

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

27 training requirements; requiring the Agency for Health  
28 Care Administration, in consultation with the Board of  
29 Nursing, to adopt rules for medication administration;  
30 creating s. 400.490, F.S.; authorizing a certified  
31 nursing assistant or home health aide to perform tasks  
32 delegated by a registered nurse; creating s. 400.52,  
33 F.S.; creating the Excellence in Home Health Program  
34 within the agency; requiring the agency to adopt rules  
35 establishing program criteria; requiring the agency to  
36 annually evaluate certain home health agencies that  
37 apply for a program award; providing eligibility  
38 requirements; requiring an agency to reapply  
39 biennially for the award designation; authorizing an  
40 award recipient to use the designation in advertising  
41 and marketing; prohibiting a home health agency from  
42 using the award designation in any advertising or  
43 marketing under certain circumstances; providing that  
44 an application for an award designation under the  
45 program is not an application for licensure and such  
46 designation does not constitute final agency action  
47 subject to certain administrative procedures; creating  
48 s. 408.064, F.S.; providing definitions; requiring the  
49 agency to develop and maintain a voluntary registry of  
50 home care workers; providing requirements for the  
51 registry; requiring a home care worker to apply to be  
52 included in the registry; requiring the agency to

53 | develop a process by which a home health services  
54 | provider may include its employees on the registry;  
55 | requiring certain home care workers to undergo  
56 | background screening and training; requiring each page  
57 | of the registry website to contain a specified notice;  
58 | requiring the agency to adopt rules; creating s.  
59 | 408.822, F.S.; defining the term "direct care worker";  
60 | requiring certain licensees to provide specified  
61 | information about employees in a survey beginning on a  
62 | specified date; requiring that the survey be completed  
63 | on a form with a specified attestation adopted by the  
64 | agency in rule; requiring a licensee to submit such  
65 | survey before the agency renews its license; requiring  
66 | the agency to analyze the results of such survey and  
67 | publish its results on the agency's website; requiring  
68 | the agency to update such information monthly;  
69 | requiring the agency's analysis to include specified  
70 | information; creating s. 464.0156, F.S.; authorizing a  
71 | registered nurse to delegate tasks to a certified  
72 | nursing assistant or home health aide under certain  
73 | conditions; providing the criteria that a registered  
74 | nurse must consider in determining if a task may be  
75 | delegated; authorizing a registered nurse to delegate  
76 | medication administration to a certified nursing  
77 | assistant or home health aide if certain requirements  
78 | are met; requiring the Board of Nursing, in

79 |       consultation with the agency, to adopt rules; amending  
 80 |       s. 464.018, F.S.; providing that a registered nurse  
 81 |       who delegates certain tasks to a person the registered  
 82 |       nurse knows or has reason to know is unqualified is  
 83 |       grounds for licensure denial or disciplinary action;  
 84 |       creating s. 464.2035, F.S.; authorizing a certified  
 85 |       nursing assistant to administer certain prescription  
 86 |       medications under certain conditions; requiring the  
 87 |       certified nursing assistant to meet certain training  
 88 |       and competency requirements; requiring the training,  
 89 |       determination of competency, and annual validations to  
 90 |       be performed by a registered nurse or a physician;  
 91 |       requiring a certified nursing assistant to complete  
 92 |       annual inservice training in medication administration  
 93 |       and medication error prevention in addition to  
 94 |       existing annual inservice training requirements;  
 95 |       requiring the board, in consultation with the agency,  
 96 |       to adopt rules; amending s. 456.0391, F.S.; requiring  
 97 |       an autonomous physician assistant to submit certain  
 98 |       information to the Department of Health; requiring the  
 99 |       department to send a notice to autonomous physician  
 100 |       assistants regarding the required information;  
 101 |       requiring autonomous physician assistants who have  
 102 |       submitted required information to update such  
 103 |       information in writing; providing penalties; amending  
 104 |       s. 456.041, F.S.; requiring the department to provide

105 a practitioner profile for an autonomous physician  
106 assistant; amending ss. 458.347 and 459.022, F.S.;  
107 defining the term "autonomous physician assistant";  
108 authorizing third-party payors to reimburse employers  
109 for services provided by autonomous physician  
110 assistants; deleting a requirement that a physician  
111 assistant must inform a patient of a right to see a  
112 physician before prescribing or dispensing a  
113 prescription; revising the requirements for physician  
114 assistant education and training programs; authorizing  
115 the Board of Medicine to impose certain penalties upon  
116 an autonomous physician assistant; requiring the board  
117 to register a physician assistant as an autonomous  
118 physician assistant if the applicant meets certain  
119 criteria; providing requirements; providing  
120 exceptions; requiring the department to distinguish  
121 such autonomous physician assistants' licenses;  
122 authorizing such autonomous physician assistants to  
123 perform specified acts without physician supervision  
124 or supervisory protocol; requiring biennial  
125 registration renewal; requiring the Council on  
126 Physician Assistants to establish rules; revising the  
127 membership and duties of the council; prohibiting a  
128 person who is not registered as an autonomous  
129 physician assistant from using the title; providing  
130 for the denial, suspension, or revocation of the

131 registration of an autonomous physician assistant;  
132 requiring the board to adopt rules; requiring  
133 autonomous physician assistants to report adverse  
134 incidents to the department; amending s. 464.012,  
135 F.S.; requiring applicants for registration as an  
136 advanced practice registered nurse to apply to the  
137 Board of Nursing; authorizing an advanced practice  
138 registered nurse to sign, certify, stamp, verify, or  
139 endorse a document that requires the signature,  
140 certification, stamp, verification, affidavit, or  
141 endorsement of a physician within the framework of an  
142 established protocol; providing an exception; creating  
143 s. 464.0123, F.S.; defining the term "autonomous  
144 practice"; providing for the registration of an  
145 advanced practice registered nurse to engage in  
146 autonomous practice; providing registration  
147 requirements; requiring the department to distinguish  
148 such advanced practice registered nurses' licenses and  
149 include the registration in their practitioner  
150 profiles; authorizing such advanced practice  
151 registered nurses to perform specified acts without  
152 physician supervision or supervisory protocol;  
153 requiring biennial registration renewal and continuing  
154 education; authorizing the Board of Nursing to  
155 establish an advisory committee to determine the  
156 medical acts that may be performed by such advanced

157 practice registered nurses; providing for appointment  
 158 and terms of committee members; requiring the board to  
 159 adopt rules; creating s. 464.0155, F.S.; requiring  
 160 advanced practice registered nurses registered to  
 161 engage in autonomous practice to report adverse  
 162 incidents to the Department of Health; providing  
 163 requirements; defining the term "adverse incident";  
 164 providing for department review of such reports;  
 165 authorizing the department to take disciplinary  
 166 action; amending s. 464.018, F.S.; providing  
 167 additional grounds for denial of a license or  
 168 disciplinary action for advanced practice registered  
 169 nurses registered to engage in autonomous practice;  
 170 amending s. 39.01, F.S.; revising the definition of  
 171 the term "licensed health care professional" to  
 172 include an autonomous physician assistant; amending s.  
 173 39.303, F.S.; authorizing a specified autonomous  
 174 physician assistant to review certain cases of abuse  
 175 or neglect and standards for face-to-face medical  
 176 evaluations by a Child Protection Team; amending s.  
 177 39.304, F.S.; authorizing an autonomous physician  
 178 assistant to perform or order an examination and  
 179 diagnose a child without parental consent under  
 180 certain circumstances; amending s. 110.12315, F.S.;  
 181 revising requirements for reimbursement of pharmacies  
 182 for specified prescription drugs and supplies under

183 the state employees' prescription drug program;  
184 amending s. 252.515, F.S.; providing immunity from  
185 civil liability for an autonomous physician assistant  
186 under the Postdisaster Relief Assistance Act; amending  
187 ss. 310.071, 310.073, and 310.081, F.S.; authorizing  
188 an autonomous physician assistant and a physician  
189 assistant to administer the physical examination  
190 required for deputy pilot certification and state  
191 pilot licensure; authorizing an applicant for a deputy  
192 pilot certificate or a state pilot license to use  
193 controlled substances prescribed by an autonomous  
194 physician assistant; amending s. 320.0848, F.S.;  
195 authorizing an autonomous physician assistant to  
196 certify that a person is disabled to satisfy  
197 requirements for certain permits; amending s.  
198 381.00315, F.S.; providing for the temporary  
199 reactivation of the registration of an autonomous  
200 physician assistant in a public health emergency;  
201 amending s. 381.00593, F.S.; revising the definition  
202 of the term "health care practitioner" to include an  
203 autonomous physician assistant for purposes of the  
204 Public School Volunteer Health Care Practitioner Act;  
205 amending s. 381.026, F.S.; revising the definition of  
206 the term "health care provider" to include an advanced  
207 practice registered nurse and an autonomous physician  
208 assistant for purposes of the Florida Patient's Bill



209 of Rights and Responsibilities; amending s. 382.008,  
210 F.S.; authorizing an autonomous physician assistant, a  
211 physician assistant, and an advanced practice  
212 registered nurse to file a certificate of death or  
213 fetal death under certain circumstances; authorizing a  
214 certified nurse midwife to provide certain information  
215 to the funeral director within a specified time  
216 period; replacing the term "primary or attending  
217 physician" with "primary or attending practitioner";  
218 defining the term "primary or attending practitioner";  
219 amending s. 382.011, F.S.; conforming a provision to  
220 changes made by the act; amending s. 383.14, F.S.;  
221 authorizing the release of certain newborn tests and  
222 screening results to an autonomous physician  
223 assistant; revising the definition of the term "health  
224 care practitioner" to include an autonomous physician  
225 assistant for purposes of screening for certain  
226 disorders and risk factors; amending s. 390.0111,  
227 F.S.; authorizing a certain action by an autonomous  
228 physician assistant before an abortion procedure;  
229 amending s. 390.012, F.S.; authorizing certain actions  
230 by an autonomous physician assistant during and after  
231 an abortion procedure; amending s. 394.463, F.S.;  
232 authorizing an autonomous physician assistant, a  
233 physician assistant, and an advanced practice  
234 registered nurse to initiate an involuntary

235 examination for mental illness under certain  
 236 circumstances; authorizing a physician assistant to  
 237 examine a patient; amending s. 395.0191, F.S.;  
 238 providing an exception to certain onsite medical  
 239 direction requirements for a specified advanced  
 240 practice registered nurse; amending 395.602, F.S.;  
 241 authorizing the Department of Health to use certain  
 242 funds to increase the number of autonomous physician  
 243 assistants in rural areas; amending s. 397.501, F.S.;  
 244 prohibiting the denial of certain services to an  
 245 individual who takes medication prescribed by an  
 246 autonomous physician assistant, a physician assistant,  
 247 or an advanced practice registered nurse; amending ss.  
 248 397.679 and 397.6793, F.S.; authorizing an autonomous  
 249 physician assistant to execute a certificate for  
 250 emergency admission of a person who is substance abuse  
 251 impaired; amending s. 400.021, F.S.; revising the  
 252 definition of the term "geriatric outpatient clinic"  
 253 to include a site staffed by an autonomous physician  
 254 assistant; amending s. 400.172, F.S.; authorizing an  
 255 autonomous physician assistant and an advanced  
 256 practice registered nurse to provide certain medical  
 257 information to a prospective respite care resident;  
 258 amending s. 400.487, F.S.; authorizing an autonomous  
 259 physician assistant to establish treatment orders for  
 260 certain patients under certain circumstances; amending

261 s. 400.506, F.S.; requiring an autonomous physician  
 262 assistant to comply with specified treatment plan  
 263 requirements; amending ss. 400.9973, 400.9974,  
 264 400.9976, and 400.9979, F.S.; authorizing an  
 265 autonomous physician assistant to prescribe client  
 266 admission to a transitional living facility and care  
 267 for such client, order treatment plans, supervise and  
 268 record client medications, and order physical and  
 269 chemical restraints, respectively; amending s.  
 270 401.445, F.S.; prohibiting recovery of damages in  
 271 court against a registered autonomous physician  
 272 assistant under certain circumstances; requiring an  
 273 autonomous physician assistant to attempt to obtain a  
 274 person's consent before providing emergency services;  
 275 amending ss. 409.906 and 409.908, F.S.; authorizing  
 276 the agency to reimburse an autonomous physician  
 277 assistant for providing certain optional Medicaid  
 278 services; amending s. 409.973, F.S.; requiring managed  
 279 care plans to cover autonomous physician assistant  
 280 services; amending s. 429.26, F.S.; prohibiting  
 281 autonomous physician assistants from having a  
 282 financial interest in the assisted living facility at  
 283 which they are employed; authorizing an autonomous  
 284 physician assistant to examine an assisted living  
 285 facility resident before admission; amending s.  
 286 429.918, F.S.; revising the definition of the term

287 "ADRD participant" to include a participant who has a  
288 specified diagnosis from an autonomous physician  
289 assistant; authorizing an autonomous physician  
290 assistant to provide signed documentation to an ADRD  
291 participant; amending s. 440.102, F.S.; authorizing an  
292 autonomous physician assistant to collect a specimen  
293 for a drug test for specified purposes; amending s.  
294 456.053, F.S.; revising definitions; authorizing an  
295 advanced practice registered nurse registered to  
296 engage in autonomous practice and an autonomous  
297 physician assistant to make referrals under certain  
298 circumstances; conforming a cross-reference; amending  
299 s. 456.072, F.S.; providing penalties for an  
300 autonomous physician assistant who prescribes or  
301 dispenses a controlled substance in a certain manner;  
302 amending s. 456.44, F.S.; revising the definition of  
303 the term "registrant" to include an autonomous  
304 physician assistant for purposes of controlled  
305 substance prescribing; providing requirements for an  
306 autonomous physician assistant who prescribes  
307 controlled substances for the treatment of chronic  
308 nonmalignant pain; amending ss. 458.3265 and 459.0137,  
309 F.S.; requiring an autonomous physician assistant to  
310 perform a physical examination of a patient at a pain-  
311 management clinic under certain circumstances;  
312 amending ss. 458.331 and 459.015, F.S.; providing

313 grounds for denial of a license or disciplinary action  
314 against an autonomous physician assistant for certain  
315 violations; amending s. 464.003, F.S.; revising the  
316 definition of the term "practice of practical nursing"  
317 to include an autonomous physician assistant for  
318 purposes of authorizing such assistant to supervise a  
319 licensed practical nurse; amending s. 464.0205, F.S.;  
320 authorizing an autonomous physician assistant to  
321 directly supervise a certified retired volunteer  
322 nurse; amending s. 480.0475, F.S.; authorizing the  
323 operation of a massage establishment during specified  
324 hours if the massage therapy is prescribed by an  
325 autonomous physician assistant; amending s. 493.6108,  
326 F.S.; authorizing an autonomous physician assistant to  
327 certify the physical fitness of a certain class of  
328 applicants to bear a weapon or firearm; amending s.  
329 626.9707, F.S.; prohibiting an insurer from refusing  
330 to issue and deliver certain disability insurance that  
331 covers any medical treatment or service furnished by  
332 an autonomous physician assistant or an advanced  
333 practice registered nurse; amending s. 627.357, F.S.;  
334 revising the definition of the term "health care  
335 provider" to include an autonomous physician assistant  
336 for purposes of medical malpractice self-insurance;  
337 amending s. 627.736, F.S.; requiring personal injury  
338 protection insurance to cover a certain percentage of

339 | medical services and care provided by specified health  
340 | care providers; providing for specified reimbursement  
341 | of advanced practice registered nurses registered to  
342 | engage in autonomous practice or autonomous physician  
343 | assistants; amending s. 633.412, F.S.; authorizing an  
344 | autonomous physician assistant to medically examine an  
345 | applicant for firefighter certification; amending s.  
346 | 641.495, F.S.; requiring certain health maintenance  
347 | organization documents to disclose that certain  
348 | services may be provided by autonomous physician  
349 | assistants or advanced practice registered nurses;  
350 | amending s. 744.2006, F.S.; authorizing an autonomous  
351 | physician assistant to carry out guardianship  
352 | functions under a contract with a public guardian;  
353 | conforming terminology; amending s. 744.331, F.S.;  
354 | authorizing an autonomous physician assistant or a  
355 | physician assistant to be an eligible member of an  
356 | examining committee; conforming terminology; amending  
357 | s. 744.3675, F.S.; authorizing an advanced practice  
358 | registered nurse, autonomous physician assistant, or  
359 | physician assistant to provide the medical report of a  
360 | ward in an annual guardianship plan; amending s.  
361 | 766.103, F.S.; prohibiting recovery of damages against  
362 | an autonomous physician assistant under certain  
363 | conditions; amending s. 766.105, F.S.; revising the  
364 | definition of the term "health care provider" to

365 include an autonomous physician assistants for  
366 purposes of the Florida Patient's Compensation Fund;  
367 amending ss. 766.1115 and 766.1116, F.S.; revising the  
368 definitions of the terms "health care provider" and  
369 "health care practitioner," respectively, to include  
370 autonomous physician assistants for purposes of the  
371 Access to Health Care Act; amending s. 766.118, F.S.;  
372 revising the definition of the term "practitioner" to  
373 include an advanced practice registered nurse  
374 registered to engage in autonomous practice and an  
375 autonomous physician assistant; amending s. 768.135,  
376 F.S.; providing immunity from liability for an  
377 advanced practice registered nurse registered to  
378 engage in autonomous practice or an autonomous  
379 physician assistant who provides volunteer services  
380 under certain circumstances; amending s. 794.08, F.S.;  
381 providing an exception to medical procedures conducted  
382 by an autonomous physician assistant under certain  
383 circumstances; amending s. 893.02, F.S.; revising the  
384 definition of the term "practitioner" to include an  
385 autonomous physician assistant; amending s. 943.13,  
386 F.S.; authorizing an autonomous physician assistant to  
387 conduct a physical examination for a law enforcement  
388 or correctional officer to satisfy qualifications for  
389 employment or appointment; amending s. 945.603, F.S.;  
390 authorizing the Correctional Medical Authority to

391 review and make recommendations relating to the use of  
392 autonomous physician assistants as physician  
393 extenders; amending s. 948.03, F.S.; authorizing an  
394 autonomous physician assistant to prescribe drugs or  
395 narcotics to a probationer; amending ss. 984.03 and  
396 985.03, F.S.; revising the definition of the term  
397 "licensed health care professional" to include an  
398 autonomous physician assistant; amending ss. 1002.20  
399 and 1002.42, F.S.; providing immunity from liability  
400 for autonomous physician assistants who administer  
401 epinephrine auto-injectors in public and private  
402 schools; amending s. 1006.062, F.S.; authorizing an  
403 autonomous physician assistant to provide training in  
404 the administration of medication to designated school  
405 personnel; requiring an autonomous physician assistant  
406 to monitor such personnel; authorizing an autonomous  
407 physician assistant to determine whether such  
408 personnel may perform certain invasive medical  
409 services; amending s. 1006.20, F.S.; authorizing an  
410 autonomous physician assistant to medically evaluate a  
411 student athlete; amending s. 1009.65, F.S.;  
412 authorizing an autonomous physician assistant to  
413 participate in the Medical Education Reimbursement and  
414 Loan Repayment Program; providing appropriations and  
415 authorizing positions; providing an effective date.  
416



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

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

420 400.141 Administration and management of nursing home  
 421 facilities.—

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

424 (v) Be allowed to use paid feeding assistants in  
 425 accordance with federal nursing home regulations, if the paid  
 426 feeding assistant has successfully completed a feeding assistant  
 427 training program meeting federal nursing home requirements and  
 428 approved by the agency. The feeding assistant training program  
 429 must consist of a minimum of 12 hours of education.

430 Section 2. Paragraph (b) of subsection (3) of section  
 431 400.23, Florida Statutes, is amended to read:

432 400.23 Rules; evaluation and deficiencies; licensure  
 433 status.—

434 (3)

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

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

440 400.462 Definitions.—As used in this part, the term:

441 (15) "Home health aide" means a person who is trained or  
 442 qualified, as provided by rule, and who provides hands-on

443 personal care, performs simple procedures as an extension of  
444 therapy or nursing services, assists in ambulation or exercises,  
445 or assists in administering medications as permitted in rule and  
446 for which the person has received training established by the  
447 agency under this part or performs tasks delegated to him or her  
448 pursuant to chapter 464 s. 400.497(1).

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

453 400.464 Home health agencies to be licensed; expiration of  
454 license; exemptions; unlawful acts; penalties.—

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

462 (7)(6) Any person, entity, or organization providing home  
463 health services which is exempt from licensure under subsection  
464 (6) ~~(5)~~ may voluntarily apply for a certificate of exemption  
465 from licensure under its exempt status with the agency on a form  
466 that specifies its name or names and addresses, a statement of  
467 the reasons why it is exempt from licensure as a home health  
468 agency, and other information deemed necessary by the agency. A

469 certificate of exemption is valid for a period of not more than  
470 2 years and is not transferable. The agency may charge an  
471 applicant \$100 for a certificate of exemption or charge the  
472 actual cost of processing the certificate.

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

475 400.488 Assistance with self-administration of  
476 medication.—

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

493 (3) Assistance with self-administration of medication  
494 includes:

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

498 (b) In the presence of the patient, confirming that the  
499 medication is intended for that patient, orally advising the  
500 patient of the medication name and purpose ~~reading the label,~~  
501 opening the container, removing a prescribed amount of  
502 medication from the container, and closing the container.

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

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

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

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

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

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

521 to read:

522 400.489 Administration of medication by a home health  
523 aide; staff training requirements.-

524 (1) A home health aide may administer oral, transdermal,  
525 ophthalmic, otic, rectal, inhaled, enteral, or topical  
526 prescription medications if the home health aide has been  
527 delegated such task by a registered nurse licensed under chapter  
528 464; has satisfactorily completed an initial 6-hour training  
529 course approved by the agency; and has been found competent to  
530 administer medication to a patient in a safe and sanitary  
531 manner. The training, determination of competency, and initial  
532 and annual validations required in this section shall be  
533 conducted by a registered nurse licensed under chapter 464 or a  
534 physician licensed under chapter 458 or chapter 459.

535 (2) A home health aide must annually and satisfactorily  
536 complete a 2-hour inservice training course in medication  
537 administration and medication error prevention approved by the  
538 agency. The inservice training course shall be in addition to  
539 the annual inservice training hours required by agency rules.

540 (3) The agency, in consultation with the Board of Nursing,  
541 shall establish by rule standards and procedures that a home  
542 health aide must follow when administering medication to a  
543 patient. Such rules must, at a minimum, address qualification  
544 requirements for trainers, requirements for labeling medication,  
545 documentation and recordkeeping, the storage and disposal of  
546 medication, instructions concerning the safe administration of

547 medication, informed-consent requirements and records, and the  
 548 training curriculum and validation procedures

549 Section 7. Section 400.490, Florida Statutes, is created  
 550 to read:

551 400.490 Nurse delegated tasks.—A certified nursing  
 552 assistant or home health aide may perform any task delegated by  
 553 a registered nurse as provided in chapter 464, including, but  
 554 not limited to, medication administration.

555 Section 8. Section 400.52, Florida Statutes, is created to  
 556 read:

557 400.52 Excellence in Home Health Program.—

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

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

- 564 1. Patient satisfaction.
- 565 2. Patients requiring emergency care for wound infections.
- 566 3. Patients admitted or readmitted to an acute care  
 567 hospital.
- 568 4. Patient improvement in the activities of daily living.
- 569 5. Employee satisfaction.
- 570 6. Quality of employee training.
- 571 7. Employee retention rates.
- 572 8. High performance under federal Medicaid electronic

573 visit verification requirements.

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

577 (3) The home health agency must:

578 (a) Be actively licensed and operating for at least 24  
579 months to be eligible to apply for a program award. An award  
580 under the program is not transferrable to another license,  
581 except when the existing home health agency is being relicensed  
582 in the name of an entity related to the current licenseholder by  
583 common control or ownership, and there will be no change in the  
584 management, operation, or programs of the home health agency as  
585 a result of the relicensure.

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

589 (4) The award designation shall expire on the same date as  
590 the home health agency's license. A home health agency must  
591 reapply and be approved for the award designation to continue  
592 using the award designation in the manner authorized under  
593 subsection (5).

594 (5) A home health agency that is awarded under the program  
595 may use the designation in advertising and marketing. A home  
596 health agency may not use the award designation in any  
597 advertising or marketing if the home health agency:

598 (a) Has not been awarded the designation;

599 (b) Fails to renew the award upon expiration of the award  
 600 designation;

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

603 (d) Has been notified that it no longer meets the criteria  
 604 for the award upon reapplication after expiration of the award  
 605 designation.

606 (6) An application for an award designation under the  
 607 program is not an application for licensure. A designation award  
 608 or denial by the agency under this section does not constitute  
 609 final agency action subject to chapter 120.

610 Section 9. Section 408.064, Florida Statutes, is created  
 611 to read:

612 408.064 Home Care Services Registry.—

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

614 (a) "Home care services provider" means a home health  
 615 agency licensed under part III of chapter 400 or a nurse  
 616 registry licensed under part III of chapter 400.

617 (b) "Home care worker" means a home health aide as defined  
 618 in s. 400.462 or a certified nursing assistant certified under  
 619 part II of chapter 464.

620 (2) The agency shall develop and maintain a voluntary  
 621 registry of home care workers. The agency shall display a link  
 622 to the registry on its website homepage.

623 (3) The registry shall include, at a minimum:

624 (a) Each home care worker's full name, date of birth,



625 social security number, and a full face, passport-type, color  
626 photograph of the home care worker. The home care worker's date  
627 of birth and social security number may not be publicly  
628 displayed on the website.

629 (b) Each home care worker's preferred contact information.  
630 If employed by a home care services provider, the home care  
631 worker may use the provider's contact information.

632 (c) Any other identifying information of the home care  
633 worker, as determined by the agency.

634 (d) The name of the state-approved training program  
635 successfully completed by the home care worker and the date on  
636 which such training was completed.

637 (e) The number of years the home care worker has provided  
638 home health care services for compensation. The agency may  
639 automatically populate employment history as provided by current  
640 and previous employers of the home care worker. The agency must  
641 provide a method for a home care worker to correct inaccuracies  
642 and supplement the automatically populated employment history.

643 (f) For a certified nursing assistant, any disciplinary  
644 action taken or pending against the nursing assistant's  
645 certification by the Department of Health. The agency may enter  
646 into an agreement with the Department of Health to obtain  
647 disciplinary history.

648 (g) Whether the home care worker provides services to  
649 special populations and the identities of such populations.

650 (4) A home care worker must submit an application on a

651 form adopted by the agency to be included in the registry. The  
 652 agency shall develop a process by which a home care services  
 653 provider may include its employees in the registry by providing  
 654 the information listed in subsection (3).

655 (5) A home care worker who is not employed by a home care  
 656 services provider must meet the background screening  
 657 requirements under s. 408.809 and chapter 435 and the training  
 658 requirements of part III of chapter 400 or part II of chapter  
 659 464, as applicable, which must be included in the registry.

