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# Health Innovation Subcommittee

**Wednesday, March 25, 2015  
9:00 AM - 11:00 AM  
306 HOB**

**Steve Crisafulli  
Speaker**

**Kenneth Roberson  
Chair**

**Committee Meeting Notice**  
**HOUSE OF REPRESENTATIVES**

**Health Innovation Subcommittee**

**Start Date and Time:** Wednesday, March 25, 2015 09:00 am  
**End Date and Time:** Wednesday, March 25, 2015 11:00 am  
**Location:** 306 HOB  
**Duration:** 2.00 hrs

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

HB 547 Advanced Practice Registered Nurses by Pigman

**NOTICE FINALIZED on 03/23/2015 16:09 by Iseminger.Bobbye**

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 547 Advanced Practice Registered Nurses  
**SPONSOR(S):** Pigman  
**TIED BILLS:** IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Innovation Subcommittee		O'Callaghan	NO Poche (NO)
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

Florida is the most restrictive practice state for advanced registered nurse practitioners (ARNPs) in the country. Florida's laws require ARNPs to practice under a supervising physician and only to the extent that a written protocol allows. Additionally, Florida is the only state that prohibits ARNPs from prescribing controlled substances. The bill amends laws governing ARNPs to:

- Change the term "advanced registered nurse practitioner" to "advanced practice registered nurse" (APRN) throughout Florida Statutes, which aligns Florida with a majority of other states that use that title;
- Authorize an APRN to prescribe controlled substances if allowed under a written protocol signed by the supervising physician;
- Authorize an APRN to certify a person for involuntary examination under the Baker Act; and
- Authorize, under the Baker Act, an APRN, who is nationally certified as a psychiatric-mental health advanced practice nurse, to examine a person in a receiving facility and approve that person's release from such facility.

The bill establishes standards for controlled substance prescribing by APRNs, requiring them to:

- Be designated on their practitioner profile as a prescriber of controlled substances for the treatment of chronic nonmalignant pain and meet the same requirements provided for physicians under current law to be able to prescribe controlled substances for chronic nonmalignant pain.
- Comply with the prescribing and dispensing requirements and limitations under the Florida Comprehensive Drug Abuse Prevention and Control Act.
- Be subject to administrative disciplinary actions for committing certain prohibited acts related to prescribing, administering, and dispensing medicinal drugs, including controlled substances.

The bill allows APRNs, who meet certain criteria, to register with the Board of Nursing (Board) to practice advanced or specialized nursing without physician supervision or a protocol. These "independent advanced practice registered nurses" (IAPRNs) are given title protection in the bill. In addition, the bill authorizes IAPRNs to:

- Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be signed by a physician;
- Act as a patient's primary care provider;
- Certify a cause of death and sign, correct, and file death certificates;
- Perform certain physical examinations currently reserved to physicians and physician assistants by Florida law, such as examinations of pilots, law enforcement officers, and suspected child abuse victims; and
- Be reimbursed under personal injury protection insurance for initial and follow-up medical services, consistent with current law applicable to physicians.

IAPRNs may be administratively disciplined if they commit specified prohibited acts related to unethical and substandard business practices. The bill also imposes additional requirements on IAPRNs for controlled substance prescribing. IAPRNs must complete 10 hours of continuing education related to pharmacology prior to biennial registration renewal and report controlled substance-related adverse incidents to the Board.

The bill has an indeterminate positive, and insignificant negative, fiscal impact on the Department of Health, and no fiscal impact on local government.

The bill provides an effective date of July 1, 2015.

**This document does not reflect the intent or official position of the bill sponsor or House of Representatives.**

**STORAGE NAME:** h0547.HIS

**DATE:** 3/16/2015

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Background

##### Health Care Workforce Supply and Demand

Due to the aging and growth of the U.S. population and implementation of the Patient Protection and Affordable Care Act (PPACA), demand of the national health care workforce will outpace supply through 2025 and beyond.<sup>1</sup> Such demand will be magnified even further in Florida where there is a more abundant aging population, and consequently, both a disproportionately higher health care demand and a larger retiring health care workforce. Future shortages will likely result in longer wait times for medical appointments, increased travel distances to access care, shorter visit times with practitioners, and increased costs of care.<sup>2</sup>

Some states are acting to counter health care workforce shortages in their respective states. For example, New Mexico's Governor proposed on November 13, 2013, that the state streamline the requirements for nurses licensed in other states to become licensed in New Mexico and proposed that almost \$220,000 in recurring marketing and advertising funds be used to recruit certified nurse practitioners to the state.<sup>3</sup> Other states have formed advisory councils and task forces to conduct workforce studies, have funded educational and training programs to recruit and retain health care workers, and have used resources to aggregate comprehensive workforce data to link workforce supply to demand.<sup>4</sup>

In 2008, the Robert Wood Johnson Foundation and the Institute of Medicine launched a two-year initiative to research and analyze the nursing profession and how it may be reformed in order to combat the current and projected workforce shortage. The effort resulted in a report, which included as its number one recommendation that scope of practice barriers should be removed for advanced practice nurses and they should be able to practice to the full extent of their education and training.<sup>5</sup>

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<sup>1</sup> The Association of American Medical Colleges (AAMC), "The Complexities of Physician Supply and Demand: Projections Through 2025," available at: [https://members.aamc.org/eweb/DynamicPage.aspx?Action=Add&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&WebCode=PubDetailAdd&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=InvoiceDetail&ivd\\_formkey=69202792-63d7-4ba2-bf4e-a0da41270555&ivd\\_prc\\_prd\\_key=D0B3BDF6-CBE8-425C-B8DB-94928E479FE1](https://members.aamc.org/eweb/DynamicPage.aspx?Action=Add&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&WebCode=PubDetailAdd&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=InvoiceDetail&ivd_formkey=69202792-63d7-4ba2-bf4e-a0da41270555&ivd_prc_prd_key=D0B3BDF6-CBE8-425C-B8DB-94928E479FE1) (last visited on March 15, 2015). *See also*, American Association of Colleges of Nursing, "Nursing Shortage," available at: <https://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage> (last visited on March 15, 2015).

<sup>2</sup> *Id.*, AAMC, "The Complexities of Physician Supply and Demand: Projections Through 2025," at pg. 7.

<sup>3</sup> State of New Mexico, Office of the Governor, Susana Martinez, Press Release, "Governor Susana Martinez Proposes Streamlining Licensure for Nurses Relocating to New Mexico," available at: [http://www.governor.state.nm.us/uploads/PressRelease/191a415014634aa89604e0b4790e4768/Governor\\_Susana\\_Martinez\\_Proposes\\_Streamlining\\_Licensure\\_for\\_Nurses\\_Relocating\\_to\\_New\\_Mexico.pdf](http://www.governor.state.nm.us/uploads/PressRelease/191a415014634aa89604e0b4790e4768/Governor_Susana_Martinez_Proposes_Streamlining_Licensure_for_Nurses_Relocating_to_New_Mexico.pdf) (last visited on March 15, 2015).

<sup>4</sup> Association of Academic Health Centers, "State Actions and the Health Workforce Crisis," available at: [http://www.aahcdc.org/policy/reddot/AAHC\\_Workforce\\_State\\_Actions.pdf](http://www.aahcdc.org/policy/reddot/AAHC_Workforce_State_Actions.pdf) (last visited on March 15, 2015).

<sup>5</sup> Institute of Medicine of the National Academies, "The Future of Nursing: Leading Change, Advancing Health," "Report Recommendations," available at: <http://www.iom.edu/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf> (last visited on March 15, 2015).

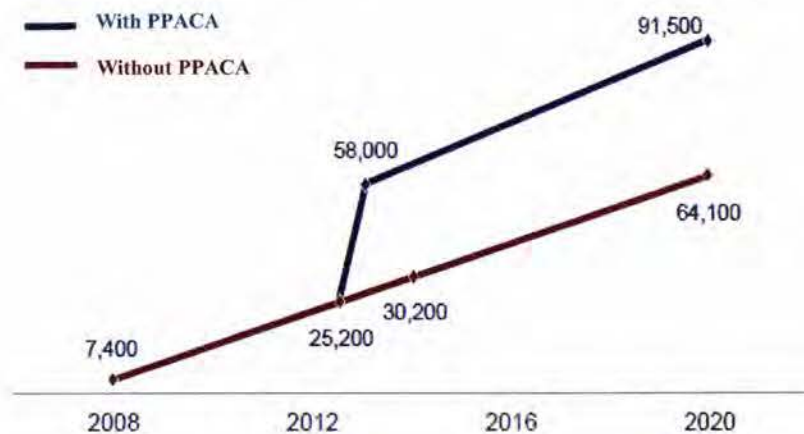
## Physician Workforce Data

The Association of American Medical Colleges Center for Workforce Studies estimates that, in 2015, the U.S. will face a physician shortage of 62,900 that will increase to 130,000 across all specialties by 2025.<sup>6</sup>

In 2012, there were 260.5 physicians<sup>7</sup> actively practicing per 100,000 population in the U.S., ranging from a high of 421.5 in Massachusetts to a low of 180.8 in Mississippi. The states with the highest number of physicians per 100,000 population are concentrated in the northeastern states.<sup>8</sup> Regarding primary care physicians, there were 90.1 per 100,000 population.<sup>9</sup>

The following chart illustrates the projected physician shortage, nationally, with and without full implementation of the PPACA.

**National projected physician shortages**



Source: Kirch DG, Henderson MK, Dill MJ (2011). "Physician Workforce Projections in an Era of Health Care Reform." *Annual Review of Medicine*.

Florida had 252.9 actively practicing physicians per 100,000 population in 2012. Although Florida is the third most populous state in the nation,<sup>10</sup> it ranks as having the 23rd highest physician to population ratio.<sup>11</sup> In 2012, Florida had a ratio of 84.8 primary care physicians per 100,000 population, ranking Florida 30th compared to other states.<sup>12</sup>

<sup>6</sup> American Medical Association, "Reducing medical student debt strengthens the physician workforce," available at: <http://webcache.googleusercontent.com/search?q=cache:5BUluBloScMJ:savegme.org/wp-content/uploads/2015/03/reducing-medical-student-debt-strengthens-physician-workforce.pdf+&cd=1&hl=en&ct=clnk&gl=us> (last visited on March 15, 2015).

<sup>7</sup> These totals include allopathic and osteopathic doctors.

<sup>8</sup> AAMC, "2013 State Physician Workforce Data Book," November 2013, pg. 4, available at:

<http://webcache.googleusercontent.com/search?q=cache:fDNw1DotqUIJ:https://www.aamc.org/download/362168/data/2013statephysicianworkforcedatabook.pdf+&cd=1&hl=en&ct=clnk&gl=us> (last visited on March 15, 2015).

<sup>9</sup> *Id.* at pg. 5.

<sup>10</sup> As of July 1, 2014, the U.S. Census Bureau estimated Florida to have 19,893,297 residents, behind California (38,802,500) and Texas (26,956,958). U.S. Census Bureau, "Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014: 2014 Population Estimates," available at:

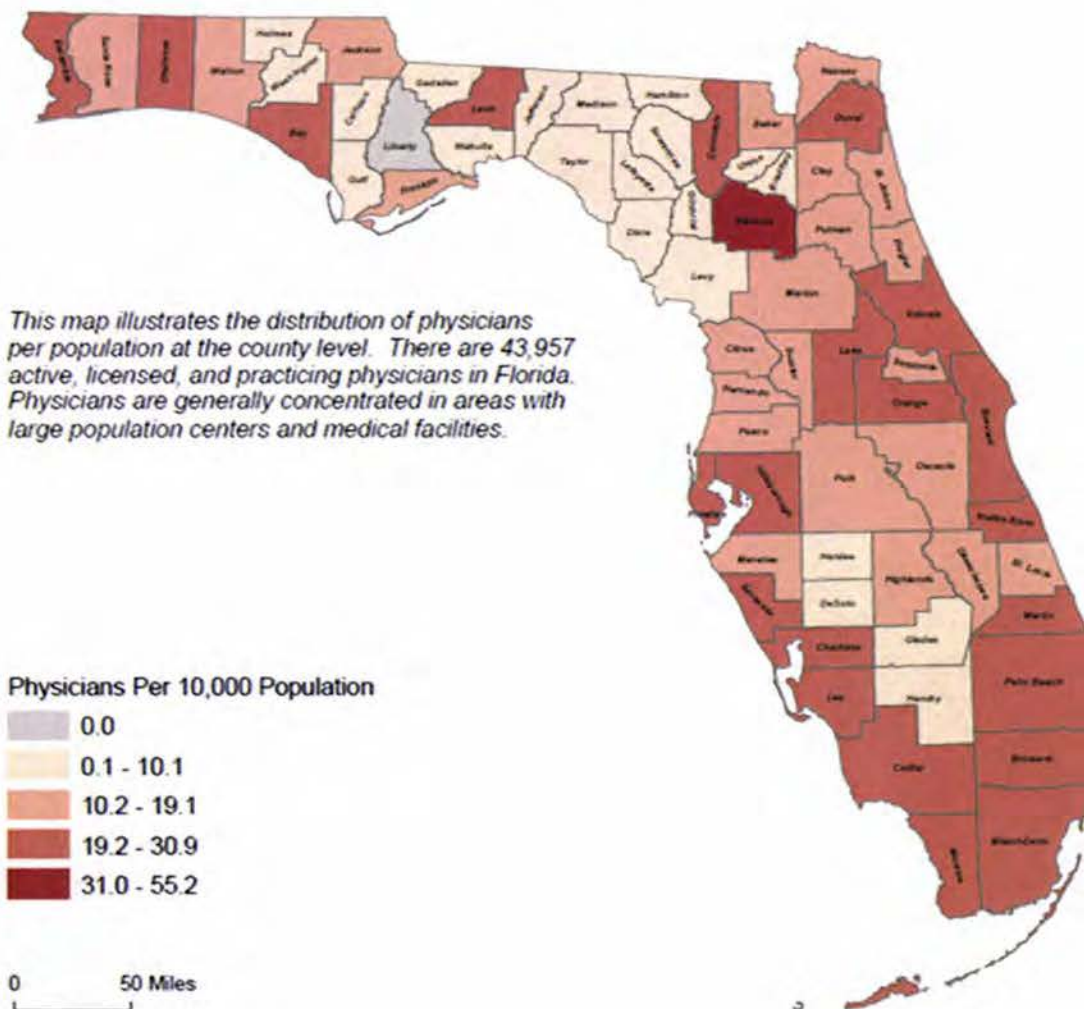
[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP\\_2014\\_PEPANNRES&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPANNRES&prodType=table) (last visited on March 15, 2015).

<sup>11</sup> *Supra* fn. 8, at pg. 9.

<sup>12</sup> *Supra* fn. 8, at pg. 13.

In 2014, 13.4 percent of Florida's physicians reported that they were planning to retire within the next five years, which will exacerbate Florida's shortage of physicians.<sup>13</sup> The following map<sup>14</sup> illustrates that not only does Florida have a shortage of physicians, but there is a maldistribution of physicians and they are generally concentrated in urban areas.

### Florida's Physician Workforce by County 2013-2014



Source: Florida Department of Health 2013 & 2014 Physician Workforce Surveys

As of June 19, 2014, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services designated approximately 6,100 locations in the U.S. as

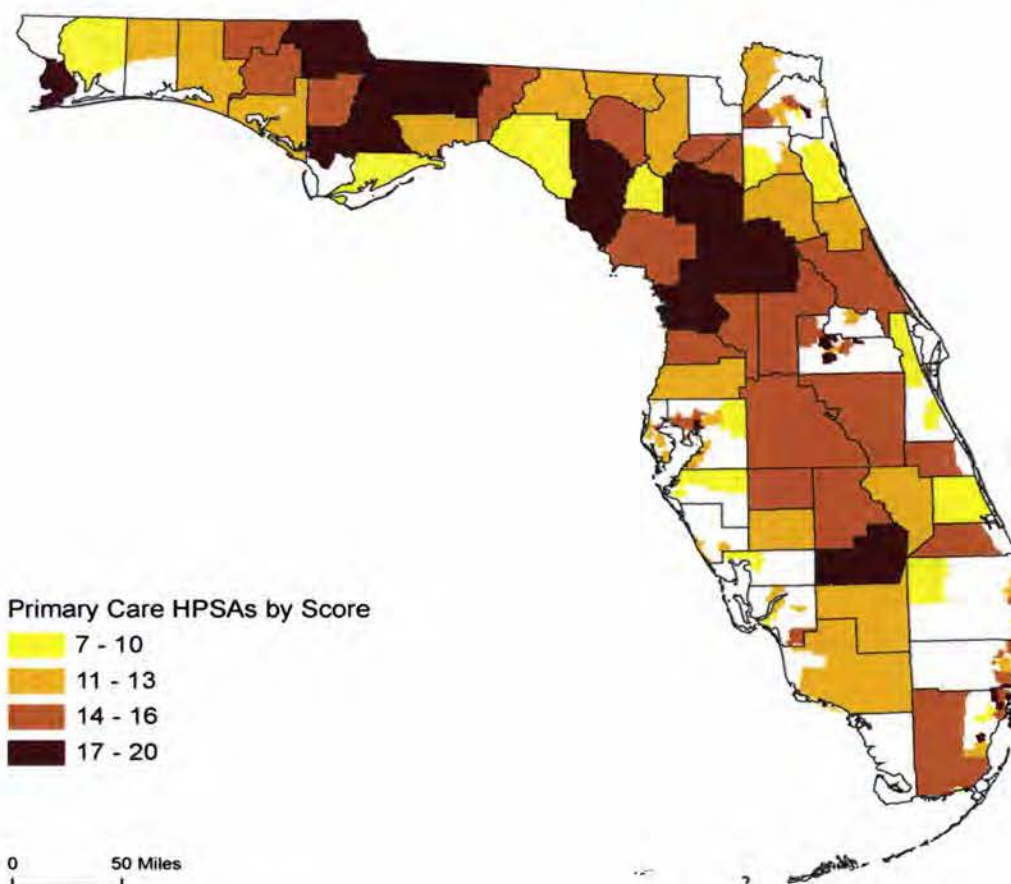
<sup>13</sup> Florida Department of Health, "2014 Physician Workforce Annual Report," available at: <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/index.html> (last visited on March 15, 2015).

<sup>14</sup> *Id.* at pg. 7.

primary care Health Professional Shortage Areas (HPSAs).<sup>15</sup> Primary care HPSAs are based on a physician to population ratio of 1:3,500. In other words, when there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA. Applying this formula, it would take approximately 8,200 additional primary care physicians to eliminate the current primary care HPSA designations, nationally.<sup>16</sup>

As of November 2014, there were 327 primary care HPSAs in Florida. Those HPSAs would need at least 890 primary care physicians to remove the HPSA designation.

### Florida Primary Care Health Professional Shortage Areas



Source: Health Resources and Services Administration, October 2013.

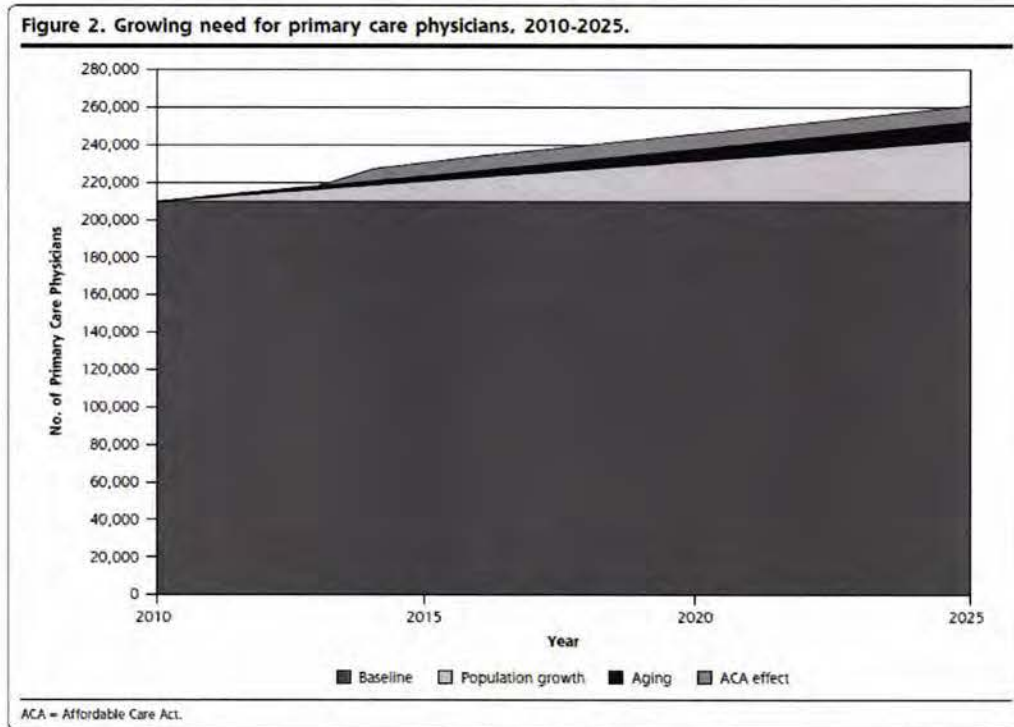
In addition to Florida's primary care HPSAs, the state has 275 dental HPSAs and 306 mental health care HPSAs, which would require 870 dentists and 155 psychiatrists, respectively, to remove the HPSA designation.<sup>17</sup>

<sup>15</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, "Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations," available at: <http://www.hrsa.gov/shortage/> (last visited on March 15, 2015).

<sup>16</sup> While the 1:3,500 ratio has been a long-standing ratio used to identify high need areas, it is important to note that there is no generally accepted ratio of physician to population ratio. Furthermore, primary care needs of an individual community will vary by a number of factors such as the age of the community's population. Additionally, the formula used to designate primary care HPSAs does not take into account the availability of additional primary care services provided by Nurse Practitioners and Physician Assistants in an area. *Id.*

<sup>17</sup> Florida Department of Health, Presentation on Health Care Workforce: Physician Workforce and Florida CHARTS Data, November 6, 2013, available at:

A different analysis measured current primary care utilization (office visits) and projected the impact of population increases, aging, and insured status changes. The study found that the total number of office visits to primary care physicians will increase from 462 million in 2008 to 565 million in 2025, and (because of aging) the average number of visits will increase from 1.60 to 1.66. The study concluded that the U.S. will require 51,880 *additional* primary care physicians by 2025.<sup>18</sup> The table below illustrates the study's findings.



One factor contributing to the shortage of primary care physicians is that medical students are choosing to go into specialty practice to pay off large student loans that they have accumulated.<sup>19</sup> Physicians in 12 specialties, such as radiology, psychiatry and anesthesiology, may earn up to twice the income (from \$191,000 to >\$400,000 per year) of primary care physicians (from \$183,000 to \$201,000 per year).<sup>20</sup> It is estimated that 86% of the medical school graduating class of 2013 will have education-related debt.<sup>21</sup> With an average medical student debt of \$169,901, debt plays a major role in medical students' career decisions.<sup>22</sup>

[http://myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting Packets&FileName=schw11-6-13.pdf](http://myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting%20Packets&FileName=schw11-6-13.pdf) (last visited on March 15, 2015).

<sup>18</sup> Petterson, Stephen M., et al., "Projecting U.S. Primary Care Physician Workforce Needs: 2010-2025", *Annals of Family Medicine*, vol. 10, No. 6, Nov./Dec. 2012, available at: <http://www.annfam.org/content/10/6/503.full.pdf+html> (last visited on March 15, 2015).

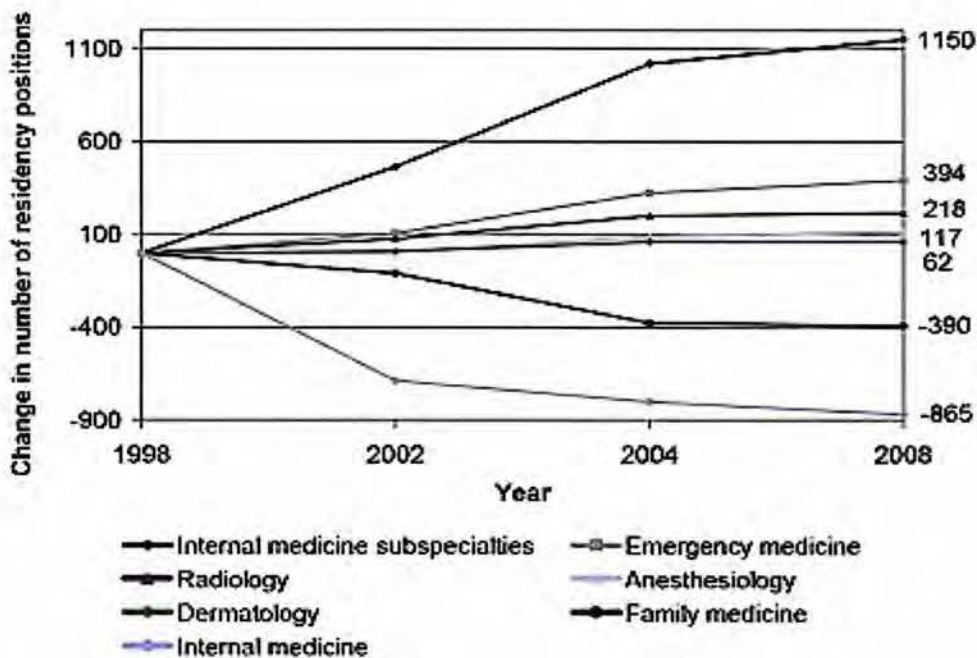
<sup>19</sup> A study conducted by the Robert Graham Center found that the income gap between primary care and subspecialists has an impressively negative impact on choice of primary care specialties and of practicing in rural or underserved settings. Robert Graham Center, "What Influences Medical Student & Resident Choices?", March 2, 2009, available at: <http://www.graham-center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2009/rgcmo-specialty-geographic.Par.0001.File.tmp/Specialty-geography-compressed.pdf> (last visited on March 15, 2015).

<sup>20</sup> Grayson, M., Newton, D., Thompson, L., "Payback time: the associations of debt and income with medical student career choice," *Medical Education*, Vol. 46, Issue 10, pg. 984, October 2012, on file with subcommittee staff.

<sup>21</sup> Association of American Medical Colleges, "Medical Student Education: Debt, Costs, and Loan Repayment Fact Card," October 2013, available at:



The type of residencies that are available to medical school graduates also has a role in career decisions. Data on residencies funded by Medicare (1998-2008) indicates program growth is predominantly in subspecialty training and non-primary-care core specialties.<sup>23</sup> For example, 133 internal medicine subspecialty programs opened in that time. Conversely, there was a net loss of 390 first-year family medicine resident positions. Similarly, 865 general internal medicine positions were lost, converted to preliminary year positions, or offset by opportunities to subspecialize. Primary care also lost 40 family medicine and 25 internal medicine programs during this time. The chart below indicates the change in the number of first-year residency programs by specialty in that time.<sup>24</sup>



### Nurse Workforce Data

In 2012, there were approximately 110,200 certified nurse practitioners (CNP), 35,200 certified registered nurse anesthetists (CRNAs), 6,000 certified nurse midwives (CNMs), and 2,711,000 registered nurses (RNs) employed in the U.S.<sup>25</sup> There were approximately 35 CNPs, 11 CRNAs, 2 CNMs, and 863 RNs per 100,000 population in 2012.<sup>26</sup>

As of January 2014, there were 18,843 advanced registered nurse practitioners (ARNPs) holding a certificate to practice in Florida, including 13,590 CNPs, 4,550 CRNAs, and 703 CNMs. There were

[http://webcache.googleusercontent.com/search?q=cache:6\\_UZFvMbpalJ:https://www.aamc.org/download/152968/data/debtfactcard.pdf+&cd=1&hl=en&ct=clnk&gl=us](http://webcache.googleusercontent.com/search?q=cache:6_UZFvMbpalJ:https://www.aamc.org/download/152968/data/debtfactcard.pdf+&cd=1&hl=en&ct=clnk&gl=us) (last visited on March 15, 2015).

<sup>22</sup> *Id.*

<sup>23</sup> Weida NA, Phillips RL Jr, Bazemore AW, Dodoo MS, Petterson SM, Xierali I, Teevan B., "Loss of Primary Care Residency Positions Amidst Growth in other Specialties. *Am Fam Physician*, 2010 Jul 15;82(2):121, available at: <http://www.graham-center.org/online/graham/home/publications/onepaggers/2010/op66-loss-primary.html> (last visited on March 15, 2015).

<sup>24</sup> *Id.*

<sup>25</sup> U.S. Department of Labor, Bureau of Labor Statistics, "Employment Projections," available at: <http://data.bls.gov/projections/occupationProj> (last visited on March 15, 2015).

<sup>26</sup> These ratios were calculated using the U.S. Census Bureau's population estimate for 2012, which was 314,112,078, which is available at:

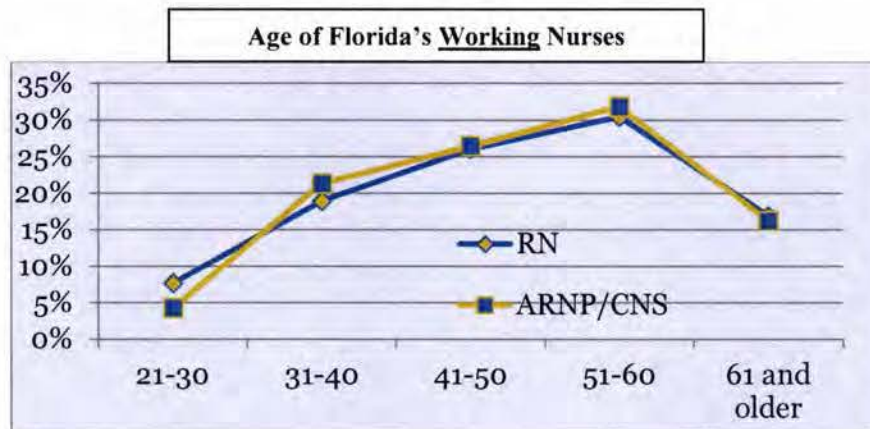
[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP\\_2014\\_PEPANNRES&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPANNRES&prodType=table) (last visited on March 15, 2015) and the U.S. Bureau of Labor Statistics 2012 data on employment projections available at:

<http://data.bls.gov/projections/occupationProj> (last visited on March 15, 2015).

also 246,397 RNs with active licenses as of January 2014.<sup>27</sup> Based on those figures, Florida has approximately the following number of nurses per 100,000 population: 69.5 CNPs, 3.6 CNMs, 23.2 CRNAs, and 1,260.4 RNs.<sup>28,29</sup>

The Florida Center for Nursing (center) projects that there will be a shortage of approximately 20,600 RNs in 2025, and if PPACA were to be fully implemented Florida would have a shortage of approximately 50,300 RNs.<sup>30</sup>

The center has also reported that over 30 percent of Florida's ARNPs and RNs are 51 to 60 years old, meaning there will be a large sector of Florida's nursing workforce retiring in the near future.<sup>31</sup>



### Advanced Practice Nurses

The term advanced practice nurse (APN) refers to registered nurses who have completed rigorous training and advanced education, usually resulting in a master's degree or higher. The titles of APNs vary from state to state. The National Council of State Boards of Nursing encourages states to use the term "advanced practice registered nurse" (APRN) to promote uniformity and title recognition across the nation.<sup>32</sup>

<sup>27</sup> The Florida Department of Health, Division of Medical Quality Assurance, provided the licensee information, which is on file with committee staff.

<sup>28</sup> These ratios were calculated using population estimates for FY 2013-2014 provided by the Florida Office of Economic & Demographic Research and available at: <http://edr.state.fl.us/Content/conferences/population/ComponentsofChange.pdf> (last visited on March 15, 2015).

<sup>29</sup> Although it appears from this data that Florida has a higher ratio of nurses than the national ratio, the national data used to calculate the ratios only considers the number of nurses "employed" in the U.S. No similar employment data exists in Florida for 2012 to correlate with the national numbers. The numbers used to calculate Florida's ratios includes all active licensees, whom may not necessarily be employed, hence the larger ratios.

<sup>30</sup> The estimates are based on full-time equivalent (FTE) registered nurses. The Florida Center for Nursing, "RN and LPN Supply and Demand Forecasts, 2010-2025: Florida's Projected Nursing Shortage in View of the Recession and Healthcare Reform," pg. 2, October 2010, available at:

[http://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core\\_Download&EntryId=17&PortallId=0&TabId=151](http://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=17&PortallId=0&TabId=151) (last visited on March 15, 2015).

<sup>31</sup> Florida Center for Nursing, Presentation on Florida's Nurse Workforce, November 6, 2013, available at: [http://myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting\\_Packets&FileName=schw11-6-13.pdf](http://myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting_Packets&FileName=schw11-6-13.pdf) (last visited on March 15, 2015).

<sup>32</sup> National Council of State Boards of Nursing, "APRN Talking Points: Consensus Model for APRN Regulation," available at: [http://webcache.googleusercontent.com/search?q=cache:ZoWszlIarQoJ:https://www.ncsbn.org/2010\\_APRN\\_TalkingPoints\\_web.pdf+&cd=1&hl=en&ct=clnk&gl=us](http://webcache.googleusercontent.com/search?q=cache:ZoWszlIarQoJ:https://www.ncsbn.org/2010_APRN_TalkingPoints_web.pdf+&cd=1&hl=en&ct=clnk&gl=us) (last visited on March 15, 2015).

## Florida Advanced Practice Nurses

In Florida, an APN is titled as an "advanced registered nurse practitioner" (ARNP)<sup>33</sup> and is categorized as a certified nurse practitioner (CNP), certified nurse midwife (CNM), or certified registered nurse anesthetist (CRNA).<sup>34</sup> As of January 2014, Florida had 13,590 CNPs, 4,550 CRNAs, and 703 CNMs.<sup>35</sup>

ARNPs are regulated under part I of ch. 464, F.S., the Nurse Practice Act. The Board of Nursing (Board), established under s. 464.004, F.S., provides by rule the eligibility criteria for applicants to be certified as ARNPs and the applicable regulatory standards for ARNP nursing practices. Additionally, the Board is responsible for administratively disciplining an ARNP who commits an act prohibited under ss. 464.018 or 456.072, F.S.

Section 464.003(2), F.S., defines the term "advanced or specialized nursing practice" to include, in addition to practices of professional nursing that registered nurses are authorized to perform, advanced-level nursing acts approved by the Board as appropriate for ARNPs to perform by virtue of their post-basic specialized education, training, and experience. Advanced or specialized nursing acts may only be performed if authorized under a supervising physician's protocol.<sup>36</sup>

In addition to advanced or specialized nursing practices, ARNPs are authorized to practice certain medical acts, as opposed to nursing acts, approved by a joint committee, formed pursuant to s. 464.003(2), F.S. The joint committee consists of three members appointed by the Board of Nursing, two of whom must be ARNPs; three members appointed by the Board of Medicine, two of whom must have had work experience with ARNPs; and the State Surgeon General or the State Surgeon General's designee.<sup>37</sup> The joint committee has not met since 1999 and has never approved a medical act. Currently, there are no members appointed to the joint committee.<sup>38</sup>

For an applicant to be eligible to be certified as an ARNP, the applicant must be licensed as a registered nurse, must have a master's degree, and must submit to the Board proof that the applicant holds a current national advanced practice certification from a board-approved nursing specialty board.<sup>39</sup> A nursing specialty board must attest to the competency of nurses in a clinical specialty area, require nurses to take a written examination prior to certification, require nurses to complete a formal program prior to eligibility for examination, maintain program accreditation, and identify standards or scope of practice statements appropriate for each nursing specialty.

Pursuant to s. 456.048, F.S., all ARNPs must carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for certification is required to submit proof of coverage or financial responsibility within sixty days of certification and prior to each biennial certification renewal. The ARNP must have professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.<sup>40</sup> By comparison, physicians are required by Florida law to establish some method of financial responsibility, and can choose one of three options for doing so (malpractice insurance, an escrow account, or a letter of credit). However, physicians who agree to pay adverse

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<sup>33</sup> Section 464.003(3), F.S.

<sup>34</sup> Section 464.012(4), F.S.

<sup>35</sup> *Supra* fn. 27.

<sup>36</sup> *Supra* fn. 33.

<sup>37</sup> Section 464.003(2), F.S.

<sup>38</sup> Email correspondence from DOH, February 20, 2014, on file with committee staff.

<sup>39</sup> Section 464.012(1), F.S., and Rule 64B9-4.002, F.A.C.

<sup>40</sup> Rule 64B9-4.002(5), F.A.C.

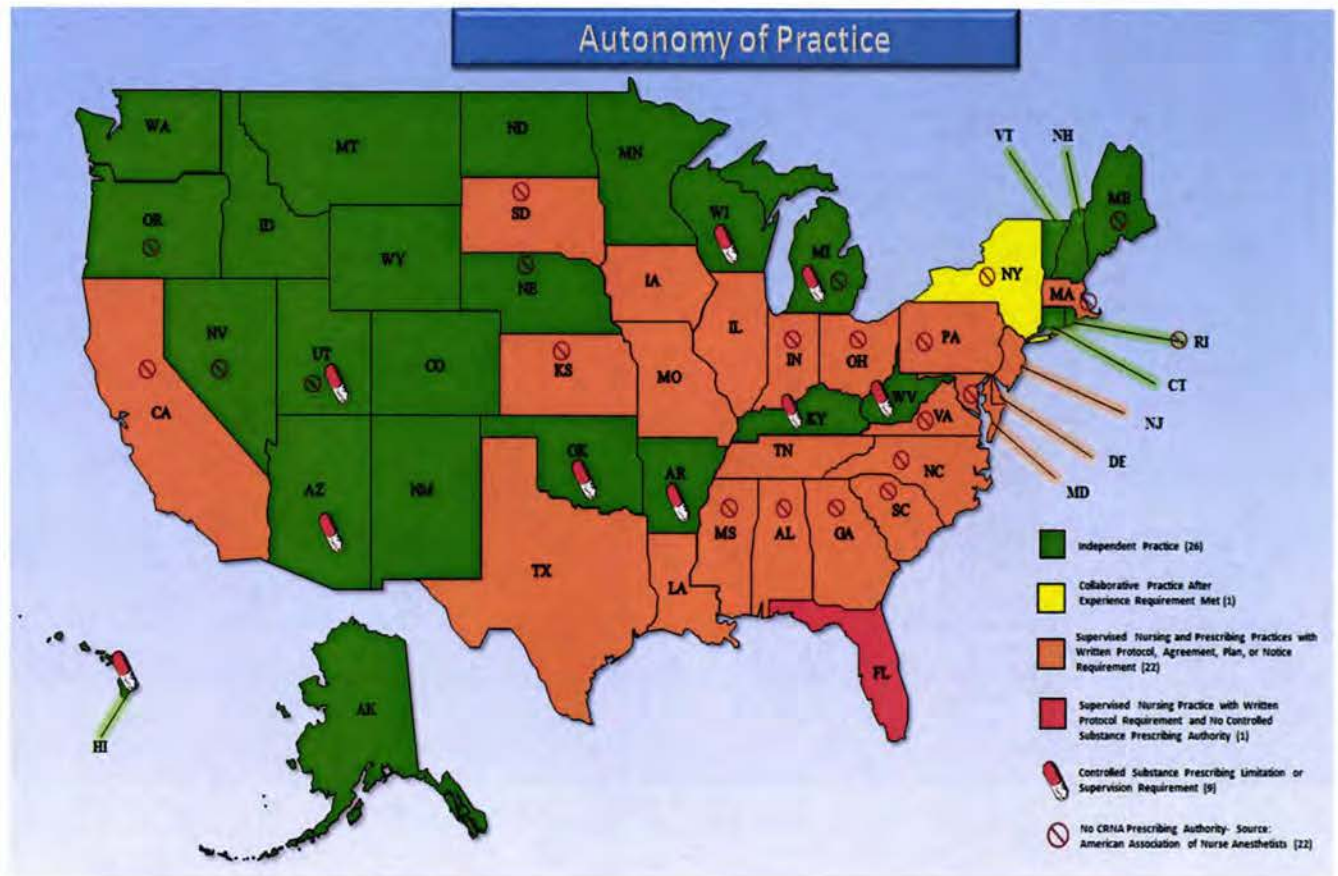
judgments, up to certain statutory limits, are exempt from this requirement, and must notify patients that they have chosen not to carry malpractice insurance.<sup>41</sup>

### Autonomy of Practice

APN autonomy of practice varies widely by state. Generally, states align with four types of autonomy:

1. Independent nursing practice;
2. Collaborative nursing practice that requires physician collaboration without a specific requirement for a written agreement;
3. Supervised nursing practice that requires physician supervision with a written agreement, protocol, notice, or plan signed by the physician, who has discretion as to what practices are authorized, including controlled substance prescribing;
4. Supervised nursing practice that requires physician supervision with a written agreement, protocol, notice, or plan signed by the physician, who has discretion as to what practices are authorized, except controlled substance prescribing which is statutorily prohibited.<sup>42</sup>

Within these four categories, a total of 26 states allow an APN to diagnose and treat a patient without physician supervision. One state requires a collaborative arrangement (without a written agreement or protocol). Twenty-two states require supervision, in which the APN must enter into or file with a regulatory board a written protocol, agreement, plan, or notice signed by a physician.<sup>43</sup> The following map illustrates the different levels of autonomy of practice for APNs throughout the U.S.



<sup>41</sup> If allopathic and osteopathic physicians meet certain eligibility criteria and post signage at their medical office disclosing to the public that they do not carry medical malpractice insurance, they are exempt from medical malpractice or proof of financial responsibility requirements provided in ss. 458.320 and 459.0085, F.S., respectively.

<sup>42</sup> Findings based on research conducted during 2013-2015 by professional staff of the Health and Human Services Committee.

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

## *APN Autonomy in Veterans Health Administration Facilities*

The Veterans Health Administration (VHA) of the U.S. Department of Veterans Affairs is drafting a new Nursing Handbook to recognize APNs as “Licensed Independent Practitioners” in all VHA facilities and allow such nurses to practice to the full extent of their education and training without physician supervision.<sup>44</sup> In Florida, there are 56 VHA medical centers and health care clinics that would be affected by this policy change.<sup>45</sup>

### *APN Autonomy in Florida*

Florida is a supervisory state. Under s. 464.012(3), F.S., APNs may only perform nursing practices delineated in a written physician protocol filed with the Board.<sup>46</sup>

Florida law allows a physician providing primary health care services to supervise APNs in up to four medical offices,<sup>47</sup> in addition to the physician’s primary practice location. If the physician provides specialty health care services, then only two medical offices in addition to the physician’s primary practice location may be supervised.<sup>48</sup> Furthermore, a special limitation applies to dermatology services. If the physician offers services primarily related to dermatologic or skin care services (including aesthetic skin care services other than plastic surgery), at a medical office that is not the physician’s primary practice location, then the physician may only supervise one medical office.<sup>49</sup>

### Scope of Practice

State laws vary as to the scope within which an APN may practice, which is often determined by whether the APN is a CNP, CNM, or CRNA, and often relates to the authority to prescribe drugs and sign documents.

Eleven of the 23 independent practice states authorize an APN to prescribe controlled substances to a patient without physician supervision. Two of the 23 independent practice states, Kentucky and Michigan, require APNs to enter into a collaboration or delegation agreement with a physician in order to prescribe controlled substances.<sup>50</sup> Only one state, Florida, both requires APNs to practice under written physician protocols and also prohibits APNs from prescribing controlled substances. Twenty-two states specifically prohibit CRNAs from prescribing drugs.<sup>51</sup> The map on p. 10 illustrates the varying controlled substance prescribing requirements throughout the U.S.

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<sup>44</sup> U.S. Department of Veterans Affairs, Office of Nursing Services, “APRN Practice,” updated February 20, 2013, on file with committee staff. Although APRNs will be able to practice independently in VHA facilities, they may not be able to prescribe controlled substances because they must adhere to the laws in the state in which they are licensed regarding prescribing authority for controlled substances. Under current law, Florida-licensed ARNPs practicing in the VHA cannot prescribe controlled substances while working alongside APN peers who can.

<sup>45</sup> U.S. Department of Veterans Affairs, Veterans Health Administration, “Locations: Florida,” available at:

<http://www.va.gov/directory/guide/state.asp?STATE=FL&dnum=1> (last visited on March 15, 2015).

<sup>46</sup> Allopathic and osteopathic physicians are also required to provide notice of the written protocol and the supervisory relationship to the Board of Medicine or Board of Osteopathic Medicine, respectively. Sections 458.348 and 459.025, F.S.

<sup>47</sup> The supervision limitations do not apply in certain facilities such as hospitals, colleges of medicine or nursing, nonprofit family-planning clinics, rural and federally qualified health centers, nursing homes, assisted living facilities, continuing care facilities, retirement communities, clinics providing anesthesia services, rural health clinics, community-based health care settings, student health care centers, school health clinics, or other government facilities. Sections 458.348(4)(e), and 459.025(3)(e), F.S.

<sup>48</sup> Sections 458.348, and 459.025, F.S.

<sup>49</sup> *Id.*

<sup>50</sup> *Supra* fn. 45. The remaining 10 states have some type of restriction or limitation on prescribing controlled substances regardless of supervision.

<sup>51</sup> American Association of Nurse Anesthetists, AANA Journal, June 2011; 79(3):235, on file with committee staff.

At least 4 states grant APNs authority to sign or certify any document that is required by law to be signed by a physician.<sup>52</sup> This authority is often referred to as “global signature authority.” Many states specify in law the types of things an APN may sign, such as death certificates, handicapped license designations, and advanced directives.<sup>53</sup>

Nineteen states statutorily recognize APNs as “primary care providers.”<sup>54</sup> Recognizing APNs as primary care providers assists them with being able to directly bill public or private payers for services provided, order certain tests, and establish independent primary care practices.<sup>55</sup> Insurers may be unwilling to contract directly with a provider who is supervised by another provider.<sup>56</sup>

### *APN Scope of Practice in Florida*

Within the framework of the written protocol, an APN may:

- Monitor and alter drug therapies;
- Initiate appropriate therapies for certain conditions;
- Perform additional functions as may be determined by Board rule;
- Order diagnostic tests and physical and occupational therapy;
- Perform certain acts within his or her specialty; and
- Perform medical acts authorized by a joint committee.<sup>57</sup>

However, Florida law does not authorize APNs to prescribe, administer, or dispense controlled substances.<sup>58</sup> Florida is the only state in the U.S. that requires an APN to be supervised by a physician, authorizes APNs to only perform those nursing practices delineated under a physician’s written protocol, and *also* prohibits an APN from prescribing, administering, dispensing, mixing or otherwise preparing controlled substances.<sup>59</sup>

Additionally, APNs in Florida are not authorized to sign certain documents; rather, Florida law requires them to be signed by a physician. For example, APNs are not authorized to sign a certificate to initiate the involuntary examination of a person under the Baker Act, to sign for the release of persons in receiving facilities under the Baker Act, or to sign death certificates.<sup>60</sup>

### Reports and Studies Related to Advanced Practice Nurses

#### *Patient Health Care Outcomes*

Despite concerns that APNs provide a different quality of care than physicians,<sup>61</sup> a multitude of reports and studies suggest treatment by an APN is just as safe, if not safer, than treatment by a physician. In

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<sup>52</sup> The states with global signature authority are Hawaii, Maine, Rhode Island, and Vermont. *Supra* fn. 42.

<sup>53</sup> *Supra* fn. 42.

<sup>54</sup> Office of Program Policy Analysis & Government Accountability, “States Vary in Their Treatment of Advanced Registered Nurse Practitioners as Primary Care Providers,” October 2013, on file with committee staff.

<sup>55</sup> National Nursing Centers Consortium, “Insurers’ contracting policies on nurse practitioners as primary care providers: the current landscape and what needs to change,” *Policy, Politics & Nursing Practice*, 7(3), 216-226, August 2006, abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/17071708> (last visited on March 15, 2015).

<sup>56</sup> ARNP services are required minimum services in the Managed Medical Assistance program. Sections 409.905 and 409.973, F.S. Florida law does not require Medicaid managed care plans to contract directly with ARNPs.

<sup>57</sup> Sections 464.012(3),(4), and 464.003, F.S.

<sup>58</sup> Sections 893.02(21), and 893.05(1), F.S.

<sup>59</sup> Sections 464.012, 893.02(21), and 893.05(1), F.S.

<sup>60</sup> Sections 394.463(2) and 382.008, F.S.

