribing authority.

694 (f) The Board of Osteopathic Medicine may impose any of
 695 the penalties authorized under ss. 456.072 and 459.015(2) upon
 696 an autonomous physician assistant or a physician assistant if
 697 the autonomous physician assistant, physician assistant, or ~~the~~
 698 supervising physician has been found guilty of or is being
 699 investigated for any act that constitutes a violation of this
 700 chapter or chapter 456.

701 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

702 (a) The boards shall register a physician assistant as an
703 autonomous physician assistant if the applicant demonstrates
704 that she or he:

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

707 2. Has not been subject to any disciplinary action as
708 specified in s. 456.072, s. 458.331, or s. 459.015, or any
709 similar disciplinary action in any jurisdiction of the United
710 States, within the 5 years immediately preceding the
711 registration request.

712 3. Has completed, in any jurisdiction of the United
713 States, at least 4,000 clinical practice hours, 2,000 of which
714 were completed within the 3 years immediately preceding the
715 submission of the registration request, while practicing as a
716 physician assistant under the supervision of an allopathic or
717 osteopathic physician who held an active, unencumbered license
718 issued by any state, the District of Columbia, or a possession
719 or territory of the United States during the period of such
720 supervision.

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

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

726 a. Any person registered under this subsection who
727 practices exclusively as an officer, employee, or agent of the
728 Federal Government or of the state or its agencies or its
729 subdivisions.

730 b. Any person whose license is inactive and who is not
731 practicing as an autonomous physician assistant in this state.

732 c. Any person who practices as an autonomous physician
733 assistant only in conjunction with her or his teaching duties at
734 an accredited school or its main teaching hospitals. Such
735 practice is limited to that which is incidental to and a
736 necessary part of duties in connection with the teaching
737 position.

738 d. Any person who holds an active registration under this
739 subsection who is not practicing as an autonomous physician
740 assistant in this state. If such person initiates or resumes any
741 practice as an autonomous physician assistant, she or he must
742 notify the department of such activity and fulfill the
743 professional liability coverage requirements of this
744 subparagraph.

745 (b) The department shall conspicuously distinguish an
746 autonomous physician assistant license if she or he is
747 registered under this subsection.

748 (c) An autonomous physician assistant may:

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

751 2. Provide any service that is within the scope of the
752 autonomous physician assistant's education and experience and
753 provided in accordance with rules adopted by the board without
754 physician supervision.

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

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

761 5. Provide a signature, certification, stamp,
762 verification, affidavit, or other endorsement that is otherwise
763 required by law to be provided by a physician.

764 (d) An autonomous physician assistant must biennially
765 renew her or his registration under this subsection. The
766 biennial renewal shall coincide with the autonomous physician
767 assistant's biennial renewal period for physician assistant
768 licensure.

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

773 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
774 Physician Assistants is created within the department.

775 (c) The council shall:

- 776 1. Recommend to the department the licensure of physician
777 assistants.
- 778 2. Develop all rules regulating the primary care practice
779 of autonomous physician assistants and the use of physician
780 assistants by physicians under chapter 458 and this chapter,
781 except for rules relating to the formulary developed under s.
782 458.347. The council shall also develop rules to ensure that the
783 continuity of supervision is maintained in each practice
784 setting. The boards shall consider adopting a proposed rule
785 developed by the council at the regularly scheduled meeting
786 immediately following the submission of the proposed rule by the
787 council. A proposed rule submitted by the council may not be
788 adopted by either board unless both boards have accepted and
789 approved the identical language contained in the proposed rule.
790 The language of all proposed rules submitted by the council must
791 be approved by both boards pursuant to each respective board's
792 guidelines and standards regarding the adoption of proposed
793 rules. If either board rejects the council's proposed rule, that
794 board must specify its objection to the council with
795 particularity and include any recommendations it may have for
796 the modification of the proposed rule.
- 797 3. Make recommendations to the boards regarding all
798 matters relating to autonomous physician assistants and
799 physician assistants.
- 800 4. Address concerns and problems of practicing autonomous

801 physician assistants and physician assistants in order to
802 improve safety in the clinical practices of registered
803 autonomous physician assistants and licensed physician
804 assistants.

805 ~~(12)~~~~(11)~~ PENALTY.—Any person who has not been registered
806 or licensed by the council and approved by the department and
807 who holds herself or himself out as an autonomous physician
808 assistant or a physician assistant or who uses any other term in
809 indicating or implying that she or he is an autonomous physician
810 assistant or a physician assistant commits a felony of the third
811 degree, punishable as provided in s. 775.082 or s. 775.084 or by
812 a fine not exceeding \$5,000.

813 ~~(13)~~~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
814 The boards may deny, suspend, or revoke the registration of an
815 autonomous physician assistant or the license of a physician
816 assistant ~~license~~ if a board determines that the autonomous
817 physician assistant or physician assistant has violated this
818 chapter.

819 ~~(14)~~~~(13)~~ RULES.—The boards shall adopt rules to implement
820 this section, including rules detailing the contents of the
821 application for licensure and notification pursuant to
822 subsection (7), rules relating to the registration of autonomous
823 physician assistants under subsection (8), and rules to ensure
824 ~~both~~ the continued competency of autonomous physician assistants
825 and physician assistants and the proper utilization of them by

826 physicians or groups of physicians.

827 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
828 must report adverse incidents to the department in accordance
829 with s. 459.026.

830 Section 3. Subsection (43) of section 39.01, Florida
831 Statutes, is amended to read:

832 39.01 Definitions.—When used in this chapter, unless the
833 context otherwise requires:

834 (43) "Licensed health care professional" means a physician
835 licensed under chapter 458, an osteopathic physician licensed
836 under chapter 459, a nurse licensed under part I of chapter 464,
837 an autonomous physician assistant or a physician assistant
838 registered or licensed under chapter 458 or chapter 459, or a
839 dentist licensed under chapter 466.

840 Section 4. Present paragraphs (d) and (e) of subsection
841 (5) of section 39.303, Florida Statutes, are redesignated as
842 paragraphs (e) and (f), respectively, a new paragraph (d) is
843 added to that subsection, and subsection (6) of that section is
844 amended, to read:

845 39.303 Child Protection Teams and sexual abuse treatment
846 programs; services; eligible cases.—

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

851 by a Child Protection Team is necessary, all cases transmitted
852 to the Child Protection Team which meet the criteria in
853 subsection (4) must be timely reviewed by:

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

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

859 (a) The child was examined for the alleged abuse or
860 neglect by a physician who is not a member of the Child
861 Protection Team, and a consultation between the Child Protection
862 Team medical director or a Child Protection Team board-certified
863 pediatrician, advanced practice registered nurse, autonomous
864 physician assistant, physician assistant working under the
865 supervision of a Child Protection Team medical director or a
866 Child Protection Team board-certified pediatrician, or
867 registered nurse working under the direct supervision of a Child
868 Protection Team medical director or a Child Protection Team
869 board-certified pediatrician, and the examining physician
870 concludes that a further medical evaluation is unnecessary;

871 (b) The child protective investigator, with supervisory
872 approval, has determined, after conducting a child safety
873 assessment, that there are no indications of injuries as
874 described in paragraphs (4) (a)-(h) as reported; or

875 (c) The Child Protection Team medical director or a Child

876 Protection Team board-certified pediatrician, as authorized in
877 subsection (5), determines that a medical evaluation is not
878 required.

879

880 Notwithstanding paragraphs (a), (b), and (c), a Child Protection
881 Team medical director or a Child Protection Team pediatrician,
882 as authorized in subsection (5), may determine that a face-to-
883 face medical evaluation is necessary.

884 Section 5. Paragraph (b) of subsection (1) of section
885 39.304, Florida Statutes, is amended to read:

886 39.304 Photographs, medical examinations, X rays, and
887 medical treatment of abused, abandoned, or neglected child.—

888 (1)

889 (b) If the areas of trauma visible on a child indicate a
890 need for a medical examination, or if the child verbally
891 complains or otherwise exhibits distress as a result of injury
892 through suspected child abuse, abandonment, or neglect, or is
893 alleged to have been sexually abused, the person required to
894 investigate may cause the child to be referred for diagnosis to
895 a licensed physician or an emergency department in a hospital
896 without the consent of the child's parents or legal custodian.
897 Such examination may be performed by any licensed physician,
898 registered autonomous physician assistant, licensed physician
899 assistant, or an advanced practice registered nurse licensed or
900 registered under ~~pursuant to~~ part I of chapter 464. Any licensed

901 physician, registered autonomous physician assistant, licensed
 902 physician assistant, or advanced practice registered nurse
 903 licensed or registered under ~~pursuant to~~ part I of chapter 464
 904 who has reasonable cause to suspect that an injury was the
 905 result of child abuse, abandonment, or neglect may authorize a
 906 radiological examination to be performed on the child without
 907 the consent of the child's parent or legal custodian.

908 Section 6. Paragraph (d) of subsection (2) of section
 909 110.12315, Florida Statutes, is amended to read:

910 110.12315 Prescription drug program.—The state employees'
 911 prescription drug program is established. This program shall be
 912 administered by the Department of Management Services, according
 913 to the terms and conditions of the plan as established by the
 914 relevant provisions of the annual General Appropriations Act and
 915 implementing legislation, subject to the following conditions:

916 (2) In providing for reimbursement of pharmacies for
 917 prescription drugs and supplies dispensed to members of the
 918 state group health insurance plan and their dependents under the
 919 state employees' prescription drug program:

920 (d) The department shall establish the reimbursement
 921 schedule for prescription drugs and supplies dispensed under the
 922 program. Reimbursement rates for a prescription drug or supply
 923 must be based on the cost of the generic equivalent drug or
 924 supply if a generic equivalent exists, unless the physician,
 925 advanced practice registered nurse, autonomous physician

HB 1299

2021

926 assistant, or physician assistant prescribing the drug or supply
927 clearly states on the prescription that the brand name drug or
928 supply is medically necessary or that the drug or supply is
929 included on the formulary of drugs and supplies that may not be
930 interchanged as provided in chapter 465, in which case
931 reimbursement must be based on the cost of the brand name drug
932 or supply as specified in the reimbursement schedule adopted by
933 the department.

934 Section 7. Paragraph (a) of subsection (3) of section
935 252.515, Florida Statutes, is amended to read:

936 252.515 Postdisaster Relief Assistance Act; immunity from
937 civil liability.—

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

939 (a) "Emergency first responder" means:

- 940 1. A physician licensed under chapter 458.
- 941 2. An osteopathic physician licensed under chapter 459.
- 942 3. A chiropractic physician licensed under chapter 460.
- 943 4. A podiatric physician licensed under chapter 461.
- 944 5. A dentist licensed under chapter 466.
- 945 6. An advanced practice registered nurse licensed under s.
946 464.012.

947 7. An autonomous physician assistant or a physician
948 assistant registered or licensed under s. 458.347 or s. 459.022.

949 8. A worker employed by a public or private hospital in
950 the state.

- 951 9. A paramedic as defined in s. 401.23(17).
 952 10. An emergency medical technician as defined in s.
 953 401.23(11).
 954 11. A firefighter as defined in s. 633.102.
 955 12. A law enforcement officer as defined in s. 943.10.
 956 13. A member of the Florida National Guard.
 957 14. Any other personnel designated as emergency personnel
 958 by the Governor pursuant to a declared emergency.

959 Section 8. Paragraph (c) of subsection (1) of section
 960 310.071, Florida Statutes, is amended to read:

961 310.071 Deputy pilot certification.—

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

965 (c) Be in good physical and mental health, as evidenced by
 966 documentary proof of having satisfactorily passed a complete
 967 physical examination administered by a licensed physician within
 968 the preceding 6 months. The board shall adopt rules to establish
 969 requirements for passing the physical examination, which rules
 970 shall establish minimum standards for the physical or mental
 971 capabilities necessary to carry out the professional duties of a
 972 certificated deputy pilot. Such standards shall include zero
 973 tolerance for any controlled substance regulated under chapter
 974 893 unless that individual is under the care of a physician, an
 975 advanced practice registered nurse, an autonomous physician

976 assistant, or a physician assistant and that controlled
977 substance was prescribed by that physician, advanced practice
978 registered nurse, autonomous physician assistant, or physician
979 assistant. To maintain eligibility as a certificated deputy
980 pilot, each certificated deputy pilot must annually provide
981 documentary proof of having satisfactorily passed a complete
982 physical examination administered by a licensed physician. The
983 physician must know the minimum standards and certify that the
984 certificateholder satisfactorily meets the standards. The
985 standards for certificateholders shall include a drug test.

986 Section 9. Subsection (3) of section 310.073, Florida
987 Statutes, is amended to read:

988 310.073 State pilot licensing.—In addition to meeting
989 other requirements specified in this chapter, each applicant for
990 license as a state pilot must:

991 (3) Be in good physical and mental health, as evidenced by
992 documentary proof of having satisfactorily passed a complete
993 physical examination administered by a licensed physician or
994 autonomous physician assistant within the preceding 6 months.

995 The board shall adopt rules to establish requirements for
996 passing the physical examination, which rules shall establish
997 minimum standards for the physical or mental capabilities
998 necessary to carry out the professional duties of a licensed
999 state pilot. Such standards shall include zero tolerance for any
1000 controlled substance regulated under chapter 893 unless that

HB 1299

2021

1001 individual is under the care of a physician, an advanced
1002 practice registered nurse, an autonomous physician assistant, or
1003 a physician assistant and that controlled substance was
1004 prescribed by that physician, advanced practice registered
1005 nurse, autonomous physician assistant, or physician assistant.
1006 To maintain eligibility as a licensed state pilot, each licensed
1007 state pilot must annually provide documentary proof of having
1008 satisfactorily passed a complete physical examination
1009 administered by a licensed physician or autonomous physician
1010 assistant. The physician or autonomous physician assistant must
1011 know the minimum standards and certify that the licensee
1012 satisfactorily meets the standards. The standards for licensees
1013 shall include a drug test.

1014 Section 10. Paragraph (b) of subsection (3) of section
1015 310.081, Florida Statutes, is amended to read:

1016 310.081 Department to examine and license state pilots and
1017 certificate deputy pilots; vacancies.—

1018 (3) Pilots shall hold their licenses or certificates
1019 pursuant to the requirements of this chapter so long as they:

1020 (b) Are in good physical and mental health as evidenced by
1021 documentary proof of having satisfactorily passed a physical
1022 examination administered by a licensed physician, autonomous
1023 physician assistant, or physician assistant within each calendar
1024 year. The board shall adopt rules to establish requirements for
1025 passing the physical examination, which rules shall establish

HB 1299

2021

1026 minimum standards for the physical or mental capabilities
1027 necessary to carry out the professional duties of a licensed
1028 state pilot or a certificated deputy pilot. Such standards shall
1029 include zero tolerance for any controlled substance regulated
1030 under chapter 893 unless that individual is under the care of a
1031 physician, an advanced practice registered nurse, an autonomous
1032 physician assistant, or a physician assistant and that
1033 controlled substance was prescribed by that physician, advanced
1034 practice registered nurse, autonomous physician assistant, or
1035 physician assistant. To maintain eligibility as a certificated
1036 deputy pilot or licensed state pilot, each certificated deputy
1037 pilot or licensed state pilot must annually provide documentary
1038 proof of having satisfactorily passed a complete physical
1039 examination administered by a licensed physician or autonomous
1040 physician assistant. The physician or autonomous physician
1041 assistant must know the minimum standards and certify that the
1042 certificateholder or licensee satisfactorily meets the
1043 standards. The standards for certificateholders and for
1044 licensees shall include a drug test.

1045
1046 Upon resignation or in the case of disability permanently
1047 affecting a pilot's ability to serve, the state license or
1048 certificate issued under this chapter shall be revoked by the
1049 department.

1050 Section 11. Paragraph (b) of subsection (1) of section

1051 | 320.0848, Florida Statutes, is amended to read:

1052 | 320.0848 Persons who have disabilities; issuance of
1053 | disabled parking permits; temporary permits; permits for certain
1054 | providers of transportation services to persons who have
1055 | disabilities.—

1056 | (1)

1057 | (b)1. The person must be currently certified as being
1058 | legally blind or as having any of the following disabilities
1059 | that render him or her unable to walk 200 feet without stopping
1060 | to rest:

1061 | a. Inability to walk without the use of or assistance from
1062 | a brace, cane, crutch, prosthetic device, or other assistive
1063 | device, or without the assistance of another person. If the
1064 | assistive device significantly restores the person's ability to
1065 | walk to the extent that the person can walk without severe
1066 | limitation, the person is not eligible for the exemption parking
1067 | permit.

1068 | b. The need to permanently use a wheelchair.

1069 | c. Restriction by lung disease to the extent that the
1070 | person's forced (respiratory) expiratory volume for 1 second,
1071 | when measured by spirometry, is less than 1 liter, or the
1072 | person's arterial oxygen is less than 60 mm/hg on room air at
1073 | rest.

1074 | d. Use of portable oxygen.

1075 | e. Restriction by cardiac condition to the extent that the

1076 person's functional limitations are classified in severity as
 1077 Class III or Class IV according to standards set by the American
 1078 Heart Association.

