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# Health & Human Services Committee

**Wednesday, February 7, 2018  
10:30 AM – 12:00 PM  
Morris Hall (17 HOB)**

# Committee Meeting Notice

## HOUSE OF REPRESENTATIVES

### Health & Human Services Committee

**Start Date and Time:** Wednesday, February 07, 2018 10:30 am  
**End Date and Time:** Wednesday, February 07, 2018 12:00 pm  
**Location:** Morris Hall (17 HOB)  
**Duration:** 1.50 hrs

**Consideration of the following bill(s):**

HB 573 Involuntary Examinations Under the Baker Act by Daniels, Pigman  
CS/HB 735 Mammography by Health Innovation Subcommittee, Harrell  
CS/HB 947 Behavioral Health of Minors by Children, Families & Seniors Subcommittee, Payne  
HB 1187 Guardianship by Spano  
CS/HB 1239 South Lake County Hospital District, Lake County by Local, Federal & Veterans Affairs Subcommittee, Metz  
CS/HB 1337 Nursing by Health Quality Subcommittee, Pigman

Pursuant to rule 7.11, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Tuesday, February 6, 2018.

By request of the Chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Tuesday, February 6, 2018.

**NOTICE FINALIZED on 02/05/2018 3:48PM by Iseminger.Bobbye**



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 573 Involuntary Examinations Under the Baker Act  
**SPONSOR(S):** Daniels and others  
**TIED BILLS:** **IDEN./SIM. BILLS:** SB 112

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	13 Y, 0 N	Siples	McElroy
2) Civil Justice & Claims Subcommittee	14 Y, 0 N	Tuszynski	Bond
3) Health & Human Services Committee		Siples <i>us</i>	Calamas <i>CA</i>

### SUMMARY ANALYSIS

In 1971, the Legislature passed the Florida Mental Health Act ("Baker Act") to address the mental health needs of individuals in the state. The Baker Act allows for voluntary and, under certain circumstances, involuntary, examinations of individuals suspected of having a mental illness, and establishes procedures for courts, law enforcement, and certain health care practitioners to initiate such examinations.

Currently, the following health care practitioners may initiate the involuntary examination of a person under the Baker Act (some subject to certain training and experience requirements): a physician, a clinical psychologist, a psychiatric nurse, a mental health counselor, a marriage and family therapist, and a clinical social worker.

HB 573 adds advanced registered nurse practitioners and physician assistants to the list of health care practitioners who may initiate the involuntary examination of a person under the Baker Act.

The bill does not appear to have a fiscal impact on state or local government.

The bill has an effective date of July 1, 2018.



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Current Situation

##### Involuntary Examination under the Baker Act

In 1971, the Legislature passed the Florida Mental Health Act (also known as “The Baker Act”<sup>1</sup>), codified in part I of ch. 394, F.S., to address mental health needs in the state.<sup>2</sup> The Baker Act provides the authority and process for the voluntary and involuntary examination of persons who meet certain criteria, and the subsequent inpatient or outpatient placement of such individuals for treatment.

The Department of Children and Families (DCF) administers the Baker Act through receiving facilities which are designated by DCF. The receiving facility may be public or private and provides the initial examination and short-term treatment of persons who meet the criteria under the Baker Act.<sup>3</sup> A person who requires longer term treatment may be transported to a DCF-designated treatment facility. Treatment facilities are state owned, operated, or supported that hospitals, centers, or clinics that are provide extended treatment and hospitalization beyond what is provided in a receiving facility.<sup>4</sup>

Current law allows an involuntary examination if there is reason to believe a person has a mental illness and; because of the illness, the person:<sup>5</sup>

- Has refused a voluntary examination after explanation of the purpose of the exam or is unable to determine for himself or herself that an examination is needed; and
- Is likely to suffer from self-neglect or substantial harm to her or his well-being, or be a danger to himself or herself or others.

A person who is subject to an involuntary examination may not be held longer than 72 hours in a receiving facility.<sup>6</sup>

Courts, law enforcement officers, and certain health care practitioners are authorized to initiate such involuntary examinations.<sup>7</sup> A circuit court may enter an *ex parte* order stating a person meets the criteria for involuntary examination.<sup>8</sup> A law enforcement officer<sup>9</sup> may take a person into custody who

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<sup>1</sup> “The Baker Act” is named for its sponsor, Representative Maxine E. Baker, one of the first two women from Dade County elected to office in the Florida Legislature. As chair of the House Committee on Mental Health, she championed the treatment of mental illness in a manner that would not sacrifice a patient's rights and dignity. Baker served five terms as a member of the Florida House of Representatives from 1963-1972 and was instrumental in the passage of the Florida Mental Health Act. See University of Florida Smathers Libraries, *A Guide to the Maxine E. Baker Papers*, available at <http://www.library.ufl.edu/spec/pkyonge/baker.htm> (last visited January 22, 2018), and Department of Children and Families and University of South Florida, Department of Mental Health Law and Policy, *2014 Baker Act User Reference Guide: The Florida Mental Health Act (2014)*, available at <http://www.dcf.state.fl.us/programs/samh/mentalhealth/laws/BakerActManual.pdf> (last visited January 22, 2018).

<sup>2</sup> Chapter 71-131, s. 1, Laws of Fla.

<sup>3</sup> S. 394.455(39), F.S.

<sup>4</sup> S. 394.455(47), F.S.

<sup>5</sup> S. 394.463(1), F.S. If the examination period ends on a weekend or a holiday, the person must be released no later than the next working day.

<sup>6</sup> S. 394.463(2)(g), F.S. For those under the age of 18, the examination must be initiated within 12 hours of arrival at the receiving facility.

<sup>7</sup> S. 394.463(2)(a), F.S.

<sup>8</sup> *Id.*

<sup>9</sup> “Law enforcement officer” means any person who is elected, appointed, or employed full time by any municipality or the state or any political subdivision thereof; who is vested with authority to bear arms and make arrests; and whose primary responsibility is the prevention and detection of crime or the enforcement of the penal, criminal, traffic, or highway laws of the state. This definition includes all certified supervisory and command personnel whose duties include, in whole or in part, the supervision, training, guidance, and management responsibilities of full-time law enforcement officers, part-time law enforcement officers, or auxiliary law enforcement officers but does not include support personnel employed by the employing agency. Section 943.10(1), F.S.

appears to meet the criteria for involuntary examination and transport them to a receiving facility for examination.<sup>10</sup> Health care practitioners may initiate an involuntary examination by executing the *Certificate of Professional Initiating an Involuntary Examination*, an official form adopted in rule by DCF.<sup>11</sup> The health care practitioner must have examined the person within the preceding 48 hours and state that the person meets the criteria for involuntary examination.<sup>12</sup> The Baker Act currently authorizes the following health care practitioners to initiate an involuntary examination by certificate:<sup>13</sup>

- A physician licensed under ch. 458, F.S., or ch. 459, F.S., who has experience in the diagnosis and treatment of mental and nervous disorders, or a physician employed by the United States Department of Veterans Affairs or Department of Defense.<sup>14</sup>
- A clinical psychologist, as defined in s. 490.003(7), F.S., with three years of postdoctoral experience in the practice of clinical psychology, inclusive of the experience required for licensure, or a psychologist employed by a facility operated by the United States Department of Veterans Affairs that qualifies as a receiving or treatment facility.<sup>15</sup>
- A psychiatric nurse who is certified as an advanced registered nurse practitioner under s. 464.012, who has a master's degree or a doctorate in psychiatric nursing, holds a national advanced practice certification as a psychiatric mental health advance practice nurse, and has two years of post-master's clinical experience under the supervision of a physician.<sup>16</sup>
- A mental health counselor licensed under ch. 491, F.S.
- A marriage and family therapist licensed under ch. 491, F.S.
- A clinical social worker licensed under ch. 491, F.S.

Between July 1, 2015 and June 30, 2016, there were 194,354 involuntary examinations initiated in the state. Law enforcement initiated half of the involuntary examinations (50.86 percent), followed closely by mental health professionals (47.27 percent), with the remaining initiated pursuant to *ex parte* orders by judges (1.88 percent).<sup>17</sup>

### Physician Assistants

Physician assistant (PA) licensure in Florida is governed by ss. 458.347(7) and 459.022(7), F.S. The Department of Health (DOH) licenses PAs and the Florida Council on Physician Assistants (Council) regulates them.<sup>18</sup> PAs are also regulated by either the Florida Board of Medicine for PAs licensed under ch. 458, F.S., or the Florida Board of Osteopathic Medicine for PAs licensed under ch. 459, F.S. The duty of a board and its members is to make disciplinary decisions concerning whether a doctor or PA has violated the provisions of his or her practice act.<sup>19</sup> There are 9,118 PAs who hold active licenses to practice in Florida.<sup>20</sup>

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<sup>10</sup> *Supra*, FN 7.

<sup>11</sup> The *Certificate of Professional Initiating an Involuntary Examination* is a form created by the DCF which must be executed by health care practitioners initiating an involuntary examination under The Baker Act. The form contains information related to the person's diagnosis and the health care practitioner's personal observations of statements and behaviors that support the involuntary examination of such person. See rule reference in Rule 65E-5.280, F.A.C. The form is also available at:

<http://www.dcf.state.fl.us/programs/samh/MentalHealth/laws/3052b.pdf> (last visited January 22, 2018).

<sup>12</sup> S. 394.463(2)(a)3., F.S.

<sup>13</sup> *Id.*

<sup>14</sup> S. 394.455(32), F.S.

<sup>15</sup> S. 394.455(5), F.S.

<sup>16</sup> S. 394.455(35), F.S.

<sup>17</sup> Christy, A., et al., Baker Act Reporting Center, Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law & Policy, University of South Florida, *Fiscal Year 2015/2016 Report Annual Report* (March 2017), available at [http://www.usf.edu/cbcs/baker-act/documents/annual\\_report.pdf](http://www.usf.edu/cbcs/baker-act/documents/annual_report.pdf) (last visited January 22, 2018).

<sup>18</sup> The Council consists of three physicians who are members of the Board of Medicine; one member who is a member of the Board of Osteopathic Medicine, and a physician assistant appointed by the State Surgeon General. (Sections 458.347(9) and 459.022(8), F.S.)

<sup>19</sup> SS. 458.347(12) and 459.022(12), F.S.

<sup>20</sup> Email correspondence with the Department of Health, dated December 14, 2017 (on file with the Health Quality Subcommittee).

PAs may only practice under the direct or indirect supervision of a medical doctor or doctor of osteopathic medicine with whom they have a clinical relationship.<sup>21</sup> A supervising physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice.<sup>22</sup> The supervising physician is responsible and liable for any acts or omissions of the PA and may not supervise more than four PAs at any time.<sup>23</sup>

To be licensed as a PA in Florida, an applicant must:<sup>24</sup>

- Submit a completed application and appropriate fees.<sup>25</sup>
- Complete of an approved PA training program;
- Obtain a passing score on the National Commission on Certification of Physician Assistant exam;
- Acknowledge any prior felony convictions;
- Submit to a background screening and have no disqualifying offenses;<sup>26</sup>
- Acknowledge any previous revocation or denial of licensure in any state; and
- A copy of course transcripts and a copy of the course description from a PA training program describing the course content in pharmacotherapy if the applicant is seeking prescribing authority.

Licenses are renewed biennially. At the time of renewal, must submit an acknowledgement that he or she has not been convicted of any felony in the previous two years and complete a physician assistant workforce survey.<sup>27</sup>

Florida law does not expressly allow PAs to refer for or initiate involuntary examinations under the Baker Act; however, in 2008, Attorney General Bill McCollum issued an opinion stating:

A physician assistant pursuant to Chapter 458 or 459, Florida Statutes, may refer a patient for involuntary evaluation pursuant to section 394.463, Florida Statutes, provided that the physician assistant has experience regarding the diagnosis and treatment of mental and nervous disorders and such tasks are within the supervising physician's scope of practice.<sup>28</sup>

PAs are not required by law to have experience in the diagnosis and treatment of mental and nervous disorders.

### Advanced Registered Nurse Practitioners

Nurses are licensure are licensed by DOH and regulated by the Board of Nursing pursuant to part I of ch. 464, F.S. Licensure requirements to practice nursing include completion of an approved educational course of study, passage of an examination approved by DOH, and acceptable criminal background screening results.<sup>29</sup>

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<sup>21</sup> SS. 458.347(2)(f) and 459.022(2)(f), F.S., define supervision as responsible supervision and control which requires the easy availability or physical presence of the licensed physician for consultation and direction of the PA.

<sup>22</sup> Rules 64B8-30.012 and 64B15-6.010, F.A.C.

<sup>23</sup> S. 458.347(15) and 459.022(15), F.S.

<sup>24</sup> S. 458.347(7) and 459.022(7), F.S.

<sup>25</sup> The application fee is \$100 and the initial license fee is \$205. See rr. 64B8-30.019, and 64B15-6.013, F.A.C.

<sup>26</sup> S. 456.0135, F.S.

<sup>27</sup> SS. 458.347(7)(b)-(c) and 459.022(7)(b)-(c), F.S.

<sup>28</sup> Op. Att'y Gen. Fla. 08-31 (2008), available at <http://www.dcf.state.fl.us/programs/samh/MentalHealth/laws/agopinion.pdf> (last visited January 22, 2018).

<sup>29</sup> SS. 464.008 and 464.009, F.S. As an alternative to licensure by examination, a nurse may also be eligible for licensure by endorsement.

A nurse who holds a current license to practice professional nursing may apply to be certified as an Advanced Registered Nurse Practitioner (ARNP), under s. 464.012, F.S., if the nurse meets one or both of the following requirements:

- Certification by a specialty board; or
- Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills.

Current law defines three categories of ARNPs: certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.<sup>30</sup> All ARNPs, regardless of practice category, may only practice within the framework of an established protocol and under the supervision of an allopathic or osteopathic physician or dentist.<sup>31</sup> ARNPs may carry out treatments as specified in statute, including:<sup>32</sup>

- Prescribing, dispensing, administering, or ordering any drug;<sup>33</sup>
- Initiating appropriate therapies for certain conditions;
- Ordering diagnostic tests and physical and occupational therapy;
- Ordering any medication for administration patients in certain facilities; and
- Performing additional functions as determined by rule.<sup>34</sup>

In addition to the above-allowed acts, an ARNP may also perform other acts as authorized by statute and within his or her specialty.<sup>35</sup> Further, if it is within an ARNP's established protocol, the ARNP may establish behavioral problems and diagnosis and make treatment recommendations.<sup>36</sup> There are 27,588 ARNPs who hold active licenses to practice in Florida.<sup>37</sup>

Currently, only ARNPs who are "psychiatric nurses" may initiate involuntary examinations under the Baker Act.<sup>38</sup> To qualify as a psychiatric nurse, an ARNP must have a master's or doctoral degree in psychiatric nursing, hold a national advance practice certification as a psychiatric mental health advanced practice nurse, and have two years post-master's clinical experience.<sup>39</sup>

### **Effect of Proposed Changes**

HB 573 authorizes PAs and ARNPs to initiate involuntary examinations under the Baker Act. A PA or ARNP must execute a certificate stating that a person he or she examined within the preceding 48 hours appears to meet the criteria for an involuntary examination. Under current law, only a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist or clinical social worker may initiate an involuntary examination by executing such a certificate.

The bill defines a "physician assistant" and an "advanced registered nurse practitioner" in the same manner as their respective practice acts (ss. 458.347, 459.022, and 464.003, F.S.).

The bill makes necessary conforming changes due to the statutory changes made by the bill.

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<sup>30</sup> S. 464.012(2), F.S.

<sup>31</sup> S. 464.012(3), F.S.

<sup>32</sup> *Id.*

<sup>33</sup> An ARNP may only prescribe controlled substances if he or she has graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills. An ARNP is limited to prescribing a 7-day supply of Schedule II controlled substances. Only a psychiatric nurse may prescribe psychotropic controlled substances for the treatment of mental disorders and psychiatric mental health controlled substances for children younger than 18.

<sup>34</sup> S. 464.003(2), F.S., defines "advanced or specialized nursing practice" to include additional activities that an ARNP may perform as approved by the Board of Nursing.

<sup>35</sup> S. 464.012(4), F.S.

<sup>36</sup> S. 464.012(4)(c)1., F.S.

<sup>37</sup> Email correspondence with the Department of Health, dated December 14, 2017 (on file with the Health Quality Subcommittee).

<sup>38</sup> S. 394.463(2)(a), F.S.

<sup>39</sup> S. 394.455(35), F.S.

The bill provides an effective date of July 1, 2018.

**B. SECTION DIRECTORY:**

**Section 1:** Amends s. 394.455, F.S., relating to definitions.

**Section 2:** Amends s. 394.463, F.S., relating to involuntary examinations.

**Section 3:** Amends s. 39.407, F.S., relating to medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.

**Section 4:** Amends s. 394.495, F.S., relating to child and adolescent mental health system care; programs and services.

**Section 5:** Amends s. 394.496, F.S., relating to service planning.

**Section 6:** Amends s. 394.9085, F.S., relating to behavioral provider liability.

**Section 7:** Amends s. 409.972, F.S., relating to mandatory and voluntary enrollment.

**Section 8:** Amends s. 744.2007, F.S., relating to powers and duties.

**Section 9:** Provides an effective date of July 1, 2018.

**II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

**A. FISCAL IMPACT ON STATE GOVERNMENT:**

1. Revenues:

None.

2. Expenditures:

None.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

**B. RULE-MAKING AUTHORITY:**

No additional rule-making authority is necessary to implement the provisions of the bill.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

1                                   A bill to be entitled  
 2           An act relating to involuntary examinations under the  
 3           Baker Act; amending s. 394.455, F.S.; defining terms;  
 4           amending s. 394.463, F.S.; authorizing physician  
 5           assistants and advanced registered nurse practitioners  
 6           to execute a certificate under certain conditions  
 7           stating that they have examined a person and find the  
 8           person appears to meet the criteria for involuntary  
 9           examination; amending ss. 39.407, 394.495, 394.496,  
 10          394.9085, 409.972, and 744.2007, F.S.; conforming  
 11          cross-references; providing an effective date.

12  
 13   Be It Enacted by the Legislature of the State of Florida:

14  
 15           Section 1. Present subsections (5) through (48) of section  
 16   394.455, Florida Statutes, are redesignated as subsections (6)  
 17   through (49), respectively, a new subsection (5) is added to  
 18   that section, and present subsection (33) is amended, to read:

19           394.455 Definitions.—As used in this part, the term:  
 20           (5) "Advanced registered nurse practitioner" means a  
 21           person licensed in this state to practice professional nursing  
 22           and certified in advanced or specialized nursing practice, as  
 23           defined in s. 464.003.

24           (34) ~~(33)~~ "Physician assistant" has the same meaning as  
 25           provided in s. 458.347(2) ~~means a person licensed under chapter~~

26 ~~458 or chapter 459 who has experience in the diagnosis and~~  
 27 ~~treatment of mental disorders.~~

28 Section 2. Paragraph (a) of subsection (2) of section  
 29 394.463, Florida Statutes, is amended to read:

30 394.463 Involuntary examination.—

31 (2) INVOLUNTARY EXAMINATION.—

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

34 1. A circuit or county court may enter an ex parte order  
 35 stating that a person appears to meet the criteria for  
 36 involuntary examination and specifying the findings on which  
 37 that conclusion is based. The ex parte order for involuntary  
 38 examination must be based on written or oral sworn testimony  
 39 that includes specific facts that support the findings. If other  
 40 less restrictive means are not available, such as voluntary  
 41 appearance for outpatient evaluation, a law enforcement officer,  
 42 or other designated agent of the court, shall take the person  
 43 into custody and deliver him or her to an appropriate, or the  
 44 nearest, facility within the designated receiving system  
 45 pursuant to s. 394.462 for involuntary examination. The order of  
 46 the court shall be made a part of the patient's clinical record.  
 47 A fee may not be charged for the filing of an order under this  
 48 subsection. A facility accepting the patient based on this order  
 49 must send a copy of the order to the department the next working  
 50 day. The order may be submitted electronically through existing



51 data systems, if available. The order shall be valid only until  
52 the person is delivered to the facility or for the period  
53 specified in the order itself, whichever comes first. If no time  
54 limit is specified in the order, the order shall be valid for 7  
55 days after the date that the order was signed.

56 2. A law enforcement officer shall take a person who  
57 appears to meet the criteria for involuntary examination into  
58 custody and deliver the person or have him or her delivered to  
59 an appropriate, or the nearest, facility within the designated  
60 receiving system pursuant to s. 394.462 for examination. The  
61 officer shall execute a written report detailing the  
62 circumstances under which the person was taken into custody,  
63 which must be made a part of the patient's clinical record. Any  
64 facility accepting the patient based on this report must send a  
65 copy of the report to the department the next working day.

66 3. A physician, physician assistant, clinical  
67 psychologist, psychiatric nurse, mental health counselor,  
68 marriage and family therapist, ~~or~~ clinical social worker, or an  
69 advanced registered nurse practitioner may execute a certificate  
70 stating that he or she has examined a person within the  
71 preceding 48 hours and finds that the person appears to meet the  
72 criteria for involuntary examination and stating the  
73 observations upon which that conclusion is based. If other less  
74 restrictive means, such as voluntary appearance for outpatient  
75 evaluation, are not available, a law enforcement officer shall

76 take into custody the person named in the certificate and  
 77 deliver him or her to the appropriate, or nearest, facility  
 78 within the designated receiving system pursuant to s. 394.462  
 79 for involuntary examination. The law enforcement officer shall  
 80 execute a written report detailing the circumstances under which  
 81 the person was taken into custody. The report and certificate  
 82 shall be made a part of the patient's clinical record. Any  
 83 facility accepting the patient based on this certificate must  
 84 send a copy of the certificate to the department the next  
 85 working day. The document may be submitted electronically  
 86 through existing data systems, if applicable.

87 Section 3. Paragraph (a) of subsection (3) of section  
 88 39.407, Florida Statutes, is amended to read:

89 39.407 Medical, psychiatric, and psychological examination  
 90 and treatment of child; physical, mental, or substance abuse  
 91 examination of person with or requesting child custody.—

92 (3)(a)1. Except as otherwise provided in subparagraph  
 93 (b)1. or paragraph (e), before the department provides  
 94 psychotropic medications to a child in its custody, the  
 95 prescribing physician shall attempt to obtain express and  
 96 informed consent, as defined in s. 394.455 ~~s. 394.455(15)~~ and as  
 97 described in s. 394.459(3)(a), from the child's parent or legal  
 98 guardian. The department must take steps necessary to facilitate  
 99 the inclusion of the parent in the child's consultation with the  
 100 physician. However, if the parental rights of the parent have

101 | been terminated, the parent's location or identity is unknown or  
 102 | cannot reasonably be ascertained, or the parent declines to give  
 103 | express and informed consent, the department may, after  
 104 | consultation with the prescribing physician, seek court  
 105 | authorization to provide the psychotropic medications to the  
 106 | child. Unless parental rights have been terminated and if it is  
 107 | possible to do so, the department shall continue to involve the  
 108 | parent in the decisionmaking process regarding the provision of  
 109 | psychotropic medications. If, at any time, a parent whose  
 110 | parental rights have not been terminated provides express and  
 111 | informed consent to the provision of a psychotropic medication,  
 112 | the requirements of this section that the department seek court  
 113 | authorization do not apply to that medication until such time as  
 114 | the parent no longer consents.

115 |         2. Any time the department seeks a medical evaluation to  
 116 | determine the need to initiate or continue a psychotropic  
 117 | medication for a child, the department must provide to the  
 118 | evaluating physician all pertinent medical information known to  
 119 | the department concerning that child.

120 |         Section 4. Subsection (3) of section 394.495, Florida  
 121 | Statutes, is amended to read:

122 |         394.495 Child and adolescent mental health system of care;  
 123 | programs and services.—

124 |         (3) Assessments must be performed by:

125 |         (a) A professional as defined in s. 394.455(6), (8), (33),

126 (36), or (37) s. 394.455(5), (7), (32), (35), or (36);

127 (b) A professional licensed under chapter 491; or

128 (c) A person who is under the direct supervision of a  
 129 qualified professional as defined in s. 394.455(6), (8), (33),  
 130 (36), or (37) s. 394.455(5), (7), (32), (35), or (36) or a  
 131 professional licensed under chapter 491.

132 Section 5. Subsection (5) of section 394.496, Florida  
 133 Statutes, is amended to read:

134 394.496 Service planning.—

135 (5) A professional as defined in s. 394.455(6), (8), (33),  
 136 (36), or (37) s. 394.455(5), (7), (32), (35), or (36) or a  
 137 professional licensed under chapter 491 must be included among  
 138 those persons developing the services plan.

139 Section 6. Subsection (6) of section 394.9085, Florida  
 140 Statutes, is amended to read:

141 394.9085 Behavioral provider liability.—

142 (6) For purposes of this section, the terms  
 143 "detoxification services," "addictions receiving facility," and  
 144 "receiving facility" have the same meanings as those provided in  
 145 ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40)  
 146 394.455(39), respectively.

147 Section 7. Paragraph (b) of subsection (1) of section  
 148 409.972, Florida Statutes, is amended to read:

149 409.972 Mandatory and voluntary enrollment.—

150 (1) The following Medicaid-eligible persons are exempt

151 from mandatory managed care enrollment required by s. 409.965,  
 152 and may voluntarily choose to participate in the managed medical  
 153 assistance program:

154 (b) Medicaid recipients residing in residential commitment  
 155 facilities operated through the Department of Juvenile Justice  
 156 or a treatment facility as defined in s. 394.455(48) ~~s.~~  
 157 ~~394.455(47)~~.

158 Section 8. Subsection (7) of section 744.2007, Florida  
 159 Statutes, is amended to read:

160 744.2007 Powers and duties.—



161 (7) A public guardian may not commit a ward to a treatment  
 162 facility, as defined in s. 394.455(48) ~~s. 394.455(47)~~, without  
 163 an involuntary placement proceeding as provided by law.

164 Section 9. This act shall take effect July 1, 2018.



**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** CS/HB 735 Mammography  
**SPONSOR(S):** Health Innovation Subcommittee; Harrell  
**TIED BILLS:** IDEN./SIM. **BILLS:** SB 164

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Innovation Subcommittee	10 Y, 0 N, As CS	Royal	Crosier
2) Health & Human Services Committee		Royal 	Calamas 

**SUMMARY ANALYSIS**

Breast cancer is one of the most common cancers in women, second only to skin cancer. In 2014, Florida recorded 2,845 breast cancer deaths out of 42,551 total cancer deaths. Additionally, 15,570 new breast cancer cases were reported out of 110,602 total new cancer cases.

Mammography is the most common screening test for breast cancer. A mammogram is an x-ray of the breast. Federal law requires mammogram facilities to send each patient a summary of the mammogram report written in lay terms within 30 days of the mammographic examination.

Among the risk factors for developing breast cancer are dense breasts. Almost half of all women between 40 and 74 years of age (about 25 million nationally) are identified as having dense breasts. Breast density refers to ratio of fatty tissue to glandular tissue (milk ducts, milk glands, and supportive tissue) on a mammogram. A dense breast has less fat than glandular and connective tissue. Denser breast tissue appears white on a mammogram. Because tumors also appear white on a mammogram, they can be harder to find when there is dense breast tissue.

CS/HB 735 codifies the federal requirement that each facility that performs mammography to send a summary of a patient's mammography report to each patient. In addition to the federal requirements, if the patient has dense breasts, the bill requires the summary of the mammography report also include a notice to the patient that the mammogram shows that the patient's breast tissue is dense which makes it more difficult to detect some abnormalities in the breast and may also be associated with increased risk of breast cancer.

The bill repeals the notice requirement effective June 30, 2023.

The bill does not have a fiscal impact on state or local government.

The bill provides an effective date of July 1, 2018.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### **Background**

Breast cancer is one of the most common cancers in women, second only to skin cancer.<sup>1</sup> In 2014, Florida recorded 2,845 breast cancer deaths out of 42,551 total cancer deaths.<sup>2</sup> Additionally, 15,570 new breast cancer cases were reported out of 110,602 total new cancer cases.<sup>3</sup>

Risk factors for developing breast cancer are:

- Being a woman;
- Getting older;
- Inheriting certain genes, BRCA1 and BRCA2;
- Having changes in other genes;
- Having a family history of breast cancer;
- Having a personal history of breast cancer;
- Being certain races and ethnicities;
- Having dense breast tissue;
- Having certain benign breast conditions;
- Starting menstruation before age 12;
- Going through menopause after age 55;
- Having radiation to your chest; and
- Having exposure to diethylstilbestrol (DES).<sup>4</sup>

##### **Breast Cancer Screening**

Three tests are used by health care providers to screen for breast cancer: mammogram, clinical breast exam<sup>5</sup> and MRI (magnetic resonance imaging) in women with a high risk of breast cancer.<sup>6</sup> Mammography is the most common screening test for breast cancer.<sup>7</sup> A mammogram is an x-ray of the breast.<sup>8</sup> Federal law and regulations specifically define mammography as a radiographic image of the breast produced through mammography.<sup>9</sup> Mammograms may find tumors that are too small to feel and may also find ductal carcinoma in situ (DCIS), abnormal cells in the lining of a breast duct, which may become invasive cancer in some women.<sup>10</sup> Women 40 to 74 years of age who have screening

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<sup>1</sup> National Cancer Institute, Breast Cancer-Patient Version (Overview), <https://www.cancer.gov/types/breast> (last visited January 26, 2018).

<sup>2</sup> Department of Health, Florida Cancer Statewide Registry, Florida Annual Cancer Report: 2014 Incidence and Mortality (Table 16 – Number of Cancer Death by County, Florida 2014), [https://fcds.med.miami.edu/downloads/FloridaAnnualCancerReport/2014/Table\\_No\\_T16\\_\(2014\).pdf](https://fcds.med.miami.edu/downloads/FloridaAnnualCancerReport/2014/Table_No_T16_(2014).pdf), (last visited January 26, 2018)

<sup>3</sup> Department of Health, Florida Cancer Statewide Registry, Florida Annual Cancer Report: 2014 Incidence and Mortality (Table 2 – Number of New Cancer Cases by County, Florida 2014), [https://fcds.med.miami.edu/downloads/FloridaAnnualCancerReport/2014/Table\\_No\\_T2\\_\(2014\).pdf](https://fcds.med.miami.edu/downloads/FloridaAnnualCancerReport/2014/Table_No_T2_(2014).pdf), (last visited January 26, 2018).

<sup>4</sup> American Cancer Society, Breast Cancer Risk Factors You Cannot Change, <https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html>, (last visited January 26, 2018).

<sup>5</sup> A clinical breast exam is an exam of the breast by a doctor or other health professional. The doctor will carefully feel the breasts and under the arms for lumps or anything else that seems unusual. National Cancer Institute, Breast Cancer Screening, <https://www.cancer.gov/types/breast/patient/breast-screening-pdq> (last visited January 27, 2018).

<sup>6</sup> National Cancer Institute, Breast Cancer Screening (Patient Version), <https://www.cancer.gov/types/breast/patient/breast-screening-pdq>, (last visited January 26, 2018).

<sup>7</sup> Id.

<sup>8</sup> Id.

<sup>9</sup> 10 42 U.S.C. §263b(5) and (6); 21 CFR 900.2.

<sup>10</sup> Supra, FN 6.



mammograms have a lower chance of dying from breast cancer than women who do not have screening mammograms.<sup>11</sup>

There are two types of mammograms. A screening mammogram is used to check for breast cancer in individuals who have no signs of cancer or symptoms of the disease.<sup>12</sup> With a screening mammogram, usually two or more X-ray pictures are taken of each breast. The second type of mammogram is a diagnostic mammogram, which is used to check for breast cancer after a lump or another sign, or symptom of cancer has been identified.<sup>13</sup> Besides a lump, other signs of breast cancer can include breast pain, thickening of the skin of the breast, nipple discharge, or a change in breast size or shape; however, these may also be signs of benign conditions.<sup>14</sup> Early detection of breast cancer with screening mammography means that treatment can be started earlier in the course of the disease, possibly before it has spread.

Mammograms are less likely to find breast tumors in women younger than 50 years than in older women.<sup>15</sup> This may be because younger women have denser breast tissue that appears white on a mammogram. Because tumors also appear white on a mammogram, they can be harder to find when there is dense breast tissue.<sup>16</sup> Almost half of all women between 40 and 74 years of age (about 25 million nationally) are identified as having dense breasts.<sup>17</sup> Breast density refers to ratio of fatty tissue to glandular tissue (milk ducts, milk glands, and supportive tissue) on a mammogram.<sup>18</sup> A dense breast has less fat than glandular and connective tissue. Besides making a mammogram hard to read, dense breasts are also a risk factor for breast cancer.<sup>19</sup>

The United States Preventive Services Task Force (USPSTF)<sup>20</sup> recommends that women age 50 to 74 with no signs of breast cancer have a screening mammogram every two years and that women prior to age 50 should talk with their health care providers about the risks and benefits of whether to have mammograms and when to have them.<sup>21</sup> Approximately 74 percent of female Floridians age 40-plus and 78 percent from age 50 to 74 report having had a mammogram within the past two years, both percentages that either meet or exceed the national averages.<sup>22</sup> Current evidence is insufficient to assess the benefits and harms of mammograms for women age 75 and older.<sup>23</sup>

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<sup>11</sup> Id.

<sup>12</sup> Id.

<sup>13</sup> Id.

<sup>14</sup> Id.

<sup>15</sup> Id.

<sup>16</sup> Id.

<sup>17</sup> U.S. Preventive Services Task Force, U.S. Preventive Services Task Force Issues Final Recommendations on Screening for Breast Cancer (January 12, 2016), [www.uspreventiveservicestaskforce.org/Home/GetFile/6/250/breastcanfinalrsbulletin/pdf](http://www.uspreventiveservicestaskforce.org/Home/GetFile/6/250/breastcanfinalrsbulletin/pdf), (last visited January 26, 2018).

<sup>18</sup> The American Society of Breast Surgeons Foundation, Breast Density Legislation, <https://breast360.org/en/topics/2017/01/01/breast-density-legislation/> (last visited January 26, 2018).

<sup>19</sup> Supra, FN 4.

<sup>20</sup> The United States Preventive Services Task Force (USPSTF) is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force makes evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. Each recommendation receives a letter grade (A, B, C, or D or an I statement) based on the strength of the evidence and the balance of the benefits and harms of the preventive service. The recommendation applies only to people who have no signs or symptoms of the specific disease or condition, and address only services offered in the primary care setting or services referred by a primary care physician. The USPSTF is administratively supported by the Agency for Healthcare Research and Quality (AHRQ) and must make an annual report to Congress. See <https://www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf>, (last visited January 26, 2018).

<sup>21</sup> U.S. Preventive Services Task Force, U.S. Preventive Services Task Force Issues Final Recommendations on Screening for Breast Cancer (January 12, 2016), [www.uspreventiveservicestaskforce.org/Home/GetFile/6/250/breastcanfinalrsbulletin/pdf](http://www.uspreventiveservicestaskforce.org/Home/GetFile/6/250/breastcanfinalrsbulletin/pdf), (last visited January 26, 2018)

<sup>22</sup> National Cancer Institute, Florida State Profile, <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=florida#t=1>, (last visited January 26, 2018).

<sup>23</sup> Supra, FN 21.

## Federal Regulation of Mammography

The federal Mammography Quality Standards Act (MQSA)<sup>24</sup> contains requirements related to the accreditation and operation of mammography facilities. The MQSA defines facility as a hospital, outpatient department, clinic, radiology practice, mobile unit, office of a physician, or other facility that conducts mammography activities, including operating equipment to produce a mammogram, processing the mammogram, interpreting the initial mammogram, and maintaining the viewing conditions for that mammogram. The term does not include any facilities of the Department of Veteran Affairs.<sup>25</sup>

A certificate issued by the Food and Drug Administration is required for all mammography facilities, subject to the provisions of the MQSA. To obtain a certificate, facilities must meet various quality standards set forth in federal law and regulations, including the requirement to communicate mammography results to patients and health care providers.<sup>26</sup>

The MQSA requires mammogram facilities to send each patient a summary of the mammogram report written in lay term within 30 days of the mammographic examination. However, if the assessment is found to be “suspicious” or “highly suggestive” of malignancy, the facility must make reasonable attempts to reach the patient and the referring physician, if there is one, as soon as possible.<sup>27</sup> Neither the federal law nor the regulation requires the facility to include specific information about breast tissue density in the report summary sent to the patient or the referring physician.

## State Regulation of Health Care Providers

### *Department of Health*

The Division of Medical Quality Assurance (MQA), within the Department of Health (DOH), has general regulatory authority over health care practitioners.<sup>28</sup> The MQA works in conjunction with 22 boards and six councils to license and regulate seven types of health care facilities and more than 40 health care professions, including physicians and radiologists.<sup>29</sup> Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority for the MQA. Ch. 456 provides DOH with the authority to discipline any licensee that fails to comply with a statutory or legal obligation.<sup>30</sup>

### *Agency for Health Care Administration*

The Division of Health Quality Assurance (HQA), housed within the Agency for Health Care Administration (AHCA), licenses, certifies, and regulates 40 different types of health care providers, including hospitals.<sup>31</sup> Certain health care providers<sup>32</sup> are regulated under part II of ch. 408, F.S., which is the Health Care Licensing Procedures Act (Act), or core licensing statutes. The Act provides uniform

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<sup>24</sup> 42 U.S.C. § 263b.

<sup>25</sup> 21 C.F.R. § 900.1.

<sup>26</sup> 21 C.F.R. § 900.12(c)(2) and (3).

<sup>27</sup> *Id.*

<sup>28</sup> Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

<sup>29</sup> Facilities include dental laboratories, electrolysis facilities, massage establishments, nonresident sterile compounding facilities, office surgery facilities, optical establishments, pain management clinics, and pharmacies. Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2014-2015*, 3 and 14, available at <http://mgawebteam.com/annualreports/1415/#6> (last visited March 13, 2017).

<sup>30</sup> Section 456.072(1)(k), F.S.

<sup>31</sup> Agency for Health Care Administration, *Health Quality Assurance*, 2017, available at <http://ahca.myflorida.com/MCHQ/> (last visited February 6, 2018).

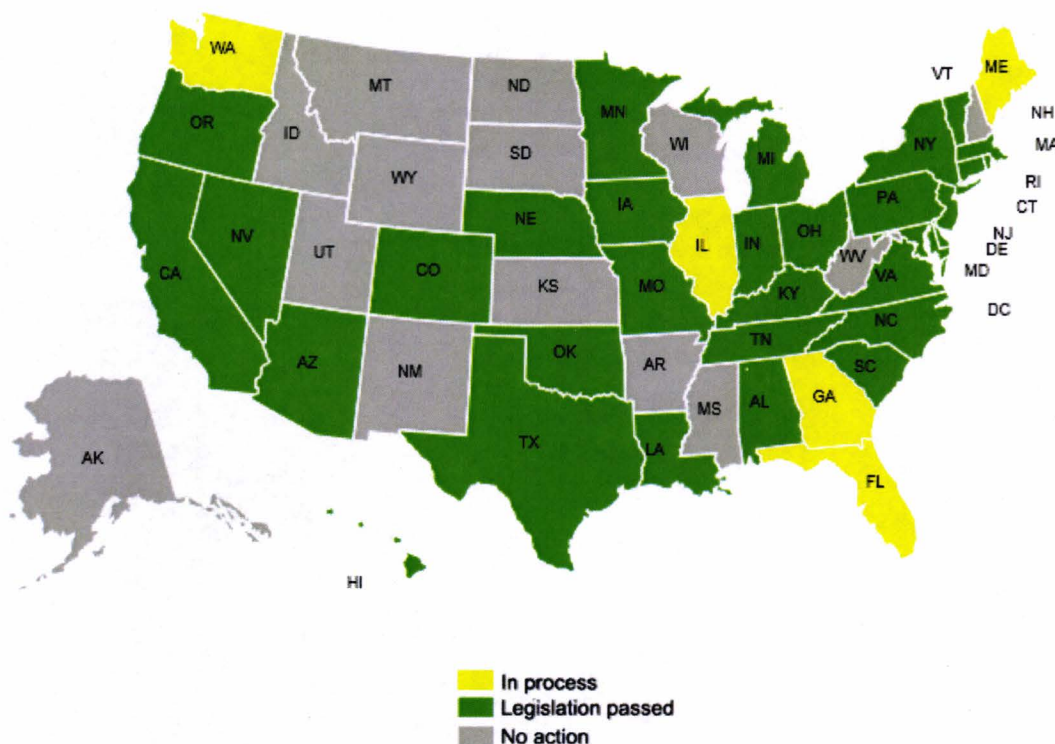
<sup>32</sup> “Provider” means any activity, service, agency, or facility regulated by the agency and listed in s. 408.802, F.S.

licensing procedures and standards for 29 provider types, including hospitals.<sup>33</sup> In addition to the Act, each provider type has an authorizing statute, which includes unique provisions for licensure beyond the uniform criteria. In the case of conflict between the Act and an individual authorizing statute, the Act prevails.<sup>34</sup> AHCA does not have authority to discipline licensees for violations of statutory or legal obligations outside ch. 408, the licensee's authorizing statutes or agency rules adopted pursuant to those statutes.<sup>35</sup>

### Breast Density Notification in Other States

As of January 2018, 31 states have laws requiring that women be notified of their breast density, and four additional states recommend but do not require notification.<sup>36</sup> The components of those notification laws vary, but the intent of the notification is to give women who have dense breasts the necessary information to assist them with further action.<sup>37</sup> Most states' prescribed notices encourage women to talk with their health care providers about their results and to discuss the possible options available. Six states also require insurance coverage for comprehensive ultrasound screenings or other supplemental screenings for women identified with dense breasts.<sup>38</sup>

**Breast Density Notification Laws by State<sup>39</sup>**



<sup>33</sup> S. 408.802, F.S.

<sup>34</sup> S. 408.832, F.S.

<sup>35</sup> E-mail correspondence with AHCA staff (on file with the Health and Human Services Committee).

<sup>36</sup> Supra, FN 18.

<sup>37</sup> Marijke Vroomen Durning, Diagnostic Imaging, Breast Density Notification Laws by State – Interactive Map (June 12, 2017), <http://www.diagnosticimaging.com/breast-imaging/breast-density-notification-laws-state-interactive-map>, (last visited January 26 2018).

<sup>38</sup> Dense-breasts-info.org, Legislation and Regulations – What is required?, <http://densebreast-info.org/legislation.aspx>, (last visited January 26, 2018).

<sup>39</sup> Supra, FN 37.

## **Effect of the Bill**

CS/HB 735 creates s. 381.933, F.S., which codifies the federal requirement that each facility that performs mammography send a summary of a patient's mammography report to each patient. In addition to the federal requirements, if the patient has dense breasts, the bill requires the summary of the mammography report also include a notice to the patient that the mammogram shows that the patient's breast tissue is dense which makes it more difficult to detect some abnormalities in the breast and may also be associated with increased risk of breast cancer.

The bill defines facility, mammography, and mammography report as having the same meaning as the definitions for those terms in the MQSA.

The bill states it does not create a specific duty, standard of care, or other legal obligation beyond the duty to provide the notice required under this section. The bill also states that it does not create a requirement to provide a notice that is inconsistent with the notice requirements of the MQSA or any regulations that are promulgated pursuant to that act; however the MQSA does not currently require notification of dense breast tissue.

DOH has the authority to discipline licensees that fail to comply with the notice requirement.<sup>40</sup>

The bill authorizes the Department of Health and the Agency for Health Care Administration to adopt rules to implement the bill.

The bill repeals the notice requirement effective June 30, 2023.

The bill provides an effective date of the act of July 1, 2018.

### **B. SECTION DIRECTORY:**

**Section 1:** Amends s. 404.031, F.S., relating to definitions.

**Section 2:** Amends s. 404.22, F.S., relating to radiation machines and components, inspection.

**Section 3:** Creates s. 404.221, F.S., relating to mammography reports.

**Section 4:** Provides an effective date of July 1, 2018.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

### **A. FISCAL IMPACT ON STATE GOVERNMENT:**

1. Revenues:

None.

2. Expenditures:

None.

### **B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

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<sup>40</sup> Section 456.072(1)(k), F.S provides DOH with the authority to discipline any licensee that fails to comply with a statutory or legal obligation.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

**III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

On January 30, 2018, the Health Innovation Subcommittee adopted an amendment that:

- Moves the requirement for providing the mammography report and breast density notice from ch. 402 to ch. 381.
- Provides definitions for facility, mammography, and mammography report.
- Removes the re-location of the definition of mammography in ch. 404.
- Provides the Department of Health and the Agency for Health Care Administration with rulemaking authority to implement the bill.

The bill was reported favorably as a committee substitute. The analysis is drafted to the committee substitute.

1 A bill to be entitled  
 2 An act relating to mammography; creating s. 381.933,  
 3 F.S.; defining the terms "facility," "mammography,"  
 4 and "mammography report"; requiring facilities  
 5 performing mammography to include certain information  
 6 in a summary of the mammography report which must be  
 7 provided to each patient; providing applicability;  
 8 authorizing the Department of Health and the Agency  
 9 for Health Care Administration to adopt rules;  
 10 providing for future repeal; providing an effective  
 11 date.

12  
 13 Be It Enacted by the Legislature of the State of Florida:

14  
 15 Section 1. Section 381.933, Florida Statutes, is created  
 16 to read:

17 381.933 Mammography reports.-

18 (1) DEFINITIONS.-As used in this section, the term:

19 (a) "Facility" has the same meaning as in 21 C.F.R. s.

20 900.2(g).

21 (b) "Mammography" has the same meaning as in 21 C.F.R. s.

22 900.2(aa).

23 (c) "Mammography report" has the same meaning as in 21  
 24 C.F.R. s. 900.12(c).

25 (2) MAMMOGRAPHY REPORTS; RESULTS.-A facility that performs

26 mammography shall send a summary of a patient's mammography  
 27 report to each patient in accordance with 21 C.F.R. s.  
 28 900.12(c). If a facility determines that a patient has  
 29 heterogeneously or extremely dense breasts, the summary must  
 30 include the following notice:

31  
 32 "Your mammogram shows that your breast tissue is dense.  
 33 Dense breast tissue is relatively common and is found in  
 34 approximately 50 percent of women. The presence of dense breast  
 35 tissue can make it more difficult to detect some abnormalities  
 36 in the breast and may also be associated with an increased risk  
 37 of breast cancer. This information about the results of your  
 38 mammogram is given to you to raise your awareness. A report of  
 39 your results was sent to your health care provider. Further  
 40 recommendations may be added at the discretion of the  
 41 interpreting radiologist. Please be aware that additional  
 42 screening studies may not be covered by your insurance."

43  
 44 (a) This subsection does not create a duty, standard of  
 45 care, or other legal obligation beyond the duty to provide  
 46 notice as set forth in this subsection.

47 (b) This subsection does not require a notice that is  
 48 inconsistent with the federal Mammography Quality Standards Act  
 49 or any regulation promulgated pursuant to that act.

50 (3) RULES.—The Department of Health and the Agency for

CS/HB 735

2018

51 Health Care Administration may adopt rules to implement this  
52 section.

53 (4) REPEAL.—This section is repealed June 30, 2023.

54 Section 2. This act shall take effect July 1, 2018.





Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health & Human Services  
 2 Committee

3 Representative Harrell offered the following:

4

5 **Amendment (with title amendment)**

6 Remove lines 50-52

7

8

9

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10 **T I T L E A M E N D M E N T**

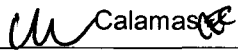
11 Remove lines 8-9

12



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 947 Involuntary Examination and Involuntary Admission of Minors  
**SPONSOR(S):** Children, Families & Seniors Subcommittee; Payne  
**TIED BILLS:** IDEN./SIM. **BILLS:** SB 270

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	11 Y, 0 N, As CS	Langston	Brazzell
2) Health & Human Services Committee		Langston	 Calamast

### SUMMARY ANALYSIS

In 1971, the Legislature passed the Florida Mental Health Act (also known as "The Baker Act") to address the mental health needs of individuals in the state. The Baker Act allows for voluntary and, under certain circumstances, involuntary, examinations of individuals suspected of having a mental illness and presenting a threat of harm to themselves or others.

In 2017, the Legislature created a task force within the Department of Children and Families (DCF) to address the issue of involuntary examination of minors (Task Force). The Task Force reported its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives on November 15, 2017. Among them were recommendations to:

- Encourage school districts to adopt a standardized suicide assessment tool that school-based mental health professionals would implement prior to initiation of an involuntary examination.
- Require Youth Mental Health First Aid or Crisis Intervention Team (CIT) training for school resource officers and other law enforcement officers who initiate involuntary examinations from schools.
- Increase the number of days, from the next working day to five working days that the receiving facility has to submit forms to DCF, to allow DCF to capture data on whether the minor was admitted, released, or a petition filed with the court.

CS/HB 947 implements these three Task Force recommendations.

The bill will not have a fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2018.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Present Situation

##### Mental Illness

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.<sup>1</sup> The primary indicators used to evaluate an individual's mental health are:<sup>2</sup>

- **Emotional well-being-** Perceived life satisfaction, happiness, cheerfulness, peacefulness;
- **Psychological well-being-** Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one's environment, spirituality, self-direction, and positive relationships; and
- **Social well-being-** Social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.

Mental illness is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning.<sup>3</sup> Thus, mental health refers to an individual's mental state of well-being whereas mental illness signifies an alteration of that well-being.

Mental illness affects millions of people in the United States each year. Only about 17% of adults in the United States are considered to be in a state of optimal mental health.<sup>4</sup> One in five adults (43.8 million people) experiences mental illness in a given year,<sup>5</sup> and one in five children ages 13-18 have or will have a serious mental illness.<sup>6</sup> Half of all lifetime cases of mental illness begin by age 14, and scientists are discovering that changes in the body leading to mental illness may start much younger, before any symptoms appear.<sup>7</sup>

##### Baker Act

The Florida Mental Health Act, otherwise known as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.<sup>8</sup> The Act provides legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.<sup>9</sup>

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<sup>1</sup> Centers for Disease Control and Prevention, *Mental Health Basics*, (Oct. 4, 2013), available at <http://www.cdc.gov/mentalhealth/basics.htm> (last visited January 25, 2018).

<sup>2</sup> Id.

<sup>3</sup> Id.

<sup>4</sup> Id. Mental illness can range in severity from no or mild impairment to significantly disabling impairment. Serious mental illness is a mental disorder that has resulted in a functional impairment that substantially interferes with or limits one or more major life activities. National Institute of Mental Health, *Any Mental Illness (AMI) Among Adults*, available at <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml> (last visited January 25, 2018).

<sup>5</sup> National Alliance on Mental Illness, *Mental Health Facts in America*, available at <http://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf> (last visited January 25, 2018).

<sup>6</sup> National Alliance on Mental Illness *Mental Health Facts: Children & Teens*, available at <http://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf> (last visited January 25, 2018).

<sup>7</sup> National Institute of Mental Health, *Treatment of Children with Mental Illness*, (rev. 2009), available at <https://www.nimh.nih.gov/health/publications/treatment-of-children-with-mental-illness-fact-sheet/index.shtml> (last visited January 25, 2018).

<sup>8</sup> Sections 394.451-394.47892, F.S.

<sup>9</sup> Section 394.459, F.S.

## *Involuntary Examination and Receiving Facilities*

Individuals in an acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.<sup>10</sup> An involuntary examination is required if there is reason to believe that the person has a mental illness and because of his or her mental illness<sup>11</sup>:

- The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination or is unable to determine for himself or herself whether examination is necessary; **and**
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **or**
- There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

Involuntary patients must be taken to either a public or a private facility that has been designated by the Department of Children and Families (DCF) as a Baker Act receiving facility. The purpose of receiving facilities is to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider.<sup>12</sup> A public receiving facility is a facility that has contracted with a managing entity to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.<sup>13</sup> Funds appropriated for Baker Act services may only be used to pay for services to diagnostically and financially eligible persons, or those who are acutely ill, in need of mental health services, and the least able to pay.<sup>14</sup>

Crisis Stabilization Units (CSUs) are public receiving facilities that receive state funding to provide services to individuals showing acute mental health disorders. CSUs screen, assess, and admit for stabilization individuals who voluntarily present themselves to the unit, as well as individuals who are brought to the unit on an involuntary basis.<sup>15</sup> CSUs provide patients with 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.<sup>16</sup> The purpose of a crisis stabilization unit is to stabilize and redirect a client to the most appropriate and least restrictive community setting available, consistent with the client's needs.<sup>17</sup> Individuals often enter the public mental health system through CSUs.<sup>18</sup> For this reason, crisis services are a part of the comprehensive, integrated, community mental health and substance abuse services established by Legislature in the 1970s to ensure continuity of care for individuals.<sup>19</sup>

As of November 2015, there are 122 Baker Act receiving facilities in this state, including 53 public receiving facilities and 69 private receiving facilities.<sup>20</sup> Of the 53 public receiving facilities, 39 are also contracted to provide CSU services.<sup>21</sup>

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<sup>10</sup> Sections 394.4625 and 394.463, F.S.

<sup>11</sup> Section 394.463(1), F.S.

<sup>12</sup> Section 394.455(39), F.S. This term does not include a county jail.

<sup>13</sup> Section 394.455(37), F.S.

<sup>14</sup> Rule 65E-5.400(2), F.A.C.

<sup>15</sup> Section 394.875(1)(a), F.S.

<sup>16</sup> Id.

<sup>17</sup> Id.

<sup>18</sup> Florida Senate, Budget Subcommittee on Health and Human Services Appropriations, *Crisis Stabilization Units*, (Interim Report 2012-109) (Sept. 2011), available at <https://www.flsenate.gov/PublishedContent/Session/2012/InterimReports/2012-109bha.pdf> (last visited January 25, 2018).

<sup>19</sup> Id. Sections 394.65-394.9085, F.S.

<sup>20</sup> Department of Children and Families, *Crisis Stabilization Services Utilization Data Implementation Status Report*, (Feb. 29, 2016), available at <http://www.dcf.state.fl.us/programs/samh/publications/CSSURreport.pdf> (last January 25, 2018).

<sup>21</sup> Id.

Under the Baker Act, a receiving facility must examine an involuntary patient within 72 hours of arrival.<sup>22</sup> Within that 72-hour examination period, or if the 72 hours ends on a weekend or holiday, no later than the next business day, one of the following must happen:

- The patient must be released, unless he or she is charged with a crime, in which case law enforcement will assume custody;
- The patient must be released for voluntary outpatient treatment;
- The patient, unless charged with a crime, must give express and informed consent to a placement as a voluntary patient and admitted as a voluntary patient; or
- A petition for involuntary placement must be filed in circuit court for involuntary outpatient or inpatient treatment.<sup>23</sup>

Receiving facilities must give prompt notice<sup>24</sup> of the whereabouts of a patient who is being involuntarily held for examination to the patient's guardian,<sup>25</sup> guardian advocate,<sup>26</sup> health care surrogate or proxy, attorney, or representative.<sup>27</sup> If the patient is a minor, the receiving facility must give prompt notice to the minor's parent, guardian, caregiver, or guardian advocate. Notice for an adult may be provided within 24 hours of arrival; however, notice for a minor must be provided immediately after the minor's arrival at the facility. The facility may delay the notification for a minor for up to 24 hours if it has submitted a report to the DCF central abuse hotline. The receiving facility must attempt to notify the minor's parent, guardian, caregiver, or guardian advocate until it receives confirmation that the notice has been received. Attempts must be repeated at least once every hour during the first 12 hours after the minor's arrival and then once every 24 hours thereafter until confirmation is received, the minor is released, or a petition for involuntary services is filed with the court.<sup>28</sup>

There were 194,354 involuntary examinations in Fiscal Year 2015-2016, 32,475 of which were of minors.<sup>29</sup>

Involuntary Examinations FY 2001-2002 through FY 2015-2016<sup>30</sup>

Fiscal Year	All Ages		Children (< 18)	
	Involuntary Examinations	% Increase to FY 2015/2016	Involuntary Examinations	% Increase to FY 2015/2016
2015-2016	194,354	Not Applicable	32,475	Not Applicable
2014-2015	187,999	3.38%	32,650	-0.54%
2013-2014	177,006	9.8%	30,355	6.98%
2012-2013	163,850	18.62%	26,808	21.14%
2011-2012	154,655	25.67%	24,836	30.76%
2010-2011	145,290	33.77%	21,752	49.30%
2009-2010	141,284	37.56%	21,128	53.71%
2008-2009	133,644	45.43%	20,258	60.31%
2007-2008	127,983	51.86%	19,705	64.81%
2006-2007	120,082	61.85%	19,238	68.81%
2005-2006	118,722	63.71%	19,019	70.75%
2004-2005	114,700	69.45%	19,065	70.34%
2003-2004	107,705	80.45%	18,286	77.59%
2002-2003	103,079	88.55%	16,845	92.79%
2001-2002	94,574	105.50%	14,997	116.54%

<sup>22</sup> Section 394.463(2)(g), F.S.

<sup>23</sup> Id.

<sup>24</sup> Notice may be provided in person or by telephone; however, in the case of a minor, notice may also be provided by other electronic means. Section 394.455(2), F.S.

<sup>25</sup> "Guardian" means the natural guardian of a minor, or a person appointed by a court to act on behalf of a ward's person if the ward is a minor or has been adjudicated incapacitated. Section 394.455(17), F.S.

<sup>26</sup> "Guardian advocate" means a person appointed by a court to make decisions regarding mental health treatment on behalf of a patient who has been found incompetent to consent to treatment. Section 394.455 (18), F.S.

<sup>27</sup> Section 394.4599(2)(b), F.S.

<sup>28</sup> Section 394.4599(c), F.S.

<sup>29</sup> Id. at p. 5.

<sup>30</sup> Id.

## Task Force Report on Involuntary Examination of Minors

During the 2017 Legislative session, the Legislature passed HB 1121, which the Governor signed as ch. 2017-151, Laws of Florida. One of the provisions of the bill created a task force within DCF to address the issue of involuntary examination of minors 17 years old and younger (the Task Force). The bill required the Task Force to:

- Analyze data on the initiation of involuntary examinations of children;
- Research the root causes of trends in such examinations;
- Identify and evaluate options for expediting examinations for children; and
- Identify recommendations for encouraging alternatives to these examinations.

The Task Force was comprised of stakeholders from the education, mental health, law enforcement, and legal fields. The Task Force was required to submit a report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2017; the Task Force submitted its report on November 15, 2017.<sup>31</sup>

### *Data Analysis*

Based on an analysis of available data regarding involuntary examinations of minors, the Task Force found that:<sup>32</sup>

- Involuntary examinations for children occur in varying degrees across counties.
- There is an increasing trend statewide and in certain counties to initiate involuntary examinations of minors.
- The seasonal pattern shows that involuntary examinations are more common when school is in session.
- Some children have multiple involuntary examinations, although most children who have an involuntary examination have only one.
- Decreases in juvenile arrests correlate with increases of involuntary examinations of children, although it is important to note that the analyses did not show a causal link and there has been a long pattern of decreases in juvenile crime over more than a decade.
- While recent increases in involuntary examinations in certain counties are deserving of focus, a more important focus needs to be on counties that have high rates of involuntary examination. Counties with high rates are, for the most part, not the same counties with the recent increases.
- The most common involuntary examination for children is initiated by law enforcement based on evidence of harm to self.
- The majority of involuntary examinations initiated for children by mental health professionals are initiated by physicians, followed by licensed mental health counselors, and clinical social workers, with many fewer initiated by psychologists, psychiatric nurses, marriage and family therapists, and physicians' assistants.

### *Root Causes of Increased Involuntary Examinations of Minors*

Based on data, information currently available, and the complexity of this issue, the Task Force determined that it is not possible to identify specific root causes directly linked to the trend of increased Baker Act initiations. However, it identified the following areas as potential root causes or contributing factors to the increase in Baker Act initiations among children in Florida:<sup>33</sup>

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<sup>31</sup> Department of Children and Families, Office of Substance Abuse and Mental Health, *Task Force Report on Involuntary Examination of Minors*, (Nov. 15, 2017), available at, <http://www.dcf.state.fl.us/programs/samh/publications/S17-005766-TASK%20FORCE%20ON%20INVOLUNTARY%20EXAMINATION%20OF%20MINORS.pdf> (last visited January 24, 2018).

<sup>32</sup> Id. at p. 20.

<sup>33</sup> Id. at pp. 21-25.



- Social stressors and risk factors, including, but not limited to, child abuse and trauma; parents or caretakers with substance use disorders or mental illnesses affecting their parental capability; school and public shootings; and social media and cyber bullying.
- Prevalence of behavioral health disorders among children and teens.
- Limited availability of and access to a continuum of services and supports.
- Inadequate investment in the lives of children, youth, and families, including waiting lists for services, limitations on coverage or approval, a lack of funding for prevention and diversion services, and a shortage of psychiatrists.

It also noted that the increased use of involuntary examinations under the Baker Act for minors could be the positive result of years of systemic changes to increase awareness and action when minor is experience a crisis.<sup>34</sup> For example, law enforcement and other first responders are being trained to recognize the symptoms of mental illness and initiate Baker Act examinations rather than arresting minors.<sup>35</sup>

### *Options for Expediting the Involuntary Examination of Minors*

The Task Force identified two options for expediting the involuntary examination of minors. The first option is to expand the list of mental health professionals who can conduct the clinical examination.<sup>36</sup> The Task Force suggested expanding from physicians, clinical psychologists, and psychiatric nurses to also include physician assistants, licensed clinical social workers, licensed mental health counselors, and licensed marriage and family therapists.<sup>37</sup> It also suggested increasing funds for mobile crisis teams, which could be used to establish additional teams to provide statewide coverage.<sup>38</sup>

### *Recommendations*

The Task Force made six recommendations for encouraging alternatives to and eliminating inappropriate initiations of involuntary examinations of minors under the Baker Act:<sup>39</sup>

- Fund an adequate network of prevention and early intervention services so that mental health challenges are addressed prior to becoming a crisis.
- Expand access to outpatient crisis intervention services and treatment.
- Create within DCF the “Invest in the Mental Health of our Children” grant program to provide matching funds to counties that can be used to plan, implement, or expand initiatives that increase public safety, avert increased mental health spending, and improve the accessibility and effectiveness of prevention and intervention services for children who have a diagnosed mental illness or co-occurring mental health and substance use disorder.
- Encourage school districts, through legislative intent language, to adopt a standardized suicide assessment tool that school-based mental health professionals would implement prior to initiation of a Baker Act examination.<sup>40</sup>
- Revise s. 394.463(2)(a)3, F.S., to include school psychologists licensed under ch. 490, F.S. to the list of mental health professionals who are qualified to initiate a Baker Act.
- Require Youth Mental Health First Aid or Crisis Intervention Team (CIT) training for school resource officers and other law enforcement officers who initiate Baker Act examinations from schools.<sup>41</sup>

<sup>34</sup> Id. at p. 24.