<sup>61</sup> When 972 clinicians, including 467 nurse practitioners and 505 physicians, were surveyed in a study as to whether physicians provide a higher quality of examination and consultation, the respondents were diametrically opposed. Approximately 66.1% of physicians agreed with the statement and 75.3% of nurse practitioners disagreed with the statement. Donelan, K., Sc.D., DesRoches, C., Dr. P.H., Dittus, R., M.D., M.P.H., and Buerhaus, P., R.N., Ph.D., “Perspectives of Physicians and Nurse Practitioners on Primary

2009, the Cochrane Collaboration published a review of the findings of 25 articles comparing physician and APN patient outcomes. The review found that, in general, there are no appreciable differences between physicians and APNs in health outcomes for patients, process of care, resource utilization, or cost.<sup>62</sup>

Similar to the Cochrane review, the National Governors Association performed a review of various studies to determine whether there were differences in the quality of care provided by CNPs compared to physicians. The studies measured quality of care components such as patient satisfaction, time spent with patients, and prescribing accuracy. The review of those studies found that CNPs provided at least equal quality of care to patients as compared to physicians and, in fact, CNPs were found to have equal or higher patient satisfaction rates and tended to spend more time with patients during clinical visits.<sup>63</sup>

A 2013 study, found that allowing CNPs to practice and prescribe drugs without physician oversight leads to increased primary health care utilization and improvements in health outcomes.<sup>64</sup>

### *Cost Savings*

The rising cost of health care is a concern for individuals, families, businesses, government entities, and society as a whole. These rising costs will only be intensified by the increasing number of persons with health care coverage resulting from implementation of the PPACA and the shortage of health care workers.<sup>65</sup>

In 2012, the Perryman Group conducted a study to determine whether Texas could achieve any cost-savings by increasing the utilization of APNs. A report of the study's findings concluded that greater utilization of APNs would improve patient outcomes, reduce overall health care costs, and increase access to health care. The estimated savings were \$16.1 billion in total expenditures and \$8 billion in output (gross product) each year. Additionally, it was estimated that 97,205 permanent jobs would be added to Texas' workforce. Finally, the report estimated that Texas would receive additional tax receipts of up to \$483.9 million to the state and \$233.2 million to local government entities each year.<sup>66</sup>

Another study found that states that allow APNs to practice and prescribe without physician supervision experience 16-35% increases in health care utilization, increases in care quality, and reductions in inappropriate emergency room use. The researchers concluded these advances were primarily due to elimination of supervision time (10%) and lower indirect costs (such as better appointment availability and lower patient travel costs).<sup>67</sup>

The U.S. Federal Trade Commission (FTC) has authored several letters to states regarding the negative effects of restrictive scope of practice laws for APNs. The main concern of the FTC is that

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Care Practice," N. Engl. J. Med. 2013, 368:1898-1906, available at: <http://www.nejm.org/doi/full/10.1056/NEJMs1212938> (last visited on March 15, 2015).

<sup>62</sup> Laurant, M., et al., The Cochrane Collaboration, "Substitution of doctors by nurses in primary care," October 18, 2004, abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/15846614> (last visited March 15, 2015); the full report is on file with committee staff.

<sup>63</sup> National Governors Association, "The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care," December 2012, available at: <http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf> (last visited on March 15, 2015).

<sup>64</sup> Udalova, V., Traczynski, J., "Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes," May 4, 2014, available at: [http://webcache.googleusercontent.com/search?q=cache:IDTeg-Ch\\_8wJ:www2.hawaii.edu/~jtraczyn/paperdraft\\_050414\\_ASHE.pdf+&cd=1&hl=en&ct=clnk&gl=us](http://webcache.googleusercontent.com/search?q=cache:IDTeg-Ch_8wJ:www2.hawaii.edu/~jtraczyn/paperdraft_050414_ASHE.pdf+&cd=1&hl=en&ct=clnk&gl=us) (last visited on March 15, 2015).

<sup>65</sup> The Perryman Group, "The Economic Benefits of More Fully Utilizing Advanced Practice Registered Nurses in the Provision of Health Care in Texas," May 2012, available at: <http://c.yimcdn.com/sites/www.texasnp.org/resource/resmgr/Advocacy/Perryman%20APRN%20Utilization%20Economic%20Impact%20Report%20May%202012.pdf> (last visited on March 15, 2015).

<sup>66</sup> *Id.*

<sup>67</sup> *Supra* fn. 64.

scope of practice restrictions are anti-competitive and that they, in effect, reduce competitive market pressures, increase out-of-pocket prices, allow for more limited service hours, and reduce the distribution of services. The FTC poses that if such constraints were eliminated, not only would access to services be increased, but there would be benefits to price competition that would help contain health care costs.<sup>68</sup>

### **Effect of Proposed Changes**

To address the current and impending health care workforce shortage in Florida, this bill expands the scope of practice for advanced practice registered nurses (APRNs) and authorizes certain qualified APRNs to practice autonomously.

#### Advanced Practice Registered Nurses

The bill authorizes APRNs to prescribe, dispense, order, or administer controlled substances, if allowed under a supervising physician's protocol and only to the extent the supervising physician is authorized to prescribe, dispense, order, or administer those controlled substances.

#### Independent Advanced Practice Registered Nurses

The bill allows an APRN who meets certain eligibility criteria to register as an "Independent Advanced Practice Registered Nurse." The bill establishes title protection for this new title.

To register as an Independent Advanced Practice Registered Nurse (IAPRN), the applicant must hold an active and unencumbered APRN certificate under s. 464.012, F.S., pay an application fee set by the Board (not to exceed \$100), and must have:

- Completed, in any U.S. jurisdiction, at least 2,000 clinical practice hours within a three-year period immediately prior to applying for registration;
- Not been subject to any disciplinary action during the five years immediately preceding the application; and
- Completed a graduate level course in pharmacology.

To maintain their registration, IAPRNs must complete at least 10 hours of continuing education approved by the Board in pharmacology prior to biennial renewal, unless an exception applies for the first biennial renewal. APRNs registered as IAPRNs must also ensure that their practitioner profiles created by the Department of Health reflect their registration as an IAPRN.

IAPRNs are authorized to perform any act currently authorized for APRNs, but may perform such acts without the supervision of a physician or a written protocol. In addition to those acts, an IAPRN may independently and without supervision or a written protocol perform the following acts:

- Admit, discharge, or manage the care of a patient requiring the services of a health care facility.
- Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.
- Certify causes of death and sign, correct, and file death certificates.
- Act as a patient's primary care provider.
- Execute a certificate to subject a person to involuntary examination under the Baker Act.<sup>69</sup>
- Examine, and approve the release of, a person admitted into a receiving facility under the Baker Act, if the IAPRN holds a national certification as a psychiatric-mental health advanced practice nurse.

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<sup>68</sup> U.S. Federal Trade Commission, Office of Policy Planning, Bureau of Competition and Bureau of Economics, letters to the Illinois State Senate, Connecticut House of Representatives, and Texas State Senate, on file with committee staff.

<sup>69</sup> The Baker Act is also titled the "Florida Mental Health Act" under s. 394.451, F.S.



The bill imposes safeguards to ensure IAPRNs safely prescribe controlled substances and are held accountable if they do otherwise. Specifically, IAPRNs:

- Must report adverse incidents attributable to the prescription of a controlled substance. Adverse incidents are only those events that require the transfer of a patient to a hospital or cause permanent physical injury or death.
- May be administratively disciplined for several delineated prohibited acts related to inappropriate prescribing practices.
- Are required to register as prescribers of controlled substances for chronic nonmalignant pain, if they prescribe such substances, and must meet statutory requirements related to treatment plans, recordkeeping, patient examinations, written agreements, and referrals.
- Must comply with the prescribing and dispensing requirements and limitations under the Florida Comprehensive Drug Abuse Prevention and Control Act.<sup>70</sup>

In addition, the bill provides for several other accountability measures for IAPRNs by:

- Requiring IAPRNs to maintain malpractice insurance or prove financial responsibility as provided by Board rule to ensure claims due to malpractice are covered;
- Authorizing the Board to administratively discipline IAPRNs for several delineated prohibited acts related to relationships with patients, business practices, and nursing practices; and
- Subjecting IAPRNs to accountability provisions included in the Florida Patient's Bill of Rights and Responsibilities.<sup>71</sup>

An existing joint committee established under s. 464.03(2), F.S., approves certain acts of medical diagnosis, prescription, treatment, and operation that may be performed by APRNs. The bill authorizes the joint committee to approve such procedures for IAPRNs, as well as APRNs; removes the word "prescription" to conform to other changes in the bill; and replaces one APRN committee member with an IAPRN committee member.

The bill provides an effective date of July 1, 2015.

#### B. SECTION DIRECTORY:

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

**Section 2:** Amends s. 464.012, F.S., relating to certification of advanced registered nurse practitioners and fees.

**Section 3:** Creates s. 464.0125, F.S., relating to registration of independent advanced practice registered nurses and fees.

**Section 4:** Amends s. 464.015, F.S., relating to titles and abbreviations, restrictions, and penalty.

**Section 5:** Creates s. 464.0155, F.S., relating to reports of adverse incidents by independent advanced practice registered nurses.

**Section 6:** Amends s. 464.016, F.S., relating to violations and penalties.

**Section 7:** Amends s. 464.018, F.S., relating to disciplinary actions.

**Section 8:** Amends s. 39.303, F.S., relating to child protection teams, services, and eligible cases.

**Section 9:** Amends s. 39.304, F.S., relating to photographs, medical examinations, x rays, and medical treatment of abused, abandoned, or neglected child.

**Section 10:** Amends s. 90.503, F.S., relating to psychotherapist-patient privilege.

**Section 11:** Amends s. 110.12315, F.S., relating to the prescription drug program.

**Section 12:** Amends s. 112.0455, F.S., relating to the Drug-Free Workplace Act.

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<sup>70</sup> Chapter 893, F.S.

<sup>71</sup> Section 381.026, F.S., requires health care providers to provide patients with certain information related to qualifications, diagnosis, treatment, grievance procedures, and service charges. Also, health care providers are prohibited from discriminating against a patient for specified reasons and must respect a patient's privacy under this law.

- Section 13:** Amends s. 121.0515, F.S., relating to special risk
- Section 14:** Amends s. 252.515, F.S., relating to the Postdisaster Relief Assistance Act and immunity from civil liability.
- Section 15:** Amends s. 310.071, F.S., relating to deputy pilot certification.
- Section 16:** Amends s. 310.073, F.S., relating to state pilot licensing.
- Section 17:** Amends s. 310.081, F.S., relating to department to examine and license state pilots and certificate deputy pilots, vacancies.
- Section 18:** Amends s. 320.0848, F.S., relating to persons who have disabilities, issuance of disabled parking permits, temporary permits, and permits for certain providers of transportation services to persons who have disabilities.
- Section 19:** Amends s. 381.00315, F.S., relating to public health advisories, public health emergencies, and quarantines.
- Section 20:** Amends s. 381.00593, F.S., relating to public school volunteer health care practitioner program.
- Section 21:** Amends s. 381.026, F.S., relating to definitions.
- Section 22:** Amends s. 382.008, F.S., relating to death and fetal death registration.
- Section 23:** Amends s. 383.14, F.S., relating to screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.
- Section 24:** Amends s. 383.141, F.S., relating to prenatally diagnosed conditions, patient to be provided information, definitions, information clearinghouse, and advisory council.
- Section 25:** Amends s. 390.0111, F.S., relating to termination of pregnancies.
- Section 26:** Amends s. 390.012, F.S., relating to powers of agency, rules, and disposal of fetal remains.
- Section 27:** Amends s. 394.455, F.S., relating to definitions.
- Section 28:** Amends s. 394.463, F.S., relating to involuntary examination.
- Section 29:** Amends s. 395.0191, F.S., relating to staff membership and clinical privileges.
- Section 30:** Amends s. 395.602, F.S., relating to rural hospitals.
- Section 31:** Amends s. 395.605, F.S., relating to emergency care hospitals.
- Section 32:** Amends s. 397.311, F.S., relating to definitions.
- Section 33:** Amends s. 397.405, F.S., relating to exemptions from licensure.
- Section 34:** Amends s. 397.427, F.S., relating to medication-assisted treatment service providers, rehabilitation program, needs assessment and provisions of services, persons authorized to issue takeout medication, unlawful operation, and penalty.
- Section 35:** Amends s. 397.501, F.S., relating to rights of individuals.
- Section 36:** Amends s. 400.021, F.S., relating to definitions.
- Section 37:** Amends s. 400.0255, F.S., relating to resident transfer or discharge, requirements and procedures, and hearings.
- Section 38:** Amends s. 400.172, F.S., relating to respite care provided in nursing home facilities.
- Section 39:** Amends s. 400.462, F.S., relating to definitions.
- Section 40:** Amends s. 400.487, F.S., relating to home health service agreements, physician's, physician assistant's, and advanced registered nurse practitioner's treatment orders, patient assessment, establishment and review of plan of care, provision of services, and orders not to resuscitate.
- Section 41:** Amends s. 400.506, F.S., relating to licensure of nurse registries, requirements, and penalties.
- Section 42:** Amends s. 400.9905, F.S., relating to definitions.
- Section 43:** Amends s. 401.445, F.S., relating to emergency examination and treatment of incapacitated persons.
- Section 44:** Amends s. 409.905, F.S., relating to mandatory Medicaid services.
- Section 45:** Amends s. 409.908, F.S., relating to reimbursement of Medicaid providers.
- Section 46:** Amends s. 409.9081, F.S., relating to copayments.
- Section 47:** Amends s. 409.973, F.S., relating to benefits.
- Section 48:** Amends s. 429.26, F.S., relating to appropriateness of placements and examinations of residents.

- Section 49:** Amends s. 429.918, F.S., relating to licensure designation as a specialized Alzheimer's services adult day care center.
- Section 50:** Amends s. 440.102, F.S., relating to drug-free workplace program requirements.
- Section 51:** Amends s. 456.0391, F.S., relating to advanced registered nurse practitioners; information required for certification.
- Section 52:** Amends s. 456.0392, F.S., relating to prescription labeling.
- Section 53:** Amends s. 456.041, F.S., relating to practitioner profile and creation.
- Section 54:** Amends s. 456.048, F.S., relating to financial responsibility requirements for certain health care practitioners.
- Section 55:** Amends s. 456.053, F.S., relating to financial arrangements between referring health care providers and providers of health care services.
- Section 56:** Amends s. 456.072, F.S., relating to grounds for discipline, penalties, and enforcement.
- Section 57:** Amends s. 456.44, F.S., relating to controlled substance prescribing.
- Section 58:** Amends s. 458.3265, F.S., relating to pain-management clinics.
- Section 59:** Amends s. 458.331, F.S., relating to grounds for disciplinary action, action by the board and department.
- Section 60:** Amends s. 458.348, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 61:** Amends s. 459.0137, F.S., relating to pain-management clinics.
- Section 62:** Amends s. 459.015, F.S., relating to grounds for disciplinary action, action by the board and department.
- Section 63:** Amends s. 459.025, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 64:** Amends s. 464.004, F.S., relating to Board of Nursing, membership, appointment, and terms.
- Section 65:** Amends s. 464.0205, F.S., relating to retired volunteer nurse certificate.
- Section 66:** Amends s. 467.003, F.S., relating to definitions.
- Section 67:** Amends s. 480.0475, F.S., relating to massage establishments and prohibited practices.
- Section 68:** Amends s. 483.041, F.S., relating to definitions.
- Section 69:** Amends s. 483.181, F.S., relating to acceptance, collection, identification, and examination of specimens.
- Section 70:** Amends s. 483.801, F.S., relating to exemptions.
- Section 71:** Amends s. 486.021, F.S., relating to definitions.
- Section 72:** Amends s. 490.012, F.S., relating to violations, penalties, and injunction.
- Section 73:** Amends s. 491.0057, F.S., relating to dual licensure as a marriage and family therapist.
- Section 74:** Amends s. 491.012, F.S., relating to violations, penalty, and injunction.
- Section 75:** Amends s. 493.6108, F.S., relating to investigation of applicants by Department of Agriculture and Consumer Services.
- Section 76:** Amends s. 626.9707, F.S., relating to disability insurance; discrimination on basis of sickle-cell trait prohibited.
- Section 77:** Amends s. 627.357, F.S., relating to medical malpractice self-insurance.
- Section 78:** Amends s. 627.6471, F.S., relating to contracts for reduced rates of payment, limitations, and coinsurance and deductibles.
- Section 79:** Amends s. 627.6472, F.S., relating to exclusive provider organizations.
- Section 80:** Amends s. 627.736, F.S., relating to required personal injury protection benefits, exclusions, priority, and claims.
- Section 81:** Amends s. 633.412, F.S., relating to firefighters and qualifications for certification.
- Section 82:** Amends s. 641.3923, F.S., relating to discrimination against providers prohibited.
- Section 83:** Amends s. 641.495, F.S., relating to requirements for issuance and maintenance of certificate.
- Section 84:** Amends s. 744.331, F.S., relating to procedures to determine incapacity.
- Section 85:** Amends s. 744.703, F.S., relating to office of public guardian; appointment, notification.
- Section 86:** Amends s. 766.102, F.S., relating to medical negligence, standards of recovery, and expert witness.
- Section 87:** Amends s. 766.103, F.S., relating to Florida Medical Consent Law.

- Section 88:** Amends s. 766.1115, F.S., relating to health care providers; creation of agency relationship with governmental contractors.
- Section 89:** Amends s. 766.1116, F.S., relating to health care practitioner, waiver of license renewal fees, and continuing education requirements.
- Section 90:** Amends s. 766.118, F.S., relating to determination of noneconomic damages.
- Section 91:** Amends s. 768.135, F.S., relating to volunteer team physicians and immunity.
- Section 92:** Amends s. 782.071, F.S., relating to vehicular homicide.
- Section 93:** Amends s. 794.08, F.S., relating to female genital mutilation.
- Section 94:** Amends s. 893.02, F.S., relating to definitions.
- Section 95:** Amends s. 943.13, F.S., relating to officers' minimum qualifications for employment or appointment.
- Section 96:** Amends s. 945.603, F.S., relating to powers and duties of authority.
- Section 97:** Amends s. 1002.20, F.S., relating to K-12 student and parent rights.
- Section 98:** Amends s. 1002.42, F.S., relating to private schools.
- Section 99:** Amends s. 1006.062, F.S., relating to administration of medication and provision of medical services by district school board personnel.
- Section 100:** Amends s. 1006.20, F.S., relating to athletics in public K-12 schools.
- Section 101:** Amends s. 1009.65, F.S., relating to Medical Education Reimbursement and Loan Repayment Program.
- Section 102:** Amends s. 1009.66, F.S., relating to Nursing Student Loan Forgiveness Program.
- Section 103:** Amends s. 1009.67, F.S., relating to nursing scholarship program.
- Section 104:** Amends s. 960.28, F.S., relating to payment for victims' initial forensic physical examinations.
- Section 105:** Provides an effective date of July 1, 2015.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

Applicants for registration as an IAPRN will have to pay an initial application fee, and registered IAPRNs will have to pay a biennial renewal fee, to the Department of Health. The total amount the Department of Health will receive from such fees is indeterminate, because the number of APRNs who choose to register as IAPRNs is not predictable.

#### 2. Expenditures:

The Board of Nursing may incur indeterminate, but nominal costs associated with rulemaking, which can be absorbed within existing resources.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

#### 1. Revenues:

None.

#### 2. Expenditures:

None.

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

Applicants for registration as an IAPRN will have to pay an application fee and IAPRNs renewing their registration will be subject to renewal fees. The bill authorizes the Board of Nursing to set the application and biennial renewal fees, but they may not exceed \$100 and \$50, respectively.

The bill requires IAPRNs to obtain medical malpractice insurance. The Board may require IAPRNs to have more coverage and therefore a more expensive policy than what is required for APRNs.

APRNs who have paid physicians in order to be supervised under a protocol achieve some cost-savings if they register as an IAPRN and practice without a written protocol.

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

**1. Applicability of Municipality/County Mandates Provision:**

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

**2. Other:**

None.

**B. RULE-MAKING AUTHORITY:**

The Board of Nursing and the Department of Health have sufficient rule-making authority to implement the provisions of the bill.

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

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

HB 547

2015

1                                 A bill to be entitled  
2             An act relating to advanced practice registered  
3             nurses; amending s. 464.003, F.S.; revising and  
4             providing definitions; redesignating advanced  
5             registered nurse practitioners as advanced practice  
6             registered nurses; providing for independent advanced  
7             practice registered nurses to practice advanced or  
8             specialized nursing; revising composition of a joint  
9             committee to include an independent advanced practice  
10            registered nurse; exempting an independent advanced  
11            practice registered nurse from a requirement that  
12            certain medical acts be supervised by a physician;  
13            amending s. 464.012, F.S.; revising advanced practice  
14            registered nurse certification requirements;  
15            authorizing advanced practice registered nurses to  
16            administer, dispense, and prescribe medicinal drugs  
17            pursuant to a protocol; creating s. 464.0125, F.S.;  
18            providing for the registration of independent advanced  
19            practice registered nurses who meet certain  
20            requirements; specifying acts that independent  
21            advanced practice registered nurses are authorized to  
22            perform without physician supervision or protocol;  
23            providing for biennial renewal of registration,  
24            including continuing education requirements; providing  
25            for application and biennial renewal fees; providing  
26            rulemaking authority; amending s. 464.015, F.S.;

27 providing title protection for independent advanced  
 28 practice registered nurses; creating s. 464.0155,  
 29 F.S.; requiring independent advanced practice  
 30 registered nurses to report adverse incidents to the  
 31 Department of Health in a certain manner; providing  
 32 for department review of adverse incidents;  
 33 authorizing the department to take disciplinary action  
 34 in cases of adverse incidents; amending s. 464.016,  
 35 F.S.; providing penalties for illegally using certain  
 36 titles; amending s. 464.018, F.S.; adding grounds for  
 37 disciplinary actions against nurses; amending s.  
 38 39.303, F.S.; revising requirements relating to review  
 39 of certain cases of abuse or neglect and standards for  
 40 face-to-face medical evaluations by a child protection  
 41 team; amending s. 39.304, F.S.; authorizing an  
 42 independent advanced practice registered nurse to  
 43 perform or order an examination and diagnose a child  
 44 without parental consent under certain circumstances;  
 45 amending s. 90.503, F.S.; redefining the term  
 46 "psychotherapist" to include an independent advanced  
 47 practice registered nurse with a specified scope of  
 48 practice; amending s. 112.0455, F.S.; authorizing an  
 49 independent advanced practice registered nurse to  
 50 collect specimens for drug testing; amending s.  
 51 121.0515, F.S.; designating an advanced practice  
 52 registered nurse as a special risk member under

53 certain conditions; amending ss. 310.071, 310.073, and  
 54 310.081, F.S.; authorizing an independent advanced  
 55 practice registered nurse to administer the physical  
 56 examination required for deputy pilot certification  
 57 and state pilot licensure; broadening an exception to  
 58 the prohibition against the use of controlled  
 59 substances by an applicant for a deputy pilot  
 60 certificate or a state pilot license to allow the use  
 61 of controlled substances prescribed by an independent  
 62 advanced practice registered nurse or an advanced  
 63 practice registered nurse; requiring an independent  
 64 advanced practice registered nurse performing the  
 65 physical examination to know the minimum licensure  
 66 standards and certify that such standards are met;  
 67 amending s. 320.0848, F.S.; authorizing an independent  
 68 advanced practice registered nurse to certify that a  
 69 person is disabled; amending s. 381.00315, F.S.;  
 70 authorizing the reactivation of an independent  
 71 advanced practice registered nurse license in a public  
 72 health emergency; amending s. 381.00593, F.S.;  
 73 redefining the term "health care practitioner" to  
 74 include an independent advanced practice registered  
 75 nurse; amending ss. 381.026, 383.141, 627.357, and  
 76 766.1115, F.S.; revising the definition of the term  
 77 "health care provider" to include an independent  
 78 advanced practice registered nurse; amending s.



79 382.008, F.S.; authorizing an independent advanced  
 80 practice nurse or an advanced practice registered  
 81 nurse to file a certificate of death or fetal death  
 82 under certain circumstances; authorizing a certified  
 83 nurse midwife to provide certain information to a  
 84 funeral director within a specified time period;  
 85 revising the definition of the term "primary or  
 86 attending physician"; amending s. 383.14, F.S.;

87 authorizing the release of certain newborn tests and  
 88 screening results to an independent advanced practice  
 89 registered nurse; amending s. 390.0111, F.S.;

90 including an independent advanced practice registered  
 91 nurse in a list of health care practitioners  
 92 authorized to review an ultrasound with a woman prior  
 93 to an abortion procedure; amending s. 390.012, F.S.;

94 including an independent advanced practice registered  
 95 nurse in a list of health care practitioners  
 96 authorized to provide postoperative monitoring and  
 97 required to be available throughout an abortion  
 98 procedure, remain at the abortion clinic until all  
 99 patients are discharged, and attempt to assess the  
 100 patient's recovery within a specified time; amending  
 101 s. 394.455, F.S.; revising the definition of the term  
 102 "psychiatric nurse" to include an independent advanced  
 103 practice registered nurse certified in a specified  
 104 specialty; amending s. 394.463, F.S.; authorizing an

105 independent advanced practice registered nurse or  
 106 advanced practice registered nurse to initiate an  
 107 involuntary examination for mental illness under  
 108 certain circumstances; providing for examination of a  
 109 patient by a psychiatric nurse; authorizing a  
 110 psychiatric nurse to approve the release of a patient  
 111 under certain conditions; amending s. 395.0191, F.S.;  
 112 authorizing an independent advanced practice  
 113 registered nurse to apply for clinical privileges;  
 114 providing an exception to the requirement for onsite  
 115 medical direction for certain independent advanced  
 116 practice registered nurses; amending s. 395.605, F.S.;  
 117 including independent advanced practice registered  
 118 nurses in a list of health care practitioners who must  
 119 supervise the care of a patient or be on duty for a  
 120 specified duration in an emergency care setting;  
 121 amending s. 397.311, F.S.; revising the definition of  
 122 the term "qualified professional" to include an  
 123 independent advanced practice registered nurse;  
 124 conforming terminology; amending s. 397.405, F.S.;  
 125 providing that an independent advanced practice  
 126 registered nurse's practice may not be limited under  
 127 certain circumstances; amending s. 397.501, F.S.;  
 128 prohibiting the denial of certain services to an  
 129 individual who takes medication prescribed by an  
 130 independent advanced practice registered nurse or an

131 advanced practice registered nurse; amending s.  
 132 400.021, F.S.; revising the definition of the term  
 133 "geriatric outpatient clinic" to include a site  
 134 staffed by an independent advanced practice registered  
 135 nurse; amending s. 400.0255, F.S.; including  
 136 independent advanced practice registered nurses in a  
 137 list of health care practitioners who must sign a  
 138 notice of discharge or transfer; amending s. 400.172,  
 139 F.S.; including independent advanced practice  
 140 registered nurses and advanced practice registered  
 141 nurses in a list of health care practitioners who may  
 142 provide a prospective respite care resident with  
 143 certain medical information; amending s. 400.462,  
 144 F.S.; defining the term "independent advanced practice  
 145 registered nurse"; amending s. 400.487, F.S.;  
 146 including independent advanced practice registered  
 147 nurses in a list of health care practitioners who must  
 148 establish treatment orders for certain patients under  
 149 certain circumstances; amending s. 400.506, F.S.;  
 150 applying medical treatment plan requirements to  
 151 independent advanced practice registered nurses;  
 152 amending s. 400.9905, F.S.; exempting entities where  
 153 health care services are provided by independent  
 154 advanced practice registered nurses from clinic  
 155 licensure requirements; amending s. 401.445, F.S.;  
 156 prohibiting recovery of damages in court against an

157 independent advanced practice registered nurse under  
 158 certain circumstances; requiring an independent  
 159 advanced practice registered nurse to attempt to  
 160 obtain a person's consent prior to providing emergency  
 161 services; amending ss. 409.905 and 409.908, F.S.;

162 requiring the agency to reimburse independent advanced  
 163 practice registered nurses for providing certain  
 164 mandatory Medicaid services; amending s. 409.9081,  
 165 F.S.; requiring copayments under the Medicaid program  
 166 to be paid for independent advanced practice  
 167 registered nurse services; amending s. 409.973, F.S.;

168 requiring managed care plans to cover independent  
 169 advanced practice registered nurse services; amending  
 170 s. 429.26, F.S.; prohibiting independent advanced  
 171 practice registered nurses from having a financial  
 172 interest in the assisted living facility that employs  
 173 them; including independent advanced practice  
 174 registered nurses in a list of health care  
 175 practitioners from whom an assisted living facility  
 176 resident may obtain an examination prior to admission;  
 177 amending s. 429.918, F.S.; revising the definition of  
 178 the term "ADRD participant" to include participants  
 179 who have a documented diagnosis of Alzheimer's disease  
 180 or a dementia-related disorder from an independent  
 181 advanced practice registered nurse; including  
 182 independent advanced practice registered nurses in a

183 list of health care practitioners from whom an ADRD  
 184 participant may obtain signed medical documentation;  
 185 amending s. 440.102, F.S.; authorizing, for the  
 186 purpose of drug-free workforce program requirements,  
 187 an independent advanced practice registered nurse to  
 188 collect a specimen for a drug test; amending s.  
 189 456.048, F.S.; requiring independent advanced practice  
 190 registered nurses to maintain medical malpractice  
 191 insurance or provide proof of financial  
 192 responsibility; exempting independent advanced  
 193 practice registered nurses from such requirements  
 194 under certain circumstances; amending s. 456.053,  
 195 F.S.; revising the definition of the term "board" to  
 196 include the Board of Nursing; revising the definitions  
 197 of the terms "health care provider" and "sole  
 198 provider" to include independent advanced practice  
 199 registered nurses; authorizing an independent advanced  
 200 practice registered nurse to make referrals under  
 201 certain circumstances; conforming a reference;  
 202 amending s. 456.072, F.S.; requiring the suspension  
 203 and fining of an independent advanced practice  
 204 registered nurse or advanced practice registered nurse  
 205 for prescribing or dispensing a controlled substance  
 206 in a certain manner; amending s. 456.44, F.S.;

207 providing certain requirements for independent  
 208 advanced practice registered nurses and advanced

209 practice registered nurses who prescribe controlled  
 210 substances for the treatment of chronic nonmalignant  
 211 pain; amending ss. 458.3265 and 459.0137, F.S.;

212 requiring an independent advanced practice registered  
 213 nurse to perform a physical examination of a patient  
 214 at a pain-management clinic under certain  
 215 circumstances; amending ss. 458.348 and 459.025, F.S.;

216 deleting obsolete provisions; amending s. 464.0205,  
 217 F.S.; authorizing an independent advanced practice  
 218 registered nurse to directly supervise a certified  
 219 retired volunteer nurse; amending s. 480.0475;

220 authorizing the operation of a massage establishment  
 221 during specified times if a massage is prescribed by  
 222 an independent advanced practice registered nurse;

223 amending s. 483.041, F.S.; revising the definition of  
 224 the term "licensed practitioner" to include an  
 225 independent advanced practice registered nurse;

226 amending s. 483.181, F.S.; requiring clinical  
 227 laboratories to accept a human specimen submitted by  
 228 an independent advanced practice registered nurse;

229 amending s. 486.021, F.S.; authorizing a physical  
 230 therapist to implement a plan of treatment provided by  
 231 an independent advanced practice registered nurse;

232 amending s. 490.012, F.S.; allowing certain qualified  
 233 independent advanced practice registered nurses to use  
 234 the word, or a form of the word, "psychotherapy";

235 amending s. 491.0057, F.S.; authorizing certain  
 236 qualified independent advanced practice registered  
 237 nurses to be licensed as marriage and family  
 238 therapists; amending s. 491.012, F.S.; authorizing  
 239 certain qualified independent advanced practice  
 240 registered nurses to use specified terms; amending s.  
 241 493.6108, F.S.; authorizing an independent advanced  
 242 practice registered nurse to certify the physical  
 243 fitness of a certain class of applicants to bear a  
 244 weapon or firearm; amending s. 626.9707, F.S.;  
 245 including independent advanced practice registered  
 246 nurses in a list of entities and individuals that are  
 247 protected from insurer discrimination when providing  
 248 services to a person with the sickle-cell trait;  
 249 amending s. 627.6471, F.S.; requiring insurers to  
 250 provide eligibility criteria for certain qualified  
 251 independent advanced practice registered nurses under  
 252 certain circumstances; amending s. 627.6472, F.S.;  
 253 requiring insurers to provide eligibility criteria for  
 254 certain qualified independent advanced practice  
 255 registered nurses under certain circumstances;  
 256 prohibiting an exclusive provider organization from  
 257 discriminating against participation by an independent  
 258 advanced practice registered nurse; amending s.  
 259 627.736, F.S.; requiring personal injury protection  
 260 insurance to cover a certain percentage of medical

261 services and care provided by an independent advanced  
 262 practice registered nurse, a practitioner supervised  
 263 by an independent advanced practice registered nurse,  
 264 or an entity wholly owned by one or more independent  
 265 advanced practice registered nurses; reimbursing  
 266 independent advanced practice registered nurses up to  
 267 a specified amount for providing medical services and  
 268 care; amending s. 633.412, F.S.; authorizing an  
 269 independent advanced practice registered nurse to  
 270 medically examine an applicant for firefighter  
 271 certification; amending s. 641.3923, F.S.; prohibiting  
 272 a health maintenance organization from discriminating  
 273 against the participation of an independent advanced  
 274 practice registered nurse; amending s. 641.495, F.S.;  
 275 requiring a health maintenance organization to  
 276 disclose in certain documents that certain services  
 277 may be provided by independent advanced practice  
 278 registered nurses; amending s. 744.703, F.S.; adding  
 279 independent advanced practice registered nurses to a  
 280 list of authorized professionals with whom a public  
 281 guardian may contract to carry out guardianship  
 282 functions; amending s. 766.102, F.S.; providing  
 283 requirements for qualification as an expert witness in  
 284 a medical negligence case concerning the standard of  
 285 care for an independent advanced practice registered  
 286 nurse and an advanced practice registered nurse;



287 | amending s. 766.103, F.S.; prohibiting recovery of  
 288 | damages against an independent advanced practice  
 289 | registered nurse under certain conditions; amending s.  
 290 | 766.1116, F.S.; revising the definition of the term  
 291 | "health care practitioner" to include an independent  
 292 | advanced practice registered nurse; amending s.  
 293 | 766.118, F.S.; revising the definition of the term  
 294 | "practitioner" to include an independent advanced  
 295 | practice registered nurse; amending s. 768.135, F.S.;  
 296 | providing immunity from liability for an independent  
 297 | advanced practice registered nurse who provides  
 298 | volunteer services under certain circumstances;  
 299 | amending s. 782.071, F.S.; allowing an independent  
 300 | advanced practice registered nurse or an advanced  
 301 | practice registered nurse to supervise a person who is  
 302 | completing community service hours in a trauma center  
 303 | or hospital; amending s. 794.08, F.S.; providing that  
 304 | the section does not apply to procedures conducted by  
 305 | an independent advanced practice registered nurse  
 306 | under certain circumstances; amending s. 893.02, F.S.;  
 307 | revising the definition of the term "practitioner" to  
 308 | include an independent advanced practice registered  
 309 | nurse and an advanced practice registered nurse;  
 310 | amending s. 943.13, F.S.; authorizing a law  
 311 | enforcement officer or correctional officer to satisfy  
 312 | qualifications for employment or appointment by

313 | passing a physical examination conducted by an  
 314 | independent advanced practice registered nurse;  
 315 | amending s. 945.603, F.S.; authorizing the  
 316 | Correctional Medical Authority to review and make  
 317 | recommendations relating to the use of advanced  
 318 | practice registered nurses as physician extenders;  
 319 | amending ss. 1002.20 and 1002.42, F.S.; including  
 320 | independent advanced practice registered nurses in a  
 321 | list of individuals who have immunity relating to the  
 322 | use of epinephrine auto-injectors in public and  
 323 | private schools; amending s. 1006.062, F.S.;  
 324 | authorizing nonmedical assistive personnel to perform  
 325 | health services if trained by an independent advanced  
 326 | practice registered nurse; requiring monitoring of  
 327 | such personnel by an independent advanced practice  
 328 | registered nurse; including independent advanced  
 329 | practice registered nurses in a list of practitioners  
 330 | who must determine whether such personnel may perform  
 331 | certain invasive medical services; amending s.  
 332 | 1006.20, F.S.; authorizing an independent advanced  
 333 | practice registered nurse to medically evaluate a  
 334 | student athlete; amending ss. 110.12315, 252.515,  
 335 | 395.602, 397.427, 456.0391, 456.0392, 456.041,  
 336 | 458.331, 459.015, 464.004, 467.003, 483.801, 744.331,  
 337 | 960.28, 1009.65, 1009.66, and 1009.67, F.S.;  
 338 | conforming terminology; providing an effective date.

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

Section 1. Subsections (16) through (23) of section 464.003, Florida Statutes, are renumbered as subsections (17) through (24), respectively, present subsections (2), (3), (20), and (22) are amended, and a new subsection (16) is added to that section, to read:

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

(2) "Advanced or specialized nursing practice" or "to practice advanced or specialized nursing" means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an independent advanced practice registered nurse or an advanced practice registered nurse ~~practitioner~~. Within the context of advanced or specialized nursing practice, the independent advanced practice registered nurse and the advanced practice registered nurse ~~practitioner~~ may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The independent advanced practice registered nurse and the advanced practice registered nurse ~~practitioner~~ may also perform acts of medical diagnosis, ~~and~~ treatment, ~~prescription~~, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, one of whom must be

365 an independent advanced practice registered nurse and one ~~two~~ of  
 366 whom must be an advanced practice registered nurse  
 367 ~~practitioners~~; three members appointed by the Board of Medicine,  
 368 two of whom must have had work experience with advanced practice  
 369 registered nurses ~~nurse-practitioners~~; and the State Surgeon  
 370 General or the State Surgeon General's designee. Each committee  
 371 member appointed by a board shall be appointed to a term of 4  
 372 years unless a shorter term is required to establish or maintain  
 373 staggered terms. The Board of Nursing shall adopt rules  
 374 authorizing the performance of any such acts approved by the  
 375 joint committee. Unless otherwise specified by the joint  
 376 committee and unless such acts are performed by independent  
 377 advanced practice registered nurses, such medical acts must be  
 378 performed under the general supervision of a practitioner  
 379 licensed under chapter 458, chapter 459, or chapter 466 within  
 380 the framework of standing protocols which identify the medical  
 381 acts to be performed and the conditions for their performance.  
 382 The department may, by rule, require that a copy of the protocol  
 383 be filed with the department along with the notice required by  
 384 s. 458.348 or s. 459.025.

385 (3) "Advanced practice registered nurse ~~practitioner~~"  
 386 means any person licensed in this state to practice professional  
 387 nursing and certified in advanced or specialized nursing  
 388 practice, including certified registered nurse anesthetists,  
 389 certified nurse midwives, and certified nurse practitioners.

390 (16) "Independent advanced practice registered nurse"

391 | means an advanced practice registered nurse who maintains an  
 392 | active and unencumbered certification under s. 464.012(2) and  
 393 | registration under s. 464.0125 to practice advanced or  
 394 | specialized nursing independently and without the supervision of  
 395 | a physician or a protocol.

396 | (21)~~(20)~~ "Practice of professional nursing" means the  
 397 | performance of those acts requiring substantial specialized  
 398 | knowledge, judgment, and nursing skill based upon applied  
 399 | principles of psychological, biological, physical, and social  
 400 | sciences, which shall include, but not be limited to:

401 | (a) The observation, assessment, nursing diagnosis,  
 402 | planning, intervention, and evaluation of care; health teaching  
 403 | and counseling of the ill, injured, or infirm; and the promotion  
 404 | of wellness, maintenance of health, and prevention of illness of  
 405 | others.

406 | (b) The prescribing and administration of medications and  
 407 | treatments as ~~prescribed or~~ authorized by ~~a duly licensed~~  
 408 | ~~practitioner authorized by the laws of this state to prescribe~~  
 409 | ~~such medications and treatments.~~

410 | (c) The supervision and teaching of other personnel in the  
 411 | theory and performance of any of the acts described in this  
 412 | subsection.

413 |  
 414 | A professional nurse is responsible and accountable for making  
 415 | decisions that are based upon the individual's educational  
 416 | preparation and experience in nursing.

417           ~~(23)~~~~(22)~~ "Registered nurse" means any person licensed in  
 418 this state to practice professional nursing, except such  
 419 licensed person may only administer medications and treatments  
 420 authorized by a duly licensed practitioner authorized by the  
 421 laws of this state to prescribe such medications and treatments.

422           Section 2. Section 464.012, Florida Statutes, is amended  
 423 to read:

424           464.012 Certification of advanced practice registered  
 425 nurses ~~nurse practitioners~~; fees.-

426           (1) Any nurse desiring to be certified as an advanced  
 427 practice registered nurse ~~practitioner~~ shall apply to the board  
 428 ~~department~~ and submit proof that the nurse ~~he or she~~ holds a  
 429 current license to practice professional nursing and that the  
 430 nurse ~~he or she~~ meets ~~one or more of~~ the following requirements  
 431 ~~as determined by the board:~~

432           ~~(a) Satisfactory completion of a formal postbasic~~  
 433 ~~educational program of at least one academic year, the primary~~  
 434 ~~purpose of which is to prepare nurses for advanced or~~  
 435 ~~specialized practice.~~

436           ~~(a)~~~~(b)~~ Certification by an appropriate specialty board.  
 437 Such certification shall be required for initial state  
 438 certification and any recertification as a nurse practitioner,  
 439 registered nurse anesthetist, or nurse midwife. The board may by  
 440 rule provide for provisional state certification of graduate  
 441 nurse practitioners, nurse anesthetists, and nurse midwives for  
 442 a period of time determined to be appropriate for preparing for

443 and passing the national certification examination.

444 ~~(b)(e)~~ Graduation from a ~~program leading to a~~ master's  
 445 degree program in a nursing clinical specialty area with  
 446 preparation in specialized practitioner skills. ~~For applicants~~  
 447 ~~graduating on or after October 1, 1998, graduation from a~~  
 448 ~~master's degree program shall be required for initial~~  
 449 ~~certification as a nurse practitioner under paragraph (4)(c).~~  
 450 ~~For applicants graduating on or after October 1, 2001,~~  
 451 ~~graduation from a master's degree program shall be required for~~  
 452 ~~initial certification as a registered nurse anesthetist under~~  
 453 ~~paragraph (4)(a).~~

454 (2) The board shall provide by rule the appropriate  
 455 requirements for advanced practice registered nurses ~~nurse~~  
 456 ~~practitioners~~ in the categories of certified registered nurse  
 457 anesthetist, certified nurse midwife, and certified nurse  
 458 practitioner.

459 (3) An advanced practice registered nurse ~~practitioner~~  
 460 shall perform those functions authorized in this section within  
 461 the framework of an established protocol that is filed with the  
 462 board upon biennial license renewal and within 30 days after  
 463 entering into a supervisory relationship with a physician or  
 464 changes to the protocol. The board shall review the protocol to  
 465 ensure compliance with applicable regulatory standards for  
 466 protocols. The board shall refer to the department licensees  
 467 submitting protocols that are not compliant with the regulatory  
 468 standards for protocols. A practitioner currently licensed under

469 chapter 458, chapter 459, or chapter 466 shall maintain  
 470 supervision for directing the specific course of medical  
 471 treatment. Within the established framework, an advanced  
 472 practice registered nurse ~~practitioner~~ may:

- 473 (a) Monitor and alter drug therapies.
- 474 (b) Initiate appropriate therapies for certain conditions.
- 475 (c) Perform additional functions as may be determined by  
 476 rule in accordance with s. 464.003(2).
- 477 (d) Order diagnostic tests and physical and occupational  
 478 therapy.
- 479 (e) Administer, dispense, and prescribe medicinal drugs,  
 480 including controlled substances.

481 (4) In addition to the general functions specified in  
 482 subsection (3), an advanced practice registered nurse  
 483 ~~practitioner~~ may perform the following acts within his or her  
 484 specialty:

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

- 489 1. Determine the health status of the patient as it  
 490 relates to the risk factors and to the anesthetic management of  
 491 the patient through the performance of the general functions.
- 492 2. Based on history, physical assessment, and supplemental  
 493 laboratory results, determine, with the consent of the  
 494 responsible physician, the appropriate type of anesthesia within



495 the framework of the protocol.

496 3. Order under the protocol preanesthetic medication.

497 4. Perform under the protocol procedures commonly used to  
 498 render the patient insensible to pain during the performance of  
 499 surgical, obstetrical, therapeutic, or diagnostic clinical  
 500 procedures. These procedures include ordering and administering  
 501 regional, spinal, and general anesthesia; inhalation agents and  
 502 techniques; intravenous agents and techniques; and techniques of  
 503 hypnosis.

504 5. Order or perform monitoring procedures indicated as  
 505 pertinent to the anesthetic health care management of the  
 506 patient.

507 6. Support life functions during anesthesia health care,  
 508 including induction and intubation procedures, the use of  
 509 appropriate mechanical supportive devices, and the management of  
 510 fluid, electrolyte, and blood component balances.

511 7. Recognize and take appropriate corrective action for  
 512 abnormal patient responses to anesthesia, adjunctive medication,  
 513 or other forms of therapy.

514 8. Recognize and treat a cardiac arrhythmia while the  
 515 patient is under anesthetic care.

516 9. Participate in management of the patient while in the  
 517 postanesthesia recovery area, including ordering the  
 518 administration of fluids and drugs.

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

521 (b) The certified nurse midwife may, to the extent  
 522 authorized by an established protocol which has been approved by  
 523 the medical staff of the health care facility in which the  
 524 midwifery services are performed, or approved by the nurse  
 525 midwife's physician backup when the delivery is performed in a  
 526 patient's home, perform any or all of the following:

- 527 1. Perform superficial minor surgical procedures.
- 528 2. Manage the patient during labor and delivery to include  
 529 amniotomy, episiotomy, and repair.
- 530 3. Order, initiate, and perform appropriate anesthetic  
 531 procedures.
- 532 4. Perform postpartum examination.
- 533 5. Order appropriate medications.
- 534 6. Provide family-planning services and well-woman care.
- 535 7. Manage the medical care of the normal obstetrical  
 536 patient and the initial care of a newborn patient.

537 (c) The certified nurse practitioner may perform any or  
 538 all of the following acts within the framework of established  
 539 protocol:

- 540 1. Manage selected medical problems.
- 541 2. Order physical and occupational therapy.
- 542 3. Initiate, monitor, or alter therapies for certain  
 543 uncomplicated acute illnesses.
- 544 4. Monitor and manage patients with stable chronic  
 545 diseases.
- 546 5. Establish behavioral problems and diagnosis and make

547 treatment recommendations.

548 (5) The board shall certify, and the department shall  
 549 issue a certificate to, any nurse meeting the qualifications in  
 550 this section. The board shall establish an application fee not  
 551 to exceed \$100 and a biennial renewal fee not to exceed \$50. The  
 552 board is authorized to adopt such other rules as are necessary  
 553 to implement the provisions of this section.

554 Section 3. Section 464.0125, Florida Statutes, is created  
 555 to read:

556 464.0125 Registration of independent advanced practice  
 557 registered nurses; fees.-

558 (1) To be registered as an independent advanced practice  
 559 registered nurse, an applicant must hold an active and  
 560 unencumbered certificate under s. 464.012, and must have:

561 (a) Completed, in any jurisdiction of the United States,  
 562 at least 2,000 clinical practice hours within a 3-year period  
 563 immediately preceding the submission of the application and  
 564 while practicing as an advanced practice registered nurse.

565 (b) Not been subject to any disciplinary action under s.  
 566 464.018 or s. 456.072, or any similar disciplinary action in any  
 567 other jurisdiction, during the 5 years immediately preceding the  
 568 submission of the application.

569 (c) Completed a graduate level course in pharmacology.

570 (2) The board may provide by rule additional requirements  
 571 appropriate for each applicant practicing in a specialty under  
 572 s. 464.012(4).

573           (3) An independent advanced practice registered nurse may  
 574 perform, without physician supervision or a protocol, the  
 575 functions authorized in s. 464.012(3), the acts within his or  
 576 her specialty as described in s. 464.012(4), and any of the  
 577 following:

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

- 580           1. Admit the patient to the facility.
- 581           2. Manage the care that the patient receives in the  
 582 facility.

- 583           3. Discharge the patient from the facility.

584           (b) Provide a signature, certification, stamp,  
 585 verification, affidavit, or other endorsement that is otherwise  
 586 required by law to be provided by a physician.

587           (4) An advanced practice registered nurse registered under  
 588 this section must submit to the department proof of registration  
 589 along with the information required under s. 456.0391, and the  
 590 department shall include the registration in the advanced  
 591 practice registered nurse's practitioner profile created  
 592 pursuant to s. 456.041.

593           (5) To be eligible for biennial renewal of registration,  
 594 an independent advanced practice registered nurse must complete  
 595 at least 10 hours of continuing education approved by the board  
 596 in pharmacology in addition to completing the continuing  
 597 education requirements established by board rule pursuant to s.  
 598 464.013. The biennial renewal for registration shall coincide

599 with the independent advanced practice registered nurse's  
 600 biennial renewal period for advanced practice registered nurse  
 601 certification. If the initial renewal period occurs before  
 602 January 1, 2016, an independent advanced practice registered  
 603 nurse is not required to complete the continuing education  
 604 requirement under this subsection until the following biennial  
 605 renewal period.