1079 f. Severe limitation in the person's ability to walk due
 1080 to an arthritic, neurological, or orthopedic condition.

1081 2. The certification of disability which is required under
 1082 subparagraph 1. must be provided by a physician licensed under
 1083 chapter 458, chapter 459, or chapter 460, by a podiatric
 1084 physician licensed under chapter 461, by an optometrist licensed
 1085 under chapter 463, by an advanced practice registered nurse
 1086 licensed under chapter 464 under the protocol of a licensed
 1087 physician as stated in this subparagraph, by an autonomous
 1088 physician assistant or a physician assistant registered or
 1089 licensed under chapter 458 or chapter 459, or by a similarly
 1090 licensed physician from another state if the application is
 1091 accompanied by documentation of the physician's licensure in the
 1092 other state and a form signed by the out-of-state physician
 1093 verifying his or her knowledge of this state's eligibility
 1094 guidelines.

1095 Section 12. Paragraph (c) of subsection (1) of section
 1096 381.00315, Florida Statutes, is amended to read:

1097 381.00315 Public health advisories; public health
 1098 emergencies; isolation and quarantines.—The State Health Officer
 1099 is responsible for declaring public health emergencies, issuing
 1100 public health advisories, and ordering isolation or quarantines.

1101 (1) As used in this section, the term:

1102 (c) "Public health emergency" means any occurrence, or
1103 threat thereof, whether natural or manmade, which results or may
1104 result in substantial injury or harm to the public health from
1105 infectious disease, chemical agents, nuclear agents, biological
1106 toxins, or situations involving mass casualties or natural
1107 disasters. Before declaring a public health emergency, the State
1108 Health Officer shall, to the extent possible, consult with the
1109 Governor and shall notify the Chief of Domestic Security. The
1110 declaration of a public health emergency shall continue until
1111 the State Health Officer finds that the threat or danger has
1112 been dealt with to the extent that the emergency conditions no
1113 longer exist and he or she terminates the declaration. However,
1114 a declaration of a public health emergency may not continue for
1115 longer than 60 days unless the Governor concurs in the renewal
1116 of the declaration. The State Health Officer, upon declaration
1117 of a public health emergency, may take actions that are
1118 necessary to protect the public health. Such actions include,
1119 but are not limited to:

1120 1. Directing manufacturers of prescription drugs or over-
1121 the-counter drugs who are permitted under chapter 499 and
1122 wholesalers of prescription drugs located in this state who are
1123 permitted under chapter 499 to give priority to the shipping of
1124 specified drugs to pharmacies and health care providers within
1125 geographic areas that have been identified by the State Health

1126 Officer. The State Health Officer must identify the drugs to be
 1127 shipped. Manufacturers and wholesalers located in the state must
 1128 respond to the State Health Officer's priority shipping
 1129 directive before shipping the specified drugs.

1130 2. Notwithstanding chapters 465 and 499 and rules adopted
 1131 thereunder, directing pharmacists employed by the department to
 1132 compound bulk prescription drugs and provide these bulk
 1133 prescription drugs to physicians and nurses of county health
 1134 departments or any qualified person authorized by the State
 1135 Health Officer for administration to persons as part of a
 1136 prophylactic or treatment regimen.

1137 3. Notwithstanding s. 456.036, temporarily reactivating
 1138 the inactive license or registration of the following health
 1139 care practitioners, when such practitioners are needed to
 1140 respond to the public health emergency: physicians, autonomous
 1141 physician assistants, or physician assistants licensed or
 1142 registered under chapter 458 or chapter 459; ~~physician~~
 1143 ~~assistants licensed under chapter 458 or chapter 459;~~ licensed
 1144 practical nurses, registered nurses, and advanced practice
 1145 registered nurses licensed under part I of chapter 464;
 1146 respiratory therapists licensed under part V of chapter 468; and
 1147 emergency medical technicians and paramedics certified under
 1148 part III of chapter 401. Only those health care practitioners
 1149 specified in this paragraph who possess an unencumbered inactive
 1150 license and who request that such license be reactivated are

1151 eligible for reactivation. An inactive license that is
1152 reactivated under this paragraph shall return to inactive status
1153 when the public health emergency ends or before the end of the
1154 public health emergency if the State Health Officer determines
1155 that the health care practitioner is no longer needed to provide
1156 services during the public health emergency. Such licenses may
1157 only be reactivated for a period not to exceed 90 days without
1158 meeting the requirements of s. 456.036 or chapter 401, as
1159 applicable.

1160 4. Ordering an individual to be examined, tested,
1161 vaccinated, treated, isolated, or quarantined for communicable
1162 diseases that have significant morbidity or mortality and
1163 present a severe danger to public health. Individuals who are
1164 unable or unwilling to be examined, tested, vaccinated, or
1165 treated for reasons of health, religion, or conscience may be
1166 subjected to isolation or quarantine.

1167 a. Examination, testing, vaccination, or treatment may be
1168 performed by any qualified person authorized by the State Health
1169 Officer.

1170 b. If the individual poses a danger to the public health,
1171 the State Health Officer may subject the individual to isolation
1172 or quarantine. If there is no practical method to isolate or
1173 quarantine the individual, the State Health Officer may use any
1174 means necessary to vaccinate or treat the individual.
1175

1176 Any order of the State Health Officer given to effectuate this
 1177 paragraph shall be immediately enforceable by a law enforcement
 1178 officer under s. 381.0012.

1179 Section 13. Subsection (3) of section 381.00593, Florida
 1180 Statutes, is amended to read:

1181 381.00593 Public school volunteer health care practitioner
 1182 program.—

1183 (3) For purposes of this section, the term "health care
 1184 practitioner" means a physician or autonomous physician
 1185 assistant licensed or registered under chapter 458; an
 1186 osteopathic physician or autonomous physician assistant licensed
 1187 or registered under chapter 459; a chiropractic physician
 1188 licensed under chapter 460; a podiatric physician licensed under
 1189 chapter 461; an optometrist licensed under chapter 463; an
 1190 advanced practice registered nurse, registered nurse, or
 1191 licensed practical nurse licensed under part I of chapter 464; a
 1192 pharmacist licensed under chapter 465; a dentist or dental
 1193 hygienist licensed under chapter 466; a midwife licensed under
 1194 chapter 467; a speech-language pathologist or audiologist
 1195 licensed under part I of chapter 468; a dietitian/nutritionist
 1196 licensed under part X of chapter 468; or a physical therapist
 1197 licensed under chapter 486.

1198 Section 14. Paragraph (c) of subsection (2) of section
 1199 381.026, Florida Statutes, is amended to read:

1200 381.026 Florida Patient's Bill of Rights and

1201 Responsibilities.—

1202 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1203 the term:

1204 (c) "Health care provider" means a physician licensed
1205 under chapter 458, an osteopathic physician licensed under
1206 chapter 459, a podiatric physician licensed under chapter 461,
1207 an autonomous physician assistant registered under s.
1208 458.347(8), or an advanced practice registered nurse registered
1209 under s. 464.0123.

1210 Section 15. Paragraph (a) of subsection (2) and
1211 subsections (3) and (5) of section 382.008, Florida Statutes,
1212 are amended to read:

1213 382.008 Death, fetal death, and nonviable birth
1214 registration.—

1215 (2) (a) The funeral director who first assumes custody of a
1216 dead body or fetus shall file the certificate of death or fetal
1217 death. In the absence of the funeral director, the physician,
1218 autonomous physician assistant, advanced practice registered
1219 nurse registered under s. 464.0123, or other person in
1220 attendance at or after the death or the district medical
1221 examiner of the county in which the death occurred or the body
1222 was found shall file the certificate of death or fetal death.
1223 The person who files the certificate shall obtain personal data
1224 from a legally authorized person as described in s. 497.005 or
1225 the best qualified person or source available. The medical

1226 certification of cause of death shall be furnished to the
1227 funeral director, either in person or via certified mail or
1228 electronic transfer, by the physician, autonomous physician
1229 assistant, advanced practice registered nurse registered under
1230 s. 464.0123, or medical examiner responsible for furnishing such
1231 information. For fetal deaths, the physician, advanced practice
1232 registered nurse registered under s. 464.0123, midwife, or
1233 hospital administrator shall provide any medical or health
1234 information to the funeral director within 72 hours after
1235 expulsion or extraction.

1236 (3) Within 72 hours after receipt of a death or fetal
1237 death certificate from the funeral director, the medical
1238 certification of cause of death shall be completed and made
1239 available to the funeral director by the decedent's primary or
1240 attending practitioner or, if s. 382.011 applies, the district
1241 medical examiner of the county in which the death occurred or
1242 the body was found. The primary or attending practitioner or the
1243 medical examiner shall certify over his or her signature the
1244 cause of death to the best of his or her knowledge and belief.
1245 As used in this section, the term "primary or attending
1246 practitioner" means a physician, autonomous physician assistant,
1247 or advanced practice registered nurse registered under s.
1248 464.0123 who treated the decedent through examination, medical
1249 advice, or medication during the 12 months preceding the date of
1250 death.

1251 (a) The department may grant the funeral director an
 1252 extension of time upon a good and sufficient showing of any of
 1253 the following conditions:

1254 1. An autopsy is pending.

1255 2. Toxicology, laboratory, or other diagnostic reports
 1256 have not been completed.

1257 3. The identity of the decedent is unknown and further
 1258 investigation or identification is required.

1259 (b) If the decedent's primary or attending practitioner or
 1260 the district medical examiner of the county in which the death
 1261 occurred or the body was found indicates that he or she will
 1262 sign and complete the medical certification of cause of death
 1263 but will not be available until after the 5-day registration
 1264 deadline, the local registrar may grant an extension of 5 days.
 1265 If a further extension is required, the funeral director must
 1266 provide written justification to the registrar.

1267 (5) A permanent certificate of death or fetal death,
 1268 containing the cause of death and any other information that was
 1269 previously unavailable, shall be registered as a replacement for
 1270 the temporary certificate. The permanent certificate may also
 1271 include corrected information if the items being corrected are
 1272 noted on the back of the certificate and dated and signed by the
 1273 funeral director, physician, autonomous physician assistant,
 1274 advanced practice registered nurse registered under s. 464.0123,
 1275 or district medical examiner of the county in which the death

1276 | occurred or the body was found, as appropriate.

1277 | Section 16. Paragraph (c) of subsection (1) of section
1278 | 383.14, Florida Statutes, is amended to read:

1279 | 383.14 Screening for metabolic disorders, other hereditary
1280 | and congenital disorders, and environmental risk factors.—

1281 | (1) SCREENING REQUIREMENTS.—To help ensure access to the
1282 | maternal and child health care system, the Department of Health
1283 | shall promote the screening of all newborns born in Florida for
1284 | metabolic, hereditary, and congenital disorders known to result
1285 | in significant impairment of health or intellect, as screening
1286 | programs accepted by current medical practice become available
1287 | and practical in the judgment of the department. The department
1288 | shall also promote the identification and screening of all
1289 | newborns in this state and their families for environmental risk
1290 | factors such as low income, poor education, maternal and family
1291 | stress, emotional instability, substance abuse, and other high-
1292 | risk conditions associated with increased risk of infant
1293 | mortality and morbidity to provide early intervention,
1294 | remediation, and prevention services, including, but not limited
1295 | to, parent support and training programs, home visitation, and
1296 | case management. Identification, perinatal screening, and
1297 | intervention efforts shall begin before ~~prior to~~ and immediately
1298 | following the birth of the child by the attending health care
1299 | provider. Such efforts shall be conducted in hospitals,
1300 | perinatal centers, county health departments, school health

1301 programs that provide prenatal care, and birthing centers, and
1302 reported to the Office of Vital Statistics.

1303 (c) *Release of screening results.*—Notwithstanding any law
1304 to the contrary, the State Public Health Laboratory may release,
1305 directly or through the Children's Medical Services program, the
1306 results of a newborn's hearing and metabolic tests or screenings
1307 to the newborn's health care practitioner, the newborn's parent
1308 or legal guardian, the newborn's personal representative, or a
1309 person designated by the newborn's parent or legal guardian. As
1310 used in this paragraph, the term "health care practitioner"
1311 means a physician, an autonomous physician assistant, or a
1312 physician assistant licensed or registered under chapter 458; an
1313 osteopathic physician, an autonomous physician assistant, or a
1314 physician assistant licensed or registered under chapter 459; an
1315 advanced practice registered nurse, registered nurse, or
1316 licensed practical nurse licensed under part I of chapter 464; a
1317 midwife licensed under chapter 467; a speech-language
1318 pathologist or audiologist licensed under part I of chapter 468;
1319 or a dietician or nutritionist licensed under part X of chapter
1320 468.

1321 Section 17. Paragraph (a) of subsection (3) of section
1322 390.0111, Florida Statutes, is amended to read:

1323 390.0111 Termination of pregnancies.—

1324 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1325 be performed or induced except with the voluntary and informed

1326 | written consent of the pregnant woman or, in the case of a
 1327 | mental incompetent, the voluntary and informed written consent
 1328 | of her court-appointed guardian.

1329 | (a) Except in the case of a medical emergency, consent to
 1330 | a termination of pregnancy is voluntary and informed only if:

1331 | 1. The physician who is to perform the procedure, or the
 1332 | referring physician, has, at a minimum, orally, while physically
 1333 | present in the same room, and at least 24 hours before the
 1334 | procedure, informed the woman of:

1335 | a. The nature and risks of undergoing or not undergoing
 1336 | the proposed procedure that a reasonable patient would consider
 1337 | material to making a knowing and willful decision of whether to
 1338 | terminate a pregnancy.

1339 | b. The probable gestational age of the fetus, verified by
 1340 | an ultrasound, at the time the termination of pregnancy is to be
 1341 | performed.

1342 | (I) The ultrasound must be performed by the physician who
 1343 | is to perform the abortion or by a person having documented
 1344 | evidence that he or she has completed a course in the operation
 1345 | of ultrasound equipment as prescribed by rule and who is working
 1346 | in conjunction with the physician.

1347 | (II) The person performing the ultrasound must offer the
 1348 | woman the opportunity to view the live ultrasound images and
 1349 | hear an explanation of them. If the woman accepts the
 1350 | opportunity to view the images and hear the explanation, a

1351 physician or a registered nurse, a licensed practical nurse, an
1352 advanced practice registered nurse, an autonomous physician
1353 assistant, or a physician assistant working in conjunction with
1354 the physician must contemporaneously review and explain the
1355 images to the woman before the woman gives informed consent to
1356 having an abortion procedure performed.

1357 (III) The woman has a right to decline to view and hear
1358 the explanation of the live ultrasound images after she is
1359 informed of her right and offered an opportunity to view the
1360 images and hear the explanation. If the woman declines, the
1361 woman shall complete a form acknowledging that she was offered
1362 an opportunity to view and hear the explanation of the images
1363 but that she declined that opportunity. The form must also
1364 indicate that the woman's decision was not based on any undue
1365 influence from any person to discourage her from viewing the
1366 images or hearing the explanation and that she declined of her
1367 own free will.

1368 (IV) Unless requested by the woman, the person performing
1369 the ultrasound may not offer the opportunity to view the images
1370 and hear the explanation and the explanation may not be given
1371 if, at the time the woman schedules or arrives for her
1372 appointment to obtain an abortion, a copy of a restraining
1373 order, police report, medical record, or other court order or
1374 documentation is presented which provides evidence that the
1375 woman is obtaining the abortion because the woman is a victim of

1376 rape, incest, domestic violence, or human trafficking or that
1377 the woman has been diagnosed as having a condition that, on the
1378 basis of a physician's good faith clinical judgment, would
1379 create a serious risk of substantial and irreversible impairment
1380 of a major bodily function if the woman delayed terminating her
1381 pregnancy.

1382 c. The medical risks to the woman and fetus of carrying
1383 the pregnancy to term.

1384

1385 The physician may provide the information required in this
1386 subparagraph within 24 hours before the procedure if requested
1387 by the woman at the time she schedules or arrives for her
1388 appointment to obtain an abortion and if she presents to the
1389 physician a copy of a restraining order, police report, medical
1390 record, or other court order or documentation evidencing that
1391 she is obtaining the abortion because she is a victim of rape,
1392 incest, domestic violence, or human trafficking.

1393 2. Printed materials prepared and provided by the
1394 department have been provided to the pregnant woman, if she
1395 chooses to view these materials, including:

1396 a. A description of the fetus, including a description of
1397 the various stages of development.

1398 b. A list of entities that offer alternatives to
1399 terminating the pregnancy.

1400 c. Detailed information on the availability of medical

1401 assistance benefits for prenatal care, childbirth, and neonatal
1402 care.

1403 3. The woman acknowledges in writing, before the
1404 termination of pregnancy, that the information required to be
1405 provided under this subsection has been provided.

1406
1407 Nothing in this paragraph is intended to prohibit a physician
1408 from providing any additional information which the physician
1409 deems material to the woman's informed decision to terminate her
1410 pregnancy.