660 (6) Each page of the registry website shall contain the  
 661 following notice in at least 14-point boldfaced type:

662  
 663 NOTICE  
 664

665 The Home Care Services Registry provides limited  
 666 information about home care workers. Information  
 667 contained in the registry is provided by third  
 668 parties. The Agency for Health Care Administration  
 669 does not guarantee the accuracy of such third-party  
 670 information and does not endorse any individual listed  
 671 in the registry. In particular, the information in the  
 672 registry may be outdated or the individuals listed in  
 673 the registry may have lapsed certifications or may  
 674 have been denied employment approval due to the  
 675 results of a background screening. It is the  
 676 responsibility of those accessing this registry to

677 verify the credentials, suitability, and competency of  
 678 any individual listed in the registry.

679  
 680 (7) The agency shall develop rules necessary to implement  
 681 the requirements of this section.

682 Section 10. Section 408.822, Florida Statutes, is created  
 683 to read:

684 408.822 Direct care workforce survey.-

685 (1) For purposes of this section, the term "direct care  
 686 worker" means a certified nursing assistant, home health aide,  
 687 personal care assistant, companion services or homemaker  
 688 services provider, paid feeding assistant, or other individuals  
 689 who provide personal care as defined in s. 400.462 to  
 690 individuals who are elderly, developmentally disabled, or  
 691 chronically ill.

692 (2) Beginning January 1, 2021, each licensee that applies  
 693 for licensure renewal as a nursing home facility licensed under  
 694 part II of chapter 400; an assisted living facility licensed  
 695 under part I of chapter 429; or a home health agency, nurse  
 696 registry, or a companion services or homemaker services provider  
 697 licensed under part III of chapter 400 must furnish the  
 698 following information to the agency in a survey on the direct  
 699 care workforce:

700 (a) The number of registered nurses, licensed practical  
 701 nurses, and direct care workers employed or contracted by the  
 702 licensee.

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

706        (c) Average wage for registered nurses, licensed practical  
707 nurses, and each category of direct care workers, including  
708 employees and independent contractors.

709        (d) Employment benefits for employed direct care workers  
710 or contractors and average cost to the employer and employee or  
711 contractor, as applicable.

712        (e) Type and availability of training for employed  
713 registered nurses, licensed practical nurses, and direct care  
714 workers, as applicable.

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

720        (4) The licensee must submit the completed survey at such  
721 time designated by the agency in rule. The agency may not issue  
722 a license renewal until the licensee submits a completed survey.

723        (5) The agency shall continually analyze the results of  
724 the survey and publish the results on its website. The agency  
725 must update the information published on its website monthly.

726 The analysis must include the:

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

- 729        (b) Turnover rate and causes of turnover.
- 730        (c) Vacancy rate.
- 731        (d) Average hourly wage.
- 732        (e) Benefits offered.
- 733        (f) Availability of post-employment training.
- 734        Section 11. Section 464.0156, Florida Statutes, is created
- 735        to read:
- 736        464.0156 Delegation of duties.—
- 737        (1) A registered nurse may delegate a task to a certified
- 738        nursing assistant certified under part II of this chapter or a
- 739        home health aide as defined in s. 400.462, if the registered
- 740        nurse determines that the certified nursing assistant or home
- 741        health aide is competent to perform the task, the task is
- 742        delegable under federal law, and the task:
- 743        (a) Is within the nurse's scope of practice.
- 744        (b) Frequently recurs in the routine care of a patient or
- 745        group of patients.
- 746        (c) Is performed according to an established sequence of
- 747        steps.
- 748        (d) Involves little or no modification from one patient to
- 749        another.
- 750        (e) May be performed with a predictable outcome.
- 751        (f) Does not inherently involve ongoing assessment,
- 752        interpretation, or clinical judgement.
- 753        (g) Does not endanger a patient's life or well-being.
- 754        (2) A registered nurse may delegate to a certified nursing

755 assistant or a home health aide the administration of medication  
756 of oral, transdermal, ophthalmic, otic, rectal, inhaled,  
757 enteral, or topical prescription medications to a patient of a  
758 home health agency if the certified nursing assistant or home  
759 health aide meets the requirements of s. 464.2035 or s. 400.489,  
760 respectively. A registered nurse may not delegate the  
761 administration of any controlled substance listed in Schedule  
762 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.  
763 812.

764 (3) The board, in consultation with the Agency for Health  
765 Care Administration, shall adopt rules to implement this  
766 section.

767 Section 12. Paragraph (r) is added to subsection (1) of  
768 section 464.018, Florida Statutes, to read:

769 464.018 Disciplinary actions.—

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

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

777 Section 13. Section 464.2035, Florida Statutes, is created  
778 to read:

779 464.2035 Administration of medication.—

780 (1) A certified nursing assistant may administer oral,

781 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or  
 782 topical prescription medication to a patient of a home health  
 783 agency if the certified nursing assistant has been delegated  
 784 such task by a registered nurse licensed under part I of this  
 785 chapter, has satisfactorily completed an initial 6-hour training  
 786 course approved by the board, and has been found competent to  
 787 administer medication to a patient in a safe and sanitary  
 788 manner. The training, determination of competency, and initial  
 789 and annual validations required in this section shall be  
 790 conducted by a registered nurse licensed under this chapter or a  
 791 physician licensed under chapter 458 or chapter 459.

792 (2) A certified nursing assistant must annually and  
 793 satisfactorily complete 2 hours of inservice training in  
 794 medication administration and medication error prevention  
 795 approved by the board, in consultation with the Agency for  
 796 Health Care Administration. The inservice training is in  
 797 addition to the annual inservice training hours required under  
 798 this part.

799 (3) The board, in consultation with the Agency for Health  
 800 Care Administration, shall establish by rule standards and  
 801 procedures that a certified nursing assistant must follow when  
 802 administering medication to a patient of a home health agency.  
 803 Such rules must, at a minimum, address qualification  
 804 requirements for trainers, requirements for labeling medication,  
 805 documentation and recordkeeping, the storage and disposal of  
 806 medication, instructions concerning the safe administration of

807 medication, informed-consent requirements and records, and the  
 808 training curriculum and validation procedures.

809 Section 14. Subsections (1), (2), and (3) of section  
 810 456.0391, Florida Statutes, are amended to read:

811 456.0391 Advanced practice registered nurses and  
 812 autonomous physician assistants; information required for  
 813 licensure or registration.—

814 (1) (a) Each person who applies for initial licensure under  
 815 s. 464.012 or initial registration under s. 458.347(8) or s.  
 816 459.022(8) must, at the time of application, and each person  
 817 licensed under s. 464.012 or registered under s. 458.347(8) or  
 818 s. 459.022(8) who applies for licensure or registration renewal  
 819 must, in conjunction with the renewal of such licensure or  
 820 registration and under procedures adopted by the Department of  
 821 Health, and in addition to any other information that may be  
 822 required from the applicant, furnish the following information  
 823 to the Department of Health:

824 1. The name of each school or training program that the  
 825 applicant has attended, with the months and years of attendance  
 826 and the month and year of graduation, and a description of all  
 827 graduate professional education completed by the applicant,  
 828 excluding any coursework taken to satisfy continuing education  
 829 requirements.

830 2. The name of each location at which the applicant  
 831 practices.

832 3. The address at which the applicant will primarily



833 | conduct his or her practice.

834 |         4. Any certification or designation that the applicant has  
835 | received from a specialty or certification board that is  
836 | recognized or approved by the regulatory board or department to  
837 | which the applicant is applying.

838 |         5. The year that the applicant received initial  
839 | certification, ~~or licensure,~~ or registration and began  
840 | practicing the profession in any jurisdiction and the year that  
841 | the applicant received initial certification, ~~or licensure,~~ or  
842 | registration in this state.

843 |         6. Any appointment which the applicant currently holds to  
844 | the faculty of a school related to the profession and an  
845 | indication as to whether the applicant has had the  
846 | responsibility for graduate education within the most recent 10  
847 | years.

848 |         7. A description of any criminal offense of which the  
849 | applicant has been found guilty, regardless of whether  
850 | adjudication of guilt was withheld, or to which the applicant  
851 | has pled guilty or nolo contendere. A criminal offense committed  
852 | in another jurisdiction which would have been a felony or  
853 | misdemeanor if committed in this state must be reported. If the  
854 | applicant indicates that a criminal offense is under appeal and  
855 | submits a copy of the notice for appeal of that criminal  
856 | offense, the department must state that the criminal offense is  
857 | under appeal if the criminal offense is reported in the  
858 | applicant's profile. If the applicant indicates to the

859 department that a criminal offense is under appeal, the  
860 applicant must, within 15 days after the disposition of the  
861 appeal, submit to the department a copy of the final written  
862 order of disposition.

863 8. A description of any final disciplinary action taken  
864 within the previous 10 years against the applicant by a  
865 licensing or regulatory body in any jurisdiction, by a specialty  
866 board that is recognized by the board or department, or by a  
867 licensed hospital, health maintenance organization, prepaid  
868 health clinic, ambulatory surgical center, or nursing home.  
869 Disciplinary action includes resignation from or nonrenewal of  
870 staff membership or the restriction of privileges at a licensed  
871 hospital, health maintenance organization, prepaid health  
872 clinic, ambulatory surgical center, or nursing home taken in  
873 lieu of or in settlement of a pending disciplinary case related  
874 to competence or character. If the applicant indicates that the  
875 disciplinary action is under appeal and submits a copy of the  
876 document initiating an appeal of the disciplinary action, the  
877 department must state that the disciplinary action is under  
878 appeal if the disciplinary action is reported in the applicant's  
879 profile.

880 (b) In addition to the information required under  
881 paragraph (a), each applicant for initial licensure or  
882 registration or licensure or registration renewal must provide  
883 the information required of licensees pursuant to s. 456.049.

884 (2) The Department of Health shall send a notice to each

885 | person licensed under s. 464.012 or registered under s.  
 886 | 458.347(8) or s. 459.022(8) at the licensee's or registrant's  
 887 | last known address of record regarding the requirements for  
 888 | information to be submitted by such person ~~advanced practice~~  
 889 | ~~registered nurses~~ pursuant to this section in conjunction with  
 890 | the renewal of such license or registration.

891 | (3) Each person licensed under s. 464.012 or registered  
 892 | under s. 458.347(8) or s. 459.022(8) who has submitted  
 893 | information pursuant to subsection (1) must update that  
 894 | information in writing by notifying the Department of Health  
 895 | within 45 days after the occurrence of an event or the  
 896 | attainment of a status that is required to be reported by  
 897 | subsection (1). Failure to comply with the requirements of this  
 898 | subsection to update and submit information constitutes a ground  
 899 | for disciplinary action under the applicable practice act  
 900 | ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the  
 901 | requirements of this subsection to update and submit  
 902 | information, the department or board, as appropriate, may:

903 | (a) Refuse to issue a license or registration to any  
 904 | person applying for initial licensure or registration who fails  
 905 | to submit and update the required information.

906 | (b) Issue a citation to any certificateholder, ~~or~~  
 907 | licensee, or registrant who fails to submit and update the  
 908 | required information and may fine the certificateholder, ~~or~~  
 909 | licensee, or registrant up to \$50 for each day that the  
 910 | certificateholder, ~~or~~ licensee, or registrant is not in

911 compliance with this subsection. The citation must clearly state  
 912 that the certificateholder, ~~or~~ licensee, or registrant may  
 913 choose, in lieu of accepting the citation, to follow the  
 914 procedure under s. 456.073. If the certificateholder, ~~or~~  
 915 licensee, or registrant disputes the matter in the citation, the  
 916 procedures set forth in s. 456.073 must be followed. However, if  
 917 the certificateholder, ~~or~~ licensee, or registrant does not  
 918 dispute the matter in the citation with the department within 30  
 919 days after the citation is served, the citation becomes a final  
 920 order and constitutes discipline. Service of a citation may be  
 921 made by personal service or certified mail, restricted delivery,  
 922 to the subject at the certificateholder's, ~~or~~ licensee's, or  
 923 registrant's last known address.

924 Section 15. Subsection (6) of section 456.041, Florida  
 925 Statutes, is amended to read:

926 456.041 Practitioner profile; creation.—

927 (6) The Department of Health shall provide in each  
 928 practitioner profile for every physician, autonomous physician  
 929 assistant, or advanced practice registered nurse terminated for  
 930 cause from participating in the Medicaid program, pursuant to s.  
 931 409.913, or sanctioned by the Medicaid program a statement that  
 932 the practitioner has been terminated from participating in the  
 933 Florida Medicaid program or sanctioned by the Medicaid program.

934 Section 16. Subsections (8) through (17) of section  
 935 458.347, Florida Statutes, are renumbered as subsections (9)  
 936 through (18), respectively, subsection (2), paragraphs (b), (e),

937 and (f) of subsection (4), paragraph (a) of subsection (6),  
 938 paragraphs (a) and (f) of subsection (7), present subsection  
 939 (9), and present subsections (11) through (13) are amended,  
 940 paragraph (b) is added to subsection (2), and new subsections  
 941 (8) and (19) are added to that section, to read:

942 458.347 Physician assistants.—

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

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

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

949 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board  
 950 of Osteopathic Medicine.

951 (d) ~~(h)~~ "Continuing medical education" means courses  
 952 recognized and approved by the boards, the American Academy of  
 953 Physician Assistants, the American Medical Association, the  
 954 American Osteopathic Association, or the Accreditation Council  
 955 on Continuing Medical Education.

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

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

962 (g) "Proficiency examination" means an entry-level

963 examination approved by the boards, including, but not limited  
 964 to, those examinations administered by the National Commission  
 965 on Certification of Physician Assistants.

966 (h)~~(f)~~ "Supervision" means responsible supervision and  
 967 control. Except in cases of emergency, supervision requires the  
 968 easy availability or physical presence of the licensed physician  
 969 for consultation and direction of the actions of the physician  
 970 assistant. For the purposes of this definition, the term "easy  
 971 availability" includes the ability to communicate by way of  
 972 telecommunication. The boards shall establish rules as to what  
 973 constitutes responsible supervision of the physician assistant.

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

976 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

977 (b) This chapter does not prevent third-party payors from  
 978 reimbursing employers of autonomous physician assistants or  
 979 physician assistants for covered services rendered by registered  
 980 autonomous physician assistants or licensed physician  
 981 assistants.

982 (e) A supervising physician may delegate to a fully  
 983 licensed physician assistant the authority to prescribe or  
 984 dispense any medication used in the supervising physician's  
 985 practice unless such medication is listed on the formulary  
 986 created pursuant to paragraph (f). A fully licensed physician  
 987 assistant may only prescribe or dispense such medication under  
 988 the following circumstances:

989 1. A physician assistant must clearly identify to the  
 990 patient that he or she is a physician assistant ~~and inform the~~  
 991 ~~patient that the patient has the right to see the physician~~  
 992 ~~before a prescription is prescribed or dispensed by the~~  
 993 ~~physician assistant.~~

994 2. The supervising physician must notify the department of  
 995 his or her intent to delegate, on a department-approved form,  
 996 before delegating such authority and of any change in  
 997 prescriptive privileges of the physician assistant. Authority to  
 998 dispense may be delegated only by a supervising physician who is  
 999 registered as a dispensing practitioner in compliance with s.  
 1000 465.0276.

1001 3. The physician assistant must complete a minimum of 10  
 1002 continuing medical education hours in the specialty practice in  
 1003 which the physician assistant has prescriptive privileges with  
 1004 each licensure renewal. Three of the 10 hours must consist of a  
 1005 continuing education course on the safe and effective  
 1006 prescribing of controlled substance medications which is offered  
 1007 by a statewide professional association of physicians in this  
 1008 state accredited to provide educational activities designated  
 1009 for the American Medical Association Physician's Recognition  
 1010 Award Category 1 credit or designated by the American Academy of  
 1011 Physician Assistants as a Category 1 credit.

1012 4. The department may issue a prescriber number to the  
 1013 physician assistant granting authority for the prescribing of  
 1014 medicinal drugs authorized within this paragraph upon completion

1015 of the requirements of this paragraph. The physician assistant  
1016 is not required to independently register pursuant to s.  
1017 465.0276.

1018 5. The prescription may be in paper or electronic form but  
1019 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
1020 and must contain, in addition to the supervising physician's  
1021 name, address, and telephone number, the physician assistant's  
1022 prescriber number. Unless it is a drug or drug sample dispensed  
1023 by the physician assistant, the prescription must be filled in a  
1024 pharmacy permitted under chapter 465 and must be dispensed in  
1025 that pharmacy by a pharmacist licensed under chapter 465. The  
1026 inclusion of the prescriber number creates a presumption that  
1027 the physician assistant is authorized to prescribe the medicinal  
1028 drug and the prescription is valid.

1029 6. The physician assistant must note the prescription or  
1030 dispensing of medication in the appropriate medical record.

1031 (f)1. The council shall establish a formulary of medicinal  
1032 drugs that a registered autonomous physician assistant or fully  
1033 licensed physician assistant having prescribing authority under  
1034 this section or s. 459.022 may not prescribe. The formulary must  
1035 include general anesthetics and radiographic contrast materials  
1036 and must limit the prescription of Schedule II controlled  
1037 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day  
1038 supply. The formulary must also restrict the prescribing of  
1039 psychiatric mental health controlled substances for children  
1040 younger than 18 years of age.



1041           2. In establishing the formulary, the council shall  
 1042 consult with a pharmacist licensed under chapter 465, but not  
 1043 licensed under this chapter or chapter 459, who shall be  
 1044 selected by the State Surgeon General.

1045           3. Only the council shall add to, delete from, or modify  
 1046 the formulary. Any person who requests an addition, a deletion,  
 1047 or a modification of a medicinal drug listed on such formulary  
 1048 has the burden of proof to show cause why such addition,  
 1049 deletion, or modification should be made.

1050           4. The boards shall adopt the formulary required by this  
 1051 paragraph, and each addition, deletion, or modification to the  
 1052 formulary, by rule. Notwithstanding any provision of chapter 120  
 1053 to the contrary, the formulary rule shall be effective 60 days  
 1054 after the date it is filed with the Secretary of State. Upon  
 1055 adoption of the formulary, the department shall mail a copy of  
 1056 such formulary to each registered autonomous physician assistant  
 1057 or fully licensed physician assistant having prescribing  
 1058 authority under this section or s. 459.022, and to each pharmacy  
 1059 licensed by the state. The boards shall establish, by rule, a  
 1060 fee not to exceed \$200 to fund ~~the provisions of~~ this paragraph  
 1061 and paragraph (e).

1062           (6) PROGRAM APPROVAL.—

1063           (a) The boards shall approve programs, ~~based on~~  
 1064 ~~recommendations by the council,~~ for the education and training  
 1065 of physician assistants which meet standards established by rule  
 1066 of the boards. ~~The council may recommend only those physician~~

1067 ~~assistant programs that hold full accreditation or provisional~~  
 1068 ~~accreditation from the Commission on Accreditation of Allied~~  
 1069 ~~Health Programs or its successor organization. Any educational~~  
 1070 ~~institution offering a physician assistant program approved by~~  
 1071 ~~the boards pursuant to this paragraph may also offer the~~  
 1072 ~~physician assistant program authorized in paragraph (c) for~~  
 1073 ~~unlicensed physicians.~~

1074 (7) PHYSICIAN ASSISTANT LICENSURE.—

1075 (a) Any person desiring to be licensed as a physician  
 1076 assistant must apply to the department. The department shall  
 1077 issue a license to any person certified by the council as having  
 1078 met the following requirements:

- 1079 1. Is at least 18 years of age.
- 1080 2. Has satisfactorily passed a proficiency examination by  
 1081 an acceptable score established by the National Commission on  
 1082 Certification of Physician Assistants. If an applicant does not  
 1083 hold a current certificate issued by the National Commission on  
 1084 Certification of Physician Assistants and has not actively  
 1085 practiced as a physician assistant within the immediately  
 1086 preceding 4 years, the applicant must retake and successfully  
 1087 complete the entry-level examination of the National Commission  
 1088 on Certification of Physician Assistants to be eligible for  
 1089 licensure.

- 1090 3. Has completed the application form and remitted an  
 1091 application fee not to exceed \$300 as set by the boards. An  
 1092 application for licensure made by a physician assistant must

1093 include:

1094 a. Has graduated from a board-approved ~~A certificate of~~  
 1095 ~~completion of a~~ physician assistant training program as  
 1096 specified in subsection (6).

1097 b. Acknowledgment of any prior felony convictions.

1098 c. Acknowledgment of any previous revocation or denial of  
 1099 licensure or certification in any state.

1100 d. A copy of course transcripts and a copy of the course  
 1101 description from a physician assistant training program  
 1102 describing course content in pharmacotherapy, if the applicant  
 1103 wishes to apply for prescribing authority. These documents must  
 1104 meet the evidence requirements for prescribing authority.

1105 (f) The Board of Medicine may impose any of the penalties  
 1106 authorized under ss. 456.072 and 458.331(2) upon an autonomous  
 1107 physician assistant or a physician assistant if the autonomous  
 1108 physician assistant, physician assistant, or ~~the~~ supervising  
 1109 physician has been found guilty of or is being investigated for  
 1110 any act that constitutes a violation of this chapter or chapter  
 1111 456.

1112 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

1113 (a) The boards shall register a physician assistant as an  
 1114 autonomous physician assistant if the applicant demonstrates  
 1115 that he or she:

1116 1. Holds an active, unencumbered license to practice as a  
 1117 physician assistant in this state.

1118 2. Has not been subject to any disciplinary action as

1119 specified in s. 456.072, s. 458.331, or s. 459.015, or any  
 1120 similar disciplinary action in any jurisdiction of the United  
 1121 States, within the 5 years immediately preceding the  
 1122 registration request.

1123 3. Has completed, in any jurisdiction of the United  
 1124 States, at least 2,000 clinical practice hours within the 3  
 1125 years immediately preceding the submission of the registration  
 1126 request while practicing as a physician assistant under the  
 1127 supervision of an allopathic or osteopathic physician who held  
 1128 an active, unencumbered license issued by another state, the  
 1129 District of Columbia, or a possession or territory of the United  
 1130 States during the period of such supervision.

1131 4. Has completed a graduate-level course in pharmacology.

1132 5. Obtains and maintains professional liability coverage  
 1133 at the same level and in the same manner as in s. 458.320(1)(b)  
 1134 or (c). However, the requirements of this subparagraph do not  
 1135 apply to:

1136 a. Any person registered under this subsection who  
 1137 practices exclusively as an officer, employee, or agent of the  
 1138 Federal Government or of the state or its agencies or its  
 1139 subdivisions.

1140 b. Any person whose license has become inactive and who is  
 1141 not practicing as an autonomous physician assistant in this  
 1142 state.

1143 c. Any person who practices as an autonomous physician  
 1144 assistant only in conjunction with his or her teaching duties at

1145 an accredited school or its main teaching hospitals. Such  
1146 practice is limited to that which is incidental to and a  
1147 necessary part of duties in connection with the teaching  
1148 position.

1149 d. Any person who holds an active registration under this  
1150 subsection who is not practicing as an autonomous physician  
1151 assistant in this state. If such person initiates or resumes any  
1152 practice as an autonomous physician assistant, he or she must  
1153 notify the department of such activity and fulfill the  
1154 professional liability coverage requirements of this  
1155 subparagraph.

1156 (b) The department shall conspicuously distinguish an  
1157 autonomous physician assistant license if he or she is  
1158 registered under this subsection.

1159 (c) An autonomous physician assistant may:

1160 1. Render only primary care services as defined by rule of  
1161 the boards without physician supervision.

1162 2. Provide any service that is within the scope of the  
1163 autonomous physician assistant's education and experience and  
1164 provided in accordance with rules adopted by the board without  
1165 physician supervision.

1166 3. Prescribe, dispense, administer, or order any medicinal  
1167 drug, including those medicinal drugs to the extent authorized  
1168 under paragraph (4)(f) and the formulary adopted in that  
1169 paragraph.

1170 4. Order any medication for administration to a patient in

1171 a facility licensed under chapter 395 or part II of chapter 400,  
 1172 notwithstanding chapter 465 or chapter 893.

1173 5. Provide a signature, certification, stamp,  
 1174 verification, affidavit, or other endorsement that is otherwise  
 1175 required by law to be provided by a physician.

1176 (d) An autonomous physician assistant must biennially  
 1177 renew his or her registration under this subsection. The  
 1178 biennial renewal shall coincide with the autonomous physician  
 1179 assistant's biennial renewal period for physician assistant  
 1180 licensure.

1181 (e) The council shall develop rules defining the primary  
 1182 care practice of autonomous physician assistants, which may  
 1183 include internal medicine, general pediatrics, family medicine,  
 1184 geriatrics, and general obstetrics and gynecology practices.

1185 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 1186 Physician Assistants is created within the department.

1187 (a) The council shall consist of five members appointed as  
 1188 follows:

1189 1. The chairperson of the Board of Medicine shall appoint  
 1190 one member who is a physician and a member ~~three members who are~~  
 1191 ~~physicians and members~~ of the Board of Medicine. ~~One of~~ The  
 1192 physician ~~physicians~~ must supervise a physician assistant in his  
 1193 or her ~~the physician's~~ practice.

1194 2. The chairperson of the Board of Osteopathic Medicine  
 1195 shall appoint one member who is a physician and a member of the  
 1196 Board of Osteopathic Medicine. The physician must supervise a

1197 physician assistant in his or her practice.

1198           3. The State Surgeon General or his or her designee shall  
1199 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
1200 licensed under this chapter or chapter 459.

1201           (b) ~~Two of the members appointed to the council must be~~  
1202 ~~physicians who supervise physician assistants in their practice.~~

1203 Members shall be appointed to terms of 4 years, except that of  
1204 the initial appointments, two members shall be appointed to  
1205 terms of 2 years, two members shall be appointed to terms of 3  
1206 years, and one member shall be appointed to a term of 4 years,  
1207 as established by rule of the boards. Council members may not  
1208 serve more than two consecutive terms. The council shall  
1209 annually elect a chairperson from among its members.

1210           (c) The council shall:

1211           1. Recommend to the department the licensure of physician  
1212 assistants.

1213           2. Develop all rules regulating the primary care practice  
1214 of autonomous physician assistants and the use of physician  
1215 assistants by physicians under this chapter and chapter 459,  
1216 except for rules relating to the formulary developed under  
1217 paragraph (4) (f). The council shall also develop rules to ensure  
1218 that the continuity of supervision is maintained in each  
1219 practice setting. The boards shall consider adopting a proposed  
1220 rule developed by the council at the regularly scheduled meeting  
1221 immediately following the submission of the proposed rule by the  
1222 council. A proposed rule submitted by the council may not be

1223 adopted by either board unless both boards have accepted and  
 1224 approved the identical language contained in the proposed rule.  
 1225 The language of all proposed rules submitted by the council must  
 1226 be approved by both boards pursuant to each respective board's  
 1227 guidelines and standards regarding the adoption of proposed  
 1228 rules. If either board rejects the council's proposed rule, that  
 1229 board must specify its objection to the council with  
 1230 particularity and include any recommendations it may have for  
 1231 the modification of the proposed rule.

1232 3. Make recommendations to the boards regarding all  
 1233 matters relating to autonomous physician assistants and  
 1234 physician assistants.

1235 4. Address concerns and problems of practicing autonomous  
 1236 physician assistants and physician assistants in order to  
 1237 improve safety in the clinical practices of registered  
 1238 autonomous physician assistants and licensed physician  
 1239 assistants.