606 (6) The board shall register any nurse meeting the  
 607 qualifications in this section. The board shall establish an  
 608 application fee not to exceed \$100 and a biennial renewal fee  
 609 not to exceed \$50. The board is authorized to adopt rules as  
 610 necessary to implement this section.

611 Section 4. Subsections (8) and (9) of section 464.015,  
 612 Florida Statutes, are amended to read:

613 464.015 Titles and abbreviations; restrictions; penalty.-

614 (8) Only a person certified under s. 464.012 ~~persons who~~  
 615 ~~hold valid certificates~~ to practice as an advanced practice  
 616 registered nurse practitioners in this state may use the title  
 617 "Advanced Practice Registered Nurse Practitioner" and the  
 618 abbreviation "A.P.R.N." Only a person registered under s.  
 619 464.0125 to practice as an independent advanced practice  
 620 registered nurse in this state may use the title "Independent  
 621 Advanced Practice Registered Nurse" and the abbreviation  
 622 "I.A.P.R.N." ~~"A.R.N.P."~~

623 (9) A person may not practice or advertise as, or assume  
 624 the title of, registered nurse, licensed practical nurse,

625 clinical nurse specialist, certified registered nurse  
 626 anesthetist, certified nurse midwife, certified nurse  
 627 practitioner, ~~or~~ advanced practice registered nurse, or  
 628 independent advanced practice registered nurse practitioner or  
 629 use the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.,"  
 630 "C.N.M.," "C.N.P.," "A.P.R.N.," or "I.A.P.R.N." "~~A.R.N.P.~~" or  
 631 take any other action that would lead the public to believe that  
 632 person was certified or registered as such or is performing  
 633 nursing services pursuant to the exception set forth in s.  
 634 464.022(8), unless that person is licensed, ~~or~~ certified, or  
 635 registered to practice as such.

636 Section 5. Section 464.0155, Florida Statutes, is created  
 637 to read:

638 464.0155 Reports of adverse incidents by independent  
 639 advanced practice registered nurses.-

640 (1) Effective January 1, 2016, an independent advanced  
 641 practice registered nurse must report an adverse incident to the  
 642 department in accordance with this section.

643 (2) The report must be in writing, sent to the department  
 644 by certified mail, and postmarked within 15 days after the  
 645 adverse incident if the adverse incident occurs when the patient  
 646 is at the office of the independent advanced practice registered  
 647 nurse. If the adverse incident occurs when the patient is not at  
 648 the office of the independent advanced practice registered  
 649 nurse, the report must be postmarked within 15 days after the  
 650 independent advanced practice registered nurse discovers, or

651 reasonably should have discovered, the occurrence of the adverse  
 652 incident.

653 (3) For the purpose of this section, the term "adverse  
 654 incident" means any of the following events when it is  
 655 reasonable to believe that the event is attributable to the  
 656 prescription of a controlled substance by the independent  
 657 advanced practice registered nurse:

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

660 (b) Permanent physical injury to the patient.

661 (c) Death of the patient.

662 (4) The department shall review each adverse incident and  
 663 determine whether the independent advanced practice registered  
 664 nurse caused the adverse incident. The board may take  
 665 disciplinary action upon such a finding, in which case s.  
 666 456.073 applies.

667 Section 6. Paragraph (a) of subsection (2) of section  
 668 464.016, Florida Statutes, is amended to read:

669 464.016 Violations and penalties.—

670 (2) Each of the following acts constitutes a misdemeanor  
 671 of the first degree, punishable as provided in s. 775.082 or s.  
 672 775.083:

673 (a) Using the name or title "Nurse," "Registered Nurse,"  
 674 "Licensed Practical Nurse," "Clinical Nurse Specialist,"  
 675 "Certified Registered Nurse Anesthetist," "Certified Nurse  
 676 Midwife," "Certified Nurse Practitioner," "Advanced Practice

677 Registered Nurse ~~Practitioner,~~ " "Independent Advanced Practice  
 678 Registered Nurse," or any other name or title that ~~which~~ implies  
 679 that a person was licensed, ~~or~~ certified, or registered as same,  
 680 unless such person is duly licensed, ~~or~~ certified, or  
 681 registered.

682 Section 7. Paragraphs (p) through (z) are added to  
 683 subsection (1) of section 464.018, Florida Statutes, to read:

684 464.018 Disciplinary actions.—

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

687 (p) Prescribing, dispensing, administering, mixing, or  
 688 otherwise preparing a legend drug, including any controlled  
 689 substance, other than in the course of the professional practice  
 690 of the independent advanced practice registered nurse or  
 691 advanced practice registered nurse. For the purposes of this  
 692 paragraph, it shall be legally presumed that prescribing,  
 693 dispensing, administering, mixing, or otherwise preparing legend  
 694 drugs, including all controlled substances, inappropriately or  
 695 in excessive or inappropriate quantities is not in the best  
 696 interest of the patient and is not in the course of the  
 697 professional practice of the independent advanced practice  
 698 registered nurse or advanced practice registered nurse, without  
 699 regard to the nurse's intent.

700 (q) Dispensing a controlled substance listed in Schedule  
 701 II or Schedule III in violation of s. 465.0276.

702 (r) Presigning blank prescription forms.



703 (s) Prescribing any medicinal drug appearing on Schedule  
 704 II in chapter 893 by the nurse for office use.

705 (t) Prescribing, ordering, dispensing, administering,  
 706 supplying, selling, or giving any Schedule II drug that is an  
 707 amphetamine or sympathomimetic amine or any compound thereof,  
 708 pursuant to chapter 893, to or for any person except for:

709 1. The treatment of narcolepsy; hyperkinesis; behavioral  
 710 syndrome characterized by the developmentally inappropriate  
 711 symptoms of moderate to severe distractability, short attention  
 712 span, hyperactivity, emotional liability, and impulsivity; or  
 713 drug-induced brain dysfunction;

714 2. The differential diagnostic psychiatric evaluation of  
 715 depression or the treatment of depression shown to be refractory  
 716 to other therapeutic modalities; or

717 3. The clinical investigation of the effects of such drugs  
 718 or compounds when an investigative protocol therefor is  
 719 submitted to, reviewed, and approved by the board before such  
 720 investigation begins.

721 (u) Prescribing, ordering, dispensing, administering,  
 722 supplying, selling, or giving growth hormones, testosterone or  
 723 its analogs, human chorionic gonadotropin (HCG), or other  
 724 hormones for the purpose of muscle building or to enhance  
 725 athletic performance. For the purposes of this paragraph, the  
 726 term "muscle building" does not include the treatment of injured  
 727 muscle. A prescription written for the drug products listed in  
 728 this paragraph may be dispensed by the pharmacist with the

729 presumption that the prescription is for legitimate medical use.

730 (v) Prescribing, ordering, dispensing, administering,  
 731 supplying, selling, or giving amygdalin (laetrile) to any  
 732 person.

733 (w) Promoting or advertising on any prescription form of a  
 734 community pharmacy, unless the form also states, "This  
 735 prescription may be filled at any pharmacy of your choice."

736 (x) Promoting or advertising through any communication  
 737 media the use, sale, or dispensing of any controlled substance  
 738 appearing on any schedule in chapter 893.

739 (y) Prescribing or dispensing any medicinal drug appearing  
 740 on any schedule set forth in chapter 893 by the independent  
 741 advanced practice registered nurse or the advanced practice  
 742 registered nurse for himself or herself or administering any  
 743 such drug by the nurse to himself or herself unless such drug is  
 744 prescribed for the nurse by another practitioner authorized to  
 745 prescribe medicinal drugs.

746 (z) For an independent advanced practice registered nurse  
 747 registered under s. 464.0125:

748 1. Paying or receiving any commission, bonus, kickback, or  
 749 rebate, or engaging in any split-fee arrangement in any form  
 750 whatsoever with a health care practitioner, organization,  
 751 agency, or person, either directly or indirectly, for patients  
 752 referred to providers of health care goods and services,  
 753 including, but not limited to, hospitals, nursing homes,  
 754 clinical laboratories, ambulatory surgical centers, or

755 pharmacies. The provisions of this subparagraph may not be  
 756 construed to prevent an independent advanced practice registered  
 757 nurse from receiving a fee for professional consultation  
 758 services.

759 2. Exercising influence within a patient-independent  
 760 advanced practice registered nurse relationship for purposes of  
 761 engaging a patient in sexual activity. A patient shall be  
 762 presumed to be incapable of giving free, full, and informed  
 763 consent to sexual activity with his or her independent advanced  
 764 practice registered nurse.

765 3. Making deceptive, untrue, or fraudulent representations  
 766 in or related to the practice of advanced or specialized nursing  
 767 or employing a trick or scheme in the practice of advanced or  
 768 specialized nursing.

769 4. Soliciting patients, either personally or through an  
 770 agent, through the use of fraud, intimidation, undue influence,  
 771 or a form of overreaching or vexatious conduct. A solicitation  
 772 is any communication that directly or implicitly requests an  
 773 immediate oral response from the recipient.

774 5. Failing to keep legible, as defined by department rule  
 775 in consultation with the board, medical records that identify  
 776 the independent advanced practice registered nurse by name and  
 777 professional title who is responsible for rendering, ordering,  
 778 supervising, or billing for each diagnostic or treatment  
 779 procedure and that justify the course of treatment of the  
 780 patient, including, but not limited to, patient histories;

781 examination results; test results; records of drugs prescribed,  
 782 dispensed, or administered; and reports of consultations or  
 783 referrals.

784 6. Exercising influence on a patient or client in a manner  
 785 as to exploit the patient or client for financial gain of the  
 786 licensee or of a third party, which shall include, but not be  
 787 limited to, the promoting or selling of services, goods,  
 788 appliances, or drugs.

789 7. Performing professional services that have not been  
 790 duly authorized by the patient or client, or his or her legal  
 791 representative, except as provided in s. 766.103 or s. 768.13.

792 8. Performing any procedure or prescribing any therapy  
 793 that, by the prevailing standards of advanced or specialized  
 794 nursing practice in the community, would constitute  
 795 experimentation on a human subject, without first obtaining  
 796 full, informed, and written consent.

797 9. Delegating professional responsibilities to a person  
 798 when the licensee delegating the responsibilities knows or has  
 799 reason to know that the person is not qualified by training,  
 800 experience, or licensure to perform the responsibilities.

801 10. Conspiring with another independent advanced practice  
 802 registered nurse or with any other person to commit an act, or  
 803 committing an act, which would tend to coerce, intimidate, or  
 804 preclude another independent advanced practice registered nurse  
 805 from lawfully advertising his or her services.

806 11. Advertising or holding oneself out as having

807 | certification in a specialty that the independent advanced  
 808 | practice registered nurse has not received.

809 | 12. Failing to comply with the requirements of ss. 381.026  
 810 | and 381.0261 to provide patients with information about their  
 811 | patient rights and how to file a patient complaint.

812 | 13. Providing deceptive or fraudulent expert witness  
 813 | testimony related to the advanced or specialized practice of  
 814 | nursing.

815 | Section 8. Paragraph (c) of subsection (3) and paragraph  
 816 | (a) of subsection (4) of section 39.303, Florida Statutes, are  
 817 | amended to read:

818 | 39.303 Child protection teams; services; eligible cases.—  
 819 | The Children's Medical Services Program in the Department of  
 820 | Health shall develop, maintain, and coordinate the services of  
 821 | one or more multidisciplinary child protection teams in each of  
 822 | the service districts of the Department of Children and  
 823 | Families. Such teams may be composed of appropriate  
 824 | representatives of school districts and appropriate health,  
 825 | mental health, social service, legal service, and law  
 826 | enforcement agencies. The Department of Health and the  
 827 | Department of Children and Families shall maintain an  
 828 | interagency agreement that establishes protocols for oversight  
 829 | and operations of child protection teams and sexual abuse  
 830 | treatment programs. The State Surgeon General and the Deputy  
 831 | Secretary for Children's Medical Services, in consultation with  
 832 | the Secretary of Children and Families, shall maintain the

833 responsibility for the screening, employment, and, if necessary,  
 834 the termination of child protection team medical directors, at  
 835 headquarters and in the 15 districts. Child protection team  
 836 medical directors shall be responsible for oversight of the  
 837 teams in the districts.

838 (3) All abuse and neglect cases transmitted for  
 839 investigation to a district by the hotline must be  
 840 simultaneously transmitted to the Department of Health child  
 841 protection team for review. For the purpose of determining  
 842 whether face-to-face medical evaluation by a child protection  
 843 team is necessary, all cases transmitted to the child protection  
 844 team which meet the criteria in subsection (2) must be timely  
 845 reviewed by:

846 (c) An advanced practice registered nurse certified, or an  
 847 independent advanced practice registered nurse registered,  
 848 ~~practitioner licensed~~ under chapter 464 who has a specialty in  
 849 pediatrics or family medicine and is a member of a child  
 850 protection team;

851 (4) A face-to-face medical evaluation by a child  
 852 protection team is not necessary when:

853 (a) The child was examined for the alleged abuse or  
 854 neglect by a physician or an independent advanced practice  
 855 registered nurse who is not a member of the child protection  
 856 team, and a consultation between the child protection team  
 857 board-certified pediatrician, advanced practice registered nurse  
 858 ~~practitioner,~~ physician assistant working under the supervision

859 of a child protection team board-certified pediatrician, or  
 860 registered nurse working under the direct supervision of a child  
 861 protection team board-certified pediatrician, and the examining  
 862 practitioner ~~physician~~ concludes that a further medical  
 863 evaluation is unnecessary;

864  
 865 Notwithstanding paragraphs (a), (b), and (c), a child protection  
 866 team pediatrician, as authorized in subsection (3), may  
 867 determine that a face-to-face medical evaluation is necessary.

868 Section 9. Paragraph (b) of subsection (1) of section  
 869 39.304, Florida Statutes, is amended to read:

870 39.304 Photographs, medical examinations, X rays, and  
 871 medical treatment of abused, abandoned, or neglected child.—

872 (1)

873 (b) If the areas of trauma visible on a child indicate a  
 874 need for a medical examination, or if the child verbally  
 875 complains or otherwise exhibits distress as a result of injury  
 876 through suspected child abuse, abandonment, or neglect, or is  
 877 alleged to have been sexually abused, the person required to  
 878 investigate may cause the child to be referred for diagnosis to  
 879 a licensed physician, an independent advanced practice  
 880 registered nurse, or an emergency department in a hospital  
 881 without the consent of the child's parents or legal custodian.  
 882 Such examination may be performed by a ~~any~~ licensed physician, a  
 883 registered independent advanced practice registered nurse, or a  
 884 certified ~~an~~ advanced practice registered nurse ~~practitioner~~

885 ~~licensed pursuant to part I of chapter 464.~~ Any examining  
 886 practitioner licensed physician, or advanced registered nurse  
 887 ~~practitioner licensed pursuant to part I of chapter 464,~~ who has  
 888 reasonable cause to suspect that an injury was the result of  
 889 child abuse, abandonment, or neglect may authorize a  
 890 radiological examination to be performed on the child without  
 891 the consent of the child's parent or legal custodian.

892 Section 10. Paragraph (a) of subsection (1) of section  
 893 90.503, Florida Statutes, is amended to read:

894 90.503 Psychotherapist-patient privilege.-

895 (1) For purposes of this section:

896 (a) A "psychotherapist" is:

897 1. A person authorized to practice medicine in any state  
 898 or nation, or reasonably believed by the patient so to be, who  
 899 is engaged in the diagnosis or treatment of a mental or  
 900 emotional condition, including alcoholism and other drug  
 901 addiction;

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

906 3. A person licensed or certified as a clinical social  
 907 worker, marriage and family therapist, or mental health  
 908 counselor under the laws of this state, who is engaged primarily  
 909 in the diagnosis or treatment of a mental or emotional  
 910 condition, including alcoholism and other drug addiction;



911 4. Treatment personnel of facilities licensed by the state  
 912 pursuant to chapter 394, chapter 395, or chapter 397, of  
 913 facilities designated by the Department of Children and Families  
 914 pursuant to chapter 394 as treatment facilities, or of  
 915 facilities defined as community mental health centers pursuant  
 916 to s. 394.907(1), who are engaged primarily in the diagnosis or  
 917 treatment of a mental or emotional condition, including  
 918 alcoholism and other drug addiction; or

919 5. An independent advanced practice registered nurse or  
 920 advanced practice registered nurse ~~practitioner certified under~~  
 921 ~~s. 464.012~~, whose primary scope of practice is the diagnosis or  
 922 treatment of mental or emotional conditions, including chemical  
 923 abuse, and limited only to actions performed in accordance with  
 924 part I of chapter 464.

925 Section 11. Subsection (3) of section 110.12315, Florida  
 926 Statutes, is amended to read:

927 110.12315 Prescription drug program.—The state employees'  
 928 prescription drug program is established. This program shall be  
 929 administered by the Department of Management Services, according  
 930 to the terms and conditions of the plan as established by the  
 931 relevant provisions of the annual General Appropriations Act and  
 932 implementing legislation, subject to the following conditions:

933 (3) The department ~~of Management Services~~ shall establish  
 934 the reimbursement schedule for prescription pharmaceuticals  
 935 dispensed under the program. Reimbursement rates for a  
 936 prescription pharmaceutical must be based on the cost of the

937 generic equivalent drug if a generic equivalent exists, unless  
 938 the health care practitioner ~~physician~~ prescribing the  
 939 pharmaceutical clearly states on the prescription that the brand  
 940 name drug is medically necessary or that the drug product is  
 941 included on the formulary of drug products that may not be  
 942 interchanged as provided in chapter 465, in which case  
 943 reimbursement must be based on the cost of the brand name drug  
 944 as specified in the reimbursement schedule adopted by the  
 945 department ~~of Management Services~~.

946 Section 12. Paragraph (e) of subsection (8) of section  
 947 112.0455, Florida Statutes, is amended to read:

948 112.0455 Drug-Free Workplace Act.—

949 (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
 950 collection and testing for drugs under this section shall be  
 951 performed in accordance with the following procedures:

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

954 1. A physician, a physician ~~physician's~~ assistant, an  
 955 independent advanced practice registered nurse, an advanced  
 956 practice registered nurse, a registered ~~professional~~ nurse, a  
 957 licensed practical nurse, ~~a nurse practitioner,~~ or a certified  
 958 paramedic who is present at the scene of an accident for the  
 959 purpose of rendering emergency medical service or treatment.

960 2. A qualified person employed by a licensed laboratory.

961 Section 13. Paragraph (f) of subsection (3) of section  
 962 121.0515, Florida Statutes, is amended to read:

963 121.0515 Special Risk Class.—  
 964 (3) CRITERIA.—A member, to be designated as a special risk  
 965 member, must meet the following criteria:  
 966 (f) Effective January 1, 2001, the member must be employed  
 967 in one of the following classes and must spend at least 75  
 968 percent of his or her time performing duties which involve  
 969 contact with patients or inmates in a correctional or forensic  
 970 facility or institution:  
 971 1. Dietitian (class codes 5203 and 5204);  
 972 2. Public health nutrition consultant (class code 5224);  
 973 3. Psychological specialist (class codes 5230 and 5231);  
 974 4. Psychologist (class code 5234);  
 975 5. Senior psychologist (class codes 5237 and 5238);  
 976 6. Regional mental health consultant (class code 5240);  
 977 7. Psychological Services Director—DCF (class code 5242);  
 978 8. Pharmacist (class codes 5245 and 5246);  
 979 9. Senior pharmacist (class codes 5248 and 5249);  
 980 10. Dentist (class code 5266);  
 981 11. Senior dentist (class code 5269);  
 982 12. Registered nurse (class codes 5290 and 5291);  
 983 13. Senior registered nurse (class codes 5292 and 5293);  
 984 14. Registered nurse specialist (class codes 5294 and  
 985 5295);  
 986 15. Clinical associate (class codes 5298 and 5299);  
 987 16. Advanced practice registered nurse ~~practitioner~~ (class  
 988 codes 5297 and 5300);

- 989           17. Advanced practice registered nurse ~~practitioner~~  
 990 specialist (class codes 5304 and 5305);
- 991           18. Registered nurse supervisor (class codes 5306 and  
 992 5307);
- 993           19. Senior registered nurse supervisor (class codes 5308  
 994 and 5309);
- 995           20. Registered nursing consultant (class codes 5312 and  
 996 5313);
- 997           21. Quality management program supervisor (class code  
 998 5314);
- 999           22. Executive nursing director (class codes 5320 and  
 1000 5321);
- 1001           23. Speech and hearing therapist (class code 5406); or
- 1002           24. Pharmacy manager (class code 5251);
- 1003           Section 14. Paragraph (a) of subsection (3) of section  
 1004 252.515, Florida Statutes, is amended to read:
- 1005           252.515 Postdisaster Relief Assistance Act; immunity from  
 1006 civil liability.—
- 1007           (3) As used in this section, the term:
- 1008           (a) "Emergency first responder" means:
- 1009           1. A physician licensed under chapter 458.
- 1010           2. An osteopathic physician licensed under chapter 459.
- 1011           3. A chiropractic physician licensed under chapter 460.
- 1012           4. A podiatric physician licensed under chapter 461.
- 1013           5. A dentist licensed under chapter 466.
- 1014           6. An advanced practice registered nurse ~~practitioner~~

1015 certified under s. 464.012.

1016 7. A physician assistant licensed under s. 458.347 or s.  
1017 459.022.

1018 8. A worker employed by a public or private hospital in  
1019 the state.

1020 9. A paramedic as defined in s. 401.23(17).

1021 10. An emergency medical technician as defined in s.  
1022 401.23(11).

1023 11. A firefighter as defined in s. 633.102.

1024 12. A law enforcement officer as defined in s. 943.10.

1025 13. A member of the Florida National Guard.

1026 14. Any other personnel designated as emergency personnel  
1027 by the Governor pursuant to a declared emergency.

1028 Section 15. Paragraph (c) of subsection (1) of section  
1029 310.071, Florida Statutes, is amended to read:

1030 310.071 Deputy pilot certification.—

1031 (1) In addition to meeting other requirements specified in  
1032 this chapter, each applicant for certification as a deputy pilot  
1033 must:

1034 (c) Be in good physical and mental health, as evidenced by  
1035 documentary proof of having satisfactorily passed a complete  
1036 physical examination administered by a licensed physician or an  
1037 independent advanced practice registered nurse within the  
1038 preceding 6 months. The board shall adopt rules to establish  
1039 requirements for passing the physical examination, which rules  
1040 shall establish minimum standards for the physical or mental

1041 capabilities necessary to carry out the professional duties of a  
 1042 certificated deputy pilot. Such standards shall include zero  
 1043 tolerance for any controlled substance regulated under chapter  
 1044 893 unless that individual is under the care of a physician, an  
 1045 independent advanced practice registered nurse, or an advanced  
 1046 practice registered nurse and that controlled substance was  
 1047 prescribed by that physician, independent advanced practice  
 1048 registered nurse, or advanced practice registered nurse. To  
 1049 maintain eligibility as a certificated deputy pilot, each  
 1050 certificated deputy pilot must annually provide documentary  
 1051 proof of having satisfactorily passed a complete physical  
 1052 examination administered by a licensed physician or an  
 1053 independent advanced practice registered nurse. The examining  
 1054 practitioner ~~physician~~ must know the minimum standards and  
 1055 certify that the certificateholder satisfactorily meets the  
 1056 standards. The standards for certificateholders shall include a  
 1057 drug test.

1058 Section 16. Subsection (3) of section 310.073, Florida  
 1059 Statutes, is amended to read:

1060 310.073 State pilot licensing.—In addition to meeting  
 1061 other requirements specified in this chapter, each applicant for  
 1062 license as a state pilot must:

1063 (3) Be in good physical and mental health, as evidenced by  
 1064 documentary proof of having satisfactorily passed a complete  
 1065 physical examination administered by a licensed physician or an  
 1066 independent advanced practice registered nurse within the

1067 preceding 6 months. The board shall adopt rules to establish  
 1068 requirements for passing the physical examination, which rules  
 1069 shall establish minimum standards for the physical or mental  
 1070 capabilities necessary to carry out the professional duties of a  
 1071 licensed state pilot. Such standards shall include zero  
 1072 tolerance for any controlled substance regulated under chapter  
 1073 893 unless that individual is under the care of a physician, an  
 1074 independent advanced practice registered nurse, or an advanced  
 1075 practice registered nurse and that controlled substance was  
 1076 prescribed by that physician, independent advanced practice  
 1077 registered nurse, or advanced practice registered nurse. To  
 1078 maintain eligibility as a licensed state pilot, each licensed  
 1079 state pilot must annually provide documentary proof of having  
 1080 satisfactorily passed a complete physical examination  
 1081 administered by a licensed physician or an independent advanced  
 1082 practice registered nurse. The examining practitioner ~~physician~~  
 1083 must know the minimum standards and certify that the licensee  
 1084 satisfactorily meets the standards. The standards for licensees  
 1085 shall include a drug test.

1086 Section 17. Paragraph (b) of subsection (3) of section  
 1087 310.081, Florida Statutes, is amended to read:

1088 310.081 Department to examine and license state pilots and  
 1089 certificate deputy pilots; vacancies.-

1090 (3) Pilots shall hold their licenses or certificates  
 1091 pursuant to the requirements of this chapter so long as they:

1092 (b) Are in good physical and mental health as evidenced by

1093 | documentary proof of having satisfactorily passed a physical  
 1094 | examination administered by a licensed physician, an independent  
 1095 | advanced practice registered nurse, or a physician assistant  
 1096 | within each calendar year. The board shall adopt rules to  
 1097 | establish requirements for passing the physical examination,  
 1098 | which rules shall establish minimum standards for the physical  
 1099 | or mental capabilities necessary to carry out the professional  
 1100 | duties of a licensed state pilot or a certificated deputy pilot.  
 1101 | Such standards shall include zero tolerance for any controlled  
 1102 | substance regulated under chapter 893 unless that individual is  
 1103 | under the care of a physician, an independent advanced practice  
 1104 | registered nurse, or an advanced practice registered nurse and  
 1105 | that controlled substance was prescribed by that physician,  
 1106 | independent advanced practice registered nurse, or advanced  
 1107 | practice registered nurse. To maintain eligibility as a  
 1108 | certificated deputy pilot or licensed state pilot, each  
 1109 | certificated deputy pilot or licensed state pilot must annually  
 1110 | provide documentary proof of having satisfactorily passed a  
 1111 | complete physical examination administered by a licensed  
 1112 | physician or an independent advanced practice registered nurse.  
 1113 | The physician or independent advanced practice registered nurse  
 1114 | must know the minimum standards and certify that the  
 1115 | certificateholder or licensee satisfactorily meets the  
 1116 | standards. The standards for certificateholders and for  
 1117 | licensees shall include a drug test.  
 1118 |



1119 Upon resignation or in the case of disability permanently  
 1120 affecting a pilot's ability to serve, the state license or  
 1121 certificate issued under this chapter shall be revoked by the  
 1122 department.

1123 Section 18. Paragraph (b) of subsection (1) of section  
 1124 320.0848, Florida Statutes, is amended to read:

1125 320.0848 Persons who have disabilities; issuance of  
 1126 disabled parking permits; temporary permits; permits for certain  
 1127 providers of transportation services to persons who have  
 1128 disabilities.—

1129 (1)

1130 (b)1. The person must be currently certified as being  
 1131 legally blind or as having any of the following disabilities  
 1132 that render him or her unable to walk 200 feet without stopping  
 1133 to rest:

1134 a. Inability to walk without the use of or assistance from  
 1135 a brace, cane, crutch, prosthetic device, or other assistive  
 1136 device, or without the assistance of another person. If the  
 1137 assistive device significantly restores the person's ability to  
 1138 walk to the extent that the person can walk without severe  
 1139 limitation, the person is not eligible for the exemption parking  
 1140 permit.

1141 b. The need to permanently use a wheelchair.

1142 c. Restriction by lung disease to the extent that the  
 1143 person's forced (respiratory) expiratory volume for 1 second,  
 1144 when measured by spirometry, is less than 1 liter, or the

1145 person's arterial oxygen is less than 60 mm/hg on room air at  
 1146 rest.

1147 d. Use of portable oxygen.

1148 e. Restriction by cardiac condition to the extent that the  
 1149 person's functional limitations are classified in severity as  
 1150 Class III or Class IV according to standards set by the American  
 1151 Heart Association.

1152 f. Severe limitation in the person's ability to walk due  
 1153 to an arthritic, neurological, or orthopedic condition.

1154 2. The certification of disability which is required under  
 1155 subparagraph 1. must be provided by a physician licensed under  
 1156 chapter 458, chapter 459, or chapter 460;~~;~~ by a podiatric  
 1157 physician licensed under chapter 461;~~;~~ by an optometrist  
 1158 licensed under chapter 463;~~;~~ by an independent advanced practice  
 1159 registered nurse registered, or an advanced practice registered  
 1160 nurse certified, practitioner licensed under part I of chapter  
 1161 464; ~~under the protocol of a licensed physician as stated in~~  
 1162 ~~this subparagraph,~~ by a physician assistant licensed under  
 1163 chapter 458 or chapter 459;~~;~~ or ~~by~~ a similarly licensed  
 1164 physician from another state if the application is accompanied  
 1165 by documentation of the physician's licensure in the other state  
 1166 and a form signed by the out-of-state physician verifying his or  
 1167 her knowledge of this state's eligibility guidelines.

1168 Section 19. Paragraph (b) of subsection (1) of section  
 1169 381.00315, Florida Statutes, is amended to read:

1170 381.00315 Public health advisories; public health

1171 emergencies; quarantines.—The State Health Officer is  
 1172 responsible for declaring public health emergencies and  
 1173 quarantines and issuing public health advisories.

1174 (1) As used in this section, the term:

1175 (b) "Public health emergency" means any occurrence, or  
 1176 threat thereof, whether natural or man made, which results or  
 1177 may result in substantial injury or harm to the public health  
 1178 from infectious disease, chemical agents, nuclear agents,  
 1179 biological toxins, or situations involving mass casualties or  
 1180 natural disasters. Prior to declaring a public health emergency,  
 1181 the State Health Officer shall, to the extent possible, consult  
 1182 with the Governor and shall notify the Chief of Domestic  
 1183 Security. The declaration of a public health emergency shall  
 1184 continue until the State Health Officer finds that the threat or  
 1185 danger has been dealt with to the extent that the emergency  
 1186 conditions no longer exist and he or she terminates the  
 1187 declaration. However, a declaration of a public health emergency  
 1188 may not continue for longer than 60 days unless the Governor  
 1189 concurs in the renewal of the declaration. The State Health  
 1190 Officer, upon declaration of a public health emergency, may take  
 1191 actions that are necessary to protect the public health. Such  
 1192 actions include, but are not limited to:

1193 1. Directing manufacturers of prescription drugs or over-  
 1194 the-counter drugs who are permitted under chapter 499 and  
 1195 wholesalers of prescription drugs located in this state who are  
 1196 permitted under chapter 499 to give priority to the shipping of

1197 | specified drugs to pharmacies and health care providers within  
 1198 | geographic areas that have been identified by the State Health  
 1199 | Officer. The State Health Officer must identify the drugs to be  
 1200 | shipped. Manufacturers and wholesalers located in the state must  
 1201 | respond to the State Health Officer's priority shipping  
 1202 | directive before shipping the specified drugs.

1203 |         2. Notwithstanding chapters 465 and 499 and rules adopted  
 1204 | thereunder, directing pharmacists employed by the department to  
 1205 | compound bulk prescription drugs and provide these bulk  
 1206 | prescription drugs to physicians and nurses of county health  
 1207 | departments or any qualified person authorized by the State  
 1208 | Health Officer for administration to persons as part of a  
 1209 | prophylactic or treatment regimen.

1210 |         3. Notwithstanding s. 456.036, temporarily reactivating  
 1211 | the inactive license of the following health care practitioners,  
 1212 | when such practitioners are needed to respond to the public  
 1213 | health emergency: physicians licensed under chapter 458 or  
 1214 | chapter 459; physician assistants licensed under chapter 458 or  
 1215 | chapter 459; independent advanced practice registered nurses  
 1216 | registered, ~~licensed~~ practical nurses or, registered nurses  
 1217 | licensed, and advanced practice registered nurses certified  
 1218 | ~~nurse practitioners licensed~~ under part I of chapter 464;  
 1219 | respiratory therapists licensed under part V of chapter 468; and  
 1220 | emergency medical technicians and paramedics certified under  
 1221 | part III of chapter 401. Only those health care practitioners  
 1222 | specified in this paragraph who possess an unencumbered inactive

1223 license and who request that such license be reactivated are  
 1224 eligible for reactivation. An inactive license that is  
 1225 reactivated under this paragraph shall return to inactive status  
 1226 when the public health emergency ends or prior to the end of the  
 1227 public health emergency if the State Health Officer determines  
 1228 that the health care practitioner is no longer needed to provide  
 1229 services during the public health emergency. Such licenses may  
 1230 only be reactivated for a period not to exceed 90 days without  
 1231 meeting the requirements of s. 456.036 or chapter 401, as  
 1232 applicable.

1233 4. Ordering an individual to be examined, tested,  
 1234 vaccinated, treated, or quarantined for communicable diseases  
 1235 that have significant morbidity or mortality and present a  
 1236 severe danger to public health. Individuals who are unable or  
 1237 unwilling to be examined, tested, vaccinated, or treated for  
 1238 reasons of health, religion, or conscience may be subjected to  
 1239 quarantine.

1240 a. Examination, testing, vaccination, or treatment may be  
 1241 performed by any qualified person authorized by the State Health  
 1242 Officer.

1243 b. If the individual poses a danger to the public health,  
 1244 the State Health Officer may subject the individual to  
 1245 quarantine. If there is no practical method to quarantine the  
 1246 individual, the State Health Officer may use any means necessary  
 1247 to vaccinate or treat the individual.

1248

1249 Any order of the State Health Officer given to effectuate this  
 1250 paragraph shall be immediately enforceable by a law enforcement  
 1251 officer under s. 381.0012.

1252 Section 20. Subsection (3) of section 381.00593, Florida  
 1253 Statutes, is amended to read:

1254 381.00593 Public school volunteer health care practitioner  
 1255 program.—

1256 (3) For purposes of this section, the term "health care  
 1257 practitioner" means a physician licensed under chapter 458; an  
 1258 osteopathic physician licensed under chapter 459; a chiropractic  
 1259 physician licensed under chapter 460; a podiatric physician  
 1260 licensed under chapter 461; an optometrist licensed under  
 1261 chapter 463; an independent advanced practice registered nurse  
 1262 registered, an advanced practice registered nurse certified  
 1263 ~~practitioner, or a registered nurse, or licensed practical nurse~~  
 1264 licensed under part I of chapter 464; a pharmacist licensed  
 1265 under chapter 465; a dentist or dental hygienist licensed under  
 1266 chapter 466; a midwife licensed under chapter 467; a speech-  
 1267 language pathologist or audiologist licensed under part I of  
 1268 chapter 468; a dietitian/nutritionist licensed under part X of  
 1269 chapter 468; or a physical therapist licensed under chapter 486.

1270 Section 21. Paragraph (c) of subsection (2) of section  
 1271 381.026, Florida Statutes, is amended to read:

1272 381.026 Florida Patient's Bill of Rights and  
 1273 Responsibilities.—

1274 (2) DEFINITIONS.—As used in this section and s. 381.0261,

1275 | the term:

1276 |       (c) "Health care provider" means a physician licensed  
 1277 | under chapter 458, an osteopathic physician licensed under  
 1278 | chapter 459, ~~or~~ a podiatric physician licensed under chapter  
 1279 | 461, or an independent advanced practice registered nurse  
 1280 | registered under part I of chapter 464.

1281 |       Section 22. Paragraph (a) of subsection (2) and  
 1282 | subsections (3) through (5) of section 382.008, Florida  
 1283 | Statutes, are amended to read:

1284 |       382.008 Death and fetal death registration.—

1285 |       (2)(a) The funeral director who first assumes custody of a  
 1286 | dead body or fetus shall file the certificate of death or fetal  
 1287 | death. In the absence of the funeral director, the physician,  
 1288 | independent advanced practice registered nurse, advanced  
 1289 | practice registered nurse, or other person in attendance at or  
 1290 | after the death or the district medical examiner of the county  
 1291 | in which the death occurred or the body was found shall file the  
 1292 | certificate of death or fetal death. The person who files the  
 1293 | certificate shall obtain personal data from the next of kin or  
 1294 | the best qualified person or source available. The medical  
 1295 | certification of cause of death shall be furnished to the  
 1296 | funeral director, either in person or via certified mail or  
 1297 | electronic transfer, by the physician, independent advanced  
 1298 | practice registered nurse, advanced practice registered nurse,  
 1299 | or medical examiner responsible for furnishing such information.  
 1300 | For fetal deaths, the physician, certified nurse midwife,

1301 midwife, or hospital administrator shall provide any medical or  
 1302 health information to the funeral director within 72 hours after  
 1303 expulsion or extraction.

1304 (3) Within 72 hours after receipt of a death or fetal  
 1305 death certificate from the funeral director, the medical  
 1306 certification of cause of death shall be completed and made  
 1307 available to the funeral director by the decedent's primary or  
 1308 attending practitioner ~~physician~~ or, if s. 382.011 applies, the  
 1309 district medical examiner of the county in which the death  
 1310 occurred or the body was found. The primary or attending  
 1311 practitioner ~~physician~~ or the medical examiner shall certify  
 1312 over his or her signature the cause of death to the best of his  
 1313 or her knowledge and belief. As used in this section, the term  
 1314 "primary or attending practitioner ~~physician~~" means a physician,  
 1315 independent advanced practice registered nurse, or advanced  
 1316 practice registered nurse, who treated the decedent through  
 1317 examination, medical advice, or medication during the 12 months  
 1318 preceding the date of death.

1319 (a) The local registrar may grant the funeral director an  
 1320 extension of time upon a good and sufficient showing of any of  
 1321 the following conditions:

- 1322 1. An autopsy is pending.
- 1323 2. Toxicology, laboratory, or other diagnostic reports  
 1324 have not been completed.
- 1325 3. The identity of the decedent is unknown and further  
 1326 investigation or identification is required.



1327 (b) If the decedent's primary or attending practitioner,  
 1328 ~~physician~~ or the district medical examiner of the county in  
 1329 which the death occurred or the body was found, indicates that  
 1330 he or she will sign and complete the medical certification of  
 1331 cause of death but will not be available until after the 5-day  
 1332 registration deadline, the local registrar may grant an  
 1333 extension of 5 days. If a further extension is required, the  
 1334 funeral director must provide written justification to the  
 1335 registrar.

1336 (4) If the department or local registrar grants an  
 1337 extension of time to provide the medical certification of cause  
 1338 of death, the funeral director shall file a temporary  
 1339 certificate of death or fetal death which shall contain all  
 1340 available information, including the fact that the cause of  
 1341 death is pending. The decedent's primary or attending  
 1342 practitioner ~~physician~~ or the district medical examiner of the  
 1343 county in which the death occurred or the body was found shall  
 1344 provide an estimated date for completion of the permanent  
 1345 certificate.

1346 (5) A permanent certificate of death or fetal death,  
 1347 containing the cause of death and any other information that was  
 1348 previously unavailable, shall be registered as a replacement for  
 1349 the temporary certificate. The permanent certificate may also  
 1350 include corrected information if the items being corrected are  
 1351 noted on the back of the certificate and dated and signed by the  
 1352 funeral director, physician, independent advanced practice

1353 registered nurse, advanced practice registered nurse, or  
 1354 district medical examiner of the county in which the death  
 1355 occurred or the body was found, as appropriate.

1356 Section 23. Paragraph (c) of subsection (1) of section  
 1357 383.14, Florida Statutes, is amended to read:

1358 383.14 Screening for metabolic disorders, other hereditary  
 1359 and congenital disorders, and environmental risk factors.—

1360 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
 1361 maternal and child health care system, the Department of Health  
 1362 shall promote the screening of all newborns born in Florida for  
 1363 metabolic, hereditary, and congenital disorders known to result  
 1364 in significant impairment of health or intellect, as screening  
 1365 programs accepted by current medical practice become available  
 1366 and practical in the judgment of the department. The department  
 1367 shall also promote the identification and screening of all  
 1368 newborns in this state and their families for environmental risk  
 1369 factors such as low income, poor education, maternal and family  
 1370 stress, emotional instability, substance abuse, and other high-  
 1371 risk conditions associated with increased risk of infant  
 1372 mortality and morbidity to provide early intervention,  
 1373 remediation, and prevention services, including, but not limited  
 1374 to, parent support and training programs, home visitation, and  
 1375 case management. Identification, perinatal screening, and  
 1376 intervention efforts shall begin prior to and immediately  
 1377 following the birth of the child by the attending health care  
 1378 provider. Such efforts shall be conducted in hospitals,

1379 perinatal centers, county health departments, school health  
 1380 programs that provide prenatal care, and birthing centers, and  
 1381 reported to the Office of Vital Statistics.

1382 (c) Release of screening results.—Notwithstanding any law  
 1383 to the contrary, the State Public Health Laboratory may release,  
 1384 directly or through the Children's Medical Services program, the  
 1385 results of a newborn's hearing and metabolic tests or screenings  
 1386 to the newborn's health care practitioner. As used in this  
 1387 paragraph, the term "health care practitioner" means a physician  
 1388 or physician assistant licensed under chapter 458; an  
 1389 osteopathic physician or physician assistant licensed under  
 1390 chapter 459; an independent advanced practice registered nurse  
 1391 registered, an advanced practice registered nurse certified  
 1392 practitioner, or a registered nurse, or ~~licensed~~ practical nurse  
 1393 licensed under part I of chapter 464; a midwife licensed under  
 1394 chapter 467; a speech-language pathologist or audiologist  
 1395 licensed under part I of chapter 468; or a dietician or  
 1396 nutritionist licensed under part X of chapter 468.

1397 Section 24. Paragraph (c) of subsection (1) of section  
 1398 383.141, Florida Statutes, is amended to read:

1399 383.141 Prenatally diagnosed conditions; patient to be  
 1400 provided information; definitions; information clearinghouse;  
 1401 advisory council.—

1402 (1) As used in this section, the term:

1403 (c) "Health care provider" means a practitioner licensed  
 1404 or registered under chapter 458 or chapter 459, or an

1405 independent advanced practice registered nurse registered, or an  
 1406 advanced practice registered nurse ~~practitioner~~ certified, under  
 1407 part I of chapter 464.

1408 Section 25. Paragraph (a) of subsection (3) of section  
 1409 390.0111, Florida Statutes, is amended to read:

1410 390.0111 Termination of pregnancies.—

1411 (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
 1412 be performed or induced except with the voluntary and informed  
 1413 written consent of the pregnant woman or, in the case of a  
 1414 mental incompetent, the voluntary and informed written consent  
 1415 of her court-appointed guardian.

1416 (a) Except in the case of a medical emergency, consent to  
 1417 a termination of pregnancy is voluntary and informed only if:

1418 1. The physician who is to perform the procedure, or the  
 1419 referring physician, has, at a minimum, orally, in person,  
 1420 informed the woman of:

1421 a. The nature and risks of undergoing or not undergoing  
 1422 the proposed procedure that a reasonable patient would consider  
 1423 material to making a knowing and willful decision of whether to  
 1424 terminate a pregnancy.

1425 b. The probable gestational age of the fetus, verified by  
 1426 an ultrasound, at the time the termination of pregnancy is to be  
 1427 performed.

1428 (I) The ultrasound must be performed by the physician who  
 1429 is to perform the abortion or by a person having documented  
 1430 evidence that he or she has completed a course in the operation

1431 of ultrasound equipment as prescribed by rule and who is working  
 1432 in conjunction with the physician.

1433 (II) The person performing the ultrasound must offer the  
 1434 woman the opportunity to view the live ultrasound images and  
 1435 hear an explanation of them. If the woman accepts the  
 1436 opportunity to view the images and hear the explanation, a  
 1437 physician or a registered nurse, licensed practical nurse,  
 1438 advanced practice registered nurse ~~practitioner~~, independent  
 1439 advanced practice registered nurse, or physician assistant  
 1440 working in conjunction with the physician must contemporaneously  
 1441 review and explain the images to the woman before the woman  
 1442 gives informed consent to having an abortion procedure  
 1443 performed.

1444 (III) The woman has a right to decline to view and hear  
 1445 the explanation of the live ultrasound images after she is  
 1446 informed of her right and offered an opportunity to view the  
 1447 images and hear the explanation. If the woman declines, the  
 1448 woman shall complete a form acknowledging that she was offered  
 1449 an opportunity to view and hear the explanation of the images  
 1450 but that she declined that opportunity. The form must also  
 1451 indicate that the woman's decision was not based on any undue  
 1452 influence from any person to discourage her from viewing the  
 1453 images or hearing the explanation and that she declined of her  
 1454 own free will.

1455 (IV) Unless requested by the woman, the person performing  
 1456 the ultrasound may not offer the opportunity to view the images

1457 and hear the explanation and the explanation may not be given  
 1458 if, at the time the woman schedules or arrives for her  
 1459 appointment to obtain an abortion, a copy of a restraining  
 1460 order, police report, medical record, or other court order or  
 1461 documentation is presented which provides evidence that the  
 1462 woman is obtaining the abortion because the woman is a victim of  
 1463 rape, incest, domestic violence, or human trafficking or that  
 1464 the woman has been diagnosed as having a condition that, on the  
 1465 basis of a physician's good faith clinical judgment, would  
 1466 create a serious risk of substantial and irreversible impairment  
 1467 of a major bodily function if the woman delayed terminating her  
 1468 pregnancy.

1469 c. The medical risks to the woman and fetus of carrying  
 1470 the pregnancy to term.

1471 2. Printed materials prepared and provided by the  
 1472 department have been provided to the pregnant woman, if she  
 1473 chooses to view these materials, including:

1474 a. A description of the fetus, including a description of  
 1475 the various stages of development.

1476 b. A list of entities that offer alternatives to  
 1477 terminating the pregnancy.

1478 c. Detailed information on the availability of medical  
 1479 assistance benefits for prenatal care, childbirth, and neonatal  
 1480 care.

1481 3. The woman acknowledges in writing, before the  
 1482 termination of pregnancy, that the information required to be

1483 provided under this subsection has been provided.

1484

1485 Nothing in this paragraph is intended to prohibit a physician  
 1486 from providing any additional information which the physician  
 1487 deems material to the woman's informed decision to terminate her  
 1488 pregnancy.

1489 Section 26. Paragraphs (c), (e), and (f) of subsection (3)  
 1490 of section 390.012, Florida Statutes, are amended to read:

1491 390.012 Powers of agency; rules; disposal of fetal  
 1492 remains.-

1493 (3) For clinics that perform or claim to perform abortions  
 1494 after the first trimester of pregnancy, the agency shall adopt  
 1495 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
 1496 provisions of this chapter, including the following:

1497 (c) Rules relating to abortion clinic personnel. At a  
 1498 minimum, these rules shall require that:

1499 1. The abortion clinic designate a medical director who is  
 1500 licensed to practice medicine in this state and who has  
 1501 admitting privileges at a licensed hospital in this state or has  
 1502 a transfer agreement with a licensed hospital within reasonable  
 1503 proximity of the clinic.

1504 2. If a physician is not present after an abortion is  
 1505 performed, a registered nurse, licensed practical nurse,  
 1506 advanced practice registered nurse ~~practitioner~~, independent  
 1507 advanced practice registered nurse, or physician assistant shall  
 1508 be present and remain at the clinic to provide postoperative

1509 monitoring and care until the patient is discharged.

1510 3. Surgical assistants receive training in counseling,  
 1511 patient advocacy, and the specific responsibilities associated  
 1512 with the services the surgical assistants provide.

1513 4. Volunteers receive training in the specific  
 1514 responsibilities associated with the services the volunteers  
 1515 provide, including counseling and patient advocacy as provided  
 1516 in the rules adopted by the director for different types of  
 1517 volunteers based on their responsibilities.

1518 (e) Rules relating to the abortion procedure. At a  
 1519 minimum, these rules shall require:

1520 1. That a physician, registered nurse, licensed practical  
 1521 nurse, advanced practice registered nurse ~~practitioner~~,  
 1522 independent advanced practice registered nurse, or physician  
 1523 assistant is available to all patients throughout the abortion  
 1524 procedure.

1525 2. Standards for the safe conduct of abortion procedures  
 1526 that conform to obstetric standards in keeping with established  
 1527 standards of care regarding the estimation of fetal age as  
 1528 defined in rule.

1529 3. Appropriate use of general and local anesthesia,  
 1530 analgesia, and sedation if ordered by the physician.

1531 4. Appropriate precautions, such as the establishment of  
 1532 intravenous access at least for patients undergoing post-first  
 1533 trimester abortions.

1534 5. Appropriate monitoring of the vital signs and other



1535 defined signs and markers of the patient's status throughout the  
 1536 abortion procedure and during the recovery period until the  
 1537 patient's condition is deemed to be stable in the recovery room.

1538 (f) Rules that prescribe minimum recovery room standards.  
 1539 At a minimum, these rules shall require that:

1540 1. Postprocedure recovery rooms are supervised and staffed  
 1541 to meet the patients' needs.

