

## **PRESCRIPTION DRUGS**

### **HB 1155 — Drugs**

by Rep. Glorioso and others (CS/CS/SB 518 by Governmental Operations Committee; Criminal Justice Committee; and Senators Saunders, Bennett, Deutch, Aronberg, and Crist)

The bill creates a third-degree felony offense for any person who, with the intent to injure or defraud any person or to facilitate any violation of specified prohibited acts under the Florida Comprehensive Drug Abuse Prevention and Control Act, sells, manufactures, alters, delivers, utters, or possesses any counterfeit resistant prescription blanks for controlled substances.

The bill amends existing law relating to the dispensing of controlled substances by a pharmacist to:

- Limit the dispensing of a Schedule II drug in an emergency upon an oral prescription to a 72-hour supply;
- Limit the dispensing of a Schedule III drug upon an oral prescription to a 30-day supply;
- Preclude a pharmacist from dispensing a controlled substance listed in Schedules II, III, and IV to any patient or patient's agent without first determining, in the exercise of her or his professional judgment, that the order is valid, however, a pharmacist may dispense the controlled substance, in the exercise of her or his professional judgment, when the pharmacist or pharmacist's agent has obtained satisfactory patient information from the patient or the patient's agent;
- Exempt any pharmacist who dispenses by mail a controlled substance listed in Schedules II, III, and IV from the requirement to obtain suitable identification for the prescription dispensed by mail if the pharmacist has obtained the patient's identification through the patient's prescription benefit plan;
- Authorize a pharmacist to record a prescription electronically if permitted by federal law for certain controlled substances; and
- Impose additional requirements on prescriptions for controlled substances in Schedule II, Schedule III, or Schedule IV to prevent diversion.

The bill requires the Agency for Health Care Administration to develop an electronic prescribing clearinghouse and provide information regarding electronic prescribing on the agency's website. The bill requires the agency to monitor public and private sector initiatives on the subject and report to the Governor and the Legislature by January 31 of each year on the progress of implementation of electronic prescribing.

The bill also creates s. 893.065, F.S., to require the Department of Health to develop counterfeit-resistant prescription blanks for Schedule II through IV drugs.

The bill specifies that, if a person dies of an apparent drug overdose, the law enforcement agency and medical examiner must respectively prepare reports identifying the Schedule II, III, or IV controlled substances on or near the deceased. The law enforcement report must identify the person who prescribed the controlled substance.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 39-0; House 117-0*

## **HEALTH CARE PRACTITIONERS**

### **CS/CS/SB 2858 — Chiropractic Medicine**

by Banking and Insurance Committee; Health Regulation Committee; and Senator Lynn

The bill revises requirements for chiropractic physician licensure to delete a requirement that applicants must have successfully completed specified parts of the National Board of Chiropractic Examiners certification examination within 10 years immediately preceding application to the Department of Health. The bill corrects the references to the examination to state that applicants must pass part III of the certification examination, which is the portion that tests clinical competency. The Florida Board of Chiropractic Medicine is authorized to require an applicant who has graduated from an institution accredited by the Council on Chiropractic Education more than 10 years before the date of application to take the National Board of Chiropractic Examiners Special Purposes Examination for Chiropractic (SPEX), or its equivalent, as determined by the Florida Board of Chiropractic Medicine. The Florida Board of Chiropractic Medicine must establish by rule a passing score for applicants who must sit for the SPEX examination.

The bill revises requirements for chiropractic physician licensure to allow a student, in his or her final year of an accredited chiropractic school or college, to apply for licensure, take all of the required examinations for licensure, submit a set of fingerprints, and pay all fees for licensure. A chiropractic student who takes and successfully passes the licensure examinations and who otherwise meets all requirements for licensure as a chiropractic physician during the student's final year must have graduated before being certified for licensure by the Board of Chiropractic Medicine.

The bill revises requirements for the issuance of a chiropractic medicine faculty certificate, to authorize the certificate to be issued to an individual who has accepted a full-time faculty appointment at a college of chiropractic in Florida that has been accredited by the Council of Chiropractic Education. The faculty position is no longer required to be at a publicly funded university or college.