1240 (d) When the council finds that an applicant for licensure  
 1241 has failed to meet, to the council's satisfaction, each of the  
 1242 requirements for licensure set forth in this section, the  
 1243 council may enter an order to:

- 1244 1. Refuse to certify the applicant for licensure;
- 1245 2. Approve the applicant for licensure with restrictions  
 1246 on the scope of practice or license; or
- 1247 3. Approve the applicant for conditional licensure. Such  
 1248 conditions may include placement of the licensee on probation



1249 for a period of time and subject to such conditions as the  
 1250 council may specify, including but not limited to, requiring the  
 1251 licensee to undergo treatment, to attend continuing education  
 1252 courses, to work under the direct supervision of a physician  
 1253 licensed in this state, or to take corrective action.

1254 (12)~~(11)~~ PENALTY.—Any person who has not been registered  
 1255 or licensed by the council and approved by the department and  
 1256 who holds himself or herself out as an autonomous physician  
 1257 assistant or a physician assistant or who uses any other term in  
 1258 indicating or implying that he or she is an autonomous physician  
 1259 assistant or a physician assistant commits a felony of the third  
 1260 degree, punishable as provided in s. 775.082 or s. 775.084 or by  
 1261 a fine not exceeding \$5,000.

1262 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
 1263 The boards may deny, suspend, or revoke the registration of an  
 1264 autonomous physician assistant or the license of a physician  
 1265 assistant license if a board determines that the autonomous  
 1266 physician assistant or physician assistant has violated this  
 1267 chapter.

1268 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement  
 1269 this section, including rules detailing the contents of the  
 1270 application for licensure and notification pursuant to  
 1271 subsection (7), rules relating to the registration of autonomous  
 1272 physician assistants under subsection (8), and rules to ensure  
 1273 ~~both~~ the continued competency of autonomous physician assistants  
 1274 and physician assistants and the proper utilization of them by

1275 | physicians or groups of physicians.

1276 |       (19) ADVERSE INCIDENTS.—An autonomous physician assistant  
 1277 | must report adverse incidents to the department in accordance  
 1278 | with s. 458.351.

1279 |       Section 17. Subsections (8) through (17) of section  
 1280 | 459.022, Florida Statutes, are renumbered as subsections (9)  
 1281 | through (18), respectively, subsection (2), paragraphs (b) and  
 1282 | (e) of subsection (4), paragraph (a) of subsection (6),  
 1283 | paragraphs (a) and (f) of subsection (7), present subsection  
 1284 | (9), and present subsections (11) through (13) are amended,  
 1285 | paragraph (b) is added to subsection (2), and new subsections  
 1286 | (8) and (19) are added to that section, to read:

1287 |       459.022 Physician assistants.—

1288 |       (2) DEFINITIONS.—As used in this section:

1289 |       (a) "Approved program" means a program, formally approved  
 1290 | by the boards, for the education of physician assistants.

1291 |       (b) "Autonomous physician assistant" means a physician  
 1292 | assistant who meets the requirements of subsection (8) to  
 1293 | practice primary care without physician supervision.

1294 |       (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board  
 1295 | of Osteopathic Medicine.

1296 |       (d) ~~(h)~~ "Continuing medical education" means courses  
 1297 | recognized and approved by the boards, the American Academy of  
 1298 | Physician Assistants, the American Medical Association, the  
 1299 | American Osteopathic Association, or the Accreditation Council  
 1300 | on Continuing Medical Education.

1301            ~~(e)~~ "Council" means the Council on Physician  
 1302 Assistants.

1303            ~~(f)~~ "Physician assistant" means a person who is a  
 1304 graduate of an approved program or its equivalent or meets  
 1305 standards approved by the boards and is licensed to perform  
 1306 medical services delegated by the supervising physician.

1307            (g) "Proficiency examination" means an entry-level  
 1308 examination approved by the boards, including, but not limited  
 1309 to, those examinations administered by the National Commission  
 1310 on Certification of Physician Assistants.

1311            ~~(h)~~ "Supervision" means responsible supervision and  
 1312 control. Except in cases of emergency, supervision requires the  
 1313 easy availability or physical presence of the licensed physician  
 1314 for consultation and direction of the actions of the physician  
 1315 assistant. For the purposes of this definition, the term "easy  
 1316 availability" includes the ability to communicate by way of  
 1317 telecommunication. The boards shall establish rules as to what  
 1318 constitutes responsible supervision of the physician assistant.

1319            ~~(i)~~ "Trainee" means a person who is currently enrolled  
 1320 in an approved program.

1321            (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1322            (b) This chapter does not prevent third-party payors from  
 1323 reimbursing employers of autonomous physician assistants or  
 1324 physician assistants for covered services rendered by registered  
 1325 autonomous physician assistants or licensed physician  
 1326 assistants.

1327 (e) A supervising physician may delegate to a fully  
 1328 licensed physician assistant the authority to prescribe or  
 1329 dispense any medication used in the supervising physician's  
 1330 practice unless such medication is listed on the formulary  
 1331 created pursuant to s. 458.347. A fully licensed physician  
 1332 assistant may only prescribe or dispense such medication under  
 1333 the following circumstances:

1334 1. A physician assistant must clearly identify to the  
 1335 patient that she or he is a physician assistant ~~and must inform~~  
 1336 ~~the patient that the patient has the right to see the physician~~  
 1337 ~~before a prescription is prescribed or dispensed by the~~  
 1338 ~~physician assistant.~~

1339 2. The supervising physician must notify the department of  
 1340 her or his intent to delegate, on a department-approved form,  
 1341 before delegating such authority and of any change in  
 1342 prescriptive privileges of the physician assistant. Authority to  
 1343 dispense may be delegated only by a supervising physician who is  
 1344 registered as a dispensing practitioner in compliance with s.  
 1345 465.0276.

1346 3. The physician assistant must complete a minimum of 10  
 1347 continuing medical education hours in the specialty practice in  
 1348 which the physician assistant has prescriptive privileges with  
 1349 each licensure renewal.

1350 4. The department may issue a prescriber number to the  
 1351 physician assistant granting authority for the prescribing of  
 1352 medicinal drugs authorized within this paragraph upon completion

1353 of the requirements of this paragraph. The physician assistant  
 1354 is not required to independently register pursuant to s.  
 1355 465.0276.

1356 5. The prescription may be in paper or electronic form but  
 1357 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
 1358 and must contain, in addition to the supervising physician's  
 1359 name, address, and telephone number, the physician assistant's  
 1360 prescriber number. Unless it is a drug or drug sample dispensed  
 1361 by the physician assistant, the prescription must be filled in a  
 1362 pharmacy permitted under chapter 465, and must be dispensed in  
 1363 that pharmacy by a pharmacist licensed under chapter 465. The  
 1364 inclusion of the prescriber number creates a presumption that  
 1365 the physician assistant is authorized to prescribe the medicinal  
 1366 drug and the prescription is valid.

1367 6. The physician assistant must note the prescription or  
 1368 dispensing of medication in the appropriate medical record.

1369 (6) PROGRAM APPROVAL.—

1370 (a) The boards shall approve programs, ~~based on~~  
 1371 ~~recommendations by the council,~~ for the education and training  
 1372 of physician assistants which meet standards established by rule  
 1373 of the boards. ~~The council may recommend only those physician~~  
 1374 ~~assistant programs that hold full accreditation or provisional~~  
 1375 ~~accreditation from the Commission on Accreditation of Allied~~  
 1376 ~~Health Programs or its successor organization.~~

1377 (7) PHYSICIAN ASSISTANT LICENSURE.—

1378 (a) Any person desiring to be licensed as a physician

1379 assistant must apply to the department. The department shall  
 1380 issue a license to any person certified by the council as having  
 1381 met the following requirements:

1382 1. Is at least 18 years of age.

1383 2. Has satisfactorily passed a proficiency examination by  
 1384 an acceptable score established by the National Commission on  
 1385 Certification of Physician Assistants. If an applicant does not  
 1386 hold a current certificate issued by the National Commission on  
 1387 Certification of Physician Assistants and has not actively  
 1388 practiced as a physician assistant within the immediately  
 1389 preceding 4 years, the applicant must retake and successfully  
 1390 complete the entry-level examination of the National Commission  
 1391 on Certification of Physician Assistants to be eligible for  
 1392 licensure.

1393 3. Has completed the application form and remitted an  
 1394 application fee not to exceed \$300 as set by the boards. An  
 1395 application for licensure made by a physician assistant must  
 1396 include:

1397 a. Has graduated from a board-approved ~~A certificate of~~  
 1398 ~~completion of a~~ physician assistant training program as  
 1399 specified in subsection (6).

1400 b. Acknowledgment of any prior felony convictions.

1401 c. Acknowledgment of any previous revocation or denial of  
 1402 licensure or certification in any state.

1403 d. A copy of course transcripts and a copy of the course  
 1404 description from a physician assistant training program

1405 describing course content in pharmacotherapy, if the applicant  
1406 wishes to apply for prescribing authority. These documents must  
1407 meet the evidence requirements for prescribing authority.

1408 (f) The Board of Osteopathic Medicine may impose any of  
1409 the penalties authorized under ss. 456.072 and 459.015(2) upon  
1410 an autonomous physician assistant or a physician assistant if  
1411 the autonomous physician assistant, physician assistant, or the  
1412 supervising physician has been found guilty of or is being  
1413 investigated for any act that constitutes a violation of this  
1414 chapter or chapter 456.

1415 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

1416 (a) The boards shall register a physician assistant as an  
1417 autonomous physician assistant if the applicant demonstrates  
1418 that he or she:

1419 1. Holds an active, unencumbered license to practice as a  
1420 physician assistant in this state.

1421 2. Has not been subject to any disciplinary action as  
1422 specified in s. 456.072, s. 458.331, or s. 459.015, or any  
1423 similar disciplinary action in any jurisdiction of the United  
1424 States, within the 5 years immediately preceding the  
1425 registration request.

1426 3. Has completed, in any jurisdiction of the United  
1427 States, at least 2,000 clinical practice hours within the 3  
1428 years immediately preceding the submission of the registration  
1429 request while practicing as a physician assistant under the  
1430 supervision of an allopathic or osteopathic physician who held

1431 an active, unencumbered license issued by any state, the  
1432 District of Columbia, or a possession or territory of the United  
1433 States during the period of such supervision.

1434 4. Has completed a graduate-level course in pharmacology.

1435 5. Obtains and maintains professional liability coverage  
1436 at the same level and in the same manner as in s. 458.320(1)(b)  
1437 or (c). However, the requirements of this subparagraph do not  
1438 apply to:

1439 a. Any person registered under this subsection who  
1440 practices exclusively as an officer, employee, or agent of the  
1441 Federal Government or of the state or its agencies or its  
1442 subdivisions.

1443 b. Any person whose license has become inactive and who is  
1444 not practicing as an autonomous physician assistant in this  
1445 state.

1446 c. Any person who practices as an autonomous physician  
1447 assistant only in conjunction with his or her teaching duties at  
1448 an accredited school or its main teaching hospitals. Such  
1449 practice is limited to that which is incidental to and a  
1450 necessary part of duties in connection with the teaching  
1451 position.

1452 d. Any person who holds an active registration under this  
1453 subsection who is not practicing as an autonomous physician  
1454 assistant in this state. If such person initiates or resumes any  
1455 practice as an autonomous physician assistant, he or she must  
1456 notify the department of such activity and fulfill the



1457 professional liability coverage requirements of this  
1458 subparagraph.

1459 (b) The department shall conspicuously distinguish an  
1460 autonomous physician assistant license if he or she is  
1461 registered under this subsection.

1462 (c) An autonomous physician assistant may:

1463 1. Render only primary care services as defined by rule of  
1464 the boards without physician supervision.

1465 2. Provide any service that is within the scope of the  
1466 autonomous physician assistant's education and experience and  
1467 provided in accordance with rules adopted by the board without  
1468 physician supervision.

1469 3. Prescribe, dispense, administer, or order any medicinal  
1470 drug, including those medicinal drugs to the extent authorized  
1471 under paragraph (4) (f) and the formulary adopted thereunder.

1472 4. Order any medication for administration to a patient in  
1473 a facility licensed under chapter 395 or part II of chapter 400,  
1474 notwithstanding chapter 465 or chapter 893.

1475 5. Provide a signature, certification, stamp,  
1476 verification, affidavit, or other endorsement that is otherwise  
1477 required by law to be provided by a physician.

1478 (d) An autonomous physician assistant must biennially  
1479 renew his or her registration under this subsection. The  
1480 biennial renewal shall coincide with the autonomous physician  
1481 assistant's biennial renewal period for physician assistant  
1482 licensure.

1483           (e) The council shall develop rules defining the primary  
 1484 care practice of autonomous physician assistants, which may  
 1485 include internal medicine, general pediatrics, family medicine,  
 1486 geriatrics, and general obstetrics and gynecology practices.

1487           ~~(10)(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 1488 Physician Assistants is created within the department.

1489           (a) The council shall consist of five members appointed as  
 1490 follows:

1491           1. The chairperson of the Board of Medicine shall appoint  
 1492 one member who is a physician and a member ~~three members who are~~  
 1493 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~  
 1494 physician ~~physicians~~ must supervise a physician assistant in his  
 1495 or her ~~the physician's~~ practice.

1496           2. The chairperson of the Board of Osteopathic Medicine  
 1497 shall appoint one member who is a physician and a member of the  
 1498 Board of Osteopathic Medicine. The physician must supervise a  
 1499 physician assistant in his or her practice.

1500           3. The State Surgeon General or her or his designee shall  
 1501 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
 1502 licensed under chapter 458 or this chapter.

1503           ~~(b) Two of the members appointed to the council must be~~  
 1504 ~~physicians who supervise physician assistants in their practice.~~  
 1505 Members shall be appointed to terms of 4 years, except that of  
 1506 the initial appointments, two members shall be appointed to  
 1507 terms of 2 years, two members shall be appointed to terms of 3  
 1508 years, and one member shall be appointed to a term of 4 years,

1509 as established by rule of the boards. Council members may not  
 1510 serve more than two consecutive terms. The council shall  
 1511 annually elect a chairperson from among its members.

1512 (c) The council shall:

1513 1. Recommend to the department the licensure of physician  
 1514 assistants.

1515 2. Develop all rules regulating the primary care practice  
 1516 of autonomous physician assistants and the use of physician  
 1517 assistants by physicians under chapter 458 and this chapter,  
 1518 except for rules relating to the formulary developed under s.  
 1519 458.347. The council shall also develop rules to ensure that the  
 1520 continuity of supervision is maintained in each practice  
 1521 setting. The boards shall consider adopting a proposed rule  
 1522 developed by the council at the regularly scheduled meeting  
 1523 immediately following the submission of the proposed rule by the  
 1524 council. A proposed rule submitted by the council may not be  
 1525 adopted by either board unless both boards have accepted and  
 1526 approved the identical language contained in the proposed rule.  
 1527 The language of all proposed rules submitted by the council must  
 1528 be approved by both boards pursuant to each respective board's  
 1529 guidelines and standards regarding the adoption of proposed  
 1530 rules. If either board rejects the council's proposed rule, that  
 1531 board must specify its objection to the council with  
 1532 particularity and include any recommendations it may have for  
 1533 the modification of the proposed rule.

1534 3. Make recommendations to the boards regarding all

1535 matters relating to autonomous physician assistants and  
 1536 physician assistants.

1537 4. Address concerns and problems of practicing autonomous  
 1538 physician assistants and physician assistants in order to  
 1539 improve safety in the clinical practices of registered  
 1540 autonomous physician assistants and licensed physician  
 1541 assistants.

1542 (d) When the council finds that an applicant for licensure  
 1543 has failed to meet, to the council's satisfaction, each of the  
 1544 requirements for licensure set forth in this section, the  
 1545 council may enter an order to:

- 1546 1. Refuse to certify the applicant for licensure;
- 1547 2. Approve the applicant for licensure with restrictions  
 1548 on the scope of practice or license; or
- 1549 3. Approve the applicant for conditional licensure. Such  
 1550 conditions may include placement of the licensee on probation  
 1551 for a period of time and subject to such conditions as the  
 1552 council may specify, including but not limited to, requiring the  
 1553 licensee to undergo treatment, to attend continuing education  
 1554 courses, to work under the direct supervision of a physician  
 1555 licensed in this state, or to take corrective action.

1556 ~~(12)-(11)~~ PENALTY.—Any person who has not been registered  
 1557 or licensed by the council and approved by the department and  
 1558 who holds herself or himself out as an autonomous physician  
 1559 assistant or a physician assistant or who uses any other term in  
 1560 indicating or implying that she or he is an autonomous physician

1561 assistant or a physician assistant commits a felony of the third  
 1562 degree, punishable as provided in s. 775.082 or s. 775.084 or by  
 1563 a fine not exceeding \$5,000.

1564 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
 1565 The boards may deny, suspend, or revoke the registration of an  
 1566 autonomous physician assistant or the license of a physician  
 1567 assistant license if a board determines that the autonomous  
 1568 physician assistant or physician assistant has violated this  
 1569 chapter.

1570 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement  
 1571 this section, including rules detailing the contents of the  
 1572 application for licensure and notification pursuant to  
 1573 subsection (7), rules relating to the registration of autonomous  
 1574 physician assistants under subsection (8), and rules to ensure  
 1575 ~~both~~ the continued competency of autonomous physician assistants  
 1576 and physician assistants and the proper utilization of them by  
 1577 physicians or groups of physicians.

1578 (19) ADVERSE INCIDENTS.—An autonomous physician assistant  
 1579 must report adverse incidents to the department in accordance  
 1580 with s. 459.026.

1581 Section 18. Subsections (1) and (3) of section 464.012,  
 1582 Florida Statutes, are amended to read:

1583 464.012 Licensure of advanced practice registered nurses;  
 1584 fees; controlled substance prescribing.—

1585 (1) Any nurse desiring to be licensed as an advanced  
 1586 practice registered nurse must apply to the board ~~department~~ and

1587 submit proof that he or she holds a current license to practice  
 1588 professional nursing or holds an active multistate license to  
 1589 practice professional nursing pursuant to s. 464.0095 and ~~that~~  
 1590 ~~he or she~~ meets one or more of the following requirements as  
 1591 ~~determined by the board:~~

1592 (a) Certification by an appropriate specialty board. Such  
 1593 certification is required for initial state licensure and any  
 1594 licensure renewal as a certified nurse midwife, certified nurse  
 1595 practitioner, certified registered nurse anesthetist, clinical  
 1596 nurse specialist, or psychiatric nurse. The board may by rule  
 1597 provide for provisional state licensure of certified registered  
 1598 nurse anesthetists, clinical nurse specialists, certified nurse  
 1599 practitioners, psychiatric nurses, and certified nurse midwives  
 1600 for a period of time determined to be appropriate for preparing  
 1601 for and passing the national certification examination.

1602 (b) Graduation from a ~~program leading to a~~ master's degree  
 1603 program in a nursing clinical specialty area with preparation in  
 1604 specialized practitioner skills. For applicants graduating on or  
 1605 after October 1, 1998, graduation from a master's degree program  
 1606 is required for initial licensure as a certified nurse  
 1607 practitioner under paragraph (4) (a).

1608 1. For applicants graduating on or after October 1, 2001,  
 1609 graduation from a master's degree program is required for  
 1610 initial licensure as a certified registered nurse anesthetist  
 1611 who may perform the acts listed in paragraph (4) (b).

1612 2. For applicants graduating on or after October 1, 1998,

1613 graduation from a master's degree program is required for  
1614 initial licensure as a certified nurse midwife who may perform  
1615 the acts listed in paragraph (4) (c).

1616 3. For applicants graduating on or after July 1, 2007,  
1617 graduation from a master's degree program is required for  
1618 initial licensure as a clinical nurse specialist who may perform  
1619 the acts listed in paragraph (4) (d).

1620 (3) An advanced practice registered nurse shall perform  
1621 those functions authorized in this section within the framework  
1622 of an established protocol that must be maintained on site at  
1623 the location or locations at which an advanced practice  
1624 registered nurse practices, unless the advanced practice  
1625 registered nurse is registered to engage in autonomous practice  
1626 under s. 464.0123. In the case of multiple supervising  
1627 physicians in the same group, an advanced practice registered  
1628 nurse must enter into a supervisory protocol with at least one  
1629 physician within the physician group practice. A practitioner  
1630 currently licensed under chapter 458, chapter 459, or chapter  
1631 466 shall maintain supervision for directing the specific course  
1632 of medical treatment. Within the established framework, an  
1633 advanced practice registered nurse may:

1634 (a) Prescribe, dispense, administer, or order any drug;  
1635 however, an advanced practice registered nurse may prescribe or  
1636 dispense a controlled substance as defined in s. 893.03 only if  
1637 the advanced practice registered nurse has graduated from a  
1638 program leading to a master's or doctoral degree in a clinical

1639 nursing specialty area with training in specialized practitioner  
 1640 skills.

1641 (b) Initiate appropriate therapies for certain conditions.

1642 (c) Perform additional functions as may be determined by  
 1643 rule in accordance with s. 464.003(2).

1644 (d) Order diagnostic tests and physical and occupational  
 1645 therapy.

1646 (e) Order any medication for administration to a patient  
 1647 in a facility licensed under chapter 395 or part II of chapter  
 1648 400, notwithstanding any provisions in chapter 465 or chapter  
 1649 893.

1650 (f) Sign, certify, stamp, verify, or endorse a document  
 1651 that requires the signature, certification, stamp, verification,  
 1652 affidavit, or endorsement of a physician. However, a supervisory  
 1653 physician may not delegate the authority to issue a documented  
 1654 approval to release a patient from a receiving facility or its  
 1655 contractor under s. 394.463(2)(f) to an advanced practice  
 1656 registered nurse.

1657 Section 19. Section 464.0123, Florida Statutes, is created  
 1658 to read:

1659 464.0123 Autonomous practice by an advanced practice  
 1660 registered nurse.—

1661 (1) For purposes of this section, the term "autonomous  
 1662 practice" means advanced or specialized nursing practice by an  
 1663 advanced practice registered nurse who is not subject to  
 1664 supervision by a physician or a supervisory protocol.



1665           (2) The board shall register an advanced practice  
 1666 registered nurse as an autonomous advanced practice registered  
 1667 nurse if the applicant demonstrates that he or she:

1668           (a) Holds an active, unencumbered license to practice  
 1669 advanced or specialized nursing in this state.

1670           (b) Has not been subject to any disciplinary action as  
 1671 specified in s. 456.072 or s. 464.018, or any similar  
 1672 disciplinary action in any other jurisdiction of the United  
 1673 States, within the 5 years immediately preceding the  
 1674 registration request.

1675           (c) Has completed, in any jurisdiction of the United  
 1676 States, at least 2,000 clinical practice hours or clinical  
 1677 instructional hours within the 5 years immediately preceding the  
 1678 registration request while practicing as an advanced practice  
 1679 registered nurse under the supervision of an allopathic or  
 1680 osteopathic physician who held an active, unencumbered license  
 1681 issued by any state, the District of Columbia, or a possession  
 1682 or territory of the United States during the period of such  
 1683 supervision.

1684           (d) Has completed a graduate-level course in pharmacology.

1685           (3) The board may provide by rule additional requirements  
 1686 for an advanced practice registered nurse who is registered  
 1687 under this section when performing acts within his or her  
 1688 specialty pursuant to s. 464.012(4).

1689           (4) (a) An advanced practice registered nurse registered  
 1690 under this section must by one of the following methods

1691 demonstrate to the satisfaction of the board and the department  
 1692 financial responsibility to pay claims and costs ancillary  
 1693 thereto arising out of the rendering of, or the failure to  
 1694 render, medical or nursing care or services:

1695 1. Obtaining and maintaining professional liability  
 1696 coverage in an amount not less than \$100,000 per claim, with a  
 1697 minimum annual aggregate of not less than \$300,000, from an  
 1698 authorized insurer as defined in s. 624.09, from a surplus lines  
 1699 insurer as defined in s. 626.914(2), from a risk retention group  
 1700 as defined in s. 627.942, from the Joint Underwriting  
 1701 Association established under s. 627.351(4), or through a plan  
 1702 of self-insurance as provided in s. 627.357; or

1703 2. Obtaining and maintaining an unexpired, irrevocable  
 1704 letter of credit, established pursuant to chapter 675, in an  
 1705 amount of not less than \$100,000 per claim, with a minimum  
 1706 aggregate availability of credit of not less than \$300,000. The  
 1707 letter of credit must be payable to the advanced practice  
 1708 registered nurse as beneficiary upon presentment of a final  
 1709 judgment indicating liability and awarding damages to be paid by  
 1710 the advanced practice registered nurse or upon presentment of a  
 1711 settlement agreement signed by all parties to such agreement  
 1712 when such final judgment or settlement is a result of a claim  
 1713 arising out of the rendering of, or the failure to render,  
 1714 medical or nursing care and services.

1715 (b) The requirements of paragraph (a) do not apply to:

1716 1. Any person registered under this subsection who

1717 practices exclusively as an officer, employee, or agent of the  
1718 Federal Government or of the state or its agencies or its  
1719 subdivisions.

1720 2. Any person whose license has become inactive and who is  
1721 not practicing as an advanced practice registered nurse  
1722 registered under this section in this state.

1723 3. Any person who practices as an advanced practice  
1724 registered nurse registered under this section only in  
1725 conjunction with his or her teaching duties at an accredited  
1726 school or its main teaching hospitals. Such practice is limited  
1727 to that which is incidental to and a necessary part of duties in  
1728 connection with the teaching position.

1729 4. Any person who holds an active registration under this  
1730 section who is not practicing as an autonomous advanced practice  
1731 registered nurse registered under this section in this state. If  
1732 such person initiates or resumes any practice as an autonomous  
1733 advanced practice registered nurse, he or she must notify the  
1734 department of such activity and fulfill the professional  
1735 liability coverage requirements of paragraph (a).

1736 (5) The department shall conspicuously distinguish an  
1737 advanced practice registered nurse's license if he or she is  
1738 registered with the board under this section and include the  
1739 registration in the advanced practice registered nurse's  
1740 practitioner profile created under s. 456.041.

1741 (6) An advanced practice registered nurse who is  
1742 registered under this section may perform the general functions

1743 of an advanced practice registered nurse under s. 464.012(3),  
1744 the acts within his or her specialty under s. 464.012(4), and  
1745 the following:

1746 (a) For a patient who requires the services of a health  
1747 care facility, as defined in s. 408.032(8):

1748 1. Admit the patient to the facility.

1749 2. Manage the care received by the patient in the  
1750 facility.

1751 3. Discharge the patient from the facility, unless  
1752 prohibited by federal law or rule.

1753 (b) Provide a signature, certification, stamp,  
1754 verification, affidavit, or endorsement that is otherwise  
1755 required by law to be provided by a physician.

1756 (7) (a) An advanced practice registered nurse must  
1757 biennially renew his or her registration under this section. The  
1758 biennial renewal for registration shall coincide with the  
1759 advanced practice registered nurse's biennial renewal period for  
1760 licensure.