1411 Section 18. Paragraphs (c), (e), and (f) of subsection (3)
1412 of section 390.012, Florida Statutes, are amended to read:

1413 390.012 Powers of agency; rules; disposal of fetal
1414 remains.—

1415 (3) For clinics that perform or claim to perform abortions
1416 after the first trimester of pregnancy, the agency shall adopt
1417 rules pursuant to ss. 120.536(1) and 120.54 to implement the
1418 provisions of this chapter, including the following:

1419 (c) Rules relating to abortion clinic personnel. At a
1420 minimum, these rules shall require that:

1421 1. The abortion clinic designate a medical director who is
1422 licensed to practice medicine in this state, and all physicians
1423 who perform abortions in the clinic have admitting privileges at
1424 a hospital within reasonable proximity to the clinic, unless the
1425 clinic has a written patient transfer agreement with a hospital

1426 within reasonable proximity to the clinic which includes the
1427 transfer of the patient's medical records held by both the
1428 clinic and the treating physician.

1429 2. If a physician is not present after an abortion is
1430 performed, a registered nurse, licensed practical nurse,
1431 advanced practice registered nurse, autonomous physician
1432 assistant, or physician assistant be present and remain at the
1433 clinic to provide postoperative monitoring and care until the
1434 patient is discharged.

1435 3. Surgical assistants receive training in counseling,
1436 patient advocacy, and the specific responsibilities associated
1437 with the services the surgical assistants provide.

1438 4. Volunteers receive training in the specific
1439 responsibilities associated with the services the volunteers
1440 provide, including counseling and patient advocacy as provided
1441 in the rules adopted by the director for different types of
1442 volunteers based on their responsibilities.

1443 (e) Rules relating to the abortion procedure. At a
1444 minimum, these rules shall require:

1445 1. That a physician, a registered nurse, a licensed
1446 practical nurse, an advanced practice registered nurse, an
1447 autonomous physician assistant, or a physician assistant is
1448 available to all patients throughout the abortion procedure.

1449 2. Standards for the safe conduct of abortion procedures
1450 that conform to obstetric standards in keeping with established

1451 standards of care regarding the estimation of fetal age as
1452 defined in rule.

1453 3. Appropriate use of general and local anesthesia,
1454 analgesia, and sedation if ordered by the physician.

1455 4. Appropriate precautions, such as the establishment of
1456 intravenous access at least for patients undergoing post-first
1457 trimester abortions.

1458 5. Appropriate monitoring of the vital signs and other
1459 defined signs and markers of the patient's status throughout the
1460 abortion procedure and during the recovery period until the
1461 patient's condition is deemed to be stable in the recovery room.

1462 (f) Rules that prescribe minimum recovery room standards.
1463 At a minimum, these rules must require that:

1464 1. Postprocedure recovery rooms be supervised and staffed
1465 to meet the patients' needs.

1466 2. Immediate postprocedure care consist of observation in
1467 a supervised recovery room for as long as the patient's
1468 condition warrants.

1469 3. A registered nurse, licensed practical nurse, advanced
1470 practice registered nurse, autonomous physician assistant, or
1471 physician assistant who is trained in the management of the
1472 recovery area and is capable of providing basic cardiopulmonary
1473 resuscitation and related emergency procedures remain on the
1474 premises of the abortion clinic until all patients are
1475 discharged.

1476 4. A physician sign the discharge order and be readily
1477 accessible and available until the last patient is discharged to
1478 facilitate the transfer of emergency cases if hospitalization of
1479 the patient or viable fetus is necessary.

1480 5. A physician discuss Rho(D) immune globulin with each
1481 patient for whom it is indicated and ensure that it is offered
1482 to the patient in the immediate postoperative period or will be
1483 available to her within 72 hours after completion of the
1484 abortion procedure. If the patient refuses the Rho(D) immune
1485 globulin, she and a witness must sign a refusal form approved by
1486 the agency which must be included in the medical record.

1487 6. Written instructions with regard to postabortion
1488 coitus, signs of possible problems, and general aftercare which
1489 are specific to the patient be given to each patient. The
1490 instructions must include information regarding access to
1491 medical care for complications, including a telephone number for
1492 use in the event of a medical emergency.

1493 7. A minimum length of time be specified, by type of
1494 abortion procedure and duration of gestation, during which a
1495 patient must remain in the recovery room.

1496 8. The physician ensure that, with the patient's consent,
1497 a registered nurse, licensed practical nurse, advanced practice
1498 registered nurse, autonomous physician assistant, or physician
1499 assistant from the abortion clinic makes a good faith effort to
1500 contact the patient by telephone within 24 hours after surgery

1501 to assess the patient's recovery.

1502 9. Equipment and services be readily accessible to provide
 1503 appropriate emergency resuscitative and life support procedures
 1504 pending the transfer of the patient or viable fetus to the
 1505 hospital.

1506 Section 19. Paragraphs (a) and (f) of subsection (2) of
 1507 section 394.463, Florida Statutes, are amended to read:

1508 394.463 Involuntary examination.—

1509 (2) INVOLUNTARY EXAMINATION.—

1510 (a) An involuntary examination may be initiated by any one
 1511 of the following means:

1512 1. A circuit or county court may enter an ex parte order
 1513 stating that a person appears to meet the criteria for
 1514 involuntary examination and specifying the findings on which
 1515 that conclusion is based. The ex parte order for involuntary
 1516 examination must be based on written or oral sworn testimony
 1517 that includes specific facts that support the findings. If other
 1518 less restrictive means are not available, such as voluntary
 1519 appearance for outpatient evaluation, a law enforcement officer,
 1520 or other designated agent of the court, shall take the person
 1521 into custody and deliver him or her to an appropriate, or the
 1522 nearest, facility within the designated receiving system
 1523 pursuant to s. 394.462 for involuntary examination. The order of
 1524 the court shall be made a part of the patient's clinical record.
 1525 A fee may not be charged for the filing of an order under this

1526 subsection. A facility accepting the patient based on this order
1527 must send a copy of the order to the department within 5 working
1528 days. The order may be submitted electronically through existing
1529 data systems, if available. The order shall be valid only until
1530 the person is delivered to the facility or for the period
1531 specified in the order itself, whichever comes first. If a time
1532 limit is not specified in the order, the order is valid for 7
1533 days after the date that the order was signed.

1534 2. A law enforcement officer shall take a person who
1535 appears to meet the criteria for involuntary examination into
1536 custody and deliver the person or have him or her delivered to
1537 an appropriate, or the nearest, facility within the designated
1538 receiving system pursuant to s. 394.462 for examination. The
1539 officer shall execute a written report detailing the
1540 circumstances under which the person was taken into custody,
1541 which must be made a part of the patient's clinical record. Any
1542 facility accepting the patient based on this report must send a
1543 copy of the report to the department within 5 working days.

1544 3. A physician, an autonomous physician assistant, a
1545 clinical psychologist, a psychiatric nurse, an advanced practice
1546 registered nurse registered under s. 464.0123, a mental health
1547 counselor, a marriage and family therapist, or a clinical social
1548 worker may execute a certificate stating that he or she has
1549 examined a person within the preceding 48 hours and finds that
1550 the person appears to meet the criteria for involuntary

1551 examination and stating the observations upon which that
1552 conclusion is based. If other less restrictive means, such as
1553 voluntary appearance for outpatient evaluation, are not
1554 available, a law enforcement officer shall take into custody the
1555 person named in the certificate and deliver him or her to the
1556 appropriate, or nearest, facility within the designated
1557 receiving system pursuant to s. 394.462 for involuntary
1558 examination. The law enforcement officer shall execute a written
1559 report detailing the circumstances under which the person was
1560 taken into custody. The report and certificate shall be made a
1561 part of the patient's clinical record. Any facility accepting
1562 the patient based on this certificate must send a copy of the
1563 certificate to the department within 5 working days. The
1564 document may be submitted electronically through existing data
1565 systems, if applicable.

1566
1567 When sending the order, report, or certificate to the
1568 department, a facility shall, at a minimum, provide information
1569 about which action was taken regarding the patient under
1570 paragraph (g), which information shall also be made a part of
1571 the patient's clinical record.

1572 (f) A patient shall be examined by a physician, an
1573 autonomous physician assistant, or a clinical psychologist, or
1574 ~~by~~ a psychiatric nurse performing within the framework of an
1575 established protocol with a psychiatrist, at a facility without

HB 1299

2021

1576 unnecessary delay to determine if the criteria for involuntary
1577 services are met. Emergency treatment may be provided upon the
1578 order of a physician if the physician determines that such
1579 treatment is necessary for the safety of the patient or others.
1580 The patient may not be released by the receiving facility or its
1581 contractor without the documented approval of a psychiatrist or
1582 a clinical psychologist or, if the receiving facility is owned
1583 or operated by a hospital or health system, the release may also
1584 be approved by a psychiatric nurse performing within the
1585 framework of an established protocol with a psychiatrist, or an
1586 attending emergency department physician with experience in the
1587 diagnosis and treatment of mental illness after completion of an
1588 involuntary examination pursuant to this subsection. A
1589 psychiatric nurse may not approve the release of a patient if
1590 the involuntary examination was initiated by a psychiatrist
1591 unless the release is approved by the initiating psychiatrist.

1592 Section 20. Subsection (3) of section 395.602, Florida
1593 Statutes, is amended to read:

1594 395.602 Rural hospitals.—

1595 (3) USE OF FUNDS.—It is the intent of the Legislature that
1596 funds as appropriated shall be utilized by the department for
1597 the purpose of increasing the number of primary care physicians,
1598 autonomous physician assistants, physician assistants, certified
1599 nurse midwives, nurse practitioners, and nurses in rural areas,
1600 either through the Medical Education Reimbursement and Loan

HB 1299

2021

1601 Repayment Program as defined by s. 1009.65 or through a federal
1602 loan repayment program which requires state matching funds. The
1603 department may use funds appropriated for the Medical Education
1604 Reimbursement and Loan Repayment Program as matching funds for
1605 federal loan repayment programs for health care personnel, such
1606 as that authorized in Pub. L. No. 100-177, s. 203. If the
1607 department receives federal matching funds, the department shall
1608 only implement the federal program. Reimbursement through either
1609 program shall be limited to:

1610 (a) Primary care physicians, autonomous physician
1611 assistants, physician assistants, certified nurse midwives,
1612 nurse practitioners, and nurses employed by or affiliated with
1613 rural hospitals, as defined in this act; and

1614 (b) Primary care physicians, autonomous physician
1615 assistants, physician assistants, certified nurse midwives,
1616 nurse practitioners, and nurses employed by or affiliated with
1617 rural area health education centers, as defined in this section.
1618 These personnel shall practice:

1619 1. In a county with a population density of no greater
1620 than 100 persons per square mile; or

1621 2. Within the boundaries of a hospital tax district which
1622 encompasses a population of no greater than 100 persons per
1623 square mile.

1624

1625 If the department administers a federal loan repayment program,

1626 priority shall be given to obligating state and federal matching
1627 funds pursuant to paragraphs (a) and (b). The department may use
1628 federal matching funds in other health workforce shortage areas
1629 and medically underserved areas in the state for loan repayment
1630 programs for primary care physicians, autonomous physician
1631 assistants, physician assistants, certified nurse midwives,
1632 nurse practitioners, and nurses who are employed by publicly
1633 financed health care programs that serve medically indigent
1634 persons.

1635 Section 21. Paragraph (a) of subsection (2) of section
1636 397.501, Florida Statutes, is amended to read:

1637 397.501 Rights of individuals.—Individuals receiving
1638 substance abuse services from any service provider are
1639 guaranteed protection of the rights specified in this section,
1640 unless otherwise expressly provided, and service providers must
1641 ensure the protection of such rights.

1642 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1643 (a) Service providers may not deny an individual access to
1644 substance abuse services solely on the basis of race, gender,
1645 ethnicity, age, sexual preference, human immunodeficiency virus
1646 status, prior service departures against medical advice,
1647 disability, or number of relapse episodes. Service providers may
1648 not deny an individual who takes medication prescribed by a
1649 physician, an autonomous physician assistant, or an advanced
1650 practice registered nurse registered under s. 464.0123 access to

HB 1299

2021

1651 substance abuse services solely on that basis. Service providers
1652 who receive state funds to provide substance abuse services may
1653 not, if space and sufficient state resources are available, deny
1654 access to services based solely on inability to pay.

1655 Section 22. Section 397.679, Florida Statutes, is amended
1656 to read:

1657 397.679 Emergency admission; circumstances justifying.—A
1658 person who meets the criteria for involuntary admission in s.
1659 397.675 may be admitted to a hospital or to a licensed
1660 detoxification facility or addictions receiving facility for
1661 emergency assessment and stabilization, or to a less intensive
1662 component of a licensed service provider for assessment only,
1663 upon receipt by the facility of a certificate by a physician, an
1664 autonomous physician assistant, an advanced practice registered
1665 nurse, a psychiatric nurse, a clinical psychologist, a clinical
1666 social worker, a marriage and family therapist, a mental health
1667 counselor, a physician assistant working under the scope of
1668 practice of the supervising physician, or a master's-level-
1669 certified addictions professional for substance abuse services,
1670 if the certificate is specific to substance abuse impairment,
1671 and the completion of an application for emergency admission.

1672 Section 23. Subsection (1) of section 397.6793, Florida
1673 Statutes, is amended to read:

1674 397.6793 Professional's certificate for emergency
1675 admission.—

1676 (1) A physician, a clinical psychologist, an autonomous
1677 physician assistant, a physician assistant working under the
1678 scope of practice of the supervising physician, a psychiatric
1679 nurse, an advanced practice registered nurse, a mental health
1680 counselor, a marriage and family therapist, a master's-level-
1681 certified addictions professional for substance abuse services,
1682 or a clinical social worker may execute a professional's
1683 certificate for emergency admission. The professional's
1684 certificate must include the name of the person to be admitted,
1685 the relationship between the person and the professional
1686 executing the certificate, the relationship between the
1687 applicant and the professional, any relationship between the
1688 professional and the licensed service provider, a statement that
1689 the person has been examined and assessed within the preceding 5
1690 days after the application date, and factual allegations with
1691 respect to the need for emergency admission, including:

1692 (a) The reason for the belief that the person is substance
1693 abuse impaired;

1694 (b) The reason for the belief that because of such
1695 impairment the person has lost the power of self-control with
1696 respect to substance abuse; and

1697 (c)1. The reason for the belief that, without care or
1698 treatment, the person is likely to suffer from neglect or refuse
1699 to care for himself or herself; that such neglect or refusal
1700 poses a real and present threat of substantial harm to his or

1701 her well-being; and that it is not apparent that such harm may
 1702 be avoided through the help of willing family members or friends
 1703 or the provision of other services, or there is substantial
 1704 likelihood that the person has inflicted or, unless admitted, is
 1705 likely to inflict, physical harm on himself, herself, or
 1706 another; or

1707 2. The reason for the belief that the person's refusal to
 1708 voluntarily receive care is based on judgment so impaired by
 1709 reason of substance abuse that the person is incapable of
 1710 appreciating his or her need for care and of making a rational
 1711 decision regarding his or her need for care.

1712 Section 24. Subsection (8) of section 400.021, Florida
 1713 Statutes, is amended to read:

1714 400.021 Definitions.—When used in this part, unless the
 1715 context otherwise requires, the term:

1716 (8) "Geriatric outpatient clinic" means a site for
 1717 providing outpatient health care to persons 60 years of age or
 1718 older, which is staffed by a registered nurse, a physician
 1719 assistant, or a licensed practical nurse under the direct
 1720 supervision of a registered nurse, advanced practice registered
 1721 nurse, physician assistant, autonomous physician assistant, or
 1722 physician.

1723 Section 25. Subsection (3) of section 400.172, Florida
 1724 Statutes, is amended to read:

1725 400.172 Respite care provided in nursing home facilities.—

HB 1299

2021

1726 (3) A prospective respite care resident must provide
1727 medical information from a physician, autonomous physician
1728 assistant, physician assistant, or nurse practitioner and any
1729 other information provided by the primary caregiver required by
1730 the facility before or when the person is admitted to receive
1731 respite care. The medical information must include a physician's
1732 order for respite care and proof of a physical examination by a
1733 licensed physician, autonomous physician assistant, physician
1734 assistant, or nurse practitioner. The physician's order and
1735 physical examination may be used to provide intermittent respite
1736 care for up to 12 months after the date the order is written.

1737 Section 26. Section 400.487, Florida Statutes, is amended
1738 to read:

1739 400.487 Home health service agreements; physician's,
1740 autonomous physician assistant's, physician assistant's, and
1741 advanced practice registered nurse's treatment orders; patient
1742 assessment; establishment and review of plan of care; provision
1743 of services; orders not to resuscitate.—

1744 (1) Services provided by a home health agency must be
1745 covered by an agreement between the home health agency and the
1746 patient or the patient's legal representative specifying the
1747 home health services to be provided, the rates or charges for
1748 services paid with private funds, and the sources of payment,
1749 which may include Medicare, Medicaid, private insurance,
1750 personal funds, or a combination thereof. A home health agency

1751 providing skilled care must make an assessment of the patient's
1752 needs within 48 hours after the start of services.