1542 2. Immediate postprocedure care consists of observation in  
 1543 a supervised recovery room for as long as the patient's  
 1544 condition warrants.

1545 3. The clinic arranges hospitalization if any complication  
 1546 beyond the medical capability of the staff occurs or is  
 1547 suspected.

1548 4. A registered nurse, licensed practical nurse, advanced  
 1549 practice registered nurse practitioner, independent advanced  
 1550 practice registered nurse, or physician assistant who is trained  
 1551 in the management of the recovery area and is capable of  
 1552 providing basic cardiopulmonary resuscitation and related  
 1553 emergency procedures remains on the premises of the abortion  
 1554 clinic until all patients are discharged.

1555 5. A physician shall sign the discharge order and be  
 1556 readily accessible and available until the last patient is  
 1557 discharged to facilitate the transfer of emergency cases if  
 1558 hospitalization of the patient or viable fetus is necessary.

1559 6. A physician discusses Rho(D) immune globulin with each  
 1560 patient for whom it is indicated and ensures that it is offered

1561 to the patient in the immediate postoperative period or that it  
 1562 will be available to her within 72 hours after completion of the  
 1563 abortion procedure. If the patient refuses the Rho(D) immune  
 1564 globulin, a refusal form approved by the agency shall be signed  
 1565 by the patient and a witness and included in the medical record.

1566 7. Written instructions with regard to postabortion  
 1567 coitus, signs of possible problems, and general aftercare are  
 1568 given to each patient. Each patient shall have specific written  
 1569 instructions regarding access to medical care for complications,  
 1570 including a telephone number to call for medical emergencies.

1571 8. There is a specified minimum length of time that a  
 1572 patient remains in the recovery room by type of abortion  
 1573 procedure and duration of gestation.

1574 9. The physician ensures that a registered nurse, licensed  
 1575 practical nurse, advanced practice registered nurse  
 1576 ~~practitioner~~, independent advanced practice registered nurse, or  
 1577 physician assistant from the abortion clinic makes a good faith  
 1578 effort to contact the patient by telephone, with the patient's  
 1579 consent, within 24 hours after surgery to assess the patient's  
 1580 recovery.

1581 10. Equipment and services are readily accessible to  
 1582 provide appropriate emergency resuscitative and life support  
 1583 procedures pending the transfer of the patient or viable fetus  
 1584 to the hospital.

1585 Section 27. Subsection (23) of section 394.455, Florida  
 1586 Statutes, is amended to read:

1587 394.455 Definitions.—As used in this part, unless the  
 1588 context clearly requires otherwise, the term:

1589 (23) "Psychiatric nurse" means a registered nurse licensed  
 1590 under part I of chapter 464 who has a master's degree or a  
 1591 doctorate in psychiatric nursing and 2 years of post-master's  
 1592 clinical experience under the supervision of a physician, or an  
 1593 independent advanced practice registered nurse registered under,  
 1594 or an advanced practice registered nurse certified under, part I  
 1595 of chapter 464, who obtains national certification as a  
 1596 psychiatric-mental health advanced practice nurse.

1597 Section 28. Paragraphs (a) and (f) of subsection (2) of  
 1598 section 394.463, Florida Statutes, are amended to read:

1599 394.463 Involuntary examination.—

1600 (2) INVOLUNTARY EXAMINATION.—

1601 (a) An involuntary examination may be initiated by any one  
 1602 of the following means:

1603 1. A court may enter an ex parte order stating that a  
 1604 person appears to meet the criteria for involuntary examination,  
 1605 giving the findings on which that conclusion is based. The ex  
 1606 parte order for involuntary examination must be based on sworn  
 1607 testimony, written or oral. If other less restrictive means are  
 1608 not available, such as voluntary appearance for outpatient  
 1609 evaluation, a law enforcement officer, or other designated agent  
 1610 of the court, shall take the person into custody and deliver him  
 1611 or her to the nearest receiving facility for involuntary  
 1612 examination. The order of the court shall be made a part of the

1613 patient's clinical record. No fee shall be charged for the  
 1614 filing of an order under this subsection. Any receiving facility  
 1615 accepting the patient based on this order must send a copy of  
 1616 the order to the Agency for Health Care Administration on the  
 1617 next working day. The order shall be valid only until executed  
 1618 or, if not executed, for the period specified in the order  
 1619 itself. If no time limit is specified in the order, the order  
 1620 shall be valid for 7 days after the date that the order was  
 1621 signed.

1622         2. A law enforcement officer shall take a person who  
 1623 appears to meet the criteria for involuntary examination into  
 1624 custody and deliver the person or have him or her delivered to  
 1625 the nearest receiving facility for examination. The officer  
 1626 shall execute a written report detailing the circumstances under  
 1627 which the person was taken into custody, and the report shall be  
 1628 made a part of the patient's clinical record. Any receiving  
 1629 facility accepting the patient based on this report must send a  
 1630 copy of the report to the Agency for Health Care Administration  
 1631 on the next working day.

1632         3. A physician, clinical psychologist, psychiatric nurse,  
 1633 independent advanced practice registered nurse, advanced  
 1634 practice registered nurse, mental health counselor, marriage and  
 1635 family therapist, or clinical social worker may execute a  
 1636 certificate stating that he or she has examined a person within  
 1637 the preceding 48 hours and finds that the person appears to meet  
 1638 the criteria for involuntary examination and stating the

1639 observations upon which that conclusion is based. If other less  
 1640 restrictive means are not available, such as voluntary  
 1641 appearance for outpatient evaluation, a law enforcement officer  
 1642 shall take the person named in the certificate into custody and  
 1643 deliver him or her to the nearest receiving facility for  
 1644 involuntary examination. The law enforcement officer shall  
 1645 execute a written report detailing the circumstances under which  
 1646 the person was taken into custody. The report and certificate  
 1647 shall be made a part of the patient's clinical record. Any  
 1648 receiving facility accepting the patient based on this  
 1649 certificate must send a copy of the certificate to the Agency  
 1650 for Health Care Administration on the next working day.

1651 (f) A patient shall be examined by a physician, ~~or~~  
 1652 clinical psychologist, or psychiatric nurse at a receiving  
 1653 facility without unnecessary delay and may, upon the order of a  
 1654 physician, be given emergency treatment if it is determined that  
 1655 such treatment is necessary for the safety of the patient or  
 1656 others. The patient may not be released by the receiving  
 1657 facility or its contractor without the documented approval of a  
 1658 psychiatrist, a clinical psychologist, or a psychiatric nurse,  
 1659 or, if the receiving facility is a hospital, the release may  
 1660 also be approved by an attending emergency department physician  
 1661 with experience in the diagnosis and treatment of mental and  
 1662 nervous disorders and after completion of an involuntary  
 1663 examination pursuant to this subsection. However, a patient may  
 1664 not be held in a receiving facility for involuntary examination

1665 longer than 72 hours.

1666 Section 29. Paragraphs (a) and (b) of subsection (2) and  
 1667 subsection (4) of section 395.0191, Florida Statutes, are  
 1668 amended to read:

1669 395.0191 Staff membership and clinical privileges.—

1670 (2)(a) Each licensed facility shall establish rules and  
 1671 procedures for consideration of an application for clinical  
 1672 privileges submitted by an independent advanced practice  
 1673 registered nurse registered, or an advanced practice registered  
 1674 nurse practitioner licensed and certified, under part I of  
 1675 chapter 464, in accordance with the provisions of this section.  
 1676 A ~~No~~ licensed facility may not shall deny such application  
 1677 solely because the applicant is registered or certified ~~licensed~~  
 1678 under part I of chapter 464 or because the applicant is not a  
 1679 participant in the Florida Birth-Related Neurological Injury  
 1680 Compensation Plan.

1681 (b) An advanced practice registered nurse ~~practitioner~~ who  
 1682 is a certified ~~as a~~ registered nurse anesthetist ~~licensed~~ under  
 1683 part I of chapter 464 shall administer anesthesia under the  
 1684 onsite medical direction of a professional licensed under  
 1685 chapter 458, chapter 459, or chapter 466, and in accordance with  
 1686 an established protocol approved by the medical staff. The  
 1687 medical direction shall specifically address the needs of the  
 1688 individual patient. This paragraph does not apply to an  
 1689 independent advanced practice registered nurse who is a  
 1690 certified registered nurse anesthetist under part I of chapter

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464.  
 (4) Nothing herein shall restrict in any way the authority of the medical staff of a licensed facility to review for approval or disapproval all applications for appointment and reappointment to all categories of staff and to make recommendations on each applicant to the governing board, including the delineation of privileges to be granted in each case. In making such recommendations and in the delineation of privileges, each applicant shall be considered individually pursuant to criteria for a doctor licensed under chapter 458, chapter 459, chapter 461, or chapter 466;~~7~~ ~~or~~ for an independent advanced practice registered nurse registered, or an advanced practice registered nurse ~~practitioner licensed and certified,~~ under part I of chapter 464;~~7~~ or for a psychologist licensed under chapter 490, as applicable. The applicant's eligibility for staff membership or clinical privileges shall be determined by the applicant's background, experience, health, training, and demonstrated competency; the applicant's adherence to applicable professional ethics; the applicant's reputation; and the applicant's ability to work with others and by such other elements as determined by the governing board, consistent with this part.  
 Section 30. Subsection (3) of section 395.602, Florida Statutes, is amended to read:  
 395.602 Rural hospitals.—  
 (3) USE OF FUNDS.—It is the intent of the Legislature that

1717 funds as appropriated shall be utilized by the department for  
 1718 the purpose of increasing the number of primary care physicians,  
 1719 physician assistants, certified nurse midwives, certified nurse  
 1720 practitioners, and nurses in rural areas, either through the  
 1721 Medical Education Reimbursement and Loan Repayment Program as  
 1722 defined by s. 1009.65 or through a federal loan repayment  
 1723 program which requires state matching funds. The department may  
 1724 use funds appropriated for the Medical Education Reimbursement  
 1725 and Loan Repayment Program as matching funds for federal loan  
 1726 repayment programs for health care personnel, such as that  
 1727 authorized in Pub. L. No. 100-177, s. 203. If the department  
 1728 receives federal matching funds, the department shall only  
 1729 implement the federal program. Reimbursement through either  
 1730 program shall be limited to:

1731 (a) Primary care physicians, physician assistants,  
 1732 certified nurse midwives, certified nurse practitioners, and  
 1733 nurses employed by or affiliated with rural hospitals, as  
 1734 defined in this act; and

1735 (b) Primary care physicians, physician assistants,  
 1736 certified nurse midwives, certified nurse practitioners, and  
 1737 nurses employed by or affiliated with rural area health  
 1738 education centers, as defined in this section. These personnel  
 1739 shall practice:

- 1740 1. In a county with a population density of no greater
- 1741 than 100 persons per square mile; or
- 1742 2. Within the boundaries of a hospital tax district which



1743 encompasses a population of no greater than 100 persons per  
 1744 square mile.

1745  
 1746 If the department administers a federal loan repayment program,  
 1747 priority shall be given to obligating state and federal matching  
 1748 funds pursuant to paragraphs (a) and (b). The department may use  
 1749 federal matching funds in other health workforce shortage areas  
 1750 and medically underserved areas in the state for loan repayment  
 1751 programs for primary care physicians, physician assistants,  
 1752 certified nurse midwives, certified nurse practitioners, and  
 1753 nurses who are employed by publicly financed health care  
 1754 programs that serve medically indigent persons.

1755 Section 31. Paragraphs (b) and (c) of subsection (8) of  
 1756 section 395.605, Florida Statutes, are amended to read:

1757 395.605 Emergency care hospitals.-

1758 (8)

1759 (b) All patients shall be under the care of a physician or  
 1760 an independent advanced practice registered nurse or under the  
 1761 care of an advanced practice registered ~~a nurse practitioner~~ or  
 1762 physician assistant supervised by a physician.

1763 (c) A physician, an independent advanced practice  
 1764 registered nurse, an advanced practice registered nurse  
 1765 ~~practitioner~~, or a physician assistant shall be on duty at all  
 1766 times, or a physician shall be on call and available within 30  
 1767 minutes at all times.

1768 Section 32. Subsection (26) of section 397.311, Florida

1769 Statutes, is amended to read:

1770 397.311 Definitions.—As used in this chapter, except part  
1771 VIII, the term:

1772 (26) "Qualified professional" means a physician or a  
1773 physician assistant licensed under chapter 458 or chapter 459; a  
1774 professional licensed under chapter 490 or chapter 491; an  
1775 independent advanced practice registered nurse or advanced  
1776 practice registered nurse, who has ~~practitioner having~~ a  
1777 specialty in psychiatry and is registered or certified licensed  
1778 under part I of chapter 464; or a person who is certified  
1779 through a department-recognized certification process for  
1780 substance abuse treatment services and who holds, at a minimum,  
1781 a bachelor's degree. A person who is certified in substance  
1782 abuse treatment services by a state-recognized certification  
1783 process in another state at the time of employment with a  
1784 licensed substance abuse provider in this state may perform the  
1785 functions of a qualified professional as defined in this chapter  
1786 but must meet certification requirements contained in this  
1787 subsection no later than 1 year after his or her date of  
1788 employment.

1789 Section 33. Section 397.405, Florida Statutes, is amended  
1790 to read:

1791 397.405 Exemptions from licensure.—The following are  
1792 exempt from the licensing provisions of this chapter:

1793 (1) A hospital or hospital-based component licensed under  
1794 chapter 395.

- 1795 (2) A nursing home facility as defined in s. 400.021.  
 1796 (3) A substance abuse education program established  
 1797 pursuant to s. 1003.42.  
 1798 (4) A facility or institution operated by the Federal  
 1799 Government.  
 1800 (5) A physician or physician assistant licensed under  
 1801 chapter 458 or chapter 459.  
 1802 (6) A psychologist licensed under chapter 490.  
 1803 (7) A social worker, marriage and family therapist, or  
 1804 mental health counselor licensed under chapter 491.  
 1805 (8) A legally cognizable church or nonprofit religious  
 1806 organization or denomination providing substance abuse services,  
 1807 including prevention services, which are solely religious,  
 1808 spiritual, or ecclesiastical in nature. A church or nonprofit  
 1809 religious organization or denomination providing any of the  
 1810 licensed service components itemized under s. 397.311(18) is not  
 1811 exempt from substance abuse licensure but retains its exemption  
 1812 with respect to all services which are solely religious,  
 1813 spiritual, or ecclesiastical in nature.  
 1814 (9) Facilities licensed under chapter 393 which, in  
 1815 addition to providing services to persons with developmental  
 1816 disabilities, also provide services to persons developmentally  
 1817 at risk as a consequence of exposure to alcohol or other legal  
 1818 or illegal drugs while in utero.  
 1819 (10) DUI education and screening services provided  
 1820 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.

1821 Persons or entities providing treatment services must be  
 1822 licensed under this chapter unless exempted from licensing as  
 1823 provided in this section.

1824 (11) A facility licensed under s. 394.875 as a crisis  
 1825 stabilization unit.

1826

1827 The exemptions from licensure in this section do not apply to  
 1828 any service provider that receives an appropriation, grant, or  
 1829 contract from the state to operate as a service provider as  
 1830 defined in this chapter or to any substance abuse program  
 1831 regulated pursuant to s. 397.406. Furthermore, this chapter may  
 1832 not be construed to limit the practice of a physician or  
 1833 physician assistant licensed under chapter 458 or chapter 459, a  
 1834 psychologist licensed under chapter 490, a psychotherapist  
 1835 licensed under chapter 491, or an independent advanced practice  
 1836 registered nurse registered, or an advanced practice registered  
 1837 nurse certified, practitioner licensed under part I of chapter  
 1838 464, who provides substance abuse treatment, unless a  
 1839 practitioner represents so long as the physician, physician  
 1840 assistant, psychologist, psychotherapist, or advanced registered  
 1841 nurse practitioner does not represent to the public that the  
 1842 practitioner he or she is a licensed service provider and  
 1843 provides does not provide services to individuals pursuant to  
 1844 part V of this chapter. Failure to comply with any requirement  
 1845 necessary to maintain an exempt status under this section is a  
 1846 misdemeanor of the first degree, punishable as provided in s.

1847 775.082 or s. 775.083.

1848 Section 34. Subsections (5), (9), and (10) of section  
1849 397.427, Florida Statutes, are amended to read:

1850 397.427 Medication-assisted treatment service providers;  
1851 rehabilitation program; needs assessment and provision of  
1852 services; persons authorized to issue takeout medication;  
1853 unlawful operation; penalty.—

1854 (5) Notwithstanding s. 465.019(2), a physician assistant,  
1855 a registered nurse, an advanced practice registered nurse  
1856 ~~practitioner~~, or a licensed practical nurse working for a  
1857 licensed service provider may deliver takeout medication for  
1858 opiate treatment to persons enrolled in a maintenance treatment  
1859 program for medication-assisted treatment for opiate addiction  
1860 if:

1861 (a) The medication-assisted treatment program for opiate  
1862 addiction has an appropriate valid permit issued pursuant to  
1863 rules adopted by the Board of Pharmacy;

1864 (b) The medication for treatment of opiate addiction has  
1865 been delivered pursuant to a valid prescription written by the  
1866 program's physician licensed pursuant to chapter 458 or chapter  
1867 459;

1868 (c) The medication for treatment of opiate addiction which  
1869 is ordered appears on a formulary and is prepackaged and  
1870 prelabeled with dosage instructions and distributed from a  
1871 source authorized under chapter 499;

1872 (d) Each licensed provider adopts written protocols which

1873 provide for supervision of the physician assistant, registered  
 1874 nurse, advanced practice registered nurse ~~practitioner~~, or  
 1875 licensed practical nurse by a physician licensed pursuant to  
 1876 chapter 458 or chapter 459 and for the procedures by which  
 1877 patients' medications may be delivered by the physician  
 1878 assistant, registered nurse, advanced practice registered nurse  
 1879 ~~practitioner~~, or licensed practical nurse. Such protocols shall  
 1880 be signed by the supervising physician and either the  
 1881 administering registered nurse, the advanced practice registered  
 1882 nurse ~~practitioner~~, or the licensed practical nurse.

1883 (e) Each licensed service provider maintains and has  
 1884 available for inspection by representatives of the Board of  
 1885 Pharmacy all medical records and patient care protocols,  
 1886 including records of medications delivered to patients, in  
 1887 accordance with the board.

1888 (9) A physician assistant, a registered nurse, an advanced  
 1889 practice registered nurse ~~practitioner~~, or a licensed practical  
 1890 nurse working for a licensed service provider may deliver  
 1891 medication as prescribed by rule if:

1892 (a) The service provider is authorized to provide  
 1893 medication-assisted treatment;

1894 (b) The medication has been administered pursuant to a  
 1895 valid prescription written by the program's physician who is  
 1896 licensed under chapter 458 or chapter 459; and

1897 (c) The medication ordered appears on a formulary or meets  
 1898 federal requirements for medication-assisted treatment.

1899           (10) Each licensed service provider that provides  
 1900 medication-assisted treatment must adopt written protocols as  
 1901 specified by the department and in accordance with federally  
 1902 required rules, regulations, or procedures. The protocol shall  
 1903 provide for the supervision of the physician assistant,  
 1904 registered nurse, advanced practice registered nurse  
 1905 ~~practitioner~~, or licensed practical nurse working under the  
 1906 supervision of a physician who is licensed under chapter 458 or  
 1907 chapter 459. The protocol must specify how the medication will  
 1908 be used in conjunction with counseling or psychosocial treatment  
 1909 and that the services provided will be included on the treatment  
 1910 plan. The protocol must specify the procedures by which  
 1911 medication-assisted treatment may be administered by the  
 1912 supervised ~~physician assistant, registered nurse, advanced~~  
 1913 ~~registered nurse practitioner, or licensed practical nurse.~~  
 1914 These protocols shall be signed by the supervising physician and  
 1915 the supervised ~~administering physician assistant, registered~~  
 1916 ~~nurse, advanced registered nurse practitioner, or licensed~~  
 1917 ~~practical nurse.~~

1918           Section 35. Paragraph (a) of subsection (2) of section  
 1919 397.501, Florida Statutes, is amended to read:

1920           397.501 Rights of individuals.—Individuals receiving  
 1921 substance abuse services from any service provider are  
 1922 guaranteed protection of the rights specified in this section,  
 1923 unless otherwise expressly provided, and service providers must  
 1924 ensure the protection of such rights.

1925 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1926 (a) Service providers may not deny an individual access to  
 1927 substance abuse services solely on the basis of race, gender,  
 1928 ethnicity, age, sexual preference, human immunodeficiency virus  
 1929 status, prior service departures against medical advice,  
 1930 disability, or number of relapse episodes. Service providers may  
 1931 not deny an individual who takes medication prescribed by a  
 1932 physician, an independent advanced practice registered nurse, or  
 1933 an advanced practice registered nurse access to substance abuse  
 1934 services solely on that basis. Service providers who receive  
 1935 state funds to provide substance abuse services may not, if  
 1936 space and sufficient state resources are available, deny access  
 1937 to services based solely on inability to pay.

1938 Section 36. Subsection (8) of section 400.021, Florida  
 1939 Statutes, is amended to read:

1940 400.021 Definitions.—When used in this part, unless the  
 1941 context otherwise requires, the term:

1942 (8) "Geriatric outpatient clinic" means a site for  
 1943 providing outpatient health care to persons 60 years of age or  
 1944 older, which is staffed by a registered nurse, a physician  
 1945 assistant, or a licensed practical nurse under the direct  
 1946 supervision of a registered nurse, an independent advanced  
 1947 practice registered nurse, an advanced practice registered nurse  
 1948 ~~practitioner~~, a physician assistant, or a physician.

1949 Section 37. Subsection (3) of section 400.0255, Florida  
 1950 Statutes, is amended to read:



1951 400.0255 Resident transfer or discharge; requirements and  
 1952 procedures; hearings.-

1953 (3) When a discharge or transfer is initiated by the  
 1954 nursing home, the nursing home administrator employed by the  
 1955 nursing home that is discharging or transferring the resident,  
 1956 or an individual employed by the nursing home who is designated  
 1957 by the nursing home administrator to act on behalf of the  
 1958 administration, must sign the notice of discharge or transfer.  
 1959 Any notice indicating a medical reason for transfer or discharge  
 1960 must either be signed by the resident's attending physician or  
 1961 the medical director of the facility, or include an attached  
 1962 written order for the discharge or transfer. The notice or the  
 1963 order must be signed by the resident's physician, medical  
 1964 director, treating physician, independent advanced practice  
 1965 registered nurse, advanced practice registered nurse  
 1966 ~~practitioner~~, or physician assistant.

1967 Section 38. Subsection (3) of section 400.172, Florida  
 1968 Statutes, is amended to read:

1969 400.172 Respite care provided in nursing home facilities.-

1970 (3) A prospective respite care resident must provide  
 1971 medical information from a physician, physician assistant,  
 1972 independent advanced practice registered nurse, or advanced  
 1973 practice registered nurse ~~practitioner~~ and any other information  
 1974 provided by the primary caregiver required by the facility  
 1975 before or when the person is admitted to receive respite care.  
 1976 The medical information must include a physician's or an

1977 independent advanced practice registered nurse's order for  
 1978 respite care and proof of a physical examination by a licensed  
 1979 physician, physician assistant, independent advanced practice  
 1980 registered nurse, or advanced practice registered nurse  
 1981 ~~practitioner.~~ The ~~physician's~~ order and physical examination may  
 1982 be used to provide intermittent respite care for up to 12 months  
 1983 after the date the order is written.

1984 Section 39. Subsections (20) through (29) of section  
 1985 400.462, Florida Statutes, are renumbered as subsections (21)  
 1986 through (30), respectively, subsection (3) is amended, and a new  
 1987 subsection (20) is added to that section, to read:

1988 400.462 Definitions.—As used in this part, the term:

1989 (3) "Advanced practice registered nurse ~~practitioner~~"  
 1990 means a person licensed in this state to practice professional  
 1991 nursing and certified in advanced or specialized nursing  
 1992 practice, as defined in s. 464.003.

1993 (20) "Independent advanced practice registered nurse"  
 1994 means a person licensed in this state to practice professional  
 1995 nursing as defined in s. 464.003 and registered to practice  
 1996 advanced or specialized nursing independently and without  
 1997 physician supervision or a protocol.

1998 Section 40. Subsection (2) of section 400.487, Florida  
 1999 Statutes, is amended to read:

2000 400.487 Home health service agreements; physician's,  
 2001 physician assistant's, independent advanced practice registered  
 2002 nurse's, and advanced practice registered nurse's ~~nurse~~

2003 ~~practitioner's~~ treatment orders; patient assessment;  
 2004 establishment and review of plan of care; provision of services;  
 2005 orders not to resuscitate.-

2006 (2) When required by the provisions of chapter 464; part  
 2007 I, part III, or part V of chapter 468; or chapter 486, the  
 2008 attending physician, physician assistant, independent advanced  
 2009 practice registered nurse, or advanced practice registered nurse  
 2010 ~~practitioner~~, acting within his or her respective scope of  
 2011 practice, shall establish treatment orders for a patient who is  
 2012 to receive skilled care. The treatment orders must be signed by  
 2013 the physician, physician assistant, independent advanced  
 2014 practice registered nurse, or advanced practice registered nurse  
 2015 ~~practitioner~~ before a claim for payment for the skilled services  
 2016 is submitted by the home health agency. If the claim is  
 2017 submitted to a managed care organization, the treatment orders  
 2018 must be signed within the time allowed under the provider  
 2019 agreement. The treatment orders shall be reviewed, as frequently  
 2020 as the patient's illness requires, by the physician, physician  
 2021 assistant, independent advanced practice registered nurse, or  
 2022 advanced practice registered nurse ~~practitioner~~ in consultation  
 2023 with the home health agency.

2024 Section 41. Paragraph (a) of subsection (13) of section  
 2025 400.506, Florida Statutes, is amended to read:

2026 400.506 Licensure of nurse registries; requirements;  
 2027 penalties.-

2028 (13) All persons referred for contract in private

2029 residences by a nurse registry must comply with the following  
 2030 requirements for a plan of treatment:

2031 (a) When, in accordance with the privileges and  
 2032 restrictions imposed upon a nurse under part I of chapter 464,  
 2033 the delivery of care to a patient is under the direction or  
 2034 supervision of a physician or when a physician is responsible  
 2035 for the medical care of the patient, a medical plan of treatment  
 2036 must be established for each patient receiving care or treatment  
 2037 provided by a licensed nurse in the home. The original medical  
 2038 plan of treatment must be timely signed by the physician,  
 2039 physician assistant, independent advanced practice registered  
 2040 nurse, or advanced practice registered nurse ~~practitioner~~,  
 2041 acting within his or her respective scope of practice, and  
 2042 reviewed in consultation with the licensed nurse at least every  
 2043 2 months. Any additional order or change in orders must be  
 2044 obtained from, reduced to writing by, and timely signed by the  
 2045 physician, physician assistant, independent advanced practice  
 2046 registered nurse, or advanced practice registered nurse  
 2047 ~~practitioner and reduced to writing and timely signed by the~~  
 2048 ~~physician, physician assistant, or advanced registered nurse~~  
 2049 ~~practitioner~~. The delivery of care under a medical plan of  
 2050 treatment must be substantiated by the appropriate nursing notes  
 2051 or documentation made by the nurse in compliance with nursing  
 2052 practices established under part I of chapter 464.

2053 Section 42. Paragraph (g) of subsection (4) of section  
 2054 400.9905, Florida Statutes, is amended to read:

2055 400.9905 Definitions.—

2056 (4) "Clinic" means an entity where health care services  
 2057 are provided to individuals and which tenders charges for  
 2058 reimbursement for such services, including a mobile clinic and a  
 2059 portable equipment provider. As used in this part, the term does  
 2060 not include and the licensure requirements of this part do not  
 2061 apply to:

2062 (g) A sole proprietorship, group practice, partnership, or  
 2063 corporation that provides health care services by licensed  
 2064 health care practitioners under chapter 457, chapter 458,  
 2065 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
 2066 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
 2067 chapter 490, chapter 491, or part I, part III, part X, part  
 2068 XIII, or part XIV of chapter 468, or s. 464.012 or s. 464.0125,  
 2069 and that is wholly owned by one or more licensed health care  
 2070 practitioners, or the licensed health care practitioners set  
 2071 forth in this paragraph and the spouse, parent, child, or  
 2072 sibling of a licensed health care practitioner if one of the  
 2073 owners who is a licensed health care practitioner is supervising  
 2074 the business activities and is legally responsible for the  
 2075 entity's compliance with all federal and state laws. However, a  
 2076 health care practitioner may not supervise services beyond the  
 2077 scope of the practitioner's license, except that, for the  
 2078 purposes of this part, a clinic owned by a licensee in s.  
 2079 456.053(3)(b) which provides only services authorized pursuant  
 2080 to s. 456.053(3)(b) may be supervised by a licensee specified in

2081 | s. 456.053(3)(b).

2082 |

2083 | Notwithstanding this subsection, an entity shall be deemed a  
 2084 | clinic and must be licensed under this part in order to receive  
 2085 | reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
 2086 | 627.730-627.7405, unless exempted under s. 627.736(5)(h).

2087 | Section 43. Subsections (1) and (2) of section 401.445,  
 2088 | Florida Statutes, are amended to read:

2089 | 401.445 Emergency examination and treatment of  
 2090 | incapacitated persons.—

2091 | (1) ~~No Recovery is not shall be~~ allowed in any court in  
 2092 | this state against any emergency medical technician, paramedic,  
 2093 | or physician as defined in this chapter; any independent  
 2094 | advanced practice registered nurse registered under s.  
 2095 | 464.0125; ~~any advanced practice registered nurse practitioner~~  
 2096 | certified under s. 464.012; ~~or any physician assistant licensed~~  
 2097 | under s. 458.347 or s. 459.022, or any person acting under the  
 2098 | direct medical supervision of a physician, in an action brought  
 2099 | for examining or treating a patient without his or her informed  
 2100 | consent if:

2101 | (a) The patient at the time of examination or treatment is  
 2102 | intoxicated, under the influence of drugs, or otherwise  
 2103 | incapable of providing informed consent as provided in s.  
 2104 | 766.103;

2105 | (b) The patient at the time of examination or treatment is  
 2106 | experiencing an emergency medical condition; and

2107 (c) The patient would reasonably, under all the  
 2108 surrounding circumstances, undergo such examination, treatment,  
 2109 or procedure if the patient ~~he or she~~ were advised by the  
 2110 emergency medical technician, paramedic, physician, independent  
 2111 advanced practice registered nurse, advanced practice registered  
 2112 nurse ~~practitioner~~, or physician assistant in accordance with s.  
 2113 766.103(3).

2114  
 2115 Examination and treatment provided under this subsection shall  
 2116 be limited to reasonable examination of the patient to determine  
 2117 the medical condition of the patient and treatment reasonably  
 2118 necessary to alleviate the emergency medical condition or to  
 2119 stabilize the patient.

2120 (2) In examining and treating a person who is apparently  
 2121 intoxicated, under the influence of drugs, or otherwise  
 2122 incapable of providing informed consent, the emergency medical  
 2123 technician, paramedic, physician, independent advanced practice  
 2124 registered nurse, advanced practice registered nurse  
 2125 ~~practitioner~~, or physician assistant, or any person acting under  
 2126 the direct medical supervision of a physician, shall proceed  
 2127 wherever possible with the consent of the person. If the person  
 2128 reasonably appears to be incapacitated and refuses his or her  
 2129 consent, the person may be examined, treated, or taken to a  
 2130 hospital or other appropriate treatment resource if he or she is  
 2131 in need of emergency attention, without his or her consent, but  
 2132 unreasonable force shall not be used.

2133 Section 44. Subsections (1) and (11) of section 409.905,  
 2134 Florida Statutes, are amended to read:

2135 409.905 Mandatory Medicaid services.—The agency may make  
 2136 payments for the following services, which are required of the  
 2137 state by Title XIX of the Social Security Act, furnished by  
 2138 Medicaid providers to recipients who are determined to be  
 2139 eligible on the dates on which the services were provided. Any  
 2140 service under this section shall be provided only when medically  
 2141 necessary and in accordance with state and federal law.

2142 Mandatory services rendered by providers in mobile units to  
 2143 Medicaid recipients may be restricted by the agency. Nothing in  
 2144 this section shall be construed to prevent or limit the agency  
 2145 from adjusting fees, reimbursement rates, lengths of stay,  
 2146 number of visits, number of services, or any other adjustments  
 2147 necessary to comply with the availability of moneys and any  
 2148 limitations or directions provided for in the General  
 2149 Appropriations Act or chapter 216.

2150 (1) INDEPENDENT ADVANCED PRACTICE REGISTERED NURSE AND  
 2151 ADVANCED PRACTICE REGISTERED NURSE ~~PRACTITIONER~~ SERVICES.—The  
 2152 agency shall pay for services provided to a recipient by a  
 2153 registered independent advanced practice registered nurse, a  
 2154 certified ~~licensed~~ advanced practice registered nurse  
 2155 ~~practitioner~~ who has a valid collaboration agreement with a  
 2156 licensed physician on file with the Department of Health, or a  
 2157 certified registered nurse anesthetist who provides anesthesia  
 2158 services in accordance with established protocol required by



2159 state law and approved by the medical staff of the facility in  
 2160 which the anesthetic service is performed. Reimbursement for  
 2161 such services must be provided in an amount that equals at least  
 2162 ~~not less than~~ 80 percent of the reimbursement to a physician who  
 2163 provides the same services, unless otherwise provided for in the  
 2164 General Appropriations Act.

2165 (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay  
 2166 for outpatient primary health care services for a recipient  
 2167 provided by a clinic certified by and participating in the  
 2168 Medicare program which is located in a federally designated,  
 2169 rural, medically underserved area and has on its staff one or  
 2170 more certified licensed ~~primary care~~ nurse practitioners or  
 2171 physician assistants, ~~and a licensed staff supervising~~  
 2172 physician, ~~or a consulting supervising physician,~~ or an  
 2173 independent advanced practice registered nurse.

2174 Section 45. Paragraph (a) of subsection (3) and subsection  
 2175 (7) of section 409.908, Florida Statutes, are amended to read:

2176 409.908 Reimbursement of Medicaid providers.—Subject to  
 2177 specific appropriations, the agency shall reimburse Medicaid  
 2178 providers, in accordance with state and federal law, according  
 2179 to methodologies set forth in the rules of the agency and in  
 2180 policy manuals and handbooks incorporated by reference therein.  
 2181 These methodologies may include fee schedules, reimbursement  
 2182 methods based on cost reporting, negotiated fees, competitive  
 2183 bidding pursuant to s. 287.057, and other mechanisms the agency  
 2184 considers efficient and effective for purchasing services or

2185 | goods on behalf of recipients. If a provider is reimbursed based  
 2186 | on cost reporting and submits a cost report late and that cost  
 2187 | report would have been used to set a lower reimbursement rate  
 2188 | for a rate semester, then the provider's rate for that semester  
 2189 | shall be retroactively calculated using the new cost report, and  
 2190 | full payment at the recalculated rate shall be effected  
 2191 | retroactively. Medicare-granted extensions for filing cost  
 2192 | reports, if applicable, shall also apply to Medicaid cost  
 2193 | reports. Payment for Medicaid compensable services made on  
 2194 | behalf of Medicaid eligible persons is subject to the  
 2195 | availability of moneys and any limitations or directions  
 2196 | provided for in the General Appropriations Act or chapter 216.  
 2197 | Further, nothing in this section shall be construed to prevent  
 2198 | or limit the agency from adjusting fees, reimbursement rates,  
 2199 | lengths of stay, number of visits, or number of services, or  
 2200 | making any other adjustments necessary to comply with the  
 2201 | availability of moneys and any limitations or directions  
 2202 | provided for in the General Appropriations Act, provided the  
 2203 | adjustment is consistent with legislative intent.

2204 |         (3) Subject to any limitations or directions provided for  
 2205 | in the General Appropriations Act, the following Medicaid  
 2206 | services and goods may be reimbursed on a fee-for-service basis.  
 2207 | For each allowable service or goods furnished in accordance with  
 2208 | Medicaid rules, policy manuals, handbooks, and state and federal  
 2209 | law, the payment shall be the amount billed by the provider, the  
 2210 | provider's usual and customary charge, or the maximum allowable

2211 fee established by the agency, whichever amount is less, with  
 2212 the exception of those services or goods for which the agency  
 2213 makes payment using a methodology based on capitation rates,  
 2214 average costs, or negotiated fees.

2215 (a) Independent advanced practice registered nurse or  
 2216 advanced practice registered nurse ~~practitioner~~ services.

2217 (7) A provider of family planning services shall be  
 2218 reimbursed the lesser of the amount billed by the provider or an  
 2219 all-inclusive amount per type of visit for physicians,  
 2220 independent advanced practice registered nurses, and advanced  
 2221 practice registered nurses ~~nurse practitioners~~, as established  
 2222 by the agency in a fee schedule.

2223 Section 46. Subsection (2) of section 409.9081, Florida  
 2224 Statutes, is amended to read:

2225 409.9081 Copayments.—

2226 (2) The agency shall, subject to federal regulations and  
 2227 any directions or limitations provided for in the General  
 2228 Appropriations Act, require copayments for the following  
 2229 additional services: hospital inpatient, laboratory and X-ray  
 2230 services, transportation services, home health care services,  
 2231 community mental health services, rural health services,  
 2232 federally qualified health clinic services, and independent  
 2233 advanced practice registered nurse or advanced practice  
 2234 registered nurse ~~practitioner~~ services. The agency may only  
 2235 establish copayments for prescribed drugs or for any other  
 2236 federally authorized service if such copayment is specifically

2237 | provided for in the General Appropriations Act or other law.

2238 | Section 47. Paragraph (a) of subsection (1) of section  
 2239 | 409.973, Florida Statutes, is amended to read:

2240 | 409.973 Benefits.—

2241 | (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 2242 | minimum, the following services:

2243 | (a) Independent advanced practice registered nurse and  
 2244 | advanced practice registered nurse ~~practitioner~~ services.

2245 | Section 48. Subsections (2), (4), and (5) of section  
 2246 | 429.26, Florida Statutes, are amended to read:

2247 | 429.26 Appropriateness of placements; examinations of  
 2248 | residents.—

2249 | (2) A physician, physician assistant, independent advanced  
 2250 | practice registered nurse, or advanced practice registered nurse  
 2251 | ~~practitioner~~ who is employed by an assisted living facility to  
 2252 | provide an initial examination for admission purposes may not  
 2253 | have financial interest in the facility.

2254 | (4) If possible, each resident shall have been examined by  
 2255 | a licensed physician, a licensed physician assistant, a  
 2256 | registered independent advanced practice registered nurse, or a  
 2257 | certified advanced practice registered ~~licensed~~ nurse  
 2258 | ~~practitioner~~ within 60 days before admission to the facility.

2259 | The signed and completed medical examination report shall be  
 2260 | submitted to the owner or administrator of the facility who  
 2261 | shall use the information contained therein to assist in the  
 2262 | determination of the appropriateness of the resident's admission

2263 and continued stay in the facility. The medical examination  
 2264 report shall become a permanent part of the record of the  
 2265 resident at the facility and shall be made available to the  
 2266 agency during inspection or upon request. An assessment that has  
 2267 been completed through the Comprehensive Assessment and Review  
 2268 for Long-Term Care Services (CARES) Program fulfills the  
 2269 requirements for a medical examination under this subsection and  
 2270 s. 429.07(3)(b)6.

2271 (5) Except as provided in s. 429.07, if a medical  
 2272 examination has not been completed within 60 days before the  
 2273 admission of the resident to the facility, a licensed physician,  
 2274 licensed physician assistant, registered independent advanced  
 2275 practice registered nurse, or certified advanced practice  
 2276 registered ~~licensed~~ nurse ~~practitioner~~ shall examine the  
 2277 resident and complete a medical examination form provided by the  
 2278 agency within 30 days following the admission to the facility to  
 2279 enable the facility owner or administrator to determine the  
 2280 appropriateness of the admission. The medical examination form  
 2281 shall become a permanent part of the record of the resident at  
 2282 the facility and shall be made available to the agency during  
 2283 inspection by the agency or upon request.

2284 Section 49. Paragraph (a) of subsection (2) and paragraph  
 2285 (a) of subsection (7) of section 429.918, Florida Statutes, are  
 2286 amended to read:

2287 429.918 Licensure designation as a specialized Alzheimer's  
 2288 services adult day care center.-

2289 (2) As used in this section, the term:

2290 (a) "ADRD participant" means a participant who has a  
 2291 documented diagnosis of Alzheimer's disease or a dementia-  
 2292 related disorder (ADRD) from a licensed physician, licensed  
 2293 physician assistant, registered independent advanced practice  
 2294 registered nurse, or certified a-licensed advanced practice  
 2295 registered nurse ~~practitioner~~.

2296 (7)(a) An ADRD participant admitted to an adult day care  
 2297 center having a license designated under this section, or the  
 2298 caregiver when applicable, must:

2299 1. Require ongoing supervision to maintain the highest  
 2300 level of medical or custodial functioning and have a  
 2301 demonstrated need for a responsible party to oversee his or her  
 2302 care.

2303 2. Not actively demonstrate aggressive behavior that  
 2304 places himself, herself, or others at risk of harm.

2305 3. Provide the following medical documentation signed by a  
 2306 licensed physician, licensed physician assistant, registered  
 2307 independent advanced practice registered nurse, or certified a  
 2308 ~~licensed advanced practice registered nurse practitioner~~:

2309 a. Any physical, health, or emotional conditions that  
 2310 require medical care.

2311 b. A listing of the ADRD participant's current prescribed  
 2312 and over-the-counter medications and dosages, diet restrictions,  
 2313 mobility restrictions, and other physical limitations.

2314 4. Provide documentation signed by a health care provider

2315 licensed in this state which indicates that the ADRD participant  
 2316 is free of the communicable form of tuberculosis and free of  
 2317 signs and symptoms of other communicable diseases.

2318 Section 50. Paragraph (e) of subsection (5) of section  
 2319 440.102, Florida Statutes, is amended to read:

2320 440.102 Drug-free workplace program requirements.—The  
 2321 following provisions apply to a drug-free workplace program  
 2322 implemented pursuant to law or to rules adopted by the Agency  
 2323 for Health Care Administration:

2324 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
 2325 collection and testing for drugs under this section shall be  
 2326 performed in accordance with the following procedures:

2327 (e) A specimen for a drug test may be taken or collected  
 2328 by any of the following persons:

2329 1. A physician, a physician assistant, an independent  
 2330 advanced practice registered nurse, an advanced practice  
 2331 registered nurse, a registered ~~professional~~ nurse, a licensed  
 2332 practical nurse, or ~~a nurse practitioner or~~ a certified  
 2333 paramedic who is present at the scene of an accident for the  
 2334 purpose of rendering emergency medical service or treatment.

2335 2. A qualified person employed by a licensed or certified  
 2336 laboratory as described in subsection (9).

2337 Section 51. Subsection (2) and paragraph (d) of subsection  
 2338 (4) of section 456.0391, Florida Statutes, are amended to read:

2339 456.0391 Advanced practice registered nurses ~~nurse~~  
 2340 ~~practitioners~~; information required for certification.—

2341 (2) The Department of Health shall send a notice to each  
 2342 person certified under s. 464.012 at the certificateholder's  
 2343 last known address of record regarding the requirements for  
 2344 information to be submitted by advanced practice registered  
 2345 nurses ~~nurse-practitioners~~ pursuant to this section in  
 2346 conjunction with the renewal of such certificate.

2347 (4)

2348 (d) Any applicant for initial certification or renewal of  
 2349 certification as an advanced practice registered nurse  
 2350 ~~practitioner~~ who submits to the Department of Health a set of  
 2351 fingerprints and information required for the criminal history  
 2352 check required under this section shall not be required to  
 2353 provide a subsequent set of fingerprints or other duplicate  
 2354 information required for a criminal history check to the Agency  
 2355 for Health Care Administration, the Department of Juvenile  
 2356 Justice, or the Department of Children and Families for  
 2357 employment or licensure with such agency or department, if the  
 2358 applicant has undergone a criminal history check as a condition  
 2359 of initial certification or renewal of certification as an  
 2360 advanced practice registered nurse ~~practitioner~~ with the  
 2361 Department of Health, notwithstanding any other provision of law  
 2362 to the contrary. In lieu of such duplicate submission, the  
 2363 Agency for Health Care Administration, the Department of  
 2364 Juvenile Justice, and the Department of Children and Families  
 2365 shall obtain criminal history information for employment or  
 2366 licensure of persons certified under s. 464.012 by such agency



2367 or department from the Department of Health's health care  
 2368 practitioner credentialing system.

2369 Section 52. Subsection (2) of section 456.0392, Florida  
 2370 Statutes, is amended to read:

2371 456.0392 Prescription labeling.-

2372 (2) A prescription for a drug ~~that is not listed as a~~  
 2373 ~~controlled substance in chapter 893 which is~~ written by an  
 2374 advanced practice registered nurse ~~practitioner~~ certified under  
 2375 s. 464.012 is presumed, subject to rebuttal, to be valid and  
 2376 within the parameters of the prescriptive authority delegated by  
 2377 a practitioner licensed under chapter 458, chapter 459, or  
 2378 chapter 466.

2379 Section 53. Paragraph (a) of subsection (1) and subsection  
 2380 (6) of section 456.041, Florida Statutes, are amended to read:

2381 456.041 Practitioner profile; creation.-

2382 (1)(a) The Department of Health shall compile the  
 2383 information submitted pursuant to s. 456.039 into a practitioner  
 2384 profile of the applicant submitting the information, except that  
 2385 the Department of Health shall develop a format to compile  
 2386 uniformly any information submitted under s. 456.039(4)(b).  
 2387 Beginning July 1, 2001, the Department of Health may compile the  
 2388 information submitted pursuant to s. 456.0391 into a  
 2389 practitioner profile of the applicant submitting the  
 2390 information. The protocol submitted pursuant to s. 464.012(3)  
 2391 must be included in the practitioner profile of the advanced  
 2392 practice registered nurse ~~practitioner~~.

2393 (6) The Department of Health shall provide in each  
 2394 practitioner profile for every physician or advanced practice  
 2395 registered nurse ~~practitioner~~ terminated for cause from  
 2396 participating in the Medicaid program, pursuant to s. 409.913,  
 2397 or sanctioned by the Medicaid program a statement that the  
 2398 practitioner has been terminated from participating in the  
 2399 Florida Medicaid program or sanctioned by the Medicaid program.

2400 Section 54. Subsection (1) and paragraphs (a), (d), and  
 2401 (e) of subsection (2) of section 456.048, Florida Statutes, are  
 2402 amended to read:

2403 456.048 Financial responsibility requirements for certain  
 2404 health care practitioners.—

2405 (1) As a prerequisite for licensure or license renewal,  
 2406 the Board of Acupuncture, the Board of Chiropractic Medicine,  
 2407 the Board of Podiatric Medicine, and the Board of Dentistry  
 2408 shall, by rule, require that all health care practitioners  
 2409 licensed under the respective board, and the Board of Medicine  
 2410 and the Board of Osteopathic Medicine shall, by rule, require  
 2411 that all anesthesiologist assistants licensed pursuant to s.  
 2412 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,  
 2413 require that independent advanced practice registered nurses  
 2414 registered under s. 464.0125 and advanced practice registered  
 2415 nurses ~~nurse-practitioners~~ certified under s. 464.012, and the  
 2416 department shall, by rule, require that midwives maintain  
 2417 medical malpractice insurance or provide proof of financial  
 2418 responsibility in an amount and in a manner determined by the

2419 board or department to be sufficient to cover claims arising out  
 2420 of the rendering of or failure to render professional care and  
 2421 services in this state.

2422 (2) The board or department may grant exemptions upon  
 2423 application by practitioners meeting any of the following  
 2424 criteria:

2425 (a) Any person licensed under chapter 457, s. 458.3475, s.  
 2426 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125,  
 2427 chapter 466, or chapter 467 who practices exclusively as an  
 2428 officer, employee, or agent of the Federal Government or of the  
 2429 state or its agencies or its subdivisions. For the purposes of  
 2430 this subsection, an agent of the state, its agencies, or its  
 2431 subdivisions is a person who is eligible for coverage under any  
 2432 self-insurance or insurance program authorized by the provisions  
 2433 of s. 768.28(16) or who is a volunteer under s. 110.501(1).

2434 (d) Any person licensed or certified under chapter 457, s.  
 2435 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s.  
 2436 464.0125, chapter 466, or chapter 467 who practices only in  
 2437 conjunction with his or her teaching duties at an accredited  
 2438 school or in its main teaching hospitals. Such person may engage  
 2439 in the practice of medicine to the extent that such practice is  
 2440 incidental to and a necessary part of duties in connection with  
 2441 the teaching position in the school.

2442 (e) Any person holding an active license or certification  
 2443 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter  
 2444 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is

2445 | not practicing in this state. If such person initiates or  
 2446 | resumes practice in this state, he or she must notify the  
 2447 | department of such activity.