1761 (b) To renew his or her registration under this section,  
1762 an advanced practice registered nurse must complete at least 10  
1763 hours of continuing education approved by the board in addition  
1764 to completing the continuing education requirements established  
1765 by board rule pursuant to s. 464.013. If the initial renewal  
1766 period occurs before January 1, 2021, an advanced practice  
1767 registered nurse who is registered under this section is not  
1768 required to complete the continuing education requirement under

1769 this paragraph until the following biennial renewal period.

1770 (8) The board may establish an advisory committee to make  
 1771 evidence-based recommendations about medical acts that an  
 1772 advanced practice registered nurse who is registered under this  
 1773 section may perform. The committee must consist of four advanced  
 1774 practice registered nurses licensed under this chapter,  
 1775 appointed by the board; two physicians licensed under chapter  
 1776 458 or chapter 459 who have professional experience with  
 1777 advanced practice registered nurses, appointed by the Board of  
 1778 Medicine; and the State Surgeon General or his or her designee.  
 1779 Each committee member appointed by a board shall serve a term of  
 1780 4 years, unless a shorter term is required to establish or  
 1781 maintain staggered terms. The Board of Nursing shall act upon  
 1782 the recommendations from the committee within 90 days after the  
 1783 submission of such recommendations.

1784 (9) The board shall adopt rules as necessary to implement  
 1785 this section.

1786 Section 20. Section 464.0155, Florida Statutes, is created  
 1787 to read:

1788 464.0155 Reports of adverse incidents by advanced practice  
 1789 registered nurses.—

1790 (1) An advanced practice registered nurse registered to  
 1791 engage in autonomous practice under s. 464.0123 must report an  
 1792 adverse incident to the department in accordance with this  
 1793 section.

1794 (2) The report must be in writing, sent to the department

1795 by certified mail, and postmarked within 15 days after the  
1796 occurrence of the adverse incident if the adverse incident  
1797 occurs when the patient is at the office of the advanced  
1798 practice registered nurse. If the adverse incident occurs when  
1799 the patient is not at the office of the advanced practice  
1800 registered nurse, the report must be postmarked within 15 days  
1801 after the advanced practice registered nurse discovers, or  
1802 reasonably should have discovered, the occurrence of the adverse  
1803 incident.

1804 (3) For purposes of this section, the term "adverse  
1805 incident" means any of the following events when it is  
1806 reasonable to believe that the event is attributable to the  
1807 prescription of a controlled substance regulated under chapter  
1808 893 or 21 U.S.C. s. 812 by the advanced practice registered  
1809 nurse:

1810 (a) A condition that requires the transfer of a patient to  
1811 a hospital licensed under chapter 395.

1812 (b) Permanent physical injury to the patient.

1813 (c) Death of the patient.

1814 (4) The department shall review each report of an adverse  
1815 incident and determine whether the adverse incident was  
1816 attributable to conduct by the advanced practice registered  
1817 nurse. Upon such a determination, the board may take  
1818 disciplinary action pursuant to s. 456.073.

1819 Section 21. Paragraph (r) is added to subsection (1) of  
1820 section 464.018, Florida Statutes, to read:

1821 464.018 Disciplinary actions.—

1822 (1) The following acts constitute grounds for denial of a  
 1823 license or disciplinary action, as specified in ss. 456.072(2)  
 1824 and 464.0095:

1825 (r) For an advanced practice registered nurse registered  
 1826 to engage in autonomous practice under s. 464.0123:

1827 1. Paying or receiving any commission, bonus, kickback, or  
 1828 rebate from, or engaging in any split-fee arrangement in any  
 1829 form whatsoever with, a health care practitioner, organization,  
 1830 agency, or person, either directly or implicitly, for referring  
 1831 patients to providers of health care goods or services,  
 1832 including, but not limited to, hospitals, nursing homes,  
 1833 clinical laboratories, ambulatory surgical centers, or  
 1834 pharmacies. This subparagraph may not be construed to prevent an  
 1835 advanced practice registered nurse from receiving a fee for  
 1836 professional consultation services.

1837 2. Exercising influence within a patient-advanced practice  
 1838 registered nurse relationship for purposes of engaging a patient  
 1839 in sexual activity. A patient shall be presumed to be incapable  
 1840 of giving free, full, and informed consent to sexual activity  
 1841 with his or her advanced practice registered nurse.

1842 3. Making deceptive, untrue, or fraudulent representations  
 1843 in or related to, or employing a trick or scheme in or related  
 1844 to, advanced or specialized nursing practice.

1845 4. Soliciting patients, either personally or through an  
 1846 agent, by the use of fraud, intimidation, undue influence, or a

1847 form of overreaching or vexatious conduct. As used in this  
1848 subparagraph, the term "soliciting" means directly or implicitly  
1849 requesting an immediate oral response from the recipient.

1850 5. Failing to keep legible, as defined by department rule  
1851 in consultation with the board, medical records that identify  
1852 the advanced practice registered nurse by name and professional  
1853 title who is responsible for rendering, ordering, supervising,  
1854 or billing for each diagnostic or treatment procedure and that  
1855 justify the course of treatment of the patient, including, but  
1856 not limited to, patient histories; examination results; test  
1857 results; records of drugs prescribed, dispensed, or  
1858 administered; and reports of consultations or referrals.

1859 6. Exercising influence on the patient to exploit the  
1860 patient for the financial gain of the advanced practice  
1861 registered nurse or a third party, including, but not limited  
1862 to, the promoting or selling of services, goods, appliances, or  
1863 drugs.

1864 7. Performing professional services that have not been  
1865 duly authorized by the patient, or his or her legal  
1866 representative, except as provided in s. 766.103 or s. 768.13.

1867 8. Performing any procedure or prescribing any therapy  
1868 that, by the prevailing standards of advanced or specialized  
1869 nursing practice in the community, would constitute  
1870 experimentation on a human subject, without first obtaining  
1871 full, informed, and written consent.

1872 9. Delegating professional responsibilities to a person



1873 when the advanced practice registered nurse delegating such  
 1874 responsibilities knows or has reason to believe that such person  
 1875 is not qualified by training, experience, or licensure to  
 1876 perform such responsibilities.

1877 10. Committing, or conspiring with another to commit, an  
 1878 act that would tend to coerce, intimidate, or preclude another  
 1879 advanced practice registered nurse from lawfully advertising his  
 1880 or her services.

1881 11. Advertising or holding himself or herself out as  
 1882 having certification in a specialty that the he or she has not  
 1883 received.

1884 12. Failing to comply with the requirements of ss. 381.026  
 1885 and 381.0261 related to providing patients with information  
 1886 about their rights and how to file a complaint.

1887 13. Providing deceptive or fraudulent expert witness  
 1888 testimony related to advanced or specialized nursing practice.

1889 Section 22. Subsection (43) of section 39.01, Florida  
 1890 Statutes, is amended to read:

1891 39.01 Definitions.—When used in this chapter, unless the  
 1892 context otherwise requires:

1893 (43) "Licensed health care professional" means a physician  
 1894 licensed under chapter 458, an osteopathic physician licensed  
 1895 under chapter 459, a nurse licensed under part I of chapter 464,  
 1896 an autonomous physician assistant or a physician assistant  
 1897 registered or licensed under chapter 458 or chapter 459, or a  
 1898 dentist licensed under chapter 466.

1899           Section 23. Paragraphs (d) and (e) of subsection (5) of  
 1900 section 39.303, Florida Statutes, are redesignated as paragraphs  
 1901 (e) and (f), respectively, a new paragraph (d) is added to that  
 1902 subsection, and paragraph (a) of subsection (6) of that section  
 1903 is amended, to read:

1904           39.303 Child Protection Teams and sexual abuse treatment  
 1905 programs; services; eligible cases.—

1906           (5) All abuse and neglect cases transmitted for  
 1907 investigation to a circuit by the hotline must be simultaneously  
 1908 transmitted to the Child Protection Team for review. For the  
 1909 purpose of determining whether a face-to-face medical evaluation  
 1910 by a Child Protection Team is necessary, all cases transmitted  
 1911 to the Child Protection Team which meet the criteria in  
 1912 subsection (4) must be timely reviewed by:

1913           (d) An autonomous physician assistant registered under  
 1914 chapter 458 or chapter 459 who has a specialty in pediatrics or  
 1915 family medicine and is member of the Child Protection Team;

1916           (6) A face-to-face medical evaluation by a Child  
 1917 Protection Team is not necessary when:

1918           (a) The child was examined for the alleged abuse or  
 1919 neglect by a physician who is not a member of the Child  
 1920 Protection Team, and a consultation between the Child Protection  
 1921 Team medical director or a Child Protection Team board-certified  
 1922 pediatrician, advanced practice registered nurse, autonomous  
 1923 physician assistant, or physician assistant working under the  
 1924 supervision of a Child Protection Team medical director or a

1925 Child Protection Team board-certified pediatrician, or  
 1926 registered nurse working under the direct supervision of a Child  
 1927 Protection Team medical director or a Child Protection Team  
 1928 board-certified pediatrician, and the examining physician  
 1929 concludes that a further medical evaluation is unnecessary;  
 1930

1931 Notwithstanding paragraphs (a), (b), and (c), a Child Protection  
 1932 Team medical director or a Child Protection Team pediatrician,  
 1933 as authorized in subsection (5), may determine that a face-to-  
 1934 face medical evaluation is necessary.

1935 Section 24. Paragraph (b) of subsection (1) of section  
 1936 39.304, Florida Statutes, is amended to read:

1937 39.304 Photographs, medical examinations, X rays, and  
 1938 medical treatment of abused, abandoned, or neglected child.—

1939 (1)

1940 (b) If the areas of trauma visible on a child indicate a  
 1941 need for a medical examination, or if the child verbally  
 1942 complains or otherwise exhibits distress as a result of injury  
 1943 through suspected child abuse, abandonment, or neglect, or is  
 1944 alleged to have been sexually abused, the person required to  
 1945 investigate may cause the child to be referred for diagnosis to  
 1946 a licensed physician or an emergency department in a hospital  
 1947 without the consent of the child's parents or legal custodian.  
 1948 Such examination may be performed by any licensed physician,  
 1949 registered autonomous physician assistant, licensed physician  
 1950 assistant, or ~~an~~ advanced practice registered nurse licensed or

1951 registered under ~~pursuant to~~ part I of chapter 464. Any licensed  
 1952 physician, registered autonomous physician assistant, licensed  
 1953 physician assistant, or advanced practice registered nurse  
 1954 licensed or registered under ~~pursuant to~~ part I of chapter 464  
 1955 who has reasonable cause to suspect that an injury was the  
 1956 result of child abuse, abandonment, or neglect may authorize a  
 1957 radiological examination to be performed on the child without  
 1958 the consent of the child's parent or legal custodian.

1959 Section 25. Paragraph (d) of subsection (2) of section  
 1960 110.12315, Florida Statutes, is amended to read:

1961 110.12315 Prescription drug program.—The state employees'  
 1962 prescription drug program is established. This program shall be  
 1963 administered by the Department of Management Services, according  
 1964 to the terms and conditions of the plan as established by the  
 1965 relevant provisions of the annual General Appropriations Act and  
 1966 implementing legislation, subject to the following conditions:

1967 (2) In providing for reimbursement of pharmacies for  
 1968 prescription drugs and supplies dispensed to members of the  
 1969 state group health insurance plan and their dependents under the  
 1970 state employees' prescription drug program:

1971 (d) The department shall establish the reimbursement  
 1972 schedule for prescription drugs and supplies dispensed under the  
 1973 program. Reimbursement rates for a prescription drug or supply  
 1974 must be based on the cost of the generic equivalent drug or  
 1975 supply if a generic equivalent exists, unless the physician,  
 1976 advanced practice registered nurse, autonomous physician

1977 assistant, or physician assistant prescribing the drug or supply  
 1978 clearly states on the prescription that the brand name drug or  
 1979 supply is medically necessary or that the drug or supply is  
 1980 included on the formulary of drugs and supplies that may not be  
 1981 interchanged as provided in chapter 465, in which case  
 1982 reimbursement must be based on the cost of the brand name drug  
 1983 or supply as specified in the reimbursement schedule adopted by  
 1984 the department.

1985 Section 26. Paragraph (a) of subsection (3) of section  
 1986 252.515, Florida Statutes, is amended to read:

1987 252.515 Postdisaster Relief Assistance Act; immunity from  
 1988 civil liability.—

1989 (3) As used in this section, the term:

1990 (a) "Emergency first responder" means:

- 1991 1. A physician licensed under chapter 458.
- 1992 2. An osteopathic physician licensed under chapter 459.
- 1993 3. A chiropractic physician licensed under chapter 460.
- 1994 4. A podiatric physician licensed under chapter 461.
- 1995 5. A dentist licensed under chapter 466.
- 1996 6. An advanced practice registered nurse licensed under s.  
 1997 464.012.

1998 7. An autonomous physician assistant or a physician  
 1999 assistant registered or licensed under chapter 458 ~~s. 458.347~~ or  
 2000 chapter 459 ~~s. 459.022~~.

2001 8. A worker employed by a public or private hospital in  
 2002 the state.

2003 9. A paramedic as defined in s. 401.23(17).  
 2004 10. An emergency medical technician as defined in s.  
 2005 401.23(11).  
 2006 11. A firefighter as defined in s. 633.102.  
 2007 12. A law enforcement officer as defined in s. 943.10.  
 2008 13. A member of the Florida National Guard.  
 2009 14. Any other personnel designated as emergency personnel  
 2010 by the Governor pursuant to a declared emergency.  
 2011 Section 27. Paragraph (c) of subsection (1) of section  
 2012 310.071, Florida Statutes, is amended to read:  
 2013 310.071 Deputy pilot certification.—  
 2014 (1) In addition to meeting other requirements specified in  
 2015 this chapter, each applicant for certification as a deputy pilot  
 2016 must:  
 2017 (c) Be in good physical and mental health, as evidenced by  
 2018 documentary proof of having satisfactorily passed a complete  
 2019 physical examination administered by a licensed physician within  
 2020 the preceding 6 months. The board shall adopt rules to establish  
 2021 requirements for passing the physical examination, which rules  
 2022 shall establish minimum standards for the physical or mental  
 2023 capabilities necessary to carry out the professional duties of a  
 2024 certificated deputy pilot. Such standards shall include zero  
 2025 tolerance for any controlled substance regulated under chapter  
 2026 893 unless that individual is under the care of a physician, an  
 2027 advanced practice registered nurse, an autonomous physician  
 2028 assistant, or a physician assistant and that controlled

2029 substance was prescribed by that physician, advanced practice  
 2030 registered nurse, autonomous physician assistant, or physician  
 2031 assistant. To maintain eligibility as a certificated deputy  
 2032 pilot, each certificated deputy pilot must annually provide  
 2033 documentary proof of having satisfactorily passed a complete  
 2034 physical examination administered by a licensed physician. The  
 2035 physician must know the minimum standards and certify that the  
 2036 certificateholder satisfactorily meets the standards. The  
 2037 standards for certificateholders shall include a drug test.

2038 Section 28. Subsection (3) of section 310.073, Florida  
 2039 Statutes, is amended to read:

2040 310.073 State pilot licensing.—In addition to meeting  
 2041 other requirements specified in this chapter, each applicant for  
 2042 license as a state pilot must:

2043 (3) Be in good physical and mental health, as evidenced by  
 2044 documentary proof of having satisfactorily passed a complete  
 2045 physical examination administered by a licensed physician within  
 2046 the preceding 6 months. The board shall adopt rules to establish  
 2047 requirements for passing the physical examination, which rules  
 2048 shall establish minimum standards for the physical or mental  
 2049 capabilities necessary to carry out the professional duties of a  
 2050 licensed state pilot. Such standards shall include zero  
 2051 tolerance for any controlled substance regulated under chapter  
 2052 893 unless that individual is under the care of a physician, an  
 2053 advanced practice registered nurse, an autonomous physician  
 2054 assistant, or a physician assistant and that controlled

2055 substance was prescribed by that physician, advanced practice  
 2056 registered nurse, autonomous physician assistant, or physician  
 2057 assistant. To maintain eligibility as a licensed state pilot,  
 2058 each licensed state pilot must annually provide documentary  
 2059 proof of having satisfactorily passed a complete physical  
 2060 examination administered by a licensed physician. The physician  
 2061 must know the minimum standards and certify that the licensee  
 2062 satisfactorily meets the standards. The standards for licensees  
 2063 shall include a drug test.

2064 Section 29. Paragraph (b) of subsection (3) of section  
 2065 310.081, Florida Statutes, is amended to read:

2066 310.081 Department to examine and license state pilots and  
 2067 certificate deputy pilots; vacancies.-

2068 (3) Pilots shall hold their licenses or certificates  
 2069 pursuant to the requirements of this chapter so long as they:

2070 (b) Are in good physical and mental health as evidenced by  
 2071 documentary proof of having satisfactorily passed a physical  
 2072 examination administered by a licensed physician or physician  
 2073 assistant within each calendar year. The board shall adopt rules  
 2074 to establish requirements for passing the physical examination,  
 2075 which rules shall establish minimum standards for the physical  
 2076 or mental capabilities necessary to carry out the professional  
 2077 duties of a licensed state pilot or a certificated deputy pilot.  
 2078 Such standards shall include zero tolerance for any controlled  
 2079 substance regulated under chapter 893 unless that individual is  
 2080 under the care of a physician, an advanced practice registered



2081 nurse, an autonomous physician assistant, or a physician  
 2082 assistant and that controlled substance was prescribed by that  
 2083 physician, advanced practice registered nurse, autonomous  
 2084 physician assistant, or physician assistant. To maintain  
 2085 eligibility as a certificated deputy pilot or licensed state  
 2086 pilot, each certificated deputy pilot or licensed state pilot  
 2087 must annually provide documentary proof of having satisfactorily  
 2088 passed a complete physical examination administered by a  
 2089 licensed physician. The physician must know the minimum  
 2090 standards and certify that the certificateholder or licensee  
 2091 satisfactorily meets the standards. The standards for  
 2092 certificateholders and for licensees shall include a drug test.

2093  
 2094 Upon resignation or in the case of disability permanently  
 2095 affecting a pilot's ability to serve, the state license or  
 2096 certificate issued under this chapter shall be revoked by the  
 2097 department.

2098 Section 30. Paragraph (b) of subsection (1) of section  
 2099 320.0848, Florida Statutes, is amended to read:

2100 320.0848 Persons who have disabilities; issuance of  
 2101 disabled parking permits; temporary permits; permits for certain  
 2102 providers of transportation services to persons who have  
 2103 disabilities.—

2104 (1)

2105 (b)1. The person must be currently certified as being  
 2106 legally blind or as having any of the following disabilities

2107 that render him or her unable to walk 200 feet without stopping  
 2108 to rest:

2109 a. Inability to walk without the use of or assistance from  
 2110 a brace, cane, crutch, prosthetic device, or other assistive  
 2111 device, or without the assistance of another person. If the  
 2112 assistive device significantly restores the person's ability to  
 2113 walk to the extent that the person can walk without severe  
 2114 limitation, the person is not eligible for the exemption parking  
 2115 permit.

2116 b. The need to permanently use a wheelchair.

2117 c. Restriction by lung disease to the extent that the  
 2118 person's forced (respiratory) expiratory volume for 1 second,  
 2119 when measured by spirometry, is less than 1 liter, or the  
 2120 person's arterial oxygen is less than 60 mm/hg on room air at  
 2121 rest.

2122 d. Use of portable oxygen.

2123 e. Restriction by cardiac condition to the extent that the  
 2124 person's functional limitations are classified in severity as  
 2125 Class III or Class IV according to standards set by the American  
 2126 Heart Association.

2127 f. Severe limitation in the person's ability to walk due  
 2128 to an arthritic, neurological, or orthopedic condition.

2129 2. The certification of disability which is required under  
 2130 subparagraph 1. must be provided by a physician licensed under  
 2131 chapter 458, chapter 459, or chapter 460, by a podiatric  
 2132 physician licensed under chapter 461, by an optometrist licensed

2133 | under chapter 463, by an advanced practice registered nurse  
 2134 | licensed under chapter 464 under the protocol of a licensed  
 2135 | physician as stated in this subparagraph, by an autonomous  
 2136 | physician assistant or a physician assistant registered or  
 2137 | licensed under chapter 458 or chapter 459, or by a similarly  
 2138 | licensed physician from another state if the application is  
 2139 | accompanied by documentation of the physician's licensure in the  
 2140 | other state and a form signed by the out-of-state physician  
 2141 | verifying his or her knowledge of this state's eligibility  
 2142 | guidelines.

2143 |         Section 31. Paragraph (c) of subsection (1) of section  
 2144 | 381.00315, Florida Statutes, is amended to read:

2145 |         381.00315 Public health advisories; public health  
 2146 | emergencies; isolation and quarantines.—The State Health Officer  
 2147 | is responsible for declaring public health emergencies, issuing  
 2148 | public health advisories, and ordering isolation or quarantines.

2149 |         (1) As used in this section, the term:

2150 |         (c) "Public health emergency" means any occurrence, or  
 2151 | threat thereof, whether natural or manmade, which results or may  
 2152 | result in substantial injury or harm to the public health from  
 2153 | infectious disease, chemical agents, nuclear agents, biological  
 2154 | toxins, or situations involving mass casualties or natural  
 2155 | disasters. Before declaring a public health emergency, the State  
 2156 | Health Officer shall, to the extent possible, consult with the  
 2157 | Governor and shall notify the Chief of Domestic Security. The  
 2158 | declaration of a public health emergency shall continue until

2159 | the State Health Officer finds that the threat or danger has  
2160 | been dealt with to the extent that the emergency conditions no  
2161 | longer exist and he or she terminates the declaration. However,  
2162 | a declaration of a public health emergency may not continue for  
2163 | longer than 60 days unless the Governor concurs in the renewal  
2164 | of the declaration. The State Health Officer, upon declaration  
2165 | of a public health emergency, may take actions that are  
2166 | necessary to protect the public health. Such actions include,  
2167 | but are not limited to:

2168 |       1. Directing manufacturers of prescription drugs or over-  
2169 | the-counter drugs who are permitted under chapter 499 and  
2170 | wholesalers of prescription drugs located in this state who are  
2171 | permitted under chapter 499 to give priority to the shipping of  
2172 | specified drugs to pharmacies and health care providers within  
2173 | geographic areas that have been identified by the State Health  
2174 | Officer. The State Health Officer must identify the drugs to be  
2175 | shipped. Manufacturers and wholesalers located in the state must  
2176 | respond to the State Health Officer's priority shipping  
2177 | directive before shipping the specified drugs.

2178 |       2. Notwithstanding chapters 465 and 499 and rules adopted  
2179 | thereunder, directing pharmacists employed by the department to  
2180 | compound bulk prescription drugs and provide these bulk  
2181 | prescription drugs to physicians and nurses of county health  
2182 | departments or any qualified person authorized by the State  
2183 | Health Officer for administration to persons as part of a  
2184 | prophylactic or treatment regimen.

2185           3. Notwithstanding s. 456.036, temporarily reactivating  
 2186 the inactive license or registration of the following health  
 2187 care practitioners, when such practitioners are needed to  
 2188 respond to the public health emergency: physicians, autonomous  
 2189 physician assistants, or physician assistants licensed or  
 2190 registered under chapter 458 or chapter 459; ~~physician~~  
 2191 ~~assistants licensed under chapter 458 or chapter 459;~~ licensed  
 2192 practical nurses, registered nurses, and advanced practice  
 2193 registered nurses licensed under part I of chapter 464;  
 2194 respiratory therapists licensed under part V of chapter 468; and  
 2195 emergency medical technicians and paramedics certified under  
 2196 part III of chapter 401. Only those health care practitioners  
 2197 specified in this paragraph who possess an unencumbered inactive  
 2198 license and who request that such license be reactivated are  
 2199 eligible for reactivation. An inactive license that is  
 2200 reactivated under this paragraph shall return to inactive status  
 2201 when the public health emergency ends or before the end of the  
 2202 public health emergency if the State Health Officer determines  
 2203 that the health care practitioner is no longer needed to provide  
 2204 services during the public health emergency. Such licenses may  
 2205 only be reactivated for a period not to exceed 90 days without  
 2206 meeting the requirements of s. 456.036 or chapter 401, as  
 2207 applicable.

2208           4. Ordering an individual to be examined, tested,  
 2209 vaccinated, treated, isolated, or quarantined for communicable  
 2210 diseases that have significant morbidity or mortality and

2211 present a severe danger to public health. Individuals who are  
 2212 unable or unwilling to be examined, tested, vaccinated, or  
 2213 treated for reasons of health, religion, or conscience may be  
 2214 subjected to isolation or quarantine.

2215 a. Examination, testing, vaccination, or treatment may be  
 2216 performed by any qualified person authorized by the State Health  
 2217 Officer.

2218 b. If the individual poses a danger to the public health,  
 2219 the State Health Officer may subject the individual to isolation  
 2220 or quarantine. If there is no practical method to isolate or  
 2221 quarantine the individual, the State Health Officer may use any  
 2222 means necessary to vaccinate or treat the individual.

2223  
 2224 Any order of the State Health Officer given to effectuate this  
 2225 paragraph shall be immediately enforceable by a law enforcement  
 2226 officer under s. 381.0012.

2227 Section 32. Subsection (3) of section 381.00593, Florida  
 2228 Statutes, is amended to read:

2229 381.00593 Public school volunteer health care practitioner  
 2230 program.—

2231 (3) For purposes of this section, the term "health care  
 2232 practitioner" means a physician or autonomous physician  
 2233 assistant licensed or registered under chapter 458; an  
 2234 osteopathic physician or autonomous physician assistant licensed  
 2235 or registered under chapter 459; a chiropractic physician  
 2236 licensed under chapter 460; a podiatric physician licensed under

2237 chapter 461; an optometrist licensed under chapter 463; an  
 2238 advanced practice registered nurse, registered nurse, or  
 2239 licensed practical nurse licensed under part I of chapter 464; a  
 2240 pharmacist licensed under chapter 465; a dentist or dental  
 2241 hygienist licensed under chapter 466; a midwife licensed under  
 2242 chapter 467; a speech-language pathologist or audiologist  
 2243 licensed under part I of chapter 468; a dietitian/nutritionist  
 2244 licensed under part X of chapter 468; or a physical therapist  
 2245 licensed under chapter 486.

2246 Section 33. Paragraph (c) of subsection (2) of section  
 2247 381.026, Florida Statutes, is amended to read:

2248 381.026 Florida Patient's Bill of Rights and  
 2249 Responsibilities.—

2250 (2) DEFINITIONS.—As used in this section and s. 381.0261,  
 2251 the term:

2252 (c) "Health care provider" means a physician licensed  
 2253 under chapter 458, an osteopathic physician licensed under  
 2254 chapter 459, ~~or~~ a podiatric physician licensed under chapter  
 2255 461, an autonomous physician assistant registered under s.  
 2256 458.347(8), or an advanced practice registered nurse registered  
 2257 to engage in autonomous practice under s. 464.0123.