1753 (2) When required by ~~the provisions of~~ chapter 464; part
1754 I, part III, or part V of chapter 468; or chapter 486, the
1755 attending physician, autonomous physician assistant, physician
1756 assistant, or advanced practice registered nurse, acting within
1757 his or her respective scope of practice, shall establish
1758 treatment orders for a patient who is to receive skilled care.
1759 The treatment orders must be signed by the physician, autonomous
1760 physician assistant, physician assistant, or advanced practice
1761 registered nurse before a claim for payment for the skilled
1762 services is submitted by the home health agency. If the claim is
1763 submitted to a managed care organization, the treatment orders
1764 must be signed within the time allowed under the provider
1765 agreement. The treatment orders shall be reviewed, as frequently
1766 as the patient's illness requires, by the physician, autonomous
1767 physician assistant, physician assistant, or advanced practice
1768 registered nurse in consultation with the home health agency.

1769 (3) A home health agency shall arrange for supervisory
1770 visits by a registered nurse to the home of a patient receiving
1771 home health aide services in accordance with the patient's
1772 direction, approval, and agreement to pay the charge for the
1773 visits.

1774 (4) Each patient has the right to be informed of and to
1775 participate in the planning of his or her care. Each patient

1776 | must be provided, upon request, a copy of the plan of care
 1777 | established and maintained for that patient by the home health
 1778 | agency.

1779 | (5) When nursing services are ordered, the home health
 1780 | agency to which a patient has been admitted for care must
 1781 | provide the initial admission visit, all service evaluation
 1782 | visits, and the discharge visit by a direct employee. Services
 1783 | provided by others under contractual arrangements to a home
 1784 | health agency must be monitored and managed by the admitting
 1785 | home health agency. The admitting home health agency is fully
 1786 | responsible for ensuring that all care provided through its
 1787 | employees or contract staff is delivered in accordance with this
 1788 | part and applicable rules.

1789 | (6) The skilled care services provided by a home health
 1790 | agency, directly or under contract, must be supervised and
 1791 | coordinated in accordance with the plan of care.

1792 | (7) Home health agency personnel may withhold or withdraw
 1793 | cardiopulmonary resuscitation if presented with an order not to
 1794 | resuscitate executed pursuant to s. 401.45. The agency shall
 1795 | adopt rules providing for the implementation of such orders.
 1796 | Home health personnel and agencies shall not be subject to
 1797 | criminal prosecution or civil liability, nor be considered to
 1798 | have engaged in negligent or unprofessional conduct, for
 1799 | withholding or withdrawing cardiopulmonary resuscitation
 1800 | pursuant to such an order and rules adopted by the agency.

1801 Section 27. Paragraph (a) of subsection (13) of section
 1802 400.506, Florida Statutes, is amended to read:

1803 400.506 Licensure of nurse registries; requirements;
 1804 penalties.—

1805 (13) All persons referred for contract in private
 1806 residences by a nurse registry must comply with the following
 1807 requirements for a plan of treatment:

1808 (a) When, in accordance with the privileges and
 1809 restrictions imposed upon a nurse under part I of chapter 464,
 1810 the delivery of care to a patient is under the direction or
 1811 supervision of a physician or when a physician or an autonomous
 1812 physician assistant is responsible for the medical care of the
 1813 patient, a medical plan of treatment must be established for
 1814 each patient receiving care or treatment provided by a licensed
 1815 nurse in the home. The original medical plan of treatment must
 1816 be timely signed by the physician, autonomous physician
 1817 assistant, physician assistant, or advanced practice registered
 1818 nurse, acting within his or her respective scope of practice,
 1819 and reviewed in consultation with the licensed nurse at least
 1820 every 2 months. Any additional order or change in orders must be
 1821 obtained from the physician, autonomous physician assistant,
 1822 physician assistant, or advanced practice registered nurse and
 1823 reduced to writing and timely signed by the physician,
 1824 autonomous physician assistant, physician assistant, or advanced
 1825 practice registered nurse. The delivery of care under a medical

1826 | plan of treatment must be substantiated by the appropriate
1827 | nursing notes or documentation made by the nurse in compliance
1828 | with nursing practices established under part I of chapter 464.

1829 | Section 28. Subsections (5) and (7) of section 400.9973,
1830 | Florida Statutes, are amended to read:

1831 | 400.9973 Client admission, transfer, and discharge.—

1832 | (5) A client admitted to a transitional living facility
1833 | must be admitted upon prescription by a licensed physician,
1834 | autonomous physician assistant, physician assistant, or advanced
1835 | practice registered nurse and must remain under the care of a
1836 | licensed physician, autonomous physician assistant, physician
1837 | assistant, or advanced practice registered nurse for the
1838 | duration of the client's stay in the facility.

1839 | (7) A person may not be admitted to a transitional living
1840 | facility if the person:

1841 | (a) Presents significant risk of infection to other
1842 | clients or personnel. A health care practitioner must provide
1843 | documentation that the person is free of apparent signs and
1844 | symptoms of communicable disease;

1845 | (b) Is a danger to himself or herself or others as
1846 | determined by a physician, autonomous physician assistant,
1847 | physician assistant, advanced practice registered nurse, or a
1848 | mental health practitioner licensed under chapter 490 or chapter
1849 | 491, unless the facility provides adequate staffing and support
1850 | to ensure patient safety;

1851 (c) Is bedridden; or

1852 (d) Requires 24-hour nursing supervision.

1853 Section 29. Paragraphs (a) and (b) of subsection (2) of
1854 section 400.9974, Florida Statutes, are amended to read:

1855 400.9974 Client comprehensive treatment plans; client
1856 services.—

1857 (2) The comprehensive treatment plan must include:

1858 (a) Orders obtained from the physician, autonomous
1859 physician assistant, physician assistant, or advanced practice
1860 registered nurse and the client's diagnosis, medical history,
1861 physical examination, and rehabilitative or restorative needs.

1862 (b) A preliminary nursing evaluation, including orders for
1863 immediate care provided by the physician, autonomous physician
1864 assistant, physician assistant, or advanced practice registered
1865 nurse, which shall be completed when the client is admitted.

1866 Section 30. Section 400.9976, Florida Statutes, is amended
1867 to read:

1868 400.9976 Administration of medication.—

1869 (1) An individual medication administration record must be
1870 maintained for each client. A dose of medication, including a
1871 self-administered dose, shall be properly recorded in the
1872 client's record. A client who self-administers medication shall
1873 be given a pill organizer. Medication must be placed in the pill
1874 organizer by a nurse. A nurse shall document the date and time
1875 that medication is placed into each client's pill organizer. All

1876 medications must be administered in compliance with orders of a
1877 physician, autonomous physician assistant, physician assistant,
1878 or advanced practice registered nurse.

1879 (2) If an interdisciplinary team determines that self-
1880 administration of medication is an appropriate objective, and if
1881 the physician, autonomous physician assistant, physician
1882 assistant, or advanced practice registered nurse does not
1883 specify otherwise, the client must be instructed by the
1884 physician, autonomous physician assistant, physician assistant,
1885 or advanced practice registered nurse to self-administer his or
1886 her medication without the assistance of a staff person. All
1887 forms of self-administration of medication, including
1888 administration orally, by injection, and by suppository, shall
1889 be included in the training. The client's physician, autonomous
1890 physician assistant, physician assistant, or advanced practice
1891 registered nurse must be informed of the interdisciplinary
1892 team's decision that self-administration of medication is an
1893 objective for the client. A client may not self-administer
1894 medication until he or she demonstrates the competency to take
1895 the correct medication in the correct dosage at the correct
1896 time, to respond to missed doses, and to contact the appropriate
1897 person with questions.

1898 (3) Medication administration discrepancies and adverse
1899 drug reactions must be recorded and reported immediately to a
1900 physician, an autonomous physician assistant, a physician

1901 assistant, or an advanced practice registered nurse.

1902 Section 31. Subsections (2) through (5) of section
1903 400.9979, Florida Statutes, are amended to read:

1904 400.9979 Restraint and seclusion; client safety.—

1905 (2) The use of physical restraints must be ordered and
1906 documented by a physician, autonomous physician assistant,
1907 physician assistant, or advanced practice registered nurse and
1908 must be consistent with the policies and procedures adopted by
1909 the facility. The client or, if applicable, the client's
1910 representative shall be informed of the facility's physical
1911 restraint policies and procedures when the client is admitted.

1912 (3) The use of chemical restraints shall be limited to
1913 prescribed dosages of medications as ordered by a physician, an
1914 autonomous physician assistant, a physician assistant, or an
1915 advanced practice registered nurse and must be consistent with
1916 the client's diagnosis and the policies and procedures adopted
1917 by the facility. The client and, if applicable, the client's
1918 representative shall be informed of the facility's chemical
1919 restraint policies and procedures when the client is admitted.

1920 (4) Based on the assessment by a physician, an autonomous
1921 physician assistant, a physician assistant, or an advanced
1922 practice registered nurse, if a client exhibits symptoms that
1923 present an immediate risk of injury or death to himself or
1924 herself or others, a physician, physician assistant, or advanced
1925 practice registered nurse may issue an emergency treatment order

1926 to immediately administer rapid-response psychotropic
 1927 medications or other chemical restraints. Each emergency
 1928 treatment order must be documented and maintained in the
 1929 client's record.

1930 (a) An emergency treatment order is not effective for more
 1931 than 24 hours.

1932 (b) Whenever a client is medicated under this subsection,
 1933 the client's representative or a responsible party and the
 1934 client's physician, autonomous physician assistant, physician
 1935 assistant, or advanced practice registered nurse shall be
 1936 notified as soon as practicable.

1937 (5) A client who is prescribed and receives a medication
 1938 that can serve as a chemical restraint for a purpose other than
 1939 an emergency treatment order must be evaluated by his or her
 1940 physician, autonomous physician assistant, physician assistant,
 1941 or advanced practice registered nurse at least monthly to
 1942 assess:

1943 (a) The continued need for the medication.

1944 (b) The level of the medication in the client's blood.

1945 (c) The need for adjustments to the prescription.

1946 Section 32. Subsections (1) and (2) of section 401.445,
 1947 Florida Statutes, are amended to read:

1948 401.445 Emergency examination and treatment of
 1949 incapacitated persons.—

1950 (1) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in

1951 | this state against any emergency medical technician, paramedic,
 1952 | or physician as defined in this chapter, any advanced practice
 1953 | registered nurse licensed under s. 464.012, or any autonomous
 1954 | physician assistant or physician assistant registered or
 1955 | licensed under s. 458.347 or s. 459.022, or any person acting
 1956 | under the direct medical supervision of a physician, in an
 1957 | action brought for examining or treating a patient without his
 1958 | or her informed consent if:

1959 | (a) The patient at the time of examination or treatment is
 1960 | intoxicated, under the influence of drugs, or otherwise
 1961 | incapable of providing informed consent as provided in s.
 1962 | 766.103;

1963 | (b) The patient at the time of examination or treatment is
 1964 | experiencing an emergency medical condition; and

1965 | (c) The patient would reasonably, under all the
 1966 | surrounding circumstances, undergo such examination, treatment,
 1967 | or procedure if he or she were advised by the emergency medical
 1968 | technician, paramedic, physician, advanced practice registered
 1969 | nurse, autonomous physician assistant, or physician assistant in
 1970 | accordance with s. 766.103(3).

1971 |
 1972 | Examination and treatment provided under this subsection shall
 1973 | be limited to reasonable examination of the patient to determine
 1974 | the medical condition of the patient and treatment reasonably
 1975 | necessary to alleviate the emergency medical condition or to

1976 stabilize the patient.

1977 (2) In examining and treating a person who is apparently
 1978 intoxicated, under the influence of drugs, or otherwise
 1979 incapable of providing informed consent, the emergency medical
 1980 technician, paramedic, physician, advanced practice registered
 1981 nurse, autonomous physician assistant, or physician assistant,
 1982 or any person acting under the direct medical supervision of a
 1983 physician, shall proceed wherever possible with the consent of
 1984 the person. If the person reasonably appears to be incapacitated
 1985 and refuses his or her consent, the person may be examined,
 1986 treated, or taken to a hospital or other appropriate treatment
 1987 resource if he or she is in need of emergency attention, without
 1988 his or her consent, but unreasonable force shall not be used.

1989 Section 33. Subsection (18) of section 409.906, Florida
 1990 Statutes, is amended to read:

1991 409.906 Optional Medicaid services.—Subject to specific
 1992 appropriations, the agency may make payments for services which
 1993 are optional to the state under Title XIX of the Social Security
 1994 Act and are furnished by Medicaid providers to recipients who
 1995 are determined to be eligible on the dates on which the services
 1996 were provided. Any optional service that is provided shall be
 1997 provided only when medically necessary and in accordance with
 1998 state and federal law. Optional services rendered by providers
 1999 in mobile units to Medicaid recipients may be restricted or
 2000 prohibited by the agency. Nothing in this section shall be

2001 construed to prevent or limit the agency from adjusting fees,
 2002 reimbursement rates, lengths of stay, number of visits, or
 2003 number of services, or making any other adjustments necessary to
 2004 comply with the availability of moneys and any limitations or
 2005 directions provided for in the General Appropriations Act or
 2006 chapter 216. If necessary to safeguard the state's systems of
 2007 providing services to elderly and disabled persons and subject
 2008 to the notice and review provisions of s. 216.177, the Governor
 2009 may direct the Agency for Health Care Administration to amend
 2010 the Medicaid state plan to delete the optional Medicaid service
 2011 known as "Intermediate Care Facilities for the Developmentally
 2012 Disabled." Optional services may include:

2013 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
 2014 all services provided to a recipient by an autonomous physician
 2015 assistant or a physician assistant registered or licensed under
 2016 s. 458.347 or s. 459.022. Reimbursement for such services must
 2017 be not less than 80 percent of the reimbursement that would be
 2018 paid to a physician who provided the same services.

2019 Section 34. Paragraph (m) of subsection (3) of section
 2020 409.908, Florida Statutes, is amended to read:

2021 409.908 Reimbursement of Medicaid providers.—Subject to
 2022 specific appropriations, the agency shall reimburse Medicaid
 2023 providers, in accordance with state and federal law, according
 2024 to methodologies set forth in the rules of the agency and in
 2025 policy manuals and handbooks incorporated by reference therein.

2026 These methodologies may include fee schedules, reimbursement
2027 methods based on cost reporting, negotiated fees, competitive
2028 bidding pursuant to s. 287.057, and other mechanisms the agency
2029 considers efficient and effective for purchasing services or
2030 goods on behalf of recipients. If a provider is reimbursed based
2031 on cost reporting and submits a cost report late and that cost
2032 report would have been used to set a lower reimbursement rate
2033 for a rate semester, then the provider's rate for that semester
2034 shall be retroactively calculated using the new cost report, and
2035 full payment at the recalculated rate shall be effected
2036 retroactively. Medicare-granted extensions for filing cost
2037 reports, if applicable, shall also apply to Medicaid cost
2038 reports. Payment for Medicaid compensable services made on
2039 behalf of Medicaid eligible persons is subject to the
2040 availability of moneys and any limitations or directions
2041 provided for in the General Appropriations Act or chapter 216.
2042 Further, nothing in this section shall be construed to prevent
2043 or limit the agency from adjusting fees, reimbursement rates,
2044 lengths of stay, number of visits, or number of services, or
2045 making any other adjustments necessary to comply with the
2046 availability of moneys and any limitations or directions
2047 provided for in the General Appropriations Act, provided the
2048 adjustment is consistent with legislative intent.

2049 (3) Subject to any limitations or directions provided for
2050 in the General Appropriations Act, the following Medicaid

2051 services and goods may be reimbursed on a fee-for-service basis.
 2052 For each allowable service or goods furnished in accordance with
 2053 Medicaid rules, policy manuals, handbooks, and state and federal
 2054 law, the payment shall be the amount billed by the provider, the
 2055 provider's usual and customary charge, or the maximum allowable
 2056 fee established by the agency, whichever amount is less, with
 2057 the exception of those services or goods for which the agency
 2058 makes payment using a methodology based on capitation rates,
 2059 average costs, or negotiated fees.

2060 (m) Autonomous physician assistant and physician assistant
 2061 services.

2062 Section 35. Paragraphs (c) through (bb) of subsection (1)
 2063 of section 409.973, Florida Statutes, are redesignated as
 2064 paragraphs (d) through (cc), respectively, and a new paragraph
 2065 (c) is added to that subsection, to read:

2066 409.973 Benefits.—

2067 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
 2068 minimum, the following services:

2069 (c) Autonomous physician assistant services.

2070 Section 36. Subsections (3) and (5) of section 429.26,
 2071 Florida Statutes, are amended to read:

2072 429.26 Appropriateness of placements; examinations of
 2073 residents.—

2074 (3) A physician, an autonomous physician assistant, a
 2075 physician assistant, or an advanced practice registered nurse

2076 | who is employed by an assisted living facility to provide an
2077 | initial examination for admission purposes may not have
2078 | financial interests in the facility.