<sup>35</sup> Id.

<sup>36</sup> Id. at 25.

<sup>37</sup> Id.

<sup>38</sup> Id. Mobile crisis teams are deployed before someone in crisis arrives at a receiving facility or emergency room to provide immediate assessment, intervention, recommendations, referral, and support services. They also link individuals to appropriate community resources, typically on a 24-hours per day, 7-days a week basis.

<sup>39</sup> *Supra*, note 31 at pp. 26-28.

<sup>40</sup> The Task Force found that data supports the conclusion that implementation of risk assessment protocols significantly reduced the number of children and youth who received Baker Act initiations in school districts across the state.



Additionally, the Task Force recommended amending s. 394.463(2)(a), F.S., to increase the number of days, from the next working day to five working days, that the receiving facility has to submit forms to DCF required by s. 394.463(2)(e), F.S.<sup>42</sup> The Task Force states that this change would allow DCF to capture data on whether the minor was admitted, released, or a petition filed with the court.<sup>43</sup>

### **Effect of Proposed Changes**

CS/HB 947 implements three Task Force recommendations. It amends s. 394.463(2)(a), F.S., to increase the number of days that the receiving facility has to submit forms to DCF required by s. 394.463(2)(e), F.S., from the next working day to five working days, to allow DCF to capture data on whether the minor was admitted, released, or a petition was filed with the court. By extending the facilities' time to submit forms to DCF, DCF will now know whether the minor was admitted, released, or a petition was filed with the court.

The bill also requires employers to give school resource officers and school safety officers priority for enrollment in any crisis intervention training, Mental Health First Aid training, or similar training offered. The bill identifies other similar trainings as ones that identify students or other individuals who may have a mental illness, substance use disorder, or be in a behavioral health crisis and teach approaches and techniques for addressing their needs.

The bill also requires the Department of Education (DOE), in consultation with the Statewide Office for Suicide Prevention and suicide prevention experts, to add suicide screening as part of its requirements for "Suicide Prevention Certified Schools." DOE must keep a list of "Suicide Prevention Certified Schools" on its website, and school districts must post on their websites a list of "Suicide Prevention Certified Schools" in their districts.

Additionally, the bill requires DOE to identify available standardized suicide screening instruments that are appropriate to use with a school-age population and have acceptable validity and reliability, and include information about obtaining instruction in their administration and use. The suicide screening will be used alongside awareness and prevention materials for training instructional personnel in elementary, middle, and high schools in youth suicide awareness, prevention, and screening.

The bill provides an effective date of July 1, 2018.

### **B. SECTION DIRECTORY:**

**Section 1:** Amends s. 394.463, F.S., relating to involuntary examination.

**Section 2:** Amends s. 1006.12, F.S., relating to school resource officers and school safety officers.

**Section 3:** Amends s. 1012.583, F.S., relating to continuing education and inservice training for youth suicide awareness and prevention.

**Section 4:** Provides an effective date.

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<sup>41</sup> CIT training is an effective law enforcement response program designed for first responders who handle crisis situations involving individuals with mental illness or co-occurring disorders. It emphasizes a partnership between law enforcement, the mental health and substance abuse treatment system, mental health advocacy groups, and consumers of mental health services and their families. Additionally, this training offers evidence-informed techniques designed to calm the individual in crisis down, reduces reliance on the Baker Act as a means of handling the crisis, and informs individuals of local resources that are available to people in need of mental health services and supports.

<sup>42</sup> *Supra*, note 31 at p. 30.

<sup>43</sup> *Id.*

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

### D. FISCAL COMMENTS:

An elementary, middle, or high school that voluntarily elects to be a "Suicide Prevention Certified School" may incur indeterminate, insignificant costs to train personnel on the suicide screening instrument. These costs could likely be absorbed within existing resources.

## III. COMMENTS

### A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to require counties or municipalities to spend funds or take action requiring the expenditures of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

### B. RULE-MAKING AUTHORITY:

None.

### C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

#### IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On January 30, 2018, the Children, Families, and Seniors Subcommittee adopted a proposed committee substitute and reported the bill favorably as a committee substitute. The committee substitute differs from the bill as filed by:

- Removing the provisions of the original bill that:
  - Authorized a parent or guardian, in lieu of a designated law enforcement agency, to transport a minor 14 years of age or younger to a designated receiving facility.
  - Required the consent of the parent or guardian before a designated law enforcement agency could transport a minor 14 years of age or younger to a receiving facility for involuntary examination.
  - Required an involuntary examination to be initiated within 8 hours after a minor 14 years of age or younger arrives at receiving facility.
  - Requiring a receiving facility to release a minor 14 years of age or younger without delay to their parent or guardian upon their request.
- Implementing recommendations from the task force within the Department of Children and Families that addressed the issue of involuntary examination of minors to:
  - Encourage school districts to adopt a standardized suicide assessment tool that school-based mental health professionals would implement prior to initiation of an involuntary examination.
  - Require Youth Mental Health First Aid or CIT training for school resource officers and other law enforcement officers who initiate involuntary examinations from schools.
  - Increase the number of days, from the next working day to five working days that the receiving facility has to submit forms to DCF, to allow DCF to capture additional data.

This analysis is drafted to the committee substitute as passed by the Children, Families, and Seniors Subcommittee.

1                                   A bill to be entitled  
 2       An act relating to behavioral health of minors;  
 3       amending s. 394.463, F.S.; revising deadlines for  
 4       submission of documentation regarding involuntary  
 5       examinations; amending s. 1006.12, F.S.; establishing  
 6       priority for receipt of certain mental health training  
 7       by school resource officers and school safety  
 8       officers; amending s. 1012.583, F.S.; revising  
 9       responsibilities of the Department of Education and  
 10      the Statewide Office for Suicide Prevention; revising  
 11      criteria for designation as a Certified Suicide  
 12      Prevention School; requiring the department, school  
 13      district, and each school to post certain information  
 14      regarding Certified Suicide Prevention Schools on its  
 15      website; providing an effective date.

16  
 17   Be It Enacted by the Legislature of the State of Florida:

18  
 19       Section 1. Paragraph (a) of subsection (2) of section  
 20   394.463, Florida Statutes, is amended to read:

21       394.463 Involuntary examination.—

22       (2) INVOLUNTARY EXAMINATION.—

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

25           1. A circuit or county court may enter an ex parte order  
 26 stating that a person appears to meet the criteria for  
 27 involuntary examination and specifying the findings on which  
 28 that conclusion is based. The ex parte order for involuntary  
 29 examination must be based on written or oral sworn testimony  
 30 that includes specific facts that support the findings. If other  
 31 less restrictive means are not available, such as voluntary  
 32 appearance for outpatient evaluation, a law enforcement officer,  
 33 or other designated agent of the court, shall take the person  
 34 into custody and deliver him or her to an appropriate, or the  
 35 nearest, facility within the designated receiving system  
 36 pursuant to s. 394.462 for involuntary examination. The order of  
 37 the court shall be made a part of the patient's clinical record.  
 38 A fee may not be charged for the filing of an order under this  
 39 subsection. A facility accepting the patient based on this order  
 40 must send a copy of the order to the department within 5 ~~the~~  
 41 ~~next~~ working days ~~day~~. The order may be submitted electronically  
 42 through existing data systems, if available. The order shall be  
 43 valid only until the person is delivered to the facility or for  
 44 the period specified in the order itself, whichever comes first.  
 45 If no time limit is specified in the order, the order shall be  
 46 valid for 7 days after the date that the order was signed.

47           2. A law enforcement officer shall take a person who  
 48 appears to meet the criteria for involuntary examination into  
 49 custody and deliver the person or have him or her delivered to

50 an appropriate, or the nearest, facility within the designated  
 51 receiving system pursuant to s. 394.462 for examination. The  
 52 officer shall execute a written report detailing the  
 53 circumstances under which the person was taken into custody,  
 54 which must be made a part of the patient's clinical record. Any  
 55 facility accepting the patient based on this report must send a  
 56 copy of the report to the department within 5 ~~the next~~ working  
 57 days ~~day~~.

58 3. A physician, clinical psychologist, psychiatric nurse,  
 59 mental health counselor, marriage and family therapist, or  
 60 clinical social worker may execute a certificate stating that he  
 61 or she has examined a person within the preceding 48 hours and  
 62 finds that the person appears to meet the criteria for  
 63 involuntary examination and stating the observations upon which  
 64 that conclusion is based. If other less restrictive means, such  
 65 as voluntary appearance for outpatient evaluation, are not  
 66 available, a law enforcement officer shall take into custody the  
 67 person named in the certificate and deliver him or her to the  
 68 appropriate, or nearest, facility within the designated  
 69 receiving system pursuant to s. 394.462 for involuntary  
 70 examination. The law enforcement officer shall execute a written  
 71 report detailing the circumstances under which the person was  
 72 taken into custody. The report and certificate shall be made a  
 73 part of the patient's clinical record. Any facility accepting  
 74 the patient based on this certificate must send a copy of the

75 certificate to the department within 5 ~~the next~~ working days  
 76 ~~day~~. The document may be submitted electronically through  
 77 existing data systems, if applicable.

78 Section 2. Subsection (3) is added to section 1006.12,  
 79 Florida Statutes, to read:

80 1006.12 School resource officers and school safety  
 81 officers.—

82 (3) School resource officers and school safety officers  
 83 shall be given priority for enrollment in any crisis  
 84 intervention training, Mental Health First Aid training, or  
 85 similar training offered by or through their employing agency to  
 86 identify students or other individuals who may have a mental  
 87 illness or substance use disorder or may be suffering from a  
 88 behavioral health crisis and learn approaches and techniques for  
 89 addressing such needs.

90 Section 3. Section 1012.583, Florida Statutes, is amended  
 91 to read:

92 1012.583 Continuing education and inservice training for  
 93 youth suicide awareness and prevention.—

94 (1) By July 1, 2019 ~~Beginning with the 2016-2017 school~~  
 95 ~~year,~~ the Department of Education, in consultation with the  
 96 Statewide Office for Suicide Prevention and suicide prevention  
 97 experts, shall develop a list of approved youth suicide  
 98 awareness and prevention training materials and suicide  
 99 screening instruments that may be used for training in youth

100 suicide awareness, suicide ~~and~~ prevention, and suicide screening  
 101 for instructional personnel in elementary school, middle school,  
 102 and high school. The approved list of materials:

103 (a) Must identify available standardized suicide screening  
 104 instruments appropriate for use with a school-age population and  
 105 which have validity and reliability and include information  
 106 about obtaining instruction in the administration and use of  
 107 such instruments.

108 (b)(a) Must include training on how to identify  
 109 appropriate mental health services and how to refer youth and  
 110 their families to those services.

111 (c)(b) May include materials currently being used by a  
 112 school district if such materials meet any criteria established  
 113 by the department.

114 (d)(e) May include programs that instructional personnel  
 115 can complete through a self-review of approved youth suicide  
 116 awareness and prevention materials.

117 (2) A school ~~that chooses to incorporate 2 hours of~~  
 118 ~~training offered pursuant to this section~~ shall be considered a  
 119 "Suicide Prevention Certified School-" if it:

120 (a) Incorporates 2 hours of training offered pursuant to  
 121 this section. The training must be included in the existing  
 122 continuing education or inservice training requirements for  
 123 instructional personnel and may not add to the total hours  
 124 currently required by the department. A school that chooses to



125 participate in the training must require all instructional  
 126 personnel to participate.

127 (b) Has at least two school-based staff members certified  
 128 or otherwise deemed competent in the use of a suicide screening  
 129 instrument pursuant to paragraph (1)(a), and has a policy to use  
 130 such suicide risk screening instrument to evaluate a student's  
 131 suicide risk before requesting the initiation of, or initiating,  
 132 an involuntary examination due to concerns about that student's  
 133 suicide risk.

134 (3) A school that meets the criteria in subsection (2)  
 135 ~~participates in the suicide awareness and prevention training~~  
 136 ~~pursuant to this section~~ must report its compliance  
 137 ~~participation~~ to the department. The department shall keep an  
 138 updated record of all Suicide Prevention Certified Schools and  
 139 shall post the list of these schools on the department's  
 140 website. Each school shall also post on its own website whether  
 141 it is a Suicide Prevention Certified School, and each school  
 142 district shall post on its district website a list of the  
 143 suicide prevention certified schools in that district.

144 (4) A person has no cause of action for any loss or damage  
 145 caused by an act or omission resulting from the implementation  
 146 of this section or resulting from any training required by this  
 147 section unless the loss or damage was caused by willful or  
 148 wanton misconduct. This section does not create any new duty of  
 149 care or basis of liability.

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150 |           (5) The State Board of Education may adopt rules to  
151 | implement this section.

152 |           Section 4. This act shall take effect July 1, 2018.



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COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health & Human Services  
 2 Committee

3 Representative Payne offered the following:

4  
 5 **Amendment (with title amendment)**

6 Remove lines 19-77 and insert:

7 Section 1. Paragraphs (a) and (g) of subsection (2) of  
 8 section 394.463, Florida Statutes, are amended to read:

9 394.463 Involuntary examination.—

10 (2) INVOLUNTARY EXAMINATION.—

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

13 1. A circuit or county court may enter an ex parte order  
 14 stating that a person appears to meet the criteria for  
 15 involuntary examination and specifying the findings on which  
 16 that conclusion is based. The ex parte order for involuntary



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17 examination must be based on written or oral sworn testimony  
18 that includes specific facts that support the findings. If other  
19 less restrictive means are not available, such as voluntary  
20 appearance for outpatient evaluation, a law enforcement officer,  
21 or other designated agent of the court, shall take the person  
22 into custody and deliver him or her to an appropriate, or the  
23 nearest, facility within the designated receiving system  
24 pursuant to s. 394.462 for involuntary examination. The order of  
25 the court shall be made a part of the patient's clinical record.  
26 A fee may not be charged for the filing of an order under this  
27 subsection. A facility accepting the patient based on this order  
28 must send a copy of the order to the department within 5 the  
29 ~~next~~ working days ~~day~~. The order may be submitted electronically  
30 through existing data systems, if available. The order shall be  
31 valid only until the person is delivered to the facility or for  
32 the period specified in the order itself, whichever comes first.  
33 If no time limit is specified in the order, the order shall be  
34 valid for 7 days after the date that the order was signed.

35 2. A law enforcement officer shall take a person who  
36 appears to meet the criteria for involuntary examination into  
37 custody and deliver the person or have him or her delivered to  
38 an appropriate, or the nearest, facility within the designated  
39 receiving system pursuant to s. 394.462 for examination. The  
40 officer shall execute a written report detailing the  
41 circumstances under which the person was taken into custody,

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42 which must be made a part of the patient's clinical record. Any  
43 facility accepting the patient based on this report must send a  
44 copy of the report to the department within 5 ~~the next~~ working  
45 days ~~day~~.

46 3. A physician, clinical psychologist, psychiatric nurse,  
47 mental health counselor, marriage and family therapist, or  
48 clinical social worker may execute a certificate stating that he  
49 or she has examined a person within the preceding 48 hours and  
50 finds that the person appears to meet the criteria for  
51 involuntary examination and stating the observations upon which  
52 that conclusion is based. If other less restrictive means, such  
53 as voluntary appearance for outpatient evaluation, are not  
54 available, a law enforcement officer shall take into custody the  
55 person named in the certificate and deliver him or her to the  
56 appropriate, or nearest, facility within the designated  
57 receiving system pursuant to s. 394.462 for involuntary  
58 examination. The law enforcement officer shall execute a written  
59 report detailing the circumstances under which the person was  
60 taken into custody. The report and certificate shall be made a  
61 part of the patient's clinical record. Any facility accepting  
62 the patient based on this certificate must send a copy of the  
63 certificate to the department within 5 ~~the next~~ working days  
64 ~~day~~. The document may be submitted electronically through  
65 existing data systems, if applicable.



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66 (g) The examination period must be for up to 72 hours. For  
67 a minor, the assessment by a service provider or examination  
68 shall be initiated within 12 hours after the patient's arrival  
69 at the facility. Within the examination period or, if the  
70 examination period ends on a weekend or holiday, no later than  
71 the next working day thereafter, one of the following actions  
72 must be taken, based on the individual needs of the patient:

73 1. The patient shall be released, unless he or she is  
74 charged with a crime, in which case the patient shall be  
75 returned to the custody of a law enforcement officer;

76 2. The patient shall be released, subject to subparagraph  
77 1., for voluntary outpatient treatment;

78 3. The patient, unless he or she is charged with a crime,  
79 shall be asked to give express and informed consent to placement  
80 as a voluntary patient and, if such consent is given, the  
81 patient shall be admitted as a voluntary patient; or

82 4. A petition for involuntary services shall be filed in  
83 the circuit court if inpatient treatment is deemed necessary or  
84 with the criminal county court, as defined in s. 394.4655(1), as  
85 applicable. When inpatient treatment is deemed necessary, the  
86 least restrictive treatment consistent with the optimum  
87 improvement of the patient's condition shall be made available.  
88 When a petition is to be filed for involuntary outpatient  
89 placement, it shall be filed by one of the petitioners specified



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90 in s. 394.4655(4)(a). A petition for involuntary inpatient  
91 placement shall be filed by the facility administrator.

92 Section 2. Paragraph (a) of subsection (4) of section  
93 381.0056, Florida Statutes, is amended to read:

94 381.0056 School health services program.—

95 (4)(a) Each county health department shall develop,  
96 jointly with the district school board and the local school  
97 health advisory committee, a school health services plan. The  
98 plan must include, at a minimum, provisions for all of the  
99 following:

- 100 1. Health appraisal;
- 101 2. Records review;
- 102 3. Nurse assessment;
- 103 4. Nutrition assessment;
- 104 5. A preventive dental program;
- 105 6. Vision screening;
- 106 7. Hearing screening;
- 107 8. Scoliosis screening;
- 108 9. Growth and development screening;
- 109 10. Health counseling;
- 110 11. Referral and followup of suspected or confirmed health  
111 problems by the local county health department;
- 112 12. Meeting emergency health needs in each school;
- 113 13. County health department personnel to assist school  
114 personnel in health education curriculum development;

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115 14. Referral of students to appropriate health treatment,  
116 in cooperation with the private health community whenever  
117 possible;

118 15. Consultation with a student's parent or guardian  
119 regarding the need for health attention by the family physician,  
120 dentist, or other specialist when definitive diagnosis or  
121 treatment is indicated;

122 16. Maintenance of records on incidents of health  
123 problems, corrective measures taken, and such other information  
124 as may be needed to plan and evaluate health programs; except,  
125 however, that provisions in the plan for maintenance of health  
126 records of individual students must be in accordance with s.  
127 1002.22;

128 17. Health information which will be provided by the  
129 school health nurses, when necessary, regarding the placement of  
130 students in exceptional student programs and the reevaluation at  
131 periodic intervals of students placed in such programs;

132 18. Notification to the local nonpublic schools of the  
133 school health services program and the opportunity for  
134 representatives of the local nonpublic schools to participate in  
135 the development of the cooperative health services plan; and

136 19. Notification ~~Immediate notification~~ to a student's  
137 parent, guardian, or caregiver if the student is removed from  
138 school, school transportation, or a school-sponsored activity  
139 and taken to a receiving facility for an involuntary examination

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140 pursuant to s. 394.463, including the requirements established  
141 under ss. 1002.20(3) and 1002.33(9), as applicable. Such  
142 notification shall include:

143 a. Notification prior to the student's removal for an  
144 involuntary examination, if such notification will not cause a  
145 delay that jeopardizes the student's or another individual's  
146 physical or mental health or safety.

147 b. Immediate notification upon the student's removal for  
148 an involuntary examination.

149 Section 3. Paragraph (1) of subsection (3) of section  
150 1002.20, Florida Statutes, is amended to read:

151 1002.20 K-12 student and parent rights.—Parents of public  
152 school students must receive accurate and timely information  
153 regarding their child's academic progress and must be informed  
154 of ways they can help their child to succeed in school. K-12  
155 students and their parents are afforded numerous statutory  
156 rights including, but not limited to, the following:

157 (3) HEALTH ISSUES.—

158 (1) Notification of involuntary examinations.—

159 1. The public school principal or the principal's designee  
160 shall immediately notify the parent of a student who is removed  
161 from school, school transportation, or a school-sponsored  
162 activity and taken to a receiving facility for an involuntary  
163 examination pursuant to s. 394.463. In addition, the principal  
164 or the principal's designee shall explain to the parent the

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165 reason or situation that gave rise to such removal. The  
166 principal or the principal's designee may delay notification for  
167 no more than 24 hours after the student is removed if the  
168 principal or designee deems the delay to be in the student's  
169 best interest and if a report has been submitted to the central  
170 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
171 suspicion of abuse, abandonment, or neglect.

172 2. Prior to removal of a student for an involuntary  
173 examination, the principal or the principal's designee shall  
174 notify the parent, if such notification will not cause a delay  
175 that jeopardizes the student's or another individual's physical  
176 or mental health or safety. However, the principal or the  
177 principal's designee may omit notification prior to removal if  
178 the principal or designee deems it to be in the student's best  
179 interest and if a report has been submitted to the central abuse  
180 hotline, pursuant to s. 39.201, based upon knowledge or  
181 suspicion of abuse, abandonment, or neglect.

182 3. Each district school board shall develop a policy and  
183 procedures for notification under this paragraph.

184 Section 4. Paragraph (q) of subsection (9) of section  
185 1002.33, Florida Statutes, is amended to read:

186 1002.33 Charter schools.—

187 (9) CHARTER SCHOOL REQUIREMENTS.—

188 (q) The charter school principal or the principal's  
189 designee shall immediately notify the parent of a student who is



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190 removed from school, school transportation, or a school-  
191 sponsored activity and taken to a receiving facility for an  
192 involuntary examination pursuant to s. 394.463. In addition, the  
193 principal or the principal's designee shall explain to the  
194 parent the reason or situation that gave rise to such removal.  
195 The principal or the principal's designee may delay notification  
196 for no more than 24 hours after the student is removed if the  
197 principal or designee deems the delay to be in the student's  
198 best interest and if a report has been submitted to the central  
199 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
200 suspicion of abuse, abandonment, or neglect.

201 2. Prior to removal of a student for an involuntary  
202 examination, the principal or the principal's designee shall  
203 notify the parent, if such notification will not cause a delay  
204 that jeopardizes the student's or another individual's physical  
205 or mental health or safety. However, the principal or the  
206 principal's designee may omit notification prior to removal if  
207 the principal or designee deems it to be in the student's best  
208 interest and if a report has been submitted to the central abuse  
209 hotline, pursuant to s. 39.201, based upon knowledge or  
210 suspicion of abuse, abandonment, or neglect.

211 3. Each charter school governing board shall develop a  
212 policy and procedures for notification under this paragraph.  
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**T I T L E   A M E N D M E N T**

Remove lines 3-5 and insert:  
amending s. 394.463, F.S.; revising deadlines for submission of  
documentation regarding involuntary examinations; requiring an  
assessment or examination to be initiated within 12 hours of a  
minor patient's arrival at a facility; amending s. 381.0056,  
F.S.; requiring parental notification prior to removing a  
student for an involuntary examination in certain circumstances;  
amending s. 1002.20, F.S.; requiring parental notification prior  
to removing a student for an involuntary examination in certain  
circumstances; amending s. 1002.33, F.S.; requiring parental  
notification prior to removing a student for an involuntary  
examination in certain circumstances; amending s. 1006.12, F.S.;  
establishing



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 1187 Guardianship  
**SPONSOR(S):** Spano  
**TIED BILLS:** IDEN./SIM. **BILLS:** SB 1002

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	11 Y, 0 N	Langston	Brazzell
2) Civil Justice & Claims Subcommittee	14 Y, 0 N	MacNamara	Bond
3) Health & Human Services Committee		Langston 	Calamas 

### SUMMARY ANALYSIS

Guardianship is a concept whereby a “guardian” acts for another, called a “ward,” whom the law regards as incapable of managing his or her own affairs due to age or incapacity. The Office of Public and Professional Guardians (OPPG) oversees, investigates, and disciplines all public and professional guardians. Complaints against a guardian must be filed with OPPG.

A guardian must file with the court an initial guardianship report, an annual guardianship report, and an annual accounting of the ward’s property. In addition to the duty to serve as the custodian of the guardianship files, the clerk reviews each initial and annual guardianship report to ensure that it contains required information about the ward. If the clerk believes further review is appropriate, the clerk may request and review records and documents that reasonably impact guardianship assets. A guardian or OPPG may disclose confidential information about a ward in limited circumstances.

HB 1187 identifies specific actions that the circuit court clerks may take when reviewing guardianship reports. The bill permits the clerk to conduct audits and may cause the initial and annual guardianship reports to be audited, when the clerk has reason to believe further review is appropriate. If the clerk identifies an act of wrongdoing on the part of the guardian based on the audit, the bill prohibits the guardian from being paid or reimbursed using the ward’s assets for any fees incurred in responding to the audit.

The bill requires the clerk to advise the court of the results of such audits. The bill states that the clerk’s communication to the court regarding the clerk’s duties to review and audit guardianship reports and accountings may not be considered an ex parte communication.

The bill provides that the clerk may disclose confidential information to the Department of Children and Families or law enforcement agencies “for other purposes,” as provided by a court order. The bill authorizes a guardian to provide the confidential information to the court clerk or an investigator with OPPG for investigations that arise under a review of records and documents involving assets, the beginning inventory balance, and fees charged to the guardianship.

The bill allows a complaint against a guardian to be filed with either OPPG or its designee.

The bill does not have a fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2018.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Guardianship

Guardianship is a concept whereby a “guardian” acts for another, called a “ward,” whom the law regards as incapable of managing his or her own affairs due to age or incapacity.<sup>1</sup> There are two main forms of guardianship: guardianship over the person or guardianship over the property, which may be limited or plenary.<sup>2</sup> A person serving as a public guardian is considered a professional guardian for purposes of regulation, education, and registration.<sup>3</sup> For adults, a guardianship may be established when a person has demonstrated that he or she is unable to manage his or her own affairs. If the adult is competent, this can be accomplished voluntarily. However, when an individual’s mental competence is in question, an involuntary guardianship may be established through the adjudication of incompetence, which is determined by a court appointed examination committee.<sup>4</sup>

##### *Fiduciary Relationship*

The relationship between a guardian and his or her ward is a fiduciary one.<sup>5</sup> A fiduciary relationship exists between two persons when one of them is under a duty to act for or to give advice for the benefit of another upon matters within the scope of that relationship.<sup>6</sup> Section 744.362, F.S., imposes specific duties upon a guardian consistent with the basic duties of a fiduciary. As such, the guardian must act in the best interest of the ward and carry out his or her responsibilities in an informed and considered manner. Additionally, a guardian may not use the relationship with the ward for his or her private gain other than the remuneration for fees and expenses provided by law.<sup>7</sup>

##### Initial and Annual Guardianship Reports

Every guardian must file an initial report within 60 days after the letters of guardianship, which appoint the guardian, are signed and file an annual report with the court consisting of an annual accounting and/or an annual guardianship plan.<sup>8</sup>

##### *Initial Guardianship Report*

The initial guardianship plan continues in effect until amended or replaced by the approval of an annual guardianship plan; the restoration of capacity or death of the ward; or the ward, if a minor, reaches the age of 18 years.<sup>9</sup> The initial guardianship plan includes:<sup>10</sup>

- The provision of medical, mental, or personal care services for the welfare of the ward;
- The provision of social and personal services for the welfare of the ward;
- The place and kind of residential setting best suited for the needs of the ward;

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<sup>1</sup> S. 744.102(9), F.S.

<sup>2</sup> S. 744.2005, F.S.

<sup>3</sup> S. 744.102(17), F.S.

<sup>4</sup> S. 744.102(12), F.S.

<sup>5</sup> S. 744.361(1), F.S. Additionally, Florida courts have long recognized the relationship between a guardian and his or her ward as a classic fiduciary relationship. *Lawrence v. Norris*, 563 So. 2d 195, 197 (Fla. 1st DCA 1990); s. 744.361(1), F.S.

<sup>6</sup> *Doe v. Evans*, 814 So. 2d 370, 374 (Fla. 2002).

<sup>7</sup> S. 744.446, F.S.

<sup>8</sup> S. 744.3678(1), F.S.

<sup>9</sup> S. 744.363(5), F.S.

<sup>10</sup> S. 744.363(1), F.S.

- The application of health and accident insurance and any other private or governmental benefits to which the ward may be entitled to meet any part of the costs of medical, mental health, or related services provided to the ward; and
- Any physical and mental examinations necessary to determine the ward's medical and mental health treatment needs.

Additionally, an initial guardianship plan for an incapacitated person must be based on the recommendations of the examining committee's examination, as incorporated into the order determining incapacity.<sup>11</sup>

#### *Annual Guardianship Report and Accounting*

The annual guardianship report of a guardian of the property must consist of an annual accounting, and the annual report of a guardian of the person must consist of an annual guardianship plan.<sup>12</sup> Unless the court requires filing on a calendar-year basis, each guardian of the person must file an annual guardianship plan with the court within 90 days after the last day of the anniversary month that the letters of guardianship were signed; the plan must cover the coming fiscal year, ending on the last day in such anniversary month.<sup>13</sup>

The annual accounting must include:<sup>14</sup>

- A full and correct account of the receipts and disbursements of all of the ward's property over which the guardian has control and a statement of the ward's property on hand at the end of the accounting period; and
- A copy of the annual or year-end statement of all of the ward's cash accounts from each of the institutions where the cash is deposited.

Additionally, the guardian must obtain and preserve a receipt, cancelled check, or other proof of payment for all expenditures and disbursements made on behalf of the ward, along with any substantiating papers, for three years after his or her discharge as a guardian.<sup>15</sup> The guardian is not required to file these documents with the court but must make them available for inspection and review as the court may order.<sup>16</sup>

#### *Responsibilities of the Clerk of the Circuit Court*

In addition to the duty to serve as the custodian of the guardianship files, the clerk reviews each initial and annual guardianship report to ensure that it contains required information about the ward.<sup>17</sup> The clerk must:<sup>18</sup>

- Within 30 days after the date of filing of the initial or annual report of the guardian of the person, complete his or her review of the report.
- Within 90 days after the filing of the verified inventory and accountings by a guardian of the property, the clerk shall audit the verified inventory and the accountings and advise the court of the results of the audit.
- Report to the court when a report is not timely filed.

<sup>11</sup> S. 744.363(2), F.S.

<sup>12</sup> S. 744.367(3), F.S.

<sup>13</sup> S. 744.367(1), F.S. If the court requires calendar-year filing, the guardian must file the guardianship plan on or before April 1 of each year.

<sup>14</sup> S. 744.3678(2), F.S.

<sup>15</sup> S. 744.3678(3), F.S.

<sup>16</sup> Id.

<sup>17</sup> S. 744.368, F.S. This includes information about the ward that addresses mental and physical health care, physical and mental health examinations, personal and social services, residential setting, the application of insurance, private and government benefits, and the initial verified inventory or the annual accounting.

<sup>18</sup> S. 744.368(2)-(4), F.S.



If the clerk believes further review is appropriate, he or she may request and review records and documents that reasonably impact guardianship assets, including, but not limited to, the beginning inventory balance and any fees charged to the guardianship.<sup>19</sup> If a guardian does not produce records and documents to the clerk upon request, the clerk may request the court to enter an order compelling the guardian to produce the requested records and documents.<sup>20</sup>

The guardian must pay a fee to the clerk of the circuit court for its audit.<sup>21</sup> This fee is paid from the ward's estate, and is scaled based on the value of his or her estate. The maximum fees the clerk may charge are:<sup>22</sup>

- \$20 for estates with a value of \$25,000 or less;
- \$85 for estates with a value of more than \$25,000 up to and including \$100,000;
- \$170 for estates with a value of more than \$100,000 up to and including \$500,000; and
- \$250 for estates with a value in excess of \$500,000.

### Office of the Public and Professional Guardians

The Legislature created the Statewide Public Guardianship Office in 1999 to oversee all public guardians.<sup>23</sup> In 2016, the Legislature renamed the Statewide Public Guardianship Office within the Department of Elder Affairs (DOEA) as the Office of Public and Professional Guardians (OPPG) and expanded the OPPG's responsibilities.<sup>24</sup> The expansion of the Office's oversight of professional guardians followed reports of abuse and inappropriate behavior by professional guardians.<sup>25</sup> The OPPG now regulates professional guardians with certain disciplinary and enforcement powers.<sup>26</sup> Specifically, s. 744.2004, F.S., requires OPPG to review and, if determined legally sufficient, investigate any complaint that a professional guardian has violated the standards of practice established by OPPG.

OPPG has entered into a Memorandum of Understanding (MOU) with the Clerks' Statewide Investigations Alliance<sup>27</sup> to conduct independent and objective investigations when OPPG refers complaints to them.<sup>28</sup> There are seven county clerk offices with units accredited to perform investigations of legally sufficient complaints regarding the conduct of professional guardians.<sup>29</sup> Since

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<sup>19</sup> Id.  
<sup>20</sup> S. 744.368(6), F.S.  
<sup>21</sup> S. 744.3678(4), F.S.  
<sup>22</sup> Id.  
<sup>23</sup> Chapter 99-277 L.O.F.  
<sup>24</sup> See CS/CS/CS/SB 232 (2016) and ch. 2016-40, L.O.F.  
<sup>25</sup> See, e.g., Florida Supreme Court Commission on Fairness, Committee on Guardianship Monitoring, 2003, available at <http://flcourts.org/core/fileparse.php/260/urlt/guardianshipmonitoring.pdf> (last visited February 4, 2018) (reviewed how effectively guardians were fulfilling their duties and obligations. The committee received input from citizens that there was abuse, neglect, and misuse of ward's funds. As a result, the committee stated that, though the majority of guardians are law-abiding and are diligently fulfilling their complex responsibilities, a small percentage are not properly handling guardianship matters, and as a result, monitoring is necessary.); Department of Elder Affairs, Guardianship Task Force – 2004 Final Report, available at <http://elderaffairs.state.fl.us/doea/pubguard/GTF2004FinalReport.pdf> (last visited February 4, 2018) (advocated for additional oversight of professional guardians); Michael E. Miller, *Florida's Guardians Often Exploit the Vulnerable Residents They're Supposed to Protect*, MIAMI NEWTIMES, May 8, 2014, available at <http://www.miaminewtimes.com/2014-05-08/news/florida-guardian-elderly-fraud/full/> (last visited February 4, 2018) (provided anecdotal evidence of fraud within the guardianship system, noting that the appointed court monitor for Broward County has uncovered hundreds of thousands of dollars that guardians have misappropriated from their wards, and, over the course of two years, Palm Beach County's guardianship fraud hotline has investigated over 100 cases; and Barbara Peters Smith, *the Kindness of Strangers – Inside Elder Guardianship in Florida*, SARASOTA HERALD-TRIBUNE, December 6, 2014, available at <http://guardianship.heraldtribune.com/default.aspx> (last visited February 4, 2018) (three-part series published in December 2014 details abuses occurring in guardianships based on an evaluation of guardianship court case files and interviews with wards, family and friends caught in the system against their will.).  
<sup>26</sup> Section 744.2004, F.S.  
<sup>27</sup> Department of Elder Affairs, Agency Analysis 2018 House Bill 1187, p. 3 (Jan. 9, 2018) (on file with Health and Human Services Committee). These clerks have specialized investigatory training related to guardianship.  
<sup>28</sup> Id.  
<sup>29</sup> Id. The Palm Beach County Clerk serves as the administrative coordinator and chief investigator. The remaining clerk offices are Pinellas County, Polk County, Okaloosa County, Lake County, Lee County, and Sarasota County  
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OPPG began receiving complaints on October 1, 2017, it has referred 83 legally sufficient complaints to the Clerks' Statewide Investigative Alliance for further investigation.<sup>30</sup>

### Confidentiality of Guardianship Records

Typically, guardianship records are confidential; this includes initial, annual, and final guardianship reports, as well as any amendments thereto.<sup>31</sup> These reports and any court record relating to the settlement of a claim<sup>32</sup> on behalf of the ward are only subject to inspection by:<sup>33</sup>

- The court;
- The clerk or the clerk's representative;
- The guardian and the guardian's attorney;
- The guardian ad litem with regard to the settlement of the claim; and
- The ward, in certain circumstances, and the ward's attorney.

If anyone other than the statutorily identified individuals above wishes to inspect guardianship records, he or she must petition the court for access and show good cause as to why access should be granted.<sup>34</sup> Additionally, the court may direct disclosure of guardianship records in connection with a real property transaction or for such other purpose as the court allows.<sup>35</sup>

#### *Disclosure of Confidential Information to Ombudsman Council Members*

Without obtaining court approval, a guardian acting within the powers granted by the order appointing the guardian or an approved annual or amended guardianship report, may provide confidential information about a ward, such as medical or financial information, that is related to an investigation arising under part I of ch. 400, F.S., to a local or state ombudsman<sup>36</sup> council member conducting such an investigation.<sup>37</sup>

#### *Confidentiality of Records Held by OPPG Related to Investigations*

Any medical, financial, or mental health records or financial audits of guardianship records that are held by certain agencies must be provided to OPPG upon its request, if necessary to investigate a guardian as a result of a complaint filed with OPPG or for OPPG to fulfil its statutory duties.<sup>38</sup> All records held by OPPG relating to the medical, financial, or mental health of vulnerable adults,<sup>39</sup> persons with a

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<sup>30</sup> Florida Senate Bill Analysis and Fiscal Impact Statement of 2017 Senate Bill 1002, (Jan. 9, 2018) In 30 of those cases, letters of concern were issued or discipline was imposed or the cases were determined to be unfounded. The remaining 53 cases are still open and ongoing.

<sup>31</sup> S. 744.3701(1), F.S.

<sup>32</sup> A court record relating to the settlement of a ward's or minor's claim, including a petition for approval of a settlement on behalf of a ward or minor, a report of a guardian ad litem relating to a pending settlement, or an order approving a settlement on behalf of a ward or minor, is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution and may not be disclosed except as specifically authorized. S. 744.3701(3), F.S.

<sup>33</sup> S. 744.3701(1), F.S.

<sup>34</sup> Id.

<sup>35</sup> S. 744.3701(2), F.S.

<sup>36</sup> This is a volunteer-based system of local units that act as advocates for residents of long-term care facilities. Council members work with staff to identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities, adult family-care homes, and continuing care retirement communities. See Department of Elder Affairs, *State Long-Term Ombudsman Council*, [http://elderaffairs.state.fl.us/doea/lcop\\_council.php](http://elderaffairs.state.fl.us/doea/lcop_council.php) (last visited February 4, 2018).

<sup>37</sup> S. 744.444(17), F.S.

<sup>38</sup> S. 744.2104(1), F.S. OPPG's statutory duties include evaluating the public guardianship system, assessing the need for additional public guardianship, and developing required reports.

<sup>39</sup> S. 415.102(28), F.S., defines a "vulnerable adult" as a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.

developmental disability,<sup>40</sup> or persons with a mental illness,<sup>41</sup> are confidential and exempt from s. 119.07(1), F.S., and Article I, section 24(a) of the State Constitution.<sup>42</sup> Additionally, s. 744.2111, F.S., provides that the following are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, when held by DOEA in connection with a complaint filed and any subsequent investigation conducted by OPPG, unless the disclosure is required by court order:

- Personal identifying information of a complainant or ward;
- All personal health and financial records of a ward; and
- All photographs and video recordings.

Any confidential or exempt information provided to OPPG must continue to be held confidential or exempt as otherwise provided by law.<sup>43</sup> However, the confidentiality requirements in s. 744.2111, F.S. do not prevent DOEA or OPPG from disclosing the protected records to any law enforcement agency, any other regulatory agency in the performance of its official duties and responsibilities, or the clerk of circuit court when reviewing an initial or annual guardianship report.

### Ex Parte Communications

An ex parte communication occurs when one party to a case communicates directly with the judge about something related to the factual or legal issues of the case without the other parties' knowledge.<sup>44</sup> Similarly, an ex parte proceeding is one that does not require one of the parties in the case to be present or respond to the motion; these proceedings are limited urgent matters where requiring notice would subject one party to irreparable harm, such as a request for a temporary restraining order. Ex parte communications are prohibited, except in limited circumstances, because they remove the appearance of the court's impartiality in a proceeding and may prejudice a pending matter against the party not represented.<sup>45</sup>

## **Effect of Proposed Changes**

### Review of Guardianship Reports by the Clerk

HB 1187 identifies specific actions that the circuit court clerks may take when reviewing guardianship reports. Specifically, the bill permits the clerk to conduct audits and may cause the initial and annual guardianship reports to be audited, when the clerk has reason to believe further review is appropriate under s. 744.368(5), F.S. If the clerk finds an act of wrongdoing on the part of the guardian when he or she responds to the review or audit, any fees the guardian incurred in responding to the audit may not be paid or reimbursed using the ward's assets.

The bill requires the clerk to advise the court of the results of such audits. The bill states that the clerk's communication to the court regarding such audits may not be considered an ex parte communication.

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<sup>40</sup> S. 393.063(12), F.S., defines "developmental disability" as a disorder or syndrome that is attributable to intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, Phelan-McDermid syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.

<sup>41</sup> S. 394.455(28), F.S., defines "mental illness" as an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. The term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

<sup>42</sup> S. 744.2104(2), F.S.

<sup>43</sup> Id.

<sup>44</sup> Hawai'i State Judiciary, *Self-Help: Ex Parte*, [http://www.courts.state.hi.us/self-help/exparte/ex\\_parte\\_contact](http://www.courts.state.hi.us/self-help/exparte/ex_parte_contact) (last visited February 4, 2018). "Ex parte" is a Latin phrase meaning "on one side only; by or for one party."

<sup>45</sup> *Supra*, note 27.

## Disclosure of Confidential Information

The bill allows the clerk to disclose confidential information to the Department of Children and Families (DCF) or law enforcement agencies “for other purposes,” as provided by a court order. Currently, if DCF or law enforcement agencies want access to confidential guardianship records, they must petition the court and show good cause. “Other purposes” is not defined in the bill; it is unclear what these purposes would be. Additionally, it is unclear if the clerk would have to show good cause to obtain a court order for such disclosure.

The bill also expands to whom a guardian may disclose confidential information about a ward without court approval beyond the state or local ombudsman council members currently authorized in law. The bill authorizes guardians to disclose confidential information to:

- The court clerk for investigations that arise from a review of guardianship reports, guardianship records and documents, and related audits conducted pursuant to s. 744.368, F.S.; and
- The OPPG for investigations related to the regulation and oversight of professional guardians pursuant to Part II of ch. 744, F.S.

The bill requires the clerk or the OPPG’s investigator to maintain the confidentiality of such disclosed information.

## Complaints Against Guardians

The bill allows a complaint against a guardian to be filed with a designee of OPPG. The Clerks’ Statewide Investigations Alliance currently performs investigative services for the OPPG.<sup>46</sup> This change would allow complaints to be filed with the Clerks’ Statewide Investigations Alliance, who is the current OPPG designee pursuant to an MOU, or any other designee of the OPPG in addition to with the OPPG.

The bill provides an effective date of July 1, 2018.

### B. SECTION DIRECTORY:

**Section 1:** Amends s. 744.2104(1), F.S., relating to access to records by the Office of Public and Professional Guardians; confidentiality.

**Section 2:** Amends s. 744.368, F.S., relating to responsibilities of the clerk of the circuit court.

**Section 3:** Amends s. 744.3701, F.S., relating to confidentiality.

**Section 4:** Amends s. 744.444, F.S., relating to power of a guardian to act without court approval.

**Section 5:** Provides an effective date.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

None.

#### 2. Expenditures:

None.

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<sup>46</sup> Id. at 4.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None. Any additional audits conducted by county clerks are optional.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

Guardians will be liable for any costs incurred responding to a clerk's review of guardianship records and documents or audits conducted pursuant to s. 744.368, F.S., if the court finds wrongdoing on the part of the guardian. The guardian will not be able to pay or reimburse any such fees from the ward's assets.

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None

**B. RULE-MAKING AUTHORITY:**

None.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

1                                    A bill to be entitled  
2            An act relating to guardianship; amending s. 744.2104,  
3            F.S.; requiring certain medical, financial, or mental  
4            health records or financial audits that are necessary  
5            as part of an investigation of a guardian as a result  
6            of a complaint filed for certain purposes with a  
7            designee of the Office of Public and Professional  
8            Guardians to be provided to the Office of Public and  
9            Professional Guardians upon that office's request;  
10           amending s. 744.368, F.S.; authorizing the clerk of  
11           the court to conduct audits and cause the initial and  
12           annual guardianship reports to be audited under  
13           certain circumstances; requiring the clerk to advise  
14           the court of the results of any such audit;  
15           prohibiting any fee or cost incurred by the guardian  
16           in responding to the review or audit from being paid  
17           or reimbursed by the ward's assets if there is a  
18           finding of wrongdoing by the court; prohibiting the  
19           clerk's advice to the court from being considered an  
20           ex parte communication; amending s. 744.3701, F.S.;  
21           authorizing the clerk to disclose confidential  
22           information to the Department of Children and Families  
23           or law enforcement agencies for certain purposes as  
24           provided by court order; amending s. 744.444, F.S.;  
25           authorizing certain guardians of property to provide

26 confidential information about a ward which is related  
 27 to an investigation arising under specified provisions  
 28 to a clerk or to an Office of Public and Professional  
 29 Guardians investigator conducting such an  
 30 investigation; providing that any such clerk or Office  
 31 of Public and Professional Guardians investigator has  
 32 a duty to maintain the confidentiality of such  
 33 information; providing an effective date.

34

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

36

37 Section 1. Subsection (1) of section 744.2104, Florida  
 38 Statutes, is amended to read:

39 744.2104 Access to records by the Office of Public and  
 40 Professional Guardians; confidentiality.—

41 (1) Notwithstanding any other provision of law to the  
 42 contrary, any medical, financial, or mental health records held  
 43 by an agency, or the court and its agencies, or financial audits  
 44 prepared by the clerk of the court pursuant to s. 744.368 and  
 45 held by the court, which are necessary as part of an  
 46 investigation of a guardian as a result of a complaint filed  
 47 with the Office of Public and Professional Guardians or its  
 48 designee to evaluate the public guardianship system, to assess  
 49 the need for additional public guardianship, or to develop  
 50 required reports, shall be provided to the Office of Public and

51 Professional Guardians upon that office's request. Any  
 52 confidential or exempt information provided to the Office of  
 53 Public and Professional Guardians shall continue to be held  
 54 confidential or exempt as otherwise provided by law.

55 Section 2. Subsection (5) of section 744.368, Florida  
 56 Statutes, is amended, and subsection (8) is added to that  
 57 section, to read:

58 744.368 Responsibilities of the clerk of the circuit  
 59 court.—

60 (5) If the clerk has reason to believe further review is  
 61 appropriate, the clerk may request and review records and  
 62 documents that reasonably impact guardianship assets, including,  
 63 but not limited to, the beginning inventory balance and any fees  
 64 charged to the guardianship. As a part of this review, the clerk  
 65 may conduct audits and may cause the initial and annual  
 66 guardianship reports to be audited. The clerk shall advise the  
 67 court of the results of any such audit. Any fee or cost incurred  
 68 by the guardian in responding to the review or audit may not be  
 69 paid or reimbursed by the ward's assets if there is a finding of  
 70 wrongdoing by the court.

71 (8) The clerk's advice to the court may not be considered  
 72 an ex parte communication.

73 Section 3. Subsection (4) is added to section 744.3701,  
 74 Florida Statutes, to read:

75 744.3701 Confidentiality.—



76           (4) The clerk may disclose confidential information to the  
 77 Department of Children and Families or law enforcement agencies  
 78 for other purposes as provided by court order.

79           Section 4. Subsection (17) of section 744.444, Florida  
 80 Statutes, is amended to read:

81           744.444 Power of guardian without court approval.—Without  
 82 obtaining court approval, a plenary guardian of the property, or  
 83 a limited guardian of the property within the powers granted by  
 84 the order appointing the guardian or an approved annual or  
 85 amended guardianship report, may:

86           (17) Provide confidential information about a ward which  
 87 ~~that~~ is related to an investigation arising under s. 744.368 to  
 88 the clerk, part II of this chapter to an Office of Public and  
 89 Professional Guardians investigator, or part I of chapter 400 to  
 90 a local or state ombudsman council member conducting such an  
 91 investigation. Any such clerk, Office of Public and Professional  
 92 Guardians investigator, or ombudsman shall have a duty to  
 93 maintain the confidentiality of such information.

94           Section 5. This act shall take effect July 1, 2018.



Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health & Human Services  
 2 Committee

3 Representative Spano offered the following:

4  
 5 **Amendment (with title amendment)**

6 Remove lines 71-72

7  
 8 -----

9 **T I T L E A M E N D M E N T**

10 Remove lines 18-20 and insert:  
 11 finding of wrongdoing by the court; amending s. 744.3701, F.S.;



**HOUSE OF REPRESENTATIVES LOCAL BILL STAFF ANALYSIS**

**BILL #:** CS/HB 1239 South Lake County Hospital District, Lake County  
**SPONSOR(S):** Local, Federal & Veterans Affairs Subcommittee; Metz  
**TIED BILLS:** **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Local, Federal & Veterans Affairs Subcommittee	11 Y, 0 N, As CS	Darden	Miller
2) Health & Human Services Committee		Royal <i>JR</i>	Calamas <i>CC</i>
3) Government Accountability Committee			

**SUMMARY ANALYSIS**

The South Lake County Hospital District (District) is an independent special district created in 1969 to provide health care services in Lake County.

Beginning on the effective date of the act, the bill prohibits the District not from incurring further obligations and requires the District to wind down its affairs by September 30, 2019, including adopting a dissolution plan to liquidate all of its assets and satisfy all of its obligations and indebtedness. The bill authorizes the District to continue levying taxes, with proceeds collected after September 30, 2019 paid to Lake County to satisfy liabilities of the District.

CS/HB 1239 repeals the District’s enabling act and dissolves the district as of October 1, 2019. Any assets and liabilities of the District remaining at the time of dissolution are transferred to the Board of County Commissioners for Lake County, including any obligations of the District under any bond issues or other indebtedness.

The bill provides the act is effective upon becoming law.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Present Situation

##### Special Districts

A "special district" is a unit of local government created for a particular purpose, with jurisdiction to operate within a limited geographic boundary. Special districts are created by general law,<sup>1</sup> special act,<sup>2</sup> local ordinance,<sup>3</sup> or by rule of the Governor and Cabinet.<sup>4</sup> A special district has only those powers expressly provided by, or reasonably implied from, the authority provided in the district's charter. Special districts provide specific municipal services in addition to, or in place of, those provided by a municipality or county.<sup>5</sup>

An "independent special district" is characterized by having a governing board comprised of members which are not identical in membership to, nor all appointed by, nor any removable at will by, the governing body of a single county or municipality, and the district budget cannot be affirmed or vetoed by the governing body of a single county or municipality.<sup>6</sup> Additionally, a district that includes more than one county is an independent special district unless the district lies wholly within the boundaries of a single municipality.

##### South Lake County Hospital District

The South Lake County Hospital District (District) is an independent special district that was created in 1969.<sup>7</sup> The District's charter was codified in 2001.<sup>8</sup> The District is authorized to operate hospitals and other health care facilities within the District and to organize a staff of physicians and dentists to provide for the welfare and health of patients.<sup>9</sup> The District may levy one mill of ad valorem taxes to cover expenses.<sup>10</sup>

The District is governed by an eleven-member board, selected by the Governor, subject to Senate confirmation, from residents of the District.<sup>11</sup> Members of the board are unpaid, but may receive reimbursement for necessary expenses.<sup>12</sup>

The District may not transfer control of a hospital or other health care facility without a referendum.<sup>13</sup> This provision does not apply to health care facilities and business ventures in which the District or South Lake Memorial Hospital owns at least 50 percent of enterprise or has the right to appoint at least 50 percent of the board of directors.

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<sup>1</sup> Section 189.031(3), F.S.

<sup>2</sup> *Id.*

<sup>3</sup> Section 189.02(1), F.S.

<sup>4</sup> Section 190.005(1), F.S. See, generally, s. 189.012(6), F.S.

<sup>5</sup> 2017 – 2018 *Local Gov't Formation Manual*, p. 67, available at

<http://www.myfloridahouse.gov/Sections/Committees/committeesdetail.aspx?Committeed=2911> (last viewed Jan. 22, 2018).

<sup>6</sup> Section 189.012(3), F.S.

<sup>7</sup> Ch. 69-1201, Laws of Fla.

<sup>8</sup> Ch. 2001-290, Laws of Fla.

<sup>9</sup> Ch. 2001-290, s. 3(4)(1)(e)-(f), Laws of Fla.

<sup>10</sup> Ch. 2001-290, s. 3(8), Laws of Fla.

<sup>11</sup> Ch. 2001-290, s. 3(2)(2)(a), Laws of Fla.

<sup>12</sup> Ch. 2001-290, s. 3(5)(1), Laws of Fla.

<sup>13</sup> Ch. 2001-290, s. 3(11), Laws of Fla.

## **Effect of Proposed Changes**

CS/HB 1239 prohibits the District from incurring additional obligations or indebtedness, other than those incurred in the ordinary course of business, and to avoid the wasting of assets. The District must adopt a dissolution plan to liquidate its assets, satisfy all obligations and indebtedness, and wind down all other affairs by September 30, 2019.

The bill authorizes the District to continue levying taxes until September 30, 2019, with proceeds from those taxes collected after September 30, 2019 paid to Lake County to satisfy liabilities of the District.

The bill repeals the special act containing the charter of the District and dissolves the District.

The bill provides that any and all outstanding bond issues are transferred from the District to Lake County effective October 1, 2019, but that the transferred responsibilities are not a debt of the county. The bill also transfers all remaining assets and liabilities of the District to Lake County effective October 1, 2019. The bill requires the proceeds of the assets to be used to satisfy liabilities of the District, with remaining assets to be used by Lake County for the benefit of residents of the District.

### **B. SECTION DIRECTORY:**

- Section 1:** Provides that the South Lake County Hospital District must wind down its affairs by September 30, 2018.
- Section 2:** Repeals 2001-290, Laws of Fla.
- Section 3:** Dissolves the South Lake County Hospital District.
- Section 4:** Transfers responsibilities for outstanding bond issues from the South Lake County Hospital District to Lake County, but provides the responsibilities are not a debt or obligation of the county.
- Section 5:** Transfers the remaining assets of the South Lake County Hospital District to Lake County.
- Section 6:** Provides that the bill shall take effect upon becoming a law.

## **II. NOTICE/REFERENDUM AND OTHER REQUIREMENTS**

A. NOTICE PUBLISHED? Yes  No

IF YES, WHEN? December 1, 2018

WHERE? The *Daily Commercial*, a daily newspaper of general circulation published in Lake County, Florida.

B. REFERENDUM(S) REQUIRED? Yes  No

IF YES, WHEN?

C. LOCAL BILL CERTIFICATION FILED? Yes, attached  No

D. ECONOMIC IMPACT STATEMENT FILED? Yes, attached  No

## **III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

None.

**B. RULE-MAKING AUTHORITY:**

The bill does not provide rulemaking authority or require executive branch rulemaking.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

On January 29, 2018, the Local, Federal & Veterans Affairs Subcommittee adopted a strike-all amendment and reported the bill favorably as a committee substitute. The amendment requires the District to wind down its affairs by September 30, 2019 subject to a dissolution plan and authorizes the District to continue to levy taxes until September 30, 2019 to satisfy liabilities of the District.

This analysis is drafted to the committee substitute as passed by the Local, Federal & Veterans Affairs Subcommittee.





26           Section 2. The South Lake County Hospital District Board  
 27 of Trustees may levy taxes, in accordance with chapter 2001-290,  
 28 Laws of Florida, through and including September 30, 2019. Taxes  
 29 collected by the tax collector after September 30, 2019,  
 30 pursuant to a levy adopted by the board of trustees prior to  
 31 October 1, 2019, shall be paid to the Board of County  
 32 Commissioners of Lake County for disposition in accordance with  
 33 section 6.

34           Section 3. Chapter 2001-290, Laws of Florida, is repealed  
 35 effective October 1, 2019.

36           Section 4. Notwithstanding any law to the contrary, the  
 37 South Lake County Hospital District is dissolved effective  
 38 October 1, 2019.

39           Section 5. The responsibilities of the South Lake County  
 40 Hospital District as an issuing authority under any and all  
 41 outstanding bond issues are transferred to the Board of County  
 42 Commissioners of Lake County effective October 1, 2019. The  
 43 transferred responsibilities shall not constitute a debt or an  
 44 obligation of the county.

45           Section 6. Notwithstanding any law to the contrary,  
 46 effective October 1, 2019, all remaining assets and liabilities  
 47 of the South Lake County Hospital District are transferred to  
 48 the Board of County Commissioners of Lake County. All assets  
 49 received by the board of county commissioners pursuant to this  
 50 section shall first be used to satisfy all liabilities of the

51 former district received pursuant to this section. All assets  
 52 remaining after the satisfaction of former district liabilities  
 53 shall be used by the board of county commissioners in accordance  
 54 with the dissolution plan adopted by the South Lake County  
 55 Hospital District Board of Trustees prior to October 1, 2019,  
 56 provided such plan is consistent with chapter 2001-290, Laws of  
 57 Florida, and provides for the expenditure of district funds only  
 58 within the boundaries of the former South Lake County Hospital  
 59 District.

60 Section 7. This act shall take effect upon becoming a law.



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 1337 Nursing  
**SPONSOR(S):** Health Quality Subcommittee; Pigman  
**TIED BILLS:** IDEN./SIM. **BILLS:** SB 1594

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	14 Y, 0 N, As CS	Siples	McElroy
2) Health & Human Services Committee		Siples <i>JS</i>	Calamas <i>CC</i>

### SUMMARY ANALYSIS

Advanced registered nurse practitioners (ARNPs) are licensed registered nurses with post-graduate education in nursing that prepares them to perform advanced or specialized nursing. ARNPs may perform nursing or medical acts that are authorized pursuant to a written protocol with a physician. A clinical nurse specialist (CNS) is trained to be an expert clinician in a specialized area, such as a certain population, setting, or disease state. Both ARNPs and CNSs receive advanced training and practice advanced or specialized nursing; however, the two professions require separate certifications.

CS/HB 1337 repeals the separate certification for a clinical nurse specialist and includes clinical nurse specialist as a category of ARNP. A person who is currently certified as a CNS would have to meet all the same licensure requirements as an ARNP, including practicing pursuant to a written protocol with a physician and maintaining professional liability coverage.

Currently, ARNPs are licensed as registered nurses and then certified as ARNPs. The bill authorizes DOH to license, rather than certify, ARNPs as such. An ARNP must still hold a license as a registered nurse to be licensed as an ARNP. The bill adds an additional route to licensure as an ARNP by authorizing DOH to issue a license to an individual who has completed a formal post-basic educational program of at least one academic year, the primary purpose of which is to prepare the nurse for advanced or specialized practice.

The bill also adds the category of "certified nurse practitioner" to ARNP, which is comprised of the same group of licensees who are currently termed "nurse practitioners."

The bill changes the term "advanced registered nurse practitioner" to "advanced practice registered nurse" (APRN) throughout Florida Statutes. This will conform Florida laws to those in a majority of states.

The bill has an insignificant, positive fiscal impact on DOH and an insignificant, negative fiscal impact on DOH, which can be absorbed through current resources. The bill has no fiscal impact on local governments.

The bill provides an effective date of July 1, 2018, except as otherwise expressly provided.

# FULL ANALYSIS

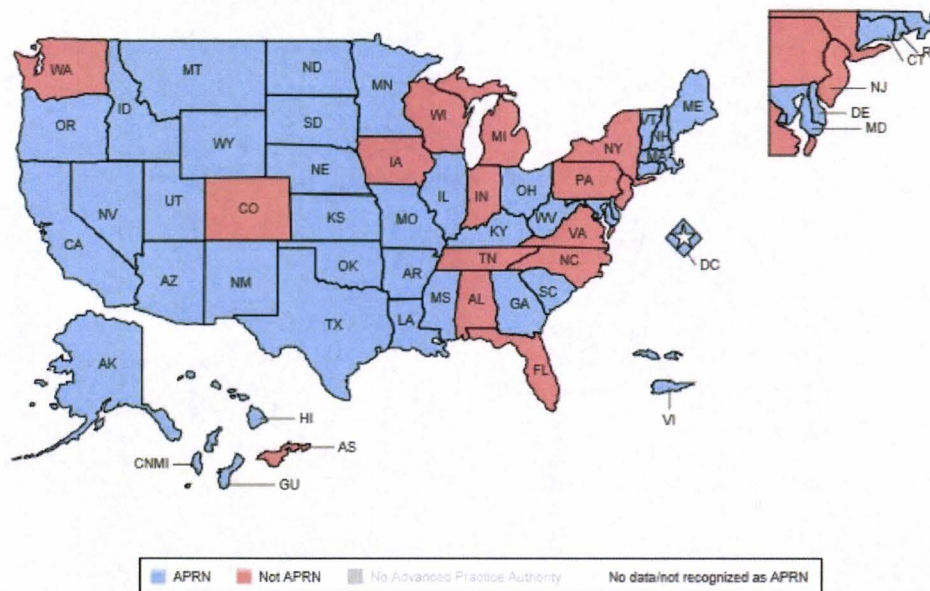
## I. SUBSTANTIVE ANALYSIS

### A. EFFECT OF PROPOSED CHANGES:

#### Present Situation

#### **Advanced Practice Nurses**

The term advanced practice nurse (APN) refers to registered nurses who have completed rigorous training and advanced education, usually resulting in a master's degree or higher. The titles of APNs vary from state to state. The National Council of State Boards of Nursing encourages states to use the term "advanced practice registered nurse" (APRN) to promote uniformity and title recognition across the nation.<sup>1</sup> Florida is one of 14 states that has not adopted the term APRN:<sup>2</sup>



#### Florida Advanced Practice Nurses

In Florida, an APN is titled as an "advanced registered nurse practitioner" (ARNP)<sup>3</sup> and is categorized as a certified nurse practitioner (CNP), certified nurse midwife (CNM), or certified registered nurse anesthetist (CRNA).<sup>4</sup>

ARNPs practice advanced or specialized nursing, which includes, in addition to practices of professional nursing that registered nurses are authorized to perform, advanced-level nursing acts approved by the Board as appropriate for ARNPs to perform by virtue of their post-basic specialized education, training, and experience.<sup>5</sup> Advanced or specialized nursing acts may only be performed if

<sup>1</sup> National Council of State Boards of Nursing, *Model for Uniform National Advanced Practice Registered Nurse (APRN) Regulation: A Handbook for Legislators*, available at [https://www.ncsbn.org/2010\\_APRN\\_HandbookforLegislators\\_web.pdf](https://www.ncsbn.org/2010_APRN_HandbookforLegislators_web.pdf) (last visited January 24, 2018).