The bill restricts the indirect supervision of a certified chiropractic physician's assistant to the address of record or place of practice of the supervising chiropractic physician as required by s. 456.035, F.S., other than at a clinic licensed under ch. 400, part X, F.S. Any certified chiropractic physician's assistant who is certified by the Board of Chiropractic Medicine to perform services at a licensed clinic may only perform those services under the direct supervision of the chiropractic physician to whom the assistant is assigned.

Effective July 1, 2008, the bill prohibits any person other than a sole proprietorship, group practice, partnership, or corporation that is wholly owned by one or more chiropractic physicians, or chiropractic physicians and their relatives, from employing a chiropractic physician or engaging a chiropractic physician as an independent contractor to provide chiropractic services, with certain exceptions. A violation of this prohibition is a third-degree felony

The bill requires chiropractic continuing education to be continuing education that is provided in the form of contact classroom hours, which requires face-to-face classroom interaction.

If approved by the Governor, except as otherwise provided, these provisions take effect July 1, 2007.

*Vote: Senate 38-0; House 118-0*

## **CS/SB 650 — Osteopathic Physicians**

by Health Regulation Committee and Senator Fasano

The bill combines existing language for obtaining a license by examination and a license by endorsement to practice osteopathic medicine in Florida into the general licensure requirements for osteopathic physicians. In addition to the current licensure requirements for persons to practice osteopathic medicine, the bill requires applicants to not have received less than a satisfactory evaluation from an internship, residency, or fellowship-training program. The evaluation must be provided by the director of medical education from the medical training facility.

The bill revises requirements for the registration of persons wishing to practice osteopathic medicine as residents, interns, or fellows in training programs in Florida so that they must register before commencing the training program. The registrants must pay a fee, upon annual renewal of the registration, of no greater than \$300 as set by the Board of Osteopathic Medicine. The bill revises the penalty for certain criminal offenses applicable to the registration of residents employed to practice osteopathic medicine. Under the revised criminal offense, the hospital or administrator must willfully fail to register a resident or furnish the required information to be liable for the offense and is subject to imposition of penalties applicable to a first-degree misdemeanor rather than a second-degree misdemeanor.

The bill repeals s. 459.006, F.S., relating to licensure by examination, and s. 459.007, F.S., relating to licensure by endorsement.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 39-0; House 116-0*

### **CS/CS/SB 248 — Clinical Nursing Specialties**

by Health and Human Services Appropriations Committee; Health Regulation Committee; and Senator Saunders

The bill defines “clinical nurse specialist practice” and defines “clinical nurse specialist” as any person licensed in Florida to practice professional nursing and certified in clinical nurse specialist practice. Procedures are specified for a nurse to be certified as a clinical nurse specialist. The bill revises the restrictions on the use of protected nursing titles and abbreviations to include “Clinical Nurse Specialist,” “Certified Registered Nurse Anesthetist,” and “Certified Nurse Midwife.”

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 38-0; House 118-0*

### **CS/CS/SB 770 — Physician Workforce**

by Governmental Operations Committee; Health Regulation Committee; and Senators Atwater, Fasano, and Lynn

The bill expresses legislative intent, which recognizes that physician workforce planning is an essential component of ensuring that there is an adequate and appropriate supply of well-trained physicians to meet Florida’s future health care service needs.

The bill requires the Department of Health (DOH) to serve as a coordinating and strategic planning body to actively assess Florida’s current and future physician workforce needs and work with multiple stakeholders to develop strategies and alternatives to address current and projected physician workforce needs. The DOH must maximize the use of existing programs under the DOH and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of the strategic plan. The bill specifies a variety of functions the DOH must undertake as part of developing the strategic plan. The DOH must maintain a database to serve as a statewide source of data concerning the physician workforce.

The bill requires each Florida-licensed allopathic or osteopathic physician, in conjunction with the renewal of his or her license under procedures adopted by the DOH, to furnish specified information to the DOH in a physician survey. The bill lists the information for inclusion in the physician survey to be developed by the DOH. The DOH is granted rulemaking authority to develop the physician survey.