2079 | (5) Each resident must have been examined by a licensed
2080 | physician, a registered autonomous physician assistant, a
2081 | licensed physician assistant, or a licensed advanced practice
2082 | registered nurse within 60 days before admission to the facility
2083 | or within 30 days after admission to the facility, except as
2084 | provided in s. 429.07. The information from the medical
2085 | examination must be recorded on the practitioner's form or on a
2086 | form adopted by agency rule. The medical examination form,
2087 | signed only by the practitioner, must be submitted to the owner
2088 | or administrator of the facility, who shall use the information
2089 | contained therein to assist in the determination of the
2090 | appropriateness of the resident's admission to or continued
2091 | residency in the facility. The medical examination form may only
2092 | be used to record the practitioner's direct observation of the
2093 | patient at the time of examination and must include the
2094 | patient's medical history. Such form does not guarantee
2095 | admission to, continued residency in, or the delivery of
2096 | services at the facility and must be used only as an informative
2097 | tool to assist in the determination of the appropriateness of
2098 | the resident's admission to or continued residency in the
2099 | facility. The medical examination form, reflecting the
2100 | resident's condition on the date the examination is performed,

2101 becomes a permanent part of the facility's record of the
 2102 resident and must be made available to the agency during
 2103 inspection or upon request. An assessment that has been
 2104 completed through the Comprehensive Assessment and Review for
 2105 Long-Term Care Services (CARES) Program fulfills the
 2106 requirements for a medical examination under this subsection and
 2107 s. 429.07(3)(b)6.

2108 Section 37. Paragraph (a) of subsection (2) and paragraph
 2109 (a) of subsection (7) of section 429.918, Florida Statutes, are
 2110 amended to read:

2111 429.918 Licensure designation as a specialized Alzheimer's
 2112 services adult day care center.—

2113 (2) As used in this section, the term:

2114 (a) "ADRD participant" means a participant who has a
 2115 documented diagnosis of Alzheimer's disease or a dementia-
 2116 related disorder (ADRD) from a licensed physician, a registered
 2117 autonomous physician assistant, a licensed physician assistant,
 2118 or a licensed advanced practice registered nurse.

2119 (7)(a) An ADRD participant admitted to an adult day care
 2120 center having a license designated under this section, or the
 2121 caregiver when applicable, must:

2122 1. Require ongoing supervision to maintain the highest
 2123 level of medical or custodial functioning and have a
 2124 demonstrated need for a responsible party to oversee his or her
 2125 care.

2126 2. Not actively demonstrate aggressive behavior that
2127 places himself, herself, or others at risk of harm.

2128 3. Provide the following medical documentation signed by a
2129 licensed physician, a registered autonomous physician assistant,
2130 a licensed physician assistant, or a licensed advanced practice
2131 registered nurse:

2132 a. Any physical, health, or emotional conditions that
2133 require medical care.

2134 b. A listing of the ADRD participant's current prescribed
2135 and over-the-counter medications and dosages, diet restrictions,
2136 mobility restrictions, and other physical limitations.

2137 4. Provide documentation signed by a health care provider
2138 licensed in this state which indicates that the ADRD participant
2139 is free of the communicable form of tuberculosis and free of
2140 signs and symptoms of other communicable diseases.

2141 Section 38. Paragraph (e) of subsection (5) of section
2142 440.102, Florida Statutes, is amended to read:

2143 440.102 Drug-free workplace program requirements.—The
2144 following provisions apply to a drug-free workplace program
2145 implemented pursuant to law or to rules adopted by the Agency
2146 for Health Care Administration:

2147 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2148 collection and testing for drugs under this section shall be
2149 performed in accordance with the following procedures:

2150 (e) A specimen for a drug test may be taken or collected

2151 | by any of the following persons:

2152 | 1. A physician, an autonomous physician assistant, a
 2153 | physician assistant, a registered professional nurse, a licensed
 2154 | practical nurse, or a nurse practitioner or a certified
 2155 | paramedic who is present at the scene of an accident for the
 2156 | purpose of rendering emergency medical service or treatment.

2157 | 2. A qualified person employed by a licensed or certified
 2158 | laboratory as described in subsection (9).

2159 | Section 39. Section 456.0391, Florida Statutes, is amended
 2160 | to read:

2161 | 456.0391 Advanced practice registered nurses and
 2162 | autonomous physician assistants; information required for
 2163 | licensure or registration.-

2164 | (1) (a) Each person who applies for initial licensure under
 2165 | s. 464.012 or initial registration under s. 458.347(8) or s.
 2166 | 459.022(8) must, at the time of application, and each person
 2167 | licensed under s. 464.012 or registered under s. 458.347(8) or
 2168 | s. 459.022(8) who applies for licensure or registration renewal
 2169 | must, in conjunction with the renewal of such licensure or
 2170 | registration and under procedures adopted by the Department of
 2171 | Health, and in addition to any other information that may be
 2172 | required from the applicant, furnish the following information
 2173 | to the Department of Health:

2174 | 1. The name of each school or training program that the
 2175 | applicant has attended, with the months and years of attendance

2176 and the month and year of graduation, and a description of all
2177 graduate professional education completed by the applicant,
2178 excluding any coursework taken to satisfy continuing education
2179 requirements.

2180 2. The name of each location at which the applicant
2181 practices.

2182 3. The address at which the applicant will primarily
2183 conduct his or her practice.

2184 4. Any certification or designation that the applicant has
2185 received from a specialty or certification board that is
2186 recognized or approved by the regulatory board or department to
2187 which the applicant is applying.

2188 5. The year that the applicant received initial
2189 certification, ~~or licensure,~~ or registration and began
2190 practicing the profession in any jurisdiction and the year that
2191 the applicant received initial certification, ~~or licensure,~~ or
2192 registration in this state.

2193 6. Any appointment which the applicant currently holds to
2194 the faculty of a school related to the profession and an
2195 indication as to whether the applicant has had the
2196 responsibility for graduate education within the most recent 10
2197 years.

2198 7. A description of any criminal offense of which the
2199 applicant has been found guilty, regardless of whether
2200 adjudication of guilt was withheld, or to which the applicant

2201 has pled guilty or nolo contendere. A criminal offense committed
2202 in another jurisdiction which would have been a felony or
2203 misdemeanor if committed in this state must be reported. If the
2204 applicant indicates that a criminal offense is under appeal and
2205 submits a copy of the notice for appeal of that criminal
2206 offense, the department must state that the criminal offense is
2207 under appeal if the criminal offense is reported in the
2208 applicant's profile. If the applicant indicates to the
2209 department that a criminal offense is under appeal, the
2210 applicant must, within 15 days after the disposition of the
2211 appeal, submit to the department a copy of the final written
2212 order of disposition.

2213 8. A description of any final disciplinary action taken
2214 within the previous 10 years against the applicant by a
2215 licensing or regulatory body in any jurisdiction, by a specialty
2216 board that is recognized by the board or department, or by a
2217 licensed hospital, health maintenance organization, prepaid
2218 health clinic, ambulatory surgical center, or nursing home.
2219 Disciplinary action includes resignation from or nonrenewal of
2220 staff membership or the restriction of privileges at a licensed
2221 hospital, health maintenance organization, prepaid health
2222 clinic, ambulatory surgical center, or nursing home taken in
2223 lieu of or in settlement of a pending disciplinary case related
2224 to competence or character. If the applicant indicates that the
2225 disciplinary action is under appeal and submits a copy of the

2226 document initiating an appeal of the disciplinary action, the
 2227 department must state that the disciplinary action is under
 2228 appeal if the disciplinary action is reported in the applicant's
 2229 profile.

2230 (b) In addition to the information required under
 2231 paragraph (a), each applicant for initial licensure or
 2232 registration or licensure or registration renewal must provide
 2233 the information required of licensees pursuant to s. 456.049.

2234 (2) The Department of Health shall send a notice to each
 2235 person licensed under s. 464.012 or registered under s.
 2236 458.347(8) or s. 459.022(8) at the licensee's or registrant's
 2237 last known address of record regarding the requirements for
 2238 information to be submitted by such person ~~advanced practice~~
 2239 ~~registered nurses~~ pursuant to this section in conjunction with
 2240 the renewal of such license or registration.

2241 (3) Each person licensed under s. 464.012 or registered
 2242 under s. 458.347(8) or s. 459.022(8) who has submitted
 2243 information pursuant to subsection (1) must update that
 2244 information in writing by notifying the Department of Health
 2245 within 45 days after the occurrence of an event or the
 2246 attainment of a status that is required to be reported by
 2247 subsection (1). Failure to comply with the requirements of this
 2248 subsection to update and submit information constitutes a ground
 2249 for disciplinary action under the applicable practice act
 2250 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the

2251 requirements of this subsection to update and submit
2252 information, the department or board, as appropriate, may:

2253 (a) Refuse to issue a license or registration to any
2254 person applying for initial licensure or registration who fails
2255 to submit and update the required information.

2256 (b) Issue a citation to any certificateholder, ~~or~~
2257 licensee, or registrant who fails to submit and update the
2258 required information and may fine the certificateholder, ~~or~~
2259 licensee, or registrant up to \$50 for each day that the
2260 certificateholder, ~~or~~ licensee, or registrant is not in
2261 compliance with this subsection. The citation must clearly state
2262 that the certificateholder, ~~or~~ licensee, or registrant may
2263 choose, in lieu of accepting the citation, to follow the
2264 procedure under s. 456.073. If the certificateholder, ~~or~~
2265 licensee, or registrant disputes the matter in the citation, the
2266 procedures set forth in s. 456.073 must be followed. However, if
2267 the certificateholder, ~~or~~ licensee, or registrant does not
2268 dispute the matter in the citation with the department within 30
2269 days after the citation is served, the citation becomes a final
2270 order and constitutes discipline. Service of a citation may be
2271 made by personal service or certified mail, restricted delivery,
2272 to the subject at the certificateholder's, ~~or~~ licensee's, or
2273 registrant's last known address.

2274 (4) (a) An applicant for initial licensure under s. 464.012
2275 must submit a set of fingerprints to the Department of Health on

HB 1299

2021

2276 a form and under procedures specified by the department, along
2277 with payment in an amount equal to the costs incurred by the
2278 Department of Health for a national criminal history check of
2279 the applicant.

2280 (b) An applicant for renewed licensure who has not
2281 previously submitted a set of fingerprints to the Department of
2282 Health for purposes of certification must submit a set of
2283 fingerprints to the department as a condition of the initial
2284 renewal of his or her certificate ~~after the effective date of~~
2285 ~~this section~~. The applicant must submit the fingerprints on a
2286 form and under procedures specified by the department, along
2287 with payment in an amount equal to the costs incurred by the
2288 Department of Health for a national criminal history check. For
2289 subsequent renewals, the applicant for renewed licensure must
2290 only submit information necessary to conduct a statewide
2291 criminal history check, along with payment in an amount equal to
2292 the costs incurred by the Department of Health for a statewide
2293 criminal history check.

2294 (c)1. The Department of Health shall submit the
2295 fingerprints provided by an applicant for initial licensure to
2296 the Florida Department of Law Enforcement for a statewide
2297 criminal history check, and the Florida Department of Law
2298 Enforcement shall forward the fingerprints to the Federal Bureau
2299 of Investigation for a national criminal history check of the
2300 applicant.

2301 2. The department shall submit the fingerprints provided
 2302 by an applicant for the initial renewal of licensure to the
 2303 Florida Department of Law Enforcement for a statewide criminal
 2304 history check, and the Florida Department of Law Enforcement
 2305 shall forward the fingerprints to the Federal Bureau of
 2306 Investigation for a national criminal history check for the
 2307 initial renewal of the applicant's certificate after the
 2308 effective date of this section.

2309 3. For any subsequent renewal of the applicant's
 2310 certificate, the department shall submit the required
 2311 information for a statewide criminal history check of the
 2312 applicant to the Florida Department of Law Enforcement.

2313 (d) Any applicant for initial licensure or renewal of
 2314 licensure as an advanced practice registered nurse who submits
 2315 to the Department of Health a set of fingerprints and
 2316 information required for the criminal history check required
 2317 under this section shall not be required to provide a subsequent
 2318 set of fingerprints or other duplicate information required for
 2319 a criminal history check to the Agency for Health Care
 2320 Administration, the Department of Juvenile Justice, or the
 2321 Department of Children and Families for employment or licensure
 2322 with such agency or department, if the applicant has undergone a
 2323 criminal history check as a condition of initial licensure or
 2324 renewal of licensure as an advanced practice registered nurse
 2325 with the Department of Health, notwithstanding any other

2326 provision of law to the contrary. In lieu of such duplicate
 2327 submission, the Agency for Health Care Administration, the
 2328 Department of Juvenile Justice, and the Department of Children
 2329 and Families shall obtain criminal history information for
 2330 employment or licensure of persons licensed under s. 464.012 by
 2331 such agency or department from the Department of Health's health
 2332 care practitioner credentialing system.

2333 (5) Each person who is required to submit information
 2334 pursuant to this section may submit additional information to
 2335 the Department of Health. Such information may include, but is
 2336 not limited to:

2337 (a) Information regarding publications in peer-reviewed
 2338 professional literature within the previous 10 years.

2339 (b) Information regarding professional or community
 2340 service activities or awards.

2341 (c) Languages, other than English, used by the applicant
 2342 to communicate with patients or clients and identification of
 2343 any translating service that may be available at the place where
 2344 the applicant primarily conducts his or her practice.

2345 (d) An indication of whether the person participates in
 2346 the Medicaid program.

2347 Section 40. Subsection (6) of section 456.041, Florida
 2348 Statutes, is amended to read:

2349 456.041 Practitioner profile; creation.—

2350 (6) The Department of Health shall provide in each

2351 practitioner profile for every physician, autonomous physician
2352 assistant, or advanced practice registered nurse terminated for
2353 cause from participating in the Medicaid program, pursuant to s.
2354 409.913, or sanctioned by the Medicaid program a statement that
2355 the practitioner has been terminated from participating in the
2356 Florida Medicaid program or sanctioned by the Medicaid program.

2357 Section 41. Paragraphs (i), (o), and (r) of subsection (3)
2358 of section 456.053, Florida Statutes, are amended to read:

2359 456.053 Financial arrangements between referring health
2360 care providers and providers of health care services.—

2361 (3) DEFINITIONS.—For the purpose of this section, the
2362 word, phrase, or term:

2363 (i) "Health care provider" means a physician licensed
2364 under chapter 458, chapter 459, chapter 460, or chapter 461; an
2365 autonomous physician assistant registered under chapter 458 or
2366 chapter 459; an advanced practice registered nurse registered
2367 under s. 464.0123; or any health care provider licensed under
2368 chapter 463 or chapter 466.

2369 (o) "Referral" means any referral of a patient by a health
2370 care provider for health care services, including, without
2371 limitation:

2372 1. The forwarding of a patient by a health care provider
2373 to another health care provider or to an entity which provides
2374 or supplies designated health services or any other health care
2375 item or service; or

2376 2. The request or establishment of a plan of care by a
 2377 health care provider, which includes the provision of designated
 2378 health services or other health care item or service.

2379 3. The following orders, recommendations, or plans of care
 2380 shall not constitute a referral by a health care provider:

2381 a. By a radiologist for diagnostic-imaging services.

2382 b. By a physician specializing in the provision of
 2383 radiation therapy services for such services.

2384 c. By a medical oncologist for drugs and solutions to be
 2385 prepared and administered intravenously to such oncologist's
 2386 patient, as well as for the supplies and equipment used in
 2387 connection therewith to treat such patient for cancer and the
 2388 complications thereof.

2389 d. By a cardiologist for cardiac catheterization services.

2390 e. By a pathologist for diagnostic clinical laboratory
 2391 tests and pathological examination services, if furnished by or
 2392 under the supervision of such pathologist pursuant to a
 2393 consultation requested by another physician.

2394 f. By a health care provider who is the sole provider or
 2395 member of a group practice for designated health services or
 2396 other health care items or services that are prescribed or
 2397 provided solely for such referring health care provider's or
 2398 group practice's own patients, and that are provided or
 2399 performed by or under the direct supervision of such referring
 2400 health care provider or group practice; provided, however, a

HB 1299

2021

2401 health care provider ~~physician licensed pursuant to chapter 458,~~
2402 ~~chapter 459, chapter 460, or chapter 461 or an advanced practice~~
2403 ~~registered nurse registered under s. 464.0123~~ may refer a
2404 patient to a sole provider or group practice for diagnostic
2405 imaging services, excluding radiation therapy services, for
2406 which the sole provider or group practice billed both the
2407 technical and the professional fee for or on behalf of the
2408 patient, if the referring health care provider does not have an
2409 ~~physician or advanced practice registered nurse registered under~~
2410 ~~s. 464.0123~~ has no investment interest in the practice. The
2411 diagnostic imaging service referred to a group practice or sole
2412 provider must be a diagnostic imaging service normally provided
2413 within the scope of practice to the patients of the group
2414 practice or sole provider. The group practice or sole provider
2415 may accept no more than 15 percent of their patients receiving
2416 diagnostic imaging services from outside referrals, excluding
2417 radiation therapy services. However, the 15 percent limitation
2418 of this sub-subparagraph and the requirements of subparagraph
2419 (4) (a)2. do not apply to a group practice entity that owns an
2420 accountable care organization or an entity operating under an
2421 advanced alternative payment model according to federal
2422 regulations if such entity provides diagnostic imaging services
2423 and has more than 30,000 patients enrolled per year.