<sup>2</sup> National Council of State Board of Nursing, *APRN Title Map*, available at <https://www.ncsbn.org/5398.htm> (last visited February 5, 2018).

<sup>3</sup> Section 464.003(3), F.S.

<sup>4</sup> Section 464.012(4), F.S.

<sup>5</sup> Section 464.012(3), F.S.

authorized under a supervising physician's protocol.<sup>6</sup> In addition to advanced or specialized nursing practices, ARNPs are authorized to practice certain medical acts, as opposed to nursing acts, as authorized within the framework of an established supervisory physician's protocol.<sup>7</sup>

An applicant must be licensed as a registered nurse, have a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills, and submit proof that the applicant holds a current national advanced practice certification from a board-approved nursing specialty board to be certified as an ARNP.<sup>8</sup>

All ARNPs must carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for certification is required to submit proof of coverage or financial responsibility within sixty days of certification and prior to each biennial certification renewal. An ARNP must have professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.<sup>9</sup>

#### *ARNP Scope of Practice in Florida*

Within the framework of the written protocol, an ARNP may:<sup>10</sup>

- Prescribe, dispense, administer, or order any drug;<sup>11</sup>
- Initiate appropriate therapies for certain conditions;
- Order diagnostic tests and physical and occupational therapy;
- Perform certain acts within his or her specialty; and
- Perform additional functions as may be determined by Board rule.

#### Clinical Nurse Specialists

A clinical nurse specialist (CNS) is trained to be an expert clinician in a specialized area, such a certain population, setting, or disease state.<sup>12</sup> A CNS delivers and manages advance practice nursing care to individuals and groups.<sup>13</sup> To be certified as a CNS, an applicant must hold a current registered nurse license and:<sup>14</sup>

- Current certification in a specialty area as a CBS from a nationally recognized certifying body as determined by the board; or
- Hold a master's degree in a specialty area for which there is no certification; and
- Complete 1,000 hours of clinical experience in the specialty area with at least 500 hours completed after graduation.

The Board has approved the following nationally recognized certifying bodies for applicants to meet the certification requirements for clinical nurse specialists:<sup>15</sup>

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<sup>6</sup> Id.

<sup>7</sup> Id.

<sup>8</sup> Section 464.012(1), F.S., and Rule 64B9-4.002, F.A.C.

<sup>9</sup> Section 456.048, F.S., and r. 64B9-4.002, F.A.C. DOH Form DH-MQA 1186, 01/09, "Financial Responsibility," is incorporated into the rule by reference. Certain licensees, such as those who practice exclusively for federal or state governments, only practice in conjunction with a teaching position, or can demonstrate no malpractice exposure in this state are exempt from the financial responsibility requirements.

<sup>10</sup> Sections 464.012(3),(4), and 464.003, F.S.

<sup>11</sup> Controlled substances may only be prescribed or dispensed if the ARNP has graduated from a program leading to a master's or doctoral degree in a clinical specialty area with training in specialized practitioner skills.

<sup>12</sup> National Association of Clinical Nurse Specialists, *What is a CNS?*, available at <http://nacns.org/about-us/what-is-a-cns/> (last visited January 24, 2018).

<sup>13</sup> Department of Health, *2018 Agency Legislative Bill Analysis*, (Jan. 11, 2018), on file with the Health Quality Subcommittee.

<sup>14</sup> Section 464.0115, F.S.

<sup>15</sup> Rule 64B9-4.015, F.A.C.

- Oncology Nursing Certification Corporation;
- American Association of Critical-Care Nurses;
- American Nurses Credentialing Centers; and
- National Board for Certification of Hospice and Palliative Nurses.

As of June 30, 2017, there are 165 licensed CNSs in Florida.<sup>16</sup>

The National Council of State Boards of Nursing includes CNS as one of the 4 roles for an APRN, along with clinical nurse practitioner, certified registered nurse anesthetist, and certified nurse midwife.<sup>17</sup>

## **Effect of Proposed Changes**

### **Advanced Practice Registered Nurses**

CS/HB 1337 changes the term “advanced registered nurse practitioner” to “advanced practice registered nurse” (APRN) throughout Florida Statutes.

Currently, APRNs are licensed as registered nurses and then certified as APRNs. The bill authorizes DOH to license, rather than certify, APRNs as such. APRNs must still hold a license as a registered nurse to be licensed as an APRN. The bill also adds the category of certified nurse practitioner which is comprised of the same group of licensees who are currently termed “nurse practitioners.”

The bill adds an additional route to licensure as an APRN by authorizing DOH to issue a license to an individual who has completed a formal post-basic educational program of at least one academic year, the primary purpose of which is to prepare the nurse for advanced or specialized practice.<sup>18</sup>

The bill clarifies that clinical nurse specialists and certified nurse midwives who graduate on or after October 1, 1998, must hold a master’s degree. This is an existing requirement, however due to the updated title of nurse practitioner to “certified nurse practitioner,” the bill separately requires these APRN roles to meet this criteria.

### **Clinical Nurse Specialists**

The bill repeals the separate certification for a CNS and categorizes a CNS as an APRN. A person who is currently certified as a CNS will have to meet all the same licensure requirements as an ARNP. Specifically, the bill requires a CNS to establish a written protocol with a physician and file it with the Board. The bill also requires a CNS to obtain professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000. As an APRN, a CNS will have the authority to prescribe and administer medicinal drugs, including controlled substances.

The bill provides an effective date of July 1, 2018, except as otherwise expressly provided in the bill. The bill’s provision updating the requirements for APRN licensure, titles and abbreviations, and disciplinary actions will supersede the Nurse Licensure Compact when it becomes effective on December 31, 2018, or upon enactment of the Nurse Licensure Compact in 28 states.<sup>19</sup> Effective March 1, 2019, the bill’s provision changes “advanced registered nurse practitioner” to “advanced

<sup>16</sup> Id.

<sup>17</sup> National Council of State Boards of Nursing, *APRNs in the U.S.*, available at <https://www.ncsbn.org/aprn.htm> (last visited January 25, 2018).

<sup>18</sup> This reestablishes a path to licensure that was repealed in 2017. See ch. 2017-134, Laws of Fla.

<sup>19</sup> In 2016, the Legislature enacted the Nurse Licensure Compact which authorized Florida to join a multistate compact for nurses to practice in this state and other member state with a multistate license. See ch. 2016-139, Laws of Fla.

practice registered nurse” services in the list of minimum benefits that Medicaid managed care providers must provide.

## B. SECTION DIRECTORY:

**Section 1:** Amends s. 464.003, F.S., relating to definitions.

**Section 2:** Repeals s. 464.0115, F.S., relating to clinical nurse specialists.

**Section 3:** Amends s. 464.012, F.S., relating to certification of advanced registered nurse practitioners; fees; controlled substance prescribing.

**Section 4:** Amends s. 464.012, F.S., relating to certification of advanced registered nurse practitioners; fees; controlled substance prescribing.

**Section 5:** Amends s. 960.28, F.S., relating to payment for victims’ initial forensic physical examinations.

**Section 6:** Amends s. 39.303, F.S., relating to child protection teams and sexual abuse treatment programs; services; eligible cases.

**Section 7:** Amends s. 39.304, F.S., relating to photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.

**Section 8:** Amends s. 90.503, F.S., relating to psychotherapist-patient privilege.

**Section 9:** Amends s. 110.12315, F.S., relating to prescription drug program.

**Section 10:** Amends s.121.0515, F.S., relating to special risk class.

**Section 11:** Amends s. 252.515, F.S., relating to postdisaster Relief Assistance Act; immunity for civil liability.

**Section 12:** Amends s. 310.071, F.S., relating to deputy pilot certification.

**Section 13:** Amends s. 310.073, F.S., relating to state pilot licensing.

**Section 14:** Amends s. 310.081, F.S., relating to department to examine and license state pilot and certificate deputy pilots; vacancies.

**Section 15:** Amends s. 320.0848, F.S., relating to persons who have disabilities; issuance of disabled parking permits; temporary permits; permits for certain providers of transportation services to persons who have disabilities.

**Section 16:** Amends s. 381.00315, F.S., relating to public health advisories; public health emergencies; isolation and quarantines.

**Section 17:** Amends s. 381.00593, F.S., relating to public school volunteer health care practitioner program.

**Section 18:** Amends s. 383.14, F.S., relating to screening for metabolic disorders, other hereditary and congenital disorder, and environmental risk factors.

**Section 19:** Amends s. 383.141, F.S., relating to prenatally diagnosed conditions; patient to be provided information; definitions; information clearinghouse; advisory council.

**Section 20:** Amends s. 390.0111, F.S., relating to termination of pregnancies.

**Section 21:** Amends s. 390.012, F.S., relating to powers of agency; rules; disposal of fetal remains.

**Section 22:** Amends s. 394.455, F.S., relating to definitions.

**Section 23:** Amends s. 395.0191, F.S., relating to staff membership and clinical privileges.

**Section 24:** Amends s. 397.311, F.S., relating to definitions

**Section 25:** Amends s. 397.4012, F.S., relating to exemptions from licensure.

**Section 26:** Amends s. 397.427, F.S., relating to medication-assisted treatment service providers; rehabilitation program; needs assessment and provision of services; persons authorized to issue takeout medication; unlawful operation; penalty.

**Section 27:** Amends s. 397.679, F.S., relating to emergency admission; circumstances justifying.

**Section 28:** Amends s. 397.6793, F.S., relating to professional’s certificate for emergency admission.

**Section 29:** Amends s. 400.021, F.S., relating to definitions.

**Section 30:** Amends s. 400.462, F.S., relating to definitions.

**Section 31:** Amends s. 400.487, F.S., relating to home health service agreements; physician’s, physician assistant’s, and advanced registered nurse practitioner’s treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate.

**Section 32:** Amends s. 400.506, F.S., relating to licensure of nurse registries; requirements; penalties.

**Section 33:** Amends s. 400.9973, F.S., relating to client admission, transfer, and discharge.



- Section 34:** Amends s. 400.9974, F.S., relating to client comprehensive treatment plans; client services.
- Section 35:** Amends s. 400.9976, F.S., relating to administration of medication.
- Section 36:** Amends s. 400.9979, F.S., relating to restraint and seclusion; client safety.
- Section 37:** Amends s. 401.445, F.S., relating to emergency examination and treatment of incapacitated persons.
- Section 38:** Amends s. 409.905, F.S., relating to mandatory Medicaid services.
- Section 39:** Amends s. 409.908, F.S., relating to reimbursement of Medicaid providers.
- Section 40:** Amends s. 409.973, F.S., relating to benefits.
- Section 41:** Amends s. 409.973, F.S., relating to benefits.
- Section 42:** Amends s. 429.918, F.S., relating to licensure designation as a specialized Alzheimer's services adult day care center.
- Section 43:** Amends s. 456.0391, F.S., relating to advanced registered nurse practitioners; information required for certification.
- Section 44:** Amends s. 456.0392, F.S., relating to prescription labeling.
- Section 45:** Amends s. 456.041, F.S., relating to practitioner profile; creation.
- Section 46:** Amends s. 456.048, F.S., relating to financial responsibility requirements for certain health care practitioners.
- Section 47:** Amends s. 456.072, F.S., relating to grounds for discipline; penalties; enforcement.
- Section 48:** Amends s. 456.44, F.S., relating to controlled substance prescribing.
- Section 49:** Amends s. 458.3265, F.S., relating to pain-management clinics.
- Section 50:** Amends s. 458.331, F.S., relating to licensure by examination; requirements; fees.
- Section 51:** Amends s. 458.348, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 52:** Amends s. 459.0137, F.S., relating to pain-management clinics.
- Section 53:** Amends s. 459.015, F.S., relating to grounds for disciplinary action; action by the board and department.
- Section 54:** Amends s. 459.025, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 55:** Amends s. 464.003, F.S., relating to definitions.
- Section 56:** Amends s. 464.004, F.S., relating to Board of Nursing; membership; appointment; terms.
- Section 57:** Amends s. 464.013, F.S., relating to Renewal of license or certificate.
- Section 58:** Amends s. 464.015, F.S., relating to titles and abbreviations; restrictions; penalty.
- Section 59:** Amends s. 464.015, F.S., relating to titles and abbreviations; restrictions; penalty.
- Section 60:** Amends s. 464.016, F.S., relating to violations and penalties.
- Section 61:** Amends s. 464.018, F.S., relating to disciplinary actions.
- Section 62:** Amends s. 464.018, F.S., relating to disciplinary actions.
- Section 63:** Amends s. 464.0205, F.S., relating to retired volunteer nurse certificate.
- Section 64:** Amends s. 467.003, F.S., relating to definitions.
- Section 65:** Amends s. 480.0475, F.S., relating to massage establishments; prohibited practices.
- Section 66:** Amends s. 483.041, F.S., relating to definitions.
- Section 67:** Amends s. 483.801, F.S., relating to exemptions.
- Section 68:** Amends s. 486.021, F.S., relating to definitions.
- Section 69:** Amends s. 490.012, F.S., relating to violations; penalties; injunction.
- Section 70:** Amends s. 491.0057, F.S., relating to dual licensure as a marriage and family therapist.
- Section 71:** Amends s. 491.012, F.S., relating to violations; penalty; injunction.
- Section 72:** Amends s. 493.6108, F.S., relating to investigation of applicants by Department of Agriculture and Consumer Services.
- Section 73:** Amends s. 627.357, F.S., relating to medical malpractice self-insurance.
- Section 74:** Amends s. 627.6471, F.S., relating to contracts for reduced rates of payment; limitations; coinsurance and deductibles.
- Section 75:** Amends s. 627.6472, F.S., relating to exclusive provider organizations.
- Section 76:** Amends s. 627.736, F.S., relating to required personal injury protection benefits; exclusions; priority; claims.
- Section 77:** Amends s. 633.412, F.S., relating to firefighters; qualifications for certification

- Section 78:** Amends s. 641.3923, F.S., relating to discrimination against providers prohibited.
- Section 79:** Amends s. 766.103, F.S., relating to Florida Medical Consent Law.
- Section 80:** Amends s. 766.1115, F.S., relating to health care providers; creation of agency relationship with governmental contractors.
- Section 81:** Amends s. 766.1116, F.S., relating to health care practitioner; waiver of license renewal fees and continuing education requirements.
- Section 82:** Amends s. 794.08, F.S., relating to female genital mutilation.
- Section 83:** Amends s. 893.02, F.S., relating to definitions.
- Section 84:** Amends s. 893.05, F.S., relating to practitioners and persons administering controlled substances in their absence.
- Section 85:** Amends s. 943.13, F.S., relating to officers' minimum qualifications for employment or appointment.
- Section 86:** Amends s. 948.03, F.S., relating to terms and conditions of probation.
- Section 87:** Amends s. 1002.20, F.S., relating to K-12 student and parent rights.
- Section 88:** Amends s. 1002.42, F.S., relating to private schools.
- Section 89:** Amends s. 1006.062, F.S., relating to administration of medication and provision of medical services by district school board personnel.
- Section 90:** Amends s. 1009.65, F.S., relating to Medical Education Reimbursement and Loan Repayment Program.
- Section 91:** Amends s. 1009.66, F.S., relating to Nursing Student Loan Forgiveness Program.
- Section 92:** Amends s. 1009.67 F.S., relating to nursing scholarship program.
- Section 93:** Provides an effective date of July 1, 2018.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

DOH may experience an insignificant, positive fiscal impact related to a difference in the certification fees for a CNS and an APRN, because the bill requires a CNS to be licensed as an ARNP. The certification fee for an APRN is \$100, whereas a certification fee for a CNS is \$75, resulting in a net increase of \$25 for each CNS who becomes licensed as an APRN.<sup>20</sup>

#### 2. Expenditures:

DOH may experience an insignificant, negative fiscal impact related to a difference in the renewal fees for CNS and APRN certifications, because the bill requires a CNS to be licensed as an ARNP. The renewal fee for a CNS is \$140, and the renewal fee for an APRN is \$115, resulting in a net loss of \$25 for each CNS who becomes licensed as an APRN.<sup>21</sup>

DOH will experience a non-recurring, insignificant negative fiscal impact to update the Licensing and Enforcement Information Database System (LEIDS), DOH's website, and the Medical Quality Assurance online system, which current resources are adequate to absorb.<sup>22</sup>

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

#### 1. Revenues:

None.

<sup>20</sup> Rule 64B9-7.001, F.A.C.

<sup>21</sup> *Id.*

<sup>22</sup> *Supra* note 13.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Currently, a licensed APRN must maintain professional liability coverage and have a protocol with a supervising physician, and a CNS is not required to meet these requirements. A CNS who elects to become licensed as an APRN may incur additional costs to meet these APRN licensure requirements.

D. FISCAL COMMENTS:

None.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

### IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On January 29, 2018, the Health Quality Subcommittee adopted a technical amendment to reflect the multiple effective dates within the bill.

The bill was reported favorably as a committee substitute. This analysis is drafted to the committee substitute as passed by the Health Quality Subcommittee.

1                                   A bill to be entitled  
2       An act relating to nursing; amending s. 464.003, F.S.;  
3       defining the term "advanced practice registered  
4       nurse"; deleting the terms "advanced registered nurse  
5       practitioner" and "clinical nurse specialist," to  
6       conform to changes made by the act; repealing s.  
7       464.0115, F.S., relating to the certification of  
8       clinical nurse specialists; amending s. 464.012, F.S.;  
9       requiring any nurse desiring to be licensed as an  
10      advanced practice registered nurse to apply to the  
11      Department of Health, submit proof that he or she  
12      holds a current license to practice professional  
13      nursing, and meet one or more specified requirements  
14      as determined by the Board of Nursing; authorizing the  
15      board to adopt rules to provide for provisional state  
16      licensure of graduate registered nurse anesthetists,  
17      clinical nurse specialists, certified nurse  
18      practitioners, and certified nurse midwives for a  
19      specified period of time; conforming provisions to  
20      changes made by the act; amending s. 960.28, F.S.;  
21      conforming a cross-reference; amending ss. 39.303,  
22      39.304, 90.503, 110.12315, 121.0515, 252.515, 310.071,  
23      310.073, 310.081, 320.0848, 381.00315, 381.00593,  
24      383.14, 383.141, 390.0111, 390.012, 394.455, 395.0191,  
25      397.311, 397.4012, 397.427, 397.679, 397.6793,

26 400.021, 400.462, 400.487, 400.506, 400.9973,  
 27 400.9974, 400.9976, 400.9979, 401.445, 409.905,  
 28 409.908, 409.973, 429.918, 456.0391, 456.0392,  
 29 456.041, 456.048, 456.072, 456.44, 458.3265, 458.331,  
 30 458.348, 459.0137, 459.015, 459.025, 464.003, 464.004,  
 31 464.013, 464.015, 464.016, 464.018, 464.0205, 467.003,  
 32 480.0475, 483.041, 483.801, 486.021, 490.012,  
 33 491.0057, 491.012, 493.6108, 627.357, 627.6471,  
 34 627.6472, 627.736, 633.412, 641.3923, 766.103,  
 35 766.1115, 766.1116, 794.08, 893.02, 893.05, 943.13,  
 36 948.03, 1002.20, 1002.42, 1006.062, 1009.65, 1009.66,  
 37 1009.67, F.S.; conforming provisions to changes made  
 38 by the act; providing effective dates.

39  
 40 Be It Enacted by the Legislature of the State of Florida:

41  
 42 Section 1. Subsections (3) and (6) of section 464.003,  
 43 Florida Statutes are amended, and subsections (7) through (23)  
 44 are redesignated as subsections (6) through (22), respectively,  
 45 to read:

46 464.003 Definitions.—As used in this part, the term:

47 (3) "Advanced practice registered nurse" ~~"Advanced~~  
 48 ~~registered nurse practitioner"~~ means any person licensed in this  
 49 state to practice professional nursing and licensed ~~certified~~ in  
 50 advanced ~~or specialized~~ nursing practice, including certified

51 registered nurse anesthetists, certified nurse midwives,  
 52 clinical nurse specialists, and certified nurse practitioners.

53 ~~(6) "Clinical nurse specialist" means any person licensed~~  
 54 ~~in this state to practice professional nursing and certified in~~  
 55 ~~clinical nurse specialist practice.~~

56 Section 2. Section 464.0115, Florida Statutes, is  
 57 repealed.

58 Section 3. Section 464.012, Florida Statutes, is amended  
 59 to read:

60 464.012 Licensure Certification of advanced practice  
 61 registered nurses ~~advanced registered nurse practitioners~~; fees;  
 62 controlled substance prescribing.-

63 (1) Any nurse desiring to be licensed ~~certified~~ as an  
 64 advanced practice registered nurse ~~must advanced registered~~  
 65 ~~nurse practitioner~~ shall apply to the department and submit  
 66 proof that he or she holds a current license to practice  
 67 professional nursing and that he or she meets one or more of the  
 68 following requirements as determined by the board:

69 (a) Completion of a postbasic educational program.  
 70 Satisfactory completion of a formal postbasic educational  
 71 program of at least 1 academic year, the primary purpose of  
 72 which is to prepare nurses for advanced or specialized practice.

73 (b) Certification by an appropriate specialty board. Such  
 74 certification shall be required for initial state licensure  
 75 ~~certification~~ and any licensure renewal ~~recertification~~ as a

76 certified registered nurse anesthetist, psychiatric nurse,  
 77 certified nurse practitioner, clinical nurse specialist, or  
 78 certified nurse midwife. The board may by rule provide for  
 79 provisional state licensure ~~certification~~ of graduate registered  
 80 nurse anesthetists, clinical nurse specialists, certified nurse  
 81 practitioners ~~psychiatric nurses~~, and certified nurse midwives  
 82 for a period of time determined to be appropriate for preparing  
 83 for and passing the national certification examination.

84 ~~(c)(b)~~ Graduation from a program leading to a master's  
 85 degree in a nursing clinical specialty area with preparation in  
 86 specialized practitioner skills. For applicants graduating on or  
 87 after October 1, 1998, graduation from a master's degree program  
 88 is shall be required for initial licensure ~~certification~~ as a  
 89 certified nurse practitioner under paragraph (4)(c). For  
 90 applicants graduating on or after October 1, 2001, graduation  
 91 from a master's degree program is shall be required for initial  
 92 licensure ~~certification~~ as a certified registered nurse  
 93 anesthetist under paragraph (4)(a). For applicants graduating on  
 94 or after October 1, 1998, graduation from a master's degree  
 95 program is required for the initial licensure of a certified  
 96 nurse midwife or clinical nurse specialist as an advanced  
 97 practice registered nurse.

98 (2) The board shall provide by rule the appropriate  
 99 requirements for advanced practice registered nurses ~~advanced~~  
 100 ~~registered nurse practitioners~~ in the categories of certified

101 registered nurse anesthetist, certified nurse midwife, and nurse  
 102 practitioner.

103       (3) An advanced practice registered nurse ~~advanced~~  
 104 ~~registered nurse practitioner~~ shall perform those functions  
 105 authorized in this section within the framework of an  
 106 established protocol, which must be maintained on site at the  
 107 location or locations at which an advanced practice registered  
 108 nurse ~~advanced registered nurse practitioner~~ practices. In the  
 109 case of multiple supervising physicians in the same group, an  
 110 advanced practice registered nurse ~~advanced registered nurse~~  
 111 ~~practitioner~~ must enter into a supervisory protocol with at  
 112 least one physician within the physician group practice. A  
 113 practitioner currently licensed under chapter 458, chapter 459,  
 114 or chapter 466 shall maintain supervision for directing the  
 115 specific course of medical treatment. Within the established  
 116 framework, an advanced practice registered nurse ~~advanced~~  
 117 ~~registered nurse practitioner~~ may:

118       (a) Prescribe, dispense, administer, or order any drug;  
 119 however, an advanced practice registered nurse ~~advanced~~  
 120 ~~registered nurse practitioner~~ may prescribe or dispense a  
 121 controlled substance as defined in s. 893.03 only if the  
 122 advanced practice registered nurse ~~advanced registered nurse~~  
 123 ~~practitioner~~ has graduated from a program leading to a master's  
 124 or doctoral degree in a clinical nursing specialty area with  
 125 training in specialized practitioner skills.



126 (b) Initiate appropriate therapies for certain conditions.

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

129 (d) Order diagnostic tests and physical and occupational  
 130 therapy.

131 (e) Order any medication for administration to a patient  
 132 in a facility licensed under chapter 395 or part II of chapter  
 133 400, notwithstanding any provisions in chapter 465 or chapter  
 134 893.

135 (4) In addition to the general functions specified in  
 136 subsection (3), an advanced practice registered nurse ~~advanced~~  
 137 ~~registered nurse practitioner~~ may perform the following acts  
 138 within his or her specialty:

139 (a) The certified registered nurse anesthetist may, to the  
 140 extent authorized by established protocol approved by the  
 141 medical staff of the facility in which the anesthetic service is  
 142 performed, perform any or all of the following:

143 1. Determine the health status of the patient as it  
 144 relates to the risk factors and to the anesthetic management of  
 145 the patient through the performance of the general functions.

146 2. Based on history, physical assessment, and supplemental  
 147 laboratory results, determine, with the consent of the  
 148 responsible physician, the appropriate type of anesthesia within  
 149 the framework of the protocol.

150 3. Order under the protocol preanesthetic medication.

151           4. Perform under the protocol procedures commonly used to  
 152 render the patient insensible to pain during the performance of  
 153 surgical, obstetrical, therapeutic, or diagnostic clinical  
 154 procedures. These procedures include ordering and administering  
 155 regional, spinal, and general anesthesia; inhalation agents and  
 156 techniques; intravenous agents and techniques; and techniques of  
 157 hypnosis.

158           5. Order or perform monitoring procedures indicated as  
 159 pertinent to the anesthetic health care management of the  
 160 patient.

161           6. Support life functions during anesthesia health care,  
 162 including induction and intubation procedures, the use of  
 163 appropriate mechanical supportive devices, and the management of  
 164 fluid, electrolyte, and blood component balances.

165           7. Recognize and take appropriate corrective action for  
 166 abnormal patient responses to anesthesia, adjunctive medication,  
 167 or other forms of therapy.

168           8. Recognize and treat a cardiac arrhythmia while the  
 169 patient is under anesthetic care.

170           9. Participate in management of the patient while in the  
 171 postanesthesia recovery area, including ordering the  
 172 administration of fluids and drugs.

173           10. Place special peripheral and central venous and  
 174 arterial lines for blood sampling and monitoring as appropriate.

175           (b) The certified nurse midwife may, to the extent

176 authorized by an established protocol which has been approved by  
 177 the medical staff of the health care facility in which the  
 178 midwifery services are performed, or approved by the nurse  
 179 midwife's physician backup when the delivery is performed in a  
 180 patient's home, perform any or all of the following:

- 181 1. Perform superficial minor surgical procedures.
- 182 2. Manage the patient during labor and delivery to include
- 183 amniotomy, episiotomy, and repair.
- 184 3. Order, initiate, and perform appropriate anesthetic
- 185 procedures.
- 186 4. Perform postpartum examination.
- 187 5. Order appropriate medications.
- 188 6. Provide family-planning services and well-woman care.
- 189 7. Manage the medical care of the normal obstetrical
- 190 patient and the initial care of a newborn patient.

191 (c) The certified nurse practitioner may perform any or  
 192 all of the following acts within the framework of established  
 193 protocol:

- 194 1. Manage selected medical problems.
- 195 2. Order physical and occupational therapy.
- 196 3. Initiate, monitor, or alter therapies for certain
- 197 uncomplicated acute illnesses.
- 198 4. Monitor and manage patients with stable chronic
- 199 diseases.
- 200 5. Establish behavioral problems and diagnosis and make

201 treatment recommendations.

202 (5) A psychiatric nurse, as defined in s. 394.455, within  
 203 the framework of an established protocol with a psychiatrist,  
 204 may prescribe psychotropic controlled substances for the  
 205 treatment of mental disorders.

206 (6) The board shall certify, and the department shall  
 207 issue a certificate to, any nurse meeting the qualifications in  
 208 this section. The board shall establish an application fee not  
 209 to exceed \$100 and a biennial renewal fee not to exceed \$50. The  
 210 board is authorized to adopt such other rules as are necessary  
 211 to implement the provisions of this section.

212 (7)(a) The board shall establish a committee to recommend  
 213 a formulary of controlled substances that an advanced practice  
 214 registered nurse ~~advanced registered nurse practitioner~~ may not  
 215 prescribe or may prescribe only for specific uses or in limited  
 216 quantities. The committee must consist of three advanced  
 217 practice registered nurses ~~advanced registered nurse~~  
 218 ~~practitioners~~ licensed under this section, recommended by the  
 219 board; three physicians licensed under chapter 458 or chapter  
 220 459 who have work experience with advanced practice registered  
 221 nurses ~~advanced registered nurse practitioners~~, recommended by  
 222 the Board of Medicine; and a pharmacist licensed under chapter  
 223 465 who is a doctor of pharmacy, recommended by the Board of  
 224 Pharmacy. The committee may recommend an evidence-based  
 225 formulary applicable to all advanced practice registered nurses

226 ~~advanced registered nurse practitioners~~ which is limited by  
 227 specialty certification, is limited to approved uses of  
 228 controlled substances, or is subject to other similar  
 229 restrictions the committee finds are necessary to protect the  
 230 health, safety, and welfare of the public. The formulary must  
 231 restrict the prescribing of psychiatric mental health controlled  
 232 substances for children younger than 18 years of age to advanced  
 233 practice registered nurses ~~advanced registered nurse~~  
 234 ~~practitioners~~ who also are psychiatric nurses as defined in s.  
 235 394.455. The formulary must also limit the prescribing of  
 236 Schedule II controlled substances as listed in s. 893.03 to a 7-  
 237 day supply, except that such restriction does not apply to  
 238 controlled substances that are psychiatric medications  
 239 prescribed by psychiatric nurses as defined in s. 394.455.

240 (b) The board shall adopt by rule the recommended  
 241 formulary and any revision to the formulary which it finds is  
 242 supported by evidence-based clinical findings presented by the  
 243 Board of Medicine, the Board of Osteopathic Medicine, or the  
 244 Board of Dentistry.

245 (c) The formulary required under this subsection does not  
 246 apply to a controlled substance that is dispensed for  
 247 administration pursuant to an order, including an order for  
 248 medication authorized by subparagraph (4)(a)3., subparagraph  
 249 (4)(a)4., or subparagraph (4)(a)9.

250 (d) The board shall adopt the committee's initial

251 recommendation no later than October 31, 2016.

252 (8) This section shall be known as "The Barbara Lumpkin  
253 Prescribing Act."

254 Section 4. Effective December 31, 2018, or upon enactment  
255 of the Nurse Licensure Compact into law by 26 states, whichever  
256 occurs first, subsection (1) of section 464.012, Florida  
257 Statutes, as amended by section 3 of chapter 2017-134, section 8  
258 of chapter 2016-139, section 12 of chapter 2016-224, and section  
259 7 of chapter 2016-231, Laws of Florida, is amended to read:

260 464.012 Licensure Certification of advanced practice  
261 registered nurses ~~registered nurse practitioners~~; fees;  
262 controlled substance prescribing.—

263 (1) Any nurse desiring to be licensed ~~certified~~ as an  
264 advanced practice registered nurse ~~must advanced registered~~  
265 ~~nurse practitioner shall~~ apply to the department and submit  
266 proof that he or she holds a current license to practice  
267 professional nursing or holds an active multistate license to  
268 practice professional nursing pursuant to s. 464.0095, and that  
269 he or she meets one or more of the following requirements as  
270 determined by the board:

271 (a) Completion of a postbasic educational program.  
272 Satisfactory completion of a formal postbasic educational  
273 program of at least 1 academic year, the primary purpose of  
274 which is to prepare nurses for advanced or specialized practice.

275 (b) Certification by an appropriate specialty board. Such

276 certification shall be required for initial state licensure  
 277 ~~certification~~ and any licensure renewal ~~recertification~~ as a  
 278 certified registered nurse anesthetist, psychiatric nurse,  
 279 clinical nurse specialist, certified nurse practitioner or  
 280 certified nurse midwife. The board shall ~~may~~ by rule provide for  
 281 provisional state licensure ~~certification~~ of graduate registered  
 282 nurse anesthetists, clinical nurse specialist, certified nurse  
 283 practitioners ~~psychiatric nurses~~, and certified nurse midwives  
 284 for a period of time determined to be appropriate for preparing  
 285 for and passing the national certification examination.

286 (c) ~~(b)~~ Graduation from a program leading to a master's  
 287 degree in a nursing clinical specialty area with preparation in  
 288 specialized practitioner skills. For applicants graduating on or  
 289 after October 1, 1998, graduation from a master's degree program  
 290 is shall be required for initial licensure ~~certification~~ as a  
 291 certified nurse practitioner under paragraph (4)(c). For  
 292 applicants graduating on or after October 1, 2001, graduation  
 293 from a master's degree program is shall be required for initial  
 294 licensure ~~certification~~ as a certified registered nurse  
 295 anesthetist under paragraph (4)(a). For applicants graduating on  
 296 or after October 1, 1998, graduation from a master's degree  
 297 program is required for the initial licensure of a certified  
 298 nurse midwife or clinical nurse specialist as an advanced  
 299 practice registered nurse.

300 Section 5. Subsection (2) of section 960.28, Florida

301 Statutes, is amended to read:

302           960.28 Payment for victims' initial forensic physical  
303 examinations.—

304           (2) The Crime Victims' Services Office of the department  
305 shall pay for medical expenses connected with an initial  
306 forensic physical examination of a victim of sexual battery as  
307 defined in chapter 794 or a lewd or lascivious offense as  
308 defined in chapter 800. Such payment shall be made regardless of  
309 whether the victim is covered by health or disability insurance  
310 and whether the victim participates in the criminal justice  
311 system or cooperates with law enforcement. The payment shall be  
312 made only out of moneys allocated to the Crime Victims' Services  
313 Office for the purposes of this section, and the payment may not  
314 exceed \$500 with respect to any violation. The department shall  
315 develop and maintain separate protocols for the initial forensic  
316 physical examination of adults and children. Payment under this  
317 section is limited to medical expenses connected with the  
318 initial forensic physical examination, and payment may be made  
319 to a medical provider using an examiner qualified under part I  
320 of chapter 464, excluding s. 464.003(15) ~~s. 464.003(16)~~; chapter  
321 458; or chapter 459. Payment made to the medical provider by the  
322 department shall be considered by the provider as payment in  
323 full for the initial forensic physical examination associated  
324 with the collection of evidence. The victim may not be required  
325 to pay, directly or indirectly, the cost of an initial forensic



326 physical examination performed in accordance with this section.

327 Section 6. Paragraph (c) of subsection (5) and paragraph  
 328 (a) of subsection (6) of section 39.303, Florida Statutes, are  
 329 amended to read:

330 39.303 Child protection teams and sexual abuse treatment  
 331 programs; services; eligible cases.—

332 (5) All abuse and neglect cases transmitted for  
 333 investigation to a circuit by the hotline must be simultaneously  
 334 transmitted to the child protection team for review. For the  
 335 purpose of determining whether a face-to-face medical evaluation  
 336 by a child protection team is necessary, all cases transmitted  
 337 to the child protection team which meet the criteria in  
 338 subsection (4) must be timely reviewed by:

339 (c) An advanced practice registered nurse ~~advanced~~  
 340 ~~registered nurse practitioner~~ licensed under chapter 464 who has  
 341 a specialty in pediatrics or family medicine and is a member of  
 342 a child protection team;

343 (6) A face-to-face medical evaluation by a child  
 344 protection team is not necessary when:

345 (a) The child was examined for the alleged abuse or  
 346 neglect by a physician who is not a member of the child  
 347 protection team, and a consultation between the child protection  
 348 team medical director or a child protection team board-certified  
 349 pediatrician, advanced practice registered nurse ~~advanced~~  
 350 ~~registered nurse practitioner~~, physician assistant working under

351 the supervision of a child protection team medical director or a  
 352 child protection team board-certified pediatrician, or  
 353 registered nurse working under the direct supervision of a child  
 354 protection team medical director or a child protection team  
 355 board-certified pediatrician, and the examining physician  
 356 concludes that a further medical evaluation is unnecessary;

357  
 358 Notwithstanding paragraphs (a), (b), and (c), a child protection  
 359 team medical director or a child protection team pediatrician,  
 360 as authorized in subsection (5), may determine that a face-to-  
 361 face medical evaluation is necessary.

362 Section 7. Paragraph (b) of subsection (1) of section  
 363 39.304, Florida Statutes, is amended to read:

364 39.304 Photographs, medical examinations, X rays, and  
 365 medical treatment of abused, abandoned, or neglected child.—

366 (1)

367 (b) If the areas of trauma visible on a child indicate a  
 368 need for a medical examination, or if the child verbally  
 369 complains or otherwise exhibits distress as a result of injury  
 370 through suspected child abuse, abandonment, or neglect, or is  
 371 alleged to have been sexually abused, the person required to  
 372 investigate may cause the child to be referred for diagnosis to  
 373 a licensed physician or an emergency department in a hospital  
 374 without the consent of the child's parents or legal custodian.  
 375 Such examination may be performed by any licensed physician or

376 an advanced practice registered nurse ~~advanced registered nurse~~  
 377 ~~practitioner~~ licensed pursuant to part I of chapter 464. Any  
 378 licensed physician, or advanced practice registered nurse  
 379 ~~advanced registered nurse practitioner~~ licensed pursuant to part  
 380 I of chapter 464, who has reasonable cause to suspect that an  
 381 injury was the result of child abuse, abandonment, or neglect  
 382 may authorize a radiological examination to be performed on the  
 383 child without the consent of the child's parent or legal  
 384 custodian.

385 Section 8. Paragraph (a) of subsection (1) of section  
 386 90.503, Florida Statutes, is amended to read:

387 90.503 Psychotherapist-patient privilege.—

388 (1) For purposes of this section:

389 (a) A "psychotherapist" is:

390 1. A person authorized to practice medicine in any state  
 391 or nation, or reasonably believed by the patient so to be, who  
 392 is engaged in the diagnosis or treatment of a mental or  
 393 emotional condition, including alcoholism and other drug  
 394 addiction;

395 2. A person licensed or certified as a psychologist under  
 396 the laws of any state or nation, who is engaged primarily in the  
 397 diagnosis or treatment of a mental or emotional condition,  
 398 including alcoholism and other drug addiction;

399 3. A person licensed or certified as a clinical social  
 400 worker, marriage and family therapist, or mental health

401 counselor under the laws of this state, who is engaged primarily  
 402 in the diagnosis or treatment of a mental or emotional  
 403 condition, including alcoholism and other drug addiction;

404 4. Treatment personnel of facilities licensed by the state  
 405 pursuant to chapter 394, chapter 395, or chapter 397, of  
 406 facilities designated by the Department of Children and Families  
 407 pursuant to chapter 394 as treatment facilities, or of  
 408 facilities defined as community mental health centers pursuant  
 409 to s. 394.907(1), who are engaged primarily in the diagnosis or  
 410 treatment of a mental or emotional condition, including  
 411 alcoholism and other drug addiction; or

412 5. An advanced practice registered nurse ~~advanced~~  
 413 ~~registered nurse practitioner~~ certified under s. 464.012, whose  
 414 primary scope of practice is the diagnosis or treatment of  
 415 mental or emotional conditions, including chemical abuse, and  
 416 limited only to actions performed in accordance with part I of  
 417 chapter 464.

418 Section 9. Paragraph (d) of subsection (2) of section  
 419 110.12315, Florida Statutes, is amended to read:

420 110.12315 Prescription drug program.—The state employees'  
 421 prescription drug program is established. This program shall be  
 422 administered by the Department of Management Services, according  
 423 to the terms and conditions of the plan as established by the  
 424 relevant provisions of the annual General Appropriations Act and  
 425 implementing legislation, subject to the following conditions:

426 (2) In providing for reimbursement of pharmacies for  
 427 prescription drugs and supplies dispensed to members of the  
 428 state group health insurance plan and their dependents under the  
 429 state employees' prescription drug program:

430 (d) The department shall establish the reimbursement  
 431 schedule for prescription drugs and supplies dispensed under the  
 432 program. Reimbursement rates for a prescription drug or supply  
 433 must be based on the cost of the generic equivalent drug or  
 434 supply if a generic equivalent exists, unless the physician,  
 435 advanced practice registered nurse ~~advanced registered nurse~~  
 436 ~~practitioner~~, or physician assistant prescribing the drug or  
 437 supply clearly states on the prescription that the brand name  
 438 drug or supply is medically necessary or that the drug or supply  
 439 is included on the formulary of drugs and supplies that may not  
 440 be interchanged as provided in chapter 465, in which case  
 441 reimbursement must be based on the cost of the brand name drug  
 442 or supply as specified in the reimbursement schedule adopted by  
 443 the department.

444 Section 10. Paragraph (f) of subsection (3) of section  
 445 121.0515, Florida Statutes, is amended to read:

446 121.0515 Special Risk Class.—

447 (3) CRITERIA.—A member, to be designated as a special risk  
 448 member, must meet the following criteria:

449 (f) Effective January 1, 2001, the member must be employed  
 450 in one of the following classes and must spend at least 75

451 percent of his or her time performing duties which involve  
 452 contact with patients or inmates in a correctional or forensic  
 453 facility or institution:

- 454 1. Dietitian (class codes 5203 and 5204);
- 455 2. Public health nutrition consultant (class code 5224);
- 456 3. Psychological specialist (class codes 5230 and 5231);
- 457 4. Psychologist (class code 5234);
- 458 5. Senior psychologist (class codes 5237 and 5238);
- 459 6. Regional mental health consultant (class code 5240);
- 460 7. Psychological Services Director—DCF (class code 5242);
- 461 8. Pharmacist (class codes 5245 and 5246);
- 462 9. Senior pharmacist (class codes 5248 and 5249);
- 463 10. Dentist (class code 5266);
- 464 11. Senior dentist (class code 5269);
- 465 12. Registered nurse (class codes 5290 and 5291);
- 466 13. Senior registered nurse (class codes 5292 and 5293);
- 467 14. Registered nurse specialist (class codes 5294 and  
 468 5295);
- 469 15. Clinical associate (class codes 5298 and 5299);
- 470 16. Advanced practice registered nurse ~~Advanced registered~~  
 471 ~~nurse practitioner~~ (class codes 5297 and 5300);
- 472 17. Advanced practice registered nurse ~~Advanced registered~~  
 473 ~~nurse practitioner~~ specialist (class codes 5304 and 5305);
- 474 18. Registered nurse supervisor (class codes 5306 and  
 475 5307);

476 19. Senior registered nurse supervisor (class codes 5308  
477 and 5309);

478 20. Registered nursing consultant (class codes 5312 and  
479 5313);

480 21. Quality management program supervisor (class code  
481 5314);

482 22. Executive nursing director (class codes 5320 and  
483 5321);

484 23. Speech and hearing therapist (class code 5406); or

485 24. Pharmacy manager (class code 5251);

486 Section 11. Paragraph (a) of subsection (3) of section  
487 252.515, Florida Statutes, is amended to read:

488 252.515 Postdisaster Relief Assistance Act; immunity from  
489 civil liability.—

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

491 (a) "Emergency first responder" means:

492 1. A physician licensed under chapter 458.

493 2. An osteopathic physician licensed under chapter 459.

494 3. A chiropractic physician licensed under chapter 460.

495 4. A podiatric physician licensed under chapter 461.

496 5. A dentist licensed under chapter 466.

497 6. An advanced practice registered nurse ~~advanced~~  
498 ~~registered nurse practitioner~~ certified under s. 464.012.

499 7. A physician assistant licensed under s. 458.347 or s.  
500 459.022.

501 8. A worker employed by a public or private hospital in  
502 the state.

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

504 10. An emergency medical technician as defined in s.  
505 401.23(11).

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

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

508 13. A member of the Florida National Guard.

509 14. Any other personnel designated as emergency personnel  
510 by the Governor pursuant to a declared emergency.

511 Section 12. Paragraph (c) of subsection (1) of section  
512 310.071, Florida Statutes, is amended to read:

513 310.071 Deputy pilot certification.—

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

517 (c) Be in good physical and mental health, as evidenced by  
518 documentary proof of having satisfactorily passed a complete  
519 physical examination administered by a licensed physician within  
520 the preceding 6 months. The board shall adopt rules to establish  
521 requirements for passing the physical examination, which rules  
522 shall establish minimum standards for the physical or mental  
523 capabilities necessary to carry out the professional duties of a  
524 certificated deputy pilot. Such standards shall include zero  
525 tolerance for any controlled substance regulated under chapter



526 893 unless that individual is under the care of a physician, an  
 527 advanced practice registered nurse ~~advanced registered nurse~~  
 528 ~~practitioner~~, or a physician assistant and that controlled  
 529 substance was prescribed by that physician, advanced practice  
 530 registered nurse ~~advanced registered nurse practitioner~~, or  
 531 physician assistant. To maintain eligibility as a certificated  
 532 deputy pilot, each certificated deputy pilot must annually  
 533 provide documentary proof of having satisfactorily passed a  
 534 complete physical examination administered by a licensed  
 535 physician. The physician must know the minimum standards and  
 536 certify that the certificateholder satisfactorily meets the  
 537 standards. The standards for certificateholders shall include a  
 538 drug test.

539 Section 13. Subsection (3) of section 310.073, Florida  
 540 Statutes, is amended to read:

541 310.073 State pilot licensing.—In addition to meeting  
 542 other requirements specified in this chapter, each applicant for  
 543 license as a state pilot must:

544 (3) Be in good physical and mental health, as evidenced by  
 545 documentary proof of having satisfactorily passed a complete  
 546 physical examination administered by a licensed physician within  
 547 the preceding 6 months. The board shall adopt rules to establish  
 548 requirements for passing the physical examination, which rules  
 549 shall establish minimum standards for the physical or mental  
 550 capabilities necessary to carry out the professional duties of a

551 licensed state pilot. Such standards shall include zero  
 552 tolerance for any controlled substance regulated under chapter  
 553 893 unless that individual is under the care of a physician, an  
 554 advanced practice registered nurse ~~advanced registered nurse~~  
 555 ~~practitioner~~, or a physician assistant and that controlled  
 556 substance was prescribed by that physician, advanced practice  
 557 registered nurse ~~advanced registered nurse practitioner~~, or  
 558 physician assistant. To maintain eligibility as a licensed state  
 559 pilot, each licensed state pilot must annually provide  
 560 documentary proof of having satisfactorily passed a complete  
 561 physical examination administered by a licensed physician. The  
 562 physician must know the minimum standards and certify that the  
 563 licensee satisfactorily meets the standards. The standards for  
 564 licensees shall include a drug test.

565 Section 14. Paragraph (b) of subsection (3) of section  
 566 310.081, Florida Statutes, is amended to read:

567 310.081 Department to examine and license state pilots and  
 568 certificate deputy pilots; vacancies.-

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

571 (b) Are in good physical and mental health as evidenced by  
 572 documentary proof of having satisfactorily passed a physical  
 573 examination administered by a licensed physician or physician  
 574 assistant within each calendar year. The board shall adopt rules  
 575 to establish requirements for passing the physical examination,

576 | which rules shall establish minimum standards for the physical  
 577 | or mental capabilities necessary to carry out the professional  
 578 | duties of a licensed state pilot or a certificated deputy pilot.  
 579 | Such standards shall include zero tolerance for any controlled  
 580 | substance regulated under chapter 893 unless that individual is  
 581 | under the care of a physician, an advanced practice registered  
 582 | nurse ~~advanced registered nurse practitioner~~, or a physician  
 583 | assistant and that controlled substance was prescribed by that  
 584 | physician, advanced practice registered nurse ~~advanced~~  
 585 | ~~registered nurse practitioner~~, or physician assistant. To  
 586 | maintain eligibility as a certificated deputy pilot or licensed  
 587 | state pilot, each certificated deputy pilot or licensed state  
 588 | pilot must annually provide documentary proof of having  
 589 | satisfactorily passed a complete physical examination  
 590 | administered by a licensed physician. The physician must know  
 591 | the minimum standards and certify that the certificateholder or  
 592 | licensee satisfactorily meets the standards. The standards for  
 593 | certificateholders and for licensees shall include a drug test.  
 594 |  
 595 | Upon resignation or in the case of disability permanently  
 596 | affecting a pilot's ability to serve, the state license or  
 597 | certificate issued under this chapter shall be revoked by the  
 598 | department.

599 |         Section 15. Paragraph (b) of subsection (1) of section  
 600 | 320.0848, Florida Statutes, is amended to read:

601           320.0848 Persons who have disabilities; issuance of  
 602 disabled parking permits; temporary permits; permits for certain  
 603 providers of transportation services to persons who have  
 604 disabilities.—

605           (1)

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

610           a. Inability to walk without the use of or assistance from  
 611 a brace, cane, crutch, prosthetic device, or other assistive  
 612 device, or without the assistance of another person. If the  
 613 assistive device significantly restores the person's ability to  
 614 walk to the extent that the person can walk without severe  
 615 limitation, the person is not eligible for the exemption parking  
 616 permit.

617           b. The need to permanently use a wheelchair.

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

623           d. Use of portable oxygen.

624           e. Restriction by cardiac condition to the extent that the  
 625 person's functional limitations are classified in severity as

626 Class III or Class IV according to standards set by the American  
 627 Heart Association.

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

630 2. The certification of disability which is required under  
 631 subparagraph 1. must be provided by a physician licensed under  
 632 chapter 458, chapter 459, or chapter 460, by a podiatric  
 633 physician licensed under chapter 461, by an optometrist licensed  
 634 under chapter 463, by an advanced practice registered nurse  
 635 ~~advanced registered nurse practitioner~~ licensed under chapter  
 636 464 under the protocol of a licensed physician as stated in this  
 637 subparagraph, by a physician assistant licensed under chapter  
 638 458 or chapter 459, or by a similarly licensed physician from  
 639 another state if the application is accompanied by documentation  
 640 of the physician's licensure in the other state and a form  
 641 signed by the out-of-state physician verifying his or her  
 642 knowledge of this state's eligibility guidelines.

643 Section 16. Paragraph (c) of subsection (1) of section  
 644 381.00315, Florida Statutes, is amended to read:

645 381.00315 Public health advisories; public health  
 646 emergencies; isolation and quarantines.—The State Health Officer  
 647 is responsible for declaring public health emergencies, issuing  
 648 public health advisories, and ordering isolation or quarantines.

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

650 (c) "Public health emergency" means any occurrence, or

651 threat thereof, whether natural or manmade, which results or may  
 652 result in substantial injury or harm to the public health from  
 653 infectious disease, chemical agents, nuclear agents, biological  
 654 toxins, or situations involving mass casualties or natural  
 655 disasters. Before declaring a public health emergency, the State  
 656 Health Officer shall, to the extent possible, consult with the  
 657 Governor and shall notify the Chief of Domestic Security. The  
 658 declaration of a public health emergency shall continue until  
 659 the State Health Officer finds that the threat or danger has  
 660 been dealt with to the extent that the emergency conditions no  
 661 longer exist and he or she terminates the declaration. However,  
 662 a declaration of a public health emergency may not continue for  
 663 longer than 60 days unless the Governor concurs in the renewal  
 664 of the declaration. The State Health Officer, upon declaration  
 665 of a public health emergency, may take actions that are  
 666 necessary to protect the public health. Such actions include,  
 667 but are not limited to:

- 668 1. Directing manufacturers of prescription drugs or over-  
 669 the-counter drugs who are permitted under chapter 499 and  
 670 wholesalers of prescription drugs located in this state who are  
 671 permitted under chapter 499 to give priority to the shipping of  
 672 specified drugs to pharmacies and health care providers within  
 673 geographic areas that have been identified by the State Health  
 674 Officer. The State Health Officer must identify the drugs to be  
 675 shipped. Manufacturers and wholesalers located in the state must

676 | respond to the State Health Officer's priority shipping  
 677 | directive before shipping the specified drugs.

678 |         2. Notwithstanding chapters 465 and 499 and rules adopted  
 679 | thereunder, directing pharmacists employed by the department to  
 680 | compound bulk prescription drugs and provide these bulk  
 681 | prescription drugs to physicians and nurses of county health  
 682 | departments or any qualified person authorized by the State  
 683 | Health Officer for administration to persons as part of a  
 684 | prophylactic or treatment regimen.

685 |         3. Notwithstanding s. 456.036, temporarily reactivating  
 686 | the inactive license of the following health care practitioners,  
 687 | when such practitioners are needed to respond to the public  
 688 | health emergency: physicians licensed under chapter 458 or  
 689 | chapter 459; physician assistants licensed under chapter 458 or  
 690 | chapter 459; licensed practical nurses, registered nurses, and  
 691 | advanced practice registered nurses ~~advanced registered nurse~~  
 692 | ~~practitioners~~ licensed under part I of chapter 464; respiratory  
 693 | therapists licensed under part V of chapter 468; and emergency  
 694 | medical technicians and paramedics certified under part III of  
 695 | chapter 401. Only those health care practitioners specified in  
 696 | this paragraph who possess an unencumbered inactive license and  
 697 | who request that such license be reactivated are eligible for  
 698 | reactivation. An inactive license that is reactivated under this  
 699 | paragraph shall return to inactive status when the public health  
 700 | emergency ends or before the end of the public health emergency

701 if the State Health Officer determines that the health care  
 702 practitioner is no longer needed to provide services during the  
 703 public health emergency. Such licenses may only be reactivated  
 704 for a period not to exceed 90 days without meeting the  
 705 requirements of s. 456.036 or chapter 401, as applicable.

706 4. Ordering an individual to be examined, tested,  
 707 vaccinated, treated, isolated, or quarantined for communicable  
 708 diseases that have significant morbidity or mortality and  
 709 present a severe danger to public health. Individuals who are  
 710 unable or unwilling to be examined, tested, vaccinated, or  
 711 treated for reasons of health, religion, or conscience may be  
 712 subjected to isolation or quarantine.

713 a. Examination, testing, vaccination, or treatment may be  
 714 performed by any qualified person authorized by the State Health  
 715 Officer.

716 b. If the individual poses a danger to the public health,  
 717 the State Health Officer may subject the individual to isolation  
 718 or quarantine. If there is no practical method to isolate or  
 719 quarantine the individual, the State Health Officer may use any  
 720 means necessary to vaccinate or treat the individual.

721  
 722 Any order of the State Health Officer given to effectuate this  
 723 paragraph shall be immediately enforceable by a law enforcement  
 724 officer under s. 381.0012.

725 Section 17. Subsection (3) of section 381.00593, Florida



726 Statutes, is amended to read:

727       381.00593 Public school volunteer health care practitioner  
728 program.—

729       (3) For purposes of this section, the term "health care  
730 practitioner" means a physician licensed under chapter 458; an  
731 osteopathic physician licensed under chapter 459; a chiropractic  
732 physician licensed under chapter 460; a podiatric physician  
733 licensed under chapter 461; an optometrist licensed under  
734 chapter 463; an advanced practice registered nurse ~~advanced~~  
735 ~~registered nurse practitioner~~, registered nurse, or licensed  
736 practical nurse licensed under part I of chapter 464; a  
737 pharmacist licensed under chapter 465; a dentist or dental  
738 hygienist licensed under chapter 466; a midwife licensed under  
739 chapter 467; a speech-language pathologist or audiologist  
740 licensed under part I of chapter 468; a dietitian/nutritionist  
741 licensed under part X of chapter 468; or a physical therapist  
742 licensed under chapter 486.

743       Section 18. Paragraph (c) of subsection (1) of section  
744 383.14, Florida Statutes, is amended to read:

745       383.14 Screening for metabolic disorders, other hereditary  
746 and congenital disorders, and environmental risk factors.—

747       (1) SCREENING REQUIREMENTS.—To help ensure access to the  
748 maternal and child health care system, the Department of Health  
749 shall promote the screening of all newborns born in Florida for  
750 metabolic, hereditary, and congenital disorders known to result

751 in significant impairment of health or intellect, as screening  
752 programs accepted by current medical practice become available  
753 and practical in the judgment of the department. The department  
754 shall also promote the identification and screening of all  
755 newborns in this state and their families for environmental risk  
756 factors such as low income, poor education, maternal and family  
757 stress, emotional instability, substance abuse, and other high-  
758 risk conditions associated with increased risk of infant  
759 mortality and morbidity to provide early intervention,  
760 remediation, and prevention services, including, but not limited  
761 to, parent support and training programs, home visitation, and  
762 case management. Identification, perinatal screening, and  
763 intervention efforts shall begin prior to and immediately  
764 following the birth of the child by the attending health care  
765 provider. Such efforts shall be conducted in hospitals,  
766 perinatal centers, county health departments, school health  
767 programs that provide prenatal care, and birthing centers, and  
768 reported to the Office of Vital Statistics.

769 (c) *Release of screening results.*—Notwithstanding any law  
770 to the contrary, the State Public Health Laboratory may release,  
771 directly or through the Children's Medical Services program, the  
772 results of a newborn's hearing and metabolic tests or screenings  
773 to the newborn's health care practitioner, the newborn's parent  
774 or legal guardian, the newborn's personal representative, or a  
775 person designated by the newborn's parent or legal guardian. As

776 used in this paragraph, the term "health care practitioner"  
 777 means a physician or physician assistant licensed under chapter  
 778 458; an osteopathic physician or physician assistant licensed  
 779 under chapter 459; an advanced practice registered nurse  
 780 ~~advanced registered nurse practitioner~~, registered nurse, or  
 781 licensed practical nurse licensed under part I of chapter 464; a  
 782 midwife licensed under chapter 467; a speech-language  
 783 pathologist or audiologist licensed under part I of chapter 468;  
 784 or a dietician or nutritionist licensed under part X of chapter  
 785 468.

786 Section 19. Paragraph (c) of subsection (1) of section  
 787 383.141, Florida Statutes, is amended to read:

788 383.141 Prenatally diagnosed conditions; patient to be  
 789 provided information; definitions; information clearinghouse;  
 790 advisory council.—

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

792 (c) "Health care provider" means a practitioner licensed  
 793 or registered under chapter 458 or chapter 459 or an advanced  
 794 practice registered nurse ~~advanced registered nurse practitioner~~  
 795 certified under chapter 464.

796 Section 20. Paragraph (a) of subsection (3) of section  
 797 390.0111, Florida Statutes, is amended to read:

798 390.0111 Termination of pregnancies.—

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

801 written consent of the pregnant woman or, in the case of a  
 802 mental incompetent, the voluntary and informed written consent  
 803 of her court-appointed guardian.

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

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

810 a. The nature and risks of undergoing or not undergoing  
 811 the proposed procedure that a reasonable patient would consider  
 812 material to making a knowing and willful decision of whether to  
 813 terminate a pregnancy.

814 b. The probable gestational age of the fetus, verified by  
 815 an ultrasound, at the time the termination of pregnancy is to be  
 816 performed.

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

822 (II) The person performing the ultrasound must offer the  
 823 woman the opportunity to view the live ultrasound images and  
 824 hear an explanation of them. If the woman accepts the  
 825 opportunity to view the images and hear the explanation, a

826 physician or a registered nurse, licensed practical nurse,  
 827 advanced practice registered nurse ~~advanced registered nurse~~  
 828 ~~practitioner~~, or physician assistant working in conjunction with  
 829 the physician must contemporaneously review and explain the  
 830 images to the woman before the woman gives informed consent to  
 831 having an abortion procedure performed.

832 (III) The woman has a right to decline to view and hear  
 833 the explanation of the live ultrasound images after she is  
 834 informed of her right and offered an opportunity to view the  
 835 images and hear the explanation. If the woman declines, the  
 836 woman shall complete a form acknowledging that she was offered  
 837 an opportunity to view and hear the explanation of the images  
 838 but that she declined that opportunity. The form must also  
 839 indicate that the woman's decision was not based on any undue  
 840 influence from any person to discourage her from viewing the  
 841 images or hearing the explanation and that she declined of her  
 842 own free will.

843 (IV) Unless requested by the woman, the person performing  
 844 the ultrasound may not offer the opportunity to view the images  
 845 and hear the explanation and the explanation may not be given  
 846 if, at the time the woman schedules or arrives for her  
 847 appointment to obtain an abortion, a copy of a restraining  
 848 order, police report, medical record, or other court order or  
 849 documentation is presented which provides evidence that the  
 850 woman is obtaining the abortion because the woman is a victim of

851 rape, incest, domestic violence, or human trafficking or that  
 852 the woman has been diagnosed as having a condition that, on the  
 853 basis of a physician's good faith clinical judgment, would  
 854 create a serious risk of substantial and irreversible impairment  
 855 of a major bodily function if the woman delayed terminating her  
 856 pregnancy.

857 c. The medical risks to the woman and fetus of carrying  
 858 the pregnancy to term.

859

860 The physician may provide the information required in this  
 861 subparagraph within 24 hours before the procedure if requested  
 862 by the woman at the time she schedules or arrives for her  
 863 appointment to obtain an abortion and if she presents to the  
 864 physician a copy of a restraining order, police report, medical  
 865 record, or other court order or documentation evidencing that  
 866 she is obtaining the abortion because she is a victim of rape,  
 867 incest, domestic violence, or human trafficking.

868 2. Printed materials prepared and provided by the  
 869 department have been provided to the pregnant woman, if she  
 870 chooses to view these materials, including:

871 a. A description of the fetus, including a description of  
 872 the various stages of development.

873 b. A list of entities that offer alternatives to  
 874 terminating the pregnancy.

875 c. Detailed information on the availability of medical

876 assistance benefits for prenatal care, childbirth, and neonatal  
 877 care.

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

881  
 882 Nothing in this paragraph is intended to prohibit a physician  
 883 from providing any additional information which the physician  
 884 deems material to the woman's informed decision to terminate her  
 885 pregnancy.

886 Section 21. Paragraphs (c), (e), and (f) of subsection (3)  
 887 of section 390.012, Florida Statutes, are amended to read:

888 390.012 Powers of agency; rules; disposal of fetal  
 889 remains.-

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

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

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

901 within reasonable proximity to the clinic which includes the  
 902 transfer of the patient's medical records held by both the  
 903 clinic and the treating physician.

904 2. If a physician is not present after an abortion is  
 905 performed, a registered nurse, licensed practical nurse,  
 906 advanced practice registered nurse ~~advanced registered nurse~~  
 907 ~~practitioner~~, or physician assistant be present and remain at  
 908 the clinic to provide postoperative monitoring and care until  
 909 the patient is discharged.

910 3. Surgical assistants receive training in counseling,  
 911 patient advocacy, and the specific responsibilities associated  
 912 with the services the surgical assistants provide.

913 4. Volunteers receive training in the specific  
 914 responsibilities associated with the services the volunteers  
 915 provide, including counseling and patient advocacy as provided  
 916 in the rules adopted by the director for different types of  
 917 volunteers based on their responsibilities.