The DOH must issue a nondisciplinary citation to any Florida-licensed allopathic or osteopathic physician who fails to complete the survey within 90 days after the renewal of his or her license to practice as a physician. The citation must notify a physician who fails to complete the required

survey that his or her license will not be renewed for any subsequent licensure renewal unless the physician completes the survey. In conjunction with issuing the license-renewal notice, the DOH must notify each allopathic or osteopathic physician who has failed to complete the survey at the licensee's last known address of record with the DOH, of the requirement that the physician survey be completed prior to the subsequent license renewal. At any subsequent license renewal, the DOH may not renew the license of any allopathic or osteopathic physician, until the required survey is completed by the licensee.

Each year, the DOH must analyze the results of the required physician survey and determine by geographic area and specialty the number of physicians who:

- Perform deliveries of children in Florida;
- Read mammograms and perform breast-imaging-guiding procedures in Florida;
- Perform emergency care on an on-call basis for a hospital emergency department;
- Plan to reduce or increase emergency on-call hours in a hospital emergency department; or
- Plan to relocate their allopathic practice or osteopathic practice outside of Florida.

The DOH must report its findings to the Governor and the Legislature by November 1 of each year.

If approved by the Governor, these provisions take effect upon becoming law.

*Vote: Senate 39-0; House 118-0*

### **CS/SB 1034 — Public Records/Physician Workforce**

by Health Regulation Committee and Senator Atwater

The bill creates an exemption from the requirements of the Public Records Law to make all personal identifying information contained in records provided by Florida-licensed allopathic and osteopathic physicians in response to the physician workforce survey required by the Department of Health (DOH) as a condition of license renewal and held by the DOH confidential and exempt. The confidential and exempt information may be disclosed upon the consent of the individual to whom the information pertains, by order of a court, and to research entities under specified conditions. The bill provides a statement of public necessity for the public records exemption created in the bill.

If approved by the Governor, these provisions take effect on the same date that Senate Bill 770, or similar legislation requiring a physician survey as a condition of licensure, takes effect if such legislation is adopted in the same legislative session or an extension thereof and becomes law.

*Vote: Senate 39-0; House 115-0*

### **CS/HB 1007 — Physician Assistants**

by Healthcare Council and Rep. Baxley (CS/SB 692 by Health Regulation Committee and Senator Saunders)

The bill allows a supervisory physician to delegate the authority to dispense drugs to a physician assistant. The authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner as required by Florida law. The physician assistant is not required to register as a dispensing practitioner. The physician assistant must note the dispensing of medication in the appropriate medical record.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 35-0; House 115-0*

### **SB 1700 — Physician Assistants/Paramedic Certification**

by Senator Aronberg

The bill adds physician assistants to the list of health care practitioners who may be certified as a paramedic. A physician assistant may be certified if he or she is certified in Florida as an emergency medical technician (EMT), has passed the required EMT curriculum, has successfully completed an advanced cardiac life support course, has passed the examination for certification as a paramedic, and has met other certification requirements specified by rule of the Department of Health. Any physician assistant so certified must be recertified under the regulations for paramedic certification.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 39-0; House 111-0*

### **CS/SB 1508 — Informed Consent/Medical**

by Judiciary Committee and Senator Peadar

The bill adds Florida-certified advanced registered nurse practitioners and Florida-licensed physician assistants to the list of health care providers who are granted immunity in actions brought for examining or treating a patient without his or her informed consent if:

- The patient at the time of the examination or treatment is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent as required under the Florida Medical Consent Law;
- The patient at the time of the examination or treatment is experiencing an emergency medical condition; and
- The patient would reasonably undergo the examination, treatment, or procedure if he or she were advised in accordance with the Florida Medical Consent Law.