2424 g. By a health care provider for services provided by an
2425 ambulatory surgical center licensed under chapter 395.

2426 h. By a urologist for lithotripsy services.

2427 i. By a dentist for dental services performed by an
2428 employee of or health care provider who is an independent
2429 contractor with the dentist or group practice of which the
2430 dentist is a member.

2431 j. By a physician for infusion therapy services to a
2432 patient of that physician or a member of that physician's group
2433 practice.

2434 k. By a nephrologist for renal dialysis services and
2435 supplies, except laboratory services.

2436 l. By a health care provider whose principal professional
2437 practice consists of treating patients in their private
2438 residences for services to be rendered in such private
2439 residences, except for services rendered by a home health agency
2440 licensed under chapter 400. For purposes of this sub-
2441 subparagraph, the term "private residences" includes patients'
2442 private homes, independent living centers, and assisted living
2443 facilities, but does not include skilled nursing facilities.

2444 m. By a health care provider for sleep-related testing.

2445 (r) "Sole provider" means one health care provider
2446 licensed or registered under chapter 458, chapter 459, chapter
2447 460, or chapter 461, or registered under s. 464.0123, who
2448 maintains a separate medical office and a medical practice
2449 separate from any other health care provider and who bills for
2450 his or her services separately from the services provided by any

2451 other health care provider. A sole provider shall not share
 2452 overhead expenses or professional income with any other person
 2453 or group practice.

2454 Section 42. Subsection (7) of section 456.072, Florida
 2455 Statutes, is amended to read:

2456 456.072 Grounds for discipline; penalties; enforcement.—

2457 (7) Notwithstanding subsection (2), upon a finding that a
 2458 physician or an autonomous physician assistant has prescribed or
 2459 dispensed a controlled substance, or caused a controlled
 2460 substance to be prescribed or dispensed, in a manner that
 2461 violates the standard of practice set forth in s. 458.331(1)(q)
 2462 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.
 2463 466.028(1)(p) or (x), or that an advanced practice registered
 2464 nurse has prescribed or dispensed a controlled substance, or
 2465 caused a controlled substance to be prescribed or dispensed, in
 2466 a manner that violates the standard of practice set forth in s.
 2467 464.018(1)(n) or (p)6., the physician, autonomous physician
 2468 assistant, or advanced practice registered nurse shall be
 2469 suspended for a period of not less than 6 months and pay a fine
 2470 of not less than \$10,000 per count. Repeated violations shall
 2471 result in increased penalties.

2472 Section 43. Paragraph (h) of subsection (1) and subsection
 2473 (2) of section 456.44, Florida Statutes, are amended to read:

2474 456.44 Controlled substance prescribing.—

2475 (1) DEFINITIONS.—As used in this section, the term:

2476 (h) "Registrant" means a physician, an autonomous
 2477 physician assistant, a physician assistant, or an advanced
 2478 practice registered nurse who meets the requirements of
 2479 subsection (2).

2480 (2) REGISTRATION.—A physician licensed under chapter 458,
 2481 chapter 459, chapter 461, or chapter 466, an autonomous
 2482 physician assistant or a physician assistant registered or
 2483 licensed under chapter 458 or chapter 459, or an advanced
 2484 practice registered nurse licensed under part I of chapter 464
 2485 who prescribes any controlled substance, listed in Schedule II,
 2486 Schedule III, or Schedule IV as defined in s. 893.03, for the
 2487 treatment of chronic nonmalignant pain, must:

2488 (a) Designate himself or herself as a controlled substance
 2489 prescribing practitioner on his or her practitioner profile.

2490 (b) Comply with the requirements of this section and
 2491 applicable board rules.

2492 Section 44. Paragraph (ii) of subsection (1) and
 2493 subsection (10) of section 458.331, Florida Statutes, are
 2494 amended to read:

2495 458.331 Grounds for disciplinary action; action by the
 2496 board and department.—

2497 (1) The following acts constitute grounds for denial of a
 2498 license or disciplinary action, as specified in s. 456.072(2):

2499 (ii) Failing to report to the department any licensee
 2500 under this chapter or under chapter 459 who the physician,

HB 1299

2021

2501 autonomous physician assistant, or physician assistant knows has
2502 violated the grounds for disciplinary action set out in the law
2503 under which that person is licensed and who provides health care
2504 services in a facility licensed under chapter 395, or a health
2505 maintenance organization certificated under part I of chapter
2506 641, in which the physician, autonomous physician assistant, or
2507 physician assistant also provides services.

2508 (10) A probable cause panel convened to consider
2509 disciplinary action against an autonomous physician assistant or
2510 a physician assistant alleged to have violated s. 456.072 or
2511 this section must include one physician assistant. The physician
2512 assistant must hold a valid license to practice as a physician
2513 assistant in this state and be appointed to the panel by the
2514 Council of Physician Assistants. The physician assistant may
2515 hear only cases involving disciplinary actions against a
2516 physician assistant. If the appointed physician assistant is not
2517 present at the disciplinary hearing, the panel may consider the
2518 matter and vote on the case in the absence of the physician
2519 assistant. The training requirements set forth in s. 458.307(4)
2520 do not apply to the appointed physician assistant. Rules need
2521 not be adopted to implement this subsection.

2522 Section 45. Paragraph (11) of subsection (1) and
2523 subsection (10) of section 459.015, Florida Statutes, are
2524 amended to read:

2525 459.015 Grounds for disciplinary action; action by the

2526 board and department.-

2527 (1) The following acts constitute grounds for denial of a
 2528 license or disciplinary action, as specified in s. 456.072(2):

2529 (11) Failing to report to the department any licensee
 2530 under chapter 458 or under this chapter who the osteopathic
 2531 physician, autonomous physician assistant, or physician
 2532 assistant knows has violated the grounds for disciplinary action
 2533 set out in the law under which that person is licensed and who
 2534 provides health care services in a facility licensed under
 2535 chapter 395, or a health maintenance organization certificated
 2536 under part I of chapter 641, in which the osteopathic physician,
 2537 autonomous physician assistant, or physician assistant also
 2538 provides services.

2539 (10) A probable cause panel convened to consider
 2540 disciplinary action against an autonomous physician assistant or
 2541 a physician assistant alleged to have violated s. 456.072 or
 2542 this section must include one physician assistant. The physician
 2543 assistant must hold a valid license to practice as a physician
 2544 assistant in this state and be appointed to the panel by the
 2545 Council of Physician Assistants. The physician assistant may
 2546 hear only cases involving disciplinary actions against a
 2547 physician assistant. If the appointed physician assistant is not
 2548 present at the disciplinary hearing, the panel may consider the
 2549 matter and vote on the case in the absence of the physician
 2550 assistant. The training requirements set forth in s. 458.307(4)

2551 do not apply to the appointed physician assistant. Rules need
 2552 not be adopted to implement this subsection.

2553 Section 46. Subsection (1) of section 480.0475, Florida
 2554 Statutes, is amended to read:

2555 480.0475 Massage establishments; prohibited practices.—

2556 (1) A person may not operate a massage establishment
 2557 between the hours of midnight and 5 a.m. This subsection does
 2558 not apply to a massage establishment:

2559 (a) Located on the premises of a health care facility as
 2560 defined in s. 408.07; a health care clinic as defined in s.
 2561 400.9905(4); a hotel, motel, or bed and breakfast inn, as those
 2562 terms are defined in s. 509.242; a timeshare property as defined
 2563 in s. 721.05; a public airport as defined in s. 330.27; or a
 2564 pari-mutuel facility as defined in s. 550.002;

2565 (b) In which every massage performed between the hours of
 2566 midnight and 5 a.m. is performed by a massage therapist acting
 2567 under the prescription of a physician, autonomous physician
 2568 assistant, or physician assistant licensed or registered under
 2569 chapter 458; ~~an osteopathic physician, autonomous physician~~
 2570 assistant, or physician assistant licensed or registered under
 2571 chapter 459; ~~a chiropractic physician licensed under chapter~~
 2572 ~~460; a podiatric physician licensed under chapter 461; an~~
 2573 ~~advanced practice registered nurse licensed under part I of~~
 2574 ~~chapter 464; or a dentist licensed under chapter 466; or~~

2575 (c) Operating during a special event if the county or

2576 municipality in which the establishment operates has approved
 2577 such operation during the special event.

2578 Section 47. Subsection (2) of section 493.6108, Florida
 2579 Statutes, is amended to read:

2580 493.6108 Investigation of applicants by Department of
 2581 Agriculture and Consumer Services.—

2582 (2) In addition to subsection (1), the department shall
 2583 make an investigation of the general physical fitness of the
 2584 Class "G" applicant to bear a weapon or firearm. Determination
 2585 of physical fitness shall be certified by a physician,
 2586 autonomous physician assistant, or physician assistant currently
 2587 licensed or registered under ~~pursuant to~~ chapter 458, chapter
 2588 459, or any similar law of another state or authorized to act as
 2589 a licensed physician by a federal agency or department or by an
 2590 advanced practice registered nurse currently licensed pursuant
 2591 to chapter 464. Such certification shall be submitted on a form
 2592 provided by the department.

2593 Section 48. Subsection (1) of section 626.9707, Florida
 2594 Statutes, is amended to read:

2595 626.9707 Disability insurance; discrimination on basis of
 2596 sickle-cell trait prohibited.—

2597 (1) An insurer authorized to transact insurance in this
 2598 state may not refuse to issue and deliver in this state any
 2599 policy of disability insurance, whether such policy is defined
 2600 as individual, group, blanket, franchise, industrial, or

2601 otherwise, which is currently being issued for delivery in this
 2602 state and which affords benefits and coverage for any medical
 2603 treatment or service authorized and permitted to be furnished by
 2604 a hospital, a clinic, a health clinic, a neighborhood health
 2605 clinic, a health maintenance organization, a physician, an
 2606 autonomous physician assistant, a physician assistant, an
 2607 advanced practice registered nurse, or a medical service
 2608 facility or personnel solely because the person to be insured
 2609 has the sickle-cell trait.

2610 Section 49. Paragraph (b) of subsection (1) of section
 2611 627.357, Florida Statutes, is amended to read:

2612 627.357 Medical malpractice self-insurance.—

2613 (1) DEFINITIONS.—As used in this section, the term:

2614 (b) "Health care provider" means any:

2615 1. Hospital licensed under chapter 395.

2616 2. Physician, autonomous physician assistant ~~licensed~~, or
 2617 physician assistant registered or licensed,~~7~~ under chapter 458.

2618 3. Osteopathic physician, autonomous physician assistant,
 2619 or physician assistant registered or licensed under chapter 459.

2620 4. Podiatric physician licensed under chapter 461.

2621 5. Health maintenance organization certificated under part
 2622 I of chapter 641.

2623 6. Ambulatory surgical center licensed under chapter 395.

2624 7. Chiropractic physician licensed under chapter 460.

2625 8. Psychologist licensed under chapter 490.

- 2626 9. Optometrist licensed under chapter 463.
- 2627 10. Dentist licensed under chapter 466.
- 2628 11. Pharmacist licensed under chapter 465.
- 2629 12. Registered nurse, licensed practical nurse, or
- 2630 advanced practice registered nurse licensed or registered under
- 2631 part I of chapter 464.

2632 13. Other medical facility.

2633 14. Professional association, partnership, corporation,

2634 joint venture, or other association established by the

2635 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,

2636 10., 11., and 12. for professional activity.

2637 Section 50. Paragraph (a) of subsection (1) of section

2638 627.736, Florida Statutes, is amended to read:

2639 627.736 Required personal injury protection benefits;

2640 exclusions; priority; claims.—

2641 (1) REQUIRED BENEFITS.—An insurance policy complying with

2642 the security requirements of s. 627.733 must provide personal

2643 injury protection to the named insured, relatives residing in

2644 the same household, persons operating the insured motor vehicle,

2645 passengers in the motor vehicle, and other persons struck by the

2646 motor vehicle and suffering bodily injury while not an occupant

2647 of a self-propelled vehicle, subject to subsection (2) and

2648 paragraph (4) (e), to a limit of \$10,000 in medical and

2649 disability benefits and \$5,000 in death benefits resulting from

2650 bodily injury, sickness, disease, or death arising out of the

2651 ownership, maintenance, or use of a motor vehicle as follows:

2652 (a) *Medical benefits.*—Eighty percent of all reasonable
2653 expenses for medically necessary medical, surgical, X-ray,
2654 dental, and rehabilitative services, including prosthetic
2655 devices and medically necessary ambulance, hospital, and nursing
2656 services if the individual receives initial services and care
2657 pursuant to subparagraph 1. within 14 days after the motor
2658 vehicle accident. The medical benefits provide reimbursement
2659 only for:

2660 1. Initial services and care that are lawfully provided,
2661 supervised, ordered, or prescribed by a physician or an
2662 autonomous physician assistant licensed or registered under
2663 chapter 458 or chapter 459, a dentist licensed under chapter
2664 466, a chiropractic physician licensed under chapter 460, or an
2665 advanced practice registered nurse registered under s. 464.0123
2666 or that are provided in a hospital or in a facility that owns,
2667 or is wholly owned by, a hospital. Initial services and care may
2668 also be provided by a person or entity licensed under part III
2669 of chapter 401 which provides emergency transportation and
2670 treatment.

2671 2. Upon referral by a provider described in subparagraph
2672 1., followup services and care consistent with the underlying
2673 medical diagnosis rendered pursuant to subparagraph 1. which may
2674 be provided, supervised, ordered, or prescribed only by a
2675 physician or an autonomous physician assistant licensed or

2676 registered under chapter 458 or chapter 459, a chiropractic
2677 physician licensed under chapter 460, a dentist licensed under
2678 chapter 466, or an advanced practice registered nurse registered
2679 under s. 464.0123, or, to the extent permitted by applicable law
2680 and under the supervision of such physician, osteopathic
2681 physician, chiropractic physician, or dentist, by a physician
2682 assistant licensed under chapter 458 or chapter 459 or an
2683 advanced practice registered nurse licensed under chapter 464.
2684 Followup services and care may also be provided by the following
2685 persons or entities:

2686 a. A hospital or ambulatory surgical center licensed under
2687 chapter 395.

2688 b. An entity wholly owned by one or more physicians or
2689 autonomous physician assistants licensed or registered under
2690 chapter 458 or chapter 459, chiropractic physicians licensed
2691 under chapter 460, advanced practice registered nurses
2692 registered under s. 464.0123, or dentists licensed under chapter
2693 466 or by such practitioners and the spouse, parent, child, or
2694 sibling of such practitioners.

2695 c. An entity that owns or is wholly owned, directly or
2696 indirectly, by a hospital or hospitals.

2697 d. A physical therapist licensed under chapter 486, based
2698 upon a referral by a provider described in this subparagraph.

2699 e. A health care clinic licensed under part X of chapter
2700 400 which is accredited by an accrediting organization whose

2701 standards incorporate comparable regulations required by this
 2702 state, or
 2703 (I) Has a medical director licensed under chapter 458,
 2704 chapter 459, or chapter 460;
 2705 (II) Has been continuously licensed for more than 3 years
 2706 or is a publicly traded corporation that issues securities
 2707 traded on an exchange registered with the United States
 2708 Securities and Exchange Commission as a national securities
 2709 exchange; and
 2710 (III) Provides at least four of the following medical
 2711 specialties:
 2712 (A) General medicine.
 2713 (B) Radiography.
 2714 (C) Orthopedic medicine.
 2715 (D) Physical medicine.
 2716 (E) Physical therapy.
 2717 (F) Physical rehabilitation.
 2718 (G) Prescribing or dispensing outpatient prescription
 2719 medication.
 2720 (H) Laboratory services.
 2721 3. Reimbursement for services and care provided in
 2722 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 2723 licensed under chapter 458 or chapter 459, a dentist licensed
 2724 under chapter 466, an autonomous physician assistant or a
 2725 physician assistant registered or licensed under chapter 458 or

2726 chapter 459, or an advanced practice registered nurse licensed
2727 under chapter 464 has determined that the injured person had an
2728 emergency medical condition.

2729 4. Reimbursement for services and care provided in
2730 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
2731 provider listed in subparagraph 1. or subparagraph 2. determines
2732 that the injured person did not have an emergency medical
2733 condition.

2734 5. Medical benefits do not include massage as defined in
2735 s. 480.033 or acupuncture as defined in s. 457.102, regardless
2736 of the person, entity, or licensee providing massage or
2737 acupuncture, and a licensed massage therapist or licensed
2738 acupuncturist may not be reimbursed for medical benefits under
2739 this section.

2740 6. The Financial Services Commission shall adopt by rule
2741 the form that must be used by an insurer and a health care
2742 provider specified in sub-subparagraph 2.b., sub-subparagraph
2743 2.c., or sub-subparagraph 2.e. to document that the health care
2744 provider meets the criteria of this paragraph. Such rule must
2745 include a requirement for a sworn statement or affidavit.