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

920 1. That a physician, registered nurse, licensed practical  
 921 nurse, advanced practice registered nurse ~~advanced registered~~  
 922 ~~nurse practitioner~~, or physician assistant is available to all  
 923 patients throughout the abortion procedure.

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



926 standards of care regarding the estimation of fetal age as  
 927 defined in rule.

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

930 4. Appropriate precautions, such as the establishment of  
 931 intravenous access at least for patients undergoing post-first  
 932 trimester abortions.

933 5. Appropriate monitoring of the vital signs and other  
 934 defined signs and markers of the patient's status throughout the  
 935 abortion procedure and during the recovery period until the  
 936 patient's condition is deemed to be stable in the recovery room.

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

939 1. Postprocedure recovery rooms be supervised and staffed  
 940 to meet the patients' needs.

941 2. Immediate postprocedure care consist of observation in  
 942 a supervised recovery room for as long as the patient's  
 943 condition warrants.

944 3. A registered nurse, licensed practical nurse, advanced  
 945 practice registered nurse ~~advanced registered nurse~~  
 946 ~~practitioner~~, or physician assistant who is trained in the  
 947 management of the recovery area and is capable of providing  
 948 basic cardiopulmonary resuscitation and related emergency  
 949 procedures remain on the premises of the abortion clinic until  
 950 all patients are discharged.

951           4. A physician sign the discharge order and be readily  
 952 accessible and available until the last patient is discharged to  
 953 facilitate the transfer of emergency cases if hospitalization of  
 954 the patient or viable fetus is necessary.

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

962           6. Written instructions with regard to postabortion  
 963 coitus, signs of possible problems, and general aftercare which  
 964 are specific to the patient be given to each patient. The  
 965 instructions must include information regarding access to  
 966 medical care for complications, including a telephone number for  
 967 use in the event of a medical emergency.

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

971           8. The physician ensure that, with the patient's consent,  
 972 a registered nurse, licensed practical nurse, advanced practice  
 973 registered nurse ~~advanced registered nurse practitioner~~, or  
 974 physician assistant from the abortion clinic makes a good faith  
 975 effort to contact the patient by telephone within 24 hours after

976 surgery to assess the patient's recovery.

977 9. Equipment and services be readily accessible to provide  
 978 appropriate emergency resuscitative and life support procedures  
 979 pending the transfer of the patient or viable fetus to the  
 980 hospital.

981 Section 22. Subsections (35) and (44) of section 394.455,  
 982 Florida Statutes, are amended to read:

983 394.455 Definitions.—As used in this part, the term:

984 (35) "Psychiatric nurse" means an advanced practice  
 985 registered nurse ~~advanced registered nurse practitioner~~  
 986 certified under s. 464.012 who has a master's or doctoral degree  
 987 in psychiatric nursing, holds a national advanced practice  
 988 certification as a psychiatric mental health advanced practice  
 989 nurse, and has 2 years of post-master's clinical experience  
 990 under the supervision of a physician.

991 (44) "Service provider" means a receiving facility, a  
 992 facility licensed under chapter 397, a treatment facility, an  
 993 entity under contract with the department to provide mental  
 994 health or substance abuse services, a community mental health  
 995 center or clinic, a psychologist, a clinical social worker, a  
 996 marriage and family therapist, a mental health counselor, a  
 997 physician, a psychiatrist, an advanced practice registered nurse  
 998 ~~advanced registered nurse practitioner~~, a psychiatric nurse, or  
 999 a qualified professional as defined in s. 39.01.

1000 Section 23. Paragraphs (a) and (b) of subsection (2) and

1001 subsection (4) of section 395.0191, Florida Statutes, are  
 1002 amended to read:

1003 395.0191 Staff membership and clinical privileges.—

1004 (2)(a) Each licensed facility shall establish rules and  
 1005 procedures for consideration of an application for clinical  
 1006 privileges submitted by an advanced practice registered nurse  
 1007 ~~advanced registered nurse practitioner~~ licensed and certified  
 1008 under part I of chapter 464, in accordance with the provisions  
 1009 of this section. No licensed facility shall deny such  
 1010 application solely because the applicant is licensed under part  
 1011 I of chapter 464 or because the applicant is not a participant  
 1012 in the Florida Birth-Related Neurological Injury Compensation  
 1013 Plan.

1014 (b) An advanced practice registered nurse ~~advanced~~  
 1015 ~~registered nurse practitioner~~ who is certified as a registered  
 1016 nurse anesthetist licensed under part I of chapter 464 shall  
 1017 administer anesthesia under the onsite medical direction of a  
 1018 professional licensed under chapter 458, chapter 459, or chapter  
 1019 466, and in accordance with an established protocol approved by  
 1020 the medical staff. The medical direction shall specifically  
 1021 address the needs of the individual patient.

1022 (4) Nothing herein shall restrict in any way the authority  
 1023 of the medical staff of a licensed facility to review for  
 1024 approval or disapproval all applications for appointment and  
 1025 reappointment to all categories of staff and to make

1026 recommendations on each applicant to the governing board,  
 1027 including the delineation of privileges to be granted in each  
 1028 case. In making such recommendations and in the delineation of  
 1029 privileges, each applicant shall be considered individually  
 1030 pursuant to criteria for a doctor licensed under chapter 458,  
 1031 chapter 459, chapter 461, or chapter 466, or for an advanced  
 1032 practice registered nurse ~~advanced registered nurse practitioner~~  
 1033 licensed and certified under part I of chapter 464, or for a  
 1034 psychologist licensed under chapter 490, as applicable. The  
 1035 applicant's eligibility for staff membership or clinical  
 1036 privileges shall be determined by the applicant's background,  
 1037 experience, health, training, and demonstrated competency; the  
 1038 applicant's adherence to applicable professional ethics; the  
 1039 applicant's reputation; and the applicant's ability to work with  
 1040 others and by such other elements as determined by the governing  
 1041 board, consistent with this part.

1042 Section 24. Subsection (34) of section 397.311, Florida  
 1043 Statutes, is amended to read:

1044 397.311 Definitions.—As used in this chapter, except part  
 1045 VIII, the term:

1046 (34) "Qualified professional" means a physician or a  
 1047 physician assistant licensed under chapter 458 or chapter 459; a  
 1048 professional licensed under chapter 490 or chapter 491; an  
 1049 advanced practice registered nurse ~~advanced registered nurse~~  
 1050 ~~practitioner~~ licensed under part I of chapter 464; or a person

1051 | who is certified through a department-recognized certification  
 1052 | process for substance abuse treatment services and who holds, at  
 1053 | a minimum, a bachelor's degree. A person who is certified in  
 1054 | substance abuse treatment services by a state-recognized  
 1055 | certification process in another state at the time of employment  
 1056 | with a licensed substance abuse provider in this state may  
 1057 | perform the functions of a qualified professional as defined in  
 1058 | this chapter but must meet certification requirements contained  
 1059 | in this subsection no later than 1 year after his or her date of  
 1060 | employment.

1061 |       Section 25. Section 397.4012, Florida Statutes, is amended  
 1062 | to read:

1063 |       397.4012 Exemptions from licensure.—The following are  
 1064 | exempt from the licensing provisions of this chapter:

1065 |       (1) A hospital or hospital-based component licensed under  
 1066 | chapter 395.

1067 |       (2) A nursing home facility as defined in s. 400.021.

1068 |       (3) A substance abuse education program established  
 1069 | pursuant to s. 1003.42.

1070 |       (4) A facility or institution operated by the Federal  
 1071 | Government.

1072 |       (5) A physician or physician assistant licensed under  
 1073 | chapter 458 or chapter 459.

1074 |       (6) A psychologist licensed under chapter 490.

1075 |       (7) A social worker, marriage and family therapist, or

1076 mental health counselor licensed under chapter 491.

1077 (8) A legally cognizable church or nonprofit religious  
 1078 organization or denomination providing substance abuse services,  
 1079 including prevention services, which are solely religious,  
 1080 spiritual, or ecclesiastical in nature. A church or nonprofit  
 1081 religious organization or denomination providing any of the  
 1082 licensed service components itemized under s. 397.311(26) is not  
 1083 exempt from substance abuse licensure but retains its exemption  
 1084 with respect to all services which are solely religious,  
 1085 spiritual, or ecclesiastical in nature.

1086 (9) Facilities licensed under chapter 393 which, in  
 1087 addition to providing services to persons with developmental  
 1088 disabilities, also provide services to persons developmentally  
 1089 at risk as a consequence of exposure to alcohol or other legal  
 1090 or illegal drugs while in utero.

1091 (10) DUI education and screening services provided  
 1092 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.  
 1093 Persons or entities providing treatment services must be  
 1094 licensed under this chapter unless exempted from licensing as  
 1095 provided in this section.

1096 (11) A facility licensed under s. 394.875 as a crisis  
 1097 stabilization unit.

1098  
 1099 The exemptions from licensure in this section do not apply to  
 1100 any service provider that receives an appropriation, grant, or

1101 contract from the state to operate as a service provider as  
 1102 defined in this chapter or to any substance abuse program  
 1103 regulated pursuant to s. 397.4014. Furthermore, this chapter may  
 1104 not be construed to limit the practice of a physician or  
 1105 physician assistant licensed under chapter 458 or chapter 459, a  
 1106 psychologist licensed under chapter 490, a psychotherapist  
 1107 licensed under chapter 491, or an advanced practice registered  
 1108 nurse ~~advanced registered nurse practitioner~~ licensed under part  
 1109 I of chapter 464, who provides substance abuse treatment, so  
 1110 long as the physician, physician assistant, psychologist,  
 1111 psychotherapist, or advanced practice registered nurse ~~advanced~~  
 1112 ~~registered nurse practitioner~~ does not represent to the public  
 1113 that he or she is a licensed service provider and does not  
 1114 provide services to individuals pursuant to part V of this  
 1115 chapter. Failure to comply with any requirement necessary to  
 1116 maintain an exempt status under this section is a misdemeanor of  
 1117 the first degree, punishable as provided in s. 775.082 or s.  
 1118 775.083.

1119 Section 26. Subsections (4), (7), and (8) of section  
 1120 397.427, Florida Statutes, are amended to read:

1121 397.427 Medication-assisted treatment service providers;  
 1122 rehabilitation program; needs assessment and provision of  
 1123 services; persons authorized to issue takeout medication;  
 1124 unlawful operation; penalty.-

1125 (4) Notwithstanding s. 465.019(2), a physician assistant,



1126 a registered nurse, an advanced practice registered nurse  
 1127 ~~advanced registered nurse practitioner~~, or a licensed practical  
 1128 nurse working for a licensed service provider may deliver  
 1129 takeout medication for opiate treatment to persons enrolled in a  
 1130 maintenance treatment program for medication-assisted treatment  
 1131 for opiate addiction if:

1132 (a) The medication-assisted treatment program for opiate  
 1133 addiction has an appropriate valid permit issued pursuant to  
 1134 rules adopted by the Board of Pharmacy;

1135 (b) The medication for treatment of opiate addiction has  
 1136 been delivered pursuant to a valid prescription written by the  
 1137 program's physician licensed pursuant to chapter 458 or chapter  
 1138 459;

1139 (c) The medication for treatment of opiate addiction which  
 1140 is ordered appears on a formulary and is prepackaged and  
 1141 prelabeled with dosage instructions and distributed from a  
 1142 source authorized under chapter 499;

1143 (d) Each licensed provider adopts written protocols which  
 1144 provide for supervision of the physician assistant, registered  
 1145 nurse, advanced practice registered nurse ~~advanced registered~~  
 1146 ~~nurse practitioner~~, or licensed practical nurse by a physician  
 1147 licensed pursuant to chapter 458 or chapter 459 and for the  
 1148 procedures by which patients' medications may be delivered by  
 1149 the physician assistant, registered nurse, advanced practice  
 1150 registered nurse ~~advanced registered nurse practitioner~~, or

1151 licensed practical nurse. Such protocols shall be signed by the  
 1152 supervising physician and either the administering registered  
 1153 nurse, the advanced practice registered nurse ~~advanced~~  
 1154 ~~registered nurse practitioner~~, or the licensed practical nurse.

1155 (e) Each licensed service provider maintains and has  
 1156 available for inspection by representatives of the Board of  
 1157 Pharmacy all medical records and patient care protocols,  
 1158 including records of medications delivered to patients, in  
 1159 accordance with the board.

1160 (7) A physician assistant, a registered nurse, an advanced  
 1161 practice registered nurse ~~advanced registered nurse~~  
 1162 ~~practitioner~~, or a licensed practical nurse working for a  
 1163 licensed service provider may deliver medication as prescribed  
 1164 by rule if:

1165 (a) The service provider is authorized to provide  
 1166 medication-assisted treatment;

1167 (b) The medication has been administered pursuant to a  
 1168 valid prescription written by the program's physician who is  
 1169 licensed under chapter 458 or chapter 459; and

1170 (c) The medication ordered appears on a formulary or meets  
 1171 federal requirements for medication-assisted treatment.

1172 (8) Each licensed service provider that provides  
 1173 medication-assisted treatment must adopt written protocols as  
 1174 specified by the department and in accordance with federally  
 1175 required rules, regulations, or procedures. The protocol shall

1176 provide for the supervision of the physician assistant,  
 1177 registered nurse, advanced practice registered nurse ~~advanced~~  
 1178 ~~registered nurse practitioner~~, or licensed practical nurse  
 1179 working under the supervision of a physician who is licensed  
 1180 under chapter 458 or chapter 459. The protocol must specify how  
 1181 the medication will be used in conjunction with counseling or  
 1182 psychosocial treatment and that the services provided will be  
 1183 included on the treatment plan. The protocol must specify the  
 1184 procedures by which medication-assisted treatment may be  
 1185 administered by the physician assistant, registered nurse,  
 1186 advanced practice registered nurse ~~advanced registered nurse~~  
 1187 ~~practitioner~~, or licensed practical nurse. These protocols shall  
 1188 be signed by the supervising physician and the administering  
 1189 physician assistant, registered nurse, advanced practice  
 1190 registered nurse ~~advanced registered nurse practitioner~~, or  
 1191 licensed practical nurse.

1192 Section 27. Section 397.679, Florida Statutes, is amended  
 1193 to read:

1194 397.679 Emergency admission; circumstances justifying.—A  
 1195 person who meets the criteria for involuntary admission in s.  
 1196 397.675 may be admitted to a hospital or to a licensed  
 1197 detoxification facility or addictions receiving facility for  
 1198 emergency assessment and stabilization, or to a less intensive  
 1199 component of a licensed service provider for assessment only,  
 1200 upon receipt by the facility of a certificate by a physician, an

1201 advanced practice registered nurse ~~advanced registered nurse~~  
 1202 ~~practitioner~~, a psychiatric nurse, a clinical psychologist, a  
 1203 clinical social worker, a marriage and family therapist, a  
 1204 mental health counselor, a physician assistant working under the  
 1205 scope of practice of the supervising physician, or a master's-  
 1206 level-certified addictions professional for substance abuse  
 1207 services, if the certificate is specific to substance abuse  
 1208 impairment, and the completion of an application for emergency  
 1209 admission.

1210 Section 28. Subsection (1) of section 397.6793, Florida  
 1211 Statutes, is amended to read:

1212 397.6793 Professional's certificate for emergency  
 1213 admission.-

1214 (1) A physician, a clinical psychologist, a physician  
 1215 assistant working under the scope of practice of the supervising  
 1216 physician, a psychiatric nurse, an advanced practice registered  
 1217 nurse ~~advanced registered nurse practitioner~~, a mental health  
 1218 counselor, a marriage and family therapist, a master's-level-  
 1219 certified addictions professional for substance abuse services,  
 1220 or a clinical social worker may execute a professional's  
 1221 certificate for emergency admission. The professional's  
 1222 certificate must include the name of the person to be admitted,  
 1223 the relationship between the person and the professional  
 1224 executing the certificate, the relationship between the  
 1225 applicant and the professional, any relationship between the

1226 professional and the licensed service provider, a statement that  
 1227 the person has been examined and assessed within the preceding 5  
 1228 days after the application date, and factual allegations with  
 1229 respect to the need for emergency admission, including:

1230 (a) The reason for the belief that the person is substance  
 1231 abuse impaired;

1232 (b) The reason for the belief that because of such  
 1233 impairment the person has lost the power of self-control with  
 1234 respect to substance abuse; and

1235 (c)1. The reason for the belief that, without care or  
 1236 treatment, the person is likely to suffer from neglect or refuse  
 1237 to care for himself or herself; that such neglect or refusal  
 1238 poses a real and present threat of substantial harm to his or  
 1239 her well-being; and that it is not apparent that such harm may  
 1240 be avoided through the help of willing family members or friends  
 1241 or the provision of other services, or there is substantial  
 1242 likelihood that the person has inflicted or, unless admitted, is  
 1243 likely to inflict, physical harm on himself, herself, or  
 1244 another; or

1245 2. The reason for the belief that the person's refusal to  
 1246 voluntarily receive care is based on judgment so impaired by  
 1247 reason of substance abuse that the person is incapable of  
 1248 appreciating his or her need for care and of making a rational  
 1249 decision regarding his or her need for care.

1250 Section 29. Subsection (8) of section 400.021, Florida

1251 Statutes, is amended to read:

1252 400.021 Definitions.—When used in this part, unless the  
1253 context otherwise requires, the term:

1254 (8) "Geriatric outpatient clinic" means a site for  
1255 providing outpatient health care to persons 60 years of age or  
1256 older, which is staffed by a registered nurse, a physician  
1257 assistant, or a licensed practical nurse under the direct  
1258 supervision of a registered nurse, advanced practice registered  
1259 nurse ~~advanced registered nurse practitioner~~, physician  
1260 assistant, or physician.

1261 Section 30. Subsection (3) of section 400.462, Florida  
1262 Statutes, is amended to read:

1263 400.462 Definitions.—As used in this part, the term:

1264 (3) "Advanced practice registered nurse" "~~Advanced~~  
1265 ~~registered nurse practitioner~~" means a person licensed in this  
1266 state to practice professional nursing and certified in advanced  
1267 or specialized nursing practice, as defined in s. 464.003.

1268 Section 31. Section 400.487, Florida Statutes, is amended  
1269 to read:

1270 400.487 Home health service agreements; physician's,  
1271 physician assistant's, and advanced practice registered nurse's  
1272 ~~advanced registered nurse practitioner's~~ treatment orders;  
1273 patient assessment; establishment and review of plan of care;  
1274 provision of services; orders not to resuscitate.—

1275 (1) Services provided by a home health agency must be

1276 covered by an agreement between the home health agency and the  
 1277 patient or the patient's legal representative specifying the  
 1278 home health services to be provided, the rates or charges for  
 1279 services paid with private funds, and the sources of payment,  
 1280 which may include Medicare, Medicaid, private insurance,  
 1281 personal funds, or a combination thereof. A home health agency  
 1282 providing skilled care must make an assessment of the patient's  
 1283 needs within 48 hours after the start of services.

1284 (2) When required by the provisions of chapter 464; part  
 1285 I, part III, or part V of chapter 468; or chapter 486, the  
 1286 attending physician, physician assistant, or advanced practice  
 1287 registered nurse ~~advanced registered nurse practitioner~~, acting  
 1288 within his or her respective scope of practice, shall establish  
 1289 treatment orders for a patient who is to receive skilled care.  
 1290 The treatment orders must be signed by the physician, physician  
 1291 assistant, or advanced practice registered nurse ~~advanced~~  
 1292 ~~registered nurse practitioner~~ before a claim for payment for the  
 1293 skilled services is submitted by the home health agency. If the  
 1294 claim is submitted to a managed care organization, the treatment  
 1295 orders must be signed within the time allowed under the provider  
 1296 agreement. The treatment orders shall be reviewed, as frequently  
 1297 as the patient's illness requires, by the physician, physician  
 1298 assistant, or advanced practice registered nurse ~~advanced~~  
 1299 ~~registered nurse practitioner~~ in consultation with the home  
 1300 health agency.

1301 (3) A home health agency shall arrange for supervisory  
 1302 visits by a registered nurse to the home of a patient receiving  
 1303 home health aide services in accordance with the patient's  
 1304 direction, approval, and agreement to pay the charge for the  
 1305 visits.

1306 (4) Each patient has the right to be informed of and to  
 1307 participate in the planning of his or her care. Each patient  
 1308 must be provided, upon request, a copy of the plan of care  
 1309 established and maintained for that patient by the home health  
 1310 agency.

1311 (5) When nursing services are ordered, the home health  
 1312 agency to which a patient has been admitted for care must  
 1313 provide the initial admission visit, all service evaluation  
 1314 visits, and the discharge visit by a direct employee. Services  
 1315 provided by others under contractual arrangements to a home  
 1316 health agency must be monitored and managed by the admitting  
 1317 home health agency. The admitting home health agency is fully  
 1318 responsible for ensuring that all care provided through its  
 1319 employees or contract staff is delivered in accordance with this  
 1320 part and applicable rules.

1321 (6) The skilled care services provided by a home health  
 1322 agency, directly or under contract, must be supervised and  
 1323 coordinated in accordance with the plan of care.

1324 (7) Home health agency personnel may withhold or withdraw  
 1325 cardiopulmonary resuscitation if presented with an order not to



1326 resuscitate executed pursuant to s. 401.45. The agency shall  
 1327 adopt rules providing for the implementation of such orders.  
 1328 Home health personnel and agencies shall not be subject to  
 1329 criminal prosecution or civil liability, nor be considered to  
 1330 have engaged in negligent or unprofessional conduct, for  
 1331 withholding or withdrawing cardiopulmonary resuscitation  
 1332 pursuant to such an order and rules adopted by the agency.

1333 Section 32. Paragraph (a) of subsection (13) of section  
 1334 400.506, Florida Statutes, is amended to read:

1335 400.506 Licensure of nurse registries; requirements;  
 1336 penalties.-

1337 (13) All persons referred for contract in private  
 1338 residences by a nurse registry must comply with the following  
 1339 requirements for a plan of treatment:

1340 (a) When, in accordance with the privileges and  
 1341 restrictions imposed upon a nurse under part I of chapter 464,  
 1342 the delivery of care to a patient is under the direction or  
 1343 supervision of a physician or when a physician is responsible  
 1344 for the medical care of the patient, a medical plan of treatment  
 1345 must be established for each patient receiving care or treatment  
 1346 provided by a licensed nurse in the home. The original medical  
 1347 plan of treatment must be timely signed by the physician,  
 1348 physician assistant, or advanced practice registered nurse  
 1349 ~~advanced registered nurse practitioner~~, acting within his or her  
 1350 respective scope of practice, and reviewed in consultation with

1351 the licensed nurse at least every 2 months. Any additional order  
 1352 or change in orders must be obtained from the physician,  
 1353 physician assistant, or advanced practice registered nurse  
 1354 ~~advanced registered nurse practitioner~~ and reduced to writing  
 1355 and timely signed by the physician, physician assistant, or  
 1356 advanced practice registered nurse ~~advanced registered nurse~~  
 1357 ~~practitioner~~. The delivery of care under a medical plan of  
 1358 treatment must be substantiated by the appropriate nursing notes  
 1359 or documentation made by the nurse in compliance with nursing  
 1360 practices established under part I of chapter 464.

1361 Section 33. Subsections (5) and (7) of section 400.9973,  
 1362 Florida Statutes, are amended to read:

1363 400.9973 Client admission, transfer, and discharge.—

1364 (5) A client admitted to a transitional living facility  
 1365 must be admitted upon prescription by a licensed physician,  
 1366 physician assistant, or advanced practice registered nurse  
 1367 ~~advanced registered nurse practitioner~~ and must remain under the  
 1368 care of a licensed physician, physician assistant, or advanced  
 1369 practice registered nurse ~~advanced registered nurse practitioner~~  
 1370 for the duration of the client's stay in the facility.

1371 (7) A person may not be admitted to a transitional living  
 1372 facility if the person:

1373 (a) Presents significant risk of infection to other  
 1374 clients or personnel. A health care practitioner must provide  
 1375 documentation that the person is free of apparent signs and

1376 symptoms of communicable disease;  
 1377 (b) Is a danger to himself or herself or others as  
 1378 determined by a physician, physician assistant, ~~or~~ advanced  
 1379 practice registered nurse, advanced registered nurse  
 1380 ~~practitioner~~ or a mental health practitioner licensed under  
 1381 chapter 490 or chapter 491, unless the facility provides  
 1382 adequate staffing and support to ensure patient safety;

1383 (c) Is bedridden; or

1384 (d) Requires 24-hour nursing supervision.

1385 Section 34. Subsection (1) and paragraphs (a) and (b) of  
 1386 subsection (2) of section 400.9974, Florida Statutes, are  
 1387 amended to read:

1388 400.9974 Client comprehensive treatment plans; client  
 1389 services.—

1390 (1) A transitional living facility shall develop a  
 1391 comprehensive treatment plan for each client as soon as  
 1392 practicable but no later than 30 days after the initial  
 1393 comprehensive treatment plan is developed. The comprehensive  
 1394 treatment plan must be developed by an interdisciplinary team  
 1395 consisting of the case manager, the program director, the  
 1396 advanced practice registered nurse ~~advanced registered nurse~~  
 1397 ~~practitioner~~, and appropriate therapists. The client or, if  
 1398 appropriate, the client's representative must be included in  
 1399 developing the comprehensive treatment plan. The comprehensive  
 1400 treatment plan must be reviewed and updated if the client fails

1401 to meet projected improvements outlined in the plan or if a  
 1402 significant change in the client's condition occurs. The  
 1403 comprehensive treatment plan must be reviewed and updated at  
 1404 least once monthly.

1405 (2) The comprehensive treatment plan must include:

1406 (a) Orders obtained from the physician, physician  
 1407 assistant, or advanced practice registered nurse ~~advanced~~  
 1408 ~~registered nurse practitioner~~ and the client's diagnosis,  
 1409 medical history, physical examination, and rehabilitative or  
 1410 restorative needs.

1411 (b) A preliminary nursing evaluation, including orders for  
 1412 immediate care provided by the physician, physician assistant,  
 1413 or advanced practice registered nurse ~~advanced registered nurse~~  
 1414 ~~practitioner~~, which shall be completed when the client is  
 1415 admitted.

1416 Section 35. Section 400.9976, Florida Statutes, is amended  
 1417 to read:

1418 400.9976 Administration of medication.-

1419 (1) An individual medication administration record must be  
 1420 maintained for each client. A dose of medication, including a  
 1421 self-administered dose, shall be properly recorded in the  
 1422 client's record. A client who self-administers medication shall  
 1423 be given a pill organizer. Medication must be placed in the pill  
 1424 organizer by a nurse. A nurse shall document the date and time  
 1425 that medication is placed into each client's pill organizer. All

1426 medications must be administered in compliance with orders of a  
 1427 physician, physician assistant, or advanced practice registered  
 1428 nurse ~~advanced registered nurse practitioner~~.

1429 (2) If an interdisciplinary team determines that self-  
 1430 administration of medication is an appropriate objective, and if  
 1431 the physician, physician assistant, or advanced practice  
 1432 registered nurse ~~advanced registered nurse practitioner~~ does not  
 1433 specify otherwise, the client must be instructed by the  
 1434 physician, physician assistant, or advanced practice registered  
 1435 nurse ~~advanced registered nurse practitioner~~ to self-administer  
 1436 his or her medication without the assistance of a staff person.  
 1437 All forms of self-administration of medication, including  
 1438 administration orally, by injection, and by suppository, shall  
 1439 be included in the training. The client's physician, physician  
 1440 assistant, or advanced practice registered nurse ~~advanced~~  
 1441 ~~registered nurse practitioner~~ must be informed of the  
 1442 interdisciplinary team's decision that self-administration of  
 1443 medication is an objective for the client. A client may not  
 1444 self-administer medication until he or she demonstrates the  
 1445 competency to take the correct medication in the correct dosage  
 1446 at the correct time, to respond to missed doses, and to contact  
 1447 the appropriate person with questions.

1448 (3) Medication administration discrepancies and adverse  
 1449 drug reactions must be recorded and reported immediately to a  
 1450 physician, physician assistant, or advanced practice registered

1451 nurse ~~advanced registered nurse practitioner~~.

1452 Section 36. Subsections (2) through (5) of section

1453 400.9979, Florida Statutes, are amended to read:

1454 400.9979 Restraint and seclusion; client safety.—

1455 (2) The use of physical restraints must be ordered and

1456 documented by a physician, physician assistant, or advanced

1457 practice registered nurse ~~advanced registered nurse practitioner~~

1458 and must be consistent with the policies and procedures adopted

1459 by the facility. The client or, if applicable, the client's

1460 representative shall be informed of the facility's physical

1461 restraint policies and procedures when the client is admitted.

1462 (3) The use of chemical restraints shall be limited to

1463 prescribed dosages of medications as ordered by a physician,

1464 physician assistant, or advanced practice registered nurse

1465 ~~advanced registered nurse practitioner~~ and must be consistent

1466 with the client's diagnosis and the policies and procedures

1467 adopted by the facility. The client and, if applicable, the

1468 client's representative shall be informed of the facility's

1469 chemical restraint policies and procedures when the client is

1470 admitted.

1471 (4) Based on the assessment by a physician, physician

1472 assistant, or advanced practice registered nurse ~~advanced~~

1473 ~~registered nurse practitioner~~, if a client exhibits symptoms

1474 that present an immediate risk of injury or death to himself or

1475 herself or others, a physician, physician assistant, or advanced

1476 practice registered nurse ~~advanced registered nurse practitioner~~  
 1477 may issue an emergency treatment order to immediately administer  
 1478 rapid-response psychotropic medications or other chemical  
 1479 restraints. Each emergency treatment order must be documented  
 1480 and maintained in the client's record.

1481 (a) An emergency treatment order is not effective for more  
 1482 than 24 hours.

1483 (b) Whenever a client is medicated under this subsection,  
 1484 the client's representative or a responsible party and the  
 1485 client's physician, physician assistant, or advanced practice  
 1486 registered nurse ~~advanced registered nurse practitioner~~ shall be  
 1487 notified as soon as practicable.

1488 (5) A client who is prescribed and receives a medication  
 1489 that can serve as a chemical restraint for a purpose other than  
 1490 an emergency treatment order must be evaluated by his or her  
 1491 physician, physician assistant, or advanced practice registered  
 1492 nurse ~~advanced registered nurse practitioner~~ at least monthly to  
 1493 assess:

- 1494 (a) The continued need for the medication.
- 1495 (b) The level of the medication in the client's blood.
- 1496 (c) The need for adjustments to the prescription.

1497 Section 37. Subsections (1) and (2) of section 401.445,  
 1498 Florida Statutes, are amended to read:

1499 401.445 Emergency examination and treatment of  
 1500 incapacitated persons.—

1501 (1) No recovery shall be allowed in any court in this  
 1502 state against any emergency medical technician, paramedic, or  
 1503 physician as defined in this chapter, any advanced practice  
 1504 registered nurse ~~advanced registered nurse practitioner~~  
 1505 certified under s. 464.012, or any physician assistant licensed  
 1506 under s. 458.347 or s. 459.022, or any person acting under the  
 1507 direct medical supervision of a physician, in an action brought  
 1508 for examining or treating a patient without his or her informed  
 1509 consent if:

1510 (a) The patient at the time of examination or treatment is  
 1511 intoxicated, under the influence of drugs, or otherwise  
 1512 incapable of providing informed consent as provided in s.  
 1513 766.103;

1514 (b) The patient at the time of examination or treatment is  
 1515 experiencing an emergency medical condition; and

1516 (c) The patient would reasonably, under all the  
 1517 surrounding circumstances, undergo such examination, treatment,  
 1518 or procedure if he or she were advised by the emergency medical  
 1519 technician, paramedic, physician, advanced practice registered  
 1520 nurse ~~advanced registered nurse practitioner~~, or physician  
 1521 assistant in accordance with s. 766.103(3).

1522  
 1523 Examination and treatment provided under this subsection shall  
 1524 be limited to reasonable examination of the patient to determine  
 1525 the medical condition of the patient and treatment reasonably



1526 necessary to alleviate the emergency medical condition or to  
 1527 stabilize the patient.

1528           (2) In examining and treating a person who is apparently  
 1529 intoxicated, under the influence of drugs, or otherwise  
 1530 incapable of providing informed consent, the emergency medical  
 1531 technician, paramedic, physician, advanced practice registered  
 1532 nurse ~~advanced registered nurse practitioner~~, or physician  
 1533 assistant, or any person acting under the direct medical  
 1534 supervision of a physician, shall proceed wherever possible with  
 1535 the consent of the person. If the person reasonably appears to  
 1536 be incapacitated and refuses his or her consent, the person may  
 1537 be examined, treated, or taken to a hospital or other  
 1538 appropriate treatment resource if he or she is in need of  
 1539 emergency attention, without his or her consent, but  
 1540 unreasonable force shall not be used.

1541           Section 38. Subsection (1) of section 409.905, Florida  
 1542 Statutes, is amended to read:

1543           409.905 Mandatory Medicaid services.—The agency may make  
 1544 payments for the following services, which are required of the  
 1545 state by Title XIX of the Social Security Act, furnished by  
 1546 Medicaid providers to recipients who are determined to be  
 1547 eligible on the dates on which the services were provided. Any  
 1548 service under this section shall be provided only when medically  
 1549 necessary and in accordance with state and federal law.  
 1550 Mandatory services rendered by providers in mobile units to

1551 Medicaid recipients may be restricted by the agency. Nothing in  
 1552 this section shall be construed to prevent or limit the agency  
 1553 from adjusting fees, reimbursement rates, lengths of stay,  
 1554 number of visits, number of services, or any other adjustments  
 1555 necessary to comply with the availability of moneys and any  
 1556 limitations or directions provided for in the General  
 1557 Appropriations Act or chapter 216.

1558 (1) ADVANCED PRACTICE REGISTERED NURSE ~~ADVANCED REGISTERED~~  
 1559 ~~NURSE PRACTITIONER~~ SERVICES.—The agency shall pay for services  
 1560 provided to a recipient by a licensed advanced practice  
 1561 registered nurse ~~advanced registered nurse practitioner~~ who has  
 1562 a valid collaboration agreement with a licensed physician on  
 1563 file with the Department of Health or who provides anesthesia  
 1564 services in accordance with established protocol required by  
 1565 state law and approved by the medical staff of the facility in  
 1566 which the anesthetic service is performed. Reimbursement for  
 1567 such services must be provided in an amount that equals not less  
 1568 than 80 percent of the reimbursement to a physician who provides  
 1569 the same services, unless otherwise provided for in the General  
 1570 Appropriations Act.

1571 Section 39. Paragraph (a) of subsection (3) and subsection  
 1572 (7) of section 409.908, Florida Statutes, are amended to read:

1573 409.908 Reimbursement of Medicaid providers.—Subject to  
 1574 specific appropriations, the agency shall reimburse Medicaid  
 1575 providers, in accordance with state and federal law, according

1576 to methodologies set forth in the rules of the agency and in  
 1577 policy manuals and handbooks incorporated by reference therein.  
 1578 These methodologies may include fee schedules, reimbursement  
 1579 methods based on cost reporting, negotiated fees, competitive  
 1580 bidding pursuant to s. 287.057, and other mechanisms the agency  
 1581 considers efficient and effective for purchasing services or  
 1582 goods on behalf of recipients. If a provider is reimbursed based  
 1583 on cost reporting and submits a cost report late and that cost  
 1584 report would have been used to set a lower reimbursement rate  
 1585 for a rate semester, then the provider's rate for that semester  
 1586 shall be retroactively calculated using the new cost report, and  
 1587 full payment at the recalculated rate shall be effected  
 1588 retroactively. Medicare-granted extensions for filing cost  
 1589 reports, if applicable, shall also apply to Medicaid cost  
 1590 reports. Payment for Medicaid compensable services made on  
 1591 behalf of Medicaid eligible persons is subject to the  
 1592 availability of moneys and any limitations or directions  
 1593 provided for in the General Appropriations Act or chapter 216.  
 1594 Further, nothing in this section shall be construed to prevent  
 1595 or limit the agency from adjusting fees, reimbursement rates,  
 1596 lengths of stay, number of visits, or number of services, or  
 1597 making any other adjustments necessary to comply with the  
 1598 availability of moneys and any limitations or directions  
 1599 provided for in the General Appropriations Act, provided the  
 1600 adjustment is consistent with legislative intent.

1601 (3) Subject to any limitations or directions provided for  
 1602 in the General Appropriations Act, the following Medicaid  
 1603 services and goods may be reimbursed on a fee-for-service basis.  
 1604 For each allowable service or goods furnished in accordance with  
 1605 Medicaid rules, policy manuals, handbooks, and state and federal  
 1606 law, the payment shall be the amount billed by the provider, the  
 1607 provider's usual and customary charge, or the maximum allowable  
 1608 fee established by the agency, whichever amount is less, with  
 1609 the exception of those services or goods for which the agency  
 1610 makes payment using a methodology based on capitation rates,  
 1611 average costs, or negotiated fees.

1612 (a) Advanced practice registered nurse ~~Advanced registered~~  
 1613 ~~nurse practitioner~~ services.

1614 (7) A provider of family planning services shall be  
 1615 reimbursed the lesser of the amount billed by the provider or an  
 1616 all-inclusive amount per type of visit for physicians and  
 1617 advanced practice registered nurses ~~advanced registered nurse~~  
 1618 ~~practitioners~~, as established by the agency in a fee schedule.

1619 Section 40. Paragraph (a) of subsection (1) of section  
 1620 409.973, Florida Statutes, is amended to read:

1621 409.973 Benefits.—

1622 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 1623 minimum, the following services:

1624 (a) Advanced practice registered nurse ~~Advanced registered~~  
 1625 ~~nurse practitioner~~ services.

1626 Section 41. Effective March 1, 2019, subsection (1) of  
 1627 section 409.973, Florida Statutes, as amended by section 1 of  
 1628 chapter 2016-109, Laws of Florida, is amended to read:

1629 409.973 Benefits.—

1630 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 1631 minimum, the following services:

1632 (a) Advanced practice registered nurse ~~Advanced registered~~  
 1633 ~~nurse practitioner~~ services.

1634 (b) Ambulatory surgical treatment center services.

1635 (c) Birthing center services.

1636 (d) Chiropractic services.

1637 (e) Early periodic screening diagnosis and treatment  
 1638 services for recipients under age 21.

1639 (f) Emergency services.

1640 (g) Family planning services and supplies. Pursuant to 42  
 1641 C.F.R. s. 438.102, plans may elect to not provide these services  
 1642 due to an objection on moral or religious grounds, and must  
 1643 notify the agency of that election when submitting a reply to an  
 1644 invitation to negotiate.

1645 (h) Healthy start services, except as provided in s.  
 1646 409.975(4).

1647 (i) Hearing services.

1648 (j) Home health agency services.

1649 (k) Hospice services.

1650 (l) Hospital inpatient services.

- 1651 (m) Hospital outpatient services.
- 1652 (n) Laboratory and imaging services.
- 1653 (o) Medical supplies, equipment, prostheses, and orthoses.
- 1654 (p) Mental health services.
- 1655 (q) Nursing care.
- 1656 (r) Optical services and supplies.
- 1657 (s) Optometrist services.
- 1658 (t) Physical, occupational, respiratory, and speech
- 1659 therapy services.
- 1660 (u) Physician services, including physician assistant
- 1661 services.
- 1662 (v) Podiatric services.
- 1663 (w) Prescription drugs.
- 1664 (x) Renal dialysis services.
- 1665 (y) Respiratory equipment and supplies.
- 1666 (z) Rural health clinic services.
- 1667 (aa) Substance abuse treatment services.
- 1668 (bb) Transportation to access covered services.
- 1669 Section 42. Paragraph (a) of subsection (2) and paragraph
- 1670 (a) of subsection (7) of section 429.918, Florida Statutes, are
- 1671 amended to read:
- 1672 429.918 Licensure designation as a specialized Alzheimer's
- 1673 services adult day care center.—
- 1674 (2) As used in this section, the term:
- 1675 (a) "ADRD participant" means a participant who has a

1676 documented diagnosis of Alzheimer's disease or a dementia-  
 1677 related disorder (ADRD) from a licensed physician, licensed  
 1678 physician assistant, or a licensed advanced practice registered  
 1679 nurse ~~advanced registered nurse practitioner~~.

1680 (7) (a) An ADRD participant admitted to an adult day care  
 1681 center having a license designated under this section, or the  
 1682 caregiver when applicable, must:

1683 1. Require ongoing supervision to maintain the highest  
 1684 level of medical or custodial functioning and have a  
 1685 demonstrated need for a responsible party to oversee his or her  
 1686 care.

1687 2. Not actively demonstrate aggressive behavior that  
 1688 places himself, herself, or others at risk of harm.

1689 3. Provide the following medical documentation signed by a  
 1690 licensed physician, licensed physician assistant, or a licensed  
 1691 advanced practice registered nurse ~~advanced registered nurse~~  
 1692 ~~practitioner~~:

1693 a. Any physical, health, or emotional conditions that  
 1694 require medical care.

1695 b. A listing of the ADRD participant's current prescribed  
 1696 and over-the-counter medications and dosages, diet restrictions,  
 1697 mobility restrictions, and other physical limitations.

1698 4. Provide documentation signed by a health care provider  
 1699 licensed in this state which indicates that the ADRD participant  
 1700 is free of the communicable form of tuberculosis and free of

1701 signs and symptoms of other communicable diseases.

1702 Section 43. Section 456.0391, Florida Statutes, is amended  
 1703 to read:

1704 456.0391 Advanced practice registered nurses ~~Advanced~~  
 1705 ~~registered nurse practitioners~~; information required for  
 1706 certification.—

1707 (1)(a) Each person who applies for initial certification  
 1708 under s. 464.012 must, at the time of application, and each  
 1709 person certified under s. 464.012 who applies for certification  
 1710 renewal must, in conjunction with the renewal of such  
 1711 certification and under procedures adopted by the Department of  
 1712 Health, and in addition to any other information that may be  
 1713 required from the applicant, furnish the following information  
 1714 to the Department of Health:

1715 1. The name of each school or training program that the  
 1716 applicant has attended, with the months and years of attendance  
 1717 and the month and year of graduation, and a description of all  
 1718 graduate professional education completed by the applicant,  
 1719 excluding any coursework taken to satisfy continuing education  
 1720 requirements.

1721 2. The name of each location at which the applicant  
 1722 practices.

1723 3. The address at which the applicant will primarily  
 1724 conduct his or her practice.

1725 4. Any certification or designation that the applicant has



1726 received from a specialty or certification board that is  
 1727 recognized or approved by the regulatory board or department to  
 1728 which the applicant is applying.

1729 5. The year that the applicant received initial  
 1730 certification and began practicing the profession in any  
 1731 jurisdiction and the year that the applicant received initial  
 1732 certification in this state.

1733 6. Any appointment which the applicant currently holds to  
 1734 the faculty of a school related to the profession and an  
 1735 indication as to whether the applicant has had the  
 1736 responsibility for graduate education within the most recent 10  
 1737 years.

1738 7. A description of any criminal offense of which the  
 1739 applicant has been found guilty, regardless of whether  
 1740 adjudication of guilt was withheld, or to which the applicant  
 1741 has pled guilty or nolo contendere. A criminal offense committed  
 1742 in another jurisdiction which would have been a felony or  
 1743 misdemeanor if committed in this state must be reported. If the  
 1744 applicant indicates that a criminal offense is under appeal and  
 1745 submits a copy of the notice for appeal of that criminal  
 1746 offense, the department must state that the criminal offense is  
 1747 under appeal if the criminal offense is reported in the  
 1748 applicant's profile. If the applicant indicates to the  
 1749 department that a criminal offense is under appeal, the  
 1750 applicant must, within 15 days after the disposition of the

1751 appeal, submit to the department a copy of the final written  
 1752 order of disposition.

1753 8. A description of any final disciplinary action taken  
 1754 within the previous 10 years against the applicant by a  
 1755 licensing or regulatory body in any jurisdiction, by a specialty  
 1756 board that is recognized by the board or department, or by a  
 1757 licensed hospital, health maintenance organization, prepaid  
 1758 health clinic, ambulatory surgical center, or nursing home.  
 1759 Disciplinary action includes resignation from or nonrenewal of  
 1760 staff membership or the restriction of privileges at a licensed  
 1761 hospital, health maintenance organization, prepaid health  
 1762 clinic, ambulatory surgical center, or nursing home taken in  
 1763 lieu of or in settlement of a pending disciplinary case related  
 1764 to competence or character. If the applicant indicates that the  
 1765 disciplinary action is under appeal and submits a copy of the  
 1766 document initiating an appeal of the disciplinary action, the  
 1767 department must state that the disciplinary action is under  
 1768 appeal if the disciplinary action is reported in the applicant's  
 1769 profile.

1770 (b) In addition to the information required under  
 1771 paragraph (a), each applicant for initial certification or  
 1772 certification renewal must provide the information required of  
 1773 licensees pursuant to s. 456.049.

1774 (2) The Department of Health shall send a notice to each  
 1775 person certified under s. 464.012 at the certificateholder's

1776 last known address of record regarding the requirements for  
 1777 information to be submitted by advanced practice registered  
 1778 nurses ~~advanced registered nurse practitioners~~ pursuant to this  
 1779 section in conjunction with the renewal of such certificate.

1780 (3) Each person certified under s. 464.012 who has  
 1781 submitted information pursuant to subsection (1) must update  
 1782 that information in writing by notifying the Department of  
 1783 Health within 45 days after the occurrence of an event or the  
 1784 attainment of a status that is required to be reported by  
 1785 subsection (1). Failure to comply with the requirements of this  
 1786 subsection to update and submit information constitutes a ground  
 1787 for disciplinary action under chapter 464 and s. 456.072(1)(k).  
 1788 For failure to comply with the requirements of this subsection  
 1789 to update and submit information, the department or board, as  
 1790 appropriate, may:

1791 (a) Refuse to issue a certificate to any person applying  
 1792 for initial certification who fails to submit and update the  
 1793 required information.

1794 (b) Issue a citation to any certificateholder who fails to  
 1795 submit and update the required information and may fine the  
 1796 certificateholder up to \$50 for each day that the  
 1797 certificateholder is not in compliance with this subsection. The  
 1798 citation must clearly state that the certificateholder may  
 1799 choose, in lieu of accepting the citation, to follow the  
 1800 procedure under s. 456.073. If the certificateholder disputes

1801 the matter in the citation, the procedures set forth in s.  
 1802 456.073 must be followed. However, if the certificateholder does  
 1803 not dispute the matter in the citation with the department  
 1804 within 30 days after the citation is served, the citation  
 1805 becomes a final order and constitutes discipline. Service of a  
 1806 citation may be made by personal service or certified mail,  
 1807 restricted delivery, to the subject at the certificateholder's  
 1808 last known address.

1809 (4) (a) An applicant for initial certification under s.  
 1810 464.012 must submit a set of fingerprints to the Department of  
 1811 Health on a form and under procedures specified by the  
 1812 department, along with payment in an amount equal to the costs  
 1813 incurred by the Department of Health for a national criminal  
 1814 history check of the applicant.

1815 (b) An applicant for renewed certification who has not  
 1816 previously submitted a set of fingerprints to the Department of  
 1817 Health for purposes of certification must submit a set of  
 1818 fingerprints to the department as a condition of the initial  
 1819 renewal of his or her certificate after the effective date of  
 1820 this section. The applicant must submit the fingerprints on a  
 1821 form and under procedures specified by the department, along  
 1822 with payment in an amount equal to the costs incurred by the  
 1823 Department of Health for a national criminal history check. For  
 1824 subsequent renewals, the applicant for renewed certification  
 1825 must only submit information necessary to conduct a statewide

1826 criminal history check, along with payment in an amount equal to  
 1827 the costs incurred by the Department of Health for a statewide  
 1828 criminal history check.

1829 (c)1. The Department of Health shall submit the  
 1830 fingerprints provided by an applicant for initial certification  
 1831 to the Florida Department of Law Enforcement for a statewide  
 1832 criminal history check, and the Florida Department of Law  
 1833 Enforcement shall forward the fingerprints to the Federal Bureau  
 1834 of Investigation for a national criminal history check of the  
 1835 applicant.

1836 2. The department shall submit the fingerprints provided  
 1837 by an applicant for the initial renewal of certification to the  
 1838 Florida Department of Law Enforcement for a statewide criminal  
 1839 history check, and the Florida Department of Law Enforcement  
 1840 shall forward the fingerprints to the Federal Bureau of  
 1841 Investigation for a national criminal history check for the  
 1842 initial renewal of the applicant's certificate after the  
 1843 effective date of this section.

1844 3. For any subsequent renewal of the applicant's  
 1845 certificate, the department shall submit the required  
 1846 information for a statewide criminal history check of the  
 1847 applicant to the Florida Department of Law Enforcement.

1848 (d) Any applicant for initial certification or renewal of  
 1849 certification as an advanced practice registered nurse ~~advanced~~  
 1850 ~~registered nurse practitioner~~ who submits to the Department of

1851 Health a set of fingerprints and information required for the  
 1852 criminal history check required under this section shall not be  
 1853 required to provide a subsequent set of fingerprints or other  
 1854 duplicate information required for a criminal history check to  
 1855 the Agency for Health Care Administration, the Department of  
 1856 Juvenile Justice, or the Department of Children and Families for  
 1857 employment or licensure with such agency or department, if the  
 1858 applicant has undergone a criminal history check as a condition  
 1859 of initial certification or renewal of certification as an  
 1860 advanced practice registered nurse ~~advanced registered nurse~~  
 1861 ~~practitioner~~ with the Department of Health, notwithstanding any  
 1862 other provision of law to the contrary. In lieu of such  
 1863 duplicate submission, the Agency for Health Care Administration,  
 1864 the Department of Juvenile Justice, and the Department of  
 1865 Children and Families shall obtain criminal history information  
 1866 for employment or licensure of persons certified under s.  
 1867 464.012 by such agency or department from the Department of  
 1868 Health's health care practitioner credentialing system.

1869 (5) Each person who is required to submit information  
 1870 pursuant to this section may submit additional information to  
 1871 the Department of Health. Such information may include, but is  
 1872 not limited to:

1873 (a) Information regarding publications in peer-reviewed  
 1874 professional literature within the previous 10 years.

1875 (b) Information regarding professional or community

1876 service activities or awards.

1877 (c) Languages, other than English, used by the applicant  
 1878 to communicate with patients or clients and identification of  
 1879 any translating service that may be available at the place where  
 1880 the applicant primarily conducts his or her practice.

1881 (d) An indication of whether the person participates in  
 1882 the Medicaid program.

1883 Section 44. Subsection (2) of section 456.0392, Florida  
 1884 Statutes, is amended to read:

1885 456.0392 Prescription labeling.-

1886 (2) A prescription for a drug that is not listed as a  
 1887 controlled substance in chapter 893 which is written by an  
 1888 advanced practice registered nurse ~~advanced registered nurse~~  
 1889 ~~practitioner~~ certified under s. 464.012 is presumed, subject to  
 1890 rebuttal, to be valid and within the parameters of the  
 1891 prescriptive authority delegated by a practitioner licensed  
 1892 under chapter 458, chapter 459, or chapter 466.

1893 Section 45. Paragraph (a) of subsection (1) and subsection  
 1894 (6) of section 456.041, Florida Statutes, are amended to read:

1895 456.041 Practitioner profile; creation.-

1896 (1)(a) The Department of Health shall compile the  
 1897 information submitted pursuant to s. 456.039 into a practitioner  
 1898 profile of the applicant submitting the information, except that  
 1899 the Department of Health shall develop a format to compile  
 1900 uniformly any information submitted under s. 456.039(4)(b).

1901 Beginning July 1, 2001, the Department of Health may compile the  
 1902 information submitted pursuant to s. 456.0391 into a  
 1903 practitioner profile of the applicant submitting the  
 1904 information. The protocol submitted pursuant to s. 464.012(3)  
 1905 must be included in the practitioner profile of the advanced  
 1906 practice registered nurse ~~advanced registered nurse~~  
 1907 ~~practitioner~~.

1908 (6) The Department of Health shall provide in each  
 1909 practitioner profile for every physician or advanced practice  
 1910 registered nurse ~~advanced registered nurse practitioner~~  
 1911 terminated for cause from participating in the Medicaid program,  
 1912 pursuant to s. 409.913, or sanctioned by the Medicaid program a  
 1913 statement that the practitioner has been terminated from  
 1914 participating in the Florida Medicaid program or sanctioned by  
 1915 the Medicaid program.

1916 Section 46. Subsection (1) of section 456.048, Florida  
 1917 Statutes, is amended to read:

1918 456.048 Financial responsibility requirements for certain  
 1919 health care practitioners.—

1920 (1) As a prerequisite for licensure or license renewal,  
 1921 the Board of Acupuncture, the Board of Chiropractic Medicine,  
 1922 the Board of Podiatric Medicine, and the Board of Dentistry  
 1923 shall, by rule, require that all health care practitioners  
 1924 licensed under the respective board, and the Board of Medicine  
 1925 and the Board of Osteopathic Medicine shall, by rule, require



1926 that all anesthesiologist assistants licensed pursuant to s.  
 1927 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,  
 1928 require that advanced practice registered nurses ~~advanced~~  
 1929 ~~registered nurse practitioners~~ certified under s. 464.012, and  
 1930 the department shall, by rule, require that midwives maintain  
 1931 medical malpractice insurance or provide proof of financial  
 1932 responsibility in an amount and in a manner determined by the  
 1933 board or department to be sufficient to cover claims arising out  
 1934 of the rendering of or failure to render professional care and  
 1935 services in this state.

1936 Section 47. Subsection (7) of section 456.072, Florida  
 1937 Statutes, is amended to read:

1938 456.072 Grounds for discipline; penalties; enforcement.—

1939 (7) Notwithstanding subsection (2), upon a finding that a  
 1940 physician has prescribed or dispensed a controlled substance, or  
 1941 caused a controlled substance to be prescribed or dispensed, in  
 1942 a manner that violates the standard of practice set forth in s.  
 1943 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
 1944 or (s), or s. 466.028(1)(p) or (x), or that an advanced practice  
 1945 registered nurse ~~advanced registered nurse practitioner~~ has  
 1946 prescribed or dispensed a controlled substance, or caused a  
 1947 controlled substance to be prescribed or dispensed, in a manner  
 1948 that violates the standard of practice set forth in s.  
 1949 464.018(1)(n) or (p)6., the physician or advanced practice  
 1950 registered nurse ~~advanced registered nurse practitioner~~ shall be

1951 suspended for a period of not less than 6 months and pay a fine  
 1952 of not less than \$10,000 per count. Repeated violations shall  
 1953 result in increased penalties.

1954 Section 48. Paragraph (g) of subsection (1) and subsection  
 1955 (2) of section 456.44, Florida Statutes, are amended to read:

1956 456.44 Controlled substance prescribing.—

1957 (1) DEFINITIONS.—As used in this section, the term:

1958 (g) "Registrant" means a physician, a physician assistant,  
 1959 or an advanced practice registered nurse ~~advanced registered~~  
 1960 ~~nurse-practitioner~~ who meets the requirements of subsection (2).

1961 (2) REGISTRATION.—A physician licensed under chapter 458,  
 1962 chapter 459, chapter 461, or chapter 466, a physician assistant  
 1963 licensed under chapter 458 or chapter 459, or an advanced  
 1964 practice registered nurse ~~advanced registered nurse practitioner~~  
 1965 certified under part I of chapter 464 who prescribes any  
 1966 controlled substance, listed in Schedule II, Schedule III, or  
 1967 Schedule IV as defined in s. 893.03, for the treatment of  
 1968 chronic nonmalignant pain, must:

1969 (a) Designate himself or herself as a controlled substance  
 1970 prescribing practitioner on his or her practitioner profile.

1971 (b) Comply with the requirements of this section and  
 1972 applicable board rules.

1973 Section 49. Paragraph (c) of subsection (2) of section  
 1974 458.3265, Florida Statutes, is amended to read:

1975 458.3265 Pain-management clinics.—

1976 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 1977 apply to any physician who provides professional services in a  
 1978 pain-management clinic that is required to be registered in  
 1979 subsection (1).

1980 (c) A physician, a physician assistant, or an advanced  
 1981 practice registered nurse ~~advanced registered nurse practitioner~~  
 1982 must perform a physical examination of a patient on the same day  
 1983 that the physician prescribes a controlled substance to a  
 1984 patient at a pain-management clinic. If the physician prescribes  
 1985 more than a 72-hour dose of controlled substances for the  
 1986 treatment of chronic nonmalignant pain, the physician must  
 1987 document in the patient's record the reason for prescribing that  
 1988 quantity.

1989 Section 50. Paragraph (dd) of subsection (1) of section  
 1990 458.331, Florida Statutes, is amended to read:

1991 458.331 Grounds for disciplinary action; action by the  
 1992 board and department.—

1993 (1) The following acts constitute grounds for denial of a  
 1994 license or disciplinary action, as specified in s. 456.072(2):

1995 (dd) Failing to supervise adequately the activities of  
 1996 those physician assistants, paramedics, emergency medical  
 1997 technicians, advanced practice registered nurses ~~advanced~~  
 1998 ~~registered nurse practitioners~~, or anesthesiologist assistants  
 1999 acting under the supervision of the physician.

2000 Section 51. Paragraph (a) of subsection (1) and subsection

2001 (3) of section 458.348, Florida Statutes, are amended to read:  
 2002 458.348 Formal supervisory relationships, standing orders,  
 2003 and established protocols; notice; standards.-

2004 (1) NOTICE.-

2005 (a) When a physician enters into a formal supervisory  
 2006 relationship or standing orders with an emergency medical  
 2007 technician or paramedic licensed pursuant to s. 401.27, which  
 2008 relationship or orders contemplate the performance of medical  
 2009 acts, or when a physician enters into an established protocol  
 2010 with an advanced practice registered nurse ~~advanced registered~~  
 2011 ~~nurse-practitioner~~, which protocol contemplates the performance  
 2012 of medical acts set forth in s. 464.012(3) and (4), the  
 2013 physician shall submit notice to the board. The notice shall  
 2014 contain a statement in substantially the following form:

2015  
 2016 I, ...(name and professional license number of  
 2017 physician)..., of ...(address of physician)... have hereby  
 2018 entered into a formal supervisory relationship, standing orders,  
 2019 or an established protocol with ...(number of persons)...  
 2020 emergency medical technician(s), ...(number of persons)...  
 2021 paramedic(s), or ...(number of persons)... advanced practice  
 2022 registered nurse(s) ~~advanced registered nurse practitioner(s)~~.

2023  
 2024 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.-  
 2025 A physician who supervises an advanced practice registered nurse

2026 ~~advanced registered nurse practitioner~~ or physician assistant at  
 2027 a medical office other than the physician's primary practice  
 2028 location, where the advanced practice registered nurse ~~advanced~~  
 2029 ~~registered nurse practitioner~~ or physician assistant is not  
 2030 under the onsite supervision of a supervising physician, must  
 2031 comply with the standards set forth in this subsection. For the  
 2032 purpose of this subsection, a physician's "primary practice  
 2033 location" means the address reflected on the physician's profile  
 2034 published pursuant to s. 456.041.

2035 (a) A physician who is engaged in providing primary health  
 2036 care services may not supervise more than four offices in  
 2037 addition to the physician's primary practice location. For the  
 2038 purpose of this subsection, "primary health care" means health  
 2039 care services that are commonly provided to patients without  
 2040 referral from another practitioner, including obstetrical and  
 2041 gynecological services, and excludes practices providing  
 2042 primarily dermatologic and skin care services, which include  
 2043 aesthetic skin care services.

2044 (b) A physician who is engaged in providing specialty  
 2045 health care services may not supervise more than two offices in  
 2046 addition to the physician's primary practice location. For the  
 2047 purpose of this subsection, "specialty health care" means health  
 2048 care services that are commonly provided to patients with a  
 2049 referral from another practitioner and excludes practices  
 2050 providing primarily dermatologic and skin care services, which

2051 include aesthetic skin care services.

2052 (c) A physician who supervises an advanced practice  
 2053 registered nurse ~~advanced registered nurse practitioner~~ or  
 2054 physician assistant at a medical office other than the  
 2055 physician's primary practice location, where the advanced  
 2056 practice registered nurse ~~advanced registered nurse practitioner~~  
 2057 or physician assistant is not under the onsite supervision of a  
 2058 supervising physician and the services offered at the office are  
 2059 primarily dermatologic or skin care services, which include  
 2060 aesthetic skin care services other than plastic surgery, must  
 2061 comply with the standards listed in subparagraphs 1.-4.

2062 Notwithstanding s. 458.347(4)(e)6., a physician supervising a  
 2063 physician assistant pursuant to this paragraph may not be  
 2064 required to review and cosign charts or medical records prepared  
 2065 by such physician assistant.

2066 1. The physician shall submit to the board the addresses  
 2067 of all offices where he or she is supervising an advanced  
 2068 practice registered nurse ~~advanced registered nurse practitioner~~  
 2069 or a physician's assistant which are not the physician's primary  
 2070 practice location.

2071 2. The physician must be board certified or board eligible  
 2072 in dermatology or plastic surgery as recognized by the board  
 2073 pursuant to s. 458.3312.

2074 3. All such offices that are not the physician's primary  
 2075 place of practice must be within 25 miles of the physician's

2076 primary place of practice or in a county that is contiguous to  
 2077 the county of the physician's primary place of practice.  
 2078 However, the distance between any of the offices may not exceed  
 2079 75 miles.

2080 4. The physician may supervise only one office other than  
 2081 the physician's primary place of practice except that until July  
 2082 1, 2011, the physician may supervise up to two medical offices  
 2083 other than the physician's primary place of practice if the  
 2084 addresses of the offices are submitted to the board before July  
 2085 1, 2006. Effective July 1, 2011, the physician may supervise  
 2086 only one office other than the physician's primary place of  
 2087 practice, regardless of when the addresses of the offices were  
 2088 submitted to the board.

2089 (d) A physician who supervises an office in addition to  
 2090 the physician's primary practice location must conspicuously  
 2091 post in each of the physician's offices a current schedule of  
 2092 the regular hours when the physician is present in that office  
 2093 and the hours when the office is open while the physician is not  
 2094 present.

2095 (e) This subsection does not apply to health care services  
 2096 provided in facilities licensed under chapter 395 or in  
 2097 conjunction with a college of medicine, a college of nursing, an  
 2098 accredited graduate medical program, or a nursing education  
 2099 program; not-for-profit, family-planning clinics that are not  
 2100 licensed pursuant to chapter 390; rural and federally qualified

2101 health centers; health care services provided in a nursing home  
 2102 licensed under part II of chapter 400, an assisted living  
 2103 facility licensed under part I of chapter 429, a continuing care  
 2104 facility licensed under chapter 651, or a retirement community  
 2105 consisting of independent living units and a licensed nursing  
 2106 home or assisted living facility; anesthesia services provided  
 2107 in accordance with law; health care services provided in a  
 2108 designated rural health clinic; health care services provided to  
 2109 persons enrolled in a program designed to maintain elderly  
 2110 persons and persons with disabilities in a home or community-  
 2111 based setting; university primary care student health centers;  
 2112 school health clinics; or health care services provided in  
 2113 federal, state, or local government facilities. Subsection (2)  
 2114 and this subsection do not apply to offices at which the  
 2115 exclusive service being performed is laser hair removal by an  
 2116 advanced practice registered nurse ~~advanced registered nurse~~  
 2117 ~~practitioner~~ or physician assistant.