2448 | Section 55. Paragraphs (a), (i), (o), and (r) of  
 2449 | subsection (3) and paragraph (g) of subsection (5) of section  
 2450 | 456.053, Florida Statutes, are amended to read:

2451 | 456.053 Financial arrangements between referring health  
 2452 | care providers and providers of health care services.—

2453 | (3) DEFINITIONS.—For the purpose of this section, the  
 2454 | word, phrase, or term:

2455 | (a) "Board" means any of the following boards relating to  
 2456 | the respective professions: the Board of Medicine as created in  
 2457 | s. 458.307; the Board of Osteopathic Medicine as created in s.  
 2458 | 459.004; the Board of Chiropractic Medicine as created in s.  
 2459 | 460.404; the Board of Podiatric Medicine as created in s.  
 2460 | 461.004; the Board of Optometry as created in s. 463.003; the  
 2461 | Board of Pharmacy as created in s. 465.004; ~~and~~ the Board of  
 2462 | Dentistry as created in s. 466.004; and the Board of Nursing as  
 2463 | created in s. 464.004.

2464 | (i) "Health care provider" means a ~~any~~ physician licensed  
 2465 | under chapter 458, chapter 459, chapter 460, or chapter 461; an  
 2466 | independent advanced practice registered nurse registered under  
 2467 | s. 464.0125; ~~or~~ a ~~any~~ health care provider licensed under  
 2468 | chapter 463 or chapter 466.

2469 | (o) "Referral" means any referral of a patient by a health  
 2470 | care provider for health care services, including, without

2471 limitation:

2472 1. The forwarding of a patient by a health care provider  
 2473 to another health care provider or to an entity which provides  
 2474 or supplies designated health services or any other health care  
 2475 item or service; or

2476 2. The request or establishment of a plan of care by a  
 2477 health care provider, which includes the provision of designated  
 2478 health services or other health care item or service.

2479 3. The following orders, recommendations, or plans of care  
 2480 shall not constitute a referral by a health care provider:

2481 a. By a radiologist for diagnostic-imaging services.

2482 b. By a physician specializing in the provision of  
 2483 radiation therapy services for such services.

2484 c. By a medical oncologist for drugs and solutions to be  
 2485 prepared and administered intravenously to such oncologist's  
 2486 patient, as well as for the supplies and equipment used in  
 2487 connection therewith to treat such patient for cancer and the  
 2488 complications thereof.

2489 d. By a cardiologist for cardiac catheterization services.

2490 e. By a pathologist for diagnostic clinical laboratory  
 2491 tests and pathological examination services, if furnished by or  
 2492 under the supervision of such pathologist pursuant to a  
 2493 consultation requested by another physician.

2494 f. By a health care provider who is the sole provider or  
 2495 member of a group practice for designated health services or  
 2496 other health care items or services that are prescribed or

2497 provided solely for such referring health care provider's or  
 2498 group practice's own patients, and that are provided or  
 2499 performed by or under the direct supervision of such referring  
 2500 health care provider or group practice; provided, however, ~~that~~  
 2501 ~~effective July 1, 1999,~~ a physician licensed pursuant to chapter  
 2502 458, chapter 459, chapter 460, or chapter 461 or an independent  
 2503 advanced practice registered nurse registered under s. 464.0125  
 2504 may refer a patient to a sole provider or group practice for  
 2505 diagnostic imaging services, excluding radiation therapy  
 2506 services, for which the sole provider or group practice billed  
 2507 both the technical and the professional fee for or on behalf of  
 2508 the patient, if the referring physician or independent advanced  
 2509 practice registered nurse has no investment interest in the  
 2510 practice. The diagnostic imaging service referred to a group  
 2511 practice or sole provider must be a diagnostic imaging service  
 2512 normally provided within the scope of practice to the patients  
 2513 of the group practice or sole provider. The group practice or  
 2514 sole provider may accept no more than 15 percent of their  
 2515 patients receiving diagnostic imaging services from outside  
 2516 referrals, excluding radiation therapy services.

2517 g. By a health care provider for services provided by an  
 2518 ambulatory surgical center licensed under chapter 395.

2519 h. By a urologist for lithotripsy services.

2520 i. By a dentist for dental services performed by an  
 2521 employee of or health care provider who is an independent  
 2522 contractor with the dentist or group practice of which the

2523 dentist is a member.

2524 j. By a physician for infusion therapy services to a  
2525 patient of that physician or a member of that physician's group  
2526 practice.

2527 k. By a nephrologist for renal dialysis services and  
2528 supplies, except laboratory services.

2529 l. By a health care provider whose principal professional  
2530 practice consists of treating patients in their private  
2531 residences for services to be rendered in such private  
2532 residences, except for services rendered by a home health agency  
2533 licensed under chapter 400. For purposes of this sub-  
2534 subparagraph, the term "private residences" includes patients'  
2535 private homes, independent living centers, and assisted living  
2536 facilities, but does not include skilled nursing facilities.

2537 m. By a health care provider for sleep-related testing.

2538 (r) "Sole provider" means one health care provider  
2539 licensed under chapter 458, chapter 459, chapter 460, ~~or~~ chapter  
2540 461, or s. 464.0125, who maintains a separate medical office and  
2541 a medical practice separate from any other health care provider  
2542 and who bills for his or her services separately from the  
2543 services provided by any other health care provider. A sole  
2544 provider shall not share overhead expenses or professional  
2545 income with any other person or group practice.

2546 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
2547 provided in this section:

2548 (g) A violation of this section by a health care provider

2549 shall constitute grounds for disciplinary action to be taken by  
 2550 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
 2551 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.  
 2552 466.028(2). Any hospital licensed under chapter 395 found in  
 2553 violation of this section shall be subject to s. 395.0185(2).

2554 Section 56. Subsection (7) of section 456.072, Florida  
 2555 Statutes, is amended to read:

2556 456.072 Grounds for discipline; penalties; enforcement.—

2557 (7) Notwithstanding subsection (2), upon a finding that a  
 2558 physician, an independent advanced practice registered nurse, or  
 2559 an advanced practice registered nurse has prescribed or  
 2560 dispensed a controlled substance, or caused a controlled  
 2561 substance to be prescribed or dispensed, in a manner that  
 2562 violates the standard of practice set forth in s. 458.331(1)(q)  
 2563 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s.  
 2564 464.018(1)(p), or s. 466.028(1)(p) or (x), the practitioner  
 2565 physician shall be suspended for a period of at least not less  
 2566 than 6 months and pay a fine of at least not less than \$10,000  
 2567 per count. Repeated violations shall result in increased  
 2568 penalties.

2569 Section 57. Paragraph (a) of subsection (2) and subsection  
 2570 (3) of section 456.44, Florida Statutes, are amended to read:

2571 456.44 Controlled substance prescribing.—

2572 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician  
 2573 licensed under chapter 458, chapter 459, chapter 461, or chapter  
 2574 466, or an independent advanced practice registered nurse



2575 registered, or an advanced practice registered nurse certified,  
 2576 under part I of chapter 464, who prescribes any controlled  
 2577 substance, listed in Schedule II, Schedule III, or Schedule IV  
 2578 as defined in s. 893.03, for the treatment of chronic  
 2579 nonmalignant pain, must:

2580 (a) Designate himself or herself as a controlled substance  
 2581 prescribing practitioner on the practitioner's ~~physician's~~  
 2582 ~~practitioner~~ profile.

2583 (3) STANDARDS OF PRACTICE.—The standards of practice in  
 2584 this section do not supersede the level of care, skill, and  
 2585 treatment recognized in general law related to health care  
 2586 licensure.

2587 (a) A complete medical history and a physical examination  
 2588 must be conducted before beginning any treatment and must be  
 2589 documented in the medical record. The exact components of the  
 2590 physical examination shall be left to the judgment of the  
 2591 clinician who is expected to perform a physical examination  
 2592 proportionate to the diagnosis that justifies a treatment. The  
 2593 medical record must, at a minimum, document the nature and  
 2594 intensity of the pain, current and past treatments for pain,  
 2595 underlying or coexisting diseases or conditions, the effect of  
 2596 the pain on physical and psychological function, a review of  
 2597 previous medical records, previous diagnostic studies, and  
 2598 history of alcohol and substance abuse. The medical record shall  
 2599 also document the presence of one or more recognized medical  
 2600 indications for the use of a controlled substance. Each

2601 | registrant must develop a written plan for assessing each  
 2602 | patient's risk of aberrant drug-related behavior, which may  
 2603 | include patient drug testing. Registrants must assess each  
 2604 | patient's risk for aberrant drug-related behavior and monitor  
 2605 | that risk on an ongoing basis in accordance with the plan.

2606 |         (b) Each registrant must develop a written individualized  
 2607 | treatment plan for each patient. The treatment plan shall state  
 2608 | objectives that will be used to determine treatment success,  
 2609 | such as pain relief and improved physical and psychosocial  
 2610 | function, and shall indicate if any further diagnostic  
 2611 | evaluations or other treatments are planned. After treatment  
 2612 | begins, the practitioner ~~physician~~ shall adjust drug therapy to  
 2613 | the individual medical needs of each patient. Other treatment  
 2614 | modalities, including a rehabilitation program, shall be  
 2615 | considered depending on the etiology of the pain and the extent  
 2616 | to which the pain is associated with physical and psychosocial  
 2617 | impairment. The interdisciplinary nature of the treatment plan  
 2618 | shall be documented.

2619 |         (c) The practitioner ~~physician~~ shall discuss the risks and  
 2620 | benefits of the use of controlled substances, including the  
 2621 | risks of abuse and addiction, as well as physical dependence and  
 2622 | its consequences, with the patient, persons designated by the  
 2623 | patient, or the patient's surrogate or guardian if the patient  
 2624 | is incompetent. The practitioner ~~physician~~ shall use a written  
 2625 | controlled substance agreement between the practitioner  
 2626 | ~~physician~~ and the patient outlining the patient's

2627 | responsibilities, including, but not limited to:

2628 |         1. Number and frequency of controlled substance  
2629 | prescriptions and refills.

2630 |         2. Patient compliance and reasons for which drug therapy  
2631 | may be discontinued, such as a violation of the agreement.

2632 |         3. An agreement that controlled substances for the  
2633 | treatment of chronic nonmalignant pain shall be prescribed by a  
2634 | single treating practitioner ~~physician~~ unless otherwise  
2635 | authorized by the treating practitioner ~~physician~~ and documented  
2636 | in the medical record.

2637 |         (d) The patient shall be seen by the practitioner  
2638 | ~~physician~~ at regular intervals, not to exceed 3 months, to  
2639 | assess the efficacy of treatment, ensure that controlled  
2640 | substance therapy remains indicated, evaluate the patient's  
2641 | progress toward treatment objectives, consider adverse drug  
2642 | effects, and review the etiology of the pain. Continuation or  
2643 | modification of therapy shall depend on the practitioner's  
2644 | ~~physician's~~ evaluation of the patient's progress. If treatment  
2645 | goals are not being achieved, despite medication adjustments,  
2646 | the practitioner ~~physician~~ shall reevaluate the appropriateness  
2647 | of continued treatment. The practitioner ~~physician~~ shall monitor  
2648 | patient compliance in medication usage, related treatment plans,  
2649 | controlled substance agreements, and indications of substance  
2650 | abuse or diversion at a minimum of 3-month intervals.

2651 |         (e) The practitioner ~~physician~~ shall refer the patient as  
2652 | necessary for additional evaluation and treatment in order to

2653 | achieve treatment objectives. Special attention shall be given  
 2654 | to those patients who are at risk for misusing their medications  
 2655 | and those whose living arrangements pose a risk for medication  
 2656 | misuse or diversion. The management of pain in patients with a  
 2657 | history of substance abuse or with a comorbid psychiatric  
 2658 | disorder requires extra care, monitoring, and documentation and  
 2659 | requires consultation with or referral to an addiction medicine  
 2660 | specialist or psychiatrist.

2661 |         (f) A practitioner ~~physician~~ registered under this section  
 2662 | must maintain accurate, current, and complete records that are  
 2663 | accessible and readily available for review and comply with the  
 2664 | requirements of this section, the applicable practice act, and  
 2665 | applicable board rules. The medical records must include, but  
 2666 | are not limited to:

- 2667 |             1. The complete medical history and a physical
- 2668 | examination, including history of drug abuse or dependence.
- 2669 |             2. Diagnostic, therapeutic, and laboratory results.
- 2670 |             3. Evaluations and consultations.
- 2671 |             4. Treatment objectives.
- 2672 |             5. Discussion of risks and benefits.
- 2673 |             6. Treatments.
- 2674 |             7. Medications, including date, type, dosage, and quantity
- 2675 | prescribed.
- 2676 |             8. Instructions and agreements.
- 2677 |             9. Periodic reviews.
- 2678 |             10. Results of any drug testing.

2679 11. A photocopy of the patient's government-issued photo  
 2680 identification.

2681 12. If a written prescription for a controlled substance  
 2682 is given to the patient, a duplicate of the prescription.

2683 13. The practitioner's ~~physician's~~ full name presented in  
 2684 a legible manner.

2685 (g) Patients with signs or symptoms of substance abuse  
 2686 shall be immediately referred to a board-certified pain  
 2687 management physician, an addiction medicine specialist, or a  
 2688 mental health addiction facility as it pertains to drug abuse or  
 2689 addiction unless the practitioner is a physician who is board-  
 2690 certified or board-eligible in pain management. Throughout the  
 2691 period of time before receiving the consultant's report, a  
 2692 prescribing practitioner ~~physician~~ shall clearly and completely  
 2693 document medical justification for continued treatment with  
 2694 controlled substances and those steps taken to ensure medically  
 2695 appropriate use of controlled substances by the patient. Upon  
 2696 receipt of the consultant's written report, the prescribing  
 2697 practitioner ~~physician~~ shall incorporate the consultant's  
 2698 recommendations for continuing, modifying, or discontinuing  
 2699 controlled substance therapy. The resulting changes in treatment  
 2700 shall be specifically documented in the patient's medical  
 2701 record. Evidence or behavioral indications of diversion shall be  
 2702 followed by discontinuation of controlled substance therapy, and  
 2703 the patient shall be discharged, and all results of testing and  
 2704 actions taken by the practitioner ~~physician~~ shall be documented

2705 | in the patient's medical record.

2706 |

2707 | This subsection does not apply to a board-eligible or board-  
 2708 | certified anesthesiologist, physiatrist, rheumatologist, or  
 2709 | neurologist, or to a board-certified physician who has surgical  
 2710 | privileges at a hospital or ambulatory surgery center and  
 2711 | primarily provides surgical services. This subsection does not  
 2712 | apply to a board-eligible or board-certified medical specialist  
 2713 | who has also completed a fellowship in pain medicine approved by  
 2714 | the Accreditation Council for Graduate Medical Education or the  
 2715 | American Osteopathic Association, or who is board eligible or  
 2716 | board certified in pain medicine by the American Board of Pain  
 2717 | Medicine or a board approved by the American Board of Medical  
 2718 | Specialties or the American Osteopathic Association and performs  
 2719 | interventional pain procedures of the type routinely billed  
 2720 | using surgical codes. This subsection does not apply to a  
 2721 | practitioner ~~physician~~ who prescribes medically necessary  
 2722 | controlled substances for a patient during an inpatient stay in  
 2723 | a hospital licensed under chapter 395.

2724 | Section 58. Paragraph (c) of subsection (2) of section  
 2725 | 458.3265, Florida Statutes, is amended to read:

2726 | 458.3265 Pain-management clinics.—

2727 | (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 2728 | apply to any physician who provides professional services in a  
 2729 | pain-management clinic that is required to be registered in  
 2730 | subsection (1).

2731 (c) A physician, a physician assistant, an independent  
 2732 advanced practice registered nurse, or an advanced practice  
 2733 registered nurse ~~practitioner~~ must perform a physical  
 2734 examination of a patient on the same day that the physician  
 2735 prescribes a controlled substance to a patient at a pain-  
 2736 management clinic. If the physician prescribes more than a 72-  
 2737 hour dose of controlled substances for the treatment of chronic  
 2738 nonmalignant pain, the physician must document in the patient's  
 2739 record the reason for prescribing that quantity.

2740 Section 59. Paragraph (dd) of subsection (1) of section  
 2741 458.331, Florida Statutes, is amended to read:

2742 458.331 Grounds for disciplinary action; action by the  
 2743 board and department.—

2744 (1) The following acts constitute grounds for denial of a  
 2745 license or disciplinary action, as specified in s. 456.072(2):

2746 (dd) Failing to supervise adequately the activities of  
 2747 those physician assistants, paramedics, emergency medical  
 2748 technicians, advanced practice registered nurses ~~nurse~~  
 2749 ~~practitioners~~, or anesthesiologist assistants acting under the  
 2750 supervision of the physician.

2751 Section 60. Paragraph (a) of subsection (1) and  
 2752 subsections (2) and (4) of section 458.348, Florida Statutes,  
 2753 are amended to read:

2754 458.348 Formal supervisory relationships, standing orders,  
 2755 and established protocols; notice; standards.—

2756 (1) NOTICE.—

2757 (a) When a physician enters into a formal supervisory  
 2758 relationship or standing orders with an emergency medical  
 2759 technician or paramedic licensed pursuant to s. 401.27, which  
 2760 relationship or orders contemplate the performance of medical  
 2761 acts, or when a physician enters into an established protocol  
 2762 with an advanced practice registered nurse ~~practitioner~~, which  
 2763 protocol contemplates the performance of medical acts identified  
 2764 and approved by the joint committee pursuant to s. 464.003(2) or  
 2765 acts set forth in s. 464.012(3) and (4), the physician shall  
 2766 submit notice to the board. The notice shall contain a statement  
 2767 in substantially the following form:

2768 I, ...(name and professional license number of  
 2769 physician)..., of ...(address of physician)... have hereby  
 2770 entered into a formal supervisory relationship, standing orders,  
 2771 or an established protocol with ...(number of persons)...  
 2772 emergency medical technician(s), ...(number of persons)...  
 2773 paramedic(s), or ...(number of persons)... advanced practice  
 2774 registered nurse(s) ~~nurse practitioner(s)~~.

2775 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
 2776 joint committee created under s. 464.003(2) shall determine  
 2777 minimum standards for the content of established protocols  
 2778 pursuant to which an advanced practice registered nurse  
 2779 ~~practitioner~~ may perform medical acts identified and approved by  
 2780 the joint committee pursuant to s. 464.003(2) or acts set forth  
 2781 in s. 464.012(3) and (4) and shall determine minimum standards  
 2782 for supervision of such acts by the physician, unless the joint



2783 committee determines that any act set forth in s. 464.012(3) or  
 2784 (4) is not a medical act. Such standards shall be based on risk  
 2785 to the patient and acceptable standards of medical care and  
 2786 shall take into account the special problems of medically  
 2787 underserved areas. The standards developed by the joint  
 2788 committee shall be adopted as rules by the Board of Nursing and  
 2789 the Board of Medicine for purposes of carrying out their  
 2790 responsibilities pursuant to part I of chapter 464 and this  
 2791 chapter, respectively, but neither board shall have disciplinary  
 2792 powers over the licensees of the other board.

2793 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.-  
 2794 A physician who supervises an advanced practice registered nurse  
 2795 ~~practitioner~~ or physician assistant at a medical office other  
 2796 than the physician's primary practice location, where the  
 2797 advanced practice registered nurse ~~practitioner~~ or physician  
 2798 assistant is not under the onsite supervision of a supervising  
 2799 physician, must comply with the standards set forth in this  
 2800 subsection. For the purpose of this subsection, a physician's  
 2801 "primary practice location" means the address reflected on the  
 2802 physician's profile published pursuant to s. 456.041.

2803 (a) A physician who is engaged in providing primary health  
 2804 care services may not supervise more than four offices in  
 2805 addition to the physician's primary practice location. For the  
 2806 purpose of this subsection, "primary health care" means health  
 2807 care services that are commonly provided to patients without  
 2808 referral from another practitioner, including obstetrical and

2809 | gynecological services, and excludes practices providing  
 2810 | primarily dermatologic and skin care services, which include  
 2811 | aesthetic skin care services.

2812 |         (b) A physician who is engaged in providing specialty  
 2813 | health care services may not supervise more than two offices in  
 2814 | addition to the physician's primary practice location. For the  
 2815 | purpose of this subsection, "specialty health care" means health  
 2816 | care services that are commonly provided to patients with a  
 2817 | referral from another practitioner and excludes practices  
 2818 | providing primarily dermatologic and skin care services, which  
 2819 | include aesthetic skin care services.

2820 |         (c) A physician who supervises an advanced practice  
 2821 | registered nurse ~~practitioner~~ or physician assistant at a  
 2822 | medical office other than the physician's primary practice  
 2823 | location, where the advanced practice registered nurse  
 2824 | ~~practitioner~~ or physician assistant is not under the onsite  
 2825 | supervision of a supervising physician and the services offered  
 2826 | at the office are primarily dermatologic or skin care services,  
 2827 | which include aesthetic skin care services other than plastic  
 2828 | surgery, must comply with the standards listed in subparagraphs  
 2829 | 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician  
 2830 | supervising a physician assistant pursuant to this paragraph may  
 2831 | not be required to review and cosign charts or medical records  
 2832 | prepared by such physician assistant.

2833 |         1. The physician shall submit to the board the addresses  
 2834 | of all offices where the physician ~~he or she~~ is supervising an

2835 advanced practice registered nurse ~~practitioner~~ or a physician  
 2836 ~~physician's~~ assistant which are not the physician's primary  
 2837 practice location.

2838 2. The physician must be board certified or board eligible  
 2839 in dermatology or plastic surgery as recognized by the board  
 2840 pursuant to s. 458.3312.

2841 3. All such offices that are not the physician's primary  
 2842 place of practice must be within 25 miles of the physician's  
 2843 primary place of practice or in a county that is contiguous to  
 2844 the county of the physician's primary place of practice.  
 2845 However, the distance between any of the offices may not exceed  
 2846 75 miles.

2847 4. The physician may supervise only one office other than  
 2848 the physician's primary place of practice ~~except that until July~~  
 2849 ~~1, 2011, the physician may supervise up to two medical offices~~  
 2850 ~~other than the physician's primary place of practice if the~~  
 2851 ~~addresses of the offices are submitted to the board before July~~  
 2852 ~~1, 2006. Effective July 1, 2011, the physician may supervise~~  
 2853 ~~only one office other than the physician's primary place of~~  
 2854 ~~practice, regardless of when the addresses of the offices were~~  
 2855 ~~submitted to the board.~~

2856 (d) A physician who supervises an office in addition to  
 2857 the physician's primary practice location must conspicuously  
 2858 post in each of the physician's offices a current schedule of  
 2859 the regular hours when the physician is present in that office  
 2860 and the hours when the office is open while the physician is not

2861 present.

2862 (e) This subsection does not apply to health care services  
 2863 provided in facilities licensed under chapter 395 or in  
 2864 conjunction with a college of medicine, a college of nursing, an  
 2865 accredited graduate medical program, or a nursing education  
 2866 program; not-for-profit, family-planning clinics that are not  
 2867 licensed pursuant to chapter 390; rural and federally qualified  
 2868 health centers; health care services provided in a nursing home  
 2869 licensed under part II of chapter 400, an assisted living  
 2870 facility licensed under part I of chapter 429, a continuing care  
 2871 facility licensed under chapter 651, or a retirement community  
 2872 consisting of independent living units and a licensed nursing  
 2873 home or assisted living facility; anesthesia services provided  
 2874 in accordance with law; health care services provided in a  
 2875 designated rural health clinic; health care services provided to  
 2876 persons enrolled in a program designed to maintain elderly  
 2877 persons and persons with disabilities in a home or community-  
 2878 based setting; university primary care student health centers;  
 2879 school health clinics; or health care services provided in  
 2880 federal, state, or local government facilities. Subsection (3)  
 2881 and this subsection do not apply to offices at which the  
 2882 exclusive service being performed is laser hair removal by an  
 2883 advanced practice registered nurse ~~practitioner~~ or physician  
 2884 assistant.

2885 Section 61. Paragraph (c) of subsection (2) of section  
 2886 459.0137, Florida Statutes, is amended to read:

2887 459.0137 Pain-management clinics.—

2888 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 2889 apply to any osteopathic physician who provides professional  
 2890 services in a pain-management clinic that is required to be  
 2891 registered in subsection (1).

2892 (c) An osteopathic physician, a physician assistant, an  
 2893 independent advanced practice registered nurse, or an advanced  
 2894 practice registered nurse ~~practitioner~~ must perform a physical  
 2895 examination of a patient on the same day that the physician  
 2896 prescribes a controlled substance to a patient at a pain-  
 2897 management clinic. If the osteopathic physician prescribes more  
 2898 than a 72-hour dose of controlled substances for the treatment  
 2899 of chronic nonmalignant pain, the osteopathic physician must  
 2900 document in the patient's record the reason for prescribing that  
 2901 quantity.

2902 Section 62. Paragraph (hh) of subsection (1) of section  
 2903 459.015, Florida Statutes, is amended to read:

2904 459.015 Grounds for disciplinary action; action by the  
 2905 board and department.—

2906 (1) The following acts constitute grounds for denial of a  
 2907 license or disciplinary action, as specified in s. 456.072(2):

2908 (hh) Failing to supervise adequately the activities of  
 2909 those physician assistants, paramedics, emergency medical  
 2910 technicians, advanced practice registered nurses ~~nurse~~  
 2911 ~~practitioners~~, anesthesiologist assistants, or other persons  
 2912 acting under the supervision of the osteopathic physician.

2913 Section 63. Paragraph (a) of subsection (1) and subsection  
 2914 (3) of section 459.025, Florida Statutes, are amended to read:  
 2915 459.025 Formal supervisory relationships, standing orders,  
 2916 and established protocols; notice; standards.—

2917 (1) NOTICE.—

2918 (a) When an osteopathic physician enters into a formal  
 2919 supervisory relationship or standing orders with an emergency  
 2920 medical technician or paramedic licensed pursuant to s. 401.27,  
 2921 which relationship or orders contemplate the performance of  
 2922 medical acts, or when an osteopathic physician enters into an  
 2923 established protocol with an advanced practice registered nurse  
 2924 ~~practitioner~~, which protocol contemplates the performance of  
 2925 medical acts identified and approved by the joint committee  
 2926 pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and  
 2927 (4), the osteopathic physician shall submit notice to the board.  
 2928 The notice must contain a statement in substantially the  
 2929 following form:

2930 I, ...(name and professional license number of osteopathic  
 2931 physician)..., of ...(address of osteopathic physician)... have  
 2932 hereby entered into a formal supervisory relationship, standing  
 2933 orders, or an established protocol with ...(number of  
 2934 persons)... emergency medical technician(s), ...(number of  
 2935 persons)... paramedic(s), or ...(number of persons)... advanced  
 2936 practice registered nurse(s) ~~nurse practitioner(s)~~.

2937 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—  
 2938 An osteopathic physician who supervises an advanced practice

2939 registered nurse ~~practitioner~~ or physician assistant at a  
 2940 medical office other than the osteopathic physician's primary  
 2941 practice location, where the advanced practice registered nurse  
 2942 ~~practitioner~~ or physician assistant is not under the onsite  
 2943 supervision of a supervising osteopathic physician, must comply  
 2944 with the standards set forth in this subsection. For the purpose  
 2945 of this subsection, an osteopathic physician's "primary practice  
 2946 location" means the address reflected on the physician's profile  
 2947 published pursuant to s. 456.041.

2948 (a) An osteopathic physician who is engaged in providing  
 2949 primary health care services may not supervise more than four  
 2950 offices in addition to the osteopathic physician's primary  
 2951 practice location. For the purpose of this subsection, "primary  
 2952 health care" means health care services that are commonly  
 2953 provided to patients without referral from another practitioner,  
 2954 including obstetrical and gynecological services, and excludes  
 2955 practices providing primarily dermatologic and skin care  
 2956 services, which include aesthetic skin care services.

2957 (b) An osteopathic physician who is engaged in providing  
 2958 specialty health care services may not supervise more than two  
 2959 offices in addition to the osteopathic physician's primary  
 2960 practice location. For the purpose of this subsection,  
 2961 "specialty health care" means health care services that are  
 2962 commonly provided to patients with a referral from another  
 2963 practitioner and excludes practices providing primarily  
 2964 dermatologic and skin care services, which include aesthetic

2965 skin care services.

2966 (c) An osteopathic physician who supervises an advanced  
 2967 practice registered nurse ~~practitioner~~ or physician assistant at  
 2968 a medical office other than the osteopathic physician's primary  
 2969 practice location, where the advanced practice registered nurse  
 2970 ~~practitioner~~ or physician assistant is not under the onsite  
 2971 supervision of a supervising osteopathic physician and the  
 2972 services offered at the office are primarily dermatologic or  
 2973 skin care services, which include aesthetic skin care services  
 2974 other than plastic surgery, must comply with the standards  
 2975 listed in subparagraphs 1.-4. Notwithstanding s.  
 2976 459.022(4)(e)6., an osteopathic physician supervising a  
 2977 physician assistant pursuant to this paragraph may not be  
 2978 required to review and cosign charts or medical records prepared  
 2979 by such physician assistant.

2980 1. The osteopathic physician shall submit to the Board of  
 2981 Osteopathic Medicine the addresses of all offices where the  
 2982 osteopathic physician ~~he or she~~ is supervising or has a protocol  
 2983 with an advanced practice registered nurse ~~practitioner~~ or a  
 2984 physician ~~physician's~~ assistant which are not the osteopathic  
 2985 physician's primary practice location.

2986 2. The osteopathic physician must be board certified or  
 2987 board eligible in dermatology or plastic surgery as recognized  
 2988 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

2989 3. All such offices that are not the osteopathic  
 2990 physician's primary place of practice must be within 25 miles of



2991 the osteopathic physician's primary place of practice or in a  
 2992 county that is contiguous to the county of the osteopathic  
 2993 physician's primary place of practice. However, the distance  
 2994 between any of the offices may not exceed 75 miles.

2995 4. The osteopathic physician may supervise only one office  
 2996 other than the osteopathic physician's primary place of practice  
 2997 ~~except that until July 1, 2011, the osteopathic physician may~~  
 2998 ~~supervise up to two medical offices other than the osteopathic~~  
 2999 ~~physician's primary place of practice if the addresses of the~~  
 3000 ~~offices are submitted to the Board of Osteopathic Medicine~~  
 3001 ~~before July 1, 2006. Effective July 1, 2011, the osteopathic~~  
 3002 ~~physician may supervise only one office other than the~~  
 3003 ~~osteopathic physician's primary place of practice, regardless of~~  
 3004 ~~when the addresses of the offices were submitted to the Board of~~  
 3005 ~~Osteopathic Medicine.~~

3006 (d) An osteopathic physician who supervises an office in  
 3007 addition to the osteopathic physician's primary practice  
 3008 location must conspicuously post in each of the osteopathic  
 3009 physician's offices a current schedule of the regular hours when  
 3010 the osteopathic physician is present in that office and the  
 3011 hours when the office is open while the osteopathic physician is  
 3012 not present.

3013 (e) This subsection does not apply to health care services  
 3014 provided in facilities licensed under chapter 395 or in  
 3015 conjunction with a college of medicine or college of nursing or  
 3016 an accredited graduate medical or nursing education program;

3017 | offices where the only service being performed is hair removal  
 3018 | by an advanced practice registered nurse ~~practitioner~~ or  
 3019 | physician assistant; not-for-profit, family-planning clinics  
 3020 | that are not licensed pursuant to chapter 390; rural and  
 3021 | federally qualified health centers; health care services  
 3022 | provided in a nursing home licensed under part II of chapter  
 3023 | 400, an assisted living facility licensed under part I of  
 3024 | chapter 429, a continuing care facility licensed under chapter  
 3025 | 651, or a retirement community consisting of independent living  
 3026 | units and either a licensed nursing home or assisted living  
 3027 | facility; anesthesia services provided in accordance with law;  
 3028 | health care services provided in a designated rural health  
 3029 | clinic; health care services provided to persons enrolled in a  
 3030 | program designed to maintain elderly persons and persons with  
 3031 | disabilities in a home or community-based setting; university  
 3032 | primary care student health centers; school health clinics; or  
 3033 | health care services provided in federal, state, or local  
 3034 | government facilities.

3035 |         Section 64. Subsection (2) of section 464.004, Florida  
 3036 | Statutes, is amended to read:

3037 |             464.004 Board of Nursing; membership; appointment; terms.—

3038 |             (2) Seven members of the board must be registered nurses  
 3039 | who are residents of this state and who have been engaged in the  
 3040 | practice of professional nursing for at least 4 years, including  
 3041 | at least one advanced practice registered nurse ~~practitioner~~,  
 3042 | one nurse educator member of an approved program, and one nurse

3043 executive. These seven board members should be representative of  
 3044 the diverse areas of practice within the nursing profession. In  
 3045 addition, three members of the board must be licensed practical  
 3046 nurses who are residents of this state and who have been  
 3047 actively engaged in the practice of practical nursing for at  
 3048 least 4 years prior to their appointment. The remaining three  
 3049 members must be residents of the state who have never been  
 3050 licensed as nurses and who are in no way connected with the  
 3051 practice of nursing. No person may be appointed as a lay member  
 3052 who is in any way connected with, or has any financial interest  
 3053 in, any health care facility, agency, or insurer. At least one  
 3054 member of the board must be 60 years of age or older.

3055 Section 65. Paragraph (a) of subsection (4) of section  
 3056 464.0205, Florida Statutes, is amended to read:

3057 464.0205 Retired volunteer nurse certificate.-

3058 (4) A retired volunteer nurse receiving certification from  
 3059 the board shall:

3060 (a) Work under the direct supervision of the director of a  
 3061 county health department, a physician working under a limited  
 3062 license issued pursuant to s. 458.317 or s. 459.0075, a  
 3063 physician licensed under chapter 458 or chapter 459, an  
 3064 independent advanced practice registered nurse registered under  
 3065 s. 464.0125, an advanced practice registered nurse ~~practitioner~~  
 3066 certified under s. 464.012, or a registered nurse licensed under  
 3067 s. 464.008 or s. 464.009.

3068 Section 66. Subsection (2) of section 467.003, Florida

3069 Statutes, is amended to read:

3070 467.003 Definitions.—As used in this chapter, unless the  
3071 context otherwise requires:

3072 (2) "Certified nurse midwife" means a person who is  
3073 certified ~~licensed~~ as an advanced practice registered nurse  
3074 ~~practitioner~~ under part I of chapter 464 and who is certified to  
3075 practice midwifery by the American College of Nurse Midwives.

3076 Section 67. Paragraph (b) of subsection (1) of section  
3077 480.0475, Florida Statutes, is amended to read:

3078 480.0475 Massage establishments; prohibited practices.—

3079 (1) A person may not operate a massage establishment  
3080 between the hours of midnight and 5 a.m. This subsection does  
3081 not apply to a massage establishment:

3082 (b) In which every massage performed between the hours of  
3083 midnight and 5 a.m. is performed by a massage therapist acting  
3084 under the prescription of a physician or physician assistant  
3085 licensed under chapter 458, an osteopathic physician or  
3086 physician assistant licensed under chapter 459, a chiropractic  
3087 physician licensed under chapter 460, a podiatric physician  
3088 licensed under chapter 461, an independent advanced practice  
3089 registered nurse registered, or an advanced practice registered  
3090 nurse certified, ~~practitioner-licensed~~ under part I of chapter  
3091 464, or a dentist licensed under chapter 466; or

3092 Section 68. Subsection (7) of section 483.041, Florida  
3093 Statutes, is amended to read:

3094 483.041 Definitions.—As used in this part, the term:

3095 (7) "Licensed practitioner" means a physician licensed  
 3096 under chapter 458, chapter 459, chapter 460, or chapter 461; a  
 3097 certified optometrist licensed under chapter 463; a dentist  
 3098 licensed under chapter 466; a person licensed under chapter 462;  
 3099 an independent advanced practice registered nurse registered, or  
 3100 an advanced practice registered nurse certified, ~~practitioner~~  
 3101 ~~licensed~~ under part I of chapter 464; or a duly licensed  
 3102 practitioner from another state licensed under similar statutes  
 3103 who orders examinations on materials or specimens for  
 3104 nonresidents of the State of Florida, but who reside in the same  
 3105 state as the requesting licensed practitioner.

3106 Section 69. Subsection (5) of section 483.181, Florida  
 3107 Statutes, is amended to read:

3108 483.181 Acceptance, collection, identification, and  
 3109 examination of specimens.—

3110 (5) A clinical laboratory licensed under this part must  
 3111 accept a human specimen submitted for examination by a  
 3112 practitioner licensed under chapter 458, chapter 459, chapter  
 3113 460, chapter 461, chapter 462, chapter 463, s. 464.012, s.  
 3114 464.0125, or chapter 466, if the specimen and test are the type  
 3115 performed by the clinical laboratory. A clinical laboratory may  
 3116 only refuse a specimen based upon a history of nonpayment for  
 3117 services by the practitioner. A clinical laboratory shall not  
 3118 charge different prices for tests based upon the chapter under  
 3119 which a practitioner submitting a specimen for testing is  
 3120 licensed.

3121 Section 70. Subsection (5) of section 483.801, Florida  
 3122 Statutes, is amended to read:

3123 483.801 Exemptions.—This part applies to all clinical  
 3124 laboratories and clinical laboratory personnel within this  
 3125 state, except:

3126 (5) Advanced practice registered nurses certified ~~nurse~~  
 3127 ~~practitioners licensed~~ under part I of chapter 464 who perform  
 3128 provider-performed microscopy procedures (PPMP) in an exclusive-  
 3129 use laboratory setting.

3130 Section 71. Paragraph (a) of subsection (11) of section  
 3131 486.021, Florida Statutes, is amended to read:

3132 486.021 Definitions.—In this chapter, unless the context  
 3133 otherwise requires, the term:

3134 (11) "Practice of physical therapy" means the performance  
 3135 of physical therapy assessments and the treatment of any  
 3136 disability, injury, disease, or other health condition of human  
 3137 beings, or the prevention of such disability, injury, disease,  
 3138 or other condition of health, and rehabilitation as related  
 3139 thereto by the use of the physical, chemical, and other  
 3140 properties of air; electricity; exercise; massage; the  
 3141 performance of acupuncture only upon compliance with the  
 3142 criteria set forth by the Board of Medicine, when no penetration  
 3143 of the skin occurs; the use of radiant energy, including  
 3144 ultraviolet, visible, and infrared rays; ultrasound; water; the  
 3145 use of apparatus and equipment in the application of the  
 3146 foregoing or related thereto; the performance of tests of

3147 neuromuscular functions as an aid to the diagnosis or treatment  
 3148 of any human condition; or the performance of electromyography  
 3149 as an aid to the diagnosis of any human condition only upon  
 3150 compliance with the criteria set forth by the Board of Medicine.

3151 (a) A physical therapist may implement a plan of treatment  
 3152 developed by the physical therapist for a patient or provided  
 3153 for a patient by a practitioner of record or by an independent  
 3154 advanced practice registered nurse registered under s. 464.0125  
 3155 or an advanced practice registered nurse certified practitioner  
 3156 ~~licensed~~ under s. 464.012. The physical therapist shall refer  
 3157 the patient to or consult with a practitioner of record if the  
 3158 patient's condition is found to be outside the scope of physical  
 3159 therapy. If physical therapy treatment for a patient is required  
 3160 beyond 21 days for a condition not previously assessed by a  
 3161 practitioner of record, the physical therapist shall obtain a  
 3162 practitioner of record who will review and sign the plan. For  
 3163 purposes of this paragraph, a health care practitioner licensed  
 3164 under chapter 458, chapter 459, chapter 460, chapter 461, or  
 3165 chapter 466 and engaged in active practice is eligible to serve  
 3166 as a practitioner of record.

3167 Section 72. Paragraph (d) of subsection (1) of section  
 3168 490.012, Florida Statutes, is amended to read:

3169 490.012 Violations; penalties; injunction.—

3170 (1)

3171 (d) No person shall hold herself or himself out by any  
 3172 title or description incorporating the word, or a permutation of

3173 the word, "psychotherapy" unless such person holds a valid,  
 3174 active license under chapter 458, chapter 459, chapter 490, or  
 3175 chapter 491, or such person is registered as an independent  
 3176 advanced practice registered nurse under s. 464.0125 or  
 3177 certified as an advanced practice registered nurse under  
 3178 ~~practitioner, pursuant to s. 464.012 and, who~~ has been  
 3179 determined by the Board of Nursing to be ~~as~~ a specialist in  
 3180 psychiatric mental health.

3181 Section 73. Subsection (1) of section 491.0057, Florida  
 3182 Statutes, is amended to read:

3183 491.0057 Dual licensure as a marriage and family  
 3184 therapist.—The department shall license as a marriage and family  
 3185 therapist any person who demonstrates to the board that he or  
 3186 she:

3187 (1) Holds a valid, active license as a psychologist under  
 3188 chapter 490 or as a clinical social worker or mental health  
 3189 counselor under this chapter, or is registered under s. 464.0125  
 3190 as an independent advanced practice registered nurse or  
 3191 certified under s. 464.012 as an advanced practice registered  
 3192 nurse and practitioner who has been determined by the Board of  
 3193 Nursing to be ~~as~~ a specialist in psychiatric mental health.

3194 Section 74. Paragraph (d) of subsection (1) and subsection  
 3195 (2) of section 491.012, Florida Statutes, are amended to read:

3196 491.012 Violations; penalty; injunction.—

3197 (1) It is unlawful and a violation of this chapter for any  
 3198 person to:



3199 (d) Use the terms "psychotherapist," "sex therapist," or  
 3200 "juvenile sexual offender therapist" unless such person is  
 3201 licensed pursuant to this chapter or chapter 490, or is  
 3202 registered under s. 464.0125 as an independent advanced practice  
 3203 registered nurse or certified under s. 464.012 as an advanced  
 3204 practice registered nurse and ~~practitioner who~~ has been  
 3205 determined by the Board of Nursing to be ~~as~~ a specialist in  
 3206 psychiatric mental health and the use of such terms is within  
 3207 the scope of her or his practice based on education, training,  
 3208 and licensure.

3209 (2) It is unlawful and a violation of this chapter for any  
 3210 person to describe her or his services using the following terms  
 3211 or any derivative thereof, unless such person holds a valid,  
 3212 active license under this chapter or chapter 490, or is  
 3213 registered under s. 464.0125 as an independent advanced practice  
 3214 registered nurse or is certified under s. 464.012 as an advanced  
 3215 practice registered nurse and ~~practitioner who~~ has been  
 3216 determined by the Board of Nursing to be ~~as~~ a specialist in  
 3217 psychiatric mental health and the use of such terms is within  
 3218 the scope of her or his practice based on education, training,  
 3219 and licensure:

- 3220 (a) "Psychotherapy."
- 3221 (b) "Sex therapy."
- 3222 (c) "Sex counseling."
- 3223 (d) "Clinical social work."
- 3224 (e) "Psychiatric social work."

- 3225 (f) "Marriage and family therapy."
- 3226 (g) "Marriage and family counseling."
- 3227 (h) "Marriage counseling."
- 3228 (i) "Family counseling."
- 3229 (j) "Mental health counseling."

3230 Section 75. Subsection (2) of section 493.6108, Florida  
 3231 Statutes, is amended to read:

3232 493.6108 Investigation of applicants by Department of  
 3233 Agriculture and Consumer Services.—

3234 (2) In addition to subsection (1), the department shall  
 3235 make an investigation of the general physical fitness of the  
 3236 Class "G" applicant to bear a weapon or firearm. Determination  
 3237 of physical fitness shall be certified by a physician or  
 3238 physician assistant currently licensed pursuant to chapter 458,  
 3239 chapter 459, or any similar law of another state or authorized  
 3240 to act as a licensed physician by a federal agency or  
 3241 department, or by an independent advanced practice registered  
 3242 nurse registered, or an advanced practice registered nurse  
 3243 certified, under part I of practitioner currently licensed  
 3244 ~~pursuant to~~ chapter 464. Such certification shall be submitted  
 3245 on a form provided by the department.

3246 Section 76. Subsection (1) of section 626.9707, Florida  
 3247 Statutes, is amended to read:

3248 626.9707 Disability insurance; discrimination on basis of  
 3249 sickle-cell trait prohibited.—

3250 (1) An ~~No~~ insurer authorized to transact insurance in this

3251 state may not ~~shall~~ refuse to issue and deliver in this state  
 3252 any policy of disability insurance, whether such policy is  
 3253 defined as individual, group, blanket, franchise, industrial, or  
 3254 otherwise, which is currently being issued for delivery in this  
 3255 state and which affords benefits and coverage for any medical  
 3256 treatment or service authorized and permitted to be furnished by  
 3257 a hospital, clinic, health clinic, neighborhood health clinic,  
 3258 health maintenance organization, physician, physician  
 3259 ~~physician's~~ assistant, independent advanced practice registered  
 3260 nurse, advanced practice registered nurse practitioner, or  
 3261 medical service facility or personnel solely because the person  
 3262 to be insured has the sickle-cell trait.

3263 Section 77. Paragraph (b) of subsection (1) of section  
 3264 627.357, Florida Statutes, is amended to read:

3265 627.357 Medical malpractice self-insurance.-

3266 (1) DEFINITIONS.-As used in this section, the term:

3267 (b) "Health care provider" means any:

3268 1. Hospital licensed under chapter 395.

3269 2. Physician licensed, or physician assistant licensed,  
 3270 under chapter 458.

3271 3. Osteopathic physician or physician assistant licensed  
 3272 under chapter 459.

3273 4. Podiatric physician licensed under chapter 461.

3274 5. Health maintenance organization certificated under part  
 3275 I of chapter 641.

3276 6. Ambulatory surgical center licensed under chapter 395.

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- 3277 7. Chiropractic physician licensed under chapter 460.
- 3278 8. Psychologist licensed under chapter 490.
- 3279 9. Optometrist licensed under chapter 463.
- 3280 10. Dentist licensed under chapter 466.
- 3281 11. Pharmacist licensed under chapter 465.
- 3282 12. Registered nurse, licensed practical nurse,
- 3283 independent advanced practice registered nurse, or advanced
- 3284 practice registered nurse ~~practitioner~~ licensed, registered, or
- 3285 certified ~~registered~~ under part I of chapter 464.
- 3286 13. Other medical facility.
- 3287 14. Professional association, partnership, corporation,
- 3288 joint venture, or other association established by the
- 3289 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
- 3290 10., 11., and 12. for professional activity.
- 3291 Section 78. Subsection (6) of section 627.6471, Florida
- 3292 Statutes, is amended to read:
- 3293 627.6471 Contracts for reduced rates of payment;
- 3294 limitations; coinsurance and deductibles.—
- 3295 (6) If psychotherapeutic services are covered by a policy
- 3296 issued by the insurer, the insurer shall provide eligibility
- 3297 criteria for each group of health care providers licensed under
- 3298 chapter 458, chapter 459, chapter 490, or chapter 491, which
- 3299 include psychotherapy within the scope of their practice as
- 3300 provided by law, or for any person who is registered as an
- 3301 independent advanced practice registered nurse under s. 464.0125
- 3302 or certified as an advanced practice registered nurse

3303 ~~practitioner in psychiatric mental health~~ under s. 464.012 and  
 3304 who specializes in psychiatric mental health. When  
 3305 psychotherapeutic services are covered, eligibility criteria  
 3306 shall be established by the insurer to be included in the  
 3307 insurer's criteria for selection of network providers. The  
 3308 insurer may not discriminate against a health care provider by  
 3309 excluding such practitioner from its provider network solely on  
 3310 the basis of the practitioner's license.

3311 Section 79. Subsections (15) and (17) of section 627.6472,  
 3312 Florida Statutes, are amended to read:

3313 627.6472 Exclusive provider organizations.—

3314 (15) If psychotherapeutic services are covered by a policy  
 3315 issued by the insurer, the insurer shall provide eligibility  
 3316 criteria for all groups of health care providers licensed under  
 3317 chapter 458, chapter 459, chapter 490, or chapter 491, which  
 3318 include psychotherapy within the scope of their practice as  
 3319 provided by law, or for any person who is registered as an  
 3320 independent advanced practice registered nurse under s. 464.0125  
 3321 or certified as an advanced practice registered nurse  
 3322 ~~practitioner in psychiatric mental health~~ under s. 464.012 and  
 3323 who specializes in psychiatric mental health. When  
 3324 psychotherapeutic services are covered, eligibility criteria  
 3325 shall be established by the insurer to be included in the  
 3326 insurer's criteria for selection of network providers. The  
 3327 insurer may not discriminate against a health care provider by  
 3328 excluding such practitioner from its provider network solely on

3329 the basis of the practitioner's license.

3330 (17) An exclusive provider organization may ~~shall~~ not  
 3331 discriminate with respect to participation as to any independent  
 3332 advanced practice registered nurse registered pursuant to s.  
 3333 464.0125 or advanced practice registered nurse practitioner  
 3334 ~~licensed and~~ certified pursuant to s. 464.012, who is acting  
 3335 within the scope of such registration or license and  
 3336 certification, solely on the basis of such registration license  
 3337 or certification. This subsection shall not be construed to  
 3338 prohibit a plan from including providers only to the extent  
 3339 necessary to meet the needs of the plan's enrollees or from  
 3340 establishing any measure designed to maintain quality and  
 3341 control costs consistent with the responsibilities of the plan.