2746
2747 Only insurers writing motor vehicle liability insurance in this
2748 state may provide the required benefits of this section, and
2749 such insurer may not require the purchase of any other motor
2750 vehicle coverage other than the purchase of property damage

2751 liability coverage as required by s. 627.7275 as a condition for
2752 providing such benefits. Insurers may not require that property
2753 damage liability insurance in an amount greater than \$10,000 be
2754 purchased in conjunction with personal injury protection. Such
2755 insurers shall make benefits and required property damage
2756 liability insurance coverage available through normal marketing
2757 channels. An insurer writing motor vehicle liability insurance
2758 in this state who fails to comply with such availability
2759 requirement as a general business practice violates part IX of
2760 chapter 626, and such violation constitutes an unfair method of
2761 competition or an unfair or deceptive act or practice involving
2762 the business of insurance. An insurer committing such violation
2763 is subject to the penalties provided under that part, as well as
2764 those provided elsewhere in the insurance code.

2765 Section 51. Subsection (5) of section 633.412, Florida
2766 Statutes, is amended to read:

2767 633.412 Firefighters; qualifications for certification.—A
2768 person applying for certification as a firefighter must:

2769 (5) Be in good physical condition as determined by a
2770 medical examination given by a physician, surgeon, or autonomous
2771 physician assistant or physician assistant licensed or
2772 registered under ~~to practice in the state pursuant to~~ chapter
2773 458; an osteopathic physician, surgeon, autonomous physician
2774 assistant, or physician assistant licensed or registered under
2775 ~~to practice in the state pursuant to~~ chapter 459; or an advanced

2776 | practice registered nurse licensed under ~~to practice in the~~
 2777 | ~~state pursuant to~~ chapter 464. Such examination may include, but
 2778 | need not be limited to, the National Fire Protection Association
 2779 | Standard 1582. A medical examination evidencing good physical
 2780 | condition shall be submitted to the division, on a form as
 2781 | provided by rule, before an individual is eligible for admission
 2782 | into a course under s. 633.408.

2783 | Section 52. Subsection (8) of section 641.495, Florida
 2784 | Statutes, is amended to read:

2785 | 641.495 Requirements for issuance and maintenance of
 2786 | certificate.—

2787 | (8) Each organization's contracts, certificates, and
 2788 | subscriber handbooks shall contain a provision, if applicable,
 2789 | disclosing that, for certain types of described medical
 2790 | procedures, services may be provided by autonomous physician
 2791 | assistants, physician assistants, advanced practice registered
 2792 | nurses, or other individuals who are not licensed physicians.

2793 | Section 53. Subsection (1) of section 744.2006, Florida
 2794 | Statutes, is amended to read:

2795 | 744.2006 Office of Public and Professional Guardians;
 2796 | appointment, notification.—

2797 | (1) The executive director of the Office of Public and
 2798 | Professional Guardians, after consultation with the chief judge
 2799 | and other circuit judges within the judicial circuit and with
 2800 | appropriate advocacy groups and individuals and organizations

HB 1299

2021

2801 who are knowledgeable about the needs of incapacitated persons,
2802 may establish, within a county in the judicial circuit or within
2803 the judicial circuit, one or more offices of public guardian and
2804 if so established, shall create a list of persons best qualified
2805 to serve as the public guardian, who have been investigated
2806 pursuant to s. 744.3135. The public guardian must have knowledge
2807 of the legal process and knowledge of social services available
2808 to meet the needs of incapacitated persons. The public guardian
2809 shall maintain a staff or contract with professionally qualified
2810 individuals to carry out the guardianship functions, including
2811 an attorney who has experience in probate areas and another
2812 person who has a master's degree in social work, or a
2813 gerontologist, psychologist, autonomous physician assistant,
2814 advanced practice registered nurse, or registered nurse. A
2815 public guardian that is a nonprofit corporate guardian under s.
2816 744.309(5) must receive tax-exempt status from the United States
2817 Internal Revenue Service.

2818 Section 54. Paragraph (a) of subsection (3) of section
2819 744.331, Florida Statutes, is amended to read:

2820 744.331 Procedures to determine incapacity.—

2821 (3) EXAMINING COMMITTEE.—

2822 (a) Within 5 days after a petition for determination of
2823 incapacity has been filed, the court shall appoint an examining
2824 committee consisting of three members. One member must be a
2825 psychiatrist or other physician. The remaining members must be

2826 | either a psychologist, a gerontologist, a psychiatrist, a
2827 | physician, an autonomous physician assistant, an advanced
2828 | practice registered nurse, a registered nurse, a licensed social
2829 | worker, a person with an advanced degree in gerontology from an
2830 | accredited institution of higher education, or any other person
2831 | who by knowledge, skill, experience, training, or education may,
2832 | in the court's discretion, advise the court in the form of an
2833 | expert opinion. One of three members of the committee must have
2834 | knowledge of the type of incapacity alleged in the petition.
2835 | Unless good cause is shown, the attending or family physician
2836 | may not be appointed to the committee. If the attending or
2837 | family physician is available for consultation, the committee
2838 | must consult with the physician. Members of the examining
2839 | committee may not be related to or associated with one another,
2840 | with the petitioner, with counsel for the petitioner or the
2841 | proposed guardian, or with the person alleged to be totally or
2842 | partially incapacitated. A member may not be employed by any
2843 | private or governmental agency that has custody of, or
2844 | furnishes, services or subsidies, directly or indirectly, to the
2845 | person or the family of the person alleged to be incapacitated
2846 | or for whom a guardianship is sought. A petitioner may not serve
2847 | as a member of the examining committee. Members of the examining
2848 | committee must be able to communicate, either directly or
2849 | through an interpreter, in the language that the alleged
2850 | incapacitated person speaks or to communicate in a medium

2851 understandable to the alleged incapacitated person if she or he
2852 is able to communicate. The clerk of the court shall send notice
2853 of the appointment to each person appointed no later than 3 days
2854 after the court's appointment.

2855 Section 55. Paragraph (b) of subsection (1) of section
2856 744.3675, Florida Statutes, is amended to read:

2857 744.3675 Annual guardianship plan.—Each guardian of the
2858 person must file with the court an annual guardianship plan
2859 which updates information about the condition of the ward. The
2860 annual plan must specify the current needs of the ward and how
2861 those needs are proposed to be met in the coming year.

2862 (1) Each plan for an adult ward must, if applicable,
2863 include:

2864 (b) Information concerning the medical and mental health
2865 conditions and treatment and rehabilitation needs of the ward,
2866 including:

2867 1. A resume of any professional medical treatment given to
2868 the ward during the preceding year.

2869 2. The report of a physician, an autonomous physician
2870 assistant, or an advanced practice registered nurse registered
2871 under s. 464.0123 who examined the ward no more than 90 days
2872 before the beginning of the applicable reporting period. If the
2873 guardian has requested a physician to complete the examination
2874 and prepare the report and the physician has delegated that
2875 responsibility, the examination may be performed and the report

2876 | may be prepared and signed by a physician assistant acting
 2877 | pursuant to s. 458.347(4)(h) or s. 459.022(4)(g), or by an
 2878 | advanced practice registered nurse acting pursuant to s.
 2879 | 464.012(3). The report must contain an evaluation of the ward's
 2880 | condition and a statement of the current level of capacity of
 2881 | the ward.

2882 | 3. The plan for providing medical, mental health, and
 2883 | rehabilitative services in the coming year.

2884 | Section 56. Subsection (3) of section 766.103, Florida
 2885 | Statutes, is amended to read:

2886 | 766.103 Florida Medical Consent Law.—

2887 | (3) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in
 2888 | this state against any physician licensed under chapter 458,
 2889 | osteopathic physician licensed under chapter 459, chiropractic
 2890 | physician licensed under chapter 460, podiatric physician
 2891 | licensed under chapter 461, dentist licensed under chapter 466,
 2892 | advanced practice registered nurse licensed under s. 464.012,
 2893 | autonomous physician assistant or physician assistant registered
 2894 | or licensed under s. 458.347 or s. 459.022 in an action brought
 2895 | for treating, examining, or operating on a patient without his
 2896 | or her informed consent when:

2897 | (a)1. The action of the physician, osteopathic physician,
 2898 | chiropractic physician, podiatric physician, dentist, advanced
 2899 | practice registered nurse, autonomous physician assistant, or
 2900 | physician assistant in obtaining the consent of the patient or

HB 1299

2021

2901 another person authorized to give consent for the patient was in
2902 accordance with an accepted standard of medical practice among
2903 members of the medical profession with similar training and
2904 experience in the same or similar medical community as that of
2905 the person treating, examining, or operating on the patient for
2906 whom the consent is obtained; and

2907 2. A reasonable individual, from the information provided
2908 by the physician, osteopathic physician, chiropractic physician,
2909 podiatric physician, dentist, advanced practice registered
2910 nurse, autonomous physician assistant, or physician assistant,
2911 under the circumstances, would have a general understanding of
2912 the procedure, the medically acceptable alternative procedures
2913 or treatments, and the substantial risks and hazards inherent in
2914 the proposed treatment or procedures, which are recognized among
2915 other physicians, osteopathic physicians, chiropractic
2916 physicians, podiatric physicians, or dentists in the same or
2917 similar community who perform similar treatments or procedures;
2918 or

2919 (b) The patient would reasonably, under all the
2920 surrounding circumstances, have undergone such treatment or
2921 procedure had he or she been advised by the physician,
2922 osteopathic physician, chiropractic physician, podiatric
2923 physician, dentist, advanced practice registered nurse,
2924 autonomous physician assistant, or physician assistant in
2925 accordance with ~~the provisions of~~ paragraph (a).

2926 Section 57. Paragraph (b) of subsection (1) and paragraph
 2927 (e) of subsection (2) of section 766.105, Florida Statutes, are
 2928 amended to read:

2929 766.105 Florida Patient's Compensation Fund.—

2930 (1) DEFINITIONS.—The following definitions apply in the
 2931 interpretation and enforcement of this section:

2932 (b) The term "health care provider" means any:

2933 1. Hospital licensed under chapter 395.

2934 2. Physician, autonomous physician assistant, or physician
 2935 assistant licensed or registered under chapter 458.

2936 3. Osteopathic physician, autonomous physician assistant,
 2937 or physician assistant licensed or registered under chapter 459.

2938 4. Podiatric physician licensed under chapter 461.

2939 5. Health maintenance organization certificated under part
 2940 I of chapter 641.

2941 6. Ambulatory surgical center licensed under chapter 395.

2942 7. "Other medical facility" as defined in paragraph (c).

2943 8. Professional association, partnership, corporation,
 2944 joint venture, or other association by the individuals set forth
 2945 in subparagraphs 2., 3., and 4. for professional activity.

2946 (2) COVERAGE.—

2947 (e) The coverage afforded by the fund for a participating
 2948 hospital or ambulatory surgical center shall apply to the
 2949 officers, trustees, volunteer workers, trainees, committee
 2950 members (including physicians, osteopathic physicians, podiatric

2951 physicians, and dentists), and employees of the hospital or
 2952 ambulatory surgical center, other than employed physicians
 2953 licensed under chapter 458, autonomous physician assistants or
 2954 physician assistants registered or licensed under chapter 458 or
 2955 chapter 459, osteopathic physicians licensed under chapter 459,
 2956 dentists licensed under chapter 466, and podiatric physicians
 2957 licensed under chapter 461. However, the coverage afforded by
 2958 the fund for a participating hospital shall apply to house
 2959 physicians, interns, employed physician residents in a resident
 2960 training program, or physicians performing purely administrative
 2961 duties for the participating hospitals other than the treatment
 2962 of patients. This coverage shall apply to the hospital or
 2963 ambulatory surgical center and those included in this subsection
 2964 as one health care provider.

2965 Section 58. Paragraph (d) of subsection (3) of section
 2966 766.1115, Florida Statutes, is amended to read:

2967 766.1115 Health care providers; creation of agency
 2968 relationship with governmental contractors.—

2969 (3) DEFINITIONS.—As used in this section, the term:

2970 (d) "Health care provider" or "provider" means:

- 2971 1. A birth center licensed under chapter 383.
- 2972 2. An ambulatory surgical center licensed under chapter
 2973 395.
- 2974 3. A hospital licensed under chapter 395.
- 2975 4. A physician, autonomous physician assistant, or

2976 | physician assistant licensed or registered under chapter 458.

2977 | 5. An osteopathic physician, autonomous physician
 2978 | assistant, or ~~osteopathic~~ physician assistant licensed or
 2979 | registered under chapter 459.

2980 | 6. A chiropractic physician licensed under chapter 460.

2981 | 7. A podiatric physician licensed under chapter 461.

2982 | 8. A registered nurse, nurse midwife, licensed practical
 2983 | nurse, or advanced practice registered nurse licensed or
 2984 | registered under part I of chapter 464 or any facility which
 2985 | employs nurses licensed or registered under part I of chapter
 2986 | 464 to supply all or part of the care delivered under this
 2987 | section.

2988 | 9. A midwife licensed under chapter 467.

2989 | 10. A health maintenance organization certificated under
 2990 | part I of chapter 641.

2991 | 11. A health care professional association and its
 2992 | employees or a corporate medical group and its employees.

2993 | 12. Any other medical facility the primary purpose of
 2994 | which is to deliver human medical diagnostic services or which
 2995 | delivers nonsurgical human medical treatment, and which includes
 2996 | an office maintained by a provider.

2997 | 13. A dentist or dental hygienist licensed under chapter
 2998 | 466.

2999 | 14. A free clinic that delivers only medical diagnostic
 3000 | services or nonsurgical medical treatment free of charge to all

3001 low-income recipients.

3002 15. Any other health care professional, practitioner,
 3003 provider, or facility under contract with a governmental
 3004 contractor, including a student enrolled in an accredited
 3005 program that prepares the student for licensure as any one of
 3006 the professionals listed in subparagraphs 4.-9.

3007
 3008 The term includes any nonprofit corporation qualified as exempt
 3009 from federal income taxation under s. 501(a) of the Internal
 3010 Revenue Code, and described in s. 501(c) of the Internal Revenue
 3011 Code, which delivers health care services provided by licensed
 3012 professionals listed in this paragraph, any federally funded
 3013 community health center, and any volunteer corporation or
 3014 volunteer health care provider that delivers health care
 3015 services.

3016 Section 59. Subsection (1) of section 766.1116, Florida
 3017 Statutes, is amended to read:

3018 766.1116 Health care practitioner; waiver of license
 3019 renewal fees and continuing education requirements.—

3020 (1) As used in this section, the term "health care
 3021 practitioner" means a physician, autonomous physician assistant,
 3022 or physician assistant licensed or registered under chapter 458;
 3023 an osteopathic physician, autonomous physician assistant, or
 3024 physician assistant licensed or registered under chapter 459; a
 3025 chiropractic physician licensed under chapter 460; a podiatric

3026 physician licensed under chapter 461; an advanced practice
 3027 registered nurse, registered nurse, or licensed practical nurse
 3028 licensed under part I of chapter 464; a dentist or dental
 3029 hygienist licensed under chapter 466; or a midwife licensed
 3030 under chapter 467, who participates as a health care provider
 3031 under s. 766.1115.

3032 Section 60. Paragraph (c) of subsection (1) of section
 3033 766.118, Florida Statutes, is amended to read:

3034 766.118 Determination of noneconomic damages.—

3035 (1) DEFINITIONS.—As used in this section, the term:

3036 (c) "Practitioner" means any person licensed or registered
 3037 under chapter 458, chapter 459, chapter 460, chapter 461,
 3038 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
 3039 ~~or s. 464.012,~~ or registered under s. 464.0123. The term
 3040 ~~"Practitioner"~~ also means any association, corporation, firm,
 3041 partnership, or other business entity under which such
 3042 practitioner practices or any employee of such practitioner or
 3043 entity acting in the scope of his or her employment. For the
 3044 purpose of determining the limitations on noneconomic damages
 3045 set forth in this section, the term ~~"practitioner"~~ includes any
 3046 person or entity for whom a practitioner is vicariously liable
 3047 and any person or entity whose liability is based solely on such
 3048 person or entity being vicariously liable for the actions of a
 3049 practitioner.

3050 Section 61. Subsection (3) of section 768.135, Florida

3051 Statutes, is amended to read:

3052 768.135 Volunteer team physicians; immunity.—

3053 (3) A practitioner licensed or registered under chapter
 3054 458, chapter 459, chapter 460, ~~or s. 464.012,~~ or ~~registered~~
 3055 ~~under~~ s. 464.0123 who gratuitously and in good faith conducts an
 3056 evaluation pursuant to s. 1006.20(2)(c) is not liable for any
 3057 civil damages arising from that evaluation unless the evaluation
 3058 was conducted in a wrongful manner.

3059 Section 62. Subsection (5) of section 794.08, Florida
 3060 Statutes, is amended to read:

3061 794.08 Female genital mutilation.—

3062 (5) This section does not apply to procedures performed by
 3063 or under the direction of a physician licensed under chapter
 3064 458, an osteopathic physician licensed under chapter 459, a
 3065 registered nurse licensed under part I of chapter 464, a
 3066 practical nurse licensed under part I of chapter 464, an
 3067 advanced practice registered nurse licensed under part I of
 3068 chapter 464, a midwife licensed under chapter 467, or an
 3069 autonomous physician assistant or a physician assistant
 3070 registered or licensed under chapter 458 or chapter 459 when
 3071 necessary to preserve the physical health of a female person.
 3072 This section also does not apply to any autopsy or limited
 3073 dissection conducted pursuant to chapter 406.