2118 Section 52. Paragraph (c) of subsection (2) of section  
 2119 459.0137, Florida Statutes, is amended to read:

2120 459.0137 Pain-management clinics.—

2121 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 2122 apply to any osteopathic physician who provides professional  
 2123 services in a pain-management clinic that is required to be  
 2124 registered in subsection (1).

2125 (c) An osteopathic physician, a physician assistant, or an



2126 advanced practice registered nurse ~~advanced registered nurse~~  
 2127 ~~practitioner~~ must perform a physical examination of a patient on  
 2128 the same day that the physician prescribes a controlled  
 2129 substance to a patient at a pain-management clinic. If the  
 2130 osteopathic physician prescribes more than a 72-hour dose of  
 2131 controlled substances for the treatment of chronic nonmalignant  
 2132 pain, the osteopathic physician must document in the patient's  
 2133 record the reason for prescribing that quantity.

2134 Section 53. Paragraph (hh) of subsection (1) of section  
 2135 459.015, Florida Statutes, is amended to read:

2136 459.015 Grounds for disciplinary action; action by the  
 2137 board and department.—

2138 (1) The following acts constitute grounds for denial of a  
 2139 license or disciplinary action, as specified in s. 456.072(2):

2140 (hh) Failing to supervise adequately the activities of  
 2141 those physician assistants, paramedics, emergency medical  
 2142 technicians, advanced practice registered nurses ~~advanced~~  
 2143 ~~registered nurse practitioners~~, anesthesiologist assistants, or  
 2144 other persons acting under the supervision of the osteopathic  
 2145 physician.

2146 Section 54. Paragraph (a) of subsection (1) and subsection  
 2147 (3) of section 459.025, Florida Statutes, are amended to read:

2148 459.025 Formal supervisory relationships, standing orders,  
 2149 and established protocols; notice; standards.—

2150 (1) NOTICE.—

2151 (a) When an osteopathic physician enters into a formal  
 2152 supervisory relationship or standing orders with an emergency  
 2153 medical technician or paramedic licensed pursuant to s. 401.27,  
 2154 which relationship or orders contemplate the performance of  
 2155 medical acts, or when an osteopathic physician enters into an  
 2156 established protocol with an advanced practice registered nurse  
 2157 ~~advanced registered nurse practitioner~~, which protocol  
 2158 contemplates the performance of medical acts or acts set forth  
 2159 in s. 464.012(3) and (4), the osteopathic physician shall submit  
 2160 notice to the board. The notice must contain a statement in  
 2161 substantially the following form:

2162  
 2163 I, ...(name and professional license number of osteopathic  
 2164 physician)..., of ...(address of osteopathic physician)... have  
 2165 hereby entered into a formal supervisory relationship, standing  
 2166 orders, or an established protocol with ...(number of  
 2167 persons)... emergency medical technician(s), ...(number of  
 2168 persons)... paramedic(s), or ...(number of persons)... advanced  
 2169 practice registered nurse(s) ~~advanced registered nurse~~  
 2170 ~~practitioner(s)~~.

2171  
 2172 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—  
 2173 An osteopathic physician who supervises an advanced practice  
 2174 registered nurse ~~advanced registered nurse practitioner~~ or  
 2175 physician assistant at a medical office other than the

2176 osteopathic physician's primary practice location, where the  
 2177 advanced practice registered nurse ~~advanced registered nurse~~  
 2178 ~~practitioner~~ or physician assistant is not under the onsite  
 2179 supervision of a supervising osteopathic physician, must comply  
 2180 with the standards set forth in this subsection. For the purpose  
 2181 of this subsection, an osteopathic physician's "primary practice  
 2182 location" means the address reflected on the physician's profile  
 2183 published pursuant to s. 456.041.

2184 (a) An osteopathic physician who is engaged in providing  
 2185 primary health care services may not supervise more than four  
 2186 offices in addition to the osteopathic physician's primary  
 2187 practice location. For the purpose of this subsection, "primary  
 2188 health care" means health care services that are commonly  
 2189 provided to patients without referral from another practitioner,  
 2190 including obstetrical and gynecological services, and excludes  
 2191 practices providing primarily dermatologic and skin care  
 2192 services, which include aesthetic skin care services.

2193 (b) An osteopathic physician who is engaged in providing  
 2194 specialty health care services may not supervise more than two  
 2195 offices in addition to the osteopathic physician's primary  
 2196 practice location. For the purpose of this subsection,  
 2197 "specialty health care" means health care services that are  
 2198 commonly provided to patients with a referral from another  
 2199 practitioner and excludes practices providing primarily  
 2200 dermatologic and skin care services, which include aesthetic

2201 skin care services.

2202 (c) An osteopathic physician who supervises an advanced  
 2203 practice registered nurse ~~advanced registered nurse practitioner~~  
 2204 or physician assistant at a medical office other than the  
 2205 osteopathic physician's primary practice location, where the  
 2206 advanced practice registered nurse ~~advanced registered nurse~~  
 2207 ~~practitioner~~ or physician assistant is not under the onsite  
 2208 supervision of a supervising osteopathic physician and the  
 2209 services offered at the office are primarily dermatologic or  
 2210 skin care services, which include aesthetic skin care services  
 2211 other than plastic surgery, must comply with the standards  
 2212 listed in subparagraphs 1.-4. Notwithstanding s.

2213 459.022(4)(e)6., an osteopathic physician supervising a  
 2214 physician assistant pursuant to this paragraph may not be  
 2215 required to review and cosign charts or medical records prepared  
 2216 by such physician assistant.

2217 1. The osteopathic physician shall submit to the Board of  
 2218 Osteopathic Medicine the addresses of all offices where he or  
 2219 she is supervising or has a protocol with an advanced practice  
 2220 registered nurse ~~advanced registered nurse practitioner~~ or a  
 2221 physician's assistant which are not the osteopathic physician's  
 2222 primary practice location.

2223 2. The osteopathic physician must be board certified or  
 2224 board eligible in dermatology or plastic surgery as recognized  
 2225 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

2226           3. All such offices that are not the osteopathic  
 2227 physician's primary place of practice must be within 25 miles of  
 2228 the osteopathic physician's primary place of practice or in a  
 2229 county that is contiguous to the county of the osteopathic  
 2230 physician's primary place of practice. However, the distance  
 2231 between any of the offices may not exceed 75 miles.

2232           4. The osteopathic physician may supervise only one office  
 2233 other than the osteopathic physician's primary place of practice  
 2234 except that until July 1, 2011, the osteopathic physician may  
 2235 supervise up to two medical offices other than the osteopathic  
 2236 physician's primary place of practice if the addresses of the  
 2237 offices are submitted to the Board of Osteopathic Medicine  
 2238 before July 1, 2006. Effective July 1, 2011, the osteopathic  
 2239 physician may supervise only one office other than the  
 2240 osteopathic physician's primary place of practice, regardless of  
 2241 when the addresses of the offices were submitted to the Board of  
 2242 Osteopathic Medicine.

2243           (d) An osteopathic physician who supervises an office in  
 2244 addition to the osteopathic physician's primary practice  
 2245 location must conspicuously post in each of the osteopathic  
 2246 physician's offices a current schedule of the regular hours when  
 2247 the osteopathic physician is present in that office and the  
 2248 hours when the office is open while the osteopathic physician is  
 2249 not present.

2250           (e) This subsection does not apply to health care services

2251 provided in facilities licensed under chapter 395 or in  
 2252 conjunction with a college of medicine or college of nursing or  
 2253 an accredited graduate medical or nursing education program;  
 2254 offices where the only service being performed is hair removal  
 2255 by an advanced practice registered nurse ~~advanced registered~~  
 2256 ~~nurse-practitioner~~ or physician assistant; not-for-profit,  
 2257 family-planning clinics that are not licensed pursuant to  
 2258 chapter 390; rural and federally qualified health centers;  
 2259 health care services provided in a nursing home licensed under  
 2260 part II of chapter 400, an assisted living facility licensed  
 2261 under part I of chapter 429, a continuing care facility licensed  
 2262 under chapter 651, or a retirement community consisting of  
 2263 independent living units and either a licensed nursing home or  
 2264 assisted living facility; anesthesia services provided in  
 2265 accordance with law; health care services provided in a  
 2266 designated rural health clinic; health care services provided to  
 2267 persons enrolled in a program designed to maintain elderly  
 2268 persons and persons with disabilities in a home or community-  
 2269 based setting; university primary care student health centers;  
 2270 school health clinics; or health care services provided in  
 2271 federal, state, or local government facilities.

2272 Section 55. Subsection (2) of section 464.003, Florida  
 2273 Statutes, is amended to read:

2274 464.003 Definitions.—As used in this part, the term:

2275 (2) "Advanced or specialized nursing practice" means, in

2276 addition to the practice of professional nursing, the  
 2277 performance of advanced-level nursing acts approved by the board  
 2278 which, by virtue of postbasic specialized education, training,  
 2279 and experience, are appropriately performed by an advanced  
 2280 practice registered nurse ~~advanced registered nurse~~  
 2281 ~~practitioner~~. Within the context of advanced or specialized  
 2282 nursing practice, the advanced practice registered nurse  
 2283 ~~advanced registered nurse practitioner~~ may perform acts of  
 2284 nursing diagnosis and nursing treatment of alterations of the  
 2285 health status. The advanced practice registered nurse ~~advanced~~  
 2286 ~~registered nurse practitioner~~ may also perform acts of medical  
 2287 diagnosis and treatment, prescription, and operation as  
 2288 authorized within the framework of an established supervisory  
 2289 protocol. The department may, by rule, require that a copy of  
 2290 the protocol be filed with the department along with the notice  
 2291 required by s. 458.348.

2292 Section 56. Subsection (2) of section 464.004, Florida  
 2293 Statutes, is amended to read:

2294 464.004 Board of Nursing; membership; appointment; terms.-

2295 (2) Seven members of the board must be registered nurses  
 2296 who are residents of this state and who have been engaged in the  
 2297 practice of professional nursing for at least 4 years, including  
 2298 at least one advanced practice registered nurse ~~advanced~~  
 2299 ~~registered nurse practitioner~~, one nurse educator member of an  
 2300 approved program, and one nurse executive. These seven board

2301 members should be representative of the diverse areas of  
 2302 practice within the nursing profession. In addition, three  
 2303 members of the board must be licensed practical nurses who are  
 2304 residents of this state and who have been actively engaged in  
 2305 the practice of practical nursing for at least 4 years prior to  
 2306 their appointment. The remaining three members must be residents  
 2307 of the state who have never been licensed as nurses and who are  
 2308 in no way connected with the practice of nursing. No person may  
 2309 be appointed as a lay member who is in any way connected with,  
 2310 or has any financial interest in, any health care facility,  
 2311 agency, or insurer. At least one member of the board must be 60  
 2312 years of age or older.

2313 Section 57. Paragraph (b) of subsection (3) of section  
 2314 464.013, Florida Statutes, is amended to read:

2315 464.013 Renewal of license or certificate.—

2316 (3) The board shall by rule prescribe up to 30 hours of  
 2317 continuing education biennially as a condition for renewal of a  
 2318 license or certificate.

2319 (b) Notwithstanding the exemption in paragraph (a), as  
 2320 part of the maximum 30 hours of continuing education hours  
 2321 required under this subsection, advanced practice registered  
 2322 nurses ~~advanced registered nurse practitioners~~ certified under  
 2323 s. 464.012 must complete at least 3 hours of continuing  
 2324 education on the safe and effective prescription of controlled  
 2325 substances. Such continuing education courses must be offered by



2326 a statewide professional association of physicians in this state  
 2327 accredited to provide educational activities designated for the  
 2328 American Medical Association Physician's Recognition Award  
 2329 Category 1 credit, the American Nurses Credentialing Center, the  
 2330 American Association of Nurse Anesthetists, or the American  
 2331 Association of Nurse Practitioners and may be offered in a  
 2332 distance learning format.

2333 Section 58. Subsections (8) and (9) of section 464.015,  
 2334 Florida Statutes, are amended to read:

2335 464.015 Titles and abbreviations; restrictions; penalty.—

2336 (8) Only persons who hold valid certificates to practice  
 2337 as advanced practice registered nurses ~~advanced registered nurse~~  
 2338 ~~practitioners~~ in this state may use the title "Advanced Practice  
 2339 Registered Nurse" ~~"Advanced Registered Nurse Practitioner"~~ and  
 2340 the abbreviation "A.P.R.N." ~~"A.R.N.P."~~

2341 (9) A person may not practice or advertise as, or assume  
 2342 the title of, registered nurse, licensed practical nurse,  
 2343 clinical nurse specialist, certified registered nurse  
 2344 anesthetist, certified nurse midwife, or advanced practice  
 2345 registered nurse ~~advanced registered nurse practitioner~~ or use  
 2346 the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.,"  
 2347 "C.N.M.," or "A.P.R.N." ~~"A.R.N.P."~~ or take any other action that  
 2348 would lead the public to believe that person was certified as  
 2349 such or is performing nursing services pursuant to the exception  
 2350 set forth in s. 464.022(8), unless that person is licensed or

2351 certified to practice as such.

2352 Section 59. Effective December 31, 2018, or upon enactment  
 2353 of the Nurse Licensure Compact into law by 26 states, whichever  
 2354 occurs first, subsections (1), (2), and (9) of section 464.015,  
 2355 Florida Statutes, as amended by section 9 of chapter 2016-139,  
 2356 Laws of Florida, are amended to read:

2357 464.015 Titles and abbreviations; restrictions; penalty.—

2358 (1) Only a person who holds a license in this state or a  
 2359 multistate license pursuant to s. 464.0095 to practice  
 2360 professional nursing or who performs nursing services pursuant  
 2361 to the exception set forth in s. 464.022(8) may use the title  
 2362 "Registered Nurse" and the abbreviation "R.N."

2363 (2) Only a person who holds a license in this state or a  
 2364 multistate license pursuant to s. 464.0095 to practice as a  
 2365 licensed practical nurse or who performs practical nursing  
 2366 services pursuant to the exception set forth in s. 464.022(8)  
 2367 may use the title "Licensed Practical Nurse" and the  
 2368 abbreviation "L.P.N."

2369 (9) A person may not practice or advertise as, or assume  
 2370 the title of, registered nurse, licensed practical nurse,  
 2371 clinical nurse specialist, certified registered nurse  
 2372 anesthetist, certified nurse midwife, or advanced practice  
 2373 registered nurse ~~advanced registered nurse practitioner~~ or use  
 2374 the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.,"  
 2375 "C.N.M.," or "A.P.R.N." ~~"A.R.N.P."~~ or take any other action that

2376 would lead the public to believe that person was authorized by  
 2377 law to practice as such or is performing nursing services  
 2378 pursuant to the exception set forth in s. 464.022(8) unless that  
 2379 person is licensed, certified, or authorized pursuant to s.  
 2380 464.0095 to practice as such.

2381 Section 60. Paragraph (a) of subsection (2) of section  
 2382 464.016, Florida Statutes, is amended to read:

2383 464.016 Violations and penalties.—

2384 (2) Each of the following acts constitutes a misdemeanor  
 2385 of the first degree, punishable as provided in s. 775.082 or s.  
 2386 775.083:

2387 (a) Using the name or title "Nurse," "Registered Nurse,"  
 2388 "Licensed Practical Nurse," "Clinical Nurse Specialist,"  
 2389 "Certified Registered Nurse Anesthetist," "Certified Nurse  
 2390 Midwife," "Advanced Practice Registered Nurse," ~~"Advanced~~  
 2391 ~~Registered Nurse Practitioner,"~~ or any other name or title which  
 2392 implies that a person was licensed or certified as same, unless  
 2393 such person is duly licensed or certified.

2394 Section 61. Paragraphs (p) and (q) of subsection (1) of  
 2395 section 464.018, Florida Statutes, are amended to read:

2396 464.018 Disciplinary actions.—

2397 (1) The following acts constitute grounds for denial of a  
 2398 license or disciplinary action, as specified in s. 456.072(2):

2399 (p) For an advanced practice registered nurse ~~advanced~~  
 2400 ~~registered nurse practitioner:~~

- 2401           1. Presigning blank prescription forms.
- 2402           2. Prescribing for office use any medicinal drug appearing  
2403 on Schedule II in chapter 893.
- 2404           3. Prescribing, ordering, dispensing, administering,  
2405 supplying, selling, or giving a drug that is an amphetamine, a  
2406 sympathomimetic amine drug, or a compound designated in s.  
2407 893.03(2) as a Schedule II controlled substance, to or for any  
2408 person except for:
- 2409           a. The treatment of narcolepsy; hyperkinesis; behavioral  
2410 syndrome in children characterized by the developmentally  
2411 inappropriate symptoms of moderate to severe distractibility,  
2412 short attention span, hyperactivity, emotional lability, and  
2413 impulsivity; or drug-induced brain dysfunction.
- 2414           b. The differential diagnostic psychiatric evaluation of  
2415 depression or the treatment of depression shown to be refractory  
2416 to other therapeutic modalities.
- 2417           c. The clinical investigation of the effects of such drugs  
2418 or compounds when an investigative protocol is submitted to,  
2419 reviewed by, and approved by the department before such  
2420 investigation is begun.
- 2421           4. Prescribing, ordering, dispensing, administering,  
2422 supplying, selling, or giving growth hormones, testosterone or  
2423 its analogs, human chorionic gonadotropin (HCG), or other  
2424 hormones for the purpose of muscle building or to enhance  
2425 athletic performance. As used in this subparagraph, the term

2426 "muscle building" does not include the treatment of injured  
 2427 muscle. A prescription written for the drug products identified  
 2428 in this subparagraph may be dispensed by a pharmacist with the  
 2429 presumption that the prescription is for legitimate medical use.

2430 5. Promoting or advertising on any prescription form a  
 2431 community pharmacy unless the form also states: "This  
 2432 prescription may be filled at any pharmacy of your choice."

2433 6. Prescribing, dispensing, administering, mixing, or  
 2434 otherwise preparing a legend drug, including a controlled  
 2435 substance, other than in the course of his or her professional  
 2436 practice. For the purposes of this subparagraph, it is legally  
 2437 presumed that prescribing, dispensing, administering, mixing, or  
 2438 otherwise preparing legend drugs, including all controlled  
 2439 substances, inappropriately or in excessive or inappropriate  
 2440 quantities is not in the best interest of the patient and is not  
 2441 in the course of the advanced practice registered nurse's  
 2442 ~~advanced registered nurse practitioner's~~ professional practice,  
 2443 without regard to his or her intent.

2444 7. Prescribing, dispensing, or administering a medicinal  
 2445 drug appearing on any schedule set forth in chapter 893 to  
 2446 himself or herself, except a drug prescribed, dispensed, or  
 2447 administered to the advanced practice registered nurse ~~advanced~~  
 2448 ~~registered nurse practitioner~~ by another practitioner authorized  
 2449 to prescribe, dispense, or administer medicinal drugs.

2450 8. Prescribing, ordering, dispensing, administering,

2451 supplying, selling, or giving amygdalin (laetrile) to any  
 2452 person.

2453 9. Dispensing a substance designated in s. 893.03(2) or  
 2454 (3) as a substance controlled in Schedule II or Schedule III,  
 2455 respectively, in violation of s. 465.0276.

2456 10. Promoting or advertising through any communication  
 2457 medium the use, sale, or dispensing of a substance designated in  
 2458 s. 893.03 as a controlled substance.

2459 (q) For a psychiatric nurse:

2460 1. Presigning blank prescription forms.

2461 2. Prescribing for office use any medicinal drug appearing  
 2462 in Schedule II of s. 893.03.

2463 3. Prescribing, ordering, dispensing, administering,  
 2464 supplying, selling, or giving a drug that is an amphetamine, a  
 2465 sympathomimetic amine drug, or a compound designated in s.  
 2466 893.03(2) as a Schedule II controlled substance, to or for any  
 2467 person except for:

2468 a. The treatment of narcolepsy; hyperkinesis; behavioral  
 2469 syndrome in children characterized by the developmentally  
 2470 inappropriate symptoms of moderate to severe distractibility,  
 2471 short attention span, hyperactivity, emotional lability, and  
 2472 impulsivity; or drug-induced brain dysfunction.

2473 b. The differential diagnostic psychiatric evaluation of  
 2474 depression or the treatment of depression shown to be refractory  
 2475 to other therapeutic modalities.

2476 c. The clinical investigation of the effects of such drugs  
 2477 or compounds when an investigative protocol is submitted to,  
 2478 reviewed by, and approved by the department before such  
 2479 investigation is begun.

2480 4. Prescribing, ordering, dispensing, administering,  
 2481 supplying, selling, or giving growth hormones, testosterone or  
 2482 its analogs, human chorionic gonadotropin (HCG), or other  
 2483 hormones for the purpose of muscle building or to enhance  
 2484 athletic performance. As used in this subparagraph, the term  
 2485 "muscle building" does not include the treatment of injured  
 2486 muscle. A prescription written for the drug products identified  
 2487 in this subparagraph may be dispensed by a pharmacist with the  
 2488 presumption that the prescription is for legitimate medical use.

2489 5. Promoting or advertising on any prescription form a  
 2490 community pharmacy unless the form also states: "This  
 2491 prescription may be filled at any pharmacy of your choice."

2492 6. Prescribing, dispensing, administering, mixing, or  
 2493 otherwise preparing a legend drug, including a controlled  
 2494 substance, other than in the course of his or her professional  
 2495 practice. For the purposes of this subparagraph, it is legally  
 2496 presumed that prescribing, dispensing, administering, mixing, or  
 2497 otherwise preparing legend drugs, including all controlled  
 2498 substances, inappropriately or in excessive or inappropriate  
 2499 quantities is not in the best interest of the patient and is not  
 2500 in the course of the advanced practice registered nurse's

2501 ~~advanced registered nurse practitioner's~~ professional practice,  
 2502 without regard to his or her intent.

2503 7. Prescribing, dispensing, or administering a medicinal  
 2504 drug appearing on any schedule set forth in chapter 893 to  
 2505 himself or herself, except a drug prescribed, dispensed, or  
 2506 administered to the psychiatric nurse by another practitioner  
 2507 authorized to prescribe, dispense, or administer medicinal  
 2508 drugs.

2509 8. Prescribing, ordering, dispensing, administering,  
 2510 supplying, selling, or giving amygdalin (laetrile) to any  
 2511 person.

2512 9. Dispensing a substance designated in s. 893.03(2) or  
 2513 (3) as a substance controlled in Schedule II or Schedule III,  
 2514 respectively, in violation of s. 465.0276.

2515 10. Promoting or advertising through any communication  
 2516 medium the use, sale, or dispensing of a substance designated in  
 2517 s. 893.03 as a controlled substance.

2518 Section 62. Effective December 31, 2018, or upon enactment  
 2519 of the Nurse Licensure Compact into law by 26 states, whichever  
 2520 occurs first, subsections (1) and (2) of section 464.018,  
 2521 Florida Statutes, as amended by section 14 of chapter 2017-41,  
 2522 Laws of Florida, section 8 of chapter 2016-231, Laws of Florida,  
 2523 section 15 of chapter 2016-224, Laws of Florida, and section 10  
 2524 of chapter 2016-139, Laws of Florida, are amended to read:

2525 464.018 Disciplinary actions.—



2526 (1) The following acts constitute grounds for denial of a  
 2527 license or disciplinary action, as specified in ss. 456.072(2)  
 2528 and 464.0095:

2529 (a) Procuring, attempting to procure, or renewing a  
 2530 license to practice nursing or the authority to practice  
 2531 practical or professional nursing pursuant to s. 464.0095 by  
 2532 bribery, by knowing misrepresentations, or through an error of  
 2533 the department or the board.

2534 (b) Having a license to practice nursing revoked,  
 2535 suspended, or otherwise acted against, including the denial of  
 2536 licensure, by the licensing authority of another state,  
 2537 territory, or country.

2538 (c) Being convicted or found guilty of, or entering a plea  
 2539 of guilty or nolo contendere to, regardless of adjudication, a  
 2540 crime in any jurisdiction which directly relates to the practice  
 2541 of nursing or to the ability to practice nursing.

2542 (d) Being convicted or found guilty of, or entering a plea  
 2543 of guilty or nolo contendere to, regardless of adjudication, any  
 2544 of the following offenses:

- 2545 1. A forcible felony as defined in chapter 776.
- 2546 2. A violation of chapter 812, relating to theft, robbery,  
 2547 and related crimes.
- 2548 3. A violation of chapter 817, relating to fraudulent  
 2549 practices.
- 2550 4. A violation of chapter 800, relating to lewdness and

2551 | indecent exposure.

2552 |         5. A violation of chapter 784, relating to assault,  
2553 | battery, and culpable negligence.

2554 |         6. A violation of chapter 827, relating to child abuse.

2555 |         7. A violation of chapter 415, relating to protection from  
2556 | abuse, neglect, and exploitation.

2557 |         8. A violation of chapter 39, relating to child abuse,  
2558 | abandonment, and neglect.

2559 |         9. For an applicant for a multistate license or for a  
2560 | multistate licenseholder under s. 464.0095, a felony offense  
2561 | under Florida law or federal criminal law.

2562 |         (e) Having been found guilty of, regardless of  
2563 | adjudication, or entered a plea of nolo contendere or guilty to,  
2564 | any offense prohibited under s. 435.04 or similar statute of  
2565 | another jurisdiction; or having committed an act which  
2566 | constitutes domestic violence as defined in s. 741.28.

2567 |         (f) Making or filing a false report or record, which the  
2568 | nurse knows to be false, intentionally or negligently failing to  
2569 | file a report or record required by state or federal law,  
2570 | willfully impeding or obstructing such filing or inducing  
2571 | another person to do so. Such reports or records shall include  
2572 | only those which are signed in the nurse's capacity as a  
2573 | licensed nurse.

2574 |         (g) False, misleading, or deceptive advertising.

2575 |         (h) Unprofessional conduct, as defined by board rule.

2576 (i) Engaging or attempting to engage in the possession,  
 2577 sale, or distribution of controlled substances as set forth in  
 2578 chapter 893, for any other than legitimate purposes authorized  
 2579 by this part.

2580 (j) Being unable to practice nursing with reasonable skill  
 2581 and safety to patients by reason of illness or use of alcohol,  
 2582 drugs, narcotics, or chemicals or any other type of material or  
 2583 as a result of any mental or physical condition. In enforcing  
 2584 this paragraph, the department shall have, upon a finding of the  
 2585 State Surgeon General or the State Surgeon General's designee  
 2586 that probable cause exists to believe that the nurse is unable  
 2587 to practice nursing because of the reasons stated in this  
 2588 paragraph, the authority to issue an order to compel a nurse to  
 2589 submit to a mental or physical examination by physicians  
 2590 designated by the department. If the nurse refuses to comply  
 2591 with such order, the department's order directing such  
 2592 examination may be enforced by filing a petition for enforcement  
 2593 in the circuit court where the nurse resides or does business.  
 2594 The nurse against whom the petition is filed shall not be named  
 2595 or identified by initials in any public court records or  
 2596 documents, and the proceedings shall be closed to the public.  
 2597 The department shall be entitled to the summary procedure  
 2598 provided in s. 51.011. A nurse affected by this paragraph shall  
 2599 at reasonable intervals be afforded an opportunity to  
 2600 demonstrate that she or he can resume the competent practice of

2601 nursing with reasonable skill and safety to patients.

2602 (k) Failing to report to the department any person who the  
 2603 nurse knows is in violation of this part or of the rules of the  
 2604 department or the board. However, a person who the licensee  
 2605 knows is unable to practice nursing with reasonable skill and  
 2606 safety to patients by reason of illness or use of alcohol,  
 2607 drugs, narcotics, chemicals, or any other type of material, or  
 2608 as a result of a mental or physical condition, may be reported  
 2609 to a consultant operating an impaired practitioner program as  
 2610 described in s. 456.076 rather than to the department.

2611 (l) Knowingly violating any provision of this part, a rule  
 2612 of the board or the department, or a lawful order of the board  
 2613 or department previously entered in a disciplinary proceeding or  
 2614 failing to comply with a lawfully issued subpoena of the  
 2615 department.

2616 (m) Failing to report to the department any licensee under  
 2617 chapter 458 or under chapter 459 who the nurse knows has  
 2618 violated the grounds for disciplinary action set out in the law  
 2619 under which that person is licensed and who provides health care  
 2620 services in a facility licensed under chapter 395, or a health  
 2621 maintenance organization certificated under part I of chapter  
 2622 641, in which the nurse also provides services.

2623 (n) Failing to meet minimal standards of acceptable and  
 2624 prevailing nursing practice, including engaging in acts for  
 2625 which the nurse is not qualified by training or experience.

2626 (o) Violating any provision of this chapter or chapter  
 2627 456, or any rules adopted pursuant thereto.

2628 (p) For an advanced practice registered nurse ~~advanced~~  
 2629 ~~registered nurse practitioner~~:

2630 1. Presigning blank prescription forms.

2631 2. Prescribing for office use any medicinal drug appearing  
 2632 on Schedule II in chapter 893.

2633 3. Prescribing, ordering, dispensing, administering,  
 2634 supplying, selling, or giving a drug that is an amphetamine, a  
 2635 sympathomimetic amine drug, or a compound designated in s.  
 2636 893.03(2) as a Schedule II controlled substance, to or for any  
 2637 person except for:

2638 a. The treatment of narcolepsy; hyperkinesia; behavioral  
 2639 syndrome in children characterized by the developmentally  
 2640 inappropriate symptoms of moderate to severe distractibility,  
 2641 short attention span, hyperactivity, emotional lability, and  
 2642 impulsivity; or drug-induced brain dysfunction.

2643 b. The differential diagnostic psychiatric evaluation of  
 2644 depression or the treatment of depression shown to be refractory  
 2645 to other therapeutic modalities.

2646 c. The clinical investigation of the effects of such drugs  
 2647 or compounds when an investigative protocol is submitted to,  
 2648 reviewed by, and approved by the department before such  
 2649 investigation is begun.

2650 4. Prescribing, ordering, dispensing, administering,

2651 supplying, selling, or giving growth hormones, testosterone or  
 2652 its analogs, human chorionic gonadotropin (HCG), or other  
 2653 hormones for the purpose of muscle building or to enhance  
 2654 athletic performance. As used in this subparagraph, the term  
 2655 "muscle building" does not include the treatment of injured  
 2656 muscle. A prescription written for the drug products identified  
 2657 in this subparagraph may be dispensed by a pharmacist with the  
 2658 presumption that the prescription is for legitimate medical use.

2659 5. Promoting or advertising on any prescription form a  
 2660 community pharmacy unless the form also states: "This  
 2661 prescription may be filled at any pharmacy of your choice."

2662 6. Prescribing, dispensing, administering, mixing, or  
 2663 otherwise preparing a legend drug, including a controlled  
 2664 substance, other than in the course of his or her professional  
 2665 practice. For the purposes of this subparagraph, it is legally  
 2666 presumed that prescribing, dispensing, administering, mixing, or  
 2667 otherwise preparing legend drugs, including all controlled  
 2668 substances, inappropriately or in excessive or inappropriate  
 2669 quantities is not in the best interest of the patient and is not  
 2670 in the course of the advanced practice registered nurse's  
 2671 ~~advanced registered nurse practitioner's~~ professional practice,  
 2672 without regard to his or her intent.

2673 7. Prescribing, dispensing, or administering a medicinal  
 2674 drug appearing on any schedule set forth in chapter 893 to  
 2675 himself or herself, except a drug prescribed, dispensed, or

2676 administered to the advanced practice registered nurse ~~advanced~~  
 2677 ~~registered nurse practitioner~~ by another practitioner authorized  
 2678 to prescribe, dispense, or administer medicinal drugs.

2679 8. Prescribing, ordering, dispensing, administering,  
 2680 supplying, selling, or giving amygdalin (laetrile) to any  
 2681 person.

2682 9. Dispensing a substance designated in s. 893.03(2) or  
 2683 (3) as a substance controlled in Schedule II or Schedule III,  
 2684 respectively, in violation of s. 465.0276.

2685 10. Promoting or advertising through any communication  
 2686 medium the use, sale, or dispensing of a substance designated in  
 2687 s. 893.03 as a controlled substance.

2688 (q) For a psychiatric nurse:

2689 1. Presigning blank prescription forms.

2690 2. Prescribing for office use any medicinal drug appearing  
 2691 in Schedule II of s. 893.03.

2692 3. Prescribing, ordering, dispensing, administering,  
 2693 supplying, selling, or giving a drug that is an amphetamine, a  
 2694 sympathomimetic amine drug, or a compound designated in s.  
 2695 893.03(2) as a Schedule II controlled substance, to or for any  
 2696 person except for:

2697 a. The treatment of narcolepsy; hyperkinesis; behavioral  
 2698 syndrome in children characterized by the developmentally  
 2699 inappropriate symptoms of moderate to severe distractibility,  
 2700 short attention span, hyperactivity, emotional lability, and

2701 | impulsivity; or drug-induced brain dysfunction.

2702 |       b. The differential diagnostic psychiatric evaluation of  
2703 | depression or the treatment of depression shown to be refractory  
2704 | to other therapeutic modalities.

2705 |       c. The clinical investigation of the effects of such drugs  
2706 | or compounds when an investigative protocol is submitted to,  
2707 | reviewed by, and approved by the department before such  
2708 | investigation is begun.

2709 |       4. Prescribing, ordering, dispensing, administering,  
2710 | supplying, selling, or giving growth hormones, testosterone or  
2711 | its analogs, human chorionic gonadotropin (HCG), or other  
2712 | hormones for the purpose of muscle building or to enhance  
2713 | athletic performance. As used in this subparagraph, the term  
2714 | "muscle building" does not include the treatment of injured  
2715 | muscle. A prescription written for the drug products identified  
2716 | in this subparagraph may be dispensed by a pharmacist with the  
2717 | presumption that the prescription is for legitimate medical use.

2718 |       5. Promoting or advertising on any prescription form a  
2719 | community pharmacy unless the form also states: "This  
2720 | prescription may be filled at any pharmacy of your choice."

2721 |       6. Prescribing, dispensing, administering, mixing, or  
2722 | otherwise preparing a legend drug, including a controlled  
2723 | substance, other than in the course of his or her professional  
2724 | practice. For the purposes of this subparagraph, it is legally  
2725 | presumed that prescribing, dispensing, administering, mixing, or



2726 otherwise preparing legend drugs, including all controlled  
 2727 substances, inappropriately or in excessive or inappropriate  
 2728 quantities is not in the best interest of the patient and is not  
 2729 in the course of the advanced practice registered nurse's  
 2730 ~~advanced registered nurse practitioner's~~ professional practice,  
 2731 without regard to his or her intent.

2732 7. Prescribing, dispensing, or administering a medicinal  
 2733 drug appearing on any schedule set forth in chapter 893 to  
 2734 himself or herself, except a drug prescribed, dispensed, or  
 2735 administered to the psychiatric nurse by another practitioner  
 2736 authorized to prescribe, dispense, or administer medicinal  
 2737 drugs.

2738 8. Prescribing, ordering, dispensing, administering,  
 2739 supplying, selling, or giving amygdalin (laetrile) to any  
 2740 person.

2741 9. Dispensing a substance designated in s. 893.03(2) or  
 2742 (3) as a substance controlled in Schedule II or Schedule III,  
 2743 respectively, in violation of s. 465.0276.

2744 10. Promoting or advertising through any communication  
 2745 medium the use, sale, or dispensing of a substance designated in  
 2746 s. 893.03 as a controlled substance.

2747 (2)(a) The board may enter an order denying licensure or  
 2748 imposing any of the penalties in s. 456.072(2) against any  
 2749 applicant for licensure or nurse who is found guilty of  
 2750 violating subsection (1) or s. 456.072(1).

2751 (b) The board may take adverse action against a nurse's  
 2752 multistate licensure privilege and impose any of the penalties  
 2753 in s. 456.072(2) when the nurse is found guilty of violating  
 2754 subsection (1) or s. 456.072(1).

2755 Section 63. Paragraph (a) of subsection (4) of section  
 2756 464.0205, Florida Statutes, is amended to read:

2757 464.0205 Retired volunteer nurse certificate.—

2758 (4) A retired volunteer nurse receiving certification from  
 2759 the board shall:

2760 (a) Work under the direct supervision of the director of a  
 2761 county health department, a physician working under a limited  
 2762 license issued pursuant to s. 458.317 or s. 459.0075, a  
 2763 physician licensed under chapter 458 or chapter 459, an advanced  
 2764 practice registered nurse ~~advanced registered nurse practitioner~~  
 2765 certified under s. 464.012, or a registered nurse licensed under  
 2766 s. 464.008 or s. 464.009.

2767 Section 64. Subsection (2) of section 467.003, Florida  
 2768 Statutes, is amended to read:

2769 467.003 Definitions.—As used in this chapter, unless the  
 2770 context otherwise requires:

2771 (2) "Certified nurse midwife" means a person who is  
 2772 licensed as an advanced practice registered nurse ~~advanced~~  
 2773 ~~registered nurse practitioner~~ under part I of chapter 464 and  
 2774 who is certified to practice midwifery by the American College  
 2775 of Nurse Midwives.

2776 Section 65. Subsection (1) of section 480.0475, Florida  
 2777 Statutes, is amended to read:

2778 480.0475 Massage establishments; prohibited practices.—

2779 (1) A person may not operate a massage establishment  
 2780 between the hours of midnight and 5 a.m. This subsection does  
 2781 not apply to a massage establishment:

2782 (a) Located on the premises of a health care facility as  
 2783 defined in s. 408.07; a health care clinic as defined in s.  
 2784 400.9905(4); a hotel, motel, or bed and breakfast inn, as those  
 2785 terms are defined in s. 509.242; a timeshare property as defined  
 2786 in s. 721.05; a public airport as defined in s. 330.27; or a  
 2787 pari-mutuel facility as defined in s. 550.002;

2788 (b) In which every massage performed between the hours of  
 2789 midnight and 5 a.m. is performed by a massage therapist acting  
 2790 under the prescription of a physician or physician assistant  
 2791 licensed under chapter 458, an osteopathic physician or  
 2792 physician assistant licensed under chapter 459, a chiropractic  
 2793 physician licensed under chapter 460, a podiatric physician  
 2794 licensed under chapter 461, an advanced practice registered  
 2795 nurse ~~advanced registered nurse practitioner~~ licensed under part  
 2796 I of chapter 464, or a dentist licensed under chapter 466; or

2797 (c) Operating during a special event if the county or  
 2798 municipality in which the establishment operates has approved  
 2799 such operation during the special event.

2800 Section 66. Subsection (7) of section 483.041, Florida

2801 Statutes, is amended to read:

2802 483.041 Definitions.—As used in this part, the term:

2803 (7) "Licensed practitioner" means a physician licensed  
 2804 under chapter 458, chapter 459, chapter 460, or chapter 461; a  
 2805 certified optometrist licensed under chapter 463; a dentist  
 2806 licensed under chapter 466; a person licensed under chapter 462;  
 2807 a consultant pharmacist or doctor of pharmacy licensed under  
 2808 chapter 465; or an advanced practice registered nurse ~~advanced~~  
 2809 ~~registered nurse practitioner~~ licensed under part I of chapter  
 2810 464; or a duly licensed practitioner from another state licensed  
 2811 under similar statutes who orders examinations on materials or  
 2812 specimens for nonresidents of the State of Florida, but who  
 2813 reside in the same state as the requesting licensed  
 2814 practitioner.

2815 Section 67. Subsection (5) of section 483.801, Florida  
 2816 Statutes, is amended to read:

2817 483.801 Exemptions.—This part applies to all clinical  
 2818 laboratories and clinical laboratory personnel within this  
 2819 state, except:

2820 (5) Advanced practice registered nurses ~~advanced~~  
 2821 ~~registered nurse practitioners~~ licensed under part I of chapter  
 2822 464 who perform provider-performed microscopy procedures (PPMP)  
 2823 in an exclusive-use laboratory setting.

2824 Section 68. Paragraph (a) of subsection (11) of section  
 2825 486.021, Florida Statutes, is amended to read:

2826 486.021 Definitions.—In this chapter, unless the context  
 2827 otherwise requires, the term:

2828 (11) "Practice of physical therapy" means the performance  
 2829 of physical therapy assessments and the treatment of any  
 2830 disability, injury, disease, or other health condition of human  
 2831 beings, or the prevention of such disability, injury, disease,  
 2832 or other condition of health, and rehabilitation as related  
 2833 thereto by the use of the physical, chemical, and other  
 2834 properties of air; electricity; exercise; massage; the  
 2835 performance of acupuncture only upon compliance with the  
 2836 criteria set forth by the Board of Medicine, when no penetration  
 2837 of the skin occurs; the use of radiant energy, including  
 2838 ultraviolet, visible, and infrared rays; ultrasound; water; the  
 2839 use of apparatus and equipment in the application of the  
 2840 foregoing or related thereto; the performance of tests of  
 2841 neuromuscular functions as an aid to the diagnosis or treatment  
 2842 of any human condition; or the performance of electromyography  
 2843 as an aid to the diagnosis of any human condition only upon  
 2844 compliance with the criteria set forth by the Board of Medicine.

2845 (a) A physical therapist may implement a plan of treatment  
 2846 developed by the physical therapist for a patient or provided  
 2847 for a patient by a practitioner of record or by an advanced  
 2848 practice registered nurse ~~advanced registered nurse practitioner~~  
 2849 licensed under s. 464.012. The physical therapist shall refer  
 2850 the patient to or consult with a practitioner of record if the

2851 patient's condition is found to be outside the scope of physical  
 2852 therapy. If physical therapy treatment for a patient is required  
 2853 beyond 30 days for a condition not previously assessed by a  
 2854 practitioner of record, the physical therapist shall have a  
 2855 practitioner of record review and sign the plan. The requirement  
 2856 that a physical therapist have a practitioner of record review  
 2857 and sign a plan of treatment does not apply when a patient has  
 2858 been physically examined by a physician licensed in another  
 2859 state, the patient has been diagnosed by the physician as having  
 2860 a condition for which physical therapy is required, and the  
 2861 physical therapist is treating the condition. For purposes of  
 2862 this paragraph, a health care practitioner licensed under  
 2863 chapter 458, chapter 459, chapter 460, chapter 461, or chapter  
 2864 466 and engaged in active practice is eligible to serve as a  
 2865 practitioner of record.

2866 Section 69. Paragraph (d) of subsection (1) of section  
 2867 490.012, Florida Statutes, is amended to read:

2868 490.012 Violations; penalties; injunction.-

2869 (1)

2870 (d) A person may not ~~No person shall~~ hold herself or  
 2871 himself out by any title or description incorporating the word,  
 2872 or a permutation of the word, "psychotherapy" unless such person  
 2873 holds a valid, active license under chapter 458, chapter 459,  
 2874 chapter 490, or chapter 491, or such person is certified as an  
 2875 advanced practice registered nurse ~~advanced registered nurse~~

2876 ~~practitioner~~, pursuant to s. 464.012, who has been determined by  
 2877 the Board of Nursing as a specialist in psychiatric mental  
 2878 health.

2879 Section 70. Subsection (1) of section 491.0057, Florida  
 2880 Statutes, is amended to read:

2881 491.0057 Dual licensure as a marriage and family  
 2882 therapist.—The department shall license as a marriage and family  
 2883 therapist any person who demonstrates to the board that he or  
 2884 she:

2885 (1) Holds a valid, active license as a psychologist under  
 2886 chapter 490 or as a clinical social worker or mental health  
 2887 counselor under this chapter, or is certified under s. 464.012  
 2888 as an advanced practice registered nurse ~~advanced registered~~  
 2889 ~~nurse practitioner~~ who has been determined by the Board of  
 2890 Nursing as a specialist in psychiatric mental health.

2891 Section 71. Paragraph (d) of subsection (1) and subsection  
 2892 (2) of section 491.012, Florida Statutes, are amended to read:

2893 491.012 Violations; penalty; injunction.—

2894 (1) It is unlawful and a violation of this chapter for any  
 2895 person to:

2896 (d) Use the terms psychotherapist, sex therapist, or  
 2897 juvenile sexual offender therapist unless such person is  
 2898 licensed pursuant to this chapter or chapter 490, or is  
 2899 certified under s. 464.012 as an advanced practice registered  
 2900 nurse ~~advanced registered nurse practitioner~~ who has been

2901 determined by the Board of Nursing as a specialist in  
 2902 psychiatric mental health and the use of such terms is within  
 2903 the scope of her or his practice based on education, training,  
 2904 and licensure.

2905 (2) It is unlawful and a violation of this chapter for any  
 2906 person to describe her or his services using the following terms  
 2907 or any derivative thereof, unless such person holds a valid,  
 2908 active license under this chapter or chapter 490, or is  
 2909 certified under s. 464.012 as an advanced practice registered  
 2910 nurse ~~advanced registered nurse practitioner~~ who has been  
 2911 determined by the Board of Nursing as a specialist in  
 2912 psychiatric mental health and the use of such terms is within  
 2913 the scope of her or his practice based on education, training,  
 2914 and licensure:

- 2915 (a) "Psychotherapy."
- 2916 (b) "Sex therapy."
- 2917 (c) "Sex counseling."
- 2918 (d) "Clinical social work."
- 2919 (e) "Psychiatric social work."
- 2920 (f) "Marriage and family therapy."
- 2921 (g) "Marriage and family counseling."
- 2922 (h) "Marriage counseling."
- 2923 (i) "Family counseling."
- 2924 (j) "Mental health counseling."

2925 Section 72. Subsection (2) of section 493.6108, Florida



2926 Statutes, is amended to read:

2927           493.6108 Investigation of applicants by Department of  
2928 Agriculture and Consumer Services.—

2929           (2) In addition to subsection (1), the department shall  
2930 make an investigation of the general physical fitness of the  
2931 Class "G" applicant to bear a weapon or firearm. Determination  
2932 of physical fitness shall be certified by a physician or  
2933 physician assistant currently licensed pursuant to chapter 458,  
2934 chapter 459, or any similar law of another state or authorized  
2935 to act as a licensed physician by a federal agency or department  
2936 or by an advanced practice registered nurse ~~advanced registered~~  
2937 ~~nurse-practitioner~~ currently licensed pursuant to chapter 464.  
2938 Such certification shall be submitted on a form provided by the  
2939 department.

2940           Section 73. Paragraph (b) of subsection (1) of section  
2941 627.357, Florida Statutes, is amended to read:

2942           627.357 Medical malpractice self-insurance.—

2943           (1) DEFINITIONS.—As used in this section, the term:

2944           (b) "Health care provider" means any:

2945           1. Hospital licensed under chapter 395.

2946           2. Physician licensed, or physician assistant licensed,  
2947 under chapter 458.

2948           3. Osteopathic physician or physician assistant licensed  
2949 under chapter 459.

2950           4. Podiatric physician licensed under chapter 461.

- 2951           5. Health maintenance organization certificated under part  
 2952 I of chapter 641.
- 2953           6. Ambulatory surgical center licensed under chapter 395.
- 2954           7. Chiropractic physician licensed under chapter 460.
- 2955           8. Psychologist licensed under chapter 490.
- 2956           9. Optometrist licensed under chapter 463.
- 2957           10. Dentist licensed under chapter 466.
- 2958           11. Pharmacist licensed under chapter 465.
- 2959           12. Registered nurse, licensed practical nurse, or  
 2960 advanced practice registered nurse ~~advanced registered nurse~~  
 2961 ~~practitioner~~ licensed or registered under part I of chapter 464.
- 2962           13. Other medical facility.
- 2963           14. Professional association, partnership, corporation,  
 2964 joint venture, or other association established by the  
 2965 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
 2966 10., 11., and 12. for professional activity.
- 2967           Section 74. Subsection (6) of section 627.6471, Florida  
 2968 Statutes, is amended to read:
- 2969           627.6471 Contracts for reduced rates of payment;  
 2970 limitations; coinsurance and deductibles.—
- 2971           (6) If psychotherapeutic services are covered by a policy  
 2972 issued by the insurer, the insurer shall provide eligibility  
 2973 criteria for each group of health care providers licensed under  
 2974 chapter 458, chapter 459, chapter 490, or chapter 491, which  
 2975 include psychotherapy within the scope of their practice as

2976 provided by law, or for any person who is certified as an  
 2977 advanced practice registered nurse ~~advanced registered nurse~~  
 2978 ~~practitioner~~ in psychiatric mental health under s. 464.012. When  
 2979 psychotherapeutic services are covered, eligibility criteria  
 2980 shall be established by the insurer to be included in the  
 2981 insurer's criteria for selection of network providers. The  
 2982 insurer may not discriminate against a health care provider by  
 2983 excluding such practitioner from its provider network solely on  
 2984 the basis of the practitioner's license.

2985 Section 75. Subsections (15) and (17) of section 627.6472,  
 2986 Florida Statutes, are amended to read:

2987 627.6472 Exclusive provider organizations.—

2988 (15) If psychotherapeutic services are covered by a policy  
 2989 issued by the insurer, the insurer shall provide eligibility  
 2990 criteria for all groups of health care providers licensed under  
 2991 chapter 458, chapter 459, chapter 490, or chapter 491, which  
 2992 include psychotherapy within the scope of their practice as  
 2993 provided by law, or for any person who is certified as an  
 2994 advanced practice registered nurse ~~advanced registered nurse~~  
 2995 ~~practitioner~~ in psychiatric mental health under s. 464.012. When  
 2996 psychotherapeutic services are covered, eligibility criteria  
 2997 shall be established by the insurer to be included in the  
 2998 insurer's criteria for selection of network providers. The  
 2999 insurer may not discriminate against a health care provider by  
 3000 excluding such practitioner from its provider network solely on

3001 the basis of the practitioner's license.

3002 (17) An exclusive provider organization shall not  
 3003 discriminate with respect to participation as to any advanced  
 3004 practice registered nurse ~~advanced registered nurse practitioner~~  
 3005 licensed and certified pursuant to s. 464.012, who is acting  
 3006 within the scope of such license and certification, solely on  
 3007 the basis of such license or certification. This subsection  
 3008 shall not be construed to prohibit a plan from including  
 3009 providers only to the extent necessary to meet the needs of the  
 3010 plan's enrollees or from establishing any measure designed to  
 3011 maintain quality and control costs consistent with the  
 3012 responsibilities of the plan.

3013 Section 76. Paragraph (a) of subsection (1) of section  
 3014 627.736, Florida Statutes, is amended to read:

3015 627.736 Required personal injury protection benefits;  
 3016 exclusions; priority; claims.—

3017 (1) REQUIRED BENEFITS.—An insurance policy complying with  
 3018 the security requirements of s. 627.733 must provide personal  
 3019 injury protection to the named insured, relatives residing in  
 3020 the same household, persons operating the insured motor vehicle,  
 3021 passengers in the motor vehicle, and other persons struck by the  
 3022 motor vehicle and suffering bodily injury while not an occupant  
 3023 of a self-propelled vehicle, subject to subsection (2) and  
 3024 paragraph (4)(e), to a limit of \$10,000 in medical and  
 3025 disability benefits and \$5,000 in death benefits resulting from

3026 | bodily injury, sickness, disease, or death arising out of the  
 3027 | ownership, maintenance, or use of a motor vehicle as follows:

3028 |       (a) *Medical benefits.*—Eighty percent of all reasonable  
 3029 | expenses for medically necessary medical, surgical, X-ray,  
 3030 | dental, and rehabilitative services, including prosthetic  
 3031 | devices and medically necessary ambulance, hospital, and nursing  
 3032 | services if the individual receives initial services and care  
 3033 | pursuant to subparagraph 1. within 14 days after the motor  
 3034 | vehicle accident. The medical benefits provide reimbursement  
 3035 | only for:

3036 |       1. Initial services and care that are lawfully provided,  
 3037 | supervised, ordered, or prescribed by a physician licensed under  
 3038 | chapter 458 or chapter 459, a dentist licensed under chapter  
 3039 | 466, or a chiropractic physician licensed under chapter 460 or  
 3040 | that are provided in a hospital or in a facility that owns, or  
 3041 | is wholly owned by, a hospital. Initial services and care may  
 3042 | also be provided by a person or entity licensed under part III  
 3043 | of chapter 401 which provides emergency transportation and  
 3044 | treatment.

3045 |       2. Upon referral by a provider described in subparagraph  
 3046 | 1., followup services and care consistent with the underlying  
 3047 | medical diagnosis rendered pursuant to subparagraph 1. which may  
 3048 | be provided, supervised, ordered, or prescribed only by a  
 3049 | physician licensed under chapter 458 or chapter 459, a  
 3050 | chiropractic physician licensed under chapter 460, a dentist

3051 licensed under chapter 466, or, to the extent permitted by  
 3052 applicable law and under the supervision of such physician,  
 3053 osteopathic physician, chiropractic physician, or dentist, by a  
 3054 physician assistant licensed under chapter 458 or chapter 459 or  
 3055 an advanced practice registered nurse ~~advanced registered nurse~~  
 3056 ~~practitioner~~ licensed under chapter 464. Followup services and  
 3057 care may also be provided by the following persons or entities:  
 3058       a. A hospital or ambulatory surgical center licensed under  
 3059 chapter 395.  
 3060       b. An entity wholly owned by one or more physicians  
 3061 licensed under chapter 458 or chapter 459, chiropractic  
 3062 physicians licensed under chapter 460, or dentists licensed  
 3063 under chapter 466 or by such practitioners and the spouse,  
 3064 parent, child, or sibling of such practitioners.  
 3065       c. An entity that owns or is wholly owned, directly or  
 3066 indirectly, by a hospital or hospitals.  
 3067       d. A physical therapist licensed under chapter 486, based  
 3068 upon a referral by a provider described in this subparagraph.  
 3069       e. A health care clinic licensed under part X of chapter  
 3070 400 which is accredited by an accrediting organization whose  
 3071 standards incorporate comparable regulations required by this  
 3072 state, or  
 3073           (I) Has a medical director licensed under chapter 458,  
 3074 chapter 459, or chapter 460;  
 3075           (II) Has been continuously licensed for more than 3 years

3076 or is a publicly traded corporation that issues securities  
 3077 traded on an exchange registered with the United States  
 3078 Securities and Exchange Commission as a national securities  
 3079 exchange; and

3080 (III) Provides at least four of the following medical  
 3081 specialties:

- 3082 (A) General medicine.
- 3083 (B) Radiography.
- 3084 (C) Orthopedic medicine.
- 3085 (D) Physical medicine.
- 3086 (E) Physical therapy.
- 3087 (F) Physical rehabilitation.
- 3088 (G) Prescribing or dispensing outpatient prescription  
 3089 medication.
- 3090 (H) Laboratory services.

3091 3. Reimbursement for services and care provided in  
 3092 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
 3093 licensed under chapter 458 or chapter 459, a dentist licensed  
 3094 under chapter 466, a physician assistant licensed under chapter  
 3095 458 or chapter 459, or an advanced practice registered nurse  
 3096 ~~advanced registered nurse practitioner~~ licensed under chapter  
 3097 464 has determined that the injured person had an emergency  
 3098 medical condition.

3099 4. Reimbursement for services and care provided in  
 3100 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a

3101 provider listed in subparagraph 1. or subparagraph 2. determines  
 3102 that the injured person did not have an emergency medical  
 3103 condition.

3104 5. Medical benefits do not include massage as defined in  
 3105 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
 3106 of the person, entity, or licensee providing massage or  
 3107 acupuncture, and a licensed massage therapist or licensed  
 3108 acupuncturist may not be reimbursed for medical benefits under  
 3109 this section.

3110 6. The Financial Services Commission shall adopt by rule  
 3111 the form that must be used by an insurer and a health care  
 3112 provider specified in sub-subparagraph 2.b., sub-subparagraph  
 3113 2.c., or sub-subparagraph 2.e. to document that the health care  
 3114 provider meets the criteria of this paragraph. Such rule must  
 3115 include a requirement for a sworn statement or affidavit.

3116  
 3117 Only insurers writing motor vehicle liability insurance in this  
 3118 state may provide the required benefits of this section, and  
 3119 such insurer may not require the purchase of any other motor  
 3120 vehicle coverage other than the purchase of property damage  
 3121 liability coverage as required by s. 627.7275 as a condition for  
 3122 providing such benefits. Insurers may not require that property  
 3123 damage liability insurance in an amount greater than \$10,000 be  
 3124 purchased in conjunction with personal injury protection. Such  
 3125 insurers shall make benefits and required property damage



3126 liability insurance coverage available through normal marketing  
 3127 channels. An insurer writing motor vehicle liability insurance  
 3128 in this state who fails to comply with such availability  
 3129 requirement as a general business practice violates part IX of  
 3130 chapter 626, and such violation constitutes an unfair method of  
 3131 competition or an unfair or deceptive act or practice involving  
 3132 the business of insurance. An insurer committing such violation  
 3133 is subject to the penalties provided under that part, as well as  
 3134 those provided elsewhere in the insurance code.

3135 Section 77. Subsection (5) of section 633.412, Florida  
 3136 Statutes, is amended to read:

3137 633.412 Firefighters; qualifications for certification.—A  
 3138 person applying for certification as a firefighter must:

3139 (5) Be in good physical condition as determined by a  
 3140 medical examination given by a physician, surgeon, or physician  
 3141 assistant licensed to practice in the state pursuant to chapter  
 3142 458; an osteopathic physician, surgeon, or physician assistant  
 3143 licensed to practice in the state pursuant to chapter 459; or an  
 3144 advanced practice registered nurse ~~advanced registered nurse~~  
 3145 ~~practitioner~~ licensed to practice in the state pursuant to  
 3146 chapter 464. Such examination may include, but need not be  
 3147 limited to, the National Fire Protection Association Standard  
 3148 1582. A medical examination evidencing good physical condition  
 3149 shall be submitted to the division, on a form as provided by  
 3150 rule, before an individual is eligible for admission into a

3151 course under s. 633.408.

3152 Section 78. Section 641.3923, Florida Statutes, is amended  
3153 to read:

3154 641.3923 Discrimination against providers prohibited.—A  
3155 health maintenance organization may ~~shall~~ not discriminate with  
3156 respect to participation as to any advanced practice registered  
3157 nurse ~~advanced registered nurse practitioner~~ licensed and  
3158 certified pursuant to s. 464.012, who is acting within the scope  
3159 of such license and certification, solely on the basis of such  
3160 license or certification. This section may ~~shall~~ not be  
3161 construed to prohibit a plan from including providers only to  
3162 the extent necessary to meet the needs of the plan's enrollees  
3163 or from establishing any measure designed to maintain quality  
3164 and control costs consistent with the responsibilities of the  
3165 plan.

3166 Section 79. Subsection (3) of section 766.103, Florida  
3167 Statutes, is amended to read:

3168 766.103 Florida Medical Consent Law.—

3169 (3) No recovery shall be allowed in any court in this  
3170 state against any physician licensed under chapter 458,  
3171 osteopathic physician licensed under chapter 459, chiropractic  
3172 physician licensed under chapter 460, podiatric physician  
3173 licensed under chapter 461, dentist licensed under chapter 466,  
3174 advanced practice registered nurse ~~advanced registered nurse~~  
3175 ~~practitioner~~ certified under s. 464.012, or physician assistant

3176 licensed under s. 458.347 or s. 459.022 in an action brought for  
 3177 treating, examining, or operating on a patient without his or  
 3178 her informed consent when:

3179 (a)1. The action of the physician, osteopathic physician,  
 3180 chiropractic physician, podiatric physician, dentist, advanced  
 3181 practice registered nurse ~~advanced registered nurse~~  
 3182 ~~practitioner~~, or physician assistant in obtaining the consent of  
 3183 the patient or another person authorized to give consent for the  
 3184 patient was in accordance with an accepted standard of medical  
 3185 practice among members of the medical profession with similar  
 3186 training and experience in the same or similar medical community  
 3187 as that of the person treating, examining, or operating on the  
 3188 patient for whom the consent is obtained; and

3189 2. A reasonable individual, from the information provided  
 3190 by the physician, osteopathic physician, chiropractic physician,  
 3191 podiatric physician, dentist, advanced practice registered nurse  
 3192 ~~advanced registered nurse practitioner~~, or physician assistant,  
 3193 under the circumstances, would have a general understanding of  
 3194 the procedure, the medically acceptable alternative procedures  
 3195 or treatments, and the substantial risks and hazards inherent in  
 3196 the proposed treatment or procedures, which are recognized among  
 3197 other physicians, osteopathic physicians, chiropractic  
 3198 physicians, podiatric physicians, or dentists in the same or  
 3199 similar community who perform similar treatments or procedures;  
 3200 or

3201 (b) The patient would reasonably, under all the  
 3202 surrounding circumstances, have undergone such treatment or  
 3203 procedure had he or she been advised by the physician,  
 3204 osteopathic physician, chiropractic physician, podiatric  
 3205 physician, dentist, advanced practice registered nurse ~~advanced~~  
 3206 ~~registered nurse practitioner~~, or physician assistant in  
 3207 accordance with the provisions of paragraph (a).

3208 Section 80. Paragraph (d) of subsection (3) of section  
 3209 766.1115, Florida Statutes, is amended to read:

3210 766.1115 Health care providers; creation of agency  
 3211 relationship with governmental contractors.—

3212 (3) DEFINITIONS.—As used in this section, the term:

3213 (d) "Health care provider" or "provider" means:

- 3214 1. A birth center licensed under chapter 383.
- 3215 2. An ambulatory surgical center licensed under chapter  
 3216 395.
- 3217 3. A hospital licensed under chapter 395.
- 3218 4. A physician or physician assistant licensed under  
 3219 chapter 458.
- 3220 5. An osteopathic physician or osteopathic physician  
 3221 assistant licensed under chapter 459.
- 3222 6. A chiropractic physician licensed under chapter 460.
- 3223 7. A podiatric physician licensed under chapter 461.
- 3224 8. A registered nurse, nurse midwife, licensed practical  
 3225 nurse, or advanced practice registered nurse ~~advanced registered~~

3226 ~~nurse-practitioner~~ licensed or registered under part I of  
 3227 chapter 464 or any facility which employs nurses licensed or  
 3228 registered under part I of chapter 464 to supply all or part of  
 3229 the care delivered under this section.

3230 9. A midwife licensed under chapter 467.

3231 10. A health maintenance organization certificated under  
 3232 part I of chapter 641.

3233 11. A health care professional association and its  
 3234 employees or a corporate medical group and its employees.

3235 12. Any other medical facility the primary purpose of  
 3236 which is to deliver human medical diagnostic services or which  
 3237 delivers nonsurgical human medical treatment, and which includes  
 3238 an office maintained by a provider.