2258 Section 34. Paragraph (a) of subsection (2) and  
 2259 subsections (3), (4), and (5) of section 382.008, Florida  
 2260 Statutes, are amended to read:

2261 382.008 Death, fetal death, and nonviable birth  
 2262 registration.—

2263 (2) (a) The funeral director who first assumes custody of a  
 2264 dead body or fetus shall file the certificate of death or fetal  
 2265 death. In the absence of the funeral director, the physician,  
 2266 autonomous physician assistant, physician assistant, advanced  
 2267 practice registered nurse, or other person in attendance at or  
 2268 after the death or the district medical examiner of the county  
 2269 in which the death occurred or the body was found shall file the  
 2270 certificate of death or fetal death. The person who files the  
 2271 certificate shall obtain personal data from a legally authorized  
 2272 person as described in s. 497.005 or the best qualified person  
 2273 or source available. The medical certification of cause of death  
 2274 shall be furnished to the funeral director, either in person or  
 2275 via certified mail or electronic transfer, by the physician,  
 2276 autonomous physician assistant, physician assistant, advanced  
 2277 practice registered nurse, or medical examiner responsible for  
 2278 furnishing such information. For fetal deaths, the physician,  
 2279 certified nurse midwife, midwife, or hospital administrator  
 2280 shall provide any medical or health information to the funeral  
 2281 director within 72 hours after expulsion or extraction.

2282 (3) Within 72 hours after receipt of a death or fetal  
 2283 death certificate from the funeral director, the medical  
 2284 certification of cause of death shall be completed and made  
 2285 available to the funeral director by the decedent's primary or  
 2286 attending practitioner ~~physician~~ or, if s. 382.011 applies, the  
 2287 district medical examiner of the county in which the death  
 2288 occurred or the body was found. The primary or attending



2289 practitioner ~~physician~~ or the medical examiner shall certify  
 2290 over his or her signature the cause of death to the best of his  
 2291 or her knowledge and belief. As used in this section, the term  
 2292 "primary or attending practitioner ~~physician~~" means a physician,  
 2293 autonomous physician assistant, physician assistant, or advanced  
 2294 practice registered nurse who treated the decedent through  
 2295 examination, medical advice, or medication during the 12 months  
 2296 preceding the date of death.

2297 (a) The department may grant the funeral director an  
 2298 extension of time upon a good and sufficient showing of any of  
 2299 the following conditions:

- 2300 1. An autopsy is pending.
- 2301 2. Toxicology, laboratory, or other diagnostic reports  
 2302 have not been completed.
- 2303 3. The identity of the decedent is unknown and further  
 2304 investigation or identification is required.

2305 (b) If the decedent's primary or attending practitioner  
 2306 ~~physician~~ or the district medical examiner of the county in  
 2307 which the death occurred or the body was found indicates that he  
 2308 or she will sign and complete the medical certification of cause  
 2309 of death but will not be available until after the 5-day  
 2310 registration deadline, the local registrar may grant an  
 2311 extension of 5 days. If a further extension is required, the  
 2312 funeral director must provide written justification to the  
 2313 registrar.

2314 (4) If the department or local registrar grants an

2315 extension of time to provide the medical certification of cause  
 2316 of death, the funeral director shall file a temporary  
 2317 certificate of death or fetal death which shall contain all  
 2318 available information, including the fact that the cause of  
 2319 death is pending. The decedent's primary or attending  
 2320 practitioner ~~physician~~ or the district medical examiner of the  
 2321 county in which the death occurred or the body was found shall  
 2322 provide an estimated date for completion of the permanent  
 2323 certificate.

2324 (5) A permanent certificate of death or fetal death,  
 2325 containing the cause of death and any other information that was  
 2326 previously unavailable, shall be registered as a replacement for  
 2327 the temporary certificate. The permanent certificate may also  
 2328 include corrected information if the items being corrected are  
 2329 noted on the back of the certificate and dated and signed by the  
 2330 funeral director, physician, autonomous physician assistant,  
 2331 physician assistant, advanced practice registered nurse, or  
 2332 district medical examiner of the county in which the death  
 2333 occurred or the body was found, as appropriate.

2334 Section 35. Subsection (1) of section 382.011, Florida  
 2335 Statutes, is amended to read:

2336 382.011 Medical examiner determination of cause of death.—

2337 (1) In the case of any death or fetal death due to causes  
 2338 or conditions listed in s. 406.11, any death that occurred more  
 2339 than 12 months after the decedent was last treated by a primary  
 2340 or attending physician ~~as defined in s. 382.008(3),~~ or any death

2341 for which there is reason to believe that the death may have  
 2342 been due to an unlawful act or neglect, the funeral director or  
 2343 other person to whose attention the death may come shall refer  
 2344 the case to the district medical examiner of the county in which  
 2345 the death occurred or the body was found for investigation and  
 2346 determination of the cause of death.

2347 Section 36. Paragraph (c) of subsection (1) of section  
 2348 383.14, Florida Statutes, is amended to read:

2349 383.14 Screening for metabolic disorders, other hereditary  
 2350 and congenital disorders, and environmental risk factors.—

2351 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
 2352 maternal and child health care system, the Department of Health  
 2353 shall promote the screening of all newborns born in Florida for  
 2354 metabolic, hereditary, and congenital disorders known to result  
 2355 in significant impairment of health or intellect, as screening  
 2356 programs accepted by current medical practice become available  
 2357 and practical in the judgment of the department. The department  
 2358 shall also promote the identification and screening of all  
 2359 newborns in this state and their families for environmental risk  
 2360 factors such as low income, poor education, maternal and family  
 2361 stress, emotional instability, substance abuse, and other high-  
 2362 risk conditions associated with increased risk of infant  
 2363 mortality and morbidity to provide early intervention,  
 2364 remediation, and prevention services, including, but not limited  
 2365 to, parent support and training programs, home visitation, and  
 2366 case management. Identification, perinatal screening, and

2367 intervention efforts shall begin before ~~prior to~~ and immediately  
 2368 following the birth of the child by the attending health care  
 2369 provider. Such efforts shall be conducted in hospitals,  
 2370 perinatal centers, county health departments, school health  
 2371 programs that provide prenatal care, and birthing centers, and  
 2372 reported to the Office of Vital Statistics.

2373 (c) Release of screening results.—Notwithstanding any law  
 2374 to the contrary, the State Public Health Laboratory may release,  
 2375 directly or through the Children's Medical Services program, the  
 2376 results of a newborn's hearing and metabolic tests or screenings  
 2377 to the newborn's health care practitioner, the newborn's parent  
 2378 or legal guardian, the newborn's personal representative, or a  
 2379 person designated by the newborn's parent or legal guardian. As  
 2380 used in this paragraph, the term "health care practitioner"  
 2381 means a physician, autonomous physician assistant, or physician  
 2382 assistant licensed or registered under chapter 458; an  
 2383 osteopathic physician, autonomous physician assistant, or  
 2384 physician assistant licensed or registered under chapter 459; an  
 2385 advanced practice registered nurse, registered nurse, or  
 2386 licensed practical nurse licensed under part I of chapter 464; a  
 2387 midwife licensed under chapter 467; a speech-language  
 2388 pathologist or audiologist licensed under part I of chapter 468;  
 2389 or a dietician or nutritionist licensed under part X of chapter  
 2390 468.

2391 Section 37. Paragraph (a) of subsection (3) of section  
 2392 390.0111, Florida Statutes, is amended to read:

2393 | 390.0111 Termination of pregnancies.—

2394 | (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
 2395 | be performed or induced except with the voluntary and informed  
 2396 | written consent of the pregnant woman or, in the case of a  
 2397 | mental incompetent, the voluntary and informed written consent  
 2398 | of her court-appointed guardian.

2399 | (a) Except in the case of a medical emergency, consent to  
 2400 | a termination of pregnancy is voluntary and informed only if:

2401 | 1. The physician who is to perform the procedure, or the  
 2402 | referring physician, has, at a minimum, orally, while physically  
 2403 | present in the same room, and at least 24 hours before the  
 2404 | procedure, informed the woman of:

2405 | a. The nature and risks of undergoing or not undergoing  
 2406 | the proposed procedure that a reasonable patient would consider  
 2407 | material to making a knowing and willful decision of whether to  
 2408 | terminate a pregnancy.

2409 | b. The probable gestational age of the fetus, verified by  
 2410 | an ultrasound, at the time the termination of pregnancy is to be  
 2411 | performed.

2412 | (I) The ultrasound must be performed by the physician who  
 2413 | is to perform the abortion or by a person having documented  
 2414 | evidence that he or she has completed a course in the operation  
 2415 | of ultrasound equipment as prescribed by rule and who is working  
 2416 | in conjunction with the physician.

2417 | (II) The person performing the ultrasound must offer the  
 2418 | woman the opportunity to view the live ultrasound images and

2419 | hear an explanation of them. If the woman accepts the  
 2420 | opportunity to view the images and hear the explanation, a  
 2421 | physician or a registered nurse, licensed practical nurse,  
 2422 | advanced practice registered nurse, autonomous physician  
 2423 | assistant, or physician assistant working in conjunction with  
 2424 | the physician must contemporaneously review and explain the  
 2425 | images to the woman before the woman gives informed consent to  
 2426 | having an abortion procedure performed.

2427 |         (III) The woman has a right to decline to view and hear  
 2428 | the explanation of the live ultrasound images after she is  
 2429 | informed of her right and offered an opportunity to view the  
 2430 | images and hear the explanation. If the woman declines, the  
 2431 | woman shall complete a form acknowledging that she was offered  
 2432 | an opportunity to view and hear the explanation of the images  
 2433 | but that she declined that opportunity. The form must also  
 2434 | indicate that the woman's decision was not based on any undue  
 2435 | influence from any person to discourage her from viewing the  
 2436 | images or hearing the explanation and that she declined of her  
 2437 | own free will.

2438 |         (IV) Unless requested by the woman, the person performing  
 2439 | the ultrasound may not offer the opportunity to view the images  
 2440 | and hear the explanation and the explanation may not be given  
 2441 | if, at the time the woman schedules or arrives for her  
 2442 | appointment to obtain an abortion, a copy of a restraining  
 2443 | order, police report, medical record, or other court order or  
 2444 | documentation is presented which provides evidence that the

2445 woman is obtaining the abortion because the woman is a victim of  
2446 rape, incest, domestic violence, or human trafficking or that  
2447 the woman has been diagnosed as having a condition that, on the  
2448 basis of a physician's good faith clinical judgment, would  
2449 create a serious risk of substantial and irreversible impairment  
2450 of a major bodily function if the woman delayed terminating her  
2451 pregnancy.

2452 c. The medical risks to the woman and fetus of carrying  
2453 the pregnancy to term.

2454

2455 The physician may provide the information required in this  
2456 subparagraph within 24 hours before the procedure if requested  
2457 by the woman at the time she schedules or arrives for her  
2458 appointment to obtain an abortion and if she presents to the  
2459 physician a copy of a restraining order, police report, medical  
2460 record, or other court order or documentation evidencing that  
2461 she is obtaining the abortion because she is a victim of rape,  
2462 incest, domestic violence, or human trafficking.

2463 2. Printed materials prepared and provided by the  
2464 department have been provided to the pregnant woman, if she  
2465 chooses to view these materials, including:

2466 a. A description of the fetus, including a description of  
2467 the various stages of development.

2468 b. A list of entities that offer alternatives to  
2469 terminating the pregnancy.

2470 c. Detailed information on the availability of medical

2471 assistance benefits for prenatal care, childbirth, and neonatal  
 2472 care.

2473 3. The woman acknowledges in writing, before the  
 2474 termination of pregnancy, that the information required to be  
 2475 provided under this subsection has been provided.

2476  
 2477 Nothing in this paragraph is intended to prohibit a physician  
 2478 from providing any additional information which the physician  
 2479 deems material to the woman's informed decision to terminate her  
 2480 pregnancy.

2481 Section 38. Paragraphs (c), (e), and (f) of subsection (3)  
 2482 of section 390.012, Florida Statutes, are amended to read:

2483 390.012 Powers of agency; rules; disposal of fetal  
 2484 remains.—

2485 (3) For clinics that perform or claim to perform abortions  
 2486 after the first trimester of pregnancy, the agency shall adopt  
 2487 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
 2488 provisions of this chapter, including the following:

2489 (c) Rules relating to abortion clinic personnel. At a  
 2490 minimum, these rules shall require that:

2491 1. The abortion clinic designate a medical director who is  
 2492 licensed to practice medicine in this state, and all physicians  
 2493 who perform abortions in the clinic have admitting privileges at  
 2494 a hospital within reasonable proximity to the clinic, unless the  
 2495 clinic has a written patient transfer agreement with a hospital  
 2496 within reasonable proximity to the clinic which includes the



2497 transfer of the patient's medical records held by both the  
 2498 clinic and the treating physician.

2499 2. If a physician is not present after an abortion is  
 2500 performed, a registered nurse, licensed practical nurse,  
 2501 advanced practice registered nurse, autonomous physician  
 2502 assistant, or physician assistant be present and remain at the  
 2503 clinic to provide postoperative monitoring and care until the  
 2504 patient is discharged.

2505 3. Surgical assistants receive training in counseling,  
 2506 patient advocacy, and the specific responsibilities associated  
 2507 with the services the surgical assistants provide.

2508 4. Volunteers receive training in the specific  
 2509 responsibilities associated with the services the volunteers  
 2510 provide, including counseling and patient advocacy as provided  
 2511 in the rules adopted by the director for different types of  
 2512 volunteers based on their responsibilities.

2513 (e) Rules relating to the abortion procedure. At a  
 2514 minimum, these rules shall require:

2515 1. That a physician, registered nurse, licensed practical  
 2516 nurse, advanced practice registered nurse, autonomous physician  
 2517 assistant, or physician assistant is available to all patients  
 2518 throughout the abortion procedure.

2519 2. Standards for the safe conduct of abortion procedures  
 2520 that conform to obstetric standards in keeping with established  
 2521 standards of care regarding the estimation of fetal age as  
 2522 defined in rule.

- 2523           3. Appropriate use of general and local anesthesia,  
 2524 analgesia, and sedation if ordered by the physician.
- 2525           4. Appropriate precautions, such as the establishment of  
 2526 intravenous access at least for patients undergoing post-first  
 2527 trimester abortions.
- 2528           5. Appropriate monitoring of the vital signs and other  
 2529 defined signs and markers of the patient's status throughout the  
 2530 abortion procedure and during the recovery period until the  
 2531 patient's condition is deemed to be stable in the recovery room.
- 2532           (f) Rules that prescribe minimum recovery room standards.  
 2533 At a minimum, these rules must require that:
- 2534           1. Postprocedure recovery rooms be supervised and staffed  
 2535 to meet the patients' needs.
- 2536           2. Immediate postprocedure care consist of observation in  
 2537 a supervised recovery room for as long as the patient's  
 2538 condition warrants.
- 2539           3. A registered nurse, licensed practical nurse, advanced  
 2540 practice registered nurse, autonomous physician assistant, or  
 2541 physician assistant who is trained in the management of the  
 2542 recovery area and is capable of providing basic cardiopulmonary  
 2543 resuscitation and related emergency procedures remain on the  
 2544 premises of the abortion clinic until all patients are  
 2545 discharged.
- 2546           4. A physician sign the discharge order and be readily  
 2547 accessible and available until the last patient is discharged to  
 2548 facilitate the transfer of emergency cases if hospitalization of

2549 | the patient or viable fetus is necessary.

2550 |         5. A physician discuss Rho(D) immune globulin with each  
 2551 | patient for whom it is indicated and ensure that it is offered  
 2552 | to the patient in the immediate postoperative period or will be  
 2553 | available to her within 72 hours after completion of the  
 2554 | abortion procedure. If the patient refuses the Rho(D) immune  
 2555 | globulin, she and a witness must sign a refusal form approved by  
 2556 | the agency which must be included in the medical record.

2557 |         6. Written instructions with regard to postabortion  
 2558 | coitus, signs of possible problems, and general aftercare which  
 2559 | are specific to the patient be given to each patient. The  
 2560 | instructions must include information regarding access to  
 2561 | medical care for complications, including a telephone number for  
 2562 | use in the event of a medical emergency.

2563 |         7. A minimum length of time be specified, by type of  
 2564 | abortion procedure and duration of gestation, during which a  
 2565 | patient must remain in the recovery room.

2566 |         8. The physician ensure that, with the patient's consent,  
 2567 | a registered nurse, licensed practical nurse, advanced practice  
 2568 | registered nurse, autonomous physician assistant, or physician  
 2569 | assistant from the abortion clinic makes a good faith effort to  
 2570 | contact the patient by telephone within 24 hours after surgery  
 2571 | to assess the patient's recovery.

2572 |         9. Equipment and services be readily accessible to provide  
 2573 | appropriate emergency resuscitative and life support procedures  
 2574 | pending the transfer of the patient or viable fetus to the

2575 | hospital.

2576 |         Section 39. Paragraphs (a) and (f) of subsection (2) of  
2577 | section 394.463, Florida Statutes, are amended to read:

2578 |         394.463 Involuntary examination.—

2579 |         (2) INVOLUNTARY EXAMINATION.—

2580 |         (a) An involuntary examination may be initiated by any one  
2581 | of the following means:

2582 |         1. A circuit or county court may enter an ex parte order  
2583 | stating that a person appears to meet the criteria for  
2584 | involuntary examination and specifying the findings on which  
2585 | that conclusion is based. The ex parte order for involuntary  
2586 | examination must be based on written or oral sworn testimony  
2587 | that includes specific facts that support the findings. If other  
2588 | less restrictive means are not available, such as voluntary  
2589 | appearance for outpatient evaluation, a law enforcement officer,  
2590 | or other designated agent of the court, shall take the person  
2591 | into custody and deliver him or her to an appropriate, or the  
2592 | nearest, facility within the designated receiving system  
2593 | pursuant to s. 394.462 for involuntary examination. The order of  
2594 | the court shall be made a part of the patient's clinical record.  
2595 | A fee may not be charged for the filing of an order under this  
2596 | subsection. A facility accepting the patient based on this order  
2597 | must send a copy of the order to the department within 5 working  
2598 | days. The order may be submitted electronically through existing  
2599 | data systems, if available. The order shall be valid only until  
2600 | the person is delivered to the facility or for the period

2601 specified in the order itself, whichever comes first. If ~~a no~~  
2602 time limit is not specified in the order, the order is ~~shall be~~  
2603 valid for 7 days after the date that the order was signed.

2604 2. A law enforcement officer shall take a person who  
2605 appears to meet the criteria for involuntary examination into  
2606 custody and deliver the person or have him or her delivered to  
2607 an appropriate, or the nearest, facility within the designated  
2608 receiving system pursuant to s. 394.462 for examination. The  
2609 officer shall execute a written report detailing the  
2610 circumstances under which the person was taken into custody,  
2611 which must be made a part of the patient's clinical record. Any  
2612 facility accepting the patient based on this report must send a  
2613 copy of the report to the department within 5 working days.

2614 3. A physician, autonomous physician assistant, physician  
2615 assistant, clinical psychologist, psychiatric nurse, advanced  
2616 practice registered nurse, mental health counselor, marriage and  
2617 family therapist, or clinical social worker may execute a  
2618 certificate stating that he or she has examined a person within  
2619 the preceding 48 hours and finds that the person appears to meet  
2620 the criteria for involuntary examination and stating the  
2621 observations upon which that conclusion is based. If other less  
2622 restrictive means, such as voluntary appearance for outpatient  
2623 evaluation, are not available, a law enforcement officer shall  
2624 take into custody the person named in the certificate and  
2625 deliver him or her to the appropriate, or nearest, facility  
2626 within the designated receiving system pursuant to s. 394.462

2627 for involuntary examination. The law enforcement officer shall  
 2628 execute a written report detailing the circumstances under which  
 2629 the person was taken into custody. The report and certificate  
 2630 shall be made a part of the patient's clinical record. Any  
 2631 facility accepting the patient based on this certificate must  
 2632 send a copy of the certificate to the department within 5  
 2633 working days. The document may be submitted electronically  
 2634 through existing data systems, if applicable.

2635  
 2636 When sending the order, report, or certificate to the  
 2637 department, a facility shall, at a minimum, provide information  
 2638 about which action was taken regarding the patient under  
 2639 paragraph (g), which information shall also be made a part of  
 2640 the patient's clinical record.

2641 (f) A patient shall be examined by a physician, physician  
 2642 assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse  
 2643 performing within the framework of an established protocol with  
 2644 a psychiatrist, at a facility without unnecessary delay to  
 2645 determine if the criteria for involuntary services are met.  
 2646 Emergency treatment may be provided upon the order of a  
 2647 physician if the physician determines that such treatment is  
 2648 necessary for the safety of the patient or others. The patient  
 2649 may not be released by the receiving facility or its contractor  
 2650 without the documented approval of a psychiatrist or a clinical  
 2651 psychologist or, if the receiving facility is owned or operated  
 2652 by a hospital or health system, the release may also be approved

2653 | by a psychiatric nurse performing within the framework of an  
 2654 | established protocol with a psychiatrist, or an attending  
 2655 | emergency department physician with experience in the diagnosis  
 2656 | and treatment of mental illness after completion of an  
 2657 | involuntary examination pursuant to this subsection. A  
 2658 | psychiatric nurse may not approve the release of a patient if  
 2659 | the involuntary examination was initiated by a psychiatrist  
 2660 | unless the release is approved by the initiating psychiatrist.

2661 |       Section 40. Paragraph (b) of subsection (2) of section  
 2662 | 395.0191, Florida Statutes, is amended to read:

2663 |       395.0191 Staff membership and clinical privileges.—

2664 |       (2)

2665 |       (b) An advanced practice registered nurse who is certified  
 2666 | as a registered nurse anesthetist licensed under part I of  
 2667 | chapter 464 shall administer anesthesia under the onsite medical  
 2668 | direction of a professional licensed under chapter 458, chapter  
 2669 | 459, or chapter 466, and in accordance with an established  
 2670 | protocol approved by the medical staff. The medical direction  
 2671 | shall specifically address the needs of the individual patient.

2672 | This paragraph does not apply to a certified registered nurse  
 2673 | anesthetist registered to engage in autonomous practice under s.  
 2674 | 464.0123.

2675 |       Section 41. Subsection (3) of section 395.602, Florida  
 2676 | Statutes, is amended to read:

2677 |       395.602 Rural hospitals.—

2678 |       (3) USE OF FUNDS.—It is the intent of the Legislature that

2679 funds as appropriated shall be utilized by the department for  
2680 the purpose of increasing the number of primary care physicians,  
2681 autonomous physician assistants, physician assistants, certified  
2682 nurse midwives, nurse practitioners, and nurses in rural areas,  
2683 either through the Medical Education Reimbursement and Loan  
2684 Repayment Program as defined by s. 1009.65 or through a federal  
2685 loan repayment program which requires state matching funds. The  
2686 department may use funds appropriated for the Medical Education  
2687 Reimbursement and Loan Repayment Program as matching funds for  
2688 federal loan repayment programs for health care personnel, such  
2689 as that authorized in Pub. L. No. 100-177, s. 203. If the  
2690 department receives federal matching funds, the department shall  
2691 only implement the federal program. Reimbursement through either  
2692 program shall be limited to:

2693 (a) Primary care physicians, autonomous physician  
2694 assistants, physician assistants, certified nurse midwives,  
2695 nurse practitioners, and nurses employed by or affiliated with  
2696 rural hospitals, as defined in this act; and

2697 (b) Primary care physicians, autonomous physician  
2698 assistants, physician assistants, certified nurse midwives,  
2699 nurse practitioners, and nurses employed by or affiliated with  
2700 rural area health education centers, as defined in this section.  
2701 These personnel shall practice:

- 2702 1. In a county with a population density of no greater  
2703 than 100 persons per square mile; or  
2704 2. Within the boundaries of a hospital tax district which



2705 encompasses a population of no greater than 100 persons per  
2706 square mile.

2707

2708 If the department administers a federal loan repayment program,  
2709 priority shall be given to obligating state and federal matching  
2710 funds pursuant to paragraphs (a) and (b). The department may use  
2711 federal matching funds in other health workforce shortage areas  
2712 and medically underserved areas in the state for loan repayment  
2713 programs for primary care physicians, autonomous physician  
2714 assistants, physician assistants, certified nurse midwives,  
2715 nurse practitioners, and nurses who are employed by publicly  
2716 financed health care programs that serve medically indigent  
2717 persons.

2718 Section 42. Paragraph (a) of subsection (2) of section  
2719 397.501, Florida Statutes, is amended to read:

2720 397.501 Rights of individuals.—Individuals receiving  
2721 substance abuse services from any service provider are  
2722 guaranteed protection of the rights specified in this section,  
2723 unless otherwise expressly provided, and service providers must  
2724 ensure the protection of such rights.

2725 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2726 (a) Service providers may not deny an individual access to  
2727 substance abuse services solely on the basis of race, gender,  
2728 ethnicity, age, sexual preference, human immunodeficiency virus  
2729 status, prior service departures against medical advice,  
2730 disability, or number of relapse episodes. Service providers may

2731 not deny an individual who takes medication prescribed by a  
 2732 physician, autonomous physician assistant, physician assistant,  
 2733 or advanced practice registered nurse access to substance abuse  
 2734 services solely on that basis. Service providers who receive  
 2735 state funds to provide substance abuse services may not, if  
 2736 space and sufficient state resources are available, deny access  
 2737 to services based solely on inability to pay.

2738 Section 43. Section 397.679, Florida Statutes, is amended  
 2739 to read:

2740 397.679 Emergency admission; circumstances justifying.—A  
 2741 person who meets the criteria for involuntary admission in s.  
 2742 397.675 may be admitted to a hospital or to a licensed  
 2743 detoxification facility or addictions receiving facility for  
 2744 emergency assessment and stabilization, or to a less intensive  
 2745 component of a licensed service provider for assessment only,  
 2746 upon receipt by the facility of a certificate by a physician, an  
 2747 autonomous physician assistant, an advanced practice registered  
 2748 nurse, a psychiatric nurse, a clinical psychologist, a clinical  
 2749 social worker, a marriage and family therapist, a mental health  
 2750 counselor, a physician assistant working under the scope of  
 2751 practice of the supervising physician, or a master's-level-  
 2752 certified addictions professional for substance abuse services,  
 2753 if the certificate is specific to substance abuse impairment,  
 2754 and the completion of an application for emergency admission.

2755 Section 44. Subsection (1) of section 397.6793, Florida  
 2756 Statutes, is amended to read:

2757 |           397.6793 Professional's certificate for emergency  
 2758 | admission.—  
 2759 |           (1) A physician, a clinical psychologist, an autonomous  
 2760 | physician assistant, a physician assistant working under the  
 2761 | scope of practice of the supervising physician, a psychiatric  
 2762 | nurse, an advanced practice registered nurse, a mental health  
 2763 | counselor, a marriage and family therapist, a master's-level-  
 2764 | certified addictions professional for substance abuse services,  
 2765 | or a clinical social worker may execute a professional's  
 2766 | certificate for emergency admission. The professional's  
 2767 | certificate must include the name of the person to be admitted,  
 2768 | the relationship between the person and the professional  
 2769 | executing the certificate, the relationship between the  
 2770 | applicant and the professional, any relationship between the  
 2771 | professional and the licensed service provider, a statement that  
 2772 | the person has been examined and assessed within the preceding 5  
 2773 | days after the application date, and factual allegations with  
 2774 | respect to the need for emergency admission, including:  
 2775 |           (a) The reason for the belief that the person is substance  
 2776 | abuse impaired;  
 2777 |           (b) The reason for the belief that because of such  
 2778 | impairment the person has lost the power of self-control with  
 2779 | respect to substance abuse; and  
 2780 |           (c)1. The reason for the belief that, without care or  
 2781 | treatment, the person is likely to suffer from neglect or refuse  
 2782 | to care for himself or herself; that such neglect or refusal

2783 | poses a real and present threat of substantial harm to his or  
 2784 | her well-being; and that it is not apparent that such harm may  
 2785 | be avoided through the help of willing family members or friends  
 2786 | or the provision of other services, or there is substantial  
 2787 | likelihood that the person has inflicted or, unless admitted, is  
 2788 | likely to inflict, physical harm on himself, herself, or  
 2789 | another; or

2790 |         2. The reason for the belief that the person's refusal to  
 2791 | voluntarily receive care is based on judgment so impaired by  
 2792 | reason of substance abuse that the person is incapable of  
 2793 | appreciating his or her need for care and of making a rational  
 2794 | decision regarding his or her need for care.