3074 Section 63. Subsection (23) of section 893.02, Florida
 3075 Statutes, is amended to read:

3076 893.02 Definitions.—The following words and phrases as
 3077 used in this chapter shall have the following meanings, unless
 3078 the context otherwise requires:

3079 (23) "Practitioner" means a physician licensed under
 3080 chapter 458, a dentist licensed under chapter 466, a
 3081 veterinarian licensed under chapter 474, an osteopathic
 3082 physician licensed under chapter 459, an advanced practice
 3083 registered nurse licensed under chapter 464, a naturopath
 3084 licensed under chapter 462, a certified optometrist licensed
 3085 under chapter 463, a psychiatric nurse as defined in s. 394.455,
 3086 a podiatric physician licensed under chapter 461, an autonomous
 3087 physician assistant registered under chapter 458 or chapter 459,
 3088 or a physician assistant licensed under chapter 458 or chapter
 3089 459, provided such practitioner holds a valid federal controlled
 3090 substance registry number.

3091 Section 64. Subsection (6) of section 943.13, Florida
 3092 Statutes, is amended to read:

3093 943.13 Officers' minimum qualifications for employment or
 3094 appointment.—On or after October 1, 1984, any person employed or
 3095 appointed as a full-time, part-time, or auxiliary law
 3096 enforcement officer or correctional officer; on or after October
 3097 1, 1986, any person employed as a full-time, part-time, or
 3098 auxiliary correctional probation officer; and on or after
 3099 October 1, 1986, any person employed as a full-time, part-time,
 3100 or auxiliary correctional officer by a private entity under

3101 contract to the Department of Corrections, to a county
 3102 commission, or to the Department of Management Services shall:
 3103 (6) Have passed a physical examination by a licensed
 3104 physician, registered autonomous physician assistant, licensed
 3105 physician assistant, or licensed advanced practice registered
 3106 nurse, based on specifications established by the commission. In
 3107 order to be eligible for the presumption set forth in s. 112.18
 3108 while employed with an employing agency, a law enforcement
 3109 officer, correctional officer, or correctional probation officer
 3110 must have successfully passed the physical examination required
 3111 by this subsection upon entering into service as a law
 3112 enforcement officer, correctional officer, or correctional
 3113 probation officer with the employing agency, which examination
 3114 must have failed to reveal any evidence of tuberculosis, heart
 3115 disease, or hypertension. A law enforcement officer,
 3116 correctional officer, or correctional probation officer may not
 3117 use a physical examination from a former employing agency for
 3118 purposes of claiming the presumption set forth in s. 112.18
 3119 against the current employing agency.

3120 Section 65. Subsection (2) of section 945.603, Florida
 3121 Statutes, is amended to read:

3122 945.603 Powers and duties of authority.—The purpose of the
 3123 authority is to assist in the delivery of health care services
 3124 for inmates in the Department of Corrections by advising the
 3125 Secretary of Corrections on the professional conduct of primary,

3126 convalescent, dental, and mental health care and the management
3127 of costs consistent with quality care, by advising the Governor
3128 and the Legislature on the status of the Department of
3129 Corrections' health care delivery system, and by assuring that
3130 adequate standards of physical and mental health care for
3131 inmates are maintained at all Department of Corrections
3132 institutions. For this purpose, the authority has the authority
3133 to:

3134 (2) Review and make recommendations regarding health care
3135 for the delivery of health care services including, but not
3136 limited to, acute hospital-based services and facilities,
3137 primary and tertiary care services, ancillary and clinical
3138 services, dental services, mental health services, intake and
3139 screening services, medical transportation services, and the use
3140 of nurse practitioner, autonomous physician assistant, and
3141 physician assistant personnel to act as physician extenders as
3142 these relate to inmates in the Department of Corrections.

3143 Section 66. Paragraph (n) of subsection (1) of section
3144 948.03, Florida Statutes, is amended to read:

3145 948.03 Terms and conditions of probation.—

3146 (1) The court shall determine the terms and conditions of
3147 probation. Conditions specified in this section do not require
3148 oral pronouncement at the time of sentencing and may be
3149 considered standard conditions of probation. These conditions
3150 may include among them the following, that the probationer or

3151 offender in community control shall:

3152 (n) Be prohibited from using intoxicants to excess or
 3153 possessing any drugs or narcotics unless prescribed by a
 3154 physician, an advanced practice registered nurse, an autonomous
 3155 physician assistant, or a physician assistant. The probationer
 3156 or community controllee may not knowingly visit places where
 3157 intoxicants, drugs, or other dangerous substances are unlawfully
 3158 sold, dispensed, or used.

3159 Section 67. Subsection (34) of section 984.03, Florida
 3160 Statutes, is amended to read:

3161 984.03 Definitions.—When used in this chapter, the term:

3162 (34) "Licensed health care professional" means a physician
 3163 licensed under chapter 458, an osteopathic physician licensed
 3164 under chapter 459, a nurse licensed under part I of chapter 464,
 3165 an autonomous physician assistant or a physician assistant
 3166 registered or licensed under chapter 458 or chapter 459, or a
 3167 dentist licensed under chapter 466.

3168 Section 68. Subsection (30) of section 985.03, Florida
 3169 Statutes, is amended to read:

3170 985.03 Definitions.—As used in this chapter, the term:

3171 (30) "Licensed health care professional" means a physician
 3172 licensed under chapter 458, an osteopathic physician licensed
 3173 under chapter 459, a nurse licensed under part I of chapter 464,
 3174 an autonomous physician assistant or a physician assistant
 3175 registered or licensed under chapter 458 or chapter 459, or a

3176 dentist licensed under chapter 466.

3177 Section 69. Paragraph (i) of subsection (3) of section
3178 1002.20, Florida Statutes, is amended to read:

3179 1002.20 K-12 student and parent rights.—Parents of public
3180 school students must receive accurate and timely information
3181 regarding their child's academic progress and must be informed
3182 of ways they can help their child to succeed in school. K-12
3183 students and their parents are afforded numerous statutory
3184 rights including, but not limited to, the following:

3185 (3) HEALTH ISSUES.—

3186 (i) *Epinephrine use and supply.*—

3187 1. A student who has experienced or is at risk for life-
3188 threatening allergic reactions may carry an epinephrine auto-
3189 injector and self-administer epinephrine by auto-injector while
3190 in school, participating in school-sponsored activities, or in
3191 transit to or from school or school-sponsored activities if the
3192 school has been provided with parental and physician
3193 authorization. The State Board of Education, in cooperation with
3194 the Department of Health, shall adopt rules for such use of
3195 epinephrine auto-injectors that shall include provisions to
3196 protect the safety of all students from the misuse or abuse of
3197 auto-injectors. A school district, county health department,
3198 public-private partner, and their employees and volunteers shall
3199 be indemnified by the parent of a student authorized to carry an
3200 epinephrine auto-injector for any and all liability with respect

3201 to the student's use of an epinephrine auto-injector pursuant to
3202 this paragraph.

3203 2. A public school may purchase a supply of epinephrine
3204 auto-injectors from a wholesale distributor as defined in s.
3205 499.003 or may enter into an arrangement with a wholesale
3206 distributor or manufacturer as defined in s. 499.003 for the
3207 epinephrine auto-injectors at fair-market, free, or reduced
3208 prices for use in the event a student has an anaphylactic
3209 reaction. The epinephrine auto-injectors must be maintained in a
3210 secure location on the public school's premises. The
3211 participating school district shall adopt a protocol developed
3212 by a licensed physician for the administration by school
3213 personnel who are trained to recognize an anaphylactic reaction
3214 and to administer an epinephrine auto-injection. The supply of
3215 epinephrine auto-injectors may be provided to and used by a
3216 student authorized to self-administer epinephrine by auto-
3217 injector under subparagraph 1. or trained school personnel.

3218 3. The school district and its employees, agents, and the
3219 physician who provides the standing protocol for school
3220 epinephrine auto-injectors are not liable for any injury arising
3221 from the use of an epinephrine auto-injector administered by
3222 trained school personnel who follow the adopted protocol and
3223 whose professional opinion is that the student is having an
3224 anaphylactic reaction:

3225 a. Unless the trained school personnel's action is willful

3226 | and wanton;

3227 | b. Notwithstanding that the parents or guardians of the
 3228 | student to whom the epinephrine is administered have not been
 3229 | provided notice or have not signed a statement acknowledging
 3230 | that the school district is not liable; and

3231 | c. Regardless of whether authorization has been given by
 3232 | the student's parents or guardians or by the student's
 3233 | physician, autonomous physician assistant, physician assistant,
 3234 | or advanced practice registered nurse.

3235 | Section 70. Paragraph (b) of subsection (17) of section
 3236 | 1002.42, Florida Statutes, is amended to read:

3237 | 1002.42 Private schools.—

3238 | (17) EPINEPHRINE SUPPLY.—

3239 | (b) The private school and its employees, agents, and the
 3240 | physician who provides the standing protocol for school
 3241 | epinephrine auto-injectors are not liable for any injury arising
 3242 | from the use of an epinephrine auto-injector administered by
 3243 | trained school personnel who follow the adopted protocol and
 3244 | whose professional opinion is that the student is having an
 3245 | anaphylactic reaction:

3246 | 1. Unless the trained school personnel's action is willful
 3247 | and wanton;

3248 | 2. Notwithstanding that the parents or guardians of the
 3249 | student to whom the epinephrine is administered have not been
 3250 | provided notice or have not signed a statement acknowledging

3251 that the school district is not liable; and

3252 3. Regardless of whether authorization has been given by
 3253 the student's parents or guardians or by the student's
 3254 physician, autonomous physician assistant, physician assistant,
 3255 or advanced practice registered nurse.

3256 Section 71. Paragraph (a) of subsection (1) and
 3257 subsections (4) and (5) of section 1006.062, Florida Statutes,
 3258 are amended to read:

3259 1006.062 Administration of medication and provision of
 3260 medical services by district school board personnel.—

3261 (1) Notwithstanding the provisions of the Nurse Practice
 3262 Act, part I of chapter 464, district school board personnel may
 3263 assist students in the administration of prescription medication
 3264 when the following conditions have been met:

3265 (a) Each district school board shall include in its
 3266 approved school health services plan a procedure to provide
 3267 training, by a registered nurse, a licensed practical nurse, or
 3268 an advanced practice registered nurse licensed under chapter 464
 3269 or by a physician, autonomous physician assistant, or physician
 3270 assistant licensed or registered under chapter 458 or chapter
 3271 ~~459, or a physician assistant licensed under chapter 458 or~~
 3272 ~~chapter 459~~, to the school personnel designated by the school
 3273 principal to assist students in the administration of prescribed
 3274 medication. Such training may be provided in collaboration with
 3275 other school districts, through contract with an education

3276 consortium, or by any other arrangement consistent with the
 3277 intent of this subsection.

3278 (4) Nonmedical assistive personnel shall be allowed to
 3279 perform health-related services upon successful completion of
 3280 child-specific training by a registered nurse or advanced
 3281 practice registered nurse licensed under chapter 464 or a
 3282 physician, autonomous physician assistant, or physician
 3283 assistant licensed or registered under pursuant to chapter 458
 3284 or chapter 459, ~~or a physician assistant licensed pursuant to~~
 3285 ~~chapter 458 or chapter 459~~. All procedures shall be monitored
 3286 periodically by a nurse, advanced practice registered nurse,
 3287 autonomous physician assistant, physician assistant, or
 3288 physician, including, but not limited to:

- 3289 (a) Intermittent clean catheterization.
 - 3290 (b) Gastrostomy tube feeding.
 - 3291 (c) Monitoring blood glucose.
 - 3292 (d) Administering emergency injectable medication.
- 3293 (5) For all other invasive medical services not listed in
 3294 this subsection, a registered nurse or advanced practice
 3295 registered nurse licensed under chapter 464 or a physician,
 3296 autonomous physician assistant, or physician assistant licensed
 3297 or registered under pursuant to chapter 458 or chapter 459, ~~or a~~
 3298 ~~physician assistant licensed pursuant to chapter 458 or chapter~~
 3299 ~~459~~ shall determine if nonmedical district school board
 3300 personnel shall be allowed to perform such service.

3301 Section 72. Paragraph (c) of subsection (2) of section
 3302 1006.20, Florida Statutes, is amended to read:
 3303 1006.20 Athletics in public K-12 schools.—
 3304 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—
 3305 (c) The FHSAA shall adopt bylaws that require all students
 3306 participating in interscholastic athletic competition or who are
 3307 candidates for an interscholastic athletic team to
 3308 satisfactorily pass a medical evaluation each year before
 3309 participating in interscholastic athletic competition or
 3310 engaging in any practice, tryout, workout, conditioning, or
 3311 other physical activity associated with the student's candidacy
 3312 for an interscholastic athletic team, including activities that
 3313 occur outside of the school year. Such medical evaluation may be
 3314 administered only by a practitioner licensed or registered under
 3315 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or
 3316 ~~registered under~~ s. 464.0123 and in good standing with the
 3317 practitioner's regulatory board. The bylaws shall establish
 3318 requirements for eliciting a student's medical history and
 3319 performing the medical evaluation required under this paragraph,
 3320 which shall include a physical assessment of the student's
 3321 physical capabilities to participate in interscholastic athletic
 3322 competition as contained in a uniform preparticipation physical
 3323 evaluation and history form. The evaluation form shall
 3324 incorporate the recommendations of the American Heart
 3325 Association for participation cardiovascular screening and shall

3326 provide a place for the signature of the practitioner performing
3327 the evaluation with an attestation that each examination
3328 procedure listed on the form was performed by the practitioner
3329 or by someone under the direct supervision of the practitioner.
3330 The form shall also contain a place for the practitioner to
3331 indicate if a referral to another practitioner was made in lieu
3332 of completion of a certain examination procedure. The form shall
3333 provide a place for the practitioner to whom the student was
3334 referred to complete the remaining sections and attest to that
3335 portion of the examination. The preparticipation physical
3336 evaluation form shall advise students to complete a
3337 cardiovascular assessment and shall include information
3338 concerning alternative cardiovascular evaluation and diagnostic
3339 tests. Results of such medical evaluation must be provided to
3340 the school. A student is not eligible to participate, as
3341 provided in s. 1006.15(3), in any interscholastic athletic
3342 competition or engage in any practice, tryout, workout, or other
3343 physical activity associated with the student's candidacy for an
3344 interscholastic athletic team until the results of the medical
3345 evaluation have been received and approved by the school.

3346 Section 73. Paragraph (a) of subsection (1) of section
3347 1009.65, Florida Statutes, is amended to read:

3348 1009.65 Medical Education Reimbursement and Loan Repayment
3349 Program.—

3350 (1) To encourage qualified medical professionals to

3351 practice in underserved locations where there are shortages of
3352 such personnel, there is established the Medical Education
3353 Reimbursement and Loan Repayment Program. The function of the
3354 program is to make payments that offset loans and educational
3355 expenses incurred by students for studies leading to a medical
3356 or nursing degree, medical or nursing licensure, ~~or~~ advanced
3357 practice registered nurse licensure, autonomous physician
3358 assistant registration, or physician assistant licensure. The
3359 following licensed or certified health care professionals are
3360 eligible to participate in this program:

3361 (a) Medical doctors with primary care specialties, doctors
3362 of osteopathic medicine with primary care specialties,
3363 autonomous physician assistants, physician assistants, licensed
3364 practical nurses and registered nurses, and advanced practice
3365 registered nurses with primary care specialties such as
3366 certified nurse midwives. Primary care medical specialties for
3367 physicians include obstetrics, gynecology, general and family
3368 practice, internal medicine, pediatrics, and other specialties
3369 which may be identified by the Department of Health. From the
3370 funds available, the Department of Health shall make payments as
3371 follows:

3372 1. Up to \$4,000 per year for licensed practical nurses and
3373 registered nurses, up to \$10,000 per year for advanced practice
3374 registered nurses and physician assistants, up to \$15,000 per
3375 year for autonomous physician assistants, and up to \$20,000 per

3376 | year for physicians. Penalties for noncompliance shall be the
3377 | same as those in the National Health Services Corps Loan
3378 | Repayment Program. Educational expenses include costs for
3379 | tuition, matriculation, registration, books, laboratory and
3380 | other fees, other educational costs, and reasonable living
3381 | expenses as determined by the Department of Health.

3382 | 2. All payments are contingent on continued proof of
3383 | primary care practice in an area defined in s. 395.602(2)(b), or
3384 | an underserved area designated by the Department of Health,
3385 | provided the practitioner accepts Medicaid reimbursement if
3386 | eligible for such reimbursement. Correctional facilities, state
3387 | hospitals, and other state institutions that employ medical
3388 | personnel shall be designated by the Department of Health as
3389 | underserved locations. Locations with high incidences of infant
3390 | mortality, high morbidity, or low Medicaid participation by
3391 | health care professionals may be designated as underserved.

3392 | Section 74. This act shall take effect July 1, 2021.