3342 Section 80. Paragraph (a) of subsection (1) of section  
 3343 627.736, Florida Statutes, is amended to read:

3344 627.736 Required personal injury protection benefits;  
 3345 exclusions; priority; claims.-

3346 (1) REQUIRED BENEFITS.-An insurance policy complying with  
 3347 the security requirements of s. 627.733 must provide personal  
 3348 injury protection to the named insured, relatives residing in  
 3349 the same household, persons operating the insured motor vehicle,  
 3350 passengers in the motor vehicle, and other persons struck by the  
 3351 motor vehicle and suffering bodily injury while not an occupant  
 3352 of a self-propelled vehicle, subject to subsection (2) and  
 3353 paragraph (4)(e), to a limit of \$10,000 in medical and  
 3354 disability benefits and \$5,000 in death benefits resulting from

3355 | bodily injury, sickness, disease, or death arising out of the  
 3356 | ownership, maintenance, or use of a motor vehicle as follows:

3357 |       (a) Medical benefits.—Eighty percent of all reasonable  
 3358 | expenses for medically necessary medical, surgical, X-ray,  
 3359 | dental, and rehabilitative services, including prosthetic  
 3360 | devices and medically necessary ambulance, hospital, and nursing  
 3361 | services if the individual receives initial services and care  
 3362 | pursuant to subparagraph 1. within 14 days after the motor  
 3363 | vehicle accident. The medical benefits provide reimbursement  
 3364 | only for:

3365 |       1. Initial services and care that are lawfully provided,  
 3366 | supervised, ordered, or prescribed by a physician licensed under  
 3367 | chapter 458 or chapter 459, a dentist licensed under chapter  
 3368 | 466, ~~or~~ a chiropractic physician licensed under chapter 460, or  
 3369 | an independent advanced practice registered nurse registered  
 3370 | under s. 464.0125, or that are provided in a hospital or in a  
 3371 | facility that owns, or is wholly owned by, a hospital. Initial  
 3372 | services and care may also be provided by a person or entity  
 3373 | licensed under part III of chapter 401 which provides emergency  
 3374 | transportation and treatment.

3375 |       2. Upon referral by a provider described in subparagraph  
 3376 | 1., followup services and care consistent with the underlying  
 3377 | medical diagnosis rendered pursuant to subparagraph 1. which may  
 3378 | be provided, supervised, ordered, or prescribed only by a  
 3379 | physician licensed under chapter 458 or chapter 459, a  
 3380 | chiropractic physician licensed under chapter 460, a dentist

3381 | licensed under chapter 466, an independent advanced practice  
 3382 | registered nurse registered under s. 464.0125, or, to the extent  
 3383 | permitted by applicable law and under the supervision of such  
 3384 | physician, osteopathic physician, chiropractic physician, ~~or~~  
 3385 | dentist, or independent advanced practice registered nurse, by a  
 3386 | physician assistant licensed under chapter 458 or chapter 459 or  
 3387 | an advanced practice registered nurse certified practitioner  
 3388 | ~~licensed~~ under s. 464.012 ~~chapter 464~~. Followup services and  
 3389 | care may also be provided by the following persons or entities:  
 3390 |       a. A hospital or ambulatory surgical center licensed under  
 3391 | chapter 395.  
 3392 |       b. An entity wholly owned by one or more physicians  
 3393 | licensed under chapter 458 or chapter 459, chiropractic  
 3394 | physicians licensed under chapter 460, independent advanced  
 3395 | practice registered nurses registered under s. 464.0125, or  
 3396 | dentists licensed under chapter 466 or by such practitioners and  
 3397 | the spouse, parent, child, or sibling of such practitioners.  
 3398 |       c. An entity that owns or is wholly owned, directly or  
 3399 | indirectly, by a hospital or hospitals.  
 3400 |       d. A physical therapist licensed under chapter 486, based  
 3401 | upon a referral by a provider described in this subparagraph.  
 3402 |       e. A health care clinic licensed under part X of chapter  
 3403 | 400 which is accredited by an accrediting organization whose  
 3404 | standards incorporate comparable regulations required by this  
 3405 | state, or  
 3406 |       (I) Has a medical director licensed under chapter 458,



3407 chapter 459, or chapter 460;

3408 (II) Has been continuously licensed for more than 3 years

3409 or is a publicly traded corporation that issues securities

3410 traded on an exchange registered with the United States

3411 Securities and Exchange Commission as a national securities

3412 exchange; and

3413 (III) Provides at least four of the following medical

3414 specialties:

3415 (A) General medicine.

3416 (B) Radiography.

3417 (C) Orthopedic medicine.

3418 (D) Physical medicine.

3419 (E) Physical therapy.

3420 (F) Physical rehabilitation.

3421 (G) Prescribing or dispensing outpatient prescription

3422 medication.

3423 (H) Laboratory services.

3424 3. Reimbursement for services and care provided in

3425 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician

3426 licensed under chapter 458 or chapter 459, a dentist licensed

3427 under chapter 466, an independent advanced practice registered

3428 nurse registered under s. 464.0125, a physician assistant

3429 licensed under chapter 458 or chapter 459, or an advanced

3430 practice registered nurse certified practitioner ~~licensed~~ under

3431 s. 464.012 ~~chapter 464~~ has determined that the injured person

3432 had an emergency medical condition.

3433           4. Reimbursement for services and care provided in  
 3434 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
 3435 provider listed in subparagraph 1. or subparagraph 2. determines  
 3436 that the injured person did not have an emergency medical  
 3437 condition.

3438           5. Medical benefits do not include massage as defined in  
 3439 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
 3440 of the person, entity, or licensee providing massage or  
 3441 acupuncture, and a licensed massage therapist or licensed  
 3442 acupuncturist may not be reimbursed for medical benefits under  
 3443 this section.

3444           6. The Financial Services Commission shall adopt by rule  
 3445 the form that must be used by an insurer and a health care  
 3446 provider specified in sub-subparagraph 2.b., sub-subparagraph  
 3447 2.c., or sub-subparagraph 2.e. to document that the health care  
 3448 provider meets the criteria of this paragraph. Such rule must  
 3449 include a requirement for a sworn statement or affidavit.

3450  
 3451 Only insurers writing motor vehicle liability insurance in this  
 3452 state may provide the required benefits of this section, and  
 3453 such insurer may not require the purchase of any other motor  
 3454 vehicle coverage other than the purchase of property damage  
 3455 liability coverage as required by s. 627.7275 as a condition for  
 3456 providing such benefits. Insurers may not require that property  
 3457 damage liability insurance in an amount greater than \$10,000 be  
 3458 purchased in conjunction with personal injury protection. Such

3459 insurers shall make benefits and required property damage  
 3460 liability insurance coverage available through normal marketing  
 3461 channels. An insurer writing motor vehicle liability insurance  
 3462 in this state who fails to comply with such availability  
 3463 requirement as a general business practice violates part IX of  
 3464 chapter 626, and such violation constitutes an unfair method of  
 3465 competition or an unfair or deceptive act or practice involving  
 3466 the business of insurance. An insurer committing such violation  
 3467 is subject to the penalties provided under that part, as well as  
 3468 those provided elsewhere in the insurance code.

3469 Section 81. Paragraph (e) of subsection (1) of section  
 3470 633.412, Florida Statutes, is amended to read:

3471 633.412 Firefighters; qualifications for certification.—

3472 (1) A person applying for certification as a firefighter  
 3473 must:

3474 (e) Be in good physical condition as determined by a  
 3475 medical examination given by a physician, surgeon, or physician  
 3476 assistant licensed to practice in the state under ~~pursuant to~~  
 3477 chapter 458; an osteopathic physician, surgeon, or physician  
 3478 assistant licensed to practice in the state under ~~pursuant to~~  
 3479 chapter 459; an independent advanced practice registered nurse  
 3480 registered, or an advanced practice registered nurse certified,  
 3481 ~~practitioner licensed~~ to practice in the state under part I of  
 3482 ~~pursuant to~~ chapter 464. Such examination may include, but need  
 3483 not be limited to, the National Fire Protection Association  
 3484 Standard 1582. A medical examination evidencing good physical

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3485 condition shall be submitted to the division, on a form as  
 3486 provided by rule, before an individual is eligible for admission  
 3487 into a course under s. 633.408.

3488 Section 82. Section 641.3923, Florida Statutes, is amended  
 3489 to read:

3490 641.3923 Discrimination against providers prohibited.—A  
 3491 health maintenance organization may ~~shall~~ not discriminate with  
 3492 respect to participation as to any independent advanced practice  
 3493 registered nurse registered pursuant to s. 464.0125 or advanced  
 3494 practice registered nurse ~~practitioner licensed and certified~~  
 3495 pursuant to s. 464.012, who is acting within the scope of such  
 3496 registration or license ~~and certification~~, solely on the basis  
 3497 of such registration ~~license~~ or certification. This section  
 3498 shall not be construed to prohibit a plan from including  
 3499 providers only to the extent necessary to meet the needs of the  
 3500 plan's enrollees or from establishing any measure designed to  
 3501 maintain quality and control costs consistent with the  
 3502 responsibilities of the plan.

3503 Section 83. Subsection (8) of section 641.495, Florida  
 3504 Statutes, is amended to read:

3505 641.495 Requirements for issuance and maintenance of  
 3506 certificate.—

3507 (8) Each organization's contracts, certificates, and  
 3508 subscriber handbooks shall contain a provision, if applicable,  
 3509 disclosing that, for certain types of described medical  
 3510 procedures, services may be provided by physician assistants,

3511 independent advanced practice registered nurses, advanced  
 3512 practice registered nurses ~~nurse practitioners~~, or other  
 3513 individuals who are not licensed physicians.

3514 Section 84. Paragraph (a) of subsection (3) of section  
 3515 744.331, Florida Statutes, is amended to read:

3516 744.331 Procedures to determine incapacity.—

3517 (3) EXAMINING COMMITTEE.—

3518 (a) Within 5 days after a petition for determination of  
 3519 incapacity has been filed, the court shall appoint an examining  
 3520 committee consisting of three members. One member must be a  
 3521 psychiatrist or other physician. The remaining members must be  
 3522 either a psychologist, gerontologist, another psychiatrist, or  
 3523 other physician, a registered nurse, an advanced practice  
 3524 registered nurse practitioner, a licensed social worker, a  
 3525 person with an advanced degree in gerontology from an accredited  
 3526 institution of higher education, or other person who by  
 3527 knowledge, skill, experience, training, or education may, in the  
 3528 court's discretion, advise the court in the form of an expert  
 3529 opinion. One of three members of the committee must have  
 3530 knowledge of the type of incapacity alleged in the petition.  
 3531 Unless good cause is shown, the attending or family physician  
 3532 may not be appointed to the committee. If the attending or  
 3533 family physician is available for consultation, the committee  
 3534 must consult with the physician. Members of the examining  
 3535 committee may not be related to or associated with one another,  
 3536 with the petitioner, with counsel for the petitioner or the

3537 proposed guardian, or with the person alleged to be totally or  
 3538 partially incapacitated. A member may not be employed by any  
 3539 private or governmental agency that has custody of, or  
 3540 furnishes, services or subsidies, directly or indirectly, to the  
 3541 person or the family of the person alleged to be incapacitated  
 3542 or for whom a guardianship is sought. A petitioner may not serve  
 3543 as a member of the examining committee. Members of the examining  
 3544 committee must be able to communicate, either directly or  
 3545 through an interpreter, in the language that the alleged  
 3546 incapacitated person speaks or to communicate in a medium  
 3547 understandable to the alleged incapacitated person if she or he  
 3548 is able to communicate. The clerk of the court shall send notice  
 3549 of the appointment to each person appointed no later than 3 days  
 3550 after the court's appointment.

3551 Section 85. Subsection (1) of section 744.703, Florida  
 3552 Statutes, is amended to read:

3553 744.703 Office of public guardian; appointment,  
 3554 notification.—

3555 (1) The executive director of the Statewide Public  
 3556 Guardianship Office, after consultation with the chief judge and  
 3557 other circuit judges within the judicial circuit and with  
 3558 appropriate advocacy groups and individuals and organizations  
 3559 who are knowledgeable about the needs of incapacitated persons,  
 3560 may establish, within a county in the judicial circuit or within  
 3561 the judicial circuit, one or more offices of public guardian and  
 3562 if so established, shall create a list of persons best qualified

3563 | to serve as the public guardian, who have been investigated  
 3564 | pursuant to s. 744.3135. The public guardian must have knowledge  
 3565 | of the legal process and knowledge of social services available  
 3566 | to meet the needs of incapacitated persons. The public guardian  
 3567 | shall maintain a staff or contract with professionally qualified  
 3568 | individuals to carry out the guardianship functions, including  
 3569 | an attorney who has experience in probate areas and another  
 3570 | person who has a master's degree in social work, or a  
 3571 | gerontologist, psychologist, registered nurse, independent  
 3572 | advanced practice registered nurse, or advanced practice  
 3573 | registered nurse practitioner. A public guardian that is a  
 3574 | nonprofit corporate guardian under s. 744.309(5) must receive  
 3575 | tax-exempt status from the United States Internal Revenue  
 3576 | Service.

3577 |         Section 86. Subsection (6) of section 766.102, Florida  
 3578 | Statutes, is amended to read:

3579 |             766.102 Medical negligence; standards of recovery; expert  
 3580 | witness.—

3581 |             (6) A physician licensed under chapter 458 or chapter 459  
 3582 | who qualifies as an expert witness under subsection (5) and who,  
 3583 | by reason of active clinical practice or instruction of  
 3584 | students, has knowledge of the applicable standard of care for  
 3585 | nurses, independent advanced practice registered nurses,  
 3586 | advanced practice registered nurses ~~nurse practitioners~~,  
 3587 | ~~certified registered nurse anesthetists~~, ~~certified registered~~  
 3588 | ~~nurse midwives~~, physician assistants, or other medical support

3589 staff may give expert testimony in a medical negligence action  
 3590 with respect to the standard of care of such medical support  
 3591 staff.

3592 Section 87. Subsection (3) of section 766.103, Florida  
 3593 Statutes, is amended to read:

3594 766.103 Florida Medical Consent Law.—

3595 (3) ~~No Recovery is not shall be~~ allowed in any court in  
 3596 this state against any physician licensed under chapter 458,  
 3597 osteopathic physician licensed under chapter 459, chiropractic  
 3598 physician licensed under chapter 460, podiatric physician  
 3599 licensed under chapter 461, dentist licensed under chapter 466,  
 3600 independent advanced practice registered nurse registered under  
 3601 s. 464.0125, advanced practice registered nurse ~~practitioner~~  
 3602 certified under s. 464.012, or physician assistant licensed  
 3603 under s. 458.347 or s. 459.022 in an action brought for  
 3604 treating, examining, or operating on a patient without his or  
 3605 her informed consent when:

3606 (a)1. The action of the physician, osteopathic physician,  
 3607 chiropractic physician, podiatric physician, dentist,  
 3608 independent advanced practice registered nurse, advanced  
 3609 practice registered nurse ~~practitioner,~~ or physician assistant  
 3610 in obtaining the consent of the patient or another person  
 3611 authorized to give consent for the patient was in accordance  
 3612 with an accepted standard of medical practice among members of  
 3613 the medical profession with similar training and experience in  
 3614 the same or similar medical community as that of the person



3615 | treating, examining, or operating on the patient for whom the  
3616 | consent is obtained; and

3617 |         2. A reasonable individual, from the information provided  
3618 | by the physician, osteopathic physician, chiropractic physician,  
3619 | podiatric physician, dentist, independent advanced practice  
3620 | registered nurse, advanced practice registered nurse  
3621 | ~~practitioner~~, or physician assistant, under the circumstances,  
3622 | would have a general understanding of the procedure, the  
3623 | medically acceptable alternative procedures or treatments, and  
3624 | the substantial risks and hazards inherent in the proposed  
3625 | treatment or procedures, which are recognized among other  
3626 | physicians, osteopathic physicians, chiropractic physicians,  
3627 | podiatric physicians, or dentists in the same or similar  
3628 | community who perform similar treatments or procedures; or

3629 |         (b) The patient would reasonably, under all the  
3630 | surrounding circumstances, have undergone such treatment or  
3631 | procedure had he or she been advised by the physician,  
3632 | osteopathic physician, chiropractic physician, podiatric  
3633 | physician, dentist, independent advanced practice registered  
3634 | nurse, advanced practice registered nurse ~~practitioner~~, or  
3635 | physician assistant in accordance with the provisions of  
3636 | paragraph (a).

3637 |         Section 88. Paragraph (d) of subsection (3) of section  
3638 | 766.1115, Florida Statutes, is amended to read:

3639 |         766.1115 Health care providers; creation of agency  
3640 | relationship with governmental contractors.-

- 3641 (3) DEFINITIONS.—As used in this section, the term:
- 3642 (d) "Health care provider" or "provider" means:
- 3643 1. A birth center licensed under chapter 383.
- 3644 2. An ambulatory surgical center licensed under chapter
- 3645 395.
- 3646 3. A hospital licensed under chapter 395.
- 3647 4. A physician or physician assistant licensed under
- 3648 chapter 458.
- 3649 5. An osteopathic physician or osteopathic physician
- 3650 assistant licensed under chapter 459.
- 3651 6. A chiropractic physician licensed under chapter 460.
- 3652 7. A podiatric physician licensed under chapter 461.
- 3653 8. A registered nurse, ~~nurse midwife~~, licensed practical
- 3654 nurse, independent advanced practice registered nurse, or
- 3655 advanced practice registered nurse ~~practitioner~~ licensed,
- 3656 registered, or certified ~~registered~~ under part I of chapter 464
- 3657 or any facility that ~~which~~ employs nurses licensed, registered,
- 3658 or certified ~~registered~~ under part I of chapter 464 to supply
- 3659 all or part of the care delivered under this section.
- 3660 9. A midwife licensed under chapter 467.
- 3661 10. A health maintenance organization certificated under
- 3662 part I of chapter 641.
- 3663 11. A health care professional association and its
- 3664 employees or a corporate medical group and its employees.
- 3665 12. Any other medical facility the primary purpose of
- 3666 which is to deliver human medical diagnostic services or which

3667 delivers nonsurgical human medical treatment, and which includes  
 3668 an office maintained by a provider.

3669 13. A dentist or dental hygienist licensed under chapter  
 3670 466.

3671 14. A free clinic that delivers only medical diagnostic  
 3672 services or nonsurgical medical treatment free of charge to all  
 3673 low-income recipients.

3674 15. Any other health care professional, practitioner,  
 3675 provider, or facility under contract with a governmental  
 3676 contractor, including a student enrolled in an accredited  
 3677 program that prepares the student for licensure as any one of  
 3678 the professionals listed in subparagraphs 4.-9.

3679  
 3680 The term includes any nonprofit corporation qualified as exempt  
 3681 from federal income taxation under s. 501(a) of the Internal  
 3682 Revenue Code, and described in s. 501(c) of the Internal Revenue  
 3683 Code, which delivers health care services provided by licensed  
 3684 professionals listed in this paragraph, any federally funded  
 3685 community health center, and any volunteer corporation or  
 3686 volunteer health care provider that delivers health care  
 3687 services.

3688 Section 89. Subsection (1) of section 766.1116, Florida  
 3689 Statutes, is amended to read:

3690 766.1116 Health care practitioner; waiver of license  
 3691 renewal fees and continuing education requirements.—

3692 (1) As used in this section, the term "health care

3693 practitioner" means a physician or physician assistant licensed  
 3694 under chapter 458; an osteopathic physician or physician  
 3695 assistant licensed under chapter 459; a chiropractic physician  
 3696 licensed under chapter 460; a podiatric physician licensed under  
 3697 chapter 461; an independent advanced practice registered nurse,  
 3698 an advanced practice registered nurse ~~practitioner~~, a registered  
 3699 nurse, or a licensed practical nurse licensed, registered, or  
 3700 certified under part I of chapter 464; a dentist or dental  
 3701 hygienist licensed under chapter 466; or a midwife licensed  
 3702 under chapter 467, who participates as a health care provider  
 3703 under s. 766.1115.

3704 Section 90. Paragraph (c) of subsection (1) of section  
 3705 766.118, Florida Statutes, is amended to read:

3706 766.118 Determination of noneconomic damages.—

3707 (1) DEFINITIONS.—As used in this section, the term:

3708 (c) "Practitioner" means any person licensed under chapter  
 3709 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter  
 3710 463, chapter 466, chapter 467, or chapter 486; registered under  
 3711 s. 464.0125; or certified under s. 464.012. "Practitioner" also  
 3712 means any association, corporation, firm, partnership, or other  
 3713 business entity under which such practitioner practices or any  
 3714 employee of such practitioner or entity acting in the scope of  
 3715 his or her employment. For the purpose of determining the  
 3716 limitations on noneconomic damages set forth in this section,  
 3717 the term "practitioner" includes any person or entity for whom a  
 3718 practitioner is vicariously liable and any person or entity

3719 whose liability is based solely on such person or entity being  
 3720 vicariously liable for the actions of a practitioner.

3721 Section 91. Subsection (3) of section 768.135, Florida  
 3722 Statutes, is amended to read:

3723 768.135 Volunteer team practitioners ~~physicians~~;  
 3724 immunity.-

3725 (3) A practitioner licensed under chapter 458, chapter  
 3726 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0125 who gratuitously  
 3727 and in good faith conducts an evaluation pursuant to s.  
 3728 1006.20(2)(c) is not liable for any civil damages arising from  
 3729 that evaluation unless the evaluation was conducted in a  
 3730 wrongful manner.

3731 Section 92. Subsection (4) of section 782.071, Florida  
 3732 Statutes, is amended to read:

3733 782.071 Vehicular homicide.-"Vehicular homicide" is the  
 3734 killing of a human being, or the killing of an unborn child by  
 3735 any injury to the mother, caused by the operation of a motor  
 3736 vehicle by another in a reckless manner likely to cause the  
 3737 death of, or great bodily harm to, another.

3738 (4) In addition to any other punishment, the court may  
 3739 order the person to serve 120 community service hours in a  
 3740 trauma center or hospital that regularly receives victims of  
 3741 vehicle accidents, under the supervision of an independent  
 3742 advanced practice registered nurse, an advanced practice  
 3743 registered nurse, a registered nurse, an emergency room  
 3744 physician, or an emergency medical technician pursuant to a

3745 | voluntary community service program operated by the trauma  
 3746 | center or hospital.

3747 | Section 93. Subsection (5) of section 794.08, Florida  
 3748 | Statutes, is amended to read:

3749 | 794.08 Female genital mutilation.—

3750 | (5) This section does not apply to procedures performed by  
 3751 | or under the direction of a physician licensed under chapter  
 3752 | 458;~~;~~ an osteopathic physician licensed under chapter 459;~~;~~ a  
 3753 | registered nurse ~~licensed under part I of chapter 464~~, a  
 3754 | practical nurse ~~licensed under part I of chapter 464~~, an  
 3755 | independent advanced practice registered nurse, or an advanced  
 3756 | practice registered nurse licensed, registered, or certified  
 3757 | ~~practitioner licensed~~ under part I of chapter 464;~~;~~ a midwife  
 3758 | licensed under chapter 467;~~;~~ or a physician assistant licensed  
 3759 | under chapter 458 or chapter 459, when necessary to preserve the  
 3760 | physical health of a female person. This section also does not  
 3761 | apply to any autopsy or limited dissection conducted pursuant to  
 3762 | chapter 406.

3763 | Section 94. Subsection (21) of section 893.02, Florida  
 3764 | Statutes, is amended to read:

3765 | 893.02 Definitions.—The following words and phrases as  
 3766 | used in this chapter shall have the following meanings, unless  
 3767 | the context otherwise requires:

3768 | (21) "Practitioner" means a physician licensed pursuant to  
 3769 | chapter 458, a dentist licensed pursuant to chapter 466, a  
 3770 | veterinarian licensed pursuant to chapter 474, an osteopathic

3771 physician licensed pursuant to chapter 459, a naturopath  
 3772 licensed pursuant to chapter 462, a certified optometrist  
 3773 licensed pursuant to chapter 463, an independent advanced  
 3774 practice registered nurse registered pursuant to s. 464.0125, an  
 3775 advanced practice registered nurse certified pursuant to s.  
 3776 464.012, or a podiatric physician licensed pursuant to chapter  
 3777 461, provided such practitioner holds a valid federal controlled  
 3778 substance registry number.

3779 Section 95. Subsection (6) of section 943.13, Florida  
 3780 Statutes, is amended to read:

3781 943.13 Officers' minimum qualifications for employment or  
 3782 appointment.—On or after October 1, 1984, any person employed or  
 3783 appointed as a full-time, part-time, or auxiliary law  
 3784 enforcement officer or correctional officer; on or after October  
 3785 1, 1986, any person employed as a full-time, part-time, or  
 3786 auxiliary correctional probation officer; and on or after  
 3787 October 1, 1986, any person employed as a full-time, part-time,  
 3788 or auxiliary correctional officer by a private entity under  
 3789 contract to the Department of Corrections, to a county  
 3790 commission, or to the Department of Management Services shall:

3791 (6) Have passed a physical examination by a licensed  
 3792 physician, physician assistant, independent advanced practice  
 3793 registered nurse, or certified advanced practice registered  
 3794 nurse ~~practitioner,~~ based on specifications established by the  
 3795 commission. In order to be eligible for the presumption set  
 3796 forth in s. 112.18 while employed with an employing agency, a

3797 law enforcement officer, correctional officer, or correctional  
 3798 probation officer must have successfully passed the physical  
 3799 examination required by this subsection upon entering into  
 3800 service as a law enforcement officer, correctional officer, or  
 3801 correctional probation officer with the employing agency, which  
 3802 examination must have failed to reveal any evidence of  
 3803 tuberculosis, heart disease, or hypertension. A law enforcement  
 3804 officer, correctional officer, or correctional probation officer  
 3805 may not use a physical examination from a former employing  
 3806 agency for purposes of claiming the presumption set forth in s.  
 3807 112.18 against the current employing agency.

3808 Section 96. Subsection (2) of section 945.603, Florida  
 3809 Statutes, is amended to read:

3810 945.603 Powers and duties of authority.—The purpose of the  
 3811 authority is to assist in the delivery of health care services  
 3812 for inmates in the Department of Corrections by advising the  
 3813 Secretary of Corrections on the professional conduct of primary,  
 3814 convalescent, dental, and mental health care and the management  
 3815 of costs consistent with quality care, by advising the Governor  
 3816 and the Legislature on the status of the Department of  
 3817 Corrections' health care delivery system, and by assuring that  
 3818 adequate standards of physical and mental health care for  
 3819 inmates are maintained at all Department of Corrections  
 3820 institutions. For this purpose, the authority has the authority  
 3821 to:

3822 (2) Review and make recommendations regarding health care



3823 for the delivery of health care services including, but not  
 3824 limited to, acute hospital-based services and facilities,  
 3825 primary and tertiary care services, ancillary and clinical  
 3826 services, dental services, mental health services, intake and  
 3827 screening services, medical transportation services, and the use  
 3828 of advanced practice registered nurses ~~nurse practitioner~~ and  
 3829 physician assistants ~~assistant personnel~~ to act as physician  
 3830 extenders as these relate to inmates in the Department of  
 3831 Corrections.

3832 Section 97. Paragraph (i) of subsection (3) of section  
 3833 1002.20, Florida Statutes, is amended to read:

3834 1002.20 K-12 student and parent rights.—Parents of public  
 3835 school students must receive accurate and timely information  
 3836 regarding their child's academic progress and must be informed  
 3837 of ways they can help their child to succeed in school. K-12  
 3838 students and their parents are afforded numerous statutory  
 3839 rights including, but not limited to, the following:

3840 (3) HEALTH ISSUES.—

3841 (i) Epinephrine use and supply.—

3842 1. A student who has experienced or is at risk for life-  
 3843 threatening allergic reactions may carry an epinephrine auto-  
 3844 injector and self-administer epinephrine by auto-injector while  
 3845 in school, participating in school-sponsored activities, or in  
 3846 transit to or from school or school-sponsored activities if the  
 3847 school has been provided with parental and physician  
 3848 authorization. The State Board of Education, in cooperation with

3849 | the Department of Health, shall adopt rules for such use of  
 3850 | epinephrine auto-injectors that shall include provisions to  
 3851 | protect the safety of all students from the misuse or abuse of  
 3852 | auto-injectors. A school district, county health department,  
 3853 | public-private partner, and their employees and volunteers shall  
 3854 | be indemnified by the parent of a student authorized to carry an  
 3855 | epinephrine auto-injector for any and all liability with respect  
 3856 | to the student's use of an epinephrine auto-injector pursuant to  
 3857 | this paragraph.

3858 |         2. A public school may purchase from a wholesale  
 3859 | distributor as defined in s. 499.003 and maintain in a locked,  
 3860 | secure location on its premises a supply of epinephrine auto-  
 3861 | injectors for use if a student is having an anaphylactic  
 3862 | reaction. The participating school district shall adopt a  
 3863 | protocol developed by a licensed physician for the  
 3864 | administration by school personnel who are trained to recognize  
 3865 | an anaphylactic reaction and to administer an epinephrine auto-  
 3866 | injection. The supply of epinephrine auto-injectors may be  
 3867 | provided to and used by a student authorized to self-administer  
 3868 | epinephrine by auto-injector under subparagraph 1. or trained  
 3869 | school personnel.

3870 |         3. The school district and its employees and agents,  
 3871 | including the physician who provides the standing protocol for  
 3872 | school epinephrine auto-injectors, are not liable for any injury  
 3873 | arising from the use of an epinephrine auto-injector  
 3874 | administered by trained school personnel who follow the adopted

3875 | protocol and whose professional opinion is that the student is  
 3876 | having an anaphylactic reaction:

3877 |       a. Unless the trained school personnel's action is willful  
 3878 | and wanton;

3879 |       b. Notwithstanding that the parents or guardians of the  
 3880 | student to whom the epinephrine is administered have not been  
 3881 | provided notice or have not signed a statement acknowledging  
 3882 | that the school district is not liable; and

3883 |       c. Regardless of whether authorization has been given by  
 3884 | the student's parents or guardians or by the student's  
 3885 | physician, a physician ~~physician's~~ assistant, an independent  
 3886 | advanced practice registered nurse, or an advanced practice  
 3887 | registered nurse ~~practitioner~~.

3888 |       Section 98. Paragraph (b) of subsection (17) of section  
 3889 | 1002.42, Florida Statutes, is amended to read:

3890 |       1002.42 Private schools.—

3891 |       (17) EPINEPHRINE SUPPLY.—

3892 |       (b) The private school and its employees and agents,  
 3893 | including the physician who provides the standing protocol for  
 3894 | school epinephrine auto-injectors, are not liable for any injury  
 3895 | arising from the use of an epinephrine auto-injector  
 3896 | administered by trained school personnel who follow the adopted  
 3897 | protocol and whose professional opinion is that the student is  
 3898 | having an anaphylactic reaction:

3899 |       1. Unless the trained school personnel's action is willful  
 3900 | and wanton;

3901           2. Notwithstanding that the parents or guardians of the  
 3902 student to whom the epinephrine is administered have not been  
 3903 provided notice or have not signed a statement acknowledging  
 3904 that the school district is not liable; and

3905           3. Regardless of whether authorization has been given by  
 3906 the student's parents or guardians or by the student's  
 3907 physician, a physician ~~physician's~~ assistant, an independent  
 3908 advanced practice registered nurse, or an advanced practice  
 3909 registered nurse ~~practitioner~~.

3910           Section 99. Subsections (4) and (5) of section 1006.062,  
 3911 Florida Statutes, are amended to read:

3912           1006.062 Administration of medication and provision of  
 3913 medical services by district school board personnel.—

3914           (4) Nonmedical assistive personnel shall be allowed to  
 3915 perform health-related services upon successful completion of  
 3916 child-specific training by a registered nurse, an independent  
 3917 advanced practice registered nurse, or an advanced practice  
 3918 registered nurse ~~practitioner~~ licensed, registered, or certified  
 3919 under part I of chapter 464;~~7~~ a physician licensed pursuant to  
 3920 chapter 458 or chapter 459;~~7~~ or a physician assistant licensed  
 3921 pursuant to chapter 458 or chapter 459. All procedures shall be  
 3922 monitored periodically by a nurse, an independent advanced  
 3923 practice registered nurse, an advanced practice registered nurse  
 3924 ~~practitioner~~, a physician assistant, or a physician, including,  
 3925 but not limited to:

3926           (a) Intermittent clean catheterization.

3927 (b) Gastrostomy tube feeding.  
 3928 (c) Monitoring blood glucose.  
 3929 (d) Administering emergency injectable medication.  
 3930 (5) For all other invasive medical services not listed in  
 3931 this subsection, a registered nurse, an independent advanced  
 3932 practice registered nurse, or an advanced practice registered  
 3933 nurse practitioner licensed, registered, or certified under part  
 3934 I of chapter 464; a physician licensed pursuant to chapter 458  
 3935 or chapter 459; or a physician assistant licensed pursuant to  
 3936 chapter 458 or chapter 459 shall determine if nonmedical  
 3937 district school board personnel shall be allowed to perform such  
 3938 service.

3939 Section 100. Paragraph (c) of subsection (2) of section  
 3940 1006.20, Florida Statutes, is amended to read:

3941 1006.20 Athletics in public K-12 schools.—

3942 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3943 (c) The FHSAA shall adopt bylaws that require all students  
 3944 participating in interscholastic athletic competition or who are  
 3945 candidates for an interscholastic athletic team to  
 3946 satisfactorily pass a medical evaluation each year prior to  
 3947 participating in interscholastic athletic competition or  
 3948 engaging in any practice, tryout, workout, or other physical  
 3949 activity associated with the student's candidacy for an  
 3950 interscholastic athletic team. Such medical evaluation may be  
 3951 administered only by a practitioner licensed under chapter 458,  
 3952 chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0125, and in

3953 | good standing with the practitioner's regulatory board. The  
 3954 | bylaws shall establish requirements for eliciting a student's  
 3955 | medical history and performing the medical evaluation required  
 3956 | under this paragraph, which shall include a physical assessment  
 3957 | of the student's physical capabilities to participate in  
 3958 | interscholastic athletic competition as contained in a uniform  
 3959 | preparticipation physical evaluation and history form. The  
 3960 | evaluation form shall incorporate the recommendations of the  
 3961 | American Heart Association for participation cardiovascular  
 3962 | screening and shall provide a place for the signature of the  
 3963 | practitioner performing the evaluation with an attestation that  
 3964 | each examination procedure listed on the form was performed by  
 3965 | the practitioner or by someone under the direct supervision of  
 3966 | the practitioner. The form shall also contain a place for the  
 3967 | practitioner to indicate if a referral to another practitioner  
 3968 | was made in lieu of completion of a certain examination  
 3969 | procedure. The form shall provide a place for the practitioner  
 3970 | to whom the student was referred to complete the remaining  
 3971 | sections and attest to that portion of the examination. The  
 3972 | preparticipation physical evaluation form shall advise students  
 3973 | to complete a cardiovascular assessment and shall include  
 3974 | information concerning alternative cardiovascular evaluation and  
 3975 | diagnostic tests. Results of such medical evaluation must be  
 3976 | provided to the school. No student shall be eligible to  
 3977 | participate in any interscholastic athletic competition or  
 3978 | engage in any practice, tryout, workout, or other physical

3979 activity associated with the student's candidacy for an  
 3980 interscholastic athletic team until the results of the medical  
 3981 evaluation have been received and approved by the school.

3982 Section 101. Subsection (1) and paragraph (a) of  
 3983 subsection (2) of section 1009.65, Florida Statutes, are amended  
 3984 to read:

3985 1009.65 Medical Education Reimbursement and Loan Repayment  
 3986 Program.—

3987 (1) To encourage qualified medical professionals to  
 3988 practice in underserved locations where there are shortages of  
 3989 such personnel, there is established the Medical Education  
 3990 Reimbursement and Loan Repayment Program. The function of the  
 3991 program is to make payments that offset loans and educational  
 3992 expenses incurred by students for studies leading to a medical  
 3993 or nursing degree, medical or nursing licensure, or advanced  
 3994 practice registered nurse ~~practitioner~~ certification or  
 3995 physician assistant licensure. The following licensed or  
 3996 certified health care professionals are eligible to participate  
 3997 in this program: medical doctors with primary care specialties,  
 3998 doctors of osteopathic medicine with primary care specialties,  
 3999 physician ~~physician's~~ assistants, licensed practical nurses and  
 4000 registered nurses, and advanced practice registered nurses ~~nurse~~  
 4001 ~~practitioners~~ with primary care specialties such as certified  
 4002 nurse midwives. Primary care medical specialties for physicians  
 4003 include obstetrics, gynecology, general and family practice,  
 4004 internal medicine, pediatrics, and other specialties which may

4005 be identified by the Department of Health.

4006 (2) From the funds available, the Department of Health  
 4007 shall make payments to selected medical professionals as  
 4008 follows:

4009 (a) Up to \$4,000 per year for licensed practical nurses  
 4010 and registered nurses, up to \$10,000 per year for advanced  
 4011 practice registered nurses ~~nurse practitioners~~ and physician  
 4012 ~~physician's~~ assistants, and up to \$20,000 per year for  
 4013 physicians. Penalties for noncompliance shall be the same as  
 4014 those in the National Health Services Corps Loan Repayment  
 4015 Program. Educational expenses include costs for tuition,  
 4016 matriculation, registration, books, laboratory and other fees,  
 4017 other educational costs, and reasonable living expenses as  
 4018 determined by the Department of Health.

4019 Section 102. Subsection (2) of section 1009.66, Florida  
 4020 Statutes, is amended to read:

4021 1009.66 Nursing Student Loan Forgiveness Program.—

4022 (2) To be eligible, a candidate must have graduated from  
 4023 an accredited or approved nursing program and have received a  
 4024 Florida license as a licensed practical nurse or a registered  
 4025 nurse or a Florida certificate as an advanced practice  
 4026 registered nurse ~~practitioner~~.

4027 Section 103. Subsection (3) of section 1009.67, Florida  
 4028 Statutes, is amended to read:

4029 1009.67 Nursing scholarship program.—

4030 (3) A scholarship may be awarded for no more than 2 years,



4031 in an amount not to exceed \$8,000 per year. However, registered  
 4032 nurses pursuing a graduate degree for a faculty position or to  
 4033 practice as an advanced practice registered nurse ~~practitioner~~  
 4034 may receive up to \$12,000 per year. These amounts shall be  
 4035 adjusted by the amount of increase or decrease in the Consumer  
 4036 Price Index for All Urban Consumers published by the United  
 4037 States Department of Commerce.

4038 Section 104. Subsection (2) of section 960.28, Florida  
 4039 Statutes, is amended to read:

4040 960.28 Payment for victims' initial forensic physical  
 4041 examinations.-

4042 (2) The Crime Victims' Services Office of the department  
 4043 shall pay for medical expenses connected with an initial  
 4044 forensic physical examination of a victim of sexual battery as  
 4045 defined in chapter 794 or a lewd or lascivious offense as  
 4046 defined in chapter 800. Such payment shall be made regardless of  
 4047 whether the victim is covered by health or disability insurance  
 4048 and whether the victim participates in the criminal justice  
 4049 system or cooperates with law enforcement. The payment shall be  
 4050 made only out of moneys allocated to the Crime Victims' Services  
 4051 Office for the purposes of this section, and the payment may not  
 4052 exceed \$500 with respect to any violation. The department shall  
 4053 develop and maintain separate protocols for the initial forensic  
 4054 physical examination of adults and children. Payment under this  
 4055 section is limited to medical expenses connected with the  
 4056 initial forensic physical examination, and payment may be made

4057 | to a medical provider using an examiner qualified under part I  
 4058 | of chapter 464, excluding s. 464.003(17) ~~464.003(16)~~; chapter  
 4059 | 458; or chapter 459. Payment made to the medical provider by the  
 4060 | department shall be considered by the provider as payment in  
 4061 | full for the initial forensic physical examination associated  
 4062 | with the collection of evidence. The victim may not be required  
 4063 | to pay, directly or indirectly, the cost of an initial forensic  
 4064 | physical examination performed in accordance with this section.

4065 |           Section 105. This act shall take effect July 1, 2015.



Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>Y</u>	<input checked="" type="radio"/> (Y) <input type="radio"/> (N)
ADOPTED AS AMENDED	_____	(Y/N)
ADOPTED W/O OBJECTION	_____	(Y/N)
FAILED TO ADOPT	_____	(Y/N)
WITHDRAWN	_____	(Y/N)
OTHER		

1 Committee/Subcommittee hearing bill: Health Innovation  
 2 Subcommittee

3 Representative Pigman offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Subsections (16) through (23) of section  
 8 464.003, Florida Statutes, are renumbered as subsections (17)  
 9 through (24), respectively, present subsections (2), (3), (20),  
 10 and (22) are amended, and a new subsection (16) is added to that  
 11 section, to read:

12 464.003 Definitions.—As used in this part, the term:

13 (2) "Advanced or specialized nursing practice" or "to  
 14 practice advanced or specialized nursing" means, in addition to  
 15 the practice of professional nursing, the performance of  
 16 advanced-level nursing acts approved by the board which, by  
 17 virtue of postbasic specialized education, training, and



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18 | experience, are appropriately performed by an independent  
19 | advanced practice registered nurse or an advanced practice  
20 | registered nurse practitioner. Within the context of advanced or  
21 | specialized nursing practice, the independent advanced practice  
22 | registered nurse and the advanced practice registered nurse  
23 | practitioner may perform acts of nursing diagnosis and nursing  
24 | treatment of alterations of the health status. The independent  
25 | advanced practice registered nurse and the advanced practice  
26 | registered nurse practitioner may also perform acts of medical  
27 | diagnosis, and treatment, ~~prescription~~, and operation which are  
28 | identified and approved by a joint committee composed of three  
29 | members appointed by the Board of Nursing, one of whom must be  
30 | an independent advanced practice registered nurse and one two of  
31 | whom must be an advanced practice registered nurse  
32 | practitioners; three members appointed by the Board of Medicine,  
33 | two of whom must have had work experience with advanced practice  
34 | registered nurses nurse practitioners; and the State Surgeon  
35 | General or the State Surgeon General's designee. Each committee  
36 | member appointed by a board shall be appointed to a term of 4  
37 | years unless a shorter term is required to establish or maintain  
38 | staggered terms. The Board of Nursing shall adopt rules  
39 | authorizing the performance of any such acts approved by the  
40 | joint committee. Unless otherwise specified by the joint  
41 | committee and unless such acts are performed by independent  
42 | advanced practice registered nurses, such medical acts must be  
43 | performed under the general supervision of a practitioner

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44 licensed under chapter 458, chapter 459, or chapter 466 within  
45 the framework of standing protocols which identify the medical  
46 acts to be performed and the conditions for their performance.  
47 The department may, by rule, require that a copy of the protocol  
48 be filed with the department along with the notice required by  
49 s. 458.348 or s. 459.025.

50 (3) "Advanced practice registered nurse practitioner"  
51 means any person licensed in this state to practice professional  
52 nursing and certified in advanced or specialized nursing  
53 practice, including certified registered nurse anesthetists,  
54 certified nurse midwives, and certified nurse practitioners.

55 (16) "Independent advanced practice registered nurse"  
56 means an advanced practice registered nurse who maintains an  
57 active and unencumbered certification under s. 464.012(2) and  
58 registration under s. 464.0125 to practice advanced or  
59 specialized nursing independently and without the supervision of  
60 a physician or a protocol.

61 ~~(21)~~(20) "Practice of professional nursing" means the  
62 performance of those acts requiring substantial specialized  
63 knowledge, judgment, and nursing skill based upon applied  
64 principles of psychological, biological, physical, and social  
65 sciences, which shall include, but not be limited to:

66 (a) The observation, assessment, nursing diagnosis,  
67 planning, intervention, and evaluation of care; health teaching  
68 and counseling of the ill, injured, or infirm; and the promotion



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69 of wellness, maintenance of health, and prevention of illness of  
70 others.

71 (b) The prescribing and administration of medications and  
72 treatments as ~~prescribed or~~ authorized by a ~~duly licensed~~  
73 ~~practitioner authorized by~~ the laws of this state to ~~prescribe~~  
74 ~~such medications and treatments.~~

75 (c) The supervision and teaching of other personnel in the  
76 theory and performance of any of the acts described in this  
77 subsection.

78  
79 A professional nurse is responsible and accountable for making  
80 decisions that are based upon the individual's educational  
81 preparation and experience in nursing.

82 ~~(23)-(22)~~ "Registered nurse" means any person licensed in  
83 this state to practice professional nursing, except such  
84 licensed person may only administer medications and treatments  
85 authorized by a duly licensed practitioner authorized by the  
86 laws of this state to prescribe such medications and treatments.

87 Section 2. Section 464.012, Florida Statutes, is amended  
88 to read:

89 464.012 Certification of advanced practice registered  
90 nurses ~~nurse practitioners~~; fees.—

91 (1) Any nurse desiring to be certified as an advanced  
92 practice registered nurse ~~practitioner~~ shall apply to the board  
93 ~~department~~ and submit proof that the nurse ~~he or she~~ holds a  
94 current license to practice professional nursing and that the



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95 ~~nurse he or she~~ meets ~~one or more of~~ the following requirements  
96 ~~as determined by the board:~~

97 ~~(a) Satisfactory completion of a formal postbasic~~  
98 ~~educational program of at least one academic year, the primary~~  
99 ~~purpose of which is to prepare nurses for advanced or~~  
100 ~~specialized practice.~~

101 ~~(a)(b)~~ Certification by an appropriate specialty board.  
102 Such certification shall be required for initial state  
103 certification and any recertification as a nurse practitioner,  
104 registered nurse anesthetist, or nurse midwife. The board may by  
105 rule provide for provisional state certification of graduate  
106 nurse practitioners, nurse anesthetists, and nurse midwives for  
107 a period of time determined to be appropriate for preparing for  
108 and passing the national certification examination.

109 ~~(b)(e)~~ Graduation from a ~~program leading to a~~ master's  
110 degree program in a nursing clinical specialty area with  
111 preparation in specialized practitioner skills. ~~For applicants~~  
112 ~~graduating on or after October 1, 1998, graduation from a~~  
113 ~~master's degree program shall be required for initial~~  
114 ~~certification as a nurse practitioner under paragraph (4)(c).~~  
115 ~~For applicants graduating on or after October 1, 2001,~~  
116 ~~graduation from a master's degree program shall be required for~~  
117 ~~initial certification as a registered nurse anesthetist under~~  
118 ~~paragraph (4)(a).~~

119 (2) The board shall provide by rule the appropriate  
120 requirements for advanced practice registered nurses ~~nurse~~



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121 ~~practitioners~~ in the categories of certified registered nurse  
122 anesthetist, certified nurse midwife, and certified nurse  
123 practitioner.

124 (3) An advanced practice registered nurse ~~practitioner~~  
125 shall perform those functions authorized in this section within  
126 the framework of an established protocol that is filed with the  
127 board upon biennial license renewal and within 30 days after  
128 entering into a supervisory relationship with a physician or  
129 changes to the protocol. The board shall review the protocol to  
130 ensure compliance with applicable regulatory standards for  
131 protocols. The board shall refer to the department licensees  
132 submitting protocols that are not compliant with the regulatory  
133 standards for protocols. A practitioner currently licensed under  
134 chapter 458, chapter 459, or chapter 466 shall maintain  
135 supervision for directing the specific course of medical  
136 treatment. Within the established framework, an advanced  
137 practice registered nurse ~~practitioner~~ may:

- 138 (a) Monitor and alter drug therapies.  
139 (b) Initiate appropriate therapies for certain conditions.  
140 (c) Perform additional functions as may be determined by  
141 rule in accordance with s. 464.003(2).  
142 (d) Order diagnostic tests and physical and occupational  
143 therapy.  
144 (e) Administer, dispense, and prescribe medicinal drugs,  
145 including controlled substances.





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146 (4) In addition to the general functions specified in  
147 subsection (3), an advanced practice registered nurse  
148 ~~practitioner~~ may perform the following acts within his or her  
149 specialty:

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

154 1. Determine the health status of the patient as it  
155 relates to the risk factors and to the anesthetic management of  
156 the patient through the performance of the general functions.

157 2. Based on history, physical assessment, and supplemental  
158 laboratory results, determine, with the consent of the  
159 responsible physician, the appropriate type of anesthesia within  
160 the framework of the protocol.

161 3. Order under the protocol preanesthetic medication.

162 4. Perform under the protocol procedures commonly used to  
163 render the patient insensible to pain during the performance of  
164 surgical, obstetrical, therapeutic, or diagnostic clinical  
165 procedures. These procedures include ordering and administering  
166 regional, spinal, and general anesthesia; inhalation agents and  
167 techniques; intravenous agents and techniques; and techniques of  
168 hypnosis.

169 5. Order or perform monitoring procedures indicated as  
170 pertinent to the anesthetic health care management of the  
171 patient.