2795 |         Section 45. Subsection (8) of section 400.021, Florida  
 2796 | Statutes, is amended to read:

2797 |             400.021 Definitions.—When used in this part, unless the  
 2798 | context otherwise requires, the term:

2799 |             (8) "Geriatric outpatient clinic" means a site for  
 2800 | providing outpatient health care to persons 60 years of age or  
 2801 | older, which is staffed by a registered nurse, a physician  
 2802 | assistant, or a licensed practical nurse under the direct  
 2803 | supervision of a registered nurse, advanced practice registered  
 2804 | nurse, physician assistant, autonomous physician assistant, or  
 2805 | physician.

2806 |         Section 46. Subsection (3) of section 400.172, Florida  
 2807 | Statutes, is amended to read:

2808 |             400.172 Respite care provided in nursing home facilities.—

2809 (3) A prospective respite care resident must provide  
 2810 medical information from a physician, autonomous physician  
 2811 assistant, physician assistant, or nurse practitioner and any  
 2812 other information provided by the primary caregiver required by  
 2813 the facility before or when the person is admitted to receive  
 2814 respite care. The medical information must include a physician's  
 2815 order for respite care and proof of a physical examination by a  
 2816 licensed physician, autonomous physician assistant, physician  
 2817 assistant, or nurse practitioner. The physician's order and  
 2818 physical examination may be used to provide intermittent respite  
 2819 care for up to 12 months after the date the order is written.

2820 Section 47. Subsection (2) of section 400.487, Florida  
 2821 Statutes, is amended to read:

2822 400.487 Home health service agreements; physician's,  
 2823 physician assistant's, autonomous physician assistant's, and  
 2824 advanced practice registered nurse's treatment orders; patient  
 2825 assessment; establishment and review of plan of care; provision  
 2826 of services; orders not to resuscitate.—

2827 (2) When required by ~~the provisions of~~ chapter 464; part  
 2828 I, part III, or part V of chapter 468; or chapter 486, the  
 2829 attending physician, autonomous physician assistant, physician  
 2830 assistant, or advanced practice registered nurse, acting within  
 2831 his or her respective scope of practice, shall establish  
 2832 treatment orders for a patient who is to receive skilled care.  
 2833 The treatment orders must be signed by the physician, autonomous  
 2834 physician assistant, physician assistant, or advanced practice

2835 registered nurse before a claim for payment for the skilled  
 2836 services is submitted by the home health agency. If the claim is  
 2837 submitted to a managed care organization, the treatment orders  
 2838 must be signed within the time allowed under the provider  
 2839 agreement. The treatment orders shall be reviewed, as frequently  
 2840 as the patient's illness requires, by the physician, autonomous  
 2841 physician assistant, physician assistant, or advanced practice  
 2842 registered nurse in consultation with the home health agency.

2843 Section 48. Paragraph (a) of subsection (13) of section  
 2844 400.506, Florida Statutes, is amended to read:

2845 400.506 Licensure of nurse registries; requirements;  
 2846 penalties.—

2847 (13) All persons referred for contract in private  
 2848 residences by a nurse registry must comply with the following  
 2849 requirements for a plan of treatment:

2850 (a) When, in accordance with the privileges and  
 2851 restrictions imposed upon a nurse under part I of chapter 464,  
 2852 the delivery of care to a patient is under the direction or  
 2853 supervision of a physician or when a physician is responsible  
 2854 for the medical care of the patient, a medical plan of treatment  
 2855 must be established for each patient receiving care or treatment  
 2856 provided by a licensed nurse in the home. The original medical  
 2857 plan of treatment must be timely signed by the physician,  
 2858 autonomous physician assistant, physician assistant, or advanced  
 2859 practice registered nurse, acting within his or her respective  
 2860 scope of practice, and reviewed in consultation with the

2861 licensed nurse at least every 2 months. Any additional order or  
 2862 change in orders must be obtained from the physician, autonomous  
 2863 physician assistant, physician assistant, or advanced practice  
 2864 registered nurse and reduced to writing and timely signed by the  
 2865 physician, autonomous physician assistant, physician assistant,  
 2866 or advanced practice registered nurse. The delivery of care  
 2867 under a medical plan of treatment must be substantiated by the  
 2868 appropriate nursing notes or documentation made by the nurse in  
 2869 compliance with nursing practices established under part I of  
 2870 chapter 464.

2871 Section 49. Subsection (5) and paragraph (b) of subsection  
 2872 (7) of section 400.9973, Florida Statutes, are amended to read:

2873 400.9973 Client admission, transfer, and discharge.—

2874 (5) A client admitted to a transitional living facility  
 2875 must be admitted upon prescription by a licensed physician,  
 2876 autonomous physician assistant, physician assistant, or advanced  
 2877 practice registered nurse and must remain under the care of a  
 2878 licensed physician, autonomous physician assistant, physician  
 2879 assistant, or advanced practice registered nurse for the  
 2880 duration of the client's stay in the facility.

2881 (7) A person may not be admitted to a transitional living  
 2882 facility if the person:

2883 (b) Is a danger to himself or herself or others as  
 2884 determined by a physician, autonomous physician assistant,  
 2885 physician assistant, advanced practice registered nurse, or a  
 2886 mental health practitioner licensed under chapter 490 or chapter

2887 491, unless the facility provides adequate staffing and support  
 2888 to ensure patient safety;

2889 Section 50. Paragraphs (a) and (b) of subsection (2) of  
 2890 section 400.9974, Florida Statutes, are amended to read:

2891 400.9974 Client comprehensive treatment plans; client  
 2892 services.—

2893 (2) The comprehensive treatment plan must include:

2894 (a) Orders obtained from the physician, autonomous  
 2895 physician assistant, physician assistant, or advanced practice  
 2896 registered nurse and the client's diagnosis, medical history,  
 2897 physical examination, and rehabilitative or restorative needs.

2898 (b) A preliminary nursing evaluation, including orders for  
 2899 immediate care provided by the physician, autonomous physician  
 2900 assistant, physician assistant, or advanced practice registered  
 2901 nurse, which shall be completed when the client is admitted.

2902 Section 51. Section 400.9976, Florida Statutes, is amended  
 2903 to read:

2904 400.9976 Administration of medication.—

2905 (1) An individual medication administration record must be  
 2906 maintained for each client. A dose of medication, including a  
 2907 self-administered dose, shall be properly recorded in the  
 2908 client's record. A client who self-administers medication shall  
 2909 be given a pill organizer. Medication must be placed in the pill  
 2910 organizer by a nurse. A nurse shall document the date and time  
 2911 that medication is placed into each client's pill organizer. All  
 2912 medications must be administered in compliance with orders of a



2913 physician, autonomous physician assistant, physician assistant,  
 2914 or advanced practice registered nurse.

2915 (2) If an interdisciplinary team determines that self-  
 2916 administration of medication is an appropriate objective, and if  
 2917 the physician, autonomous physician assistant, physician  
 2918 assistant, or advanced practice registered nurse does not  
 2919 specify otherwise, the client must be instructed by the  
 2920 physician, autonomous physician assistant, physician assistant,  
 2921 or advanced practice registered nurse to self-administer his or  
 2922 her medication without the assistance of a staff person. All  
 2923 forms of self-administration of medication, including  
 2924 administration orally, by injection, and by suppository, shall  
 2925 be included in the training. The client's physician, autonomous  
 2926 physician assistant, physician assistant, or advanced practice  
 2927 registered nurse must be informed of the interdisciplinary  
 2928 team's decision that self-administration of medication is an  
 2929 objective for the client. A client may not self-administer  
 2930 medication until he or she demonstrates the competency to take  
 2931 the correct medication in the correct dosage at the correct  
 2932 time, to respond to missed doses, and to contact the appropriate  
 2933 person with questions.

2934 (3) Medication administration discrepancies and adverse  
 2935 drug reactions must be recorded and reported immediately to a  
 2936 physician, autonomous physician assistant, physician assistant,  
 2937 or advanced practice registered nurse.

2938 Section 52. Subsections (2) through (5) of section

2939 | 400.9979, Florida Statutes, are amended to read:

2940 |       400.9979 Restraint and seclusion; client safety.—

2941 |       (2) The use of physical restraints must be ordered and  
 2942 | documented by a physician, autonomous physician assistant,  
 2943 | physician assistant, or advanced practice registered nurse and  
 2944 | must be consistent with the policies and procedures adopted by  
 2945 | the facility. The client or, if applicable, the client's  
 2946 | representative shall be informed of the facility's physical  
 2947 | restraint policies and procedures when the client is admitted.

2948 |       (3) The use of chemical restraints shall be limited to  
 2949 | prescribed dosages of medications as ordered by a physician,  
 2950 | autonomous physician assistant, physician assistant, or advanced  
 2951 | practice registered nurse and must be consistent with the  
 2952 | client's diagnosis and the policies and procedures adopted by  
 2953 | the facility. The client and, if applicable, the client's  
 2954 | representative shall be informed of the facility's chemical  
 2955 | restraint policies and procedures when the client is admitted.

2956 |       (4) Based on the assessment by a physician, autonomous  
 2957 | physician assistant, physician assistant, or advanced practice  
 2958 | registered nurse, if a client exhibits symptoms that present an  
 2959 | immediate risk of injury or death to himself or herself or  
 2960 | others, a physician, physician assistant, or advanced practice  
 2961 | registered nurse may issue an emergency treatment order to  
 2962 | immediately administer rapid-response psychotropic medications  
 2963 | or other chemical restraints. Each emergency treatment order  
 2964 | must be documented and maintained in the client's record.

2965 (a) An emergency treatment order is not effective for more  
 2966 than 24 hours.

2967 (b) Whenever a client is medicated under this subsection,  
 2968 the client's representative or a responsible party and the  
 2969 client's physician, autonomous physician assistant, physician  
 2970 assistant, or advanced practice registered nurse shall be  
 2971 notified as soon as practicable.

2972 (5) A client who is prescribed and receives a medication  
 2973 that can serve as a chemical restraint for a purpose other than  
 2974 an emergency treatment order must be evaluated by his or her  
 2975 physician, autonomous physician assistant, physician assistant,  
 2976 or advanced practice registered nurse at least monthly to  
 2977 assess:

2978 (a) The continued need for the medication.

2979 (b) The level of the medication in the client's blood.

2980 (c) The need for adjustments to the prescription.

2981 Section 53. Subsections (1) and (2) of section 401.445,  
 2982 Florida Statutes, are amended to read:

2983 401.445 Emergency examination and treatment of  
 2984 incapacitated persons.—

2985 (1) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in  
 2986 this state against any emergency medical technician, paramedic,  
 2987 or physician as defined in this chapter, any advanced practice  
 2988 registered nurse licensed under s. 464.012, or any autonomous  
 2989 physician assistant or physician assistant registered or  
 2990 licensed under s. 458.347 or s. 459.022, or any person acting

2991 under the direct medical supervision of a physician, in an  
 2992 action brought for examining or treating a patient without his  
 2993 or her informed consent if:

2994 (a) The patient at the time of examination or treatment is  
 2995 intoxicated, under the influence of drugs, or otherwise  
 2996 incapable of providing informed consent as provided in s.  
 2997 766.103;

2998 (b) The patient at the time of examination or treatment is  
 2999 experiencing an emergency medical condition; and

3000 (c) The patient would reasonably, under all the  
 3001 surrounding circumstances, undergo such examination, treatment,  
 3002 or procedure if he or she were advised by the emergency medical  
 3003 technician, paramedic, physician, advanced practice registered  
 3004 nurse, autonomous physician assistant, or physician assistant in  
 3005 accordance with s. 766.103(3).

3006  
 3007 Examination and treatment provided under this subsection shall  
 3008 be limited to reasonable examination of the patient to determine  
 3009 the medical condition of the patient and treatment reasonably  
 3010 necessary to alleviate the emergency medical condition or to  
 3011 stabilize the patient.

3012 (2) In examining and treating a person who is apparently  
 3013 intoxicated, under the influence of drugs, or otherwise  
 3014 incapable of providing informed consent, the emergency medical  
 3015 technician, paramedic, physician, advanced practice registered  
 3016 nurse, autonomous physician assistant, or physician assistant,

3017 or any person acting under the direct medical supervision of a  
 3018 physician, shall proceed wherever possible with the consent of  
 3019 the person. If the person reasonably appears to be incapacitated  
 3020 and refuses his or her consent, the person may be examined,  
 3021 treated, or taken to a hospital or other appropriate treatment  
 3022 resource if he or she is in need of emergency attention, without  
 3023 his or her consent, but unreasonable force shall not be used.

3024 Section 54. Subsection (18) of section 409.906, Florida  
 3025 Statutes, is amended to read:

3026 409.906 Optional Medicaid services.—Subject to specific  
 3027 appropriations, the agency may make payments for services which  
 3028 are optional to the state under Title XIX of the Social Security  
 3029 Act and are furnished by Medicaid providers to recipients who  
 3030 are determined to be eligible on the dates on which the services  
 3031 were provided. Any optional service that is provided shall be  
 3032 provided only when medically necessary and in accordance with  
 3033 state and federal law. Optional services rendered by providers  
 3034 in mobile units to Medicaid recipients may be restricted or  
 3035 prohibited by the agency. Nothing in this section shall be  
 3036 construed to prevent or limit the agency from adjusting fees,  
 3037 reimbursement rates, lengths of stay, number of visits, or  
 3038 number of services, or making any other adjustments necessary to  
 3039 comply with the availability of moneys and any limitations or  
 3040 directions provided for in the General Appropriations Act or  
 3041 chapter 216. If necessary to safeguard the state's systems of  
 3042 providing services to elderly and disabled persons and subject

3043 to the notice and review provisions of s. 216.177, the Governor  
 3044 may direct the Agency for Health Care Administration to amend  
 3045 the Medicaid state plan to delete the optional Medicaid service  
 3046 known as "Intermediate Care Facilities for the Developmentally  
 3047 Disabled." Optional services may include:

3048 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for  
 3049 all services provided to a recipient by an autonomous physician  
 3050 assistant or a physician assistant registered or licensed under  
 3051 s. 458.347 or s. 459.022. Reimbursement for such services must  
 3052 be not less than 80 percent of the reimbursement that would be  
 3053 paid to a physician who provided the same services.

3054 Section 55. Paragraph (m) of subsection (3) of section  
 3055 409.908, Florida Statutes, is amended to read:

3056 409.908 Reimbursement of Medicaid providers.—Subject to  
 3057 specific appropriations, the agency shall reimburse Medicaid  
 3058 providers, in accordance with state and federal law, according  
 3059 to methodologies set forth in the rules of the agency and in  
 3060 policy manuals and handbooks incorporated by reference therein.  
 3061 These methodologies may include fee schedules, reimbursement  
 3062 methods based on cost reporting, negotiated fees, competitive  
 3063 bidding pursuant to s. 287.057, and other mechanisms the agency  
 3064 considers efficient and effective for purchasing services or  
 3065 goods on behalf of recipients. If a provider is reimbursed based  
 3066 on cost reporting and submits a cost report late and that cost  
 3067 report would have been used to set a lower reimbursement rate  
 3068 for a rate semester, then the provider's rate for that semester

3069 shall be retroactively calculated using the new cost report, and  
 3070 full payment at the recalculated rate shall be effected  
 3071 retroactively. Medicare-granted extensions for filing cost  
 3072 reports, if applicable, shall also apply to Medicaid cost  
 3073 reports. Payment for Medicaid compensable services made on  
 3074 behalf of Medicaid eligible persons is subject to the  
 3075 availability of moneys and any limitations or directions  
 3076 provided for in the General Appropriations Act or chapter 216.  
 3077 Further, nothing in this section shall be construed to prevent  
 3078 or limit the agency from adjusting fees, reimbursement rates,  
 3079 lengths of stay, number of visits, or number of services, or  
 3080 making any other adjustments necessary to comply with the  
 3081 availability of moneys and any limitations or directions  
 3082 provided for in the General Appropriations Act, provided the  
 3083 adjustment is consistent with legislative intent.

3084 (3) Subject to any limitations or directions provided for  
 3085 in the General Appropriations Act, the following Medicaid  
 3086 services and goods may be reimbursed on a fee-for-service basis.  
 3087 For each allowable service or goods furnished in accordance with  
 3088 Medicaid rules, policy manuals, handbooks, and state and federal  
 3089 law, the payment shall be the amount billed by the provider, the  
 3090 provider's usual and customary charge, or the maximum allowable  
 3091 fee established by the agency, whichever amount is less, with  
 3092 the exception of those services or goods for which the agency  
 3093 makes payment using a methodology based on capitation rates,  
 3094 average costs, or negotiated fees.

3095 (m) Autonomous physician assistant and physician assistant  
 3096 services.

3097 Section 56. Paragraphs (c) through (cc) of subsection (1)  
 3098 of section 409.973, Florida Statutes, are redesignated as  
 3099 paragraphs (d) through (dd), respectively, and a new paragraph  
 3100 (c) is added to that subsection to read:

3101 409.973 Benefits.—

3102 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 3103 minimum, the following services:

3104 (c) Autonomous physician assistant services.

3105 Section 57. Subsections (2), (4), and (5) of section  
 3106 429.26, Florida Statutes, are amended to read:

3107 429.26 Appropriateness of placements; examinations of  
 3108 residents.—

3109 (2) A physician, autonomous physician assistant, physician  
 3110 assistant, or nurse practitioner who is employed by an assisted  
 3111 living facility to provide an initial examination for admission  
 3112 purposes may not have financial interest in the facility.

3113 (4) If possible, each resident shall have been examined by  
 3114 a licensed physician, an autonomous physician assistant, a  
 3115 licensed physician assistant, or a licensed nurse practitioner  
 3116 within 60 days before admission to the facility. The signed and  
 3117 completed medical examination report shall be submitted to the  
 3118 owner or administrator of the facility who shall use the  
 3119 information contained therein to assist in the determination of  
 3120 the appropriateness of the resident's admission and continued



3121 stay in the facility. The medical examination report shall  
 3122 become a permanent part of the record of the resident at the  
 3123 facility and shall be made available to the agency during  
 3124 inspection or upon request. An assessment that has been  
 3125 completed through the Comprehensive Assessment and Review for  
 3126 Long-Term Care Services (CARES) Program fulfills the  
 3127 requirements for a medical examination under this subsection and  
 3128 s. 429.07(3)(b)6.

3129 (5) Except as provided in s. 429.07, if a medical  
 3130 examination has not been completed within 60 days before the  
 3131 admission of the resident to the facility, a licensed physician,  
 3132 a registered autonomous physician assistant, a licensed  
 3133 physician assistant, or a licensed nurse practitioner shall  
 3134 examine the resident and complete a medical examination form  
 3135 provided by the agency within 30 days following the admission to  
 3136 the facility to enable the facility owner or administrator to  
 3137 determine the appropriateness of the admission. The medical  
 3138 examination form shall become a permanent part of the record of  
 3139 the resident at the facility and shall be made available to the  
 3140 agency during inspection by the agency or upon request.

3141 Section 58. Paragraph (a) of subsection (2) and paragraph  
 3142 (a) of subsection (7) of section 429.918, Florida Statutes, are  
 3143 amended to read:

3144 429.918 Licensure designation as a specialized Alzheimer's  
 3145 services adult day care center.—

3146 (2) As used in this section, the term:

3147 (a) "ADRD participant" means a participant who has a  
 3148 documented diagnosis of Alzheimer's disease or a dementia-  
 3149 related disorder (ADRD) from a licensed physician, a registered  
 3150 autonomous physician assistant, a licensed physician assistant,  
 3151 or a licensed advanced practice registered nurse.

3152 (7) (a) An ADRD participant admitted to an adult day care  
 3153 center having a license designated under this section, or the  
 3154 caregiver when applicable, must:

3155 1. Require ongoing supervision to maintain the highest  
 3156 level of medical or custodial functioning and have a  
 3157 demonstrated need for a responsible party to oversee his or her  
 3158 care.

3159 2. Not actively demonstrate aggressive behavior that  
 3160 places himself, herself, or others at risk of harm.

3161 3. Provide the following medical documentation signed by a  
 3162 licensed physician, a registered autonomous physician assistant,  
 3163 a licensed physician assistant, or a licensed advanced practice  
 3164 registered nurse:

3165 a. Any physical, health, or emotional conditions that  
 3166 require medical care.

3167 b. A listing of the ADRD participant's current prescribed  
 3168 and over-the-counter medications and dosages, diet restrictions,  
 3169 mobility restrictions, and other physical limitations.

3170 4. Provide documentation signed by a health care provider  
 3171 licensed in this state which indicates that the ADRD participant  
 3172 is free of the communicable form of tuberculosis and free of

3173 signs and symptoms of other communicable diseases.

3174 Section 59. Paragraph (e) of subsection (5) of section  
3175 440.102, Florida Statutes, is amended to read:

3176 440.102 Drug-free workplace program requirements.—The  
3177 following provisions apply to a drug-free workplace program  
3178 implemented pursuant to law or to rules adopted by the Agency  
3179 for Health Care Administration:

3180 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
3181 collection and testing for drugs under this section shall be  
3182 performed in accordance with the following procedures:

3183 (e) A specimen for a drug test may be taken or collected  
3184 by any of the following persons:

3185 1. A physician, an autonomous physician assistant, a  
3186 physician assistant, a registered professional nurse, a licensed  
3187 practical nurse, or a nurse practitioner or a certified  
3188 paramedic who is present at the scene of an accident for the  
3189 purpose of rendering emergency medical service or treatment.

3190 2. A qualified person employed by a licensed or certified  
3191 laboratory as described in subsection (9).

3192 Section 60. Paragraphs (a), (i), (o), and (r) of  
3193 subsection (3) and paragraph (g) of subsection (5) of section  
3194 456.053, Florida Statutes, are amended to read:

3195 456.053 Financial arrangements between referring health  
3196 care providers and providers of health care services.—

3197 (3) DEFINITIONS.—For the purpose of this section, the  
3198 word, phrase, or term:

3199 (a) "Board" means any of the following boards relating to  
 3200 the respective professions: the Board of Medicine as created in  
 3201 s. 458.307; the Board of Osteopathic Medicine as created in s.  
 3202 459.004; the Board of Chiropractic Medicine as created in s.  
 3203 460.404; the Board of Podiatric Medicine as created in s.  
 3204 461.004; the Board of Optometry as created in s. 463.003; the  
 3205 Board of Nursing as created in s. 464.004; the Board of Pharmacy  
 3206 as created in s. 465.004; and the Board of Dentistry as created  
 3207 in s. 466.004.

3208 (i) "Health care provider" means a ~~any~~ physician licensed  
 3209 under chapter 458, chapter 459, chapter 460, or chapter 461; an  
 3210 autonomous physician assistant registered under chapter 458 or  
 3211 chapter 459; an advanced practice registered nurse registered to  
 3212 engage in autonomous practice under s. 464.0123;~~7~~ or any health  
 3213 care provider licensed under chapter 463 or chapter 466.

3214 (o) "Referral" means any referral of a patient by a health  
 3215 care provider for health care services, including, without  
 3216 limitation:

3217 1. The forwarding of a patient by a health care provider  
 3218 to another health care provider or to an entity which provides  
 3219 or supplies designated health services or any other health care  
 3220 item or service; or

3221 2. The request or establishment of a plan of care by a  
 3222 health care provider, which includes the provision of designated  
 3223 health services or other health care item or service.

3224 3. The following orders, recommendations, or plans of care

3225 shall not constitute a referral by a health care provider:  
 3226       a. By a radiologist for diagnostic-imaging services.  
 3227       b. By a physician specializing in the provision of  
 3228 radiation therapy services for such services.  
 3229       c. By a medical oncologist for drugs and solutions to be  
 3230 prepared and administered intravenously to such oncologist's  
 3231 patient, as well as for the supplies and equipment used in  
 3232 connection therewith to treat such patient for cancer and the  
 3233 complications thereof.  
 3234       d. By a cardiologist for cardiac catheterization services.  
 3235       e. By a pathologist for diagnostic clinical laboratory  
 3236 tests and pathological examination services, if furnished by or  
 3237 under the supervision of such pathologist pursuant to a  
 3238 consultation requested by another physician.  
 3239       f. By a health care provider who is the sole provider or  
 3240 member of a group practice for designated health services or  
 3241 other health care items or services that are prescribed or  
 3242 provided solely for such referring health care provider's or  
 3243 group practice's own patients, and that are provided or  
 3244 performed by or under the direct supervision of such referring  
 3245 health care provider or group practice; provided, however, ~~that~~  
 3246 ~~effective July 1, 1999,~~ a health care provider ~~physician~~  
 3247 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~  
 3248 ~~chapter 461~~ may refer a patient to a sole provider or group  
 3249 practice for diagnostic imaging services, excluding radiation  
 3250 therapy services, for which the sole provider or group practice

3251 billed both the technical and the professional fee for or on  
 3252 behalf of the patient, if the referring health care provider  
 3253 does not have an ~~physician has no~~ investment interest in the  
 3254 practice. The diagnostic imaging service referred to a group  
 3255 practice or sole provider must be a diagnostic imaging service  
 3256 normally provided within the scope of practice to the patients  
 3257 of the group practice or sole provider. The group practice or  
 3258 sole provider may accept no more than 15 percent of their  
 3259 patients receiving diagnostic imaging services from outside  
 3260 referrals, excluding radiation therapy services.

3261 g. By a health care provider for services provided by an  
 3262 ambulatory surgical center licensed under chapter 395.

3263 h. By a urologist for lithotripsy services.

3264 i. By a dentist for dental services performed by an  
 3265 employee of or health care provider who is an independent  
 3266 contractor with the dentist or group practice of which the  
 3267 dentist is a member.

3268 j. By a physician for infusion therapy services to a  
 3269 patient of that physician or a member of that physician's group  
 3270 practice.

3271 k. By a nephrologist for renal dialysis services and  
 3272 supplies, except laboratory services.

3273 l. By a health care provider whose principal professional  
 3274 practice consists of treating patients in their private  
 3275 residences for services to be rendered in such private  
 3276 residences, except for services rendered by a home health agency

3277 licensed under chapter 400. For purposes of this sub-  
 3278 subparagraph, the term "private residences" includes patients'  
 3279 private homes, independent living centers, and assisted living  
 3280 facilities, but does not include skilled nursing facilities.

3281 m. By a health care provider for sleep-related testing.