3239 13. A dentist or dental hygienist licensed under chapter  
 3240 466.

3241 14. A free clinic that delivers only medical diagnostic  
 3242 services or nonsurgical medical treatment free of charge to all  
 3243 low-income recipients.

3244 15. Any other health care professional, practitioner,  
 3245 provider, or facility under contract with a governmental  
 3246 contractor, including a student enrolled in an accredited  
 3247 program that prepares the student for licensure as any one of  
 3248 the professionals listed in subparagraphs 4.-9.

3249

3250 The term includes any nonprofit corporation qualified as exempt

3251 from federal income taxation under s. 501(a) of the Internal  
 3252 Revenue Code, and described in s. 501(c) of the Internal Revenue  
 3253 Code, which delivers health care services provided by licensed  
 3254 professionals listed in this paragraph, any federally funded  
 3255 community health center, and any volunteer corporation or  
 3256 volunteer health care provider that delivers health care  
 3257 services.

3258 Section 81. Subsection (1) of section 766.1116, Florida  
 3259 Statutes, is amended to read:

3260 766.1116 Health care practitioner; waiver of license  
 3261 renewal fees and continuing education requirements.-

3262 (1) As used in this section, the term "health care  
 3263 practitioner" means a physician or physician assistant licensed  
 3264 under chapter 458; an osteopathic physician or physician  
 3265 assistant licensed under chapter 459; a chiropractic physician  
 3266 licensed under chapter 460; a podiatric physician licensed under  
 3267 chapter 461; an advanced practice registered nurse ~~advanced~~  
 3268 ~~registered nurse practitioner~~, registered nurse, or licensed  
 3269 practical nurse licensed under part I of chapter 464; a dentist  
 3270 or dental hygienist licensed under chapter 466; or a midwife  
 3271 licensed under chapter 467, who participates as a health care  
 3272 provider under s. 766.1115.

3273 Section 82. Subsection (5) of section 794.08, Florida  
 3274 Statutes, is amended to read:

3275 794.08 Female genital mutilation.-

3276 (5) This section does not apply to procedures performed by  
 3277 or under the direction of a physician licensed under chapter  
 3278 458, an osteopathic physician licensed under chapter 459, a  
 3279 registered nurse licensed under part I of chapter 464, a  
 3280 practical nurse licensed under part I of chapter 464, an  
 3281 advanced practice registered nurse ~~advanced registered nurse~~  
 3282 ~~practitioner~~ licensed under part I of chapter 464, a midwife  
 3283 licensed under chapter 467, or a physician assistant licensed  
 3284 under chapter 458 or chapter 459 when necessary to preserve the  
 3285 physical health of a female person. This section also does not  
 3286 apply to any autopsy or limited dissection conducted pursuant to  
 3287 chapter 406.

3288 Section 83. Subsection (23) of section 893.02, Florida  
 3289 Statutes, is amended to read:

3290 893.02 Definitions.—The following words and phrases as  
 3291 used in this chapter shall have the following meanings, unless  
 3292 the context otherwise requires:

3293 (23) "Practitioner" means a physician licensed under  
 3294 chapter 458, a dentist licensed under chapter 466, a  
 3295 veterinarian licensed under chapter 474, an osteopathic  
 3296 physician licensed under chapter 459, an advanced practice  
 3297 registered nurse ~~advanced registered nurse practitioner~~  
 3298 certified under chapter 464, a naturopath licensed under chapter  
 3299 462, a certified optometrist licensed under chapter 463, a  
 3300 psychiatric nurse as defined in s. 394.455, a podiatric

3301 physician licensed under chapter 461, or a physician assistant  
 3302 licensed under chapter 458 or chapter 459, provided such  
 3303 practitioner holds a valid federal controlled substance registry  
 3304 number.

3305 Section 84. Paragraph (b) of subsection (1) of section  
 3306 893.05, Florida Statutes, is amended to read:

3307 893.05 Practitioners and persons administering controlled  
 3308 substances in their absence.-

3309 (1)

3310 (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s.  
 3311 464.012(3), as applicable, a practitioner who supervises a  
 3312 licensed physician assistant or advanced practice registered  
 3313 nurse ~~advanced registered nurse practitioner~~ may authorize the  
 3314 licensed physician assistant or advanced practice registered  
 3315 nurse ~~advanced registered nurse practitioner~~ to order controlled  
 3316 substances for administration to a patient in a facility  
 3317 licensed under chapter 395 or part II of chapter 400.

3318 Section 85. Subsection (6) of section 943.13, Florida  
 3319 Statutes, is amended to read:

3320 943.13 Officers' minimum qualifications for employment or  
 3321 appointment.-On or after October 1, 1984, any person employed or  
 3322 appointed as a full-time, part-time, or auxiliary law  
 3323 enforcement officer or correctional officer; on or after October  
 3324 1, 1986, any person employed as a full-time, part-time, or  
 3325 auxiliary correctional probation officer; and on or after



3326 October 1, 1986, any person employed as a full-time, part-time,  
 3327 or auxiliary correctional officer by a private entity under  
 3328 contract to the Department of Corrections, to a county  
 3329 commission, or to the Department of Management Services shall:

3330 (6) Have passed a physical examination by a licensed  
 3331 physician, physician assistant, or certified advanced practice  
 3332 registered nurse ~~advanced registered nurse practitioner~~, based  
 3333 on specifications established by the commission. In order to be  
 3334 eligible for the presumption set forth in s. 112.18 while  
 3335 employed with an employing agency, a law enforcement officer,  
 3336 correctional officer, or correctional probation officer must  
 3337 have successfully passed the physical examination required by  
 3338 this subsection upon entering into service as a law enforcement  
 3339 officer, correctional officer, or correctional probation officer  
 3340 with the employing agency, which examination must have failed to  
 3341 reveal any evidence of tuberculosis, heart disease, or  
 3342 hypertension. A law enforcement officer, correctional officer,  
 3343 or correctional probation officer may not use a physical  
 3344 examination from a former employing agency for purposes of  
 3345 claiming the presumption set forth in s. 112.18 against the  
 3346 current employing agency.

3347 Section 86. Paragraph (n) of subsection (1) of section  
 3348 948.03, Florida Statutes, is amended to read:

3349 948.03 Terms and conditions of probation.—

3350 (1) The court shall determine the terms and conditions of

3351 probation. Conditions specified in this section do not require  
 3352 oral pronouncement at the time of sentencing and may be  
 3353 considered standard conditions of probation. These conditions  
 3354 may include among them the following, that the probationer or  
 3355 offender in community control shall:

3356 (n) Be prohibited from using intoxicants to excess or  
 3357 possessing any drugs or narcotics unless prescribed by a  
 3358 physician, an advanced practice registered nurse ~~advanced~~  
 3359 ~~registered nurse practitioner~~, or a physician assistant. The  
 3360 probationer or community controllee may not knowingly visit  
 3361 places where intoxicants, drugs, or other dangerous substances  
 3362 are unlawfully sold, dispensed, or used.

3363 Section 87. Paragraph (i) of subsection (3) of section  
 3364 1002.20, Florida Statutes, is amended to read:

3365 1002.20 K-12 student and parent rights.—Parents of public  
 3366 school students must receive accurate and timely information  
 3367 regarding their child's academic progress and must be informed  
 3368 of ways they can help their child to succeed in school. K-12  
 3369 students and their parents are afforded numerous statutory  
 3370 rights' including, but not limited to, the following:

3371 (3) HEALTH ISSUES.—

3372 (i) *Epinephrine use and supply.*—

3373 1. A student who has experienced or is at risk for life-  
 3374 threatening allergic reactions may carry an epinephrine auto-  
 3375 injector and self-administer epinephrine by auto-injector while

3376 in school, participating in school-sponsored activities, or in  
3377 transit to or from school or school-sponsored activities if the  
3378 school has been provided with parental and physician  
3379 authorization. The State Board of Education, in cooperation with  
3380 the Department of Health, shall adopt rules for such use of  
3381 epinephrine auto-injectors that shall include provisions to  
3382 protect the safety of all students from the misuse or abuse of  
3383 auto-injectors. A school district, county health department,  
3384 public-private partner, and their employees and volunteers shall  
3385 be indemnified by the parent of a student authorized to carry an  
3386 epinephrine auto-injector for any and all liability with respect  
3387 to the student's use of an epinephrine auto-injector pursuant to  
3388 this paragraph.

3389 2. A public school may purchase a supply of epinephrine  
3390 auto-injectors from a wholesale distributor as defined in s.  
3391 499.003 or may enter into an arrangement with a wholesale  
3392 distributor or manufacturer as defined in s. 499.003 for the  
3393 epinephrine auto-injectors at fair-market, free, or reduced  
3394 prices for use in the event a student has an anaphylactic  
3395 reaction. The epinephrine auto-injectors must be maintained in a  
3396 secure location on the public school's premises. The  
3397 participating school district shall adopt a protocol developed  
3398 by a licensed physician for the administration by school  
3399 personnel who are trained to recognize an anaphylactic reaction  
3400 and to administer an epinephrine auto-injection. The supply of

3401 epinephrine auto-injectors may be provided to and used by a  
 3402 student authorized to self-administer epinephrine by auto-  
 3403 injector under subparagraph 1. or trained school personnel.

3404 3. The school district and its employees, agents, and the  
 3405 physician who provides the standing protocol for school  
 3406 epinephrine auto-injectors are not liable for any injury arising  
 3407 from the use of an epinephrine auto-injector administered by  
 3408 trained school personnel who follow the adopted protocol and  
 3409 whose professional opinion is that the student is having an  
 3410 anaphylactic reaction:

3411 a. Unless the trained school personnel's action is willful  
 3412 and wanton;

3413 b. Notwithstanding that the parents or guardians of the  
 3414 student to whom the epinephrine is administered have not been  
 3415 provided notice or have not signed a statement acknowledging  
 3416 that the school district is not liable; and

3417 c. Regardless of whether authorization has been given by  
 3418 the student's parents or guardians or by the student's  
 3419 physician, physician's assistant, or advanced practice  
 3420 registered nurse ~~advanced registered nurse practitioner~~.

3421 Section 88. Paragraph (b) of subsection (17) of section  
 3422 1002.42, Florida Statutes, is amended to read:

3423 1002.42 Private schools.—

3424 (17) EPINEPHRINE SUPPLY.—

3425 (b) The private school and its employees, agents, and the

3426 physician who provides the standing protocol for school  
 3427 epinephrine auto-injectors are not liable for any injury arising  
 3428 from the use of an epinephrine auto-injector administered by  
 3429 trained school personnel who follow the adopted protocol and  
 3430 whose professional opinion is that the student is having an  
 3431 anaphylactic reaction:

3432 1. Unless the trained school personnel's action is willful  
 3433 and wanton;

3434 2. Notwithstanding that the parents or guardians of the  
 3435 student to whom the epinephrine is administered have not been  
 3436 provided notice or have not signed a statement acknowledging  
 3437 that the school district is not liable; and

3438 3. Regardless of whether authorization has been given by  
 3439 the student's parents or guardians or by the student's  
 3440 physician, physician's assistant, or advanced practice  
 3441 registered nurse ~~advanced registered nurse practitioner~~.

3442 Section 89. Subsections (4) and (5) of section 1006.062,  
 3443 Florida Statutes, are amended to read:

3444 1006.062 Administration of medication and provision of  
 3445 medical services by district school board personnel.—

3446 (4) Nonmedical assistive personnel shall be allowed to  
 3447 perform health-related services upon successful completion of  
 3448 child-specific training by a registered nurse or advanced  
 3449 practice registered nurse ~~advanced registered nurse practitioner~~  
 3450 licensed under chapter 464, a physician licensed pursuant to

3451 chapter 458 or chapter 459, or a physician assistant licensed  
 3452 pursuant to chapter 458 or chapter 459. All procedures shall be  
 3453 monitored periodically by a nurse, advanced practice registered  
 3454 nurse ~~advanced registered nurse practitioner~~, physician  
 3455 assistant, or physician, including, but not limited to:  
 3456 (a) Intermittent clean catheterization.  
 3457 (b) Gastrostomy tube feeding.  
 3458 (c) Monitoring blood glucose.  
 3459 (d) Administering emergency injectable medication.  
 3460 (5) For all other invasive medical services not listed in  
 3461 this subsection, a registered nurse or advanced practice  
 3462 registered nurse ~~advanced registered nurse practitioner~~ licensed  
 3463 under chapter 464, a physician licensed pursuant to chapter 458  
 3464 or chapter 459, or a physician assistant licensed pursuant to  
 3465 chapter 458 or chapter 459 shall determine if nonmedical  
 3466 district school board personnel shall be allowed to perform such  
 3467 service.

3468 Section 90. Subsection (1) and paragraph (a) of subsection  
 3469 (2) of section 1009.65, Florida Statutes, are amended to read:

3470 1009.65 Medical Education Reimbursement and Loan Repayment  
 3471 Program.—

3472 (1) To encourage qualified medical professionals to  
 3473 practice in underserved locations where there are shortages of  
 3474 such personnel, there is established the Medical Education  
 3475 Reimbursement and Loan Repayment Program. The function of the

3476 program is to make payments that offset loans and educational  
 3477 expenses incurred by students for studies leading to a medical  
 3478 or nursing degree, medical or nursing licensure, or advanced  
 3479 practice registered nurse ~~advanced registered nurse practitioner~~  
 3480 certification or physician assistant licensure. The following  
 3481 licensed or certified health care professionals are eligible to  
 3482 participate in this program: medical doctors with primary care  
 3483 specialties, doctors of osteopathic medicine with primary care  
 3484 specialties, physician's assistants, licensed practical nurses  
 3485 and registered nurses, and advanced practice registered nurses  
 3486 ~~advanced registered nurse practitioners~~ with primary care  
 3487 specialties such as certified nurse midwives. Primary care  
 3488 medical specialties for physicians include obstetrics,  
 3489 gynecology, general and family practice, internal medicine,  
 3490 pediatrics, and other specialties which may be identified by the  
 3491 Department of Health.

3492 (2) From the funds available, the Department of Health  
 3493 shall make payments to selected medical professionals as  
 3494 follows:

3495 (a) Up to \$4,000 per year for licensed practical nurses  
 3496 and registered nurses, up to \$10,000 per year for advanced  
 3497 practice registered nurses ~~advanced registered nurse~~  
 3498 ~~practitioners~~ and physician's assistants, and up to \$20,000 per  
 3499 year for physicians. Penalties for noncompliance shall be the  
 3500 same as those in the National Health Services Corps Loan

3501 Repayment Program. Educational expenses include costs for  
 3502 tuition, matriculation, registration, books, laboratory and  
 3503 other fees, other educational costs, and reasonable living  
 3504 expenses as determined by the Department of Health.

3505 Section 91. Subsection (2) of section 1009.66, Florida  
 3506 Statutes, is amended to read:

3507 1009.66 Nursing Student Loan Forgiveness Program.—

3508 (2) To be eligible, a candidate must have graduated from  
 3509 an accredited or approved nursing program and have received a  
 3510 Florida license as a licensed practical nurse or a registered  
 3511 nurse or a Florida certificate as an advanced practice  
 3512 registered nurse ~~advanced registered nurse practitioner~~.

3513 Section 92. Subsection (3) of section 1009.67, Florida  
 3514 Statutes, is amended to read:

3515 1009.67 Nursing scholarship program.—

3516 (3) A scholarship may be awarded for no more than 2 years,  
 3517 in an amount not to exceed \$8,000 per year. However, registered  
 3518 nurses pursuing a graduate degree for a faculty position or to  
 3519 practice as an advanced practice registered nurse ~~advanced~~  
 3520 ~~registered nurse practitioner~~ may receive up to \$12,000 per  
 3521 year. These amounts shall be adjusted by the amount of increase  
 3522 or decrease in the Consumer Price Index for All Urban Consumers  
 3523 published by the United States Department of Commerce.

3524 Section 93. Except as otherwise expressly provided in this  
 3525 act, this act shall take effect July 1, 2018.





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COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health & Human Services  
 2 Committee

3 Representative Pigman offered the following:

4  
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Subsections (3), (6), and (7) of section  
 8 464.003, Florida Statutes, are amended, and subsections (8)  
 9 through (23) are redesignated as subsections (6) through (21),  
 10 respectively, to read:

11 464.003 Definitions.—As used in this part, the term:

12 (3) "Advanced practice registered nurse" ~~"Advanced~~  
 13 ~~registered nurse practitioner"~~ means any person licensed in this  
 14 state to practice professional nursing and who is licensed  
 15 ~~certified in an advanced or specialized nursing practice,~~  
 16 including certified nurse midwives, certified nurse



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17 practitioners, certified registered nurse anesthetists, clinical  
18 nurse specialists ~~certified nurse midwives~~, and psychiatric  
19 nurses ~~nurse practitioners~~.

20 ~~(6) "Clinical nurse specialist" means any person licensed~~  
21 ~~in this state to practice professional nursing and certified in~~  
22 ~~clinical nurse specialist practice.~~

23 ~~(7) "Clinical nurse specialist practice" means the~~  
24 ~~delivery and management of advanced practice nursing care to~~  
25 ~~individuals or groups, including the ability to:~~

26 ~~(a) Assess the health status of individuals and families~~  
27 ~~using methods appropriate to the population and area of~~  
28 ~~practice.~~

29 ~~(b) Diagnose human responses to actual or potential health~~  
30 ~~problems.~~

31 ~~(c) Plan for health promotion, disease prevention, and~~  
32 ~~therapeutic intervention in collaboration with the patient or~~  
33 ~~client.~~

34 ~~(d) Implement therapeutic interventions based on the nurse~~  
35 ~~specialist's area of expertise and within the scope of advanced~~  
36 ~~nursing practice, including, but not limited to, direct nursing~~  
37 ~~care, counseling, teaching, and collaboration with other~~  
38 ~~licensed health care providers.~~

39 ~~(e) Coordinate health care as necessary and appropriate~~  
40 ~~and evaluate with the patient or client the effectiveness of~~  
41 ~~care.~~

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42 Section 2. Section 464.0115, Florida Statutes, is  
43 repealed.

44 Section 3. Section 464.012, Florida Statutes, as amended  
45 by section 3 of chapter 2017-134, Laws of Florida, is amended to  
46 read:

47 464.012 Licensure Certification of advanced practice  
48 registered nurses ~~advanced registered nurse practitioners~~; fees;  
49 controlled substance prescribing.-

50 (1) Any nurse desiring to be licensed ~~certified~~ as an  
51 advanced practice registered nurse ~~must advanced registered~~  
52 ~~nurse practitioner~~ shall apply to the department and submit  
53 proof that he or she holds a current license to practice  
54 professional nursing or holds an active multistate license to  
55 practice professional nursing pursuant to s. 464.0095 and that  
56 he or she meets one or more of the following requirements as  
57 determined by the board:

58 (a) Certification by an appropriate specialty board. Such  
59 certification ~~is~~ ~~shall be~~ required for initial state licensure  
60 ~~certification~~ and any licensure renewal ~~recertification~~ as a  
61 certified nurse midwife, certified nurse practitioner, certified  
62 registered nurse anesthetist, clinical nurse specialist, or  
63 psychiatric nurse, ~~or nurse midwife~~. The board may by rule  
64 provide for provisional state licensure ~~certification~~ of  
65 ~~graduate~~ certified registered nurse anesthetists, clinical nurse  
66 specialists, certified nurse practitioners, psychiatric nurses,

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67 and certified nurse midwives for a period of time determined to  
68 be appropriate for preparing for and passing the national  
69 certification examination.

70 (b) Graduation from a program leading to a master's degree  
71 in a nursing clinical specialty area with preparation in  
72 specialized practitioner skills. For applicants graduating on or  
73 after October 1, 1998, graduation from a master's degree program  
74 ~~is shall be~~ required for initial licensure certification as a  
75 certified nurse practitioner under paragraph (4) (a) ~~(4)(e)~~.

76 1. For applicants graduating on or after October 1, 2001,  
77 graduation from a master's degree program ~~is shall be~~ required  
78 for initial licensure certification as a certified registered  
79 nurse anesthetist who may perform the acts listed in under  
80 paragraph (4) (b) ~~(4)(a)~~.

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

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

89 (2) (a) The board shall provide by rule the appropriate  
90 requirements for advanced practice registered nurses for  
91 ~~advanced registered nurse practitioners in the advanced nursing~~

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92 practices categories of certified nurse midwives, certified  
93 nurse practitioners, certified registered nurse anesthetists  
94 anesthetist, clinical certified nurse specialists midwife, and  
95 psychiatric nurses nurse practitioner.

96 (3) An advanced practice registered nurse advanced  
97 registered nurse practitioner shall perform those functions  
98 authorized in this section within the framework of an  
99 established protocol that ~~which~~ must be maintained on site at  
100 the location or locations at which an advanced practice  
101 registered nurse advanced registered nurse practitioner  
102 practices. In the case of multiple supervising physicians in the  
103 same group, an advanced practice registered nurse advanced  
104 registered nurse practitioner must enter into a supervisory  
105 protocol with at least one physician within the physician group  
106 practice. A practitioner currently licensed under chapter 458,  
107 chapter 459, or chapter 466 shall maintain supervision for  
108 directing the specific course of medical treatment. Within the  
109 established framework, an advanced practice registered nurse  
110 advanced registered nurse practitioner may:

111 (a) Prescribe, dispense, administer, or order any drug;  
112 however, an advanced practice registered nurse advanced  
113 registered nurse practitioner may prescribe or dispense a  
114 controlled substance as defined in s. 893.03 only if the  
115 advanced practice registered nurse advanced registered nurse  
116 practitioner has graduated from a program leading to a master's

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117 or doctoral degree in a clinical nursing specialty area with  
118 training in specialized practitioner skills.

119 (b) Initiate appropriate therapies for certain conditions.

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

122 (d) Order diagnostic tests and physical and occupational  
123 therapy.

124 (e) Order any medication for administration to a patient  
125 in a facility licensed under chapter 395 or part II of chapter  
126 400, notwithstanding any provisions in chapter 465 or chapter  
127 893.

128 (4) In addition to the general functions specified in  
129 subsection (3), an advanced practice registered nurse ~~advanced~~  
130 ~~registered nurse practitioner~~ may perform the following acts  
131 within his or her specialty:

132 (a) The certified nurse practitioner may perform any or  
133 all of the following acts within the framework of established  
134 protocol:

135 1. Manage selected medical problems.

136 2. Order physical and occupational therapy.

137 3. Initiate, monitor, or alter therapies for certain  
138 uncomplicated acute illnesses.

139 4. Monitor and manage patients with stable chronic  
140 diseases.



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141       5. Establish behavioral problems and diagnosis and make  
142 treatment recommendations.

143       ~~(b)(a)~~ The certified registered nurse anesthetist may, to  
144 the extent authorized by established protocol approved by the  
145 medical staff of the facility in which the anesthetic service is  
146 performed, perform any or all of the following:

147           1. Determine the health status of the patient as it  
148 relates to the risk factors and to the anesthetic management of  
149 the patient through the performance of the general functions.

150           2. Based on history, physical assessment, and supplemental  
151 laboratory results, determine, with the consent of the  
152 responsible physician, the appropriate type of anesthesia within  
153 the framework of the protocol.

154           3. Order under the protocol preanesthetic medication.

155           4. Perform under the protocol procedures commonly used to  
156 render the patient insensible to pain during the performance of  
157 surgical, obstetrical, therapeutic, or diagnostic clinical  
158 procedures. These procedures include ordering and administering  
159 regional, spinal, and general anesthesia; inhalation agents and  
160 techniques; intravenous agents and techniques; and techniques of  
161 hypnosis.

162           5. Order or perform monitoring procedures indicated as  
163 pertinent to the anesthetic health care management of the  
164 patient.



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165 6. Support life functions during anesthesia health care,  
166 including induction and intubation procedures, the use of  
167 appropriate mechanical supportive devices, and the management of  
168 fluid, electrolyte, and blood component balances.

169 7. Recognize and take appropriate corrective action for  
170 abnormal patient responses to anesthesia, adjunctive medication,  
171 or other forms of therapy.

172 8. Recognize and treat a cardiac arrhythmia while the  
173 patient is under anesthetic care.

174 9. Participate in management of the patient while in the  
175 postanesthesia recovery area, including ordering the  
176 administration of fluids and drugs.

177 10. Place special peripheral and central venous and  
178 arterial lines for blood sampling and monitoring as appropriate.

179 ~~(c)(b)~~ The certified nurse midwife may, to the extent  
180 authorized by an established protocol which has been approved by  
181 the medical staff of the health care facility in which the  
182 midwifery services are performed, or approved by the nurse  
183 midwife's physician backup when the delivery is performed in a  
184 patient's home, perform any or all of the following:

185 1. Perform superficial minor surgical procedures.

186 2. Manage the patient during labor and delivery to include  
187 amniotomy, episiotomy, and repair.

188 3. Order, initiate, and perform appropriate anesthetic  
189 procedures.





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190 4. Perform postpartum examination.

191 5. Order appropriate medications.

192 6. Provide family-planning services and well-woman care.

193 7. Manage the medical care of the normal obstetrical  
194 patient and the initial care of a newborn patient.

195 ~~(c) The nurse practitioner may perform any or all of the~~  
196 ~~following acts within the framework of established protocol:~~

197 ~~1. Manage selected medical problems.~~

198 ~~2. Order physical and occupational therapy.~~

199 ~~3. Initiate, monitor, or alter therapies for certain~~  
200 ~~uncomplicated acute illnesses.~~

201 ~~4. Monitor and manage patients with stable chronic~~  
202 ~~diseases.~~

203 ~~5. Establish behavioral problems and diagnosis and make~~  
204 ~~treatment recommendations.~~

205 (d) The clinical nurse specialist may perform any or all  
206 of the following acts within the framework of established  
207 protocol:

208 1. Assess the health status of individuals and families  
209 using methods appropriate to the population and area of  
210 practice.

211 2. Diagnose human responses to actual or potential health  
212 problems.



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213 3. Plan for health promotion, disease prevention, and  
214 therapeutic intervention in collaboration with the patient or  
215 client.

216 4. Implement therapeutic interventions based on the nurse  
217 specialist's area of expertise and within the scope of advanced  
218 nursing practice, including, but not limited to, direct nursing  
219 care, counseling, teaching, and collaboration with other  
220 licensed health care providers.

221 5. Coordinate health care as necessary and appropriate and  
222 evaluate with the patient or client the effectiveness of care.

223 (e)(5) A psychiatric nurse, who meets the requirements in  
224 s. 394.555(35) as defined in s. 394.455, within the framework of  
225 an established protocol with a psychiatrist, may prescribe  
226 psychotropic controlled substances for the treatment of mental  
227 disorders.

228 (5)(6) The board shall approve for licensure certify, and  
229 the department shall issue a license certificate to, any nurse  
230 meeting the qualifications in this section. The board shall  
231 establish an application fee not to exceed \$100 and a biennial  
232 renewal fee not to exceed \$50. The board is authorized to adopt  
233 such other rules as are necessary to implement the provisions of  
234 this section.

235 (6)(7)(a) The board shall establish a committee to  
236 recommend a formulary of controlled substances that an advanced  
237 practice registered nurse advanced registered nurse practitioner

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238 may not prescribe or may prescribe only for specific uses or in  
239 limited quantities. The committee must consist of three advanced  
240 practice registered nurses ~~advanced registered nurse~~  
241 ~~practitioners~~ licensed under this section, recommended by the  
242 board; three physicians licensed under chapter 458 or chapter  
243 459 who have work experience with advanced practice registered  
244 nurses ~~advanced registered nurse practitioners~~, recommended by  
245 the Board of Medicine; and a pharmacist licensed under chapter  
246 465 who is a doctor of pharmacy, recommended by the Board of  
247 Pharmacy. The committee may recommend an evidence-based  
248 formulary applicable to all advanced practice registered nurses  
249 ~~advanced registered nurse practitioners~~ which is limited by  
250 specialty certification, is limited to approved uses of  
251 controlled substances, or is subject to other similar  
252 restrictions the committee finds are necessary to protect the  
253 health, safety, and welfare of the public. The formulary must  
254 restrict the prescribing of psychiatric mental health controlled  
255 substances for children younger than 18 years of age to advanced  
256 practice registered nurses ~~advanced registered nurse~~  
257 ~~practitioners~~ who also are psychiatric nurses as defined in s.  
258 394.455. The formulary must also limit the prescribing of  
259 Schedule II controlled substances as listed in s. 893.03 to a 7-  
260 day supply, except that such restriction does not apply to  
261 controlled substances that are psychiatric medications  
262 prescribed by psychiatric nurses as defined in s. 394.455.

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263 (b) The board shall adopt by rule the recommended  
264 formulary and any revision to the formulary which it finds is  
265 supported by evidence-based clinical findings presented by the  
266 Board of Medicine, the Board of Osteopathic Medicine, or the  
267 Board of Dentistry.

268 (c) The formulary required under this subsection does not  
269 apply to a controlled substance that is dispensed for  
270 administration pursuant to an order, including an order for  
271 medication authorized by subparagraph (4)(b)3., subparagraph  
272 (4)(b)4., or subparagraph (4)(b)9 ~~subparagraph (4)(a)3.,~~  
273 ~~subparagraph (4)(a)4., or subparagraph (4)(a)9.~~

274 (d) The board shall adopt the committee's initial  
275 recommendation no later than October 31, 2016.

276 ~~(7)(8)~~ This section shall be known as "The Barbara Lumpkin  
277 Prescribing Act."

278 (8) The department and board shall establish a transition  
279 timeline and process for practitioners certified as of September  
280 30, 2018, as advanced registered nurse practitioners or clinical  
281 nurse specialists, to convert a certificate in good standing to  
282 a license that becomes effective on October 1, 2018, to practice  
283 as an advanced practice registered nurse. An advanced registered  
284 nurse practitioner or a clinical nurse specialist holding a  
285 certificate to practice in good standing on September 30, 2018,  
286 may continue to practice with all rights, authorizations, and  
287 responsibilities authorized under this section for licensure as

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288 an advanced practice registered nurse and may use the applicable  
289 title under s. 464.015 after the effective date of this act  
290 while the department and board complete the transition from  
291 certification to licensure, as established under this act. This  
292 subsection may not be construed to limit or restrict the  
293 department's or board's disciplinary authority or enforcement  
294 responsibilities for safe nursing practice. This subsection  
295 expires on October 1, 2020.

296 Section 4. Subsection (2) of section 960.28, Florida  
297 Statutes, is amended to read:

298 960.28 Payment for victims' initial forensic physical  
299 examinations.—

300 (2) The Crime Victims' Services Office of the department  
301 shall pay for medical expenses connected with an initial  
302 forensic physical examination of a victim of sexual battery as  
303 defined in chapter 794 or a lewd or lascivious offense as  
304 defined in chapter 800. Such payment shall be made regardless of  
305 whether the victim is covered by health or disability insurance  
306 and whether the victim participates in the criminal justice  
307 system or cooperates with law enforcement. The payment shall be  
308 made only out of moneys allocated to the Crime Victims' Services  
309 Office for the purposes of this section, and the payment may not  
310 exceed \$500 with respect to any violation. The department shall  
311 develop and maintain separate protocols for the initial forensic  
312 physical examination of adults and children. Payment under this

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313 section is limited to medical expenses connected with the  
314 initial forensic physical examination, and payment may be made  
315 to a medical provider using an examiner qualified under part I  
316 of chapter 464, excluding s. 464.003(14) ~~s. 464.003(16)~~; chapter  
317 458; or chapter 459. Payment made to the medical provider by the  
318 department shall be considered by the provider as payment in  
319 full for the initial forensic physical examination associated  
320 with the collection of evidence. The victim may not be required  
321 to pay, directly or indirectly, the cost of an initial forensic  
322 physical examination performed in accordance with this section.

323 Section 5. Paragraph (c) of subsection (5) and paragraph  
324 (a) of subsection (6) of section 39.303, Florida Statutes, are  
325 amended to read:

326 39.303 Child protection teams and sexual abuse treatment  
327 programs; services; eligible cases.—

328 (5) All abuse and neglect cases transmitted for  
329 investigation to a circuit by the hotline must be simultaneously  
330 transmitted to the child protection team for review. For the  
331 purpose of determining whether a face-to-face medical evaluation  
332 by a child protection team is necessary, all cases transmitted  
333 to the child protection team which meet the criteria in  
334 subsection (4) must be timely reviewed by:

335 (c) An advanced practice registered nurse ~~advanced~~  
336 ~~registered nurse practitioner~~ licensed under chapter 464 who has



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337 a specialty in pediatrics or family medicine and is a member of  
338 a child protection team;

339 (6) A face-to-face medical evaluation by a child  
340 protection team is not necessary when:

341 (a) The child was examined for the alleged abuse or  
342 neglect by a physician who is not a member of the child  
343 protection team, and a consultation between the child protection  
344 team medical director or a child protection team board-certified  
345 pediatrician, advanced practice registered nurse ~~advanced~~  
346 ~~registered nurse practitioner~~, physician assistant working under  
347 the supervision of a child protection team medical director or a  
348 child protection team board-certified pediatrician, or  
349 registered nurse working under the direct supervision of a child  
350 protection team medical director or a child protection team  
351 board-certified pediatrician, and the examining physician  
352 concludes that a further medical evaluation is unnecessary;

353

354 Notwithstanding paragraphs (a), (b), and (c), a child protection  
355 team medical director or a child protection team pediatrician,  
356 as authorized in subsection (5), may determine that a face-to-  
357 face medical evaluation is necessary.

358 Section 6. Paragraph (b) of subsection (1) of section  
359 39.304, Florida Statutes, is amended to read:

360 39.304 Photographs, medical examinations, X rays, and  
361 medical treatment of abused, abandoned, or neglected child.—

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362 (1)

363 (b) If the areas of trauma visible on a child indicate a  
364 need for a medical examination, or if the child verbally  
365 complains or otherwise exhibits distress as a result of injury  
366 through suspected child abuse, abandonment, or neglect, or is  
367 alleged to have been sexually abused, the person required to  
368 investigate may cause the child to be referred for diagnosis to  
369 a licensed physician or an emergency department in a hospital  
370 without the consent of the child's parents or legal custodian.  
371 Such examination may be performed by any licensed physician or  
372 an advanced practice registered nurse ~~advanced registered nurse~~  
373 ~~practitioner~~ licensed pursuant to part I of chapter 464. Any  
374 licensed physician, or advanced practice registered nurse  
375 ~~advanced registered nurse practitioner~~ licensed pursuant to part  
376 I of chapter 464, who has reasonable cause to suspect that an  
377 injury was the result of child abuse, abandonment, or neglect  
378 may authorize a radiological examination to be performed on the  
379 child without the consent of the child's parent or legal  
380 custodian.

381 Section 7. Paragraph (a) of subsection (1) of section  
382 90.503, Florida Statutes, is amended to read:

383 90.503 Psychotherapist-patient privilege.-

384 (1) For purposes of this section:

385 (a) A "psychotherapist" is:





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386 1. A person authorized to practice medicine in any state  
387 or nation, or reasonably believed by the patient so to be, who  
388 is engaged in the diagnosis or treatment of a mental or  
389 emotional condition, including alcoholism and other drug  
390 addiction;

391 2. A person licensed or certified as a psychologist under  
392 the laws of any state or nation, who is engaged primarily in the  
393 diagnosis or treatment of a mental or emotional condition,  
394 including alcoholism and other drug addiction;

395 3. A person licensed or certified as a clinical social  
396 worker, marriage and family therapist, or mental health  
397 counselor under the laws of this state, who is engaged primarily  
398 in the diagnosis or treatment of a mental or emotional  
399 condition, including alcoholism and other drug addiction;

400 4. Treatment personnel of facilities licensed by the state  
401 pursuant to chapter 394, chapter 395, or chapter 397, of  
402 facilities designated by the Department of Children and Families  
403 pursuant to chapter 394 as treatment facilities, or of  
404 facilities defined as community mental health centers pursuant  
405 to s. 394.907(1), who are engaged primarily in the diagnosis or  
406 treatment of a mental or emotional condition, including  
407 alcoholism and other drug addiction; or

408 5. An advanced practice registered nurse licensed advanced  
409 ~~registered nurse practitioner certified~~ under s. 464.012, whose  
410 primary scope of practice is the diagnosis or treatment of

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411 mental or emotional conditions, including chemical abuse, and  
412 limited only to actions performed in accordance with part I of  
413 chapter 464.

414 Section 8. Paragraph (d) of subsection (2) of section  
415 110.12315, Florida Statutes, is amended to read:

416 110.12315 Prescription drug program.—The state employees'  
417 prescription drug program is established. This program shall be  
418 administered by the Department of Management Services, according  
419 to the terms and conditions of the plan as established by the  
420 relevant provisions of the annual General Appropriations Act and  
421 implementing legislation, subject to the following conditions:

422 (2) In providing for reimbursement of pharmacies for  
423 prescription drugs and supplies dispensed to members of the  
424 state group health insurance plan and their dependents under the  
425 state employees' prescription drug program:

426 (d) The department shall establish the reimbursement  
427 schedule for prescription drugs and supplies dispensed under the  
428 program. Reimbursement rates for a prescription drug or supply  
429 must be based on the cost of the generic equivalent drug or  
430 supply if a generic equivalent exists, unless the physician,  
431 advanced practice registered nurse ~~advanced registered nurse~~  
432 ~~practitioner~~, or physician assistant prescribing the drug or  
433 supply clearly states on the prescription that the brand name  
434 drug or supply is medically necessary or that the drug or supply  
435 is included on the formulary of drugs and supplies that may not

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436 be interchanged as provided in chapter 465, in which case  
437 reimbursement must be based on the cost of the brand name drug  
438 or supply as specified in the reimbursement schedule adopted by  
439 the department.

440 Section 9. Paragraph (f) of subsection (3) of section  
441 121.0515, Florida Statutes, is amended to read:

442 121.0515 Special Risk Class.—

443 (3) CRITERIA.—A member, to be designated as a special risk  
444 member, must meet the following criteria:

445 (f) Effective January 1, 2001, the member must be employed  
446 in one of the following classes and must spend at least 75  
447 percent of his or her time performing duties which involve  
448 contact with patients or inmates in a correctional or forensic  
449 facility or institution:

- 450 1. Dietitian (class codes 5203 and 5204);
- 451 2. Public health nutrition consultant (class code 5224);
- 452 3. Psychological specialist (class codes 5230 and 5231);
- 453 4. Psychologist (class code 5234);
- 454 5. Senior psychologist (class codes 5237 and 5238);
- 455 6. Regional mental health consultant (class code 5240);
- 456 7. Psychological Services Director—DCF (class code 5242);
- 457 8. Pharmacist (class codes 5245 and 5246);
- 458 9. Senior pharmacist (class codes 5248 and 5249);
- 459 10. Dentist (class code 5266);
- 460 11. Senior dentist (class code 5269);

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- 461 12. Registered nurse (class codes 5290 and 5291);  
462 13. Senior registered nurse (class codes 5292 and 5293);  
463 14. Registered nurse specialist (class codes 5294 and  
464 5295);  
465 15. Clinical associate (class codes 5298 and 5299);  
466 16. Advanced practice registered nurse ~~Advanced registered~~  
467 ~~nurse practitioner~~ (class codes 5297 and 5300);  
468 17. Advanced practice registered nurse ~~Advanced registered~~  
469 ~~nurse practitioner~~ specialist (class codes 5304 and 5305);  
470 18. Registered nurse supervisor (class codes 5306 and  
471 5307);  
472 19. Senior registered nurse supervisor (class codes 5308  
473 and 5309);  
474 20. Registered nursing consultant (class codes 5312 and  
475 5313);  
476 21. Quality management program supervisor (class code  
477 5314);  
478 22. Executive nursing director (class codes 5320 and  
479 5321);  
480 23. Speech and hearing therapist (class code 5406); or  
481 24. Pharmacy manager (class code 5251);  
482 Section 10. Paragraph (a) of subsection (3) of section  
483 252.515, Florida Statutes, is amended to read:  
484 252.515 Postdisaster Relief Assistance Act; immunity from  
485 civil liability.-

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Amendment No.

- 486 (3) As used in this section, the term:
- 487 (a) "Emergency first responder" means:
- 488 1. A physician licensed under chapter 458.
- 489 2. An osteopathic physician licensed under chapter 459.
- 490 3. A chiropractic physician licensed under chapter 460.
- 491 4. A podiatric physician licensed under chapter 461.
- 492 5. A dentist licensed under chapter 466.
- 493 6. An advanced practice registered nurse licensed advanced
- 494 ~~registered nurse practitioner certified~~ under s. 464.012.
- 495 7. A physician assistant licensed under s. 458.347 or s.
- 496 459.022.
- 497 8. A worker employed by a public or private hospital in
- 498 the state.
- 499 9. A paramedic as defined in s. 401.23(17).
- 500 10. An emergency medical technician as defined in s.
- 501 401.23(11).
- 502 11. A firefighter as defined in s. 633.102.
- 503 12. A law enforcement officer as defined in s. 943.10.
- 504 13. A member of the Florida National Guard.
- 505 14. Any other personnel designated as emergency personnel
- 506 by the Governor pursuant to a declared emergency.
- 507 Section 11. Paragraph (c) of subsection (1) of section
- 508 310.071, Florida Statutes, is amended to read:
- 509 310.071 Deputy pilot certification.-



Amendment No.

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

513 (c) Be in good physical and mental health, as evidenced by  
514 documentary proof of having satisfactorily passed a complete  
515 physical examination administered by a licensed physician within  
516 the preceding 6 months. The board shall adopt rules to establish  
517 requirements for passing the physical examination, which rules  
518 shall establish minimum standards for the physical or mental  
519 capabilities necessary to carry out the professional duties of a  
520 certificated deputy pilot. Such standards shall include zero  
521 tolerance for any controlled substance regulated under chapter  
522 893 unless that individual is under the care of a physician, an  
523 advanced practice registered nurse ~~advanced registered nurse~~  
524 ~~practitioner~~, or a physician assistant and that controlled  
525 substance was prescribed by that physician, advanced practice  
526 registered nurse ~~advanced registered nurse practitioner~~, or  
527 physician assistant. To maintain eligibility as a certificated  
528 deputy pilot, each certificated deputy pilot must annually  
529 provide documentary proof of having satisfactorily passed a  
530 complete physical examination administered by a licensed  
531 physician. The physician must know the minimum standards and  
532 certify that the certificateholder satisfactorily meets the  
533 standards. The standards for certificateholders shall include a  
534 drug test.

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Amendment No.

535 Section 12. Subsection (3) of section 310.073, Florida  
536 Statutes, is amended to read:

537 310.073 State pilot licensing.—In addition to meeting  
538 other requirements specified in this chapter, each applicant for  
539 license as a state pilot must:

540 (3) Be in good physical and mental health, as evidenced by  
541 documentary proof of having satisfactorily passed a complete  
542 physical examination administered by a licensed physician within  
543 the preceding 6 months. The board shall adopt rules to establish  
544 requirements for passing the physical examination, which rules  
545 shall establish minimum standards for the physical or mental  
546 capabilities necessary to carry out the professional duties of a  
547 licensed state pilot. Such standards shall include zero  
548 tolerance for any controlled substance regulated under chapter  
549 893 unless that individual is under the care of a physician, an  
550 advanced practice registered nurse ~~advanced registered nurse~~  
551 ~~practitioner~~, or a physician assistant and that controlled  
552 substance was prescribed by that physician, advanced practice  
553 registered nurse ~~advanced registered nurse practitioner~~, or  
554 physician assistant. To maintain eligibility as a licensed state  
555 pilot, each licensed state pilot must annually provide  
556 documentary proof of having satisfactorily passed a complete  
557 physical examination administered by a licensed physician. The  
558 physician must know the minimum standards and certify that the

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559 licensee satisfactorily meets the standards. The standards for  
560 licensees shall include a drug test.

561 Section 13. Paragraph (b) of subsection (3) of section  
562 310.081, Florida Statutes, is amended to read:

563 310.081 Department to examine and license state pilots and  
564 certificate deputy pilots; vacancies.-

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

567 (b) Are in good physical and mental health as evidenced by  
568 documentary proof of having satisfactorily passed a physical  
569 examination administered by a licensed physician or physician  
570 assistant within each calendar year. The board shall adopt rules  
571 to establish requirements for passing the physical examination,  
572 which rules shall establish minimum standards for the physical  
573 or mental capabilities necessary to carry out the professional  
574 duties of a licensed state pilot or a certificated deputy pilot.  
575 Such standards shall include zero tolerance for any controlled  
576 substance regulated under chapter 893 unless that individual is  
577 under the care of a physician, an advanced practice registered  
578 nurse ~~advanced registered nurse practitioner~~, or a physician  
579 assistant and that controlled substance was prescribed by that  
580 physician, advanced practice registered nurse ~~advanced~~  
581 ~~registered nurse practitioner~~, or physician assistant. To  
582 maintain eligibility as a certificated deputy pilot or licensed  
583 state pilot, each certificated deputy pilot or licensed state

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584 pilot must annually provide documentary proof of having  
585 satisfactorily passed a complete physical examination  
586 administered by a licensed physician. The physician must know  
587 the minimum standards and certify that the certificateholder or  
588 licensee satisfactorily meets the standards. The standards for  
589 certificateholders and for licensees shall include a drug test.

590

591 Upon resignation or in the case of disability permanently  
592 affecting a pilot's ability to serve, the state license or  
593 certificate issued under this chapter shall be revoked by the  
594 department.

595 Section 14. Paragraph (b) of subsection (1) of section  
596 320.0848, Florida Statutes, is amended to read:

597 320.0848 Persons who have disabilities; issuance of  
598 disabled parking permits; temporary permits; permits for certain  
599 providers of transportation services to persons who have  
600 disabilities.—

601 (1)

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

606 a. Inability to walk without the use of or assistance from  
607 a brace, cane, crutch, prosthetic device, or other assistive  
608 device, or without the assistance of another person. If the

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609 assistive device significantly restores the person's ability to  
610 walk to the extent that the person can walk without severe  
611 limitation, the person is not eligible for the exemption parking  
612 permit.

613 b. The need to permanently use a wheelchair.

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

619 d. Use of portable oxygen.

620 e. Restriction by cardiac condition to the extent that the  
621 person's functional limitations are classified in severity as  
622 Class III or Class IV according to standards set by the American  
623 Heart Association.

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

626 2. The certification of disability which is required under  
627 subparagraph 1. must be provided by a physician licensed under  
628 chapter 458, chapter 459, or chapter 460, by a podiatric  
629 physician licensed under chapter 461, by an optometrist licensed  
630 under chapter 463, by an advanced practice registered nurse  
631 ~~advanced registered nurse practitioner~~ licensed under chapter  
632 464 under the protocol of a licensed physician as stated in this  
633 subparagraph, by a physician assistant licensed under chapter

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634 458 or chapter 459, or by a similarly licensed physician from  
635 another state if the application is accompanied by documentation  
636 of the physician's licensure in the other state and a form  
637 signed by the out-of-state physician verifying his or her  
638 knowledge of this state's eligibility guidelines.

639 Section 15. Paragraph (c) of subsection (1) of section  
640 381.00315, Florida Statutes, is amended to read:

641 381.00315 Public health advisories; public health  
642 emergencies; isolation and quarantines.—The State Health Officer  
643 is responsible for declaring public health emergencies, issuing  
644 public health advisories, and ordering isolation or quarantines.

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

646 (c) "Public health emergency" means any occurrence, or  
647 threat thereof, whether natural or manmade, which results or may  
648 result in substantial injury or harm to the public health from  
649 infectious disease, chemical agents, nuclear agents, biological  
650 toxins, or situations involving mass casualties or natural  
651 disasters. Before declaring a public health emergency, the State  
652 Health Officer shall, to the extent possible, consult with the  
653 Governor and shall notify the Chief of Domestic Security. The  
654 declaration of a public health emergency shall continue until  
655 the State Health Officer finds that the threat or danger has  
656 been dealt with to the extent that the emergency conditions no  
657 longer exist and he or she terminates the declaration. However,  
658 a declaration of a public health emergency may not continue for

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659 longer than 60 days unless the Governor concurs in the renewal  
660 of the declaration. The State Health Officer, upon declaration  
661 of a public health emergency, may take actions that are  
662 necessary to protect the public health. Such actions include,  
663 but are not limited to:

664 1. Directing manufacturers of prescription drugs or over-  
665 the-counter drugs who are permitted under chapter 499 and  
666 wholesalers of prescription drugs located in this state who are  
667 permitted under chapter 499 to give priority to the shipping of  
668 specified drugs to pharmacies and health care providers within  
669 geographic areas that have been identified by the State Health  
670 Officer. The State Health Officer must identify the drugs to be  
671 shipped. Manufacturers and wholesalers located in the state must  
672 respond to the State Health Officer's priority shipping  
673 directive before shipping the specified drugs.

674 2. Notwithstanding chapters 465 and 499 and rules adopted  
675 thereunder, directing pharmacists employed by the department to  
676 compound bulk prescription drugs and provide these bulk  
677 prescription drugs to physicians and nurses of county health  
678 departments or any qualified person authorized by the State  
679 Health Officer for administration to persons as part of a  
680 prophylactic or treatment regimen.

681 3. Notwithstanding s. 456.036, temporarily reactivating  
682 the inactive license of the following health care practitioners,  
683 when such practitioners are needed to respond to the public

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684 health emergency: physicians licensed under chapter 458 or  
685 chapter 459; physician assistants licensed under chapter 458 or  
686 chapter 459; licensed practical nurses, registered nurses, and  
687 advanced practice registered nurses ~~advanced registered nurse~~  
688 ~~practitioners~~ licensed under part I of chapter 464; respiratory  
689 therapists licensed under part V of chapter 468; and emergency  
690 medical technicians and paramedics certified under part III of  
691 chapter 401. Only those health care practitioners specified in  
692 this paragraph who possess an unencumbered inactive license and  
693 who request that such license be reactivated are eligible for  
694 reactivation. An inactive license that is reactivated under this  
695 paragraph shall return to inactive status when the public health  
696 emergency ends or before the end of the public health emergency  
697 if the State Health Officer determines that the health care  
698 practitioner is no longer needed to provide services during the  
699 public health emergency. Such licenses may only be reactivated  
700 for a period not to exceed 90 days without meeting the  
701 requirements of s. 456.036 or chapter 401, as applicable.

702 4. Ordering an individual to be examined, tested,  
703 vaccinated, treated, isolated, or quarantined for communicable  
704 diseases that have significant morbidity or mortality and  
705 present a severe danger to public health. Individuals who are  
706 unable or unwilling to be examined, tested, vaccinated, or  
707 treated for reasons of health, religion, or conscience may be  
708 subjected to isolation or quarantine.

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709 a. Examination, testing, vaccination, or treatment may be  
710 performed by any qualified person authorized by the State Health  
711 Officer.

712 b. If the individual poses a danger to the public health,  
713 the State Health Officer may subject the individual to isolation  
714 or quarantine. If there is no practical method to isolate or  
715 quarantine the individual, the State Health Officer may use any  
716 means necessary to vaccinate or treat the individual.

717

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

721 Section 16. Subsection (3) of section 381.00593, Florida  
722 Statutes, is amended to read:

723 381.00593 Public school volunteer health care practitioner  
724 program.—

725 (3) For purposes of this section, the term "health care  
726 practitioner" means a physician licensed under chapter 458; an  
727 osteopathic physician licensed under chapter 459; a chiropractic  
728 physician licensed under chapter 460; a podiatric physician  
729 licensed under chapter 461; an optometrist licensed under  
730 chapter 463; an advanced practice registered nurse ~~advanced~~  
731 ~~registered nurse practitioner~~, registered nurse, or licensed  
732 practical nurse licensed under part I of chapter 464; a  
733 pharmacist licensed under chapter 465; a dentist or dental

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734 | hygienist licensed under chapter 466; a midwife licensed under  
735 | chapter 467; a speech-language pathologist or audiologist  
736 | licensed under part I of chapter 468; a dietitian/nutritionist  
737 | licensed under part X of chapter 468; or a physical therapist  
738 | licensed under chapter 486.

739 |       Section 17. Paragraph (c) of subsection (1) of section  
740 | 383.14, Florida Statutes, is amended to read:

741 |       383.14 Screening for metabolic disorders, other hereditary  
742 | and congenital disorders, and environmental risk factors.-

743 |       (1) SCREENING REQUIREMENTS.-To help ensure access to the  
744 | maternal and child health care system, the Department of Health  
745 | shall promote the screening of all newborns born in Florida for  
746 | metabolic, hereditary, and congenital disorders known to result  
747 | in significant impairment of health or intellect, as screening  
748 | programs accepted by current medical practice become available  
749 | and practical in the judgment of the department. The department  
750 | shall also promote the identification and screening of all  
751 | newborns in this state and their families for environmental risk  
752 | factors such as low income, poor education, maternal and family  
753 | stress, emotional instability, substance abuse, and other high-  
754 | risk conditions associated with increased risk of infant  
755 | mortality and morbidity to provide early intervention,  
756 | remediation, and prevention services, including, but not limited  
757 | to, parent support and training programs, home visitation, and  
758 | case management. Identification, perinatal screening, and

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759 intervention efforts shall begin prior to and immediately  
760 following the birth of the child by the attending health care  
761 provider. Such efforts shall be conducted in hospitals,  
762 perinatal centers, county health departments, school health  
763 programs that provide prenatal care, and birthing centers, and  
764 reported to the Office of Vital Statistics.

765 (c) Release of screening results.—Notwithstanding any law  
766 to the contrary, the State Public Health Laboratory may release,  
767 directly or through the Children's Medical Services program, the  
768 results of a newborn's hearing and metabolic tests or screenings  
769 to the newborn's health care practitioner, the newborn's parent  
770 or legal guardian, the newborn's personal representative, or a  
771 person designated by the newborn's parent or legal guardian. As  
772 used in this paragraph, the term "health care practitioner"  
773 means a physician or physician assistant licensed under chapter  
774 458; an osteopathic physician or physician assistant licensed  
775 under chapter 459; an advanced practice registered nurse  
776 ~~advanced registered nurse practitioner~~, registered nurse, or  
777 licensed practical nurse licensed under part I of chapter 464; a  
778 midwife licensed under chapter 467; a speech-language  
779 pathologist or audiologist licensed under part I of chapter 468;  
780 or a dietician or nutritionist licensed under part X of chapter  
781 468.

782 Section 18. Paragraph (c) of subsection (1) of section  
783 383.141, Florida Statutes, is amended to read:

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784 383.141 Prenatally diagnosed conditions; patient to be  
785 provided information; definitions; information clearinghouse;  
786 advisory council.-

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

788 (c) "Health care provider" means a practitioner licensed  
789 or registered under chapter 458 or chapter 459 or an advanced  
790 practice registered nurse licensed ~~advanced registered nurse~~  
791 ~~practitioner-certified~~ under chapter 464.

792 Section 19. Paragraph (a) of subsection (7) of section  
793 384.27, Florida Statutes, is amended to read:

794 384.27 Physical examination and treatment.-

795 (7) (a) A health care practitioner licensed under chapter  
796 458, ~~or~~ chapter 459, ~~or certified under s. 464.012~~ may provide  
797 expedited partner therapy if the following requirements are met:

798 1. The patient has a laboratory-confirmed or suspected  
799 clinical diagnosis of a sexually transmissible disease.

800 2. The patient indicates that he or she has a partner with  
801 whom he or she engaged in sexual activity before the diagnosis  
802 of the sexually transmissible disease.

803 3. The patient indicates that his or her partner is unable  
804 or unlikely to seek clinical services in a timely manner.

805 Section 20. Paragraph (a) of subsection (3) of section  
806 390.0111, Florida Statutes, is amended to read:

807 390.0111 Termination of pregnancies.-



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808 (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
809 be performed or induced except with the voluntary and informed  
810 written consent of the pregnant woman or, in the case of a  
811 mental incompetent, the voluntary and informed written consent  
812 of her court-appointed guardian.

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

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

819 a. The nature and risks of undergoing or not undergoing  
820 the proposed procedure that a reasonable patient would consider  
821 material to making a knowing and willful decision of whether to  
822 terminate a pregnancy.

823 b. The probable gestational age of the fetus, verified by  
824 an ultrasound, at the time the termination of pregnancy is to be  
825 performed.

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

831 (II) The person performing the ultrasound must offer the  
832 woman the opportunity to view the live ultrasound images and

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833 hear an explanation of them. If the woman accepts the  
834 opportunity to view the images and hear the explanation, a  
835 physician or a registered nurse, licensed practical nurse,  
836 advanced practice registered nurse ~~advanced registered nurse~~  
837 ~~practitioner~~, or physician assistant working in conjunction with  
838 the physician must contemporaneously review and explain the  
839 images to the woman before the woman gives informed consent to  
840 having an abortion procedure performed.

841 (III) The woman has a right to decline to view and hear  
842 the explanation of the live ultrasound images after she is  
843 informed of her right and offered an opportunity to view the  
844 images and hear the explanation. If the woman declines, the  
845 woman shall complete a form acknowledging that she was offered  
846 an opportunity to view and hear the explanation of the images  
847 but that she declined that opportunity. The form must also  
848 indicate that the woman's decision was not based on any undue  
849 influence from any person to discourage her from viewing the  
850 images or hearing the explanation and that she declined of her  
851 own free will.

852 (IV) Unless requested by the woman, the person performing  
853 the ultrasound may not offer the opportunity to view the images  
854 and hear the explanation and the explanation may not be given  
855 if, at the time the woman schedules or arrives for her  
856 appointment to obtain an abortion, a copy of a restraining  
857 order, police report, medical record, or other court order or

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858 documentation is presented which provides evidence that the  
859 woman is obtaining the abortion because the woman is a victim of  
860 rape, incest, domestic violence, or human trafficking or that  
861 the woman has been diagnosed as having a condition that, on the  
862 basis of a physician's good faith clinical judgment, would  
863 create a serious risk of substantial and irreversible impairment  
864 of a major bodily function if the woman delayed terminating her  
865 pregnancy.

866 c. The medical risks to the woman and fetus of carrying  
867 the pregnancy to term.

868

869 The physician may provide the information required in this  
870 subparagraph within 24 hours before the procedure if requested  
871 by the woman at the time she schedules or arrives for her  
872 appointment to obtain an abortion and if she presents to the  
873 physician a copy of a restraining order, police report, medical  
874 record, or other court order or documentation evidencing that  
875 she is obtaining the abortion because she is a victim of rape,  
876 incest, domestic violence, or human trafficking.

877 2. Printed materials prepared and provided by the  
878 department have been provided to the pregnant woman, if she  
879 chooses to view these materials, including:

880 a. A description of the fetus, including a description of  
881 the various stages of development.



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882           b. A list of entities that offer alternatives to  
883 terminating the pregnancy.

884           c. Detailed information on the availability of medical  
885 assistance benefits for prenatal care, childbirth, and neonatal  
886 care.

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

890

891 Nothing in this paragraph is intended to prohibit a physician  
892 from providing any additional information which the physician  
893 deems material to the woman's informed decision to terminate her  
894 pregnancy.

895           Section 21. Paragraphs (c), (e), and (f) of subsection (3)  
896 of section 390.012, Florida Statutes, are amended to read:

897           390.012 Powers of agency; rules; disposal of fetal  
898 remains.—

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

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

905           1. The abortion clinic designate a medical director who is  
906 licensed to practice medicine in this state, and all physicians

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907 who perform abortions in the clinic have admitting privileges at  
908 a hospital within reasonable proximity to the clinic, unless the  
909 clinic has a written patient transfer agreement with a hospital  
910 within reasonable proximity to the clinic which includes the  
911 transfer of the patient's medical records held by both the  
912 clinic and the treating physician.

913 2. If a physician is not present after an abortion is  
914 performed, a registered nurse, licensed practical nurse,  
915 advanced practice registered nurse ~~advanced registered nurse~~  
916 ~~practitioner~~, or physician assistant be present and remain at  
917 the clinic to provide postoperative monitoring and care until  
918 the patient is discharged.

919 3. Surgical assistants receive training in counseling,  
920 patient advocacy, and the specific responsibilities associated  
921 with the services the surgical assistants provide.

922 4. Volunteers receive training in the specific  
923 responsibilities associated with the services the volunteers  
924 provide, including counseling and patient advocacy as provided  
925 in the rules adopted by the director for different types of  
926 volunteers based on their responsibilities.

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

929 1. That a physician, registered nurse, licensed practical  
930 nurse, advanced practice registered nurse ~~advanced registered~~



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931 ~~nurse practitioner~~, or physician assistant is available to all  
932 patients throughout the abortion procedure.

933 2. Standards for the safe conduct of abortion procedures  
934 that conform to obstetric standards in keeping with established  
935 standards of care regarding the estimation of fetal age as  
936 defined in rule.

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

939 4. Appropriate precautions, such as the establishment of  
940 intravenous access at least for patients undergoing post-first  
941 trimester abortions.

942 5. Appropriate monitoring of the vital signs and other  
943 defined signs and markers of the patient's status throughout the  
944 abortion procedure and during the recovery period until the  
945 patient's condition is deemed to be stable in the recovery room.

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

948 1. Postprocedure recovery rooms be supervised and staffed  
949 to meet the patients' needs.

950 2. Immediate postprocedure care consist of observation in  
951 a supervised recovery room for as long as the patient's  
952 condition warrants.

953 3. A registered nurse, licensed practical nurse, advanced  
954 practice registered nurse ~~advanced registered nurse~~  
955 ~~practitioner~~, or physician assistant who is trained in the

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956 management of the recovery area and is capable of providing  
957 basic cardiopulmonary resuscitation and related emergency  
958 procedures remain on the premises of the abortion clinic until  
959 all patients are discharged.

960 4. A physician sign the discharge order and be readily  
961 accessible and available until the last patient is discharged to  
962 facilitate the transfer of emergency cases if hospitalization of  
963 the patient or viable fetus is necessary.

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

971 6. Written instructions with regard to postabortion  
972 coitus, signs of possible problems, and general aftercare which  
973 are specific to the patient be given to each patient. The  
974 instructions must include information regarding access to  
975 medical care for complications, including a telephone number for  
976 use in the event of a medical emergency.

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

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980           8. The physician ensure that, with the patient's consent,  
981 a registered nurse, licensed practical nurse, advanced practice  
982 registered nurse ~~advanced registered nurse practitioner~~, or  
983 physician assistant from the abortion clinic makes a good faith  
984 effort to contact the patient by telephone within 24 hours after  
985 surgery to assess the patient's recovery.

986           9. Equipment and services be readily accessible to provide  
987 appropriate emergency resuscitative and life support procedures  
988 pending the transfer of the patient or viable fetus to the  
989 hospital.

990           Section 22. Subsections (35) and (44) of section 394.455,  
991 Florida Statutes, are amended to read:

992           394.455 Definitions.—As used in this part, the term:

993           (35) "Psychiatric nurse" means an advanced practice  
994 registered nurse licensed ~~advanced registered nurse practitioner~~  
995 ~~certified~~ under s. 464.012 who has a master's or doctoral degree  
996 in psychiatric nursing, holds a national advanced practice  
997 certification as a psychiatric mental health advanced practice  
998 nurse, and has 2 years of post-master's clinical experience  
999 under the supervision of a physician.