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172           6. Support life functions during anesthesia health care,  
173 including induction and intubation procedures, the use of  
174 appropriate mechanical supportive devices, and the management of  
175 fluid, electrolyte, and blood component balances.

176           7. Recognize and take appropriate corrective action for  
177 abnormal patient responses to anesthesia, adjunctive medication,  
178 or other forms of therapy.

179           8. Recognize and treat a cardiac arrhythmia while the  
180 patient is under anesthetic care.

181           9. Participate in management of the patient while in the  
182 postanesthesia recovery area, including ordering the  
183 administration of fluids and drugs.

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

186           (b) The certified nurse midwife may, to the extent  
187 authorized by an established protocol which has been approved by  
188 the medical staff of the health care facility in which the  
189 midwifery services are performed, or approved by the nurse  
190 midwife's physician backup when the delivery is performed in a  
191 patient's home, perform any or all of the following:

192           1. Perform superficial minor surgical procedures.

193           2. Manage the patient during labor and delivery to include  
194 amniotomy, episiotomy, and repair.

195           3. Order, initiate, and perform appropriate anesthetic  
196 procedures.

197           4. Perform postpartum examination.



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- 198 5. Order appropriate medications.
- 199 6. Provide family-planning services and well-woman care.
- 200 7. Manage the medical care of the normal obstetrical
- 201 patient and the initial care of a newborn patient.

202 (c) The certified nurse practitioner may perform any or

203 all of the following acts within the framework of established

204 protocol:

- 205 1. Manage selected medical problems.
- 206 2. Order physical and occupational therapy.
- 207 3. Initiate, monitor, or alter therapies for certain
- 208 uncomplicated acute illnesses.
- 209 4. Monitor and manage patients with stable chronic
- 210 diseases.
- 211 5. Establish behavioral problems and diagnosis and make
- 212 treatment recommendations.

213 (5) The board shall certify, and the department shall

214 issue a certificate to, any nurse meeting the qualifications in

215 this section. The board shall establish an application fee not

216 to exceed \$100 and a biennial renewal fee not to exceed \$50. The

217 board is authorized to adopt such other rules as are necessary

218 to implement the provisions of this section.

219 Section 3. Section 464.0125, Florida Statutes, is created

220 to read:

221 464.0125 Registration of independent advanced practice

222 registered nurses; fees.-



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223 (1) To be registered as an independent advanced practice  
224 registered nurse, an applicant must hold an active and  
225 unencumbered certificate under s. 464.012, and must have:

226 (a) Completed, in any jurisdiction of the United States,  
227 at least 2,000 clinical practice hours within a 3-year period  
228 immediately preceding the submission of the application and  
229 while practicing as an advanced practice registered nurse.

230 (b) Not been subject to any disciplinary action under s.  
231 464.018 or s. 456.072, or any similar disciplinary action in any  
232 other jurisdiction, during the 5 years immediately preceding the  
233 submission of the application.

234 (c) Completed a graduate level course in pharmacology.

235 (2) The board may provide by rule additional requirements  
236 appropriate for each applicant practicing in a specialty under  
237 s. 464.012(4).

238 (3) An independent advanced practice registered nurse may  
239 perform, without physician supervision or a protocol, the  
240 functions authorized in s. 464.012(3), the acts within his or  
241 her specialty as described in s. 464.012(4), and any of the  
242 following:

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

245 1. Admit the patient to the facility.

246 2. Manage the care that the patient receives in the  
247 facility.

248 3. Discharge the patient from the facility.



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249       (b) Provide a signature, certification, stamp,  
250 verification, affidavit, or other endorsement that is otherwise  
251 required by law to be provided by a physician.

252       (4) An advanced practice registered nurse registered under  
253 this section must submit to the department proof of registration  
254 along with the information required under s. 456.0391, and the  
255 department shall include the registration in the advanced  
256 practice registered nurse's practitioner profile created  
257 pursuant to s. 456.041.

258       (5) To be eligible for biennial renewal of registration,  
259 an independent advanced practice registered nurse must complete  
260 at least 10 hours of continuing education approved by the board  
261 in pharmacology in addition to completing the continuing  
262 education requirements established by board rule pursuant to s.  
263 464.013. The biennial renewal for registration shall coincide  
264 with the independent advanced practice registered nurse's  
265 biennial renewal period for advanced practice registered nurse  
266 certification. If the initial renewal period occurs before  
267 January 1, 2016, an independent advanced practice registered  
268 nurse is not required to complete the continuing education  
269 requirement under this subsection until the following biennial  
270 renewal period.

271       (6) The board shall register any nurse meeting the  
272 qualifications in this section. The board shall establish an  
273 application fee not to exceed \$100 and a biennial renewal fee



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274 not to exceed \$50. The board is authorized to adopt rules as  
275 necessary to implement this section.

276 Section 4. Subsections (8) and (9) of section 464.015,  
277 Florida Statutes, are amended to read:

278 464.015 Titles and abbreviations; restrictions; penalty.—

279 (8) Only a person certified under s. 464.012 ~~persons who~~  
280 ~~hold valid certificates to practice as an advanced practice~~  
281 ~~registered nurse practitioners~~ in this state may use the title  
282 "Advanced Practice Registered Nurse Practitioner" and the  
283 abbreviation "A.P.R.N." Only a person registered under s.  
284 464.0125 to practice as an independent advanced practice  
285 registered nurse in this state may use the title "Independent  
286 Advanced Practice Registered Nurse" and the abbreviation  
287 "I.A.P.R.N." "~~A.R.N.P.~~"

288 (9) A person may not practice or advertise as, or assume  
289 the title of, registered nurse, licensed practical nurse,  
290 clinical nurse specialist, certified registered nurse  
291 anesthetist, certified nurse midwife, certified nurse  
292 practitioner, ~~or advanced practice registered nurse, or~~  
293 independent advanced practice registered nurse practitioner or  
294 use the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.,"  
295 "C.N.M.," "C.N.P.," "A.P.R.N.," or "I.A.P.R.N." "~~A.R.N.P.~~" or  
296 take any other action that would lead the public to believe that  
297 person was certified or registered as such or is performing  
298 nursing services pursuant to the exception set forth in s.



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299 464.022(8), unless that person is licensed, ~~or~~ certified, or  
300 registered to practice as such.

301 Section 5. Section 464.0155, Florida Statutes, is created  
302 to read:

303 464.0155 Reports of adverse incidents by independent  
304 advanced practice registered nurses.-

305 (1) Effective January 1, 2016, an independent advanced  
306 practice registered nurse must report an adverse incident to the  
307 department in accordance with this section.

308 (2) The report must be in writing, sent to the department  
309 by certified mail, and postmarked within 15 days after the  
310 adverse incident if the adverse incident occurs when the patient  
311 is at the office of the independent advanced practice registered  
312 nurse. If the adverse incident occurs when the patient is not at  
313 the office of the independent advanced practice registered  
314 nurse, the report must be postmarked within 15 days after the  
315 independent advanced practice registered nurse discovers, or  
316 reasonably should have discovered, the occurrence of the adverse  
317 incident.

318 (3) For the purpose of this section, the term "adverse  
319 incident" means any of the following events when it is  
320 reasonable to believe that the event is attributable to the  
321 prescription of a controlled substance by the independent  
322 advanced practice registered nurse:

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



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- 325        (b) Permanent physical injury to the patient.  
326        (c) Death of the patient.  
327        (4) The department shall review each adverse incident and  
328 determine whether the independent advanced practice registered  
329 nurse caused the adverse incident. The board may take  
330 disciplinary action upon such a finding, in which case s.  
331 456.073 applies.

332            Section 6. Paragraph (a) of subsection (2) of section  
333 464.016, Florida Statutes, is amended to read:

334            464.016 Violations and penalties.—

335            (2) Each of the following acts constitutes a misdemeanor  
336 of the first degree, punishable as provided in s. 775.082 or s.  
337 775.083:

338            (a) Using the name or title "Nurse," "Registered Nurse,"  
339 "Licensed Practical Nurse," "Clinical Nurse Specialist,"  
340 "Certified Registered Nurse Anesthetist," "Certified Nurse  
341 Midwife," "Certified Nurse Practitioner," "Advanced Practice  
342 Registered Nurse Practitioner," "Independent Advanced Practice  
343 Registered Nurse," or any other name or title that which implies  
344 that a person was licensed, or certified, or registered as same,  
345 unless such person is duly licensed, or certified, or  
346 registered.

347            Section 7. Paragraphs (p) through (z) are added to  
348 subsection (1) of section 464.018, Florida Statutes, to read:

349            464.018 Disciplinary actions.—





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

352 (p) Prescribing, dispensing, administering, mixing, or  
353 otherwise preparing a legend drug, including any controlled  
354 substance, other than in the course of the professional practice  
355 of the independent advanced practice registered nurse or  
356 advanced practice registered nurse. For the purposes of this  
357 paragraph, it shall be legally presumed that prescribing,  
358 dispensing, administering, mixing, or otherwise preparing legend  
359 drugs, including all controlled substances, inappropriately or  
360 in excessive or inappropriate quantities is not in the best  
361 interest of the patient and is not in the course of the  
362 professional practice of the independent advanced practice  
363 registered nurse or advanced practice registered nurse, without  
364 regard to the nurse's intent.

365 (q) Dispensing a controlled substance listed in Schedule  
366 II or Schedule III in violation of s. 465.0276.

367 (r) Presigning blank prescription forms.

368 (s) Prescribing any medicinal drug appearing on Schedule  
369 II in chapter 893 by the nurse for office use.

370 (t) Prescribing, ordering, dispensing, administering,  
371 supplying, selling, or giving any Schedule II drug that is an  
372 amphetamine or sympathomimetic amine or any compound thereof,  
373 pursuant to chapter 893, to or for any person except for:

374 1. The treatment of narcolepsy; hyperkinesis; behavioral  
375 syndrome characterized by the developmentally inappropriate



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376 symptoms of moderate to severe distractability, short attention  
377 span, hyperactivity, emotional liability, and impulsivity; or  
378 drug-induced brain dysfunction;

379 2. The differential diagnostic psychiatric evaluation of  
380 depression or the treatment of depression shown to be refractory  
381 to other therapeutic modalities; or

382 3. The clinical investigation of the effects of such drugs  
383 or compounds when an investigative protocol therefor is  
384 submitted to, reviewed, and approved by the board before such  
385 investigation begins.

386 (u) Prescribing, ordering, dispensing, administering,  
387 supplying, selling, or giving growth hormones, testosterone or  
388 its analogs, human chorionic gonadotropin (HCG), or other  
389 hormones for the purpose of muscle building or to enhance  
390 athletic performance. For the purposes of this paragraph, the  
391 term "muscle building" does not include the treatment of injured  
392 muscle. A prescription written for the drug products listed in  
393 this paragraph may be dispensed by the pharmacist with the  
394 presumption that the prescription is for legitimate medical use.

395 (v) Prescribing, ordering, dispensing, administering,  
396 supplying, selling, or giving amygdalin (laetrile) to any  
397 person.

398 (w) Promoting or advertising on any prescription form of a  
399 community pharmacy, unless the form also states, "This  
400 prescription may be filled at any pharmacy of your choice."



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401 (x) Promoting or advertising through any communication  
402 media the use, sale, or dispensing of any controlled substance  
403 appearing on any schedule in chapter 893.

404 (y) Prescribing or dispensing any medicinal drug appearing  
405 on any schedule set forth in chapter 893 by the independent  
406 advanced practice registered nurse or the advanced practice  
407 registered nurse for himself or herself or administering any  
408 such drug by the nurse to himself or herself unless such drug is  
409 prescribed for the nurse by another practitioner authorized to  
410 prescribe medicinal drugs.

411 (z) For an independent advanced practice registered nurse  
412 registered under s. 464.0125:

413 1. Paying or receiving any commission, bonus, kickback, or  
414 rebate, or engaging in any split-fee arrangement in any form  
415 whatsoever with a health care practitioner, organization,  
416 agency, or person, either directly or indirectly, for patients  
417 referred to providers of health care goods and services,  
418 including, but not limited to, hospitals, nursing homes,  
419 clinical laboratories, ambulatory surgical centers, or  
420 pharmacies. The provisions of this subparagraph may not be  
421 construed to prevent an independent advanced practice registered  
422 nurse from receiving a fee for professional consultation  
423 services.

424 2. Exercising influence within a patient-independent  
425 advanced practice registered nurse relationship for purposes of  
426 engaging a patient in sexual activity. A patient shall be



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427 presumed to be incapable of giving free, full, and informed  
428 consent to sexual activity with his or her independent advanced  
429 practice registered nurse.

430 3. Making deceptive, untrue, or fraudulent representations  
431 in or related to the practice of advanced or specialized nursing  
432 or employing a trick or scheme in the practice of advanced or  
433 specialized nursing.

434 4. Soliciting patients, either personally or through an  
435 agent, through the use of fraud, intimidation, undue influence,  
436 or a form of overreaching or vexatious conduct. A solicitation  
437 is any communication that directly or implicitly requests an  
438 immediate oral response from the recipient.

439 5. Failing to keep legible, as defined by department rule  
440 in consultation with the board, medical records that identify  
441 the independent advanced practice registered nurse by name and  
442 professional title who is responsible for rendering, ordering,  
443 supervising, or billing for each diagnostic or treatment  
444 procedure and that justify the course of treatment of the  
445 patient, including, but not limited to, patient histories;  
446 examination results; test results; records of drugs prescribed,  
447 dispensed, or administered; and reports of consultations or  
448 referrals.

449 6. Exercising influence on a patient or client in a manner  
450 as to exploit the patient or client for financial gain of the  
451 licensee or of a third party, which shall include, but not be



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452 limited to, the promoting or selling of services, goods,  
453 appliances, or drugs.

454 7. Performing professional services that have not been  
455 duly authorized by the patient or client, or his or her legal  
456 representative, except as provided in s. 766.103 or s. 768.13.

457 8. Performing any procedure or prescribing any therapy  
458 that, by the prevailing standards of advanced or specialized  
459 nursing practice in the community, would constitute  
460 experimentation on a human subject, without first obtaining  
461 full, informed, and written consent.

462 9. Delegating professional responsibilities to a person  
463 when the licensee delegating the responsibilities knows or has  
464 reason to know that the person is not qualified by training,  
465 experience, or licensure to perform the responsibilities.

466 10. Conspiring with another independent advanced practice  
467 registered nurse or with any other person to commit an act, or  
468 committing an act, which would tend to coerce, intimidate, or  
469 preclude another independent advanced practice registered nurse  
470 from lawfully advertising his or her services.

471 11. Advertising or holding oneself out as having  
472 certification in a specialty that the independent advanced  
473 practice registered nurse has not received.

474 12. Failing to comply with the requirements of ss. 381.026  
475 and 381.0261 to provide patients with information about their  
476 patient rights and how to file a patient complaint.



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477        13. Providing deceptive or fraudulent expert witness  
478 testimony related to the advanced or specialized practice of  
479 nursing.

480        Section 8. Paragraph (c) of subsection (3) and paragraph  
481 (a) of subsection (4) of section 39.303, Florida Statutes, are  
482 amended to read:

483        39.303 Child protection teams; services; eligible cases.—  
484 The Children's Medical Services Program in the Department of  
485 Health shall develop, maintain, and coordinate the services of  
486 one or more multidisciplinary child protection teams in each of  
487 the service districts of the Department of Children and  
488 Families. Such teams may be composed of appropriate  
489 representatives of school districts and appropriate health,  
490 mental health, social service, legal service, and law  
491 enforcement agencies. The Department of Health and the  
492 Department of Children and Families shall maintain an  
493 interagency agreement that establishes protocols for oversight  
494 and operations of child protection teams and sexual abuse  
495 treatment programs. The State Surgeon General and the Deputy  
496 Secretary for Children's Medical Services, in consultation with  
497 the Secretary of Children and Families, shall maintain the  
498 responsibility for the screening, employment, and, if necessary,  
499 the termination of child protection team medical directors, at  
500 headquarters and in the 15 districts. Child protection team  
501 medical directors shall be responsible for oversight of the  
502 teams in the districts.

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503 (3) All abuse and neglect cases transmitted for  
504 investigation to a district by the hotline must be  
505 simultaneously transmitted to the Department of Health child  
506 protection team for review. For the purpose of determining  
507 whether face-to-face medical evaluation by a child protection  
508 team is necessary, all cases transmitted to the child protection  
509 team which meet the criteria in subsection (2) must be timely  
510 reviewed by:

511 (c) An advanced practice registered nurse certified, or an  
512 independent advanced practice registered nurse registered,  
513 ~~practitioner~~ licensed under chapter 464 who has a specialty in  
514 pediatrics or family medicine and is a member of a child  
515 protection team;

516 (4) A face-to-face medical evaluation by a child  
517 protection team is not necessary when:

518 (a) The child was examined for the alleged abuse or  
519 neglect by a physician or an independent advanced practice  
520 registered nurse who is not a member of the child protection  
521 team, and a consultation between the child protection team  
522 board-certified pediatrician, advanced practice registered nurse  
523 ~~practitioner~~, physician assistant working under the supervision  
524 of a child protection team board-certified pediatrician, or  
525 registered nurse working under the direct supervision of a child  
526 protection team board-certified pediatrician, and the examining  
527 practitioner ~~physician~~ concludes that a further medical  
528 evaluation is unnecessary;



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529  
530 Notwithstanding paragraphs (a), (b), and (c), a child protection  
531 team pediatrician, as authorized in subsection (3), may  
532 determine that a face-to-face medical evaluation is necessary.

533 Section 9. Paragraph (b) of subsection (1) of section  
534 39.304, Florida Statutes, is amended to read:

535 39.304 Photographs, medical examinations, X rays, and  
536 medical treatment of abused, abandoned, or neglected child.—

537 (1)

538 (b) If the areas of trauma visible on a child indicate a  
539 need for a medical examination, or if the child verbally  
540 complains or otherwise exhibits distress as a result of injury  
541 through suspected child abuse, abandonment, or neglect, or is  
542 alleged to have been sexually abused, the person required to  
543 investigate may cause the child to be referred for diagnosis to  
544 a licensed physician, an independent advanced practice  
545 registered nurse, or an emergency department in a hospital  
546 without the consent of the child's parents or legal custodian.  
547 Such examination may be performed by a any licensed physician, a  
548 physician assistant, a registered independent advanced practice  
549 registered nurse, or a certified an advanced practice registered  
550 nurse practitioner licensed pursuant to part I of chapter 464.  
551 Any examining practitioner licensed physician, or advanced  
552 registered nurse practitioner licensed pursuant to part I of  
553 chapter 464, who has reasonable cause to suspect that an injury  
554 was the result of child abuse, abandonment, or neglect may





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555 authorize a radiological examination to be performed on the  
556 child without the consent of the child's parent or legal  
557 custodian.

558 Section 10. Paragraph (a) of subsection (1) of section  
559 90.503, Florida Statutes, is amended to read:

560 90.503 Psychotherapist-patient privilege.-

561 (1) For purposes of this section:

562 (a) A "psychotherapist" is:

563 1. A person authorized to practice medicine in any state  
564 or nation, or reasonably believed by the patient so to be, who  
565 is engaged in the diagnosis or treatment of a mental or  
566 emotional condition, including alcoholism and other drug  
567 addiction;

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

572 3. A person licensed or certified as a clinical social  
573 worker, marriage and family therapist, or mental health  
574 counselor under the laws of this state, who is engaged primarily  
575 in the diagnosis or treatment of a mental or emotional  
576 condition, including alcoholism and other drug addiction;

577 4. Treatment personnel of facilities licensed by the state  
578 pursuant to chapter 394, chapter 395, or chapter 397, of  
579 facilities designated by the Department of Children and Families  
580 pursuant to chapter 394 as treatment facilities, or of



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581 facilities defined as community mental health centers pursuant  
582 to s. 394.907(1), who are engaged primarily in the diagnosis or  
583 treatment of a mental or emotional condition, including  
584 alcoholism and other drug addiction; or

585 5. An independent advanced practice registered nurse or  
586 advanced practice registered nurse practitioner certified under  
587 s. 464.012, whose primary scope of practice is the diagnosis or  
588 treatment of mental or emotional conditions, including chemical  
589 abuse, and limited only to actions performed in accordance with  
590 part I of chapter 464.

591 Section 11. Subsection (3) of section 110.12315, Florida  
592 Statutes, as amended by chapter 2014-53, Laws of Florida, is  
593 amended to read:

594 110.12315 Prescription drug program.—The state employees'  
595 prescription drug program is established. This program shall be  
596 administered by the Department of Management Services, according  
597 to the terms and conditions of the plan as established by the  
598 relevant provisions of the annual General Appropriations Act and  
599 implementing legislation, subject to the following conditions:

600 (3) The department of ~~Management Services~~ shall establish  
601 the reimbursement schedule for prescription pharmaceuticals  
602 dispensed under the program. Reimbursement rates for a  
603 prescription pharmaceutical must be based on the cost of the  
604 generic equivalent drug if a generic equivalent exists, unless  
605 the health care practitioner ~~physician~~ prescribing the  
606 pharmaceutical clearly states on the prescription that the brand



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607 name drug is medically necessary or that the drug product is  
608 included on the formulary of drug products that may not be  
609 interchanged as provided in chapter 465, in which case  
610 reimbursement must be based on the cost of the brand name drug  
611 as specified in the reimbursement schedule adopted by the  
612 department ~~of Management Services~~.

613 Section 12. Paragraph (e) of subsection (8) of section  
614 112.0455, Florida Statutes, is amended to read:

615 112.0455 Drug-Free Workplace Act.—

616 (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
617 collection and testing for drugs under this section shall be  
618 performed in accordance with the following procedures:

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

621 1. A physician, a physician ~~physician's~~ assistant, an  
622 independent advanced practice registered nurse, an advanced  
623 practice registered nurse, a registered professional nurse, a  
624 licensed practical nurse, a nurse practitioner, or a certified  
625 paramedic who is present at the scene of an accident for the  
626 purpose of rendering emergency medical service or treatment.

627 2. A qualified person employed by a licensed laboratory.

628 Section 13. Paragraph (f) of subsection (3) of section  
629 121.0515, Florida Statutes, is amended to read:

630 121.0515 Special Risk Class.—

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



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633 (f) Effective January 1, 2001, the member must be employed  
634 in one of the following classes and must spend at least 75  
635 percent of his or her time performing duties which involve  
636 contact with patients or inmates in a correctional or forensic  
637 facility or institution:

- 638 1. Dietitian (class codes 5203 and 5204);
- 639 2. Public health nutrition consultant (class code 5224);
- 640 3. Psychological specialist (class codes 5230 and 5231);
- 641 4. Psychologist (class code 5234);
- 642 5. Senior psychologist (class codes 5237 and 5238);
- 643 6. Regional mental health consultant (class code 5240);
- 644 7. Psychological Services Director-DCF (class code 5242);
- 645 8. Pharmacist (class codes 5245 and 5246);
- 646 9. Senior pharmacist (class codes 5248 and 5249);
- 647 10. Dentist (class code 5266);
- 648 11. Senior dentist (class code 5269);
- 649 12. Registered nurse (class codes 5290 and 5291);
- 650 13. Senior registered nurse (class codes 5292 and 5293);
- 651 14. Registered nurse specialist (class codes 5294 and  
652 5295);
- 653 15. Clinical associate (class codes 5298 and 5299);
- 654 16. Advanced practice registered nurse ~~practitioner~~ (class  
655 codes 5297 and 5300);
- 656 17. Advanced practice registered nurse ~~practitioner~~  
657 specialist (class codes 5304 and 5305);



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658 18. Registered nurse supervisor (class codes 5306 and  
659 5307);

660 19. Senior registered nurse supervisor (class codes 5308  
661 and 5309);

662 20. Registered nursing consultant (class codes 5312 and  
663 5313);

664 21. Quality management program supervisor (class code  
665 5314);

666 22. Executive nursing director (class codes 5320 and  
667 5321);

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

669 24. Pharmacy manager (class code 5251);

670 Section 14. Paragraph (a) of subsection (3) of section  
671 252.515, Florida Statutes, is amended to read:

672 252.515 Postdisaster Relief Assistance Act; immunity from  
673 civil liability.-

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

675 (a) "Emergency first responder" means:

676 1. A physician licensed under chapter 458.

677 2. An osteopathic physician licensed under chapter 459.

678 3. A chiropractic physician licensed under chapter 460.

679 4. A podiatric physician licensed under chapter 461.

680 5. A dentist licensed under chapter 466.

681 6. An advanced practice registered nurse ~~practitioner~~  
682 certified under s. 464.012.



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683 7. A physician assistant licensed under s. 458.347 or s.  
684 459.022.

685 8. A worker employed by a public or private hospital in  
686 the state.

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

688 10. An emergency medical technician as defined in s.  
689 401.23(11).

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

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

692 13. A member of the Florida National Guard.

693 14. Any other personnel designated as emergency personnel  
694 by the Governor pursuant to a declared emergency.

695 Section 15. Paragraph (c) of subsection (1) of section  
696 310.071, Florida Statutes, is amended to read:

697 310.071 Deputy pilot certification.—

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

701 (c) Be in good physical and mental health, as evidenced by  
702 documentary proof of having satisfactorily passed a complete  
703 physical examination administered by a licensed physician,  
704 licensed physician assistant, or registered independent advanced  
705 practice registered nurse within the preceding 6 months. The  
706 board shall adopt rules to establish requirements for passing  
707 the physical examination, which rules shall establish minimum  
708 standards for the physical or mental capabilities necessary to

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709 carry out the professional duties of a certificated deputy  
710 pilot. Such standards shall include zero tolerance for any  
711 controlled substance regulated under chapter 893 unless that  
712 individual is under the care of a physician, a physician  
713 assistant, an independent advanced practice registered nurse, or  
714 an advanced practice registered nurse and that controlled  
715 substance was prescribed by that physician, physician assistant,  
716 independent advanced practice registered nurse, or advanced  
717 practice registered nurse. To maintain eligibility as a  
718 certificated deputy pilot, each certificated deputy pilot must  
719 annually provide documentary proof of having satisfactorily  
720 passed a complete physical examination administered by a  
721 licensed physician, licensed physician assistant, or registered  
722 independent advanced practice registered nurse. The examining  
723 practitioner ~~physician~~ must know the minimum standards and  
724 certify that the certificateholder satisfactorily meets the  
725 standards. The standards for certificateholders shall include a  
726 drug test.

727 Section 16. Subsection (3) of section 310.073, Florida  
728 Statutes, is amended to read:

729 310.073 State pilot licensing.—In addition to meeting  
730 other requirements specified in this chapter, each applicant for  
731 license as a state pilot must:

732 (3) Be in good physical and mental health, as evidenced by  
733 documentary proof of having satisfactorily passed a complete  
734 physical examination administered by a licensed physician,



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735 licensed physician assistant, or registered independent advanced  
736 practice registered nurse within the preceding 6 months. The  
737 board shall adopt rules to establish requirements for passing  
738 the physical examination, which rules shall establish minimum  
739 standards for the physical or mental capabilities necessary to  
740 carry out the professional duties of a licensed state pilot.  
741 Such standards shall include zero tolerance for any controlled  
742 substance regulated under chapter 893 unless that individual is  
743 under the care of a physician, a physician assistant, an  
744 independent advanced practice registered nurse, or an advanced  
745 practice registered nurse and that controlled substance was  
746 prescribed by that physician, physician assistant, independent  
747 advanced practice registered nurse, or advanced practice  
748 registered nurse. To maintain eligibility as a licensed state  
749 pilot, each licensed state pilot must annually provide  
750 documentary proof of having satisfactorily passed a complete  
751 physical examination administered by a licensed physician,  
752 licensed physician assistant, or registered independent advanced  
753 practice registered nurse. The examining practitioner ~~physician~~  
754 must know the minimum standards and certify that the licensee  
755 satisfactorily meets the standards. The standards for licensees  
756 shall include a drug test.

757 Section 17. Paragraph (b) of subsection (3) of section  
758 310.081, Florida Statutes, is amended to read:

759 310.081 Department to examine and license state pilots and  
760 certificate deputy pilots; vacancies.—





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761 (3) Pilots shall hold their licenses or certificates  
762 pursuant to the requirements of this chapter so long as they:  
763 (b) Are in good physical and mental health as evidenced by  
764 documentary proof of having satisfactorily passed a physical  
765 examination administered by a licensed physician, an independent  
766 advanced practice registered nurse, or a physician assistant  
767 within each calendar year. The board shall adopt rules to  
768 establish requirements for passing the physical examination,  
769 which rules shall establish minimum standards for the physical  
770 or mental capabilities necessary to carry out the professional  
771 duties of a licensed state pilot or a certificated deputy pilot.  
772 Such standards shall include zero tolerance for any controlled  
773 substance regulated under chapter 893 unless that individual is  
774 under the care of a physician, a physician assistant, an  
775 independent advanced practice registered nurse, or an advanced  
776 practice registered nurse and that controlled substance was  
777 prescribed by that physician, physician assistant, independent  
778 advanced practice registered nurse, or advanced practice  
779 registered nurse. To maintain eligibility as a certificated  
780 deputy pilot or licensed state pilot, each certificated deputy  
781 pilot or licensed state pilot must annually provide documentary  
782 proof of having satisfactorily passed a complete physical  
783 examination administered by a licensed physician, licensed  
784 physician assistant, or registered independent advanced practice  
785 registered nurse. The physician, physician assistant, or  
786 independent advanced practice registered nurse must know the

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787 minimum standards and certify that the certificateholder or  
788 licensee satisfactorily meets the standards. The standards for  
789 certificateholders and for licensees shall include a drug test.

790

791 Upon resignation or in the case of disability permanently  
792 affecting a pilot's ability to serve, the state license or  
793 certificate issued under this chapter shall be revoked by the  
794 department.

795 Section 18. Paragraph (b) of subsection (1) of section  
796 320.0848, Florida Statutes, is amended to read:

797 320.0848 Persons who have disabilities; issuance of  
798 disabled parking permits; temporary permits; permits for certain  
799 providers of transportation services to persons who have  
800 disabilities.-

801 (1)

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

806 a. Inability to walk without the use of or assistance from  
807 a brace, cane, crutch, prosthetic device, or other assistive  
808 device, or without the assistance of another person. If the  
809 assistive device significantly restores the person's ability to  
810 walk to the extent that the person can walk without severe  
811 limitation, the person is not eligible for the exemption parking  
812 permit.

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- 813           b. The need to permanently use a wheelchair.
- 814           c. Restriction by lung disease to the extent that the  
815 person's forced (respiratory) expiratory volume for 1 second,  
816 when measured by spirometry, is less than 1 liter, or the  
817 person's arterial oxygen is less than 60 mm/hg on room air at  
818 rest.
- 819           d. Use of portable oxygen.
- 820           e. Restriction by cardiac condition to the extent that the  
821 person's functional limitations are classified in severity as  
822 Class III or Class IV according to standards set by the American  
823 Heart Association.
- 824           f. Severe limitation in the person's ability to walk due  
825 to an arthritic, neurological, or orthopedic condition.
- 826           2. The certification of disability which is required under  
827 subparagraph 1. must be provided by a physician licensed under  
828 chapter 458, chapter 459, or chapter 460; ~~by a podiatric~~  
829 ~~physician licensed under chapter 461; by an optometrist~~  
830 ~~licensed under chapter 463; by an independent advanced practice~~  
831 ~~registered nurse registered, or an advanced practice registered~~  
832 ~~nurse certified, practitioner licensed under part I of chapter~~  
833 ~~464; under the protocol of a licensed physician as stated in~~  
834 ~~this subparagraph, by a physician assistant licensed under~~  
835 ~~chapter 458 or chapter 459; or by a similarly licensed~~  
836 ~~physician from another state if the application is accompanied~~  
837 ~~by documentation of the physician's licensure in the other state~~



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838 and a form signed by the out-of-state physician verifying his or  
839 her knowledge of this state's eligibility guidelines.

840 Section 19. Paragraph (b) of subsection (1) of section  
841 381.00315, Florida Statutes, is amended to read:

842 381.00315 Public health advisories; public health  
843 emergencies; quarantines.—The State Health Officer is  
844 responsible for declaring public health emergencies and  
845 quarantines and issuing public health advisories.

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

847 (b) "Public health emergency" means any occurrence, or  
848 threat thereof, whether natural or man made, which results or  
849 may result in substantial injury or harm to the public health  
850 from infectious disease, chemical agents, nuclear agents,  
851 biological toxins, or situations involving mass casualties or  
852 natural disasters. Prior to declaring a public health emergency,  
853 the State Health Officer shall, to the extent possible, consult  
854 with the Governor and shall notify the Chief of Domestic  
855 Security. The declaration of a public health emergency shall  
856 continue until the State Health Officer finds that the threat or  
857 danger has been dealt with to the extent that the emergency  
858 conditions no longer exist and he or she terminates the  
859 declaration. However, a declaration of a public health emergency  
860 may not continue for longer than 60 days unless the Governor  
861 concurs in the renewal of the declaration. The State Health  
862 Officer, upon declaration of a public health emergency, may take

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863 actions that are necessary to protect the public health. Such  
864 actions include, but are not limited to:

865 1. Directing manufacturers of prescription drugs or over-  
866 the-counter drugs who are permitted under chapter 499 and  
867 wholesalers of prescription drugs located in this state who are  
868 permitted under chapter 499 to give priority to the shipping of  
869 specified drugs to pharmacies and health care providers within  
870 geographic areas that have been identified by the State Health  
871 Officer. The State Health Officer must identify the drugs to be  
872 shipped. Manufacturers and wholesalers located in the state must  
873 respond to the State Health Officer's priority shipping  
874 directive before shipping the specified drugs.

875 2. Notwithstanding chapters 465 and 499 and rules adopted  
876 thereunder, directing pharmacists employed by the department to  
877 compound bulk prescription drugs and provide these bulk  
878 prescription drugs to physicians and nurses of county health  
879 departments or any qualified person authorized by the State  
880 Health Officer for administration to persons as part of a  
881 prophylactic or treatment regimen.

882 3. Notwithstanding s. 456.036, temporarily reactivating  
883 the inactive license of the following health care practitioners,  
884 when such practitioners are needed to respond to the public  
885 health emergency: physicians licensed under chapter 458 or  
886 chapter 459; physician assistants licensed under chapter 458 or  
887 chapter 459; independent advanced practice registered nurses  
888 registered, licensed practical nurses or registered nurses

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889 licensed, and advanced practice registered nurses certified  
890 nurse practitioners licensed under part I of chapter 464;  
891 respiratory therapists licensed under part V of chapter 468; and  
892 emergency medical technicians and paramedics certified under  
893 part III of chapter 401. Only those health care practitioners  
894 specified in this paragraph who possess an unencumbered inactive  
895 license and who request that such license be reactivated are  
896 eligible for reactivation. An inactive license that is  
897 reactivated under this paragraph shall return to inactive status  
898 when the public health emergency ends or prior to the end of the  
899 public health emergency if the State Health Officer determines  
900 that the health care practitioner is no longer needed to provide  
901 services during the public health emergency. Such licenses may  
902 only be reactivated for a period not to exceed 90 days without  
903 meeting the requirements of s. 456.036 or chapter 401, as  
904 applicable.

905 4. Ordering an individual to be examined, tested,  
906 vaccinated, treated, or quarantined for communicable diseases  
907 that have significant morbidity or mortality and present a  
908 severe danger to public health. Individuals who are unable or  
909 unwilling to be examined, tested, vaccinated, or treated for  
910 reasons of health, religion, or conscience may be subjected to  
911 quarantine.

912 a. Examination, testing, vaccination, or treatment may be  
913 performed by any qualified person authorized by the State Health  
914 Officer.

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915           b. If the individual poses a danger to the public health,  
916 the State Health Officer may subject the individual to  
917 quarantine. If there is no practical method to quarantine the  
918 individual, the State Health Officer may use any means necessary  
919 to vaccinate or treat the individual.

920  
921 Any order of the State Health Officer given to effectuate this  
922 paragraph shall be immediately enforceable by a law enforcement  
923 officer under s. 381.0012.

924           Section 20. Subsection (3) of section 381.00593, Florida  
925 Statutes, is amended to read:

926           381.00593 Public school volunteer health care practitioner  
927 program.—

928           (3) For purposes of this section, the term "health care  
929 practitioner" means a physician or physician assistant licensed  
930 under chapter 458; an osteopathic physician or physician  
931 assistant licensed under chapter 459; a chiropractic physician  
932 licensed under chapter 460; a podiatric physician licensed under  
933 chapter 461; an optometrist licensed under chapter 463; an  
934 independent advanced practice registered nurse registered, an  
935 advanced practice registered nurse certified practitioner, or a  
936 registered nurse, or licensed practical nurse licensed under  
937 part I of chapter 464; a pharmacist licensed under chapter 465;  
938 a dentist or dental hygienist licensed under chapter 466; a  
939 midwife licensed under chapter 467; a speech-language  
940 pathologist or audiologist licensed under part I of chapter 468;



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941 a dietitian/nutritionist licensed under part X of chapter 468;  
942 or a physical therapist licensed under chapter 486.

943 Section 21. Paragraph (c) of subsection (2) of section  
944 381.026, Florida Statutes, is amended to read:

945 381.026 Florida Patient's Bill of Rights and  
946 Responsibilities.-

947 (2) DEFINITIONS.-As used in this section and s. 381.0261,  
948 the term:

949 (c) "Health care provider" means a physician or physician  
950 assistant licensed under chapter 458, an osteopathic physician  
951 or physician assistant licensed under chapter 459, ~~or~~ a  
952 podiatric physician licensed under chapter 461, or an  
953 independent advanced practice registered nurse registered under  
954 part I of chapter 464.

955 Section 22. Paragraph (a) of subsection (2) and  
956 subsections (3) through (5) of section 382.008, Florida  
957 Statutes, are amended to read:

958 382.008 Death and fetal death registration.-

959 (2)(a) The funeral director who first assumes custody of a  
960 dead body or fetus shall file the certificate of death or fetal  
961 death. In the absence of the funeral director, the physician,  
962 physician assistant, independent advanced practice registered  
963 nurse, advanced practice registered nurse, or other person in  
964 attendance at or after the death or the district medical  
965 examiner of the county in which the death occurred or the body  
966 was found shall file the certificate of death or fetal death.





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967 The person who files the certificate shall obtain personal data  
968 from the next of kin or the best qualified person or source  
969 available. The medical certification of cause of death shall be  
970 furnished to the funeral director, either in person or via  
971 certified mail or electronic transfer, by the physician,  
972 physician assistant, independent advanced practice registered  
973 nurse, advanced practice registered nurse, or medical examiner  
974 responsible for furnishing such information. For fetal deaths,  
975 the physician, certified nurse midwife, midwife, or hospital  
976 administrator shall provide any medical or health information to  
977 the funeral director within 72 hours after expulsion or  
978 extraction.

979 (3) Within 72 hours after receipt of a death or fetal  
980 death certificate from the funeral director, the medical  
981 certification of cause of death shall be completed and made  
982 available to the funeral director by the decedent's primary or  
983 attending practitioner ~~physieian~~ or, if s. 382.011 applies, the  
984 district medical examiner of the county in which the death  
985 occurred or the body was found. The primary or attending  
986 practitioner ~~physieian~~ or the medical examiner shall certify  
987 over his or her signature the cause of death to the best of his  
988 or her knowledge and belief. As used in this section, the term  
989 "primary or attending practitioner ~~physieian~~" means a physician,  
990 a physician assistant, an independent advanced practice  
991 registered nurse, or an advanced practice registered nurse, who



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992 treated the decedent through examination, medical advice, or  
993 medication during the 12 months preceding the date of death.

994 (a) The local registrar may grant the funeral director an  
995 extension of time upon a good and sufficient showing of any of  
996 the following conditions:

997 1. An autopsy is pending.

998 2. Toxicology, laboratory, or other diagnostic reports  
999 have not been completed.

1000 3. The identity of the decedent is unknown and further  
1001 investigation or identification is required.

1002 (b) If the decedent's primary or attending practitioner,  
1003 physician or the district medical examiner of the county in  
1004 which the death occurred or the body was found, indicates that  
1005 he or she will sign and complete the medical certification of  
1006 cause of death but will not be available until after the 5-day  
1007 registration deadline, the local registrar may grant an  
1008 extension of 5 days. If a further extension is required, the  
1009 funeral director must provide written justification to the  
1010 registrar.

1011 (4) If the department or local registrar grants an  
1012 extension of time to provide the medical certification of cause  
1013 of death, the funeral director shall file a temporary  
1014 certificate of death or fetal death which shall contain all  
1015 available information, including the fact that the cause of  
1016 death is pending. The decedent's primary or attending  
1017 practitioner ~~physician~~ or the district medical examiner of the



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1018 county in which the death occurred or the body was found shall  
1019 provide an estimated date for completion of the permanent  
1020 certificate.

1021 (5) A permanent certificate of death or fetal death,  
1022 containing the cause of death and any other information that was  
1023 previously unavailable, shall be registered as a replacement for  
1024 the temporary certificate. The permanent certificate may also  
1025 include corrected information if the items being corrected are  
1026 noted on the back of the certificate and dated and signed by the  
1027 funeral director, physician, physician assistant, independent  
1028 advanced practice registered nurse, advanced practice registered  
1029 nurse, or district medical examiner of the county in which the  
1030 death occurred or the body was found, as appropriate.

1031 Section 23. Paragraph (c) of subsection (1) of section  
1032 383.14, Florida Statutes, is amended to read:

1033 383.14 Screening for metabolic disorders, other hereditary  
1034 and congenital disorders, and environmental risk factors.—

1035 (1) SCREENING REQUIREMENTS.—To help ensure access to the  
1036 maternal and child health care system, the Department of Health  
1037 shall promote the screening of all newborns born in Florida for  
1038 metabolic, hereditary, and congenital disorders known to result  
1039 in significant impairment of health or intellect, as screening  
1040 programs accepted by current medical practice become available  
1041 and practical in the judgment of the department. The department  
1042 shall also promote the identification and screening of all  
1043 newborns in this state and their families for environmental risk



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1044 factors such as low income, poor education, maternal and family  
1045 stress, emotional instability, substance abuse, and other high-  
1046 risk conditions associated with increased risk of infant  
1047 mortality and morbidity to provide early intervention,  
1048 remediation, and prevention services, including, but not limited  
1049 to, parent support and training programs, home visitation, and  
1050 case management. Identification, perinatal screening, and  
1051 intervention efforts shall begin prior to and immediately  
1052 following the birth of the child by the attending health care  
1053 provider. Such efforts shall be conducted in hospitals,  
1054 perinatal centers, county health departments, school health  
1055 programs that provide prenatal care, and birthing centers, and  
1056 reported to the Office of Vital Statistics.

1057 (c) Release of screening results.—Notwithstanding any law  
1058 to the contrary, the State Public Health Laboratory may release,  
1059 directly or through the Children's Medical Services program, the  
1060 results of a newborn's hearing and metabolic tests or screenings  
1061 to the newborn's health care practitioner. As used in this  
1062 paragraph, the term "health care practitioner" means a physician  
1063 or physician assistant licensed under chapter 458; an  
1064 osteopathic physician or physician assistant licensed under  
1065 chapter 459; an independent advanced practice registered nurse  
1066 registered, an advanced practice registered nurse certified  
1067 practitioner, or a registered nurse, or ~~licensed~~ practical nurse  
1068 licensed under part I of chapter 464; a midwife licensed under  
1069 chapter 467; a speech-language pathologist or audiologist

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1070 licensed under part I of chapter 468; or a dietician or  
1071 nutritionist licensed under part X of chapter 468.

1072 Section 24. Paragraph (c) of subsection (1) of section  
1073 383.141, Florida Statutes, is amended to read:

1074 383.141 Prenatally diagnosed conditions; patient to be  
1075 provided information; definitions; information clearinghouse;  
1076 advisory council.—

1077 (1) As used in this section, the term:

1078 (c) "Health care provider" means a practitioner licensed  
1079 or registered under chapter 458 or chapter 459, or an  
1080 independent advanced practice registered nurse registered, or an  
1081 advanced practice registered nurse ~~practitioner~~ certified, under  
1082 part I of chapter 464.

1083 Section 25. Paragraph (a) of subsection (3) of section  
1084 390.0111, Florida Statutes, is amended to read:

1085 390.0111 Termination of pregnancies.—

1086 (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
1087 be performed or induced except with the voluntary and informed  
1088 written consent of the pregnant woman or, in the case of a  
1089 mental incompetent, the voluntary and informed written consent  
1090 of her court-appointed guardian.

1091 (a) Except in the case of a medical emergency, consent to  
1092 a termination of pregnancy is voluntary and informed only if:

1093 1. The physician who is to perform the procedure, or the  
1094 referring physician, has, at a minimum, orally, in person,  
1095 informed the woman of:



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1096 a. The nature and risks of undergoing or not undergoing  
1097 the proposed procedure that a reasonable patient would consider  
1098 material to making a knowing and willful decision of whether to  
1099 terminate a pregnancy.

1100 b. The probable gestational age of the fetus, verified by  
1101 an ultrasound, at the time the termination of pregnancy is to be  
1102 performed.

1103 (I) The ultrasound must be performed by the physician who  
1104 is to perform the abortion or by a person having documented  
1105 evidence that he or she has completed a course in the operation  
1106 of ultrasound equipment as prescribed by rule and who is working  
1107 in conjunction with the physician.

1108 (II) The person performing the ultrasound must offer the  
1109 woman the opportunity to view the live ultrasound images and  
1110 hear an explanation of them. If the woman accepts the  
1111 opportunity to view the images and hear the explanation, a  
1112 physician or a registered nurse, a licensed practical nurse, an  
1113 advanced practice registered nurse practitioner, an independent  
1114 advanced practice registered nurse, or a physician assistant  
1115 working in conjunction with the physician must contemporaneously  
1116 review and explain the images to the woman before the woman  
1117 gives informed consent to having an abortion procedure  
1118 performed.

1119 (III) The woman has a right to decline to view and hear  
1120 the explanation of the live ultrasound images after she is  
1121 informed of her right and offered an opportunity to view the



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1122 images and hear the explanation. If the woman declines, the  
1123 woman shall complete a form acknowledging that she was offered  
1124 an opportunity to view and hear the explanation of the images  
1125 but that she declined that opportunity. The form must also  
1126 indicate that the woman's decision was not based on any undue  
1127 influence from any person to discourage her from viewing the  
1128 images or hearing the explanation and that she declined of her  
1129 own free will.

1130 (IV) Unless requested by the woman, the person performing  
1131 the ultrasound may not offer the opportunity to view the images  
1132 and hear the explanation and the explanation may not be given  
1133 if, at the time the woman schedules or arrives for her  
1134 appointment to obtain an abortion, a copy of a restraining  
1135 order, police report, medical record, or other court order or  
1136 documentation is presented which provides evidence that the  
1137 woman is obtaining the abortion because the woman is a victim of  
1138 rape, incest, domestic violence, or human trafficking or that  
1139 the woman has been diagnosed as having a condition that, on the  
1140 basis of a physician's good faith clinical judgment, would  
1141 create a serious risk of substantial and irreversible impairment  
1142 of a major bodily function if the woman delayed terminating her  
1143 pregnancy.

1144 c. The medical risks to the woman and fetus of carrying  
1145 the pregnancy to term.



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1146 2. Printed materials prepared and provided by the  
1147 department have been provided to the pregnant woman, if she  
1148 chooses to view these materials, including:

1149 a. A description of the fetus, including a description of  
1150 the various stages of development.

1151 b. A list of entities that offer alternatives to  
1152 terminating the pregnancy.

1153 c. Detailed information on the availability of medical  
1154 assistance benefits for prenatal care, childbirth, and neonatal  
1155 care.

1156 3. The woman acknowledges in writing, before the  
1157 termination of pregnancy, that the information required to be  
1158 provided under this subsection has been provided.

1159  
1160 Nothing in this paragraph is intended to prohibit a physician  
1161 from providing any additional information which the physician  
1162 deems material to the woman's informed decision to terminate her  
1163 pregnancy.

1164 Section 26. Paragraphs (c), (e), and (f) of subsection (3)  
1165 of section 390.012, Florida Statutes, are amended to read:

1166 390.012 Powers of agency; rules; disposal of fetal  
1167 remains.—

1168 (3) For clinics that perform or claim to perform abortions  
1169 after the first trimester of pregnancy, the agency shall adopt  
1170 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
1171 provisions of this chapter, including the following:





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1172 (c) Rules relating to abortion clinic personnel. At a  
1173 minimum, these rules shall require that:

1174 1. The abortion clinic designate a medical director who is  
1175 licensed to practice medicine in this state and who has  
1176 admitting privileges at a licensed hospital in this state or has  
1177 a transfer agreement with a licensed hospital within reasonable  
1178 proximity of the clinic.

1179 2. If a physician is not present after an abortion is  
1180 performed, a registered nurse, a licensed practical nurse, an  
1181 advanced practice registered nurse practitioner, an independent  
1182 advanced practice registered nurse, or a physician assistant  
1183 shall be present and remain at the clinic to provide  
1184 postoperative monitoring and care until the patient is  
1185 discharged.