3282 (r) "Sole provider" means one health care provider  
 3283 licensed under chapter 458, chapter 459, chapter 460, or chapter  
 3284 461, or registered under s. 464.0123, who maintains a separate  
 3285 medical office and a medical practice separate from any other  
 3286 health care provider and who bills for his or her services  
 3287 separately from the services provided by any other health care  
 3288 provider. A sole provider shall not share overhead expenses or  
 3289 professional income with any other person or group practice.

3290 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
 3291 provided in this section:

3292 (g) A violation of this section by a health care provider  
 3293 shall constitute grounds for disciplinary action to be taken by  
 3294 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
 3295 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.  
 3296 466.028(2). Any hospital licensed under chapter 395 found in  
 3297 violation of this section shall be subject to s. 395.0185(2).

3298 Section 61. Subsection (7) of section 456.072, Florida  
 3299 Statutes, is amended to read:

3300 456.072 Grounds for discipline; penalties; enforcement.—

3301 (7) Notwithstanding subsection (2), upon a finding that a  
 3302 physician or autonomous physician assistant has prescribed or

3303 dispensed a controlled substance, or caused a controlled  
 3304 substance to be prescribed or dispensed, in a manner that  
 3305 violates the standard of practice set forth in s. 458.331(1)(q)  
 3306 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.  
 3307 466.028(1)(p) or (x), or that an advanced practice registered  
 3308 nurse has prescribed or dispensed a controlled substance, or  
 3309 caused a controlled substance to be prescribed or dispensed, in  
 3310 a manner that violates the standard of practice set forth in s.  
 3311 464.018(1)(n) or (p)6., the physician, autonomous physician  
 3312 assistant, or advanced practice registered nurse shall be  
 3313 suspended for a period of not less than 6 months and pay a fine  
 3314 of not less than \$10,000 per count. Repeated violations shall  
 3315 result in increased penalties.

3316 Section 62. Paragraph (h) of subsection (1) and subsection  
 3317 (2) of section 456.44, Florida Statutes, are amended to read:

3318 456.44 Controlled substance prescribing.—

3319 (1) DEFINITIONS.—As used in this section, the term:

3320 (h) "Registrant" means a physician, an autonomous  
 3321 physician assistant, a physician assistant, or an advanced  
 3322 practice registered nurse who meets the requirements of  
 3323 subsection (2).

3324 (2) REGISTRATION.—A physician licensed under chapter 458,  
 3325 chapter 459, chapter 461, or chapter 466, an autonomous  
 3326 physician assistant or a physician assistant registered or  
 3327 licensed under chapter 458 or chapter 459, or an advanced  
 3328 practice registered nurse licensed under part I of chapter 464



3329 | who prescribes any controlled substance, listed in Schedule II,  
 3330 | Schedule III, or Schedule IV as defined in s. 893.03, for the  
 3331 | treatment of chronic nonmalignant pain, must:

3332 |       (a) Designate himself or herself as a controlled substance  
 3333 | prescribing practitioner on his or her practitioner profile.

3334 |       (b) Comply with the requirements of this section and  
 3335 | applicable board rules.

3336 |       Section 63. Paragraph (c) of subsection (3) of section  
 3337 | 458.3265, Florida Statutes, is amended to read:

3338 |       458.3265 Pain-management clinics.—

3339 |       (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 3340 | apply to any physician who provides professional services in a  
 3341 | pain-management clinic that is required to be registered in  
 3342 | subsection (1).

3343 |       (c) A physician, an autonomous physician assistant, a  
 3344 | physician assistant, or an advanced practice registered nurse  
 3345 | must perform a physical examination of a patient on the same day  
 3346 | that the physician prescribes a controlled substance to a  
 3347 | patient at a pain-management clinic. If the physician prescribes  
 3348 | more than a 72-hour dose of controlled substances for the  
 3349 | treatment of chronic nonmalignant pain, the physician must  
 3350 | document in the patient's record the reason for prescribing that  
 3351 | quantity.

3352 |       Section 64. Paragraph (ii) of subsection (1) and  
 3353 | subsection (10) of section 458.331, Florida Statutes, are  
 3354 | amended to read:

3355 458.331 Grounds for disciplinary action; action by the  
 3356 board and department.—

3357 (1) The following acts constitute grounds for denial of a  
 3358 license or disciplinary action, as specified in s. 456.072(2):

3359 (ii) Failing to report to the department any licensee  
 3360 under this chapter or under chapter 459 who the physician,  
 3361 autonomous physician assistant, or physician assistant knows has  
 3362 violated the grounds for disciplinary action set out in the law  
 3363 under which that person is licensed and who provides health care  
 3364 services in a facility licensed under chapter 395, or a health  
 3365 maintenance organization certificated under part I of chapter  
 3366 641, in which the physician, autonomous physician assistant, or  
 3367 physician assistant also provides services.

3368 (10) A probable cause panel convened to consider  
 3369 disciplinary action against an autonomous physician assistant or  
 3370 a physician assistant alleged to have violated s. 456.072 or  
 3371 this section must include one physician assistant. The physician  
 3372 assistant must hold a valid license to practice as a physician  
 3373 assistant in this state and be appointed to the panel by the  
 3374 Council of Physician Assistants. The physician assistant may  
 3375 hear only cases involving disciplinary actions against a  
 3376 physician assistant. If the appointed physician assistant is not  
 3377 present at the disciplinary hearing, the panel may consider the  
 3378 matter and vote on the case in the absence of the physician  
 3379 assistant. The training requirements set forth in s. 458.307(4)  
 3380 do not apply to the appointed physician assistant. Rules need

3381 not be adopted to implement this subsection.

3382 Section 65. Paragraph (c) of subsection (3) of section  
3383 459.0137, Florida Statutes, is amended to read:

3384 459.0137 Pain-management clinics.—

3385 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
3386 apply to any osteopathic physician who provides professional  
3387 services in a pain-management clinic that is required to be  
3388 registered in subsection (1).

3389 (c) An osteopathic physician, an autonomous physician  
3390 assistant, a physician assistant, or an advanced practice  
3391 registered nurse must perform a physical examination of a  
3392 patient on the same day that the physician prescribes a  
3393 controlled substance to a patient at a pain-management clinic.  
3394 If the osteopathic physician prescribes more than a 72-hour dose  
3395 of controlled substances for the treatment of chronic  
3396 nonmalignant pain, the osteopathic physician must document in  
3397 the patient's record the reason for prescribing that quantity.

3398 Section 66. Paragraph (11) of subsection (1) and  
3399 subsection (10) of section 459.015, Florida Statutes, are  
3400 amended to read:

3401 459.015 Grounds for disciplinary action; action by the  
3402 board and department.—

3403 (1) The following acts constitute grounds for denial of a  
3404 license or disciplinary action, as specified in s. 456.072(2):

3405 (11) Failing to report to the department any licensee  
3406 under chapter 458 or under this chapter who the osteopathic

3407 physician, autonomous physician assistant, or physician  
3408 assistant knows has violated the grounds for disciplinary action  
3409 set out in the law under which that person is licensed and who  
3410 provides health care services in a facility licensed under  
3411 chapter 395, or a health maintenance organization certificated  
3412 under part I of chapter 641, in which the osteopathic physician,  
3413 autonomous physician assistant, or physician assistant also  
3414 provides services.

3415 (10) A probable cause panel convened to consider  
3416 disciplinary action against an autonomous physician assistant or  
3417 a physician assistant alleged to have violated s. 456.072 or  
3418 this section must include one physician assistant. The physician  
3419 assistant must hold a valid license to practice as a physician  
3420 assistant in this state and be appointed to the panel by the  
3421 Council of Physician Assistants. The physician assistant may  
3422 hear only cases involving disciplinary actions against a  
3423 physician assistant. If the appointed physician assistant is not  
3424 present at the disciplinary hearing, the panel may consider the  
3425 matter and vote on the case in the absence of the physician  
3426 assistant. The training requirements set forth in s. 458.307(4)  
3427 do not apply to the appointed physician assistant. Rules need  
3428 not be adopted to implement this subsection.

3429 Section 67. Subsection (17) of section 464.003, Florida  
3430 Statutes, is amended to read:

3431 464.003 Definitions.—As used in this part, the term:

3432 (17) "Practice of practical nursing" means the performance

3433 of selected acts, including the administration of treatments and  
 3434 medications, in the care of the ill, injured, or infirm; the  
 3435 promotion of wellness, maintenance of health, and prevention of  
 3436 illness of others under the direction of a registered nurse, a  
 3437 licensed physician, a licensed osteopathic physician, a licensed  
 3438 podiatric physician, a registered autonomous physician  
 3439 assistant, or a licensed dentist; and the teaching of general  
 3440 principles of health and wellness to the public and to students  
 3441 other than nursing students. A practical nurse is responsible  
 3442 and accountable for making decisions that are based upon the  
 3443 individual's educational preparation and experience in nursing.

3444 Section 68. Paragraph (a) of subsection (4) of section  
 3445 464.0205, Florida Statutes, is amended to read:

3446 464.0205 Retired volunteer nurse certificate.—

3447 (4) A retired volunteer nurse receiving certification from  
 3448 the board shall:

3449 (a) Work under the direct supervision of the director of a  
 3450 county health department, a physician working under a limited  
 3451 license issued pursuant to s. 458.317 or s. 459.0075, a  
 3452 physician or an autonomous physician assistant licensed or  
 3453 registered under chapter 458 or chapter 459, an advanced  
 3454 practice registered nurse licensed under s. 464.012, or a  
 3455 registered nurse licensed under s. 464.008 or s. 464.009.

3456 Section 69. Paragraph (b) of subsection (1) of section  
 3457 480.0475, Florida Statutes, is amended to read:

3458 480.0475 Massage establishments; prohibited practices.—

3459 (1) A person may not operate a massage establishment  
 3460 between the hours of midnight and 5 a.m. This subsection does  
 3461 not apply to a massage establishment:

3462 (b) In which every massage performed between the hours of  
 3463 midnight and 5 a.m. is performed by a massage therapist acting  
 3464 under the prescription of a physician, autonomous physician  
 3465 assistant, or physician assistant licensed or registered under  
 3466 chapter 458;~~;~~ an osteopathic physician, autonomous physician  
 3467 assistant, or physician assistant licensed or registered under  
 3468 chapter 459;~~;~~ a chiropractic physician licensed under chapter  
 3469 460;~~;~~ a podiatric physician licensed under chapter 461;~~;~~ an  
 3470 advanced practice registered nurse licensed under part I of  
 3471 chapter 464;~~;~~ or a dentist licensed under chapter 466; or

3472 Section 70. Subsection (2) of section 493.6108, Florida  
 3473 Statutes, is amended to read:

3474 493.6108 Investigation of applicants by Department of  
 3475 Agriculture and Consumer Services.—

3476 (2) In addition to subsection (1), the department shall  
 3477 make an investigation of the general physical fitness of the  
 3478 Class "G" applicant to bear a weapon or firearm. Determination  
 3479 of physical fitness shall be certified by a physician,  
 3480 autonomous physician assistant, or physician assistant currently  
 3481 licensed or registered under ~~pursuant to~~ chapter 458, chapter  
 3482 459, or any similar law of another state or authorized to act as  
 3483 a licensed physician by a federal agency or department or by an  
 3484 advanced practice registered nurse currently licensed pursuant

3485 to chapter 464. Such certification shall be submitted on a form  
 3486 provided by the department.

3487 Section 71. Subsection (1) of section 626.9707, Florida  
 3488 Statutes, is amended to read:

3489 626.9707 Disability insurance; discrimination on basis of  
 3490 sickle-cell trait prohibited.—

3491 (1) An ~~No~~ insurer authorized to transact insurance in this  
 3492 state may not ~~shall~~ refuse to issue and deliver in this state  
 3493 any policy of disability insurance, whether such policy is  
 3494 defined as individual, group, blanket, franchise, industrial, or  
 3495 otherwise, which is currently being issued for delivery in this  
 3496 state and which affords benefits and coverage for any medical  
 3497 treatment or service authorized and permitted to be furnished by  
 3498 a hospital, a clinic, a health clinic, a neighborhood health  
 3499 clinic, a health maintenance organization, a physician, an  
 3500 autonomous physician assistant, a physician ~~physician's~~  
 3501 assistant, an advanced practice registered nurse ~~practitioner,~~  
 3502 or a medical service facility or personnel solely because the  
 3503 person to be insured has the sickle-cell trait.

3504 Section 72. Paragraph (b) of subsection (1) of section  
 3505 627.357, Florida Statutes, is amended to read:

3506 627.357 Medical malpractice self-insurance.—

3507 (1) DEFINITIONS.—As used in this section, the term:

3508 (b) "Health care provider" means any:

3509 1. Hospital licensed under chapter 395.

3510 2. Physician, autonomous physician assistant ~~licensed,~~ or

3511 physician assistant registered or licensed~~7~~ under chapter 458.  
 3512       3. Osteopathic physician, autonomous physician assistant,  
 3513 or physician assistant registered or licensed under chapter 459.  
 3514       4. Podiatric physician licensed under chapter 461.  
 3515       5. Health maintenance organization certificated under part  
 3516 I of chapter 641.  
 3517       6. Ambulatory surgical center licensed under chapter 395.  
 3518       7. Chiropractic physician licensed under chapter 460.  
 3519       8. Psychologist licensed under chapter 490.  
 3520       9. Optometrist licensed under chapter 463.  
 3521       10. Dentist licensed under chapter 466.  
 3522       11. Pharmacist licensed under chapter 465.  
 3523       12. Registered nurse, licensed practical nurse, or  
 3524 advanced practice registered nurse licensed or registered under  
 3525 part I of chapter 464.  
 3526       13. Other medical facility.  
 3527       14. Professional association, partnership, corporation,  
 3528 joint venture, or other association established by the  
 3529 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
 3530 10., 11., and 12. for professional activity.  
 3531       Section 73. Paragraph (a) of subsection (1) of section  
 3532 627.736, Florida Statutes, is amended to read:  
 3533       627.736 Required personal injury protection benefits;  
 3534 exclusions; priority; claims.—  
 3535       (1) REQUIRED BENEFITS.—An insurance policy complying with  
 3536 the security requirements of s. 627.733 must provide personal



3537 injury protection to the named insured, relatives residing in  
 3538 the same household, persons operating the insured motor vehicle,  
 3539 passengers in the motor vehicle, and other persons struck by the  
 3540 motor vehicle and suffering bodily injury while not an occupant  
 3541 of a self-propelled vehicle, subject to subsection (2) and  
 3542 paragraph (4) (e), to a limit of \$10,000 in medical and  
 3543 disability benefits and \$5,000 in death benefits resulting from  
 3544 bodily injury, sickness, disease, or death arising out of the  
 3545 ownership, maintenance, or use of a motor vehicle as follows:

3546 (a) Medical benefits.—Eighty percent of all reasonable  
 3547 expenses for medically necessary medical, surgical, X-ray,  
 3548 dental, and rehabilitative services, including prosthetic  
 3549 devices and medically necessary ambulance, hospital, and nursing  
 3550 services if the individual receives initial services and care  
 3551 pursuant to subparagraph 1. within 14 days after the motor  
 3552 vehicle accident. The medical benefits provide reimbursement  
 3553 only for:

3554 1. Initial services and care that are lawfully provided,  
 3555 supervised, ordered, or prescribed by a physician or an  
 3556 autonomous physician assistant licensed or registered under  
 3557 chapter 458 or chapter 459, a dentist licensed under chapter  
 3558 466, ~~or~~ a chiropractic physician licensed under chapter 460, or  
 3559 an advanced practice registered nurse registered to engage in  
 3560 autonomous practice under s. 464.0123 or that are provided in a  
 3561 hospital or in a facility that owns, or is wholly owned by, a  
 3562 hospital. Initial services and care may also be provided by a

3563 person or entity licensed under part III of chapter 401 which  
3564 provides emergency transportation and treatment.

3565 2. Upon referral by a provider described in subparagraph  
3566 1., followup services and care consistent with the underlying  
3567 medical diagnosis rendered pursuant to subparagraph 1. which may  
3568 be provided, supervised, ordered, or prescribed only by a  
3569 physician or an autonomous physician assistant licensed or  
3570 registered under chapter 458 or chapter 459, a chiropractic  
3571 physician licensed under chapter 460, a dentist licensed under  
3572 chapter 466, or an advanced practice registered nurse registered  
3573 to engage in autonomous practice under s. 464.0123, or, to the  
3574 extent permitted by applicable law and under the supervision of  
3575 such physician, osteopathic physician, chiropractic physician,  
3576 or dentist, by a physician assistant licensed under chapter 458  
3577 or chapter 459 or an advanced practice registered nurse licensed  
3578 under chapter 464. Followup services and care may also be  
3579 provided by the following persons or entities:

3580 a. A hospital or ambulatory surgical center licensed under  
3581 chapter 395.

3582 b. An entity wholly owned by one or more physicians or  
3583 autonomous physician assistants licensed or registered under  
3584 chapter 458 or chapter 459, chiropractic physicians licensed  
3585 under chapter 460, advanced practice registered nurses  
3586 registered to engage in autonomous practice under s. 464.0123,  
3587 or dentists licensed under chapter 466 or by such practitioners  
3588 and the spouse, parent, child, or sibling of such practitioners.

3589 c. An entity that owns or is wholly owned, directly or  
 3590 indirectly, by a hospital or hospitals.

3591 d. A physical therapist licensed under chapter 486, based  
 3592 upon a referral by a provider described in this subparagraph.

3593 e. A health care clinic licensed under part X of chapter  
 3594 400 which is accredited by an accrediting organization whose  
 3595 standards incorporate comparable regulations required by this  
 3596 state, or

3597 (I) Has a medical director licensed under chapter 458,  
 3598 chapter 459, or chapter 460;

3599 (II) Has been continuously licensed for more than 3 years  
 3600 or is a publicly traded corporation that issues securities  
 3601 traded on an exchange registered with the United States  
 3602 Securities and Exchange Commission as a national securities  
 3603 exchange; and

3604 (III) Provides at least four of the following medical  
 3605 specialties:

3606 (A) General medicine.

3607 (B) Radiography.

3608 (C) Orthopedic medicine.

3609 (D) Physical medicine.

3610 (E) Physical therapy.

3611 (F) Physical rehabilitation.

3612 (G) Prescribing or dispensing outpatient prescription  
 3613 medication.

3614 (H) Laboratory services.

3615           3. Reimbursement for services and care provided in  
 3616 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
 3617 licensed under chapter 458 or chapter 459, a dentist licensed  
 3618 under chapter 466, an autonomous physician assistant or a  
 3619 physician assistant registered or licensed under chapter 458 or  
 3620 chapter 459, or an advanced practice registered nurse licensed  
 3621 under chapter 464 has determined that the injured person had an  
 3622 emergency medical condition.

3623           4. Reimbursement for services and care provided in  
 3624 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
 3625 provider listed in subparagraph 1. or subparagraph 2. determines  
 3626 that the injured person did not have an emergency medical  
 3627 condition.

3628           5. Medical benefits do not include massage as defined in  
 3629 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
 3630 of the person, entity, or licensee providing massage or  
 3631 acupuncture, and a licensed massage therapist or licensed  
 3632 acupuncturist may not be reimbursed for medical benefits under  
 3633 this section.

3634           6. The Financial Services Commission shall adopt by rule  
 3635 the form that must be used by an insurer and a health care  
 3636 provider specified in sub-subparagraph 2.b., sub-subparagraph  
 3637 2.c., or sub-subparagraph 2.e. to document that the health care  
 3638 provider meets the criteria of this paragraph. Such rule must  
 3639 include a requirement for a sworn statement or affidavit.

3640

3641 Only insurers writing motor vehicle liability insurance in this  
 3642 state may provide the required benefits of this section, and  
 3643 such insurer may not require the purchase of any other motor  
 3644 vehicle coverage other than the purchase of property damage  
 3645 liability coverage as required by s. 627.7275 as a condition for  
 3646 providing such benefits. Insurers may not require that property  
 3647 damage liability insurance in an amount greater than \$10,000 be  
 3648 purchased in conjunction with personal injury protection. Such  
 3649 insurers shall make benefits and required property damage  
 3650 liability insurance coverage available through normal marketing  
 3651 channels. An insurer writing motor vehicle liability insurance  
 3652 in this state who fails to comply with such availability  
 3653 requirement as a general business practice violates part IX of  
 3654 chapter 626, and such violation constitutes an unfair method of  
 3655 competition or an unfair or deceptive act or practice involving  
 3656 the business of insurance. An insurer committing such violation  
 3657 is subject to the penalties provided under that part, as well as  
 3658 those provided elsewhere in the insurance code.

3659 Section 74. Subsection (5) of section 633.412, Florida  
 3660 Statutes, is amended to read:

3661 633.412 Firefighters; qualifications for certification.—A  
 3662 person applying for certification as a firefighter must:

3663 (5) Be in good physical condition as determined by a  
 3664 medical examination given by a physician, surgeon, or autonomous  
 3665 physician assistant or physician assistant licensed or  
 3666 registered under ~~to practice in the state pursuant to~~ chapter

3667 458; an osteopathic physician, surgeon, autonomous physician  
 3668 assistant, or physician assistant licensed or registered under  
 3669 ~~to practice in the state pursuant to~~ chapter 459; or an advanced  
 3670 practice registered nurse licensed under ~~to practice in the~~  
 3671 ~~state pursuant to~~ chapter 464. Such examination may include, but  
 3672 need not be limited to, the National Fire Protection Association  
 3673 Standard 1582. A medical examination evidencing good physical  
 3674 condition shall be submitted to the division, on a form as  
 3675 provided by rule, before an individual is eligible for admission  
 3676 into a course under s. 633.408.

3677 Section 75. Subsection (8) of section 641.495, Florida  
 3678 Statutes, is amended to read:

3679 641.495 Requirements for issuance and maintenance of  
 3680 certificate.—

3681 (8) Each organization's contracts, certificates, and  
 3682 subscriber handbooks shall contain a provision, if applicable,  
 3683 disclosing that, for certain types of described medical  
 3684 procedures, services may be provided by autonomous physician  
 3685 assistants, physician assistants, advanced practice registered  
 3686 nurses ~~nurse practitioners~~, or other individuals who are not  
 3687 licensed physicians.

3688 Section 76. Subsection (1) of section 744.2006, Florida  
 3689 Statutes, is amended to read:

3690 744.2006 Office of Public and Professional Guardians;  
 3691 appointment, notification.—

3692 (1) The executive director of the Office of Public and

3693 Professional Guardians, after consultation with the chief judge  
 3694 and other circuit judges within the judicial circuit and with  
 3695 appropriate advocacy groups and individuals and organizations  
 3696 who are knowledgeable about the needs of incapacitated persons,  
 3697 may establish, within a county in the judicial circuit or within  
 3698 the judicial circuit, one or more offices of public guardian and  
 3699 if so established, shall create a list of persons best qualified  
 3700 to serve as the public guardian, who have been investigated  
 3701 pursuant to s. 744.3135. The public guardian must have knowledge  
 3702 of the legal process and knowledge of social services available  
 3703 to meet the needs of incapacitated persons. The public guardian  
 3704 shall maintain a staff or contract with professionally qualified  
 3705 individuals to carry out the guardianship functions, including  
 3706 an attorney who has experience in probate areas and another  
 3707 person who has a master's degree in social work, or a  
 3708 gerontologist, psychologist, autonomous physician assistant,  
 3709 advanced practice registered nurse, or registered nurse,~~or~~  
 3710 ~~nurse practitioner~~. A public guardian that is a nonprofit  
 3711 corporate guardian under s. 744.309(5) must receive tax-exempt  
 3712 status from the United States Internal Revenue Service.

3713 Section 77. Paragraph (a) of subsection (3) of section  
 3714 744.331, Florida Statutes, is amended to read:

3715 744.331 Procedures to determine incapacity.—

3716 (3) EXAMINING COMMITTEE.—

3717 (a) Within 5 days after a petition for determination of  
 3718 incapacity has been filed, the court shall appoint an examining

3719 | committee consisting of three members. One member must be a  
3720 | psychiatrist or other physician. The remaining members must be  
3721 | either a psychologist, a gerontologist, a ~~another~~ psychiatrist,  
3722 | a ~~or other~~ physician, an autonomous physician assistant, a  
3723 | physician assistant, an advanced practice registered nurse, a  
3724 | registered nurse, ~~nurse practitioner,~~ a licensed social worker,  
3725 | a person with an advanced degree in gerontology from an  
3726 | accredited institution of higher education, or any other person  
3727 | who by knowledge, skill, experience, training, or education may,  
3728 | in the court's discretion, advise the court in the form of an  
3729 | expert opinion. One of three members of the committee must have  
3730 | knowledge of the type of incapacity alleged in the petition.  
3731 | Unless good cause is shown, the attending or family physician  
3732 | may not be appointed to the committee. If the attending or  
3733 | family physician is available for consultation, the committee  
3734 | must consult with the physician. Members of the examining  
3735 | committee may not be related to or associated with one another,  
3736 | with the petitioner, with counsel for the petitioner or the  
3737 | proposed guardian, or with the person alleged to be totally or  
3738 | partially incapacitated. A member may not be employed by any  
3739 | private or governmental agency that has custody of, or  
3740 | furnishes, services or subsidies, directly or indirectly, to the  
3741 | person or the family of the person alleged to be incapacitated  
3742 | or for whom a guardianship is sought. A petitioner may not serve  
3743 | as a member of the examining committee. Members of the examining  
3744 | committee must be able to communicate, either directly or



3745 through an interpreter, in the language that the alleged  
 3746 incapacitated person speaks or to communicate in a medium  
 3747 understandable to the alleged incapacitated person if she or he  
 3748 is able to communicate. The clerk of the court shall send notice  
 3749 of the appointment to each person appointed no later than 3 days  
 3750 after the court's appointment.

3751 Section 78. Paragraph (b) of subsection (1) of section  
 3752 744.3675, Florida Statutes, is amended to read:

3753 744.3675 Annual guardianship plan.—Each guardian of the  
 3754 person must file with the court an annual guardianship plan  
 3755 which updates information about the condition of the ward. The  
 3756 annual plan must specify the current needs of the ward and how  
 3757 those needs are proposed to be met in the coming year.

3758 (1) Each plan for an adult ward must, if applicable,  
 3759 include:

3760 (b) Information concerning the medical and mental health  
 3761 conditions and treatment and rehabilitation needs of the ward,  
 3762 including:

3763 1. A resume of any professional medical treatment given to  
 3764 the ward during the preceding year.

3765 2. The report of a physician, autonomous physician  
 3766 assistant, physician assistant, or advanced practice registered  
 3767 nurse who examined the ward no more than 90 days before the  
 3768 beginning of the applicable reporting period. The report must  
 3769 contain an evaluation of the ward's condition and a statement of  
 3770 the current level of capacity of the ward.

3771 3. The plan for providing medical, mental health, and  
 3772 rehabilitative services in the coming year.