The bill amends the Florida Medical Consent Law to add advanced registered nurse practitioners and physician assistants to the list of health care providers from whom no recovery is allowed in an action brought for treating, examining, or operating on a patient without the patient's informed consent when the elements of informed consent are satisfied.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 36-0; House 118-0*

### **CS/HB 1051 — Blindness/Homestead Exemption**

by Government Efficiency and Accountability Council and Rep. Mealor and others (CS/SB 1744 by Community Affairs Committee and Senators Justice, Rich, Wilson, Baker, Jones, King, and Storms)

The bill authorizes a Florida-licensed optometrist to certify a total and permanent disability due to legal blindness for purposes of qualifying a person within certain income limitations for an exemption of the total value of a homestead property from ad valorem taxation. Certification of total and permanent disability due to legal blindness by a Florida-licensed allopathic or osteopathic physician and a Florida-licensed optometrist satisfies the requirement for the exemption from ad valorem taxation. Only one of the two certifications required for total and permanent disability due to legal blindness may be completed by an optometrist; the other certification must be completed by a physician. The bill specifies a form for an optometrist's certification of total and permanent disability, including specified notices to the taxpayer and the optometrist.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 39-0; House 118-0*

### **CS/HB 543 — Immunization Services**

by Healthcare Council and Rep. Zapata and others (CS/CS/SB 2022 by Judiciary Committee; Health Regulation Committee; and Senators Bennett and Rich)

The bill creates the Pharmacist Kevin Coit Memorial Act. The bill authorizes a Florida-licensed pharmacist to administer influenza virus immunizations to adults under a protocol with a supervisory Florida-licensed osteopathic or medical physician. The protocol must contain specific procedures for addressing any unforeseen allergic reaction to the immunization. The bill establishes requirements for a pharmacist seeking to immunize patients, including:

- Maintenance of at least \$200,000 of professional liability insurance;
- Maintenance of patient records using the same standards for confidentiality as for other patient records;
- Entering into a protocol with a supervising physician which specifies certain terms and conditions;
- Written approval to administer vaccinations from the pharmacy owner;

- Obtaining training and immunization certification approved by the Board of Pharmacy in consultation with the Board of Medicine and the Board of Osteopathic Medicine; and
- Completion of 20 hours of continuing education classes approved by the Board of Pharmacy, including instruction in safe and effective administration of influenza virus immunizations and potential allergic reactions to influenza virus immunizations.

The bill creates a task force for the study of biotech competitiveness within the Governor's Office of Tourism, Trade, and Economic Development and provides its duties and responsibilities. The task force is required to report its findings to the Governor and Legislature by January 1, 2009.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 33-5; House 93-22*

## **HEALTH CARE FACILITIES**

### **CS/SB 682 — Nursing Facilities**

by Health Regulation Committee and Senators Bennett and Gaetz

The bill changes the frequency of visits to nursing facilities by quality-of-care monitors from quarterly to annually, however, if a nursing facility requests quarterly visits by quality-of-care monitors the Agency for Health Care Administration must continue to provide quarterly visits. It requires quarterly visits by quality-of-care monitors for conditionally licensed nursing facilities and visits for other nursing facilities as directed by the agency. The bill authorizes nursing facilities having a standard license to develop a plan to provide training for certified nursing assistants. The bill deletes the requirement for nursing facilities to submit an adverse incident report to the agency within one day after an adverse incident is reported to the facility's risk manager. The risk manager for the facility will determine whether an incident is an adverse incident. The bill provides that the most recent survey is considered a licensure survey for purposes of future survey scheduling. The bill clarifies that compliance with federal posting standards satisfies state posting standards relating to staff on duty.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 39-0; House 114-3*

### **CS/SB 1758 — Hospitals/Off-premises Emergency Departments**

by Health Regulation Committee and Senator Peadar

The bill provides that additional hospital off-premises emergency departments may not be authorized by the Agency for Health Care Administration until January 1, 2009. However, the bill allows for the licensure of an off-premises emergency department if initial licensure application documents were filed before April 30, 2007, and stage 2 architectural plans are



submitted as of July 1, 2007, or stage 2 architectural plans are approved by July 15, 2007, as long as the hospital complies with requirements imposed on off-premises emergency departments licensed prior to July 1, 2007.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 37-0; House 113-3*

## **HB 7165 — Hospitals**

by Healthcare Council and Rep. Garcia (CS/SB 760 by Health Regulation Committee and Senator Atwater)

The bill revises the definition of the types of specialty hospitals that may not be licensed or relicensed by the Agency for Health Care Administration. Instead of defining these prohibited specialty hospitals by enumerating specific diagnosis-related groups (DRGs), the bill defines them by major diagnostic categories (a higher level of classification than DRGs) or by the principal diagnosis or reason for admission. The bill creates an exemption from this prohibition for any hospital classified as an exempt cancer center hospital pursuant to 42 C.F.R. s. 412.23(f) as of December 31, 2005.