1000           (44) "Service provider" means a receiving facility, a  
1001 facility licensed under chapter 397, a treatment facility, an  
1002 entity under contract with the department to provide mental  
1003 health or substance abuse services, a community mental health  
1004 center or clinic, a psychologist, a clinical social worker, a

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1005 marriage and family therapist, a mental health counselor, a  
1006 physician, a psychiatrist, an advanced practice registered nurse  
1007 ~~advanced registered nurse practitioner~~, a psychiatric nurse, or  
1008 a qualified professional as defined in s. 39.01.

1009 Section 23. Paragraphs (a) and (b) of subsection (2) and  
1010 subsection (4) of section 395.0191, Florida Statutes, are  
1011 amended to read:

1012 395.0191 Staff membership and clinical privileges.—

1013 (2) (a) Each licensed facility shall establish rules and  
1014 procedures for consideration of an application for clinical  
1015 privileges submitted by an advanced practice registered nurse  
1016 ~~advanced registered nurse practitioner~~ licensed and certified  
1017 under part I of chapter 464, in accordance with the provisions  
1018 of this section. No licensed facility shall deny such  
1019 application solely because the applicant is licensed under part  
1020 I of chapter 464 or because the applicant is not a participant  
1021 in the Florida Birth-Related Neurological Injury Compensation  
1022 Plan.

1023 (b) An advanced practice registered nurse ~~advanced~~  
1024 ~~registered nurse practitioner~~ who is certified as a registered  
1025 nurse anesthetist licensed under part I of chapter 464 shall  
1026 administer anesthesia under the onsite medical direction of a  
1027 professional licensed under chapter 458, chapter 459, or chapter  
1028 466, and in accordance with an established protocol approved by



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1029 the medical staff. The medical direction shall specifically  
1030 address the needs of the individual patient.

1031 (4) Nothing herein shall restrict in any way the authority  
1032 of the medical staff of a licensed facility to review for  
1033 approval or disapproval all applications for appointment and  
1034 reappointment to all categories of staff and to make  
1035 recommendations on each applicant to the governing board,  
1036 including the delineation of privileges to be granted in each  
1037 case. In making such recommendations and in the delineation of  
1038 privileges, each applicant shall be considered individually  
1039 pursuant to criteria for a doctor licensed under chapter 458,  
1040 chapter 459, chapter 461, or chapter 466, or for an advanced  
1041 practice registered nurse ~~advanced registered nurse practitioner~~  
1042 ~~licensed and certified~~ under part I of chapter 464, or for a  
1043 psychologist licensed under chapter 490, as applicable. The  
1044 applicant's eligibility for staff membership or clinical  
1045 privileges shall be determined by the applicant's background,  
1046 experience, health, training, and demonstrated competency; the  
1047 applicant's adherence to applicable professional ethics; the  
1048 applicant's reputation; and the applicant's ability to work with  
1049 others and by such other elements as determined by the governing  
1050 board, consistent with this part.

1051 Section 24. Subsection (34) of section 397.311, Florida  
1052 Statutes, is amended to read:



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1053 397.311 Definitions.—As used in this chapter, except part  
1054 VIII, the term:

1055 (34) "Qualified professional" means a physician or a  
1056 physician assistant licensed under chapter 458 or chapter 459; a  
1057 professional licensed under chapter 490 or chapter 491; an  
1058 advanced practice registered nurse ~~advanced registered nurse~~  
1059 ~~practitioner~~ licensed under part I of chapter 464; or a person  
1060 who is certified through a department-recognized certification  
1061 process for substance abuse treatment services and who holds, at  
1062 a minimum, a bachelor's degree. A person who is certified in  
1063 substance abuse treatment services by a state-recognized  
1064 certification process in another state at the time of employment  
1065 with a licensed substance abuse provider in this state may  
1066 perform the functions of a qualified professional as defined in  
1067 this chapter but must meet certification requirements contained  
1068 in this subsection no later than 1 year after his or her date of  
1069 employment.

1070 Section 25. Section 397.4012, Florida Statutes, is amended  
1071 to read:

1072 397.4012 Exemptions from licensure.—The following are  
1073 exempt from the licensing provisions of this chapter:

1074 (1) A hospital or hospital-based component licensed under  
1075 chapter 395.

1076 (2) A nursing home facility as defined in s. 400.021.



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- 1077 (3) A substance abuse education program established  
1078 pursuant to s. 1003.42.
- 1079 (4) A facility or institution operated by the Federal  
1080 Government.
- 1081 (5) A physician or physician assistant licensed under  
1082 chapter 458 or chapter 459.
- 1083 (6) A psychologist licensed under chapter 490.
- 1084 (7) A social worker, marriage and family therapist, or  
1085 mental health counselor licensed under chapter 491.
- 1086 (8) A legally cognizable church or nonprofit religious  
1087 organization or denomination providing substance abuse services,  
1088 including prevention services, which are solely religious,  
1089 spiritual, or ecclesiastical in nature. A church or nonprofit  
1090 religious organization or denomination providing any of the  
1091 licensed service components itemized under s. 397.311(26) is not  
1092 exempt from substance abuse licensure but retains its exemption  
1093 with respect to all services which are solely religious,  
1094 spiritual, or ecclesiastical in nature.
- 1095 (9) Facilities licensed under chapter 393 which, in  
1096 addition to providing services to persons with developmental  
1097 disabilities, also provide services to persons developmentally  
1098 at risk as a consequence of exposure to alcohol or other legal  
1099 or illegal drugs while in utero.
- 1100 (10) DUI education and screening services provided  
1101 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.

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1102 Persons or entities providing treatment services must be  
1103 licensed under this chapter unless exempted from licensing as  
1104 provided in this section.

1105 (11) A facility licensed under s. 394.875 as a crisis  
1106 stabilization unit.

1107

1108 The exemptions from licensure in this section do not apply to  
1109 any service provider that receives an appropriation, grant, or  
1110 contract from the state to operate as a service provider as  
1111 defined in this chapter or to any substance abuse program  
1112 regulated pursuant to s. 397.4014. Furthermore, this chapter may  
1113 not be construed to limit the practice of a physician or  
1114 physician assistant licensed under chapter 458 or chapter 459, a  
1115 psychologist licensed under chapter 490, a psychotherapist  
1116 licensed under chapter 491, or an advanced practice registered  
1117 nurse ~~advanced registered nurse practitioner~~ licensed under part  
1118 I of chapter 464, who provides substance abuse treatment, so  
1119 long as the physician, physician assistant, psychologist,  
1120 psychotherapist, or advanced practice registered nurse ~~advanced~~  
1121 ~~registered nurse practitioner~~ does not represent to the public  
1122 that he or she is a licensed service provider and does not  
1123 provide services to individuals pursuant to part V of this  
1124 chapter. Failure to comply with any requirement necessary to  
1125 maintain an exempt status under this section is a misdemeanor of



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1126 the first degree, punishable as provided in s. 775.082 or s.  
1127 775.083.

1128 Section 26. Subsections (4), (7), and (8) of section  
1129 397.427, Florida Statutes, are amended to read:

1130 397.427 Medication-assisted treatment service providers;  
1131 rehabilitation program; needs assessment and provision of  
1132 services; persons authorized to issue takeout medication;  
1133 unlawful operation; penalty.—

1134 (4) Notwithstanding s. 465.019(2), a physician assistant,  
1135 a registered nurse, an advanced practice registered nurse  
1136 ~~advanced registered nurse practitioner~~, or a licensed practical  
1137 nurse working for a licensed service provider may deliver  
1138 takeout medication for opiate treatment to persons enrolled in a  
1139 maintenance treatment program for medication-assisted treatment  
1140 for opiate addiction if:

1141 (a) The medication-assisted treatment program for opiate  
1142 addiction has an appropriate valid permit issued pursuant to  
1143 rules adopted by the Board of Pharmacy;

1144 (b) The medication for treatment of opiate addiction has  
1145 been delivered pursuant to a valid prescription written by the  
1146 program's physician licensed pursuant to chapter 458 or chapter  
1147 459;

1148 (c) The medication for treatment of opiate addiction which  
1149 is ordered appears on a formulary and is prepackaged and



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1150 prelabeled with dosage instructions and distributed from a  
1151 source authorized under chapter 499;

1152 (d) Each licensed provider adopts written protocols which  
1153 provide for supervision of the physician assistant, registered  
1154 nurse, advanced practice registered nurse ~~advanced registered~~  
1155 ~~nurse-practitioner~~, or licensed practical nurse by a physician  
1156 licensed pursuant to chapter 458 or chapter 459 and for the  
1157 procedures by which patients' medications may be delivered by  
1158 the physician assistant, registered nurse, advanced practice  
1159 registered nurse ~~advanced registered nurse-practitioner~~, or  
1160 licensed practical nurse. Such protocols shall be signed by the  
1161 supervising physician and either the administering registered  
1162 nurse, the advanced practice registered nurse ~~advanced~~  
1163 ~~registered nurse-practitioner~~, or the licensed practical nurse.

1164 (e) Each licensed service provider maintains and has  
1165 available for inspection by representatives of the Board of  
1166 Pharmacy all medical records and patient care protocols,  
1167 including records of medications delivered to patients, in  
1168 accordance with the board.

1169 (7) A physician assistant, a registered nurse, an advanced  
1170 practice registered nurse ~~advanced registered nurse~~  
1171 ~~practitioner~~, or a licensed practical nurse working for a  
1172 licensed service provider may deliver medication as prescribed  
1173 by rule if:





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- 1174 (a) The service provider is authorized to provide  
1175 medication-assisted treatment;
- 1176 (b) The medication has been administered pursuant to a  
1177 valid prescription written by the program's physician who is  
1178 licensed under chapter 458 or chapter 459; and
- 1179 (c) The medication ordered appears on a formulary or meets  
1180 federal requirements for medication-assisted treatment.
- 1181 (8) Each licensed service provider that provides  
1182 medication-assisted treatment must adopt written protocols as  
1183 specified by the department and in accordance with federally  
1184 required rules, regulations, or procedures. The protocol shall  
1185 provide for the supervision of the physician assistant,  
1186 registered nurse, advanced practice registered nurse ~~advanced~~  
1187 ~~registered nurse practitioner~~, or licensed practical nurse  
1188 working under the supervision of a physician who is licensed  
1189 under chapter 458 or chapter 459. The protocol must specify how  
1190 the medication will be used in conjunction with counseling or  
1191 psychosocial treatment and that the services provided will be  
1192 included on the treatment plan. The protocol must specify the  
1193 procedures by which medication-assisted treatment may be  
1194 administered by the physician assistant, registered nurse,  
1195 advanced practice registered nurse ~~advanced registered nurse~~  
1196 ~~practitioner~~, or licensed practical nurse. These protocols shall  
1197 be signed by the supervising physician and the administering  
1198 physician assistant, registered nurse, advanced practice

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1199 registered nurse ~~advanced registered nurse practitioner~~, or  
1200 licensed practical nurse.

1201 Section 27. Section 397.679, Florida Statutes, is amended  
1202 to read:

1203 397.679 Emergency admission; circumstances justifying.—A  
1204 person who meets the criteria for involuntary admission in s.  
1205 397.675 may be admitted to a hospital or to a licensed  
1206 detoxification facility or addictions receiving facility for  
1207 emergency assessment and stabilization, or to a less intensive  
1208 component of a licensed service provider for assessment only,  
1209 upon receipt by the facility of a certificate by a physician, an  
1210 advanced practice registered nurse ~~advanced registered nurse~~  
1211 ~~practitioner~~, a psychiatric nurse, a clinical psychologist, a  
1212 clinical social worker, a marriage and family therapist, a  
1213 mental health counselor, a physician assistant working under the  
1214 scope of practice of the supervising physician, or a master's-  
1215 level-certified addictions professional for substance abuse  
1216 services, if the certificate is specific to substance abuse  
1217 impairment, and the completion of an application for emergency  
1218 admission.

1219 Section 28. Subsection (1) of section 397.6793, Florida  
1220 Statutes, is amended to read:

1221 397.6793 Professional's certificate for emergency  
1222 admission.—



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1223 (1) A physician, a clinical psychologist, a physician  
1224 assistant working under the scope of practice of the supervising  
1225 physician, a psychiatric nurse, an advanced practice registered  
1226 nurse ~~advanced registered nurse practitioner~~, a mental health  
1227 counselor, a marriage and family therapist, a master's-level-  
1228 certified addictions professional for substance abuse services,  
1229 or a clinical social worker may execute a professional's  
1230 certificate for emergency admission. The professional's  
1231 certificate must include the name of the person to be admitted,  
1232 the relationship between the person and the professional  
1233 executing the certificate, the relationship between the  
1234 applicant and the professional, any relationship between the  
1235 professional and the licensed service provider, a statement that  
1236 the person has been examined and assessed within the preceding 5  
1237 days after the application date, and factual allegations with  
1238 respect to the need for emergency admission, including:

1239 (a) The reason for the belief that the person is substance  
1240 abuse impaired;

1241 (b) The reason for the belief that because of such  
1242 impairment the person has lost the power of self-control with  
1243 respect to substance abuse; and

1244 (c)1. The reason for the belief that, without care or  
1245 treatment, the person is likely to suffer from neglect or refuse  
1246 to care for himself or herself; that such neglect or refusal  
1247 poses a real and present threat of substantial harm to his or

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1248 her well-being; and that it is not apparent that such harm may  
1249 be avoided through the help of willing family members or friends  
1250 or the provision of other services, or there is substantial  
1251 likelihood that the person has inflicted or, unless admitted, is  
1252 likely to inflict, physical harm on himself, herself, or  
1253 another; or

1254 2. The reason for the belief that the person's refusal to  
1255 voluntarily receive care is based on judgment so impaired by  
1256 reason of substance abuse that the person is incapable of  
1257 appreciating his or her need for care and of making a rational  
1258 decision regarding his or her need for care.

1259 Section 29. Subsection (8) of section 400.021, Florida  
1260 Statutes, is amended to read:

1261 400.021 Definitions.—When used in this part, unless the  
1262 context otherwise requires, the term:

1263 (8) "Geriatric outpatient clinic" means a site for  
1264 providing outpatient health care to persons 60 years of age or  
1265 older, which is staffed by a registered nurse, a physician  
1266 assistant, or a licensed practical nurse under the direct  
1267 supervision of a registered nurse, advanced practice registered  
1268 nurse ~~advanced registered nurse practitioner~~, physician  
1269 assistant, or physician.

1270 Section 30. Subsection (3) of section 400.462, Florida  
1271 Statutes, is amended to read:

1272 400.462 Definitions.—As used in this part, the term:

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1273 (3) "Advanced practice registered nurse" ~~"Advanced~~  
1274 ~~registered nurse practitioner"~~ means a person licensed in this  
1275 state to practice professional nursing and certified in advanced  
1276 or specialized nursing practice, as defined in s. 464.003.

1277 Section 31. Section 400.487, Florida Statutes, is amended  
1278 to read:

1279 400.487 Home health service agreements; physician's,  
1280 physician assistant's, and advanced practice registered nurse's  
1281 ~~advanced registered nurse practitioner's~~ treatment orders;  
1282 patient assessment; establishment and review of plan of care;  
1283 provision of services; orders not to resuscitate.—

1284 (1) Services provided by a home health agency must be  
1285 covered by an agreement between the home health agency and the  
1286 patient or the patient's legal representative specifying the  
1287 home health services to be provided, the rates or charges for  
1288 services paid with private funds, and the sources of payment,  
1289 which may include Medicare, Medicaid, private insurance,  
1290 personal funds, or a combination thereof. A home health agency  
1291 providing skilled care must make an assessment of the patient's  
1292 needs within 48 hours after the start of services.

1293 (2) When required by the provisions of chapter 464; part  
1294 I, part III, or part V of chapter 468; or chapter 486, the  
1295 attending physician, physician assistant, or advanced practice  
1296 registered nurse ~~advanced registered nurse practitioner~~, acting  
1297 within his or her respective scope of practice, shall establish

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1298 treatment orders for a patient who is to receive skilled care.  
1299 The treatment orders must be signed by the physician, physician  
1300 assistant, or advanced practice registered nurse ~~advanced~~  
1301 ~~registered nurse practitioner~~ before a claim for payment for the  
1302 skilled services is submitted by the home health agency. If the  
1303 claim is submitted to a managed care organization, the treatment  
1304 orders must be signed within the time allowed under the provider  
1305 agreement. The treatment orders shall be reviewed, as frequently  
1306 as the patient's illness requires, by the physician, physician  
1307 assistant, or advanced practice registered nurse ~~advanced~~  
1308 ~~registered nurse practitioner~~ in consultation with the home  
1309 health agency.

1310 (3) A home health agency shall arrange for supervisory  
1311 visits by a registered nurse to the home of a patient receiving  
1312 home health aide services in accordance with the patient's  
1313 direction, approval, and agreement to pay the charge for the  
1314 visits.

1315 (4) Each patient has the right to be informed of and to  
1316 participate in the planning of his or her care. Each patient  
1317 must be provided, upon request, a copy of the plan of care  
1318 established and maintained for that patient by the home health  
1319 agency.

1320 (5) When nursing services are ordered, the home health  
1321 agency to which a patient has been admitted for care must  
1322 provide the initial admission visit, all service evaluation

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1323 visits, and the discharge visit by a direct employee. Services  
1324 provided by others under contractual arrangements to a home  
1325 health agency must be monitored and managed by the admitting  
1326 home health agency. The admitting home health agency is fully  
1327 responsible for ensuring that all care provided through its  
1328 employees or contract staff is delivered in accordance with this  
1329 part and applicable rules.

1330 (6) The skilled care services provided by a home health  
1331 agency, directly or under contract, must be supervised and  
1332 coordinated in accordance with the plan of care.

1333 (7) Home health agency personnel may withhold or withdraw  
1334 cardiopulmonary resuscitation if presented with an order not to  
1335 resuscitate executed pursuant to s. 401.45. The agency shall  
1336 adopt rules providing for the implementation of such orders.  
1337 Home health personnel and agencies shall not be subject to  
1338 criminal prosecution or civil liability, nor be considered to  
1339 have engaged in negligent or unprofessional conduct, for  
1340 withholding or withdrawing cardiopulmonary resuscitation  
1341 pursuant to such an order and rules adopted by the agency.

1342 Section 32. Paragraph (a) of subsection (13) of section  
1343 400.506, Florida Statutes, is amended to read:

1344 400.506 Licensure of nurse registries; requirements;  
1345 penalties.-



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1346 (13) All persons referred for contract in private  
1347 residences by a nurse registry must comply with the following  
1348 requirements for a plan of treatment:

1349 (a) When, in accordance with the privileges and  
1350 restrictions imposed upon a nurse under part I of chapter 464,  
1351 the delivery of care to a patient is under the direction or  
1352 supervision of a physician or when a physician is responsible  
1353 for the medical care of the patient, a medical plan of treatment  
1354 must be established for each patient receiving care or treatment  
1355 provided by a licensed nurse in the home. The original medical  
1356 plan of treatment must be timely signed by the physician,  
1357 physician assistant, or advanced practice registered nurse  
1358 ~~advanced registered nurse practitioner~~, acting within his or her  
1359 respective scope of practice, and reviewed in consultation with  
1360 the licensed nurse at least every 2 months. Any additional order  
1361 or change in orders must be obtained from the physician,  
1362 physician assistant, or advanced practice registered nurse  
1363 ~~advanced registered nurse practitioner~~ and reduced to writing  
1364 and timely signed by the physician, physician assistant, or  
1365 advanced practice registered nurse ~~advanced registered nurse~~  
1366 ~~practitioner~~. The delivery of care under a medical plan of  
1367 treatment must be substantiated by the appropriate nursing notes  
1368 or documentation made by the nurse in compliance with nursing  
1369 practices established under part I of chapter 464.





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1370 Section 33. Subsections (5) and (7) of section 400.9973,  
1371 Florida Statutes, are amended to read:

1372 400.9973 Client admission, transfer, and discharge.—

1373 (5) A client admitted to a transitional living facility  
1374 must be admitted upon prescription by a licensed physician,  
1375 physician assistant, or advanced practice registered nurse  
1376 ~~advanced registered nurse practitioner~~ and must remain under the  
1377 care of a licensed physician, physician assistant, or advanced  
1378 practice registered nurse ~~advanced registered nurse practitioner~~  
1379 for the duration of the client's stay in the facility.

1380 (7) A person may not be admitted to a transitional living  
1381 facility if the person:

1382 (a) Presents significant risk of infection to other  
1383 clients or personnel. A health care practitioner must provide  
1384 documentation that the person is free of apparent signs and  
1385 symptoms of communicable disease;

1386 (b) Is a danger to himself or herself or others as  
1387 determined by a physician, physician assistant, advanced  
1388 practice registered nurse, ~~or advanced registered nurse~~  
1389 ~~practitioner~~ or a mental health practitioner licensed under  
1390 chapter 490 or chapter 491, unless the facility provides  
1391 adequate staffing and support to ensure patient safety;

1392 (c) Is bedridden; or

1393 (d) Requires 24-hour nursing supervision.



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1394 Section 34. Subsection (1) and paragraphs (a) and (b) of  
1395 subsection (2) of section 400.9974, Florida Statutes, are  
1396 amended to read:

1397 400.9974 Client comprehensive treatment plans; client  
1398 services.—

1399 (1) A transitional living facility shall develop a  
1400 comprehensive treatment plan for each client as soon as  
1401 practicable but no later than 30 days after the initial  
1402 comprehensive treatment plan is developed. The comprehensive  
1403 treatment plan must be developed by an interdisciplinary team  
1404 consisting of the case manager, the program director, the  
1405 advanced practice registered nurse ~~advanced registered nurse~~  
1406 ~~practitioner~~, and appropriate therapists. The client or, if  
1407 appropriate, the client's representative must be included in  
1408 developing the comprehensive treatment plan. The comprehensive  
1409 treatment plan must be reviewed and updated if the client fails  
1410 to meet projected improvements outlined in the plan or if a  
1411 significant change in the client's condition occurs. The  
1412 comprehensive treatment plan must be reviewed and updated at  
1413 least once monthly.

1414 (2) The comprehensive treatment plan must include:

1415 (a) Orders obtained from the physician, physician  
1416 assistant, or advanced practice registered nurse ~~advanced~~  
1417 ~~registered nurse practitioner~~ and the client's diagnosis,



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1418 medical history, physical examination, and rehabilitative or  
1419 restorative needs.

1420 (b) A preliminary nursing evaluation, including orders for  
1421 immediate care provided by the physician, physician assistant,  
1422 or advanced practice registered nurse ~~advanced registered nurse~~  
1423 ~~practitioner~~, which shall be completed when the client is  
1424 admitted.

1425 Section 35. Section 400.9976, Florida Statutes, is amended  
1426 to read:

1427 400.9976 Administration of medication.—

1428 (1) An individual medication administration record must be  
1429 maintained for each client. A dose of medication, including a  
1430 self-administered dose, shall be properly recorded in the  
1431 client's record. A client who self-administers medication shall  
1432 be given a pill organizer. Medication must be placed in the pill  
1433 organizer by a nurse. A nurse shall document the date and time  
1434 that medication is placed into each client's pill organizer. All  
1435 medications must be administered in compliance with orders of a  
1436 physician, physician assistant, or advanced practice registered  
1437 nurse ~~advanced registered nurse practitioner~~.

1438 (2) If an interdisciplinary team determines that self-  
1439 administration of medication is an appropriate objective, and if  
1440 the physician, physician assistant, or advanced practice  
1441 registered nurse ~~advanced registered nurse practitioner~~ does not  
1442 specify otherwise, the client must be instructed by the

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1443 physician, physician assistant, or advanced practice registered  
1444 nurse ~~advanced registered nurse practitioner~~ to self-administer  
1445 his or her medication without the assistance of a staff person.  
1446 All forms of self-administration of medication, including  
1447 administration orally, by injection, and by suppository, shall  
1448 be included in the training. The client's physician, physician  
1449 assistant, or advanced practice registered nurse ~~advanced~~  
1450 ~~registered nurse practitioner~~ must be informed of the  
1451 interdisciplinary team's decision that self-administration of  
1452 medication is an objective for the client. A client may not  
1453 self-administer medication until he or she demonstrates the  
1454 competency to take the correct medication in the correct dosage  
1455 at the correct time, to respond to missed doses, and to contact  
1456 the appropriate person with questions.

1457 (3) Medication administration discrepancies and adverse  
1458 drug reactions must be recorded and reported immediately to a  
1459 physician, physician assistant, or advanced practice registered  
1460 nurse ~~advanced registered nurse practitioner~~.

1461 Section 36. Subsections (2) through (5) of section  
1462 400.9979, Florida Statutes, are amended to read:

1463 400.9979 Restraint and seclusion; client safety.—

1464 (2) The use of physical restraints must be ordered and  
1465 documented by a physician, physician assistant, or advanced  
1466 practice registered nurse ~~advanced registered nurse practitioner~~  
1467 and must be consistent with the policies and procedures adopted

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1468 by the facility. The client or, if applicable, the client's  
1469 representative shall be informed of the facility's physical  
1470 restraint policies and procedures when the client is admitted.

1471 (3) The use of chemical restraints shall be limited to  
1472 prescribed dosages of medications as ordered by a physician,  
1473 physician assistant, or advanced practice registered nurse  
1474 ~~advanced registered nurse practitioner~~ and must be consistent  
1475 with the client's diagnosis and the policies and procedures  
1476 adopted by the facility. The client and, if applicable, the  
1477 client's representative shall be informed of the facility's  
1478 chemical restraint policies and procedures when the client is  
1479 admitted.

1480 (4) Based on the assessment by a physician, physician  
1481 assistant, or advanced practice registered nurse ~~advanced~~  
1482 ~~registered nurse practitioner~~, if a client exhibits symptoms  
1483 that present an immediate risk of injury or death to himself or  
1484 herself or others, a physician, physician assistant, or advanced  
1485 practice registered nurse ~~advanced registered nurse practitioner~~  
1486 may issue an emergency treatment order to immediately administer  
1487 rapid-response psychotropic medications or other chemical  
1488 restraints. Each emergency treatment order must be documented  
1489 and maintained in the client's record.

1490 (a) An emergency treatment order is not effective for more  
1491 than 24 hours.



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1492 (b) Whenever a client is medicated under this subsection,  
1493 the client's representative or a responsible party and the  
1494 client's physician, physician assistant, or advanced practice  
1495 registered nurse ~~advanced registered nurse practitioner~~ shall be  
1496 notified as soon as practicable.

1497 (5) A client who is prescribed and receives a medication  
1498 that can serve as a chemical restraint for a purpose other than  
1499 an emergency treatment order must be evaluated by his or her  
1500 physician, physician assistant, or advanced practice registered  
1501 nurse ~~advanced registered nurse practitioner~~ at least monthly to  
1502 assess:

1503 (a) The continued need for the medication.

1504 (b) The level of the medication in the client's blood.

1505 (c) The need for adjustments to the prescription.

1506 Section 37. Subsections (1) and (2) of section 401.445,  
1507 Florida Statutes, are amended to read:

1508 401.445 Emergency examination and treatment of  
1509 incapacitated persons.—

1510 (1) No recovery shall be allowed in any court in this  
1511 state against any emergency medical technician, paramedic, or  
1512 physician as defined in this chapter, any advanced practice  
1513 registered nurse licensed ~~advanced registered nurse practitioner~~  
1514 ~~certified~~ under s. 464.012, or any physician assistant licensed  
1515 under s. 458.347 or s. 459.022, or any person acting under the  
1516 direct medical supervision of a physician, in an action brought

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1517 for examining or treating a patient without his or her informed  
1518 consent if:

1519 (a) The patient at the time of examination or treatment is  
1520 intoxicated, under the influence of drugs, or otherwise  
1521 incapable of providing informed consent as provided in s.  
1522 766.103;

1523 (b) The patient at the time of examination or treatment is  
1524 experiencing an emergency medical condition; and

1525 (c) The patient would reasonably, under all the  
1526 surrounding circumstances, undergo such examination, treatment,  
1527 or procedure if he or she were advised by the emergency medical  
1528 technician, paramedic, physician, advanced practice registered  
1529 nurse ~~advanced registered nurse practitioner~~, or physician  
1530 assistant in accordance with s. 766.103(3).

1531  
1532 Examination and treatment provided under this subsection shall  
1533 be limited to reasonable examination of the patient to determine  
1534 the medical condition of the patient and treatment reasonably  
1535 necessary to alleviate the emergency medical condition or to  
1536 stabilize the patient.

1537 (2) In examining and treating a person who is apparently  
1538 intoxicated, under the influence of drugs, or otherwise  
1539 incapable of providing informed consent, the emergency medical  
1540 technician, paramedic, physician, advanced practice registered  
1541 nurse ~~advanced registered nurse practitioner~~, or physician

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1542 assistant, or any person acting under the direct medical  
1543 supervision of a physician, shall proceed wherever possible with  
1544 the consent of the person. If the person reasonably appears to  
1545 be incapacitated and refuses his or her consent, the person may  
1546 be examined, treated, or taken to a hospital or other  
1547 appropriate treatment resource if he or she is in need of  
1548 emergency attention, without his or her consent, but  
1549 unreasonable force shall not be used.

1550 Section 38. Subsection (1) of section 409.905, Florida  
1551 Statutes, is amended to read:

1552 409.905 Mandatory Medicaid services.—The agency may make  
1553 payments for the following services, which are required of the  
1554 state by Title XIX of the Social Security Act, furnished by  
1555 Medicaid providers to recipients who are determined to be  
1556 eligible on the dates on which the services were provided. Any  
1557 service under this section shall be provided only when medically  
1558 necessary and in accordance with state and federal law.  
1559 Mandatory services rendered by providers in mobile units to  
1560 Medicaid recipients may be restricted by the agency. Nothing in  
1561 this section shall be construed to prevent or limit the agency  
1562 from adjusting fees, reimbursement rates, lengths of stay,  
1563 number of visits, number of services, or any other adjustments  
1564 necessary to comply with the availability of moneys and any  
1565 limitations or directions provided for in the General  
1566 Appropriations Act or chapter 216.

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1567 (1) ADVANCED PRACTICE REGISTERED NURSE ~~ADVANCED REGISTERED~~  
1568 ~~NURSE PRACTITIONER~~ SERVICES.—The agency shall pay for services  
1569 provided to a recipient by a licensed advanced practice  
1570 registered nurse ~~advanced registered nurse practitioner~~ who has  
1571 a valid collaboration agreement with a licensed physician on  
1572 file with the Department of Health or who provides anesthesia  
1573 services in accordance with established protocol required by  
1574 state law and approved by the medical staff of the facility in  
1575 which the anesthetic service is performed. Reimbursement for  
1576 such services must be provided in an amount that equals not less  
1577 than 80 percent of the reimbursement to a physician who provides  
1578 the same services, unless otherwise provided for in the General  
1579 Appropriations Act.

1580 Section 39. Paragraph (a) of subsection (3) and subsection  
1581 (7) of section 409.908, Florida Statutes, are amended to read:

1582 409.908 Reimbursement of Medicaid providers.—Subject to  
1583 specific appropriations, the agency shall reimburse Medicaid  
1584 providers, in accordance with state and federal law, according  
1585 to methodologies set forth in the rules of the agency and in  
1586 policy manuals and handbooks incorporated by reference therein.  
1587 These methodologies may include fee schedules, reimbursement  
1588 methods based on cost reporting, negotiated fees, competitive  
1589 bidding pursuant to s. 287.057, and other mechanisms the agency  
1590 considers efficient and effective for purchasing services or  
1591 goods on behalf of recipients. If a provider is reimbursed based

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1592 on cost reporting and submits a cost report late and that cost  
1593 report would have been used to set a lower reimbursement rate  
1594 for a rate semester, then the provider's rate for that semester  
1595 shall be retroactively calculated using the new cost report, and  
1596 full payment at the recalculated rate shall be effected  
1597 retroactively. Medicare-granted extensions for filing cost  
1598 reports, if applicable, shall also apply to Medicaid cost  
1599 reports. Payment for Medicaid compensable services made on  
1600 behalf of Medicaid eligible persons is subject to the  
1601 availability of moneys and any limitations or directions  
1602 provided for in the General Appropriations Act or chapter 216.  
1603 Further, nothing in this section shall be construed to prevent  
1604 or limit the agency from adjusting fees, reimbursement rates,  
1605 lengths of stay, number of visits, or number of services, or  
1606 making any other adjustments necessary to comply with the  
1607 availability of moneys and any limitations or directions  
1608 provided for in the General Appropriations Act, provided the  
1609 adjustment is consistent with legislative intent.

1610 (3) Subject to any limitations or directions provided for  
1611 in the General Appropriations Act, the following Medicaid  
1612 services and goods may be reimbursed on a fee-for-service basis.  
1613 For each allowable service or goods furnished in accordance with  
1614 Medicaid rules, policy manuals, handbooks, and state and federal  
1615 law, the payment shall be the amount billed by the provider, the  
1616 provider's usual and customary charge, or the maximum allowable

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1617 fee established by the agency, whichever amount is less, with  
1618 the exception of those services or goods for which the agency  
1619 makes payment using a methodology based on capitation rates,  
1620 average costs, or negotiated fees.

1621 (a) Advanced practice registered nurse ~~Advanced registered~~  
1622 ~~nurse-practitioner~~ services.

1623 (7) A provider of family planning services shall be  
1624 reimbursed the lesser of the amount billed by the provider or an  
1625 all-inclusive amount per type of visit for physicians and  
1626 advanced practice registered nurses ~~advanced registered nurse~~  
1627 ~~practitioners~~, as established by the agency in a fee schedule.

1628 Section 40. Paragraph (a) of subsection (1) of section  
1629 409.973, Florida Statutes, is amended to read:

1630 409.973 Benefits.—

1631 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
1632 minimum, the following services:

1633 (a) Advanced practice registered nurse ~~Advanced registered~~  
1634 ~~nurse-practitioner~~ services.

1635 Section 41. Effective March 1, 2019, subsection (1) of  
1636 section 409.973, Florida Statutes, as amended by section 1 of  
1637 chapter 2016-109, Laws of Florida, is amended to read:

1638 409.973 Benefits.—

1639 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
1640 minimum, the following services:



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- 1641 (a) Advanced practice registered nurse ~~Advanced registered~~  
1642 ~~nurse-practitioner~~ services.
- 1643 (b) Ambulatory surgical treatment center services.
- 1644 (c) Birthing center services.
- 1645 (d) Chiropractic services.
- 1646 (e) Early periodic screening diagnosis and treatment  
1647 services for recipients under age 21.
- 1648 (f) Emergency services.
- 1649 (g) Family planning services and supplies. Pursuant to 42  
1650 C.F.R. s. 438.102, plans may elect to not provide these services  
1651 due to an objection on moral or religious grounds, and must  
1652 notify the agency of that election when submitting a reply to an  
1653 invitation to negotiate.
- 1654 (h) Healthy start services, except as provided in s.  
1655 409.975(4).
- 1656 (i) Hearing services.
- 1657 (j) Home health agency services.
- 1658 (k) Hospice services.
- 1659 (l) Hospital inpatient services.
- 1660 (m) Hospital outpatient services.
- 1661 (n) Laboratory and imaging services.
- 1662 (o) Medical supplies, equipment, prostheses, and orthoses.
- 1663 (p) Mental health services.
- 1664 (q) Nursing care.
- 1665 (r) Optical services and supplies.

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- 1666 (s) Optometrist services.
- 1667 (t) Physical, occupational, respiratory, and speech  
1668 therapy services.
- 1669 (u) Physician services, including physician assistant  
1670 services.
- 1671 (v) Podiatric services.
- 1672 (w) Prescription drugs.
- 1673 (x) Renal dialysis services.
- 1674 (y) Respiratory equipment and supplies.
- 1675 (z) Rural health clinic services.
- 1676 (aa) Substance abuse treatment services.
- 1677 (bb) Transportation to access covered services.
- 1678 Section 42. Paragraph (a) of subsection (2) and paragraph  
1679 (a) of subsection (7) of section 429.918, Florida Statutes, are  
1680 amended to read:
- 1681 429.918 Licensure designation as a specialized Alzheimer's  
1682 services adult day care center.—
- 1683 (2) As used in this section, the term:
- 1684 (a) "ADRD participant" means a participant who has a  
1685 documented diagnosis of Alzheimer's disease or a dementia-  
1686 related disorder (ADRD) from a licensed physician, licensed  
1687 physician assistant, or a licensed advanced practice registered  
1688 nurse ~~advanced registered nurse practitioner~~.



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1689 (7) (a) An ADRD participant admitted to an adult day care  
1690 center having a license designated under this section, or the  
1691 caregiver when applicable, must:

1692 1. Require ongoing supervision to maintain the highest  
1693 level of medical or custodial functioning and have a  
1694 demonstrated need for a responsible party to oversee his or her  
1695 care.

1696 2. Not actively demonstrate aggressive behavior that  
1697 places himself, herself, or others at risk of harm.

1698 3. Provide the following medical documentation signed by a  
1699 licensed physician, licensed physician assistant, or a licensed  
1700 advanced practice registered nurse ~~advanced registered nurse~~  
1701 ~~practitioner~~:

1702 a. Any physical, health, or emotional conditions that  
1703 require medical care.

1704 b. A listing of the ADRD participant's current prescribed  
1705 and over-the-counter medications and dosages, diet restrictions,  
1706 mobility restrictions, and other physical limitations.

1707 4. Provide documentation signed by a health care provider  
1708 licensed in this state which indicates that the ADRD participant  
1709 is free of the communicable form of tuberculosis and free of  
1710 signs and symptoms of other communicable diseases.

1711 Section 43. Section 456.0391, Florida Statutes, is amended  
1712 to read:



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1713 456.0391 Advanced practice registered nurses ~~Advanced~~  
1714 ~~registered nurse practitioners~~; information required for  
1715 licensure certification.--

1716 (1) (a) Each person who applies for initial licensure  
1717 ~~certification~~ under s. 464.012 must, at the time of application,  
1718 and each person licensed ~~certified~~ under s. 464.012 who applies  
1719 for licensure ~~certification~~ renewal must, in conjunction with  
1720 the renewal of such licensure ~~certification~~ and under procedures  
1721 adopted by the Department of Health, and in addition to any  
1722 other information that may be required from the applicant,  
1723 furnish the following information to the Department of Health:

1724 1. The name of each school or training program that the  
1725 applicant has attended, with the months and years of attendance  
1726 and the month and year of graduation, and a description of all  
1727 graduate professional education completed by the applicant,  
1728 excluding any coursework taken to satisfy continuing education  
1729 requirements.

1730 2. The name of each location at which the applicant  
1731 practices.

1732 3. The address at which the applicant will primarily  
1733 conduct his or her practice.

1734 4. Any certification or designation that the applicant has  
1735 received from a specialty or certification board that is  
1736 recognized or approved by the regulatory board or department to  
1737 which the applicant is applying.

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1738 5. The year that the applicant received initial  
1739 certification or licensure and began practicing the profession  
1740 in any jurisdiction and the year that the applicant received  
1741 initial certification or licensure in this state.

1742 6. Any appointment which the applicant currently holds to  
1743 the faculty of a school related to the profession and an  
1744 indication as to whether the applicant has had the  
1745 responsibility for graduate education within the most recent 10  
1746 years.

1747 7. A description of any criminal offense of which the  
1748 applicant has been found guilty, regardless of whether  
1749 adjudication of guilt was withheld, or to which the applicant  
1750 has pled guilty or nolo contendere. A criminal offense committed  
1751 in another jurisdiction which would have been a felony or  
1752 misdemeanor if committed in this state must be reported. If the  
1753 applicant indicates that a criminal offense is under appeal and  
1754 submits a copy of the notice for appeal of that criminal  
1755 offense, the department must state that the criminal offense is  
1756 under appeal if the criminal offense is reported in the  
1757 applicant's profile. If the applicant indicates to the  
1758 department that a criminal offense is under appeal, the  
1759 applicant must, within 15 days after the disposition of the  
1760 appeal, submit to the department a copy of the final written  
1761 order of disposition.

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1762 8. A description of any final disciplinary action taken  
1763 within the previous 10 years against the applicant by a  
1764 licensing or regulatory body in any jurisdiction, by a specialty  
1765 board that is recognized by the board or department, or by a  
1766 licensed hospital, health maintenance organization, prepaid  
1767 health clinic, ambulatory surgical center, or nursing home.  
1768 Disciplinary action includes resignation from or nonrenewal of  
1769 staff membership or the restriction of privileges at a licensed  
1770 hospital, health maintenance organization, prepaid health  
1771 clinic, ambulatory surgical center, or nursing home taken in  
1772 lieu of or in settlement of a pending disciplinary case related  
1773 to competence or character. If the applicant indicates that the  
1774 disciplinary action is under appeal and submits a copy of the  
1775 document initiating an appeal of the disciplinary action, the  
1776 department must state that the disciplinary action is under  
1777 appeal if the disciplinary action is reported in the applicant's  
1778 profile.

1779 (b) In addition to the information required under  
1780 paragraph (a), each applicant for initial licensure  
1781 ~~certification~~ or licensure ~~certification~~ renewal must provide  
1782 the information required of licensees pursuant to s. 456.049.

1783 (2) The Department of Health shall send a notice to each  
1784 person licensed ~~certified~~ under s. 464.012 at the licensee's  
1785 ~~certificat~~~~holder's~~ last known address of record regarding the  
1786 requirements for information to be submitted by advanced

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1787 practice registered nurses ~~advanced registered nurse~~  
1788 ~~practitioners~~ pursuant to this section in conjunction with the  
1789 renewal of such license certificate.

1790 (3) Each person licensed ~~certified~~ under s. 464.012 who  
1791 has submitted information pursuant to subsection (1) must update  
1792 that information in writing by notifying the Department of  
1793 Health within 45 days after the occurrence of an event or the  
1794 attainment of a status that is required to be reported by  
1795 subsection (1). Failure to comply with the requirements of this  
1796 subsection to update and submit information constitutes a ground  
1797 for disciplinary action under chapter 464 and s. 456.072(1)(k).  
1798 For failure to comply with the requirements of this subsection  
1799 to update and submit information, the department or board, as  
1800 appropriate, may:

1801 (a) Refuse to issue a license certificate to any person  
1802 applying for initial licensure certification who fails to submit  
1803 and update the required information.

1804 (b) Issue a citation to any certificateholder or licensee  
1805 who fails to submit and update the required information and may  
1806 fine the certificateholder or licensee up to \$50 for each day  
1807 that the certificateholder or licensee is not in compliance with  
1808 this subsection. The citation must clearly state that the  
1809 certificateholder or licensee may choose, in lieu of accepting  
1810 the citation, to follow the procedure under s. 456.073. If the  
1811 certificateholder or licensee disputes the matter in the

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1812 citation, the procedures set forth in s. 456.073 must be  
1813 followed. However, if the certificateholder or licensee does not  
1814 dispute the matter in the citation with the department within 30  
1815 days after the citation is served, the citation becomes a final  
1816 order and constitutes discipline. Service of a citation may be  
1817 made by personal service or certified mail, restricted delivery,  
1818 to the subject at the certificateholder's or licensee's last  
1819 known address.

1820 (4) (a) An applicant for initial licensure certification  
1821 under s. 464.012 must submit a set of fingerprints to the  
1822 Department of Health on a form and under procedures specified by  
1823 the department, along with payment in an amount equal to the  
1824 costs incurred by the Department of Health for a national  
1825 criminal history check of the applicant.

1826 (b) An applicant for renewed licensure certification who  
1827 has not previously submitted a set of fingerprints to the  
1828 Department of Health for purposes of certification must submit a  
1829 set of fingerprints to the department as a condition of the  
1830 initial renewal of his or her certificate after the effective  
1831 date of this section. The applicant must submit the fingerprints  
1832 on a form and under procedures specified by the department,  
1833 along with payment in an amount equal to the costs incurred by  
1834 the Department of Health for a national criminal history check.  
1835 For subsequent renewals, the applicant for renewed licensure  
1836 certification must only submit information necessary to conduct

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1837 a statewide criminal history check, along with payment in an  
1838 amount equal to the costs incurred by the Department of Health  
1839 for a statewide criminal history check.

1840 (c)1. The Department of Health shall submit the  
1841 fingerprints provided by an applicant for initial licensure  
1842 ~~certification~~ to the Florida Department of Law Enforcement for a  
1843 statewide criminal history check, and the Florida Department of  
1844 Law Enforcement shall forward the fingerprints to the Federal  
1845 Bureau of Investigation for a national criminal history check of  
1846 the applicant.

1847 2. The department shall submit the fingerprints provided  
1848 by an applicant for the initial renewal of licensure  
1849 ~~certification~~ to the Florida Department of Law Enforcement for a  
1850 statewide criminal history check, and the Florida Department of  
1851 Law Enforcement shall forward the fingerprints to the Federal  
1852 Bureau of Investigation for a national criminal history check  
1853 for the initial renewal of the applicant's certificate after the  
1854 effective date of this section.

1855 3. For any subsequent renewal of the applicant's  
1856 certificate, the department shall submit the required  
1857 information for a statewide criminal history check of the  
1858 applicant to the Florida Department of Law Enforcement.

1859 (d) Any applicant for initial licensure ~~certification~~ or  
1860 renewal of licensure ~~certification~~ as an advanced practice  
1861 registered nurse ~~advanced registered nurse practitioner~~ who

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1862 submits to the Department of Health a set of fingerprints and  
1863 information required for the criminal history check required  
1864 under this section shall not be required to provide a subsequent  
1865 set of fingerprints or other duplicate information required for  
1866 a criminal history check to the Agency for Health Care  
1867 Administration, the Department of Juvenile Justice, or the  
1868 Department of Children and Families for employment or licensure  
1869 with such agency or department, if the applicant has undergone a  
1870 criminal history check as a condition of initial licensure  
1871 ~~certification~~ or renewal of licensure ~~certification~~ as an  
1872 advanced practice registered nurse ~~advanced registered nurse~~  
1873 ~~practitioner~~ with the Department of Health, notwithstanding any  
1874 other provision of law to the contrary. In lieu of such  
1875 duplicate submission, the Agency for Health Care Administration,  
1876 the Department of Juvenile Justice, and the Department of  
1877 Children and Families shall obtain criminal history information  
1878 for employment or licensure of persons licensed ~~certified~~ under  
1879 s. 464.012 by such agency or department from the Department of  
1880 Health's health care practitioner credentialing system.

1881 (5) Each person who is required to submit information  
1882 pursuant to this section may submit additional information to  
1883 the Department of Health. Such information may include, but is  
1884 not limited to:

1885 (a) Information regarding publications in peer-reviewed  
1886 professional literature within the previous 10 years.

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1887 (b) Information regarding professional or community  
1888 service activities or awards.

1889 (c) Languages, other than English, used by the applicant  
1890 to communicate with patients or clients and identification of  
1891 any translating service that may be available at the place where  
1892 the applicant primarily conducts his or her practice.

1893 (d) An indication of whether the person participates in  
1894 the Medicaid program.

1895 Section 44. Subsection (2) of section 456.0392, Florida  
1896 Statutes, is amended to read:

1897 456.0392 Prescription labeling.—

1898 (2) A prescription for a drug that is not listed as a  
1899 controlled substance in chapter 893 which is written by an  
1900 advanced practice registered nurse licensed ~~advanced registered~~  
1901 ~~nurse practitioner certified~~ under s. 464.012 is presumed,  
1902 subject to rebuttal, to be valid and within the parameters of  
1903 the prescriptive authority delegated by a practitioner licensed  
1904 under chapter 458, chapter 459, or chapter 466.

1905 Section 45. Paragraph (a) of subsection (1) and subsection  
1906 (6) of section 456.041, Florida Statutes, are amended to read:

1907 456.041 Practitioner profile; creation.—

1908 (1)(a) The Department of Health shall compile the  
1909 information submitted pursuant to s. 456.039 into a practitioner  
1910 profile of the applicant submitting the information, except that  
1911 the Department of Health shall develop a format to compile

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1912 uniformly any information submitted under s. 456.039(4)(b).  
1913 Beginning July 1, 2001, the Department of Health may compile the  
1914 information submitted pursuant to s. 456.0391 into a  
1915 practitioner profile of the applicant submitting the  
1916 information. The protocol submitted pursuant to s. 464.012(3)  
1917 must be included in the practitioner profile of the advanced  
1918 practice registered nurse ~~advanced registered nurse~~  
1919 ~~practitioner~~.

1920 (6) The Department of Health shall provide in each  
1921 practitioner profile for every physician or advanced practice  
1922 registered nurse ~~advanced registered nurse practitioner~~  
1923 terminated for cause from participating in the Medicaid program,  
1924 pursuant to s. 409.913, or sanctioned by the Medicaid program a  
1925 statement that the practitioner has been terminated from  
1926 participating in the Florida Medicaid program or sanctioned by  
1927 the Medicaid program.

1928 Section 46. Subsection (1) of section 456.048, Florida  
1929 Statutes, is amended to read:

1930 456.048 Financial responsibility requirements for certain  
1931 health care practitioners.—

1932 (1) As a prerequisite for licensure or license renewal,  
1933 the Board of Acupuncture, the Board of Chiropractic Medicine,  
1934 the Board of Podiatric Medicine, and the Board of Dentistry  
1935 shall, by rule, require that all health care practitioners  
1936 licensed under the respective board, and the Board of Medicine

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1937 and the Board of Osteopathic Medicine shall, by rule, require  
1938 that all anesthesiologist assistants licensed pursuant to s.  
1939 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,  
1940 require that advanced practice registered nurses licensed  
1941 ~~advanced registered nurse practitioners certified~~ under s.  
1942 464.012, and the department shall, by rule, require that  
1943 midwives maintain medical malpractice insurance or provide proof  
1944 of financial responsibility in an amount and in a manner  
1945 determined by the board or department to be sufficient to cover  
1946 claims arising out of the rendering of or failure to render  
1947 professional care and services in this state.

1948 Section 47. Subsection (7) of section 456.072, Florida  
1949 Statutes, is amended to read:

1950 456.072 Grounds for discipline; penalties; enforcement.—

1951 (7) Notwithstanding subsection (2), upon a finding that a  
1952 physician has prescribed or dispensed a controlled substance, or  
1953 caused a controlled substance to be prescribed or dispensed, in  
1954 a manner that violates the standard of practice set forth in s.  
1955 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
1956 or (s), or s. 466.028(1)(p) or (x), or that an advanced practice  
1957 registered nurse ~~advanced registered nurse practitioner~~ has  
1958 prescribed or dispensed a controlled substance, or caused a  
1959 controlled substance to be prescribed or dispensed, in a manner  
1960 that violates the standard of practice set forth in s.  
1961 464.018(1)(n) or (p)6., the physician or advanced practice

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1962 registered nurse ~~advanced registered nurse practitioner~~ shall be  
1963 suspended for a period of not less than 6 months and pay a fine  
1964 of not less than \$10,000 per count. Repeated violations shall  
1965 result in increased penalties.

1966 Section 48. Paragraph (g) of subsection (1) and subsection  
1967 (2) of section 456.44, Florida Statutes, are amended to read:

1968 456.44 Controlled substance prescribing.—

1969 (1) DEFINITIONS.—As used in this section, the term:

1970 (g) "Registrant" means a physician, a physician assistant,  
1971 or an advanced practice registered nurse ~~advanced registered~~  
1972 ~~nurse practitioner~~ who meets the requirements of subsection (2).

1973 (2) REGISTRATION.—A physician licensed under chapter 458,  
1974 chapter 459, chapter 461, or chapter 466, a physician assistant  
1975 licensed under chapter 458 or chapter 459, or an advanced  
1976 practice registered nurse licensed ~~advanced registered nurse~~  
1977 ~~practitioner certified~~ under part I of chapter 464 who  
1978 prescribes any controlled substance, listed in Schedule II,  
1979 Schedule III, or Schedule IV as defined in s. 893.03, for the  
1980 treatment of chronic nonmalignant pain, must:

1981 (a) Designate himself or herself as a controlled substance  
1982 prescribing practitioner on his or her practitioner profile.

1983 (b) Comply with the requirements of this section and  
1984 applicable board rules.

1985 Section 49. Paragraph (c) of subsection (2) of section  
1986 458.3265, Florida Statutes, is amended to read:

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1987 458.3265 Pain-management clinics.-

1988 (2) PHYSICIAN RESPONSIBILITIES.-These responsibilities  
1989 apply to any physician who provides professional services in a  
1990 pain-management clinic that is required to be registered in  
1991 subsection (1).

1992 (c) A physician, a physician assistant, or an advanced  
1993 practice registered nurse ~~advanced registered nurse practitioner~~  
1994 must perform a physical examination of a patient on the same day  
1995 that the physician prescribes a controlled substance to a  
1996 patient at a pain-management clinic. If the physician prescribes  
1997 more than a 72-hour dose of controlled substances for the  
1998 treatment of chronic nonmalignant pain, the physician must  
1999 document in the patient's record the reason for prescribing that  
2000 quantity.

2001 Section 50. Paragraph (dd) of subsection (1) of section  
2002 458.331, Florida Statutes, is amended to read:

2003 458.331 Grounds for disciplinary action; action by the  
2004 board and department.-

2005 (1) The following acts constitute grounds for denial of a  
2006 license or disciplinary action, as specified in s. 456.072(2):

2007 (dd) Failing to supervise adequately the activities of  
2008 those physician assistants, paramedics, emergency medical  
2009 technicians, advanced practice registered nurses ~~advanced~~  
2010 ~~registered nurse practitioners~~, or anesthesiologist assistants  
2011 acting under the supervision of the physician.

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2012 Section 51. Paragraph (a) of subsection (1) and subsection  
2013 (3) of section 458.348, Florida Statutes, are amended to read:  
2014 458.348 Formal supervisory relationships, standing orders,  
2015 and established protocols; notice; standards.—

2016 (1) NOTICE.—

2017 (a) When a physician enters into a formal supervisory  
2018 relationship or standing orders with an emergency medical  
2019 technician or paramedic licensed pursuant to s. 401.27, which  
2020 relationship or orders contemplate the performance of medical  
2021 acts, or when a physician enters into an established protocol  
2022 with an advanced practice registered nurse ~~advanced registered~~  
2023 ~~nurse practitioner~~, which protocol contemplates the performance  
2024 of medical acts set forth in s. 464.012(3) and (4), the  
2025 physician shall submit notice to the board. The notice shall  
2026 contain a statement in substantially the following form:

2027  
2028 I, ...(name and professional license number of  
2029 physician)..., of ...(address of physician)... have hereby  
2030 entered into a formal supervisory relationship, standing orders,  
2031 or an established protocol with ...(number of persons)...  
2032 emergency medical technician(s), ...(number of persons)...  
2033 paramedic(s), or ...(number of persons)... advanced practice  
2034 registered nurse(s) ~~advanced registered nurse practitioner(s)~~.

2035

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2036 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.-  
2037 A physician who supervises an advanced practice registered nurse  
2038 ~~advanced registered nurse practitioner~~ or physician assistant at  
2039 a medical office other than the physician's primary practice  
2040 location, where the advanced practice registered nurse ~~advanced~~  
2041 ~~registered nurse practitioner~~ or physician assistant is not  
2042 under the onsite supervision of a supervising physician, must  
2043 comply with the standards set forth in this subsection. For the  
2044 purpose of this subsection, a physician's "primary practice  
2045 location" means the address reflected on the physician's profile  
2046 published pursuant to s. 456.041.

2047 (a) A physician who is engaged in providing primary health  
2048 care services may not supervise more than four offices in  
2049 addition to the physician's primary practice location. For the  
2050 purpose of this subsection, "primary health care" means health  
2051 care services that are commonly provided to patients without  
2052 referral from another practitioner, including obstetrical and  
2053 gynecological services, and excludes practices providing  
2054 primarily dermatologic and skin care services, which include  
2055 aesthetic skin care services.

2056 (b) A physician who is engaged in providing specialty  
2057 health care services may not supervise more than two offices in  
2058 addition to the physician's primary practice location. For the  
2059 purpose of this subsection, "specialty health care" means health  
2060 care services that are commonly provided to patients with a

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2061 referral from another practitioner and excludes practices  
2062 providing primarily dermatologic and skin care services, which  
2063 include aesthetic skin care services.

2064 (c) A physician who supervises an advanced practice  
2065 registered nurse ~~advanced registered nurse practitioner~~ or  
2066 physician assistant at a medical office other than the  
2067 physician's primary practice location, where the advanced  
2068 practice registered nurse ~~advanced registered nurse practitioner~~  
2069 or physician assistant is not under the onsite supervision of a  
2070 supervising physician and the services offered at the office are  
2071 primarily dermatologic or skin care services, which include  
2072 aesthetic skin care services other than plastic surgery, must  
2073 comply with the standards listed in subparagraphs 1.-4.  
2074 Notwithstanding s. 458.347(4)(e)6., a physician supervising a  
2075 physician assistant pursuant to this paragraph may not be  
2076 required to review and cosign charts or medical records prepared  
2077 by such physician assistant.

2078 1. The physician shall submit to the board the addresses  
2079 of all offices where he or she is supervising an advanced  
2080 practice registered nurse ~~advanced registered nurse practitioner~~  
2081 or a physician's assistant which are not the physician's primary  
2082 practice location.

2083 2. The physician must be board certified or board eligible  
2084 in dermatology or plastic surgery as recognized by the board  
2085 pursuant to s. 458.3312.

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2086           3. All such offices that are not the physician's primary  
2087 place of practice must be within 25 miles of the physician's  
2088 primary place of practice or in a county that is contiguous to  
2089 the county of the physician's primary place of practice.  
2090 However, the distance between any of the offices may not exceed  
2091 75 miles.

2092           4. The physician may supervise only one office other than  
2093 the physician's primary place of practice except that until July  
2094 1, 2011, the physician may supervise up to two medical offices  
2095 other than the physician's primary place of practice if the  
2096 addresses of the offices are submitted to the board before July  
2097 1, 2006. Effective July 1, 2011, the physician may supervise  
2098 only one office other than the physician's primary place of  
2099 practice, regardless of when the addresses of the offices were  
2100 submitted to the board.

2101           (d) A physician who supervises an office in addition to  
2102 the physician's primary practice location must conspicuously  
2103 post in each of the physician's offices a current schedule of  
2104 the regular hours when the physician is present in that office  
2105 and the hours when the office is open while the physician is not  
2106 present.

2107           (e) This subsection does not apply to health care services  
2108 provided in facilities licensed under chapter 395 or in  
2109 conjunction with a college of medicine, a college of nursing, an  
2110 accredited graduate medical program, or a nursing education

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2111 program; not-for-profit, family-planning clinics that are not  
2112 licensed pursuant to chapter 390; rural and federally qualified  
2113 health centers; health care services provided in a nursing home  
2114 licensed under part II of chapter 400, an assisted living  
2115 facility licensed under part I of chapter 429, a continuing care  
2116 facility licensed under chapter 651, or a retirement community  
2117 consisting of independent living units and a licensed nursing  
2118 home or assisted living facility; anesthesia services provided  
2119 in accordance with law; health care services provided in a  
2120 designated rural health clinic; health care services provided to  
2121 persons enrolled in a program designed to maintain elderly  
2122 persons and persons with disabilities in a home or community-  
2123 based setting; university primary care student health centers;  
2124 school health clinics; or health care services provided in  
2125 federal, state, or local government facilities. Subsection (2)  
2126 and this subsection do not apply to offices at which the  
2127 exclusive service being performed is laser hair removal by an  
2128 advanced practice registered nurse ~~advanced registered nurse~~  
2129 ~~practitioner~~ or physician assistant.

2130 Section 52. Paragraph (c) of subsection (2) of section  
2131 459.0137, Florida Statutes, is amended to read:

2132 459.0137 Pain-management clinics.—

2133 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
2134 apply to any osteopathic physician who provides professional



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2135 services in a pain-management clinic that is required to be  
2136 registered in subsection (1).

2137 (c) An osteopathic physician, a physician assistant, or an  
2138 advanced practice registered nurse ~~advanced registered nurse~~  
2139 ~~practitioner~~ must perform a physical examination of a patient on  
2140 the same day that the physician prescribes a controlled  
2141 substance to a patient at a pain-management clinic. If the  
2142 osteopathic physician prescribes more than a 72-hour dose of  
2143 controlled substances for the treatment of chronic nonmalignant  
2144 pain, the osteopathic physician must document in the patient's  
2145 record the reason for prescribing that quantity.

2146 Section 53. Paragraph (hh) of subsection (1) of section  
2147 459.015, Florida Statutes, is amended to read:

2148 459.015 Grounds for disciplinary action; action by the  
2149 board and department.—

2150 (1) The following acts constitute grounds for denial of a  
2151 license or disciplinary action, as specified in s. 456.072(2):

2152 (hh) Failing to supervise adequately the activities of  
2153 those physician assistants, paramedics, emergency medical  
2154 technicians, advanced practice registered nurses ~~advanced~~  
2155 ~~registered nurse practitioners~~, anesthesiologist assistants, or  
2156 other persons acting under the supervision of the osteopathic  
2157 physician.

2158 Section 54. Paragraph (a) of subsection (1) and subsection  
2159 (3) of section 459.025, Florida Statutes, are amended to read:

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2160 459.025 Formal supervisory relationships, standing orders,  
2161 and established protocols; notice; standards.-

2162 (1) NOTICE.-

2163 (a) When an osteopathic physician enters into a formal  
2164 supervisory relationship or standing orders with an emergency  
2165 medical technician or paramedic licensed pursuant to s. 401.27,  
2166 which relationship or orders contemplate the performance of  
2167 medical acts, or when an osteopathic physician enters into an  
2168 established protocol with an advanced practice registered nurse  
2169 ~~advanced registered nurse practitioner~~, which protocol  
2170 contemplates the performance of medical acts or acts set forth  
2171 in s. 464.012(3) and (4), the osteopathic physician shall submit  
2172 notice to the board. The notice must contain a statement in  
2173 substantially the following form:

2174  
2175 I, ...(name and professional license number of osteopathic  
2176 physician)..., of ...(address of osteopathic physician)... have  
2177 hereby entered into a formal supervisory relationship, standing  
2178 orders, or an established protocol with ...(number of  
2179 persons)... emergency medical technician(s), ...(number of  
2180 persons)... paramedic(s), or ...(number of persons)... advanced  
2181 practice registered nurse(s) ~~advanced registered nurse~~  
2182 ~~practitioner(s)~~.