3773 Section 79. Subsection (3) of section 766.103, Florida  
 3774 Statutes, is amended to read:

3775 766.103 Florida Medical Consent Law.—

3776 (3) ~~No Recovery is not shall be~~ allowed in any court in  
 3777 this state against any physician licensed under chapter 458,  
 3778 osteopathic physician licensed under chapter 459, chiropractic  
 3779 physician licensed under chapter 460, podiatric physician  
 3780 licensed under chapter 461, dentist licensed under chapter 466,  
 3781 advanced practice registered nurse licensed under s. 464.012,  
 3782 autonomous physician assistant registered under chapter 458 or  
 3783 chapter 459, or physician assistant licensed under s. 458.347 or  
 3784 s. 459.022 in an action brought for treating, examining, or  
 3785 operating on a patient without his or her informed consent when:

3786 (a)1. The action of the physician, osteopathic physician,  
 3787 chiropractic physician, podiatric physician, dentist, advanced  
 3788 practice registered nurse, autonomous physician assistant, or  
 3789 physician assistant in obtaining the consent of the patient or  
 3790 another person authorized to give consent for the patient was in  
 3791 accordance with an accepted standard of medical practice among  
 3792 members of the medical profession with similar training and  
 3793 experience in the same or similar medical community as that of  
 3794 the person treating, examining, or operating on the patient for  
 3795 whom the consent is obtained; and

3796 2. A reasonable individual, from the information provided

3797 | by the physician, osteopathic physician, chiropractic physician,  
 3798 | podiatric physician, dentist, advanced practice registered  
 3799 | nurse, autonomous physician assistant, or physician assistant,  
 3800 | under the circumstances, would have a general understanding of  
 3801 | the procedure, the medically acceptable alternative procedures  
 3802 | or treatments, and the substantial risks and hazards inherent in  
 3803 | the proposed treatment or procedures, which are recognized among  
 3804 | other physicians, osteopathic physicians, chiropractic  
 3805 | physicians, podiatric physicians, or dentists in the same or  
 3806 | similar community who perform similar treatments or procedures;  
 3807 | or

3808 |         (b) The patient would reasonably, under all the  
 3809 | surrounding circumstances, have undergone such treatment or  
 3810 | procedure had he or she been advised by the physician,  
 3811 | osteopathic physician, chiropractic physician, podiatric  
 3812 | physician, dentist, advanced practice registered nurse,  
 3813 | autonomous physician assistant, or physician assistant in  
 3814 | accordance with ~~the provisions of~~ paragraph (a).

3815 |         Section 80. Paragraph (b) of subsection (1) and paragraph  
 3816 | (e) of subsection (2) of section 766.105, Florida Statutes, are  
 3817 | amended to read:

3818 |         766.105 Florida Patient's Compensation Fund.—

3819 |         (1) DEFINITIONS.—The following definitions apply in the  
 3820 | interpretation and enforcement of this section:

3821 |         (b) The term "health care provider" means any:

3822 |             1. Hospital licensed under chapter 395.

3823           2. Physician, autonomous physician assistant, or physician  
3824 assistant licensed or registered under chapter 458.

3825           3. Osteopathic physician, autonomous physician assistant,  
3826 or physician assistant licensed or registered under chapter 459.

3827           4. Podiatric physician licensed under chapter 461.

3828           5. Health maintenance organization certificated under part  
3829 I of chapter 641.

3830           6. Ambulatory surgical center licensed under chapter 395.

3831           7. "Other medical facility" as defined in paragraph (c).

3832           8. Professional association, partnership, corporation,  
3833 joint venture, or other association by the individuals set forth  
3834 in subparagraphs 2., 3., and 4. for professional activity.

3835           (2) COVERAGE.—

3836           (e) The coverage afforded by the fund for a participating  
3837 hospital or ambulatory surgical center shall apply to the  
3838 officers, trustees, volunteer workers, trainees, committee  
3839 members (including physicians, osteopathic physicians, podiatric  
3840 physicians, and dentists), and employees of the hospital or  
3841 ambulatory surgical center, other than employed physicians  
3842 licensed under chapter 458, autonomous physician assistants or  
3843 physician assistants registered or licensed under chapter 458 or  
3844 chapter 459, osteopathic physicians licensed under chapter 459,  
3845 dentists licensed under chapter 466, and podiatric physicians  
3846 licensed under chapter 461. However, the coverage afforded by  
3847 the fund for a participating hospital shall apply to house  
3848 physicians, interns, employed physician residents in a resident

3849 training program, or physicians performing purely administrative  
 3850 duties for the participating hospitals other than the treatment  
 3851 of patients. This coverage shall apply to the hospital or  
 3852 ambulatory surgical center and those included in this subsection  
 3853 as one health care provider.

3854 Section 81. Paragraph (d) of subsection (3) of section  
 3855 766.1115, Florida Statutes, is amended to read:

3856 766.1115 Health care providers; creation of agency  
 3857 relationship with governmental contractors.—

3858 (3) DEFINITIONS.—As used in this section, the term:

3859 (d) "Health care provider" or "provider" means:

- 3860 1. A birth center licensed under chapter 383.
- 3861 2. An ambulatory surgical center licensed under chapter  
 3862 395.
- 3863 3. A hospital licensed under chapter 395.
- 3864 4. A physician, autonomous physician assistant, or  
 3865 physician assistant licensed or registered under chapter 458.
- 3866 5. An osteopathic physician, autonomous physician  
 3867 assistant, or ~~osteopathic~~ physician assistant licensed or  
 3868 registered under chapter 459.
- 3869 6. A chiropractic physician licensed under chapter 460.
- 3870 7. A podiatric physician licensed under chapter 461.
- 3871 8. A registered nurse, nurse midwife, licensed practical  
 3872 nurse, or advanced practice registered nurse licensed or  
 3873 registered under part I of chapter 464 or any facility which  
 3874 employs nurses licensed or registered under part I of chapter

3875 | 464 to supply all or part of the care delivered under this  
 3876 | section.

3877 | 9. A midwife licensed under chapter 467.

3878 | 10. A health maintenance organization certificated under  
 3879 | part I of chapter 641.

3880 | 11. A health care professional association and its  
 3881 | employees or a corporate medical group and its employees.

3882 | 12. Any other medical facility the primary purpose of  
 3883 | which is to deliver human medical diagnostic services or which  
 3884 | delivers nonsurgical human medical treatment, and which includes  
 3885 | an office maintained by a provider.

3886 | 13. A dentist or dental hygienist licensed under chapter  
 3887 | 466.

3888 | 14. A free clinic that delivers only medical diagnostic  
 3889 | services or nonsurgical medical treatment free of charge to all  
 3890 | low-income recipients.

3891 | 15. Any other health care professional, practitioner,  
 3892 | provider, or facility under contract with a governmental  
 3893 | contractor, including a student enrolled in an accredited  
 3894 | program that prepares the student for licensure as any one of  
 3895 | the professionals listed in subparagraphs 4.-9.

3896 |  
 3897 | The term includes any nonprofit corporation qualified as exempt  
 3898 | from federal income taxation under s. 501(a) of the Internal  
 3899 | Revenue Code, and described in s. 501(c) of the Internal Revenue  
 3900 | Code, which delivers health care services provided by licensed

3901 professionals listed in this paragraph, any federally funded  
 3902 community health center, and any volunteer corporation or  
 3903 volunteer health care provider that delivers health care  
 3904 services.

3905 Section 82. Subsection (1) of section 766.1116, Florida  
 3906 Statutes, is amended to read:

3907 766.1116 Health care practitioner; waiver of license  
 3908 renewal fees and continuing education requirements.—

3909 (1) As used in this section, the term "health care  
 3910 practitioner" means a physician, autonomous physician assistant,  
 3911 or physician assistant licensed or registered under chapter 458;  
 3912 an osteopathic physician, autonomous physician assistant, or  
 3913 physician assistant licensed or registered under chapter 459; a  
 3914 chiropractic physician licensed under chapter 460; a podiatric  
 3915 physician licensed under chapter 461; an advanced practice  
 3916 registered nurse, registered nurse, or licensed practical nurse  
 3917 licensed under part I of chapter 464; a dentist or dental  
 3918 hygienist licensed under chapter 466; or a midwife licensed  
 3919 under chapter 467, who participates as a health care provider  
 3920 under s. 766.1115.

3921 Section 83. Paragraph (c) of subsection (1) of section  
 3922 766.118, Florida Statutes, is amended to read:

3923 766.118 Determination of noneconomic damages.—

3924 (1) DEFINITIONS.—As used in this section, the term:

3925 (c) "Practitioner" means any person licensed or registered  
 3926 under chapter 458, chapter 459, chapter 460, chapter 461,

3927 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,  
 3928 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any  
 3929 association, corporation, firm, partnership, or other business  
 3930 entity under which such practitioner practices or any employee  
 3931 of such practitioner or entity acting in the scope of his or her  
 3932 employment. For the purpose of determining the limitations on  
 3933 noneconomic damages set forth in this section, the term  
 3934 "practitioner" includes any person or entity for whom a  
 3935 practitioner is vicariously liable and any person or entity  
 3936 whose liability is based solely on such person or entity being  
 3937 vicariously liable for the actions of a practitioner.

3938 Section 84. Subsection (3) of section 768.135, Florida  
 3939 Statutes, is amended to read:

3940 768.135 Volunteer team physicians; immunity.—

3941 (3) A practitioner licensed or registered under chapter  
 3942 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who  
 3943 gratuitously and in good faith conducts an evaluation pursuant  
 3944 to s. 1006.20(2)(c) is not liable for any civil damages arising  
 3945 from that evaluation unless the evaluation was conducted in a  
 3946 wrongful manner.

3947 Section 85. Subsection (5) of section 794.08, Florida  
 3948 Statutes, is amended to read:

3949 794.08 Female genital mutilation.—

3950 (5) This section does not apply to procedures performed by  
 3951 or under the direction of a physician licensed under chapter  
 3952 458, an osteopathic physician licensed under chapter 459, a



3953 registered nurse licensed under part I of chapter 464, a  
 3954 practical nurse licensed under part I of chapter 464, an  
 3955 advanced practice registered nurse licensed under part I of  
 3956 chapter 464, a midwife licensed under chapter 467, or an  
 3957 autonomous physician assistant or a physician assistant  
 3958 registered or licensed under chapter 458 or chapter 459 when  
 3959 necessary to preserve the physical health of a female person.  
 3960 This section also does not apply to any autopsy or limited  
 3961 dissection conducted pursuant to chapter 406.

3962 Section 86. Subsection (23) of section 893.02, Florida  
 3963 Statutes, is amended to read:

3964 893.02 Definitions.—The following words and phrases as  
 3965 used in this chapter shall have the following meanings, unless  
 3966 the context otherwise requires:

3967 (23) "Practitioner" means a physician licensed under  
 3968 chapter 458, a dentist licensed under chapter 466, a  
 3969 veterinarian licensed under chapter 474, an osteopathic  
 3970 physician licensed under chapter 459, an advanced practice  
 3971 registered nurse licensed under chapter 464, a naturopath  
 3972 licensed under chapter 462, a certified optometrist licensed  
 3973 under chapter 463, a psychiatric nurse as defined in s. 394.455,  
 3974 a podiatric physician licensed under chapter 461, an autonomous  
 3975 physician assistant registered under chapter 458 or chapter 459,  
 3976 or a physician assistant licensed under chapter 458 or chapter  
 3977 459, provided such practitioner holds a valid federal controlled  
 3978 substance registry number.

3979 Section 87. Subsection (6) of section 943.13, Florida  
 3980 Statutes, is amended to read:

3981 943.13 Officers' minimum qualifications for employment or  
 3982 appointment.—On or after October 1, 1984, any person employed or  
 3983 appointed as a full-time, part-time, or auxiliary law  
 3984 enforcement officer or correctional officer; on or after October  
 3985 1, 1986, any person employed as a full-time, part-time, or  
 3986 auxiliary correctional probation officer; and on or after  
 3987 October 1, 1986, any person employed as a full-time, part-time,  
 3988 or auxiliary correctional officer by a private entity under  
 3989 contract to the Department of Corrections, to a county  
 3990 commission, or to the Department of Management Services shall:

3991 (6) Have passed a physical examination by a licensed  
 3992 physician, registered autonomous physician assistant, licensed  
 3993 physician assistant, or licensed advanced practice registered  
 3994 nurse, based on specifications established by the commission. In  
 3995 order to be eligible for the presumption set forth in s. 112.18  
 3996 while employed with an employing agency, a law enforcement  
 3997 officer, correctional officer, or correctional probation officer  
 3998 must have successfully passed the physical examination required  
 3999 by this subsection upon entering into service as a law  
 4000 enforcement officer, correctional officer, or correctional  
 4001 probation officer with the employing agency, which examination  
 4002 must have failed to reveal any evidence of tuberculosis, heart  
 4003 disease, or hypertension. A law enforcement officer,  
 4004 correctional officer, or correctional probation officer may not

4005 use a physical examination from a former employing agency for  
 4006 purposes of claiming the presumption set forth in s. 112.18  
 4007 against the current employing agency.

4008 Section 88. Subsection (2) of section 945.603, Florida  
 4009 Statutes, is amended to read:

4010 945.603 Powers and duties of authority.—The purpose of the  
 4011 authority is to assist in the delivery of health care services  
 4012 for inmates in the Department of Corrections by advising the  
 4013 Secretary of Corrections on the professional conduct of primary,  
 4014 convalescent, dental, and mental health care and the management  
 4015 of costs consistent with quality care, by advising the Governor  
 4016 and the Legislature on the status of the Department of  
 4017 Corrections' health care delivery system, and by assuring that  
 4018 adequate standards of physical and mental health care for  
 4019 inmates are maintained at all Department of Corrections  
 4020 institutions. For this purpose, the authority has the authority  
 4021 to:

4022 (2) Review and make recommendations regarding health care  
 4023 for the delivery of health care services including, but not  
 4024 limited to, acute hospital-based services and facilities,  
 4025 primary and tertiary care services, ancillary and clinical  
 4026 services, dental services, mental health services, intake and  
 4027 screening services, medical transportation services, and the use  
 4028 of nurse practitioner, autonomous physician assistant, and  
 4029 physician assistant personnel to act as physician extenders as  
 4030 these relate to inmates in the Department of Corrections.

4031 Section 89. Paragraph (n) of subsection (1) of section  
 4032 948.03, Florida Statutes, is amended to read:

4033 948.03 Terms and conditions of probation.—

4034 (1) The court shall determine the terms and conditions of  
 4035 probation. Conditions specified in this section do not require  
 4036 oral pronouncement at the time of sentencing and may be  
 4037 considered standard conditions of probation. These conditions  
 4038 may include among them the following, that the probationer or  
 4039 offender in community control shall:

4040 (n) Be prohibited from using intoxicants to excess or  
 4041 possessing any drugs or narcotics unless prescribed by a  
 4042 physician, an advanced practice registered nurse, an autonomous  
 4043 physician assistant, or a physician assistant. The probationer  
 4044 or community controllee may not knowingly visit places where  
 4045 intoxicants, drugs, or other dangerous substances are unlawfully  
 4046 sold, dispensed, or used.

4047 Section 90. Subsection (34) of section 984.03, Florida  
 4048 Statutes, is amended to read:

4049 984.03 Definitions.—When used in this chapter, the term:

4050 (34) "Licensed health care professional" means a physician  
 4051 licensed under chapter 458, an osteopathic physician licensed  
 4052 under chapter 459, a nurse licensed under part I of chapter 464,  
 4053 an autonomous physician assistant or a physician assistant  
 4054 registered or licensed under chapter 458 or chapter 459, or a  
 4055 dentist licensed under chapter 466.

4056 Section 91. Subsection (30) of section 985.03, Florida

4057 Statutes, is amended to read:

4058 985.03 Definitions.—As used in this chapter, the term:

4059 (30) "Licensed health care professional" means a physician  
 4060 licensed under chapter 458, an osteopathic physician licensed  
 4061 under chapter 459, a nurse licensed under part I of chapter 464,  
 4062 an autonomous physician assistant or a physician assistant  
 4063 registered or licensed under chapter 458 or chapter 459, or a  
 4064 dentist licensed under chapter 466.

4065 Section 92. Paragraph (i) of subsection (3) of section  
 4066 1002.20, Florida Statutes, is amended to read:

4067 1002.20 K-12 student and parent rights.—Parents of public  
 4068 school students must receive accurate and timely information  
 4069 regarding their child's academic progress and must be informed  
 4070 of ways they can help their child to succeed in school. K-12  
 4071 students and their parents are afforded numerous statutory  
 4072 rights including, but not limited to, the following:

4073 (3) HEALTH ISSUES.—

4074 (i) Epinephrine use and supply.—

4075 1. A student who has experienced or is at risk for life-  
 4076 threatening allergic reactions may carry an epinephrine auto-  
 4077 injector and self-administer epinephrine by auto-injector while  
 4078 in school, participating in school-sponsored activities, or in  
 4079 transit to or from school or school-sponsored activities if the  
 4080 school has been provided with parental and physician  
 4081 authorization. The State Board of Education, in cooperation with  
 4082 the Department of Health, shall adopt rules for such use of

4083 epinephrine auto-injectors that shall include provisions to  
4084 protect the safety of all students from the misuse or abuse of  
4085 auto-injectors. A school district, county health department,  
4086 public-private partner, and their employees and volunteers shall  
4087 be indemnified by the parent of a student authorized to carry an  
4088 epinephrine auto-injector for any and all liability with respect  
4089 to the student's use of an epinephrine auto-injector pursuant to  
4090 this paragraph.

4091 2. A public school may purchase a supply of epinephrine  
4092 auto-injectors from a wholesale distributor as defined in s.  
4093 499.003 or may enter into an arrangement with a wholesale  
4094 distributor or manufacturer as defined in s. 499.003 for the  
4095 epinephrine auto-injectors at fair-market, free, or reduced  
4096 prices for use in the event a student has an anaphylactic  
4097 reaction. The epinephrine auto-injectors must be maintained in a  
4098 secure location on the public school's premises. The  
4099 participating school district shall adopt a protocol developed  
4100 by a licensed physician for the administration by school  
4101 personnel who are trained to recognize an anaphylactic reaction  
4102 and to administer an epinephrine auto-injection. The supply of  
4103 epinephrine auto-injectors may be provided to and used by a  
4104 student authorized to self-administer epinephrine by auto-  
4105 injector under subparagraph 1. or trained school personnel.

4106 3. The school district and its employees, agents, and the  
4107 physician who provides the standing protocol for school  
4108 epinephrine auto-injectors are not liable for any injury arising

4109 from the use of an epinephrine auto-injector administered by  
 4110 trained school personnel who follow the adopted protocol and  
 4111 whose professional opinion is that the student is having an  
 4112 anaphylactic reaction:

4113 a. Unless the trained school personnel's action is willful  
 4114 and wanton;

4115 b. Notwithstanding that the parents or guardians of the  
 4116 student to whom the epinephrine is administered have not been  
 4117 provided notice or have not signed a statement acknowledging  
 4118 that the school district is not liable; and

4119 c. Regardless of whether authorization has been given by  
 4120 the student's parents or guardians or by the student's  
 4121 physician, autonomous physician assistant, physician ~~physician's~~  
 4122 assistant, or advanced practice registered nurse.

4123 Section 93. Paragraph (b) of subsection (17) of section  
 4124 1002.42, Florida Statutes, is amended to read:

4125 1002.42 Private schools.—

4126 (17) EPINEPHRINE SUPPLY.—

4127 (b) The private school and its employees, agents, and the  
 4128 physician who provides the standing protocol for school  
 4129 epinephrine auto-injectors are not liable for any injury arising  
 4130 from the use of an epinephrine auto-injector administered by  
 4131 trained school personnel who follow the adopted protocol and  
 4132 whose professional opinion is that the student is having an  
 4133 anaphylactic reaction:

4134 1. Unless the trained school personnel's action is willful

4135 and wanton;

4136 2. Notwithstanding that the parents or guardians of the  
 4137 student to whom the epinephrine is administered have not been  
 4138 provided notice or have not signed a statement acknowledging  
 4139 that the school district is not liable; and

4140 3. Regardless of whether authorization has been given by  
 4141 the student's parents or guardians or by the student's  
 4142 physician, autonomous physician assistant, physician ~~physician's~~  
 4143 assistant, or advanced practice registered nurse.

4144 Section 94. Paragraph (a) of subsection (1) and  
 4145 subsections (4) and (5) of section 1006.062, Florida Statutes,  
 4146 are amended to read:

4147 1006.062 Administration of medication and provision of  
 4148 medical services by district school board personnel.—

4149 (1) Notwithstanding the provisions of the Nurse Practice  
 4150 Act, part I of chapter 464, district school board personnel may  
 4151 assist students in the administration of prescription medication  
 4152 when the following conditions have been met:

4153 (a) Each district school board shall include in its  
 4154 approved school health services plan a procedure to provide  
 4155 training, by a registered nurse, a licensed practical nurse, or  
 4156 an advanced practice registered nurse licensed under chapter 464  
 4157 or by a physician, autonomous physician assistant, or physician  
 4158 assistant licensed or registered under ~~pursuant to~~ chapter 458  
 4159 or chapter 459, ~~or a physician assistant licensed pursuant to~~  
 4160 ~~chapter 458 or chapter 459~~, to the school personnel designated



4161 by the school principal to assist students in the administration  
4162 of prescribed medication. Such training may be provided in  
4163 collaboration with other school districts, through contract with  
4164 an education consortium, or by any other arrangement consistent  
4165 with the intent of this subsection.

4166 (4) Nonmedical assistive personnel shall be allowed to  
4167 perform health-related services upon successful completion of  
4168 child-specific training by a registered nurse or advanced  
4169 practice registered nurse licensed under chapter 464 or a  
4170 physician, autonomous physician assistant, or physician  
4171 assistant licensed or registered under ~~pursuant to~~ chapter 458  
4172 or chapter 459, ~~or a physician assistant licensed pursuant to~~  
4173 ~~chapter 458 or chapter 459~~. All procedures shall be monitored  
4174 periodically by a nurse, advanced practice registered nurse,  
4175 autonomous physician assistant, physician assistant, or  
4176 physician, including, but not limited to:

- 4177 (a) Intermittent clean catheterization.  
4178 (b) Gastrostomy tube feeding.  
4179 (c) Monitoring blood glucose.  
4180 (d) Administering emergency injectable medication.

4181 (5) For all other invasive medical services not listed in  
4182 this subsection, a registered nurse or advanced practice  
4183 registered nurse licensed under chapter 464 or a physician,  
4184 autonomous physician assistant, or physician assistant licensed  
4185 or registered under ~~pursuant to~~ chapter 458 or chapter 459, ~~or a~~  
4186 ~~physician assistant licensed pursuant to chapter 458 or chapter~~

4187 | ~~459~~ shall determine if nonmedical district school board  
 4188 | personnel shall be allowed to perform such service.

4189 | Section 95. Paragraph (c) of subsection (2) of section  
 4190 | 1006.20, Florida Statutes, is amended to read:

4191 | 1006.20 Athletics in public K-12 schools.—

4192 | (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

4193 | (c) The FHSAA shall adopt bylaws that require all students  
 4194 | participating in interscholastic athletic competition or who are  
 4195 | candidates for an interscholastic athletic team to  
 4196 | satisfactorily pass a medical evaluation each year before ~~prior~~  
 4197 | ~~to~~ participating in interscholastic athletic competition or  
 4198 | engaging in any practice, tryout, workout, or other physical  
 4199 | activity associated with the student's candidacy for an  
 4200 | interscholastic athletic team. Such medical evaluation may be  
 4201 | administered only by a practitioner licensed or registered under  
 4202 | chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.  
 4203 | 464.0123 and in good standing with the practitioner's regulatory  
 4204 | board. The bylaws shall establish requirements for eliciting a  
 4205 | student's medical history and performing the medical evaluation  
 4206 | required under this paragraph, which shall include a physical  
 4207 | assessment of the student's physical capabilities to participate  
 4208 | in interscholastic athletic competition as contained in a  
 4209 | uniform preparticipation physical evaluation and history form.  
 4210 | The evaluation form shall incorporate the recommendations of the  
 4211 | American Heart Association for participation cardiovascular  
 4212 | screening and shall provide a place for the signature of the

4213 practitioner performing the evaluation with an attestation that  
4214 each examination procedure listed on the form was performed by  
4215 the practitioner or by someone under the direct supervision of  
4216 the practitioner. The form shall also contain a place for the  
4217 practitioner to indicate if a referral to another practitioner  
4218 was made in lieu of completion of a certain examination  
4219 procedure. The form shall provide a place for the practitioner  
4220 to whom the student was referred to complete the remaining  
4221 sections and attest to that portion of the examination. The  
4222 preparticipation physical evaluation form shall advise students  
4223 to complete a cardiovascular assessment and shall include  
4224 information concerning alternative cardiovascular evaluation and  
4225 diagnostic tests. Results of such medical evaluation must be  
4226 provided to the school. A student is not eligible to  
4227 participate, as provided in s. 1006.15(3), in any  
4228 interscholastic athletic competition or engage in any practice,  
4229 tryout, workout, or other physical activity associated with the  
4230 student's candidacy for an interscholastic athletic team until  
4231 the results of the medical evaluation have been received and  
4232 approved by the school.

4233 Section 96. Subsection (1) of section 1009.65, Florida  
4234 Statutes, is amended to read:

4235 1009.65 Medical Education Reimbursement and Loan Repayment  
4236 Program.—

4237 (1) To encourage qualified medical professionals to  
4238 practice in underserved locations where there are shortages of

4239 such personnel, there is established the Medical Education  
 4240 Reimbursement and Loan Repayment Program. The function of the  
 4241 program is to make payments that offset loans and educational  
 4242 expenses incurred by students for studies leading to a medical  
 4243 or nursing degree, medical or nursing licensure, ~~or~~ advanced  
 4244 practice registered nurse licensure, autonomous physician  
 4245 assistant registration, or physician assistant licensure. The  
 4246 following licensed or certified health care professionals are  
 4247 eligible to participate in this program: medical doctors with  
 4248 primary care specialties, doctors of osteopathic medicine with  
 4249 primary care specialties, autonomous physician assistants,  
 4250 physician ~~physician's~~ assistants, licensed practical nurses and  
 4251 registered nurses, and advanced practice registered nurses with  
 4252 primary care specialties such as certified nurse midwives.  
 4253 Primary care medical specialties for physicians include  
 4254 obstetrics, gynecology, general and family practice, internal  
 4255 medicine, pediatrics, and other specialties which may be  
 4256 identified by the Department of Health.

4257 Section 97. For the 2020-2021 fiscal year, four full-time  
 4258 equivalent positions with associated salary rate of 166,992 are  
 4259 authorized and the sums of \$643,659 in recurring and \$555,200 in  
 4260 nonrecurring funds from the Health Care Trust Fund are  
 4261 appropriated to the Agency for Health Care Administration for  
 4262 the purpose of implementing sections 400.52, 408.064, and  
 4263 408.822, Florida Statutes, as created by this act.

4264 Section 98. For the 2020-2021 fiscal year, 3.5 full-time

4265 equivalent positions with associated salary rate of 183,895 are  
4266 authorized and the sums of \$219,089 in recurring funds and  
4267 \$17,716 in nonrecurring funds from the Medical Quality Assurance  
4268 Trust Fund are appropriated to the Department of Health for the  
4269 purpose of implementing section 464.0123, Florida Statutes, as  
4270 created by this act.

4271 Section 99. This act shall take effect July 1, 2020.