The bill changes the terms cardiology and interventional cardiology services to cardiovascular services throughout s. 408.0361, F.S., which relates to licensure of hospital cardiology services and burn units. The grandfathered licensure status of certain hospitals with adult interventional cardiology services or burn units is changed from a period specified in rule to until July 1, 2008.

The bill deletes the inclusion in rules of a standard data set for measuring outcomes of hospital adult cardiovascular services consisting of data elements reported to the agency in accordance with s. 408.061, F.S. It also requires Level I and Level II hospitals to participate in clinical outcome-reporting systems operated by the American College of Cardiology and the Society for Thoracic Surgeons.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 39-0; House 118-0*

## **CS/SB 246 — Certificates of Need/Level I/Cardiology Services**

by Health Regulation Committee and Senators Wise, King, and Hill

The bill allows the holder of a certificate of need for a newly licensed hospital to apply for and be granted certification for Level I adult interventional cardiology services regardless of whether rules relating to Level I programs have been adopted by the Agency for Health Care Administration, as long as the following criteria are met: the hospital must be a newly licensed hospital with a certificate of need and located in a former hospital; the former hospital must have provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations for the most recent 12-month period; and the newly licensed hospital must have a formalized, written transfer agreement with a hospital that has a Level II program, including written transport

protocols to ensure transfer within 60 minutes. A hospital that meets the requirements may apply for certification before taking possession of the former hospital. The effective date of the Level I program status will be concurrent with the effective date of the newly issued hospital license.

If approved by the Governor, these provisions take effect July 1, 2007.

*Vote: Senate 38-0; House 117-0*

## **SB 2634 — Hospice Facility Construction**

by Senator Peaden

The bill authorizes the Agency for Health Care Administration (agency), at the request of the prospective licensee of an inpatient hospice facility, to provide an informal review of the facility plans prior to construction to assist the facility in complying with the Florida Building Code requirements. It further authorizes the agency to charge a nonrefundable fee commensurate with the cost of providing this consultation.

If approved by the Governor, these provisions take effect upon becoming a law.

*Vote: Senate 39-0; House 117-0*

## **SB 992 — The Licensure of Health Care Providers**

by Health Regulation Committee

The bill conforms the Florida Statutes to legislation enacted during the 2006 Regular Session relating to health care providers regulated by the Agency for Health Care Administration. The bill amends and repeals those portions of the specific licensure statutes for health care facilities and services that are now covered under ch. 408, part II, F.S. Some of the areas affected by the changes are license fees; the license application process; payment of late fees; inspections; the establishment of procedures and rules for the electronic transmission of required information; procedures for the change in ownership; background screening; unlicensed activity; administrative fines; moratoriums and emergency suspensions; license denial or revocation; injunctive proceedings; fees and fines to be deposited in the Health Care Trust Fund; and license duration. The bill specifies in the various specific licensure statutes that the provisions of ch. 408, part II, F.S., apply.

The bill also makes numerous changes to statutory cross-references to reflect the movement of ch. 400, parts III, VII, and V, F.S., to ch. 429, parts I, II, and III, F.S., and the resulting renumbering of the parts in ch. 400, F.S.

The bill expands an exemption from clinic licensure for entities that provide health care services by licensed practitioners solely within a hospital. The bill provides an exemption from clinic licensure under the Health Care Clinic Act for orthotic and prosthetic clinical facilities that are wholly owned, directly or indirectly, by a publicly traded corporation. The bill defines a publicly traded corporation to mean one that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange.

If approved by the Governor, these provisions take effect July 1, 2007.  
*Vote: Senate 39-0; House 117-0*