2183 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.-

2184 An osteopathic physician who supervises an advanced practice

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2185 registered nurse ~~advanced registered nurse practitioner~~ or  
2186 physician assistant at a medical office other than the  
2187 osteopathic physician's primary practice location, where the  
2188 advanced practice registered nurse ~~advanced registered nurse~~  
2189 ~~practitioner~~ or physician assistant is not under the onsite  
2190 supervision of a supervising osteopathic physician, must comply  
2191 with the standards set forth in this subsection. For the purpose  
2192 of this subsection, an osteopathic physician's "primary practice  
2193 location" means the address reflected on the physician's profile  
2194 published pursuant to s. 456.041.

2195 (a) An osteopathic physician who is engaged in providing  
2196 primary health care services may not supervise more than four  
2197 offices in addition to the osteopathic physician's primary  
2198 practice location. For the purpose of this subsection, "primary  
2199 health care" means health care services that are commonly  
2200 provided to patients without referral from another practitioner,  
2201 including obstetrical and gynecological services, and excludes  
2202 practices providing primarily dermatologic and skin care  
2203 services, which include aesthetic skin care services.

2204 (b) An osteopathic physician who is engaged in providing  
2205 specialty health care services may not supervise more than two  
2206 offices in addition to the osteopathic physician's primary  
2207 practice location. For the purpose of this subsection,  
2208 "specialty health care" means health care services that are  
2209 commonly provided to patients with a referral from another

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2210 practitioner and excludes practices providing primarily  
2211 dermatologic and skin care services, which include aesthetic  
2212 skin care services.

2213 (c) An osteopathic physician who supervises an advanced  
2214 practice registered nurse ~~advanced registered nurse practitioner~~  
2215 or physician assistant at a medical office other than the  
2216 osteopathic physician's primary practice location, where the  
2217 advanced practice registered nurse ~~advanced registered nurse~~  
2218 ~~practitioner~~ or physician assistant is not under the onsite  
2219 supervision of a supervising osteopathic physician and the  
2220 services offered at the office are primarily dermatologic or  
2221 skin care services, which include aesthetic skin care services  
2222 other than plastic surgery, must comply with the standards  
2223 listed in subparagraphs 1.-4. Notwithstanding s.  
2224 459.022(4)(e)6., an osteopathic physician supervising a  
2225 physician assistant pursuant to this paragraph may not be  
2226 required to review and cosign charts or medical records prepared  
2227 by such physician assistant.

2228 1. The osteopathic physician shall submit to the Board of  
2229 Osteopathic Medicine the addresses of all offices where he or  
2230 she is supervising or has a protocol with an advanced practice  
2231 registered nurse ~~advanced registered nurse practitioner~~ or a  
2232 physician ~~physician's~~ assistant which are not the osteopathic  
2233 physician's primary practice location.

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2234 2. The osteopathic physician must be board certified or  
2235 board eligible in dermatology or plastic surgery as recognized  
2236 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

2237 3. All such offices that are not the osteopathic  
2238 physician's primary place of practice must be within 25 miles of  
2239 the osteopathic physician's primary place of practice or in a  
2240 county that is contiguous to the county of the osteopathic  
2241 physician's primary place of practice. However, the distance  
2242 between any of the offices may not exceed 75 miles.

2243 4. The osteopathic physician may supervise only one office  
2244 other than the osteopathic physician's primary place of practice  
2245 except that until July 1, 2011, the osteopathic physician may  
2246 supervise up to two medical offices other than the osteopathic  
2247 physician's primary place of practice if the addresses of the  
2248 offices are submitted to the Board of Osteopathic Medicine  
2249 before July 1, 2006. Effective July 1, 2011, the osteopathic  
2250 physician may supervise only one office other than the  
2251 osteopathic physician's primary place of practice, regardless of  
2252 when the addresses of the offices were submitted to the Board of  
2253 Osteopathic Medicine.

2254 (d) An osteopathic physician who supervises an office in  
2255 addition to the osteopathic physician's primary practice  
2256 location must conspicuously post in each of the osteopathic  
2257 physician's offices a current schedule of the regular hours when  
2258 the osteopathic physician is present in that office and the

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2259 hours when the office is open while the osteopathic physician is  
2260 not present.

2261 (e) This subsection does not apply to health care services  
2262 provided in facilities licensed under chapter 395 or in  
2263 conjunction with a college of medicine or college of nursing or  
2264 an accredited graduate medical or nursing education program;  
2265 offices where the only service being performed is hair removal  
2266 by an advanced practice registered nurse ~~advanced registered~~  
2267 ~~nurse practitioner~~ or physician assistant; not-for-profit,  
2268 family-planning clinics that are not licensed pursuant to  
2269 chapter 390; rural and federally qualified health centers;  
2270 health care services provided in a nursing home licensed under  
2271 part II of chapter 400, an assisted living facility licensed  
2272 under part I of chapter 429, a continuing care facility licensed  
2273 under chapter 651, or a retirement community consisting of  
2274 independent living units and either a licensed nursing home or  
2275 assisted living facility; anesthesia services provided in  
2276 accordance with law; health care services provided in a  
2277 designated rural health clinic; health care services provided to  
2278 persons enrolled in a program designed to maintain elderly  
2279 persons and persons with disabilities in a home or community-  
2280 based setting; university primary care student health centers;  
2281 school health clinics; or health care services provided in  
2282 federal, state, or local government facilities.

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2283 Section 55. Subsection (2) of section 464.003, Florida  
2284 Statutes, is amended to read:  
2285 464.003 Definitions.—As used in this part, the term:  
2286 (2) "Advanced or specialized nursing practice" means, in  
2287 addition to the practice of professional nursing, the  
2288 performance of advanced-level nursing acts approved by the board  
2289 which, by virtue of postbasic specialized education, training,  
2290 and experience, are appropriately performed by an advanced  
2291 practice registered nurse ~~advanced registered nurse~~  
2292 ~~practitioner~~. Within the context of advanced or specialized  
2293 nursing practice, the advanced practice registered nurse  
2294 ~~advanced registered nurse practitioner~~ may perform acts of  
2295 nursing diagnosis and nursing treatment of alterations of the  
2296 health status. The advanced practice registered nurse ~~advanced~~  
2297 ~~registered nurse practitioner~~ may also perform acts of medical  
2298 diagnosis and treatment, prescription, and operation as  
2299 authorized within the framework of an established supervisory  
2300 protocol. The department may, by rule, require that a copy of  
2301 the protocol be filed with the department along with the notice  
2302 required by s. 458.348.

2303 Section 56. Subsection (2) of section 464.004, Florida  
2304 Statutes, is amended to read:  
2305 464.004 Board of Nursing; membership; appointment; terms.—  
2306 (2) Seven members of the board must be registered nurses  
2307 who are residents of this state and who have been engaged in the

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2308 practice of professional nursing for at least 4 years, including  
2309 at least one advanced practice registered nurse ~~advanced~~  
2310 ~~registered nurse practitioner~~, one nurse educator member of an  
2311 approved program, and one nurse executive. These seven board  
2312 members should be representative of the diverse areas of  
2313 practice within the nursing profession. In addition, three  
2314 members of the board must be licensed practical nurses who are  
2315 residents of this state and who have been actively engaged in  
2316 the practice of practical nursing for at least 4 years prior to  
2317 their appointment. The remaining three members must be residents  
2318 of the state who have never been licensed as nurses and who are  
2319 in no way connected with the practice of nursing. No person may  
2320 be appointed as a lay member who is in any way connected with,  
2321 or has any financial interest in, any health care facility,  
2322 agency, or insurer. At least one member of the board must be 60  
2323 years of age or older.

2324 Section 57. Paragraph (b) of subsection (3) of section  
2325 464.013, Florida Statutes, is amended to read:

2326 464.013 Renewal of license or certificate.—

2327 (3) The board shall by rule prescribe up to 30 hours of  
2328 continuing education biennially as a condition for renewal of a  
2329 license or certificate.

2330 (b) Notwithstanding the exemption in paragraph (a), as  
2331 part of the maximum 30 hours of continuing education hours  
2332 required under this subsection, advanced practice registered

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2333 nurses licensed advanced registered nurse practitioners  
2334 ~~certified~~ under s. 464.012 must complete at least 3 hours of  
2335 continuing education on the safe and effective prescription of  
2336 controlled substances. Such continuing education courses must be  
2337 offered by a statewide professional association of physicians in  
2338 this state accredited to provide educational activities  
2339 designated for the American Medical Association Physician's  
2340 Recognition Award Category 1 credit, the American Nurses  
2341 Credentialing Center, the American Association of Nurse  
2342 Anesthetists, or the American Association of Nurse Practitioners  
2343 and may be offered in a distance learning format.

2344 Section 58. Subsections (5) and (8), of section 464.015,  
2345 Florida Statutes, are amended to read:

2346 464.015 Titles and abbreviations; restrictions; penalty.-

2347 (5) Only persons who hold valid licenses ~~certificates~~ to  
2348 practice as clinical nurse specialists in this state may use the  
2349 title "Clinical Nurse Specialist" and the abbreviation "C.N.S."

2350 (8) Only persons who hold valid licenses ~~certificates~~ to  
2351 practice as advanced practice registered nurses ~~advanced~~  
2352 ~~registered nurse practitioners~~ in this state may use the title  
2353 "Advanced Practice Registered Nurse" ~~"Advanced Registered Nurse~~  
2354 ~~Practitioner"~~ and the abbreviation "A.P.R.N." ~~"A.R.N.P."~~

2355 Section 59. Subsection (9) of section 464.015, Florida  
2356 Statutes, as amended by section 9 of chapter 2016-139, Laws of  
2357 Florida, is amended to read:

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2358 464.015 Titles and abbreviations; restrictions; penalty.-

2359 (9) A person may not practice or advertise as, or assume  
2360 the title of, registered nurse, licensed practical nurse,  
2361 clinical nurse specialist, certified registered nurse  
2362 anesthetist, certified nurse midwife, certified nurse  
2363 practitioner, or advanced practice registered nurse ~~advanced~~  
2364 ~~registered nurse practitioner~~ or use the abbreviation "R.N.,"  
2365 "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," "C.N.P.," or  
2366 "A.P.R.N.," "~~A.R.N.P.~~" or take any other action that would lead  
2367 the public to believe that person was authorized by law to  
2368 practice as such or is performing nursing services pursuant to  
2369 the exception set forth in s. 464.022(8) unless that person is  
2370 licensed, certified, or authorized pursuant to s. 464.0095 to  
2371 practice as such.

2372 Section 60. Paragraph (a) of subsection (2) of section  
2373 464.016, Florida Statutes, is amended to read:

2374 464.016 Violations and penalties.-

2375 (2) Each of the following acts constitutes a misdemeanor  
2376 of the first degree, punishable as provided in s. 775.082 or s.  
2377 775.083:

2378 (a) Using the name or title "Nurse," "Registered Nurse,"  
2379 "Licensed Practical Nurse," "Clinical Nurse Specialist,"  
2380 "Certified Registered Nurse Anesthetist," "Certified Nurse  
2381 Practitioner," "Certified Nurse Midwife," "Advanced Practice  
2382 Registered Nurse," "~~Advanced Registered Nurse Practitioner~~," or

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2383 any other name or title which implies that a person was licensed  
2384 or certified as same, unless such person is duly licensed or  
2385 certified.

2386 Section 61. Paragraphs (p) and (q) of subsection (1) of  
2387 section 464.018, Florida Statutes, are amended to read:

2388 464.018 Disciplinary actions.—

2389 (1) The following acts constitute grounds for denial of a  
2390 license or disciplinary action, as specified in s. 456.072(2):

2391 (p) For an advanced practice registered nurse ~~advanced~~  
2392 ~~registered nurse practitioner~~:

2393 1. Presigning blank prescription forms.

2394 2. Prescribing for office use any medicinal drug appearing  
2395 on Schedule II in chapter 893.

2396 3. Prescribing, ordering, dispensing, administering,  
2397 supplying, selling, or giving a drug that is an amphetamine, a  
2398 sympathomimetic amine drug, or a compound designated in s.  
2399 893.03(2) as a Schedule II controlled substance, to or for any  
2400 person except for:

2401 a. The treatment of narcolepsy; hyperkinesis; behavioral  
2402 syndrome in children characterized by the developmentally  
2403 inappropriate symptoms of moderate to severe distractibility,  
2404 short attention span, hyperactivity, emotional lability, and  
2405 impulsivity; or drug-induced brain dysfunction.



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2406           b. The differential diagnostic psychiatric evaluation of  
2407 depression or the treatment of depression shown to be refractory  
2408 to other therapeutic modalities.

2409           c. The clinical investigation of the effects of such drugs  
2410 or compounds when an investigative protocol is submitted to,  
2411 reviewed by, and approved by the department before such  
2412 investigation is begun.

2413           4. Prescribing, ordering, dispensing, administering,  
2414 supplying, selling, or giving growth hormones, testosterone or  
2415 its analogs, human chorionic gonadotropin (HCG), or other  
2416 hormones for the purpose of muscle building or to enhance  
2417 athletic performance. As used in this subparagraph, the term  
2418 "muscle building" does not include the treatment of injured  
2419 muscle. A prescription written for the drug products identified  
2420 in this subparagraph may be dispensed by a pharmacist with the  
2421 presumption that the prescription is for legitimate medical use.

2422           5. Promoting or advertising on any prescription form a  
2423 community pharmacy unless the form also states: "This  
2424 prescription may be filled at any pharmacy of your choice."

2425           6. Prescribing, dispensing, administering, mixing, or  
2426 otherwise preparing a legend drug, including a controlled  
2427 substance, other than in the course of his or her professional  
2428 practice. For the purposes of this subparagraph, it is legally  
2429 presumed that prescribing, dispensing, administering, mixing, or  
2430 otherwise preparing legend drugs, including all controlled

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2431 substances, inappropriately or in excessive or inappropriate  
2432 quantities is not in the best interest of the patient and is not  
2433 in the course of the advanced practice registered nurse's  
2434 ~~advanced registered nurse practitioner's~~ professional practice,  
2435 without regard to his or her intent.

2436 7. Prescribing, dispensing, or administering a medicinal  
2437 drug appearing on any schedule set forth in chapter 893 to  
2438 himself or herself, except a drug prescribed, dispensed, or  
2439 administered to the advanced practice registered nurse ~~advanced~~  
2440 ~~registered nurse practitioner~~ by another practitioner authorized  
2441 to prescribe, dispense, or administer medicinal drugs.

2442 8. Prescribing, ordering, dispensing, administering,  
2443 supplying, selling, or giving amygdalin (laetrile) to any  
2444 person.

2445 9. Dispensing a substance designated in s. 893.03(2) or  
2446 (3) as a substance controlled in Schedule II or Schedule III,  
2447 respectively, in violation of s. 465.0276.

2448 10. Promoting or advertising through any communication  
2449 medium the use, sale, or dispensing of a substance designated in  
2450 s. 893.03 as a controlled substance.

2451 (q) For a psychiatric nurse:

2452 1. Presigning blank prescription forms.

2453 2. Prescribing for office use any medicinal drug appearing  
2454 in Schedule II of s. 893.03.



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2455 3. Prescribing, ordering, dispensing, administering,  
2456 supplying, selling, or giving a drug that is an amphetamine, a  
2457 sympathomimetic amine drug, or a compound designated in s.  
2458 893.03(2) as a Schedule II controlled substance, to or for any  
2459 person except for:

2460 a. The treatment of narcolepsy; hyperkinesis; behavioral  
2461 syndrome in children characterized by the developmentally  
2462 inappropriate symptoms of moderate to severe distractibility,  
2463 short attention span, hyperactivity, emotional lability, and  
2464 impulsivity; or drug-induced brain dysfunction.

2465 b. The differential diagnostic psychiatric evaluation of  
2466 depression or the treatment of depression shown to be refractory  
2467 to other therapeutic modalities.

2468 c. The clinical investigation of the effects of such drugs  
2469 or compounds when an investigative protocol is submitted to,  
2470 reviewed by, and approved by the department before such  
2471 investigation is begun.

2472 4. Prescribing, ordering, dispensing, administering,  
2473 supplying, selling, or giving growth hormones, testosterone or  
2474 its analogs, human chorionic gonadotropin (HCG), or other  
2475 hormones for the purpose of muscle building or to enhance  
2476 athletic performance. As used in this subparagraph, the term  
2477 "muscle building" does not include the treatment of injured  
2478 muscle. A prescription written for the drug products identified

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2479 in this subparagraph may be dispensed by a pharmacist with the  
2480 presumption that the prescription is for legitimate medical use.

2481 5. Promoting or advertising on any prescription form a  
2482 community pharmacy unless the form also states: "This  
2483 prescription may be filled at any pharmacy of your choice."

2484 6. Prescribing, dispensing, administering, mixing, or  
2485 otherwise preparing a legend drug, including a controlled  
2486 substance, other than in the course of his or her professional  
2487 practice. For the purposes of this subparagraph, it is legally  
2488 presumed that prescribing, dispensing, administering, mixing, or  
2489 otherwise preparing legend drugs, including all controlled  
2490 substances, inappropriately or in excessive or inappropriate  
2491 quantities is not in the best interest of the patient and is not  
2492 in the course of the advanced practice registered nurse's  
2493 ~~advanced registered nurse practitioner's~~ professional practice,  
2494 without regard to his or her intent.

2495 7. Prescribing, dispensing, or administering a medicinal  
2496 drug appearing on any schedule set forth in chapter 893 to  
2497 himself or herself, except a drug prescribed, dispensed, or  
2498 administered to the psychiatric nurse by another practitioner  
2499 authorized to prescribe, dispense, or administer medicinal  
2500 drugs.

2501 8. Prescribing, ordering, dispensing, administering,  
2502 supplying, selling, or giving amygdalin (laetrile) to any  
2503 person.

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2504 9. Dispensing a substance designated in s. 893.03(2) or  
2505 (3) as a substance controlled in Schedule II or Schedule III,  
2506 respectively, in violation of s. 465.0276.

2507 10. Promoting or advertising through any communication  
2508 medium the use, sale, or dispensing of a substance designated in  
2509 s. 893.03 as a controlled substance.

2510 Section 62. Paragraph (a) of subsection (4) of section  
2511 464.0205, Florida Statutes, is amended to read:

2512 464.0205 Retired volunteer nurse certificate.—

2513 (4) A retired volunteer nurse receiving certification from  
2514 the board shall:

2515 (a) Work under the direct supervision of the director of a  
2516 county health department, a physician working under a limited  
2517 license issued pursuant to s. 458.317 or s. 459.0075, a  
2518 physician licensed under chapter 458 or chapter 459, an advanced  
2519 practice registered nurse licensed ~~advanced registered nurse~~  
2520 ~~practitioner certified~~ under s. 464.012, or a registered nurse  
2521 licensed under s. 464.008 or s. 464.009.

2522 Section 63. Subsection (2) of section 467.003, Florida  
2523 Statutes, is amended to read:

2524 467.003 Definitions.—As used in this chapter, unless the  
2525 context otherwise requires:

2526 (2) "Certified nurse midwife" means a person who is  
2527 licensed as an advanced practice registered nurse ~~advanced~~  
2528 ~~registered nurse practitioner~~ under part I of chapter 464 and

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2529 who is certified to practice midwifery by the American College  
2530 of Nurse Midwives.

2531 Section 64. Subsection (1) of section 480.0475, Florida  
2532 Statutes, is amended to read:

2533 480.0475 Massage establishments; prohibited practices.—

2534 (1) A person may not operate a massage establishment  
2535 between the hours of midnight and 5 a.m. This subsection does  
2536 not apply to a massage establishment:

2537 (a) Located on the premises of a health care facility as  
2538 defined in s. 408.07; a health care clinic as defined in s.  
2539 400.9905(4); a hotel, motel, or bed and breakfast inn, as those  
2540 terms are defined in s. 509.242; a timeshare property as defined  
2541 in s. 721.05; a public airport as defined in s. 330.27; or a  
2542 pari-mutuel facility as defined in s. 550.002;

2543 (b) In which every massage performed between the hours of  
2544 midnight and 5 a.m. is performed by a massage therapist acting  
2545 under the prescription of a physician or physician assistant  
2546 licensed under chapter 458, an osteopathic physician or  
2547 physician assistant licensed under chapter 459, a chiropractic  
2548 physician licensed under chapter 460, a podiatric physician  
2549 licensed under chapter 461, an advanced practice registered  
2550 nurse ~~advanced registered nurse practitioner~~ licensed under part  
2551 I of chapter 464, or a dentist licensed under chapter 466; or





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2552 (c) Operating during a special event if the county or  
2553 municipality in which the establishment operates has approved  
2554 such operation during the special event.

2555 Section 65. Subsection (7) of section 483.041, Florida  
2556 Statutes, is amended to read:

2557 483.041 Definitions.—As used in this part, the term:

2558 (7) "Licensed practitioner" means a physician licensed  
2559 under chapter 458, chapter 459, chapter 460, or chapter 461; a  
2560 certified optometrist licensed under chapter 463; a dentist  
2561 licensed under chapter 466; a person licensed under chapter 462;  
2562 a consultant pharmacist or doctor of pharmacy licensed under  
2563 chapter 465; or an advanced practice registered nurse ~~advanced~~  
2564 ~~registered nurse practitioner~~ licensed under part I of chapter  
2565 464; or a duly licensed practitioner from another state licensed  
2566 under similar statutes who orders examinations on materials or  
2567 specimens for nonresidents of the State of Florida, but who  
2568 reside in the same state as the requesting licensed  
2569 practitioner.

2570 Section 66. Subsection (5) of section 483.801, Florida  
2571 Statutes, is amended to read:

2572 483.801 Exemptions.—This part applies to all clinical  
2573 laboratories and clinical laboratory personnel within this  
2574 state, except:

2575 (5) Advanced practice registered nurses ~~advanced~~  
2576 ~~registered nurse practitioners~~ licensed under part I of chapter

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2577 464 who perform provider-performed microscopy procedures (PPMP)  
2578 in an exclusive-use laboratory setting.

2579 Section 67. Paragraph (a) of subsection (11) of section  
2580 486.021, Florida Statutes, is amended to read:

2581 486.021 Definitions.—In this chapter, unless the context  
2582 otherwise requires, the term:

2583 (11) "Practice of physical therapy" means the performance  
2584 of physical therapy assessments and the treatment of any  
2585 disability, injury, disease, or other health condition of human  
2586 beings, or the prevention of such disability, injury, disease,  
2587 or other condition of health, and rehabilitation as related  
2588 thereto by the use of the physical, chemical, and other  
2589 properties of air; electricity; exercise; massage; the  
2590 performance of acupuncture only upon compliance with the  
2591 criteria set forth by the Board of Medicine, when no penetration  
2592 of the skin occurs; the use of radiant energy, including  
2593 ultraviolet, visible, and infrared rays; ultrasound; water; the  
2594 use of apparatus and equipment in the application of the  
2595 foregoing or related thereto; the performance of tests of  
2596 neuromuscular functions as an aid to the diagnosis or treatment  
2597 of any human condition; or the performance of electromyography  
2598 as an aid to the diagnosis of any human condition only upon  
2599 compliance with the criteria set forth by the Board of Medicine.

2600 (a) A physical therapist may implement a plan of treatment  
2601 developed by the physical therapist for a patient or provided

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2602 for a patient by a practitioner of record or by an advanced  
2603 practice registered nurse ~~advanced registered nurse practitioner~~  
2604 licensed under s. 464.012. The physical therapist shall refer  
2605 the patient to or consult with a practitioner of record if the  
2606 patient's condition is found to be outside the scope of physical  
2607 therapy. If physical therapy treatment for a patient is required  
2608 beyond 30 days for a condition not previously assessed by a  
2609 practitioner of record, the physical therapist shall have a  
2610 practitioner of record review and sign the plan. The requirement  
2611 that a physical therapist have a practitioner of record review  
2612 and sign a plan of treatment does not apply when a patient has  
2613 been physically examined by a physician licensed in another  
2614 state, the patient has been diagnosed by the physician as having  
2615 a condition for which physical therapy is required, and the  
2616 physical therapist is treating the condition. For purposes of  
2617 this paragraph, a health care practitioner licensed under  
2618 chapter 458, chapter 459, chapter 460, chapter 461, or chapter  
2619 466 and engaged in active practice is eligible to serve as a  
2620 practitioner of record.

2621 Section 68. Paragraph (d) of subsection (1) of section  
2622 490.012, Florida Statutes, is amended to read:

2623 490.012 Violations; penalties; injunction.-

2624 (1)

2625 (d) A person may not ~~No person shall~~ hold herself or  
2626 himself out by any title or description incorporating the word,

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2627 or a permutation of the word, "psychotherapy" unless such person  
2628 holds a valid, active license under chapter 458, chapter 459,  
2629 chapter 490, or chapter 491, or such person is licensed  
2630 ~~certified~~ as an advanced practice registered nurse under  
2631 ~~advanced registered nurse practitioner, pursuant to s. 464.012,~~  
2632 who has been determined by the Board of Nursing as a specialist  
2633 in psychiatric mental health.

2634 Section 69. Subsection (1) of section 491.0057, Florida  
2635 Statutes, is amended to read:

2636 491.0057 Dual licensure as a marriage and family  
2637 therapist.—The department shall license as a marriage and family  
2638 therapist any person who demonstrates to the board that he or  
2639 she:

2640 (1) Holds a valid, active license as a psychologist under  
2641 chapter 490 or as a clinical social worker or mental health  
2642 counselor under this chapter, or is licensed ~~certified~~ under s.  
2643 464.012 as an advanced practice registered nurse ~~advanced~~  
2644 ~~registered nurse practitioner~~ who has been determined by the  
2645 Board of Nursing as a specialist in psychiatric mental health.

2646 Section 70. Paragraph (d) of subsection (1) and subsection  
2647 (2) of section 491.012, Florida Statutes, are amended to read:

2648 491.012 Violations; penalty; injunction.—

2649 (1) It is unlawful and a violation of this chapter for any  
2650 person to:



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2651 (d) Use the terms psychotherapist, sex therapist, or  
2652 juvenile sexual offender therapist unless such person is  
2653 licensed pursuant to this chapter or chapter 490, or is licensed  
2654 ~~certified~~ under s. 464.012 as an advanced practice registered  
2655 nurse ~~advanced registered nurse practitioner~~ who has been  
2656 determined by the Board of Nursing as a specialist in  
2657 psychiatric mental health and the use of such terms is within  
2658 the scope of her or his practice based on education, training,  
2659 and licensure.

2660 (2) It is unlawful and a violation of this chapter for any  
2661 person to describe her or his services using the following terms  
2662 or any derivative thereof, unless such person holds a valid,  
2663 active license under this chapter or chapter 490, or is licensed  
2664 ~~certified~~ under s. 464.012 as an advanced practice registered  
2665 nurse ~~advanced registered nurse practitioner~~ who has been  
2666 determined by the Board of Nursing as a specialist in  
2667 psychiatric mental health and the use of such terms is within  
2668 the scope of her or his practice based on education, training,  
2669 and licensure:

- 2670 (a) "Psychotherapy."  
2671 (b) "Sex therapy."  
2672 (c) "Sex counseling."  
2673 (d) "Clinical social work."  
2674 (e) "Psychiatric social work."  
2675 (f) "Marriage and family therapy."

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2676 (g) "Marriage and family counseling."

2677 (h) "Marriage counseling."

2678 (i) "Family counseling."

2679 (j) "Mental health counseling."

2680 Section 71. Subsection (2) of section 493.6108, Florida  
2681 Statutes, is amended to read:

2682 493.6108 Investigation of applicants by Department of  
2683 Agriculture and Consumer Services.—

2684 (2) In addition to subsection (1), the department shall  
2685 make an investigation of the general physical fitness of the  
2686 Class "G" applicant to bear a weapon or firearm. Determination  
2687 of physical fitness shall be certified by a physician or  
2688 physician assistant currently licensed pursuant to chapter 458,  
2689 chapter 459, or any similar law of another state or authorized  
2690 to act as a licensed physician by a federal agency or department  
2691 or by an advanced practice registered nurse ~~advanced registered~~  
2692 ~~nurse practitioner~~ currently licensed pursuant to chapter 464.  
2693 Such certification shall be submitted on a form provided by the  
2694 department.

2695 Section 72. Paragraph (b) of subsection (1) of section  
2696 627.357, Florida Statutes, is amended to read:

2697 627.357 Medical malpractice self-insurance.—

2698 (1) DEFINITIONS.—As used in this section, the term:

2699 (b) "Health care provider" means any:

2700 1. Hospital licensed under chapter 395.

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- 2701           2. Physician licensed, or physician assistant licensed,  
2702 under chapter 458.
- 2703           3. Osteopathic physician or physician assistant licensed  
2704 under chapter 459.
- 2705           4. Podiatric physician licensed under chapter 461.
- 2706           5. Health maintenance organization certificated under part  
2707 I of chapter 641.
- 2708           6. Ambulatory surgical center licensed under chapter 395.
- 2709           7. Chiropractic physician licensed under chapter 460.
- 2710           8. Psychologist licensed under chapter 490.
- 2711           9. Optometrist licensed under chapter 463.
- 2712           10. Dentist licensed under chapter 466.
- 2713           11. Pharmacist licensed under chapter 465.
- 2714           12. Registered nurse, licensed practical nurse, or  
2715 advanced practice registered nurse ~~advanced registered nurse~~  
2716 ~~practitioner~~ licensed or registered under part I of chapter 464.
- 2717           13. Other medical facility.
- 2718           14. Professional association, partnership, corporation,  
2719 joint venture, or other association established by the  
2720 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
2721 10., 11., and 12. for professional activity.
- 2722           Section 73. Subsection (6) of section 627.6471, Florida  
2723 Statutes, is amended to read:
- 2724           627.6471 Contracts for reduced rates of payment;  
2725 limitations; coinsurance and deductibles.—

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2726 (6) If psychotherapeutic services are covered by a policy  
2727 issued by the insurer, the insurer shall provide eligibility  
2728 criteria for each group of health care providers licensed under  
2729 chapter 458, chapter 459, chapter 490, or chapter 491, which  
2730 include psychotherapy within the scope of their practice as  
2731 provided by law, or for any person who is licensed ~~certified~~ as  
2732 an advanced practice registered nurse ~~advanced registered nurse~~  
2733 ~~practitioner~~ in psychiatric mental health under s. 464.012. When  
2734 psychotherapeutic services are covered, eligibility criteria  
2735 shall be established by the insurer to be included in the  
2736 insurer's criteria for selection of network providers. The  
2737 insurer may not discriminate against a health care provider by  
2738 excluding such practitioner from its provider network solely on  
2739 the basis of the practitioner's license.

2740 Section 74. Subsections (15) and (17) of section 627.6472,  
2741 Florida Statutes, are amended to read:

2742 627.6472 Exclusive provider organizations.—

2743 (15) If psychotherapeutic services are covered by a policy  
2744 issued by the insurer, the insurer shall provide eligibility  
2745 criteria for all groups of health care providers licensed under  
2746 chapter 458, chapter 459, chapter 490, or chapter 491, which  
2747 include psychotherapy within the scope of their practice as  
2748 provided by law, or for any person who is licensed ~~certified~~ as  
2749 an advanced practice registered nurse ~~advanced registered nurse~~  
2750 ~~practitioner~~ in psychiatric mental health under s. 464.012. When

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2751 psychotherapeutic services are covered, eligibility criteria  
2752 shall be established by the insurer to be included in the  
2753 insurer's criteria for selection of network providers. The  
2754 insurer may not discriminate against a health care provider by  
2755 excluding such practitioner from its provider network solely on  
2756 the basis of the practitioner's license.

2757 (17) An exclusive provider organization shall not  
2758 discriminate with respect to participation as to any advanced  
2759 practice registered nurse ~~advanced registered nurse practitioner~~  
2760 licensed ~~and certified~~ pursuant to s. 464.012, who is acting  
2761 within the scope of such license ~~and certification~~, solely on  
2762 the basis of such license ~~or certification~~. This subsection  
2763 shall not be construed to prohibit a plan from including  
2764 providers only to the extent necessary to meet the needs of the  
2765 plan's enrollees or from establishing any measure designed to  
2766 maintain quality and control costs consistent with the  
2767 responsibilities of the plan.

2768 Section 75. Paragraph (a) of subsection (1) of section  
2769 627.736, Florida Statutes, is amended to read:

2770 627.736 Required personal injury protection benefits;  
2771 exclusions; priority; claims.—

2772 (1) REQUIRED BENEFITS.—An insurance policy complying with  
2773 the security requirements of s. 627.733 must provide personal  
2774 injury protection to the named insured, relatives residing in  
2775 the same household, persons operating the insured motor vehicle,

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2776 passengers in the motor vehicle, and other persons struck by the  
2777 motor vehicle and suffering bodily injury while not an occupant  
2778 of a self-propelled vehicle, subject to subsection (2) and  
2779 paragraph (4) (e), to a limit of \$10,000 in medical and  
2780 disability benefits and \$5,000 in death benefits resulting from  
2781 bodily injury, sickness, disease, or death arising out of the  
2782 ownership, maintenance, or use of a motor vehicle as follows:

2783 (a) Medical benefits.—Eighty percent of all reasonable  
2784 expenses for medically necessary medical, surgical, X-ray,  
2785 dental, and rehabilitative services, including prosthetic  
2786 devices and medically necessary ambulance, hospital, and nursing  
2787 services if the individual receives initial services and care  
2788 pursuant to subparagraph 1. within 14 days after the motor  
2789 vehicle accident. The medical benefits provide reimbursement  
2790 only for:

2791 1. Initial services and care that are lawfully provided,  
2792 supervised, ordered, or prescribed by a physician licensed under  
2793 chapter 458 or chapter 459, a dentist licensed under chapter  
2794 466, or a chiropractic physician licensed under chapter 460 or  
2795 that are provided in a hospital or in a facility that owns, or  
2796 is wholly owned by, a hospital. Initial services and care may  
2797 also be provided by a person or entity licensed under part III  
2798 of chapter 401 which provides emergency transportation and  
2799 treatment.

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2800           2. Upon referral by a provider described in subparagraph  
2801 1., followup services and care consistent with the underlying  
2802 medical diagnosis rendered pursuant to subparagraph 1. which may  
2803 be provided, supervised, ordered, or prescribed only by a  
2804 physician licensed under chapter 458 or chapter 459, a  
2805 chiropractic physician licensed under chapter 460, a dentist  
2806 licensed under chapter 466, or, to the extent permitted by  
2807 applicable law and under the supervision of such physician,  
2808 osteopathic physician, chiropractic physician, or dentist, by a  
2809 physician assistant licensed under chapter 458 or chapter 459 or  
2810 an advanced practice registered nurse ~~advanced registered nurse~~  
2811 ~~practitioner~~ licensed under chapter 464. Followup services and  
2812 care may also be provided by the following persons or entities:  
2813           a. A hospital or ambulatory surgical center licensed under  
2814 chapter 395.  
2815           b. An entity wholly owned by one or more physicians  
2816 licensed under chapter 458 or chapter 459, chiropractic  
2817 physicians licensed under chapter 460, or dentists licensed  
2818 under chapter 466 or by such practitioners and the spouse,  
2819 parent, child, or sibling of such practitioners.  
2820           c. An entity that owns or is wholly owned, directly or  
2821 indirectly, by a hospital or hospitals.  
2822           d. A physical therapist licensed under chapter 486, based  
2823 upon a referral by a provider described in this subparagraph.



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2824 e. A health care clinic licensed under part X of chapter  
2825 400 which is accredited by an accrediting organization whose  
2826 standards incorporate comparable regulations required by this  
2827 state, or

2828 (I) Has a medical director licensed under chapter 458,  
2829 chapter 459, or chapter 460;

2830 (II) Has been continuously licensed for more than 3 years  
2831 or is a publicly traded corporation that issues securities  
2832 traded on an exchange registered with the United States  
2833 Securities and Exchange Commission as a national securities  
2834 exchange; and

2835 (III) Provides at least four of the following medical  
2836 specialties:

2837 (A) General medicine.

2838 (B) Radiography.

2839 (C) Orthopedic medicine.

2840 (D) Physical medicine.

2841 (E) Physical therapy.

2842 (F) Physical rehabilitation.

2843 (G) Prescribing or dispensing outpatient prescription  
2844 medication.

2845 (H) Laboratory services.

2846 3. Reimbursement for services and care provided in  
2847 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
2848 licensed under chapter 458 or chapter 459, a dentist licensed

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2849 under chapter 466, a physician assistant licensed under chapter  
2850 458 or chapter 459, or an advanced practice registered nurse  
2851 ~~advanced registered nurse practitioner~~ licensed under chapter  
2852 464 has determined that the injured person had an emergency  
2853 medical condition.

2854 4. Reimbursement for services and care provided in  
2855 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
2856 provider listed in subparagraph 1. or subparagraph 2. determines  
2857 that the injured person did not have an emergency medical  
2858 condition.

2859 5. Medical benefits do not include massage as defined in  
2860 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
2861 of the person, entity, or licensee providing massage or  
2862 acupuncture, and a licensed massage therapist or licensed  
2863 acupuncturist may not be reimbursed for medical benefits under  
2864 this section.

2865 6. The Financial Services Commission shall adopt by rule  
2866 the form that must be used by an insurer and a health care  
2867 provider specified in sub-subparagraph 2.b., sub-subparagraph  
2868 2.c., or sub-subparagraph 2.e. to document that the health care  
2869 provider meets the criteria of this paragraph. Such rule must  
2870 include a requirement for a sworn statement or affidavit.

2871  
2872 Only insurers writing motor vehicle liability insurance in this  
2873 state may provide the required benefits of this section, and

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2874 such insurer may not require the purchase of any other motor  
2875 vehicle coverage other than the purchase of property damage  
2876 liability coverage as required by s. 627.7275 as a condition for  
2877 providing such benefits. Insurers may not require that property  
2878 damage liability insurance in an amount greater than \$10,000 be  
2879 purchased in conjunction with personal injury protection. Such  
2880 insurers shall make benefits and required property damage  
2881 liability insurance coverage available through normal marketing  
2882 channels. An insurer writing motor vehicle liability insurance  
2883 in this state who fails to comply with such availability  
2884 requirement as a general business practice violates part IX of  
2885 chapter 626, and such violation constitutes an unfair method of  
2886 competition or an unfair or deceptive act or practice involving  
2887 the business of insurance. An insurer committing such violation  
2888 is subject to the penalties provided under that part, as well as  
2889 those provided elsewhere in the insurance code.

2890 Section 76. Subsection (5) of section 633.412, Florida  
2891 Statutes, is amended to read:

2892 633.412 Firefighters; qualifications for certification.—A  
2893 person applying for certification as a firefighter must:

2894 (5) Be in good physical condition as determined by a  
2895 medical examination given by a physician, surgeon, or physician  
2896 assistant licensed to practice in the state pursuant to chapter  
2897 458; an osteopathic physician, surgeon, or physician assistant  
2898 licensed to practice in the state pursuant to chapter 459; or an

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2899 advanced practice registered nurse ~~advanced registered nurse~~  
2900 ~~practitioner~~ licensed to practice in the state pursuant to  
2901 chapter 464. Such examination may include, but need not be  
2902 limited to, the National Fire Protection Association Standard  
2903 1582. A medical examination evidencing good physical condition  
2904 shall be submitted to the division, on a form as provided by  
2905 rule, before an individual is eligible for admission into a  
2906 course under s. 633.408.

2907 Section 77. Section 641.3923, Florida Statutes, is amended  
2908 to read:

2909 641.3923 Discrimination against providers prohibited.—A  
2910 health maintenance organization may ~~shall~~ not discriminate with  
2911 respect to participation as to any advanced practice registered  
2912 nurse ~~advanced registered nurse practitioner~~ licensed and  
2913 ~~certified~~ pursuant to s. 464.012, who is acting within the scope  
2914 of such license ~~and certification~~, solely on the basis of such  
2915 license ~~or certification~~. This section may ~~shall~~ not be  
2916 construed to prohibit a plan from including providers only to  
2917 the extent necessary to meet the needs of the plan's enrollees  
2918 or from establishing any measure designed to maintain quality  
2919 and control costs consistent with the responsibilities of the  
2920 plan.

2921 Section 78. Subsection (3) of section 766.103, Florida  
2922 Statutes, is amended to read:

2923 766.103 Florida Medical Consent Law.—

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2924 (3) No recovery shall be allowed in any court in this  
2925 state against any physician licensed under chapter 458,  
2926 osteopathic physician licensed under chapter 459, chiropractic  
2927 physician licensed under chapter 460, podiatric physician  
2928 licensed under chapter 461, dentist licensed under chapter 466,  
2929 advanced practice registered nurse licensed ~~advanced registered~~  
2930 ~~nurse practitioner certified~~ under s. 464.012, or physician  
2931 assistant licensed under s. 458.347 or s. 459.022 in an action  
2932 brought for treating, examining, or operating on a patient  
2933 without his or her informed consent when:

2934 (a)1. The action of the physician, osteopathic physician,  
2935 chiropractic physician, podiatric physician, dentist, advanced  
2936 practice registered nurse ~~advanced registered nurse~~  
2937 ~~practitioner~~, or physician assistant in obtaining the consent of  
2938 the patient or another person authorized to give consent for the  
2939 patient was in accordance with an accepted standard of medical  
2940 practice among members of the medical profession with similar  
2941 training and experience in the same or similar medical community  
2942 as that of the person treating, examining, or operating on the  
2943 patient for whom the consent is obtained; and

2944 2. A reasonable individual, from the information provided  
2945 by the physician, osteopathic physician, chiropractic physician,  
2946 podiatric physician, dentist, advanced practice registered nurse  
2947 ~~advanced registered nurse practitioner~~, or physician assistant,  
2948 under the circumstances, would have a general understanding of

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2949 the procedure, the medically acceptable alternative procedures  
2950 or treatments, and the substantial risks and hazards inherent in  
2951 the proposed treatment or procedures, which are recognized among  
2952 other physicians, osteopathic physicians, chiropractic  
2953 physicians, podiatric physicians, or dentists in the same or  
2954 similar community who perform similar treatments or procedures;  
2955 or

2956 (b) The patient would reasonably, under all the  
2957 surrounding circumstances, have undergone such treatment or  
2958 procedure had he or she been advised by the physician,  
2959 osteopathic physician, chiropractic physician, podiatric  
2960 physician, dentist, advanced practice registered nurse ~~advanced~~  
2961 ~~registered nurse practitioner~~, or physician assistant in  
2962 accordance with the provisions of paragraph (a).

2963 Section 79. Paragraph (d) of subsection (3) of section  
2964 766.1115, Florida Statutes, is amended to read:

2965 766.1115 Health care providers; creation of agency  
2966 relationship with governmental contractors.—

2967 (3) DEFINITIONS.—As used in this section, the term:

2968 (d) "Health care provider" or "provider" means:

- 2969 1. A birth center licensed under chapter 383.  
2970 2. An ambulatory surgical center licensed under chapter  
2971 395.  
2972 3. A hospital licensed under chapter 395.



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- 2973 4. A physician or physician assistant licensed under  
2974 chapter 458.
- 2975 5. An osteopathic physician or osteopathic physician  
2976 assistant licensed under chapter 459.
- 2977 6. A chiropractic physician licensed under chapter 460.
- 2978 7. A podiatric physician licensed under chapter 461.
- 2979 8. A registered nurse, nurse midwife, licensed practical  
2980 nurse, or advanced practice registered nurse ~~advanced registered~~  
2981 ~~nurse practitioner~~ licensed or registered under part I of  
2982 chapter 464 or any facility which employs nurses licensed or  
2983 registered under part I of chapter 464 to supply all or part of  
2984 the care delivered under this section.
- 2985 9. A midwife licensed under chapter 467.
- 2986 10. A health maintenance organization certificated under  
2987 part I of chapter 641.
- 2988 11. A health care professional association and its  
2989 employees or a corporate medical group and its employees.
- 2990 12. Any other medical facility the primary purpose of  
2991 which is to deliver human medical diagnostic services or which  
2992 delivers nonsurgical human medical treatment, and which includes  
2993 an office maintained by a provider.
- 2994 13. A dentist or dental hygienist licensed under chapter  
2995 466.



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2996 14. A free clinic that delivers only medical diagnostic  
2997 services or nonsurgical medical treatment free of charge to all  
2998 low-income recipients.

2999 15. Any other health care professional, practitioner,  
3000 provider, or facility under contract with a governmental  
3001 contractor, including a student enrolled in an accredited  
3002 program that prepares the student for licensure as any one of  
3003 the professionals listed in subparagraphs 4.-9.

3004

3005 The term includes any nonprofit corporation qualified as exempt  
3006 from federal income taxation under s. 501(a) of the Internal  
3007 Revenue Code, and described in s. 501(c) of the Internal Revenue  
3008 Code, which delivers health care services provided by licensed  
3009 professionals listed in this paragraph, any federally funded  
3010 community health center, and any volunteer corporation or  
3011 volunteer health care provider that delivers health care  
3012 services.

3013 Section 80. Subsection (1) of section 766.1116, Florida  
3014 Statutes, is amended to read:

3015 766.1116 Health care practitioner; waiver of license  
3016 renewal fees and continuing education requirements.—

3017 (1) As used in this section, the term "health care  
3018 practitioner" means a physician or physician assistant licensed  
3019 under chapter 458; an osteopathic physician or physician  
3020 assistant licensed under chapter 459; a chiropractic physician

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3021 licensed under chapter 460; a podiatric physician licensed under  
3022 chapter 461; an advanced practice registered nurse ~~advanced~~  
3023 ~~registered nurse-practitioner~~, registered nurse, or licensed  
3024 practical nurse licensed under part I of chapter 464; a dentist  
3025 or dental hygienist licensed under chapter 466; or a midwife  
3026 licensed under chapter 467, who participates as a health care  
3027 provider under s. 766.1115.

3028 Section 81. Paragraph (c) of subsection (1) of section  
3029 766.118, Florida Statutes, is amended to read:

3030 766.118 Determination of noneconomic damages.—

3031 (1) DEFINITIONS.—As used in this section, the term:

3032 (c) "Practitioner" means any person licensed under chapter  
3033 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter  
3034 463, chapter 466, chapter 467, ~~or~~ chapter 486 or ~~certified~~ under  
3035 s. 464.012. "Practitioner" also means any association,  
3036 corporation, firm, partnership, or other business entity under  
3037 which such practitioner practices or any employee of such  
3038 practitioner or entity acting in the scope of his or her  
3039 employment. For the purpose of determining the limitations on  
3040 noneconomic damages set forth in this section, the term  
3041 "practitioner" includes any person or entity for whom a  
3042 practitioner is vicariously liable and any person or entity  
3043 whose liability is based solely on such person or entity being  
3044 vicariously liable for the actions of a practitioner.

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3045 Section 82. Subsection (5) of section 794.08, Florida  
3046 Statutes, is amended to read:

3047 794.08 Female genital mutilation.—

3048 (5) This section does not apply to procedures performed by  
3049 or under the direction of a physician licensed under chapter  
3050 458, an osteopathic physician licensed under chapter 459, a  
3051 registered nurse licensed under part I of chapter 464, a  
3052 practical nurse licensed under part I of chapter 464, an  
3053 advanced practice registered nurse ~~advanced registered nurse~~  
3054 ~~practitioner~~ licensed under part I of chapter 464, a midwife  
3055 licensed under chapter 467, or a physician assistant licensed  
3056 under chapter 458 or chapter 459 when necessary to preserve the  
3057 physical health of a female person. This section also does not  
3058 apply to any autopsy or limited dissection conducted pursuant to  
3059 chapter 406.

3060 Section 83. Subsection (23) of section 893.02, Florida  
3061 Statutes, is amended to read:

3062 893.02 Definitions.—The following words and phrases as  
3063 used in this chapter shall have the following meanings, unless  
3064 the context otherwise requires:

3065 (23) "Practitioner" means a physician licensed under  
3066 chapter 458, a dentist licensed under chapter 466, a  
3067 veterinarian licensed under chapter 474, an osteopathic  
3068 physician licensed under chapter 459, an advanced practice  
3069 registered nurse licensed ~~advanced registered nurse practitioner~~

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3070 eertified under chapter 464, a naturopath licensed under chapter  
3071 462, a certified optometrist licensed under chapter 463, a  
3072 psychiatric nurse as defined in s. 394.455, a podiatric  
3073 physician licensed under chapter 461, or a physician assistant  
3074 licensed under chapter 458 or chapter 459, provided such  
3075 practitioner holds a valid federal controlled substance registry  
3076 number.

3077 Section 84. Paragraph (b) of subsection (1) of section  
3078 893.05, Florida Statutes, is amended to read:

3079 893.05 Practitioners and persons administering controlled  
3080 substances in their absence.—

3081 (1)

3082 (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s.  
3083 464.012(3), as applicable, a practitioner who supervises a  
3084 licensed physician assistant or advanced practice registered  
3085 nurse ~~advanced registered nurse practitioner~~ may authorize the  
3086 licensed physician assistant or advanced practice registered  
3087 nurse ~~advanced registered nurse practitioner~~ to order controlled  
3088 substances for administration to a patient in a facility  
3089 licensed under chapter 395 or part II of chapter 400.

3090 Section 85. Subsection (6) of section 943.13, Florida  
3091 Statutes, is amended to read:

3092 943.13 Officers' minimum qualifications for employment or  
3093 appointment.—On or after October 1, 1984, any person employed or  
3094 appointed as a full-time, part-time, or auxiliary law

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3095 enforcement officer or correctional officer; on or after October  
3096 1, 1986, any person employed as a full-time, part-time, or  
3097 auxiliary correctional probation officer; and on or after  
3098 October 1, 1986, any person employed as a full-time, part-time,  
3099 or auxiliary correctional officer by a private entity under  
3100 contract to the Department of Corrections, to a county  
3101 commission, or to the Department of Management Services shall:  
3102 (6) Have passed a physical examination by a licensed  
3103 physician, physician assistant, or licensed advanced practice  
3104 registered nurse ~~certified advanced registered nurse~~  
3105 ~~practitioner~~, based on specifications established by the  
3106 commission. In order to be eligible for the presumption set  
3107 forth in s. 112.18 while employed with an employing agency, a  
3108 law enforcement officer, correctional officer, or correctional  
3109 probation officer must have successfully passed the physical  
3110 examination required by this subsection upon entering into  
3111 service as a law enforcement officer, correctional officer, or  
3112 correctional probation officer with the employing agency, which  
3113 examination must have failed to reveal any evidence of  
3114 tuberculosis, heart disease, or hypertension. A law enforcement  
3115 officer, correctional officer, or correctional probation officer  
3116 may not use a physical examination from a former employing  
3117 agency for purposes of claiming the presumption set forth in s.  
3118 112.18 against the current employing agency.

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Amendment No.

3119 Section 86. Paragraph (n) of subsection (1) of section  
3120 948.03, Florida Statutes, is amended to read:

3121 948.03 Terms and conditions of probation.—

3122 (1) The court shall determine the terms and conditions of  
3123 probation. Conditions specified in this section do not require  
3124 oral pronouncement at the time of sentencing and may be  
3125 considered standard conditions of probation. These conditions  
3126 may include among them the following, that the probationer or  
3127 offender in community control shall:

3128 (n) Be prohibited from using intoxicants to excess or  
3129 possessing any drugs or narcotics unless prescribed by a  
3130 physician, an advanced practice registered nurse ~~advanced~~  
3131 ~~registered nurse practitioner~~, or a physician assistant. The  
3132 probationer or community controllee may not knowingly visit  
3133 places where intoxicants, drugs, or other dangerous substances  
3134 are unlawfully sold, dispensed, or used.

3135 Section 87. Paragraph (i) of subsection (3) of section  
3136 1002.20, Florida Statutes, is amended to read:

3137 1002.20 K-12 student and parent rights.—Parents of public  
3138 school students must receive accurate and timely information  
3139 regarding their child's academic progress and must be informed  
3140 of ways they can help their child to succeed in school. K-12  
3141 students and their parents are afforded numerous statutory  
3142 rights including, but not limited to, the following:

3143 (3) HEALTH ISSUES.—

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Amendment No.

3144 (i) Epinephrine use and supply.-

3145 1. A student who has experienced or is at risk for life-  
3146 threatening allergic reactions may carry an epinephrine auto-  
3147 injector and self-administer epinephrine by auto-injector while  
3148 in school, participating in school-sponsored activities, or in  
3149 transit to or from school or school-sponsored activities if the  
3150 school has been provided with parental and physician  
3151 authorization. The State Board of Education, in cooperation with  
3152 the Department of Health, shall adopt rules for such use of  
3153 epinephrine auto-injectors that shall include provisions to  
3154 protect the safety of all students from the misuse or abuse of  
3155 auto-injectors. A school district, county health department,  
3156 public-private partner, and their employees and volunteers shall  
3157 be indemnified by the parent of a student authorized to carry an  
3158 epinephrine auto-injector for any and all liability with respect  
3159 to the student's use of an epinephrine auto-injector pursuant to  
3160 this paragraph.

3161 2. A public school may purchase a supply of epinephrine  
3162 auto-injectors from a wholesale distributor as defined in s.  
3163 499.003 or may enter into an arrangement with a wholesale  
3164 distributor or manufacturer as defined in s. 499.003 for the  
3165 epinephrine auto-injectors at fair-market, free, or reduced  
3166 prices for use in the event a student has an anaphylactic  
3167 reaction. The epinephrine auto-injectors must be maintained in a  
3168 secure location on the public school's premises. The

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3169 participating school district shall adopt a protocol developed  
3170 by a licensed physician for the administration by school  
3171 personnel who are trained to recognize an anaphylactic reaction  
3172 and to administer an epinephrine auto-injection. The supply of  
3173 epinephrine auto-injectors may be provided to and used by a  
3174 student authorized to self-administer epinephrine by auto-  
3175 injector under subparagraph 1. or trained school personnel.

3176 3. The school district and its employees, agents, and the  
3177 physician who provides the standing protocol for school  
3178 epinephrine auto-injectors are not liable for any injury arising  
3179 from the use of an epinephrine auto-injector administered by  
3180 trained school personnel who follow the adopted protocol and  
3181 whose professional opinion is that the student is having an  
3182 anaphylactic reaction:

3183 a. Unless the trained school personnel's action is willful  
3184 and wanton;

3185 b. Notwithstanding that the parents or guardians of the  
3186 student to whom the epinephrine is administered have not been  
3187 provided notice or have not signed a statement acknowledging  
3188 that the school district is not liable; and

3189 c. Regardless of whether authorization has been given by  
3190 the student's parents or guardians or by the student's  
3191 physician, physician's assistant, or advanced practice  
3192 registered nurse ~~advanced registered nurse practitioner~~.



Amendment No.

3193 Section 88. Paragraph (b) of subsection (17) of section  
3194 1002.42, Florida Statutes, is amended to read:

3195 1002.42 Private schools.—

3196 (17) EPINEPHRINE SUPPLY.—

3197 (b) The private school and its employees, agents, and the  
3198 physician who provides the standing protocol for school  
3199 epinephrine auto-injectors are not liable for any injury arising  
3200 from the use of an epinephrine auto-injector administered by  
3201 trained school personnel who follow the adopted protocol and  
3202 whose professional opinion is that the student is having an  
3203 anaphylactic reaction:

3204 1. Unless the trained school personnel's action is willful  
3205 and wanton;

3206 2. Notwithstanding that the parents or guardians of the  
3207 student to whom the epinephrine is administered have not been  
3208 provided notice or have not signed a statement acknowledging  
3209 that the school district is not liable; and

3210 3. Regardless of whether authorization has been given by  
3211 the student's parents or guardians or by the student's  
3212 physician, physician's assistant, or advanced practice  
3213 registered nurse ~~advanced registered nurse practitioner~~.

3214 Section 89. Subsections (4) and (5) of section 1006.062,  
3215 Florida Statutes, are amended to read:

3216 1006.062 Administration of medication and provision of  
3217 medical services by district school board personnel.—

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Amendment No.

3218 (4) Nonmedical assistive personnel shall be allowed to  
3219 perform health-related services upon successful completion of  
3220 child-specific training by a registered nurse or advanced  
3221 practice registered nurse ~~advanced registered nurse practitioner~~  
3222 licensed under chapter 464, a physician licensed pursuant to  
3223 chapter 458 or chapter 459, or a physician assistant licensed  
3224 pursuant to chapter 458 or chapter 459. All procedures shall be  
3225 monitored periodically by a nurse, advanced practice registered  
3226 nurse ~~advanced registered nurse practitioner~~, physician  
3227 assistant, or physician, including, but not limited to:

- 3228 (a) Intermittent clean catheterization.  
3229 (b) Gastrostomy tube feeding.  
3230 (c) Monitoring blood glucose.  
3231 (d) Administering emergency injectable medication.

3232 (5) For all other invasive medical services not listed in  
3233 this subsection, a registered nurse or advanced practice  
3234 registered nurse ~~advanced registered nurse practitioner~~ licensed  
3235 under chapter 464, a physician licensed pursuant to chapter 458  
3236 or chapter 459, or a physician assistant licensed pursuant to  
3237 chapter 458 or chapter 459 shall determine if nonmedical  
3238 district school board personnel shall be allowed to perform such  
3239 service.

3240 Section 90. Subsection (1) and paragraph (a) of subsection  
3241 (2) of section 1009.65, Florida Statutes, are amended to read:



Amendment No.

3242 1009.65 Medical Education Reimbursement and Loan Repayment  
3243 Program.—

3244 (1) To encourage qualified medical professionals to  
3245 practice in underserved locations where there are shortages of  
3246 such personnel, there is established the Medical Education  
3247 Reimbursement and Loan Repayment Program. The function of the  
3248 program is to make payments that offset loans and educational  
3249 expenses incurred by students for studies leading to a medical  
3250 or nursing degree, medical or nursing licensure, or advanced  
3251 practice registered nurse licensure ~~advanced registered nurse~~  
3252 ~~practitioner certification~~ or physician assistant licensure. The  
3253 following licensed or certified health care professionals are  
3254 eligible to participate in this program: medical doctors with  
3255 primary care specialties, doctors of osteopathic medicine with  
3256 primary care specialties, physician's assistants, licensed  
3257 practical nurses and registered nurses, and advanced practice  
3258 registered nurses ~~advanced registered nurse practitioners~~ with  
3259 primary care specialties such as certified nurse midwives.  
3260 Primary care medical specialties for physicians include  
3261 obstetrics, gynecology, general and family practice, internal  
3262 medicine, pediatrics, and other specialties which may be  
3263 identified by the Department of Health.

3264 (2) From the funds available, the Department of Health  
3265 shall make payments to selected medical professionals as  
3266 follows:

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3267 (a) Up to \$4,000 per year for licensed practical nurses  
3268 and registered nurses, up to \$10,000 per year for advanced  
3269 practice registered nurses ~~advanced registered nurse~~  
3270 ~~practitioners~~ and physician's assistants, and up to \$20,000 per  
3271 year for physicians. Penalties for noncompliance shall be the  
3272 same as those in the National Health Services Corps Loan  
3273 Repayment Program. Educational expenses include costs for  
3274 tuition, matriculation, registration, books, laboratory and  
3275 other fees, other educational costs, and reasonable living  
3276 expenses as determined by the Department of Health.

3277 Section 91. Subsection (2) of section 1009.66, Florida  
3278 Statutes, is amended to read:

3279 1009.66 Nursing Student Loan Forgiveness Program.—

3280 (2) To be eligible, a candidate must have graduated from  
3281 an accredited or approved nursing program and have received a  
3282 Florida license as a licensed practical nurse or a registered  
3283 nurse or a Florida license certificate as an advanced practice  
3284 registered nurse ~~advanced registered nurse practitioner~~.

3285 Section 92. Subsection (3) of section 1009.67, Florida  
3286 Statutes, is amended to read:

3287 1009.67 Nursing scholarship program.—

3288 (3) A scholarship may be awarded for no more than 2 years,  
3289 in an amount not to exceed \$8,000 per year. However, registered  
3290 nurses pursuing a graduate degree for a faculty position or to  
3291 practice as an advanced practice registered nurse ~~advanced~~

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3292 ~~registered nurse practitioner~~ may receive up to \$12,000 per  
3293 year. These amounts shall be adjusted by the amount of increase  
3294 or decrease in the Consumer Price Index for All Urban Consumers  
3295 published by the United States Department of Commerce.

3296

3297 Section 93. Except as otherwise expressly provided in this  
3298 act, this act shall take effect July 1, 2018

3299

3300

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3301

**T I T L E A M E N D M E N T**

3302

Remove everything before the enacting clause and insert:

3303

An act relating to nursing; amending s. 464.003, F.S.; defining

3304

the term "advanced practice registered nurse"; deleting the

3305

terms "advanced registered nurse practitioner", "clinical nurse

3306

specialist" and "clinical nurse specialist practice," to conform

3307

to changes made by the act; repealing s. 464.0115, F.S.,

3308

relating to the certification of clinical nurse specialists;

3309

amending s. 464.012, F.S.; requiring any nurse desiring to be

3310

licensed as an advanced practice registered nurse to apply to

3311

the Department of Health, submit proof that he or she holds a

3312

current license to practice professional nursing, and meet one

3313

or more specified requirements as determined by the Board of

3314

Nursing; authorizing the board to adopt rules to provide for

3315

provisional state licensure of certified nurse midwives,

3316

certified nurse practitioners, certified registered nurse

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3317 anesthetists, clinical nurse specialists, and psychiatric nurses  
3318 for a specified period of time; requiring the department and the  
3319 board to establish a transition process for converting certain  
3320 certified practitioners to licensed practitioners; authorizing  
3321 certain certified practitioners to continue practicing advanced  
3322 nursing during a specified period of time; providing  
3323 construction; providing an expiration date for provisions  
3324 relating to the transition from certification to licensure;  
3325 conforming provisions to changes made by the act; amending s.  
3326 960.28, F.S.; conforming a cross-reference; amending ss. 39.303,  
3327 39.304, 90.503, 110.12315, 121.0515, 252.515, 310.071, 310.073,  
3328 310.081, 320.0848, 381.00315, 381.00593, 383.14, 383.141,  
3329 384.27, 390.0111, 390.012, 394.455, 395.0191, 397.311, 397.4012,  
3330 397.427, 397.679, 397.6793, 400.021, 400.462, 400.487, 400.506,  
3331 400.9973, 400.9974, 400.9976, 400.9979, 401.445, 409.905,  
3332 409.908, 409.973, 429.918, 456.0391, 456.0392, 456.041, 456.048,  
3333 456.072, 456.44, 458.3265, 458.331, 458.348, 459.0137, 459.015,  
3334 459.025, 464.003, 464.004, 464.013, 464.015, 464.016, 464.018,  
3335 464.0205, 467.003, 480.0475, 483.041, 483.801, 486.021, 490.012,  
3336 491.0057, 491.012, 493.6108, 627.357, 627.6471, 627.6472,  
3337 627.736, 633.412, 641.3923, 766.103, 766.1115, 766.1116,  
3338 766.118, 794.08, 893.02, 893.05, 943.13, 948.03, 1002.20,  
3339 1002.42, 1006.062, 1009.65, 1009.66, and 1009.67, F.S. ;  
3340 conforming provisions to changes made by the act; providing  
3341 effective dates.

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