1186 3. Surgical assistants receive training in counseling,  
1187 patient advocacy, and the specific responsibilities associated  
1188 with the services the surgical assistants provide.

1189 4. Volunteers receive training in the specific  
1190 responsibilities associated with the services the volunteers  
1191 provide, including counseling and patient advocacy as provided  
1192 in the rules adopted by the director for different types of  
1193 volunteers based on their responsibilities.

1194 (e) Rules relating to the abortion procedure. At a  
1195 minimum, these rules shall require:

1196 1. That a physician, a registered nurse, a licensed  
1197 practical nurse, an advanced practice registered nurse



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1198 ~~practitioner~~, an independent advanced practice registered nurse,  
1199 or a physician assistant is available to all patients throughout  
1200 the abortion procedure.

1201 2. Standards for the safe conduct of abortion procedures  
1202 that conform to obstetric standards in keeping with established  
1203 standards of care regarding the estimation of fetal age as  
1204 defined in rule.

1205 3. Appropriate use of general and local anesthesia,  
1206 analgesia, and sedation if ordered by the physician.

1207 4. Appropriate precautions, such as the establishment of  
1208 intravenous access at least for patients undergoing post-first  
1209 trimester abortions.

1210 5. Appropriate monitoring of the vital signs and other  
1211 defined signs and markers of the patient's status throughout the  
1212 abortion procedure and during the recovery period until the  
1213 patient's condition is deemed to be stable in the recovery room.

1214 (f) Rules that prescribe minimum recovery room standards.  
1215 At a minimum, these rules shall require that:

1216 1. Postprocedure recovery rooms are supervised and staffed  
1217 to meet the patients' needs.

1218 2. Immediate postprocedure care consists of observation in  
1219 a supervised recovery room for as long as the patient's  
1220 condition warrants.

1221 3. The clinic arranges hospitalization if any complication  
1222 beyond the medical capability of the staff occurs or is  
1223 suspected.



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1224 4. A registered nurse, a licensed practical nurse, an  
1225 advanced practice registered nurse ~~practitioner~~, an independent  
1226 advanced practice registered nurse, or a physician assistant who  
1227 is trained in the management of the recovery area and is capable  
1228 of providing basic cardiopulmonary resuscitation and related  
1229 emergency procedures remains on the premises of the abortion  
1230 clinic until all patients are discharged.

1231 5. A physician shall sign the discharge order and be  
1232 readily accessible and available until the last patient is  
1233 discharged to facilitate the transfer of emergency cases if  
1234 hospitalization of the patient or viable fetus is necessary.

1235 6. A physician discusses Rho(D) immune globulin with each  
1236 patient for whom it is indicated and ensures that it is offered  
1237 to the patient in the immediate postoperative period or that it  
1238 will be available to her within 72 hours after completion of the  
1239 abortion procedure. If the patient refuses the Rho(D) immune  
1240 globulin, a refusal form approved by the agency shall be signed  
1241 by the patient and a witness and included in the medical record.

1242 7. Written instructions with regard to postabortion  
1243 coitus, signs of possible problems, and general aftercare are  
1244 given to each patient. Each patient shall have specific written  
1245 instructions regarding access to medical care for complications,  
1246 including a telephone number to call for medical emergencies.

1247 8. There is a specified minimum length of time that a  
1248 patient remains in the recovery room by type of abortion  
1249 procedure and duration of gestation.



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1250 9. The physician ensures that a registered nurse, a  
1251 licensed practical nurse, an advanced practice registered nurse  
1252 ~~practitioner~~, an independent advanced practice registered nurse,  
1253 or a physician assistant from the abortion clinic makes a good  
1254 faith effort to contact the patient by telephone, with the  
1255 patient's consent, within 24 hours after surgery to assess the  
1256 patient's recovery.

1257 10. Equipment and services are readily accessible to  
1258 provide appropriate emergency resuscitative and life support  
1259 procedures pending the transfer of the patient or viable fetus  
1260 to the hospital.

1261 Section 27. Subsection (23) of section 394.455, Florida  
1262 Statutes, is amended to read:

1263 394.455 Definitions.—As used in this part, unless the  
1264 context clearly requires otherwise, the term:

1265 (23) "Psychiatric nurse" means a registered nurse licensed  
1266 under part I of chapter 464 who has a master's degree or a  
1267 doctorate in psychiatric nursing and 2 years of post-master's  
1268 clinical experience under the supervision of a physician, or an  
1269 independent advanced practice registered nurse registered under,  
1270 or an advanced practice registered nurse certified under, part I  
1271 of chapter 464, who obtains national certification as a  
1272 psychiatric-mental health advanced practice nurse.

1273 Section 28. Paragraphs (a) and (f) of subsection (2) of  
1274 section 394.463, Florida Statutes, are amended to read:

1275 394.463 Involuntary examination.—



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1276 (2) INVOLUNTARY EXAMINATION.—

1277 (a) An involuntary examination may be initiated by any one  
1278 of the following means:

1279 1. A court may enter an ex parte order stating that a  
1280 person appears to meet the criteria for involuntary examination,  
1281 giving the findings on which that conclusion is based. The ex  
1282 parte order for involuntary examination must be based on sworn  
1283 testimony, written or oral. If other less restrictive means are  
1284 not available, such as voluntary appearance for outpatient  
1285 evaluation, a law enforcement officer, or other designated agent  
1286 of the court, shall take the person into custody and deliver him  
1287 or her to the nearest receiving facility for involuntary  
1288 examination. The order of the court shall be made a part of the  
1289 patient's clinical record. No fee shall be charged for the  
1290 filing of an order under this subsection. Any receiving facility  
1291 accepting the patient based on this order must send a copy of  
1292 the order to the Agency for Health Care Administration on the  
1293 next working day. The order shall be valid only until executed  
1294 or, if not executed, for the period specified in the order  
1295 itself. If no time limit is specified in the order, the order  
1296 shall be valid for 7 days after the date that the order was  
1297 signed.

1298 2. A law enforcement officer shall take a person who  
1299 appears to meet the criteria for involuntary examination into  
1300 custody and deliver the person or have him or her delivered to  
1301 the nearest receiving facility for examination. The officer



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1302 shall execute a written report detailing the circumstances under  
1303 which the person was taken into custody, and the report shall be  
1304 made a part of the patient's clinical record. Any receiving  
1305 facility accepting the patient based on this report must send a  
1306 copy of the report to the Agency for Health Care Administration  
1307 on the next working day.

1308 3. A physician, a physician assistant, a clinical  
1309 psychologist, a psychiatric nurse, an independent advanced  
1310 practice registered nurse, an advanced practice registered  
1311 nurse, a mental health counselor, a marriage and family  
1312 therapist, or a clinical social worker may execute a certificate  
1313 stating that he or she has examined a person within the  
1314 preceding 48 hours and finds that the person appears to meet the  
1315 criteria for involuntary examination and stating the  
1316 observations upon which that conclusion is based. If other less  
1317 restrictive means are not available, such as voluntary  
1318 appearance for outpatient evaluation, a law enforcement officer  
1319 shall take the person named in the certificate into custody and  
1320 deliver him or her to the nearest receiving facility for  
1321 involuntary examination. The law enforcement officer shall  
1322 execute a written report detailing the circumstances under which  
1323 the person was taken into custody. The report and certificate  
1324 shall be made a part of the patient's clinical record. Any  
1325 receiving facility accepting the patient based on this  
1326 certificate must send a copy of the certificate to the Agency  
1327 for Health Care Administration on the next working day.



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1328 (f) A patient shall be examined by a physician, physician  
1329 assistant, ~~or~~ clinical psychologist, or psychiatric nurse at a  
1330 receiving facility without unnecessary delay and may, upon the  
1331 order of a physician, be given emergency treatment if it is  
1332 determined that such treatment is necessary for the safety of  
1333 the patient or others. The patient may not be released by the  
1334 receiving facility or its contractor without the documented  
1335 approval of a psychiatrist, a clinical psychologist, or  
1336 psychiatric nurse, or, if the receiving facility is a hospital,  
1337 the release may also be approved by an attending emergency  
1338 department physician with experience in the diagnosis and  
1339 treatment of mental and nervous disorders and after completion  
1340 of an involuntary examination pursuant to this subsection.  
1341 However, a patient may not be held in a receiving facility for  
1342 involuntary examination longer than 72 hours.

1343 Section 29. Paragraphs (a) and (b) of subsection (2) and  
1344 subsection (4) of section 395.0191, Florida Statutes, are  
1345 amended to read:

1346 395.0191 Staff membership and clinical privileges.—

1347 (2) (a) Each licensed facility shall establish rules and  
1348 procedures for consideration of an application for clinical  
1349 privileges submitted by an independent advanced practice  
1350 registered nurse registered, or an advanced practice registered  
1351 nurse practitioner licensed and certified, under part I of  
1352 chapter 464, in accordance with the provisions of this section.  
1353 A ~~No~~ licensed facility may not ~~shall~~ deny such application



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1354 solely because the applicant is registered or certified licensed  
1355 under part I of chapter 464 or because the applicant is not a  
1356 participant in the Florida Birth-Related Neurological Injury  
1357 Compensation Plan.

1358 (b) An advanced practice registered nurse ~~practitioner~~ who  
1359 is a certified as a registered nurse anesthetist ~~licensed~~ under  
1360 part I of chapter 464 shall administer anesthesia under the  
1361 onsite medical direction of a professional licensed under  
1362 chapter 458, chapter 459, or chapter 466, and in accordance with  
1363 an established protocol approved by the medical staff. The  
1364 medical direction shall specifically address the needs of the  
1365 individual patient. This paragraph does not apply to an  
1366 independent advanced practice registered nurse who is a  
1367 certified registered nurse anesthetist under part I of chapter  
1368 464.

1369 (4) Nothing herein shall restrict in any way the authority  
1370 of the medical staff of a licensed facility to review for  
1371 approval or disapproval all applications for appointment and  
1372 reappointment to all categories of staff and to make  
1373 recommendations on each applicant to the governing board,  
1374 including the delineation of privileges to be granted in each  
1375 case. In making such recommendations and in the delineation of  
1376 privileges, each applicant shall be considered individually  
1377 pursuant to criteria for a doctor licensed under chapter 458,  
1378 chapter 459, chapter 461, or chapter 466;~~7~~ ~~or~~ for an independent  
1379 advanced practice registered nurse registered, or an advanced





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1380 practice registered nurse practitioner licensed and certified,  
1381 under part I of chapter 464;<sup>7</sup> or for a psychologist licensed  
1382 under chapter 490, as applicable. The applicant's eligibility  
1383 for staff membership or clinical privileges shall be determined  
1384 by the applicant's background, experience, health, training, and  
1385 demonstrated competency; the applicant's adherence to applicable  
1386 professional ethics; the applicant's reputation; and the  
1387 applicant's ability to work with others and by such other  
1388 elements as determined by the governing board, consistent with  
1389 this part.

1390 Section 30. Subsection (3) of section 395.602, Florida  
1391 Statutes, is amended to read:

1392 395.602 Rural hospitals.—

1393 (3) USE OF FUNDS.—It is the intent of the Legislature that  
1394 funds as appropriated shall be utilized by the department for  
1395 the purpose of increasing the number of primary care physicians,  
1396 physician assistants, certified nurse midwives, certified nurse  
1397 practitioners, and nurses in rural areas, either through the  
1398 Medical Education Reimbursement and Loan Repayment Program as  
1399 defined by s. 1009.65 or through a federal loan repayment  
1400 program which requires state matching funds. The department may  
1401 use funds appropriated for the Medical Education Reimbursement  
1402 and Loan Repayment Program as matching funds for federal loan  
1403 repayment programs for health care personnel, such as that  
1404 authorized in Pub. L. No. 100-177, s. 203. If the department  
1405 receives federal matching funds, the department shall only



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1406 implement the federal program. Reimbursement through either  
1407 program shall be limited to:

1408 (a) Primary care physicians, physician assistants,  
1409 certified nurse midwives, certified nurse practitioners, and  
1410 nurses employed by or affiliated with rural hospitals, as  
1411 defined in this act; and

1412 (b) Primary care physicians, physician assistants,  
1413 certified nurse midwives, certified nurse practitioners, and  
1414 nurses employed by or affiliated with rural area health  
1415 education centers, as defined in this section. These personnel  
1416 shall practice:

1417 1. In a county with a population density of no greater  
1418 than 100 persons per square mile; or

1419 2. Within the boundaries of a hospital tax district which  
1420 encompasses a population of no greater than 100 persons per  
1421 square mile.

1422  
1423 If the department administers a federal loan repayment program,  
1424 priority shall be given to obligating state and federal matching  
1425 funds pursuant to paragraphs (a) and (b). The department may use  
1426 federal matching funds in other health workforce shortage areas  
1427 and medically underserved areas in the state for loan repayment  
1428 programs for primary care physicians, physician assistants,  
1429 certified nurse midwives, certified nurse practitioners, and  
1430 nurses who are employed by publicly financed health care  
1431 programs that serve medically indigent persons.



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1432 Section 31. Paragraphs (b) and (c) of subsection (8) of  
1433 section 395.605, Florida Statutes, are amended to read:

1434 395.605 Emergency care hospitals.—

1435 (8)

1436 (b) All patients shall be under the care of a physician or  
1437 an independent advanced practice registered nurse or under the  
1438 care of an advanced practice registered a nurse praetitioner or  
1439 physician assistant supervised by a physician.

1440 (c) A physician, an independent advanced practice  
1441 registered nurse, an advanced practice registered nurse  
1442 praetitioner, or a physician assistant shall be on duty at all  
1443 times, or a physician shall be on call and available within 30  
1444 minutes at all times.

1445 Section 32. Subsection (26) of section 397.311, Florida  
1446 Statutes, is amended to read:

1447 397.311 Definitions.—As used in this chapter, except part  
1448 VIII, the term:

1449 (26) "Qualified professional" means a physician or a  
1450 physician assistant licensed under chapter 458 or chapter 459; a  
1451 professional licensed under chapter 490 or chapter 491; an  
1452 independent advanced practice registered nurse or advanced  
1453 practice registered nurse, who has praetitioner having a  
1454 specialty in psychiatry and is registered or certified lieensed  
1455 under part I of chapter 464; or a person who is certified  
1456 through a department-recognized certification process for  
1457 substance abuse treatment services and who holds, at a minimum,

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1458 a bachelor's degree. A person who is certified in substance  
1459 abuse treatment services by a state-recognized certification  
1460 process in another state at the time of employment with a  
1461 licensed substance abuse provider in this state may perform the  
1462 functions of a qualified professional as defined in this chapter  
1463 but must meet certification requirements contained in this  
1464 subsection no later than 1 year after his or her date of  
1465 employment.

1466 Section 33. Section 397.405, Florida Statutes, is amended  
1467 to read:

1468 397.405 Exemptions from licensure.—The following are  
1469 exempt from the licensing provisions of this chapter:

1470 (1) A hospital or hospital-based component licensed under  
1471 chapter 395.

1472 (2) A nursing home facility as defined in s. 400.021.

1473 (3) A substance abuse education program established  
1474 pursuant to s. 1003.42.

1475 (4) A facility or institution operated by the Federal  
1476 Government.

1477 (5) A physician or physician assistant licensed under  
1478 chapter 458 or chapter 459.

1479 (6) A psychologist licensed under chapter 490.

1480 (7) A social worker, marriage and family therapist, or  
1481 mental health counselor licensed under chapter 491.

1482 (8) A legally cognizable church or nonprofit religious  
1483 organization or denomination providing substance abuse services,



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1484 including prevention services, which are solely religious,  
1485 spiritual, or ecclesiastical in nature. A church or nonprofit  
1486 religious organization or denomination providing any of the  
1487 licensed service components itemized under s. 397.311(18) is not  
1488 exempt from substance abuse licensure but retains its exemption  
1489 with respect to all services which are solely religious,  
1490 spiritual, or ecclesiastical in nature.

1491 (9) Facilities licensed under chapter 393 which, in  
1492 addition to providing services to persons with developmental  
1493 disabilities, also provide services to persons developmentally  
1494 at risk as a consequence of exposure to alcohol or other legal  
1495 or illegal drugs while in utero.

1496 (10) DUI education and screening services provided  
1497 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.  
1498 Persons or entities providing treatment services must be  
1499 licensed under this chapter unless exempted from licensing as  
1500 provided in this section.

1501 (11) A facility licensed under s. 394.875 as a crisis  
1502 stabilization unit.

1503  
1504 The exemptions from licensure in this section do not apply to  
1505 any service provider that receives an appropriation, grant, or  
1506 contract from the state to operate as a service provider as  
1507 defined in this chapter or to any substance abuse program  
1508 regulated pursuant to s. 397.406. Furthermore, this chapter may  
1509 not be construed to limit the practice of a physician or



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1510 physician assistant licensed under chapter 458 or chapter 459, a  
1511 psychologist licensed under chapter 490, a psychotherapist  
1512 licensed under chapter 491, or an independent advanced practice  
1513 registered nurse registered, or an advanced practice registered  
1514 nurse certified, practitioner licensed under part I of chapter  
1515 464, who provides substance abuse treatment, unless a  
1516 practitioner represents so long as the physician, physician  
1517 assistant, psychologist, psychotherapist, or advanced registered  
1518 nurse practitioner does not represent to the public that the  
1519 practitioner he or she is a licensed service provider and  
1520 provides does not provide services to individuals pursuant to  
1521 part V of this chapter. Failure to comply with any requirement  
1522 necessary to maintain an exempt status under this section is a  
1523 misdemeanor of the first degree, punishable as provided in s.  
1524 775.082 or s. 775.083.

1525 Section 34. Subsections (5), (9), and (10) of section  
1526 397.427, Florida Statutes, are amended to read:

1527 397.427 Medication-assisted treatment service providers;  
1528 rehabilitation program; needs assessment and provision of  
1529 services; persons authorized to issue takeout medication;  
1530 unlawful operation; penalty.—

1531 (5) Notwithstanding s. 465.019(2), a physician assistant,  
1532 a registered nurse, an advanced practice registered nurse  
1533 ~~practitioner~~, or a licensed practical nurse working for a  
1534 licensed service provider may deliver takeout medication for  
1535 opiate treatment to persons enrolled in a maintenance treatment



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1536 program for medication-assisted treatment for opiate addiction  
1537 if:

1538 (a) The medication-assisted treatment program for opiate  
1539 addiction has an appropriate valid permit issued pursuant to  
1540 rules adopted by the Board of Pharmacy;

1541 (b) The medication for treatment of opiate addiction has  
1542 been delivered pursuant to a valid prescription written by the  
1543 program's physician licensed pursuant to chapter 458 or chapter  
1544 459;

1545 (c) The medication for treatment of opiate addiction which  
1546 is ordered appears on a formulary and is prepackaged and  
1547 prelabeled with dosage instructions and distributed from a  
1548 source authorized under chapter 499;

1549 (d) Each licensed provider adopts written protocols which  
1550 provide for supervision of the physician assistant, registered  
1551 nurse, advanced practice registered nurse ~~practitioner~~, or  
1552 licensed practical nurse by a physician licensed pursuant to  
1553 chapter 458 or chapter 459 and for the procedures by which  
1554 patients' medications may be delivered by the physician  
1555 assistant, registered nurse, advanced practice registered nurse  
1556 ~~practitioner~~, or licensed practical nurse. Such protocols shall  
1557 be signed by the supervising physician and either the  
1558 administering registered nurse, the advanced practice registered  
1559 nurse ~~practitioner~~, or the licensed practical nurse.

1560 (e) Each licensed service provider maintains and has  
1561 available for inspection by representatives of the Board of



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1562 Pharmacy all medical records and patient care protocols,  
1563 including records of medications delivered to patients, in  
1564 accordance with the board.

1565 (9) A physician assistant, a registered nurse, an advanced  
1566 practice registered nurse ~~practitioner~~, or a licensed practical  
1567 nurse working for a licensed service provider may deliver  
1568 medication as prescribed by rule if:

1569 (a) The service provider is authorized to provide  
1570 medication-assisted treatment;

1571 (b) The medication has been administered pursuant to a  
1572 valid prescription written by the program's physician who is  
1573 licensed under chapter 458 or chapter 459; and

1574 (c) The medication ordered appears on a formulary or meets  
1575 federal requirements for medication-assisted treatment.

1576 (10) Each licensed service provider that provides  
1577 medication-assisted treatment must adopt written protocols as  
1578 specified by the department and in accordance with federally  
1579 required rules, regulations, or procedures. The protocol shall  
1580 provide for the supervision of the physician assistant,  
1581 registered nurse, advanced practice registered nurse  
1582 ~~practitioner~~, or licensed practical nurse working under the  
1583 supervision of a physician who is licensed under chapter 458 or  
1584 chapter 459. The protocol must specify how the medication will  
1585 be used in conjunction with counseling or psychosocial treatment  
1586 and that the services provided will be included on the treatment  
1587 plan. The protocol must specify the procedures by which





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1588 medication-assisted treatment may be administered by the  
1589 supervised physician assistant, registered nurse, advanced  
1590 registered nurse practitioner, or licensed practical nurse.  
1591 These protocols shall be signed by the supervising physician and  
1592 the supervised administering physician assistant, registered  
1593 nurse, advanced registered nurse practitioner, or licensed  
1594 practical nurse.

1595 Section 35. Paragraph (a) of subsection (2) of section  
1596 397.501, Florida Statutes, is amended to read:

1597 397.501 Rights of individuals.—Individuals receiving  
1598 substance abuse services from any service provider are  
1599 guaranteed protection of the rights specified in this section,  
1600 unless otherwise expressly provided, and service providers must  
1601 ensure the protection of such rights.

1602 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1603 (a) Service providers may not deny an individual access to  
1604 substance abuse services solely on the basis of race, gender,  
1605 ethnicity, age, sexual preference, human immunodeficiency virus  
1606 status, prior service departures against medical advice,  
1607 disability, or number of relapse episodes. Service providers may  
1608 not deny an individual who takes medication prescribed by a  
1609 physician, a physician assistant, an independent advanced  
1610 practice registered nurse, or an advanced practice registered  
1611 nurse access to substance abuse services solely on that basis.  
1612 Service providers who receive state funds to provide substance  
1613 abuse services may not, if space and sufficient state resources



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1614 are available, deny access to services based solely on inability  
1615 to pay.

1616 Section 36. Subsection (8) of section 400.021, Florida  
1617 Statutes, is amended to read:

1618 400.021 Definitions.—When used in this part, unless the  
1619 context otherwise requires, the term:

1620 (8) "Geriatric outpatient clinic" means a site for  
1621 providing outpatient health care to persons 60 years of age or  
1622 older, which is staffed by a registered nurse, a physician  
1623 assistant, or a licensed practical nurse under the direct  
1624 supervision of a registered nurse, an independent advanced  
1625 practice registered nurse, an advanced practice registered nurse  
1626 ~~practitioner~~, a physician assistant, or a physician.

1627 Section 37. Subsection (3) of section 400.0255, Florida  
1628 Statutes, is amended to read:

1629 400.0255 Resident transfer or discharge; requirements and  
1630 procedures; hearings.—

1631 (3) When a discharge or transfer is initiated by the  
1632 nursing home, the nursing home administrator employed by the  
1633 nursing home that is discharging or transferring the resident,  
1634 or an individual employed by the nursing home who is designated  
1635 by the nursing home administrator to act on behalf of the  
1636 administration, must sign the notice of discharge or transfer.  
1637 Any notice indicating a medical reason for transfer or discharge  
1638 must either be signed by the resident's attending physician or  
1639 the medical director of the facility, or include an attached



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1640 written order for the discharge or transfer. The notice or the  
1641 order must be signed by the resident's physician, medical  
1642 director, treating physician, independent advanced practice  
1643 registered nurse, advanced practice registered nurse  
1644 practitioner, or physician assistant.

1645 Section 38. Subsection (3) of section 400.172, Florida  
1646 Statutes, is amended to read:

1647 400.172 Respite care provided in nursing home facilities.—

1648 (3) A prospective respite care resident must provide  
1649 medical information from a physician, a physician assistant, an  
1650 independent advanced practice registered nurse, or an advanced  
1651 practice registered nurse practitioner and any other information  
1652 provided by the primary caregiver required by the facility  
1653 before or when the person is admitted to receive respite care.  
1654 The medical information must include a physician's or an  
1655 independent advanced practice registered nurse's order for  
1656 respite care and proof of a physical examination by a licensed  
1657 physician, a physician assistant, an independent advanced  
1658 practice registered nurse, or an advanced practice registered  
1659 nurse practitioner. The ~~physician's~~ order and physical  
1660 examination may be used to provide intermittent respite care for  
1661 up to 12 months after the date the order is written.

1662 Section 39. Subsections (20) through (29) of section  
1663 400.462, Florida Statutes, are renumbered as subsections (21)  
1664 through (30), respectively, subsection (3) is amended, and a new  
1665 subsection (20) is added to that section, to read:



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1666 400.462 Definitions.—As used in this part, the term:  
1667 (3) "Advanced practice registered nurse ~~practitioner~~"  
1668 means a person licensed in this state to practice professional  
1669 nursing and certified in advanced or specialized nursing  
1670 practice, as defined in s. 464.003.

1671 (20) "Independent advanced practice registered nurse"  
1672 means a person licensed in this state to practice professional  
1673 nursing as defined in s. 464.003 and registered to practice  
1674 advanced or specialized nursing independently and without  
1675 physician supervision or a protocol.

1676 Section 40. Subsection (2) of section 400.487, Florida  
1677 Statutes, is amended to read:

1678 400.487 Home health service agreements; physician's,  
1679 physician assistant's, independent advanced practice registered  
1680 nurse's, and advanced practice registered nurse's ~~nurse~~  
1681 ~~practitioner's~~ treatment orders; patient assessment;  
1682 establishment and review of plan of care; provision of services;  
1683 orders not to resuscitate.—

1684 (2) When required by the provisions of chapter 464; part  
1685 I, part III, or part V of chapter 468; or chapter 486, the  
1686 attending physician, physician assistant, independent advanced  
1687 practice registered nurse, or advanced practice registered nurse  
1688 ~~practitioner~~, acting within his or her respective scope of  
1689 practice, shall establish treatment orders for a patient who is  
1690 to receive skilled care. The treatment orders must be signed by  
1691 the physician, physician assistant, independent advanced



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1692 practice registered nurse, or advanced practice registered nurse  
1693 ~~practitioner~~ before a claim for payment for the skilled services  
1694 is submitted by the home health agency. If the claim is  
1695 submitted to a managed care organization, the treatment orders  
1696 must be signed within the time allowed under the provider  
1697 agreement. The treatment orders shall be reviewed, as frequently  
1698 as the patient's illness requires, by the physician, physician  
1699 assistant, independent advanced practice registered nurse, or  
1700 advanced practice registered nurse ~~practitioner~~ in consultation  
1701 with the home health agency.

1702 Section 41. Paragraph (a) of subsection (13) of section  
1703 400.506, Florida Statutes, is amended to read:

1704 400.506 Licensure of nurse registries; requirements;  
1705 penalties.—

1706 (13) All persons referred for contract in private  
1707 residences by a nurse registry must comply with the following  
1708 requirements for a plan of treatment:

1709 (a) When, in accordance with the privileges and  
1710 restrictions imposed upon a nurse under part I of chapter 464,  
1711 the delivery of care to a patient is under the direction or  
1712 supervision of a physician or when a physician is responsible  
1713 for the medical care of the patient, a medical plan of treatment  
1714 must be established for each patient receiving care or treatment  
1715 provided by a licensed nurse in the home. The original medical  
1716 plan of treatment must be timely signed by the physician,  
1717 physician assistant, independent advanced practice registered



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1718 nurse, or advanced practice registered nurse practitioner,  
1719 acting within his or her respective scope of practice, and  
1720 reviewed in consultation with the licensed nurse at least every  
1721 2 months. Any additional order or change in orders must be  
1722 obtained from, reduced to writing by, and timely signed by the  
1723 physician, physician assistant, independent advanced practice  
1724 registered nurse, or advanced practice registered nurse  
1725 ~~practitioner and reduced to writing and timely signed by the~~  
1726 ~~physician, physician assistant, or advanced registered nurse~~  
1727 ~~practitioner.~~ The delivery of care under a medical plan of  
1728 treatment must be substantiated by the appropriate nursing notes  
1729 or documentation made by the nurse in compliance with nursing  
1730 practices established under part I of chapter 464.

1731 Section 42. Paragraph (g) of subsection (4) of section  
1732 400.9905, Florida Statutes, is amended to read:

1733 400.9905 Definitions.—

1734 (4) "Clinic" means an entity where health care services  
1735 are provided to individuals and which tenders charges for  
1736 reimbursement for such services, including a mobile clinic and a  
1737 portable equipment provider. As used in this part, the term does  
1738 not include and the licensure requirements of this part do not  
1739 apply to:

1740 (g) A sole proprietorship, group practice, partnership, or  
1741 corporation that provides health care services by licensed  
1742 health care practitioners under chapter 457, chapter 458,  
1743 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,



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1744 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
1745 chapter 490, chapter 491, or part I, part III, part X, part  
1746 XIII, or part XIV of chapter 468, or s. 464.012 or s. 464.0125,  
1747 and that is wholly owned by one or more licensed health care  
1748 practitioners, or the licensed health care practitioners set  
1749 forth in this paragraph and the spouse, parent, child, or  
1750 sibling of a licensed health care practitioner if one of the  
1751 owners who is a licensed health care practitioner is supervising  
1752 the business activities and is legally responsible for the  
1753 entity's compliance with all federal and state laws. However, a  
1754 health care practitioner may not supervise services beyond the  
1755 scope of the practitioner's license, except that, for the  
1756 purposes of this part, a clinic owned by a licensee in s.  
1757 456.053(3)(b) which provides only services authorized pursuant  
1758 to s. 456.053(3)(b) may be supervised by a licensee specified in  
1759 s. 456.053(3)(b).

1760  
1761 Notwithstanding this subsection, an entity shall be deemed a  
1762 clinic and must be licensed under this part in order to receive  
1763 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
1764 627.730-627.7405, unless exempted under s. 627.736(5)(h).

1765 Section 43. Subsections (1) and (2) of section 401.445,  
1766 Florida Statutes, are amended to read:

1767 401.445 Emergency examination and treatment of  
1768 incapacitated persons.—



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1769 (1) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in  
1770 this state against any emergency medical technician, paramedic,  
1771 or physician as defined in this chapter; any independent  
1772 advanced practice registered nurse registered under s.  
1773 464.0125;~~;~~ any advanced practice registered nurse ~~practitioner~~  
1774 certified under s. 464.012~~;~~ or any physician assistant licensed  
1775 under s. 458.347 or s. 459.022, or any person acting under the  
1776 direct medical supervision of a physician, in an action brought  
1777 for examining or treating a patient without his or her informed  
1778 consent if:

1779 (a) The patient at the time of examination or treatment is  
1780 intoxicated, under the influence of drugs, or otherwise  
1781 incapable of providing informed consent as provided in s.  
1782 766.103;

1783 (b) The patient at the time of examination or treatment is  
1784 experiencing an emergency medical condition; and

1785 (c) The patient would reasonably, under all the  
1786 surrounding circumstances, undergo such examination, treatment,  
1787 or procedure if the patient ~~he or she~~ were advised by the  
1788 emergency medical technician, paramedic, physician, independent  
1789 advanced practice registered nurse, advanced practice registered  
1790 nurse ~~practitioner~~, or physician assistant in accordance with s.  
1791 766.103(3).

1792

1793 Examination and treatment provided under this subsection shall  
1794 be limited to reasonable examination of the patient to determine





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1795 the medical condition of the patient and treatment reasonably  
1796 necessary to alleviate the emergency medical condition or to  
1797 stabilize the patient.

1798 (2) In examining and treating a person who is apparently  
1799 intoxicated, under the influence of drugs, or otherwise  
1800 incapable of providing informed consent, the emergency medical  
1801 technician, paramedic, physician, independent advanced practice  
1802 registered nurse, advanced practice registered nurse  
1803 practitioner, or physician assistant, or any person acting under  
1804 the direct medical supervision of a physician, shall proceed  
1805 wherever possible with the consent of the person. If the person  
1806 reasonably appears to be incapacitated and refuses his or her  
1807 consent, the person may be examined, treated, or taken to a  
1808 hospital or other appropriate treatment resource if he or she is  
1809 in need of emergency attention, without his or her consent, but  
1810 unreasonable force shall not be used.

1811 Section 44. Subsections (1) and (11) of section 409.905,  
1812 Florida Statutes, are amended to read:

1813 409.905 Mandatory Medicaid services.—The agency may make  
1814 payments for the following services, which are required of the  
1815 state by Title XIX of the Social Security Act, furnished by  
1816 Medicaid providers to recipients who are determined to be  
1817 eligible on the dates on which the services were provided. Any  
1818 service under this section shall be provided only when medically  
1819 necessary and in accordance with state and federal law.

1820 Mandatory services rendered by providers in mobile units to



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1821 Medicaid recipients may be restricted by the agency. Nothing in  
1822 this section shall be construed to prevent or limit the agency  
1823 from adjusting fees, reimbursement rates, lengths of stay,  
1824 number of visits, number of services, or any other adjustments  
1825 necessary to comply with the availability of moneys and any  
1826 limitations or directions provided for in the General  
1827 Appropriations Act or chapter 216.

1828 (1) INDEPENDENT ADVANCED PRACTICE REGISTERED NURSE AND  
1829 ADVANCED PRACTICE REGISTERED NURSE PRACTITIONER SERVICES.—The  
1830 agency shall pay for services provided to a recipient by a  
1831 registered independent advanced practice registered nurse, a  
1832 certified licensed advanced practice registered nurse  
1833 practitioner who has a valid collaboration agreement with a  
1834 licensed physician on file with the Department of Health, or a  
1835 certified registered nurse anesthetist who provides anesthesia  
1836 services in accordance with established protocol required by  
1837 state law and approved by the medical staff of the facility in  
1838 which the anesthetic service is performed. Reimbursement for  
1839 such services must be provided in an amount that equals at least  
1840 ~~not less than~~ 80 percent of the reimbursement to a physician who  
1841 provides the same services, unless otherwise provided for in the  
1842 General Appropriations Act.

1843 (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay  
1844 for outpatient primary health care services for a recipient  
1845 provided by a clinic certified by and participating in the  
1846 Medicare program which is located in a federally designated,



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1847 rural, medically underserved area and has on its staff one or  
1848 more certified licensed primary care nurse practitioners or  
1849 physician assistants, and a licensed staff supervising  
1850 physician, ~~or~~ a consulting supervising physician, or an  
1851 independent advanced practice registered nurse.

1852 Section 45. Paragraph (a) of subsection (3) and subsection  
1853 (7) of section 409.908, Florida Statutes, are amended to read:

1854 409.908 Reimbursement of Medicaid providers.—Subject to  
1855 specific appropriations, the agency shall reimburse Medicaid  
1856 providers, in accordance with state and federal law, according  
1857 to methodologies set forth in the rules of the agency and in  
1858 policy manuals and handbooks incorporated by reference therein.  
1859 These methodologies may include fee schedules, reimbursement  
1860 methods based on cost reporting, negotiated fees, competitive  
1861 bidding pursuant to s. 287.057, and other mechanisms the agency  
1862 considers efficient and effective for purchasing services or  
1863 goods on behalf of recipients. If a provider is reimbursed based  
1864 on cost reporting and submits a cost report late and that cost  
1865 report would have been used to set a lower reimbursement rate  
1866 for a rate semester, then the provider's rate for that semester  
1867 shall be retroactively calculated using the new cost report, and  
1868 full payment at the recalculated rate shall be effected  
1869 retroactively. Medicare-granted extensions for filing cost  
1870 reports, if applicable, shall also apply to Medicaid cost  
1871 reports. Payment for Medicaid compensable services made on  
1872 behalf of Medicaid eligible persons is subject to the

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1873 availability of moneys and any limitations or directions  
1874 provided for in the General Appropriations Act or chapter 216.  
1875 Further, nothing in this section shall be construed to prevent  
1876 or limit the agency from adjusting fees, reimbursement rates,  
1877 lengths of stay, number of visits, or number of services, or  
1878 making any other adjustments necessary to comply with the  
1879 availability of moneys and any limitations or directions  
1880 provided for in the General Appropriations Act, provided the  
1881 adjustment is consistent with legislative intent.

1882 (3) Subject to any limitations or directions provided for  
1883 in the General Appropriations Act, the following Medicaid  
1884 services and goods may be reimbursed on a fee-for-service basis.  
1885 For each allowable service or goods furnished in accordance with  
1886 Medicaid rules, policy manuals, handbooks, and state and federal  
1887 law, the payment shall be the amount billed by the provider, the  
1888 provider's usual and customary charge, or the maximum allowable  
1889 fee established by the agency, whichever amount is less, with  
1890 the exception of those services or goods for which the agency  
1891 makes payment using a methodology based on capitation rates,  
1892 average costs, or negotiated fees.

1893 (a) Independent advanced practice registered nurse or  
1894 advanced practice registered nurse practitioner services.

1895 (7) A provider of family planning services shall be  
1896 reimbursed the lesser of the amount billed by the provider or an  
1897 all-inclusive amount per type of visit for physicians,  
1898 independent advanced practice registered nurses, and advanced



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1899 practice registered nurses ~~nurse practitioners~~, as established  
1900 by the agency in a fee schedule.

1901 Section 46. Subsection (2) of section 409.9081, Florida  
1902 Statutes, is amended to read:

1903 409.9081 Copayments.—

1904 (2) The agency shall, subject to federal regulations and  
1905 any directions or limitations provided for in the General  
1906 Appropriations Act, require copayments for the following  
1907 additional services: hospital inpatient, laboratory and X-ray  
1908 services, transportation services, home health care services,  
1909 community mental health services, rural health services,  
1910 federally qualified health clinic services, and independent  
1911 advanced practice registered nurse or advanced practice  
1912 registered nurse practitioner services. The agency may only  
1913 establish copayments for prescribed drugs or for any other  
1914 federally authorized service if such copayment is specifically  
1915 provided for in the General Appropriations Act or other law.

1916 Section 47. Paragraph (a) of subsection (1) of section  
1917 409.973, Florida Statutes, is amended to read:

1918 409.973 Benefits.—

1919 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
1920 minimum, the following services:

1921 (a) Independent advanced practice registered nurse and  
1922 advanced practice registered nurse practitioner services.

1923 Section 48. Subsections (2), (4), and (5) of section  
1924 429.26, Florida Statutes, are amended to read:



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1925 429.26 Appropriateness of placements; examinations of  
1926 residents.—

1927 (2) A physician, a physician assistant, an independent  
1928 advanced practice registered nurse, or an advanced practice  
1929 registered nurse practitioner who is employed by an assisted  
1930 living facility to provide an initial examination for admission  
1931 purposes may not have financial interest in the facility.

1932 (4) If possible, each resident shall have been examined by  
1933 a licensed physician, a licensed physician assistant, a  
1934 registered independent advanced practice registered nurse, or a  
1935 certified advanced practice registered licensed nurse  
1936 practitioner within 60 days before admission to the facility.  
1937 The signed and completed medical examination report shall be  
1938 submitted to the owner or administrator of the facility who  
1939 shall use the information contained therein to assist in the  
1940 determination of the appropriateness of the resident's admission  
1941 and continued stay in the facility. The medical examination  
1942 report shall become a permanent part of the record of the  
1943 resident at the facility and shall be made available to the  
1944 agency during inspection or upon request. An assessment that has  
1945 been completed through the Comprehensive Assessment and Review  
1946 for Long-Term Care Services (CARES) Program fulfills the  
1947 requirements for a medical examination under this subsection and  
1948 s. 429.07(3)(b)6.

1949 (5) Except as provided in s. 429.07, if a medical  
1950 examination has not been completed within 60 days before the



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1951 admission of the resident to the facility, a licensed physician,  
1952 licensed physician assistant, registered independent advanced  
1953 practice registered nurse, or certified advanced practice  
1954 registered licensed nurse practitioner shall examine the  
1955 resident and complete a medical examination form provided by the  
1956 agency within 30 days following the admission to the facility to  
1957 enable the facility owner or administrator to determine the  
1958 appropriateness of the admission. The medical examination form  
1959 shall become a permanent part of the record of the resident at  
1960 the facility and shall be made available to the agency during  
1961 inspection by the agency or upon request.

1962 Section 49. Paragraph (a) of subsection (2) and paragraph  
1963 (a) of subsection (7) of section 429.918, Florida Statutes, are  
1964 amended to read:

1965 429.918 Licensure designation as a specialized Alzheimer's  
1966 services adult day care center.—

1967 (2) As used in this section, the term:

1968 (a) "ADRD participant" means a participant who has a  
1969 documented diagnosis of Alzheimer's disease or a dementia-  
1970 related disorder (ADRD) from a licensed physician, licensed  
1971 physician assistant, registered independent advanced practice  
1972 registered nurse, or certified a licensed advanced practice  
1973 registered nurse practitioner.

1974 (7) (a) An ADRD participant admitted to an adult day care  
1975 center having a license designated under this section, or the  
1976 caregiver when applicable, must:



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- 1977 1. Require ongoing supervision to maintain the highest  
1978 level of medical or custodial functioning and have a  
1979 demonstrated need for a responsible party to oversee his or her  
1980 care.
- 1981 2. Not actively demonstrate aggressive behavior that  
1982 places himself, herself, or others at risk of harm.
- 1983 3. Provide the following medical documentation signed by a  
1984 licensed physician, licensed physician assistant, registered  
1985 independent advanced practice registered nurse, or certified a  
1986 licensed advanced practice registered nurse practitioner:
- 1987 a. Any physical, health, or emotional conditions that  
1988 require medical care.
- 1989 b. A listing of the ADRD participant's current prescribed  
1990 and over-the-counter medications and dosages, diet restrictions,  
1991 mobility restrictions, and other physical limitations.
- 1992 4. Provide documentation signed by a health care provider  
1993 licensed in this state which indicates that the ADRD participant  
1994 is free of the communicable form of tuberculosis and free of  
1995 signs and symptoms of other communicable diseases.
- 1996 Section 50. Paragraph (e) of subsection (5) of section  
1997 440.102, Florida Statutes, is amended to read:
- 1998 440.102 Drug-free workplace program requirements.—The  
1999 following provisions apply to a drug-free workplace program  
2000 implemented pursuant to law or to rules adopted by the Agency  
2001 for Health Care Administration:

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2002 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
2003 collection and testing for drugs under this section shall be  
2004 performed in accordance with the following procedures:

2005 (e) A specimen for a drug test may be taken or collected  
2006 by any of the following persons:

2007 1. A physician, a physician assistant, an independent  
2008 advanced practice registered nurse, an advanced practice  
2009 registered nurse, a registered ~~professional~~ nurse, a licensed  
2010 practical nurse, or a ~~nurse practitioner~~ or a certified  
2011 paramedic who is present at the scene of an accident for the  
2012 purpose of rendering emergency medical service or treatment.

2013 2. A qualified person employed by a licensed or certified  
2014 laboratory as described in subsection (9).

2015 Section 51. Subsection (2) and paragraph (d) of subsection  
2016 (4) of section 456.0391, Florida Statutes, are amended to read:

2017 456.0391 Advanced practice registered nurses ~~nurse~~  
2018 ~~practitioners~~; information required for certification.—

2019 (2) The Department of Health shall send a notice to each  
2020 person certified under s. 464.012 at the certificateholder's  
2021 last known address of record regarding the requirements for  
2022 information to be submitted by advanced practice registered  
2023 nurses ~~nurse practitioners~~ pursuant to this section in  
2024 conjunction with the renewal of such certificate.

2025 (4)

2026 (d) Any applicant for initial certification or renewal of  
2027 certification as an advanced practice registered nurse



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2028 ~~practitioner~~ who submits to the Department of Health a set of  
2029 fingerprints and information required for the criminal history  
2030 check required under this section shall not be required to  
2031 provide a subsequent set of fingerprints or other duplicate  
2032 information required for a criminal history check to the Agency  
2033 for Health Care Administration, the Department of Juvenile  
2034 Justice, or the Department of Children and Families for  
2035 employment or licensure with such agency or department, if the  
2036 applicant has undergone a criminal history check as a condition  
2037 of initial certification or renewal of certification as an  
2038 advanced practice registered nurse ~~practitioner~~ with the  
2039 Department of Health, notwithstanding any other provision of law  
2040 to the contrary. In lieu of such duplicate submission, the  
2041 Agency for Health Care Administration, the Department of  
2042 Juvenile Justice, and the Department of Children and Families  
2043 shall obtain criminal history information for employment or  
2044 licensure of persons certified under s. 464.012 by such agency  
2045 or department from the Department of Health's health care  
2046 practitioner credentialing system.

2047 Section 52. Subsection (2) of section 456.0392, Florida  
2048 Statutes, is amended to read:

2049 456.0392 Prescription labeling.—

2050 (2) A prescription for a drug ~~that is not listed as a~~  
2051 ~~controlled substance in chapter 893~~ which is written by an  
2052 advanced practice registered nurse ~~practitioner~~ certified under  
2053 s. 464.012 is presumed, subject to rebuttal, to be valid and



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2054 within the parameters of the prescriptive authority delegated by  
2055 a practitioner licensed under chapter 458, chapter 459, or  
2056 chapter 466.

2057 Section 53. Paragraph (a) of subsection (1) and subsection  
2058 (6) of section 456.041, Florida Statutes, are amended to read:

2059 456.041 Practitioner profile; creation.—

2060 (1)(a) The Department of Health shall compile the  
2061 information submitted pursuant to s. 456.039 into a practitioner  
2062 profile of the applicant submitting the information, except that  
2063 the Department of Health shall develop a format to compile  
2064 uniformly any information submitted under s. 456.039(4)(b).  
2065 Beginning July 1, 2001, the Department of Health may compile the  
2066 information submitted pursuant to s. 456.0391 into a  
2067 practitioner profile of the applicant submitting the  
2068 information. The protocol submitted pursuant to s. 464.012(3)  
2069 must be included in the practitioner profile of the advanced  
2070 practice registered nurse ~~practitioner~~.

2071 (6) The Department of Health shall provide in each  
2072 practitioner profile for every physician or advanced practice  
2073 registered nurse ~~practitioner~~ terminated for cause from  
2074 participating in the Medicaid program, pursuant to s. 409.913,  
2075 or sanctioned by the Medicaid program a statement that the  
2076 practitioner has been terminated from participating in the  
2077 Florida Medicaid program or sanctioned by the Medicaid program.



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2078 Section 54. Subsection (1) and paragraphs (a), (d), and  
2079 (e) of subsection (2) of section 456.048, Florida Statutes, are  
2080 amended to read:

2081 456.048 Financial responsibility requirements for certain  
2082 health care practitioners.—

2083 (1) As a prerequisite for licensure or license renewal,  
2084 the Board of Acupuncture, the Board of Chiropractic Medicine,  
2085 the Board of Podiatric Medicine, and the Board of Dentistry  
2086 shall, by rule, require that all health care practitioners  
2087 licensed under the respective board, and the Board of Medicine  
2088 and the Board of Osteopathic Medicine shall, by rule, require  
2089 that all anesthesiologist assistants licensed pursuant to s.  
2090 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,  
2091 require that independent advanced practice registered nurses  
2092 registered under s. 464.0125 and advanced practice registered  
2093 nurses ~~nurse practitioners~~ certified under s. 464.012, and the  
2094 department shall, by rule, require that midwives maintain  
2095 medical malpractice insurance or provide proof of financial  
2096 responsibility in an amount and in a manner determined by the  
2097 board or department to be sufficient to cover claims arising out  
2098 of the rendering of or failure to render professional care and  
2099 services in this state.

2100 (2) The board or department may grant exemptions upon  
2101 application by practitioners meeting any of the following  
2102 criteria:



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2103 (a) Any person licensed under chapter 457, s. 458.3475, s.  
2104 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125,  
2105 chapter 466, or chapter 467 who practices exclusively as an  
2106 officer, employee, or agent of the Federal Government or of the  
2107 state or its agencies or its subdivisions. For the purposes of  
2108 this subsection, an agent of the state, its agencies, or its  
2109 subdivisions is a person who is eligible for coverage under any  
2110 self-insurance or insurance program authorized by the provisions  
2111 of s. 768.28(16) or who is a volunteer under s. 110.501(1).

2112 (d) Any person licensed or certified under chapter 457, s.  
2113 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s.  
2114 464.0125, chapter 466, or chapter 467 who practices only in  
2115 conjunction with his or her teaching duties at an accredited  
2116 school or in its main teaching hospitals. Such person may engage  
2117 in the practice of medicine to the extent that such practice is  
2118 incidental to and a necessary part of duties in connection with  
2119 the teaching position in the school.

2120 (e) Any person holding an active license or certification  
2121 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter  
2122 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is  
2123 not practicing in this state. If such person initiates or  
2124 resumes practice in this state, he or she must notify the  
2125 department of such activity.

2126 Section 55. Paragraphs (a), (i), (o), and (r) of  
2127 subsection (3) and paragraph (g) of subsection (5) of section  
2128 456.053, Florida Statutes, are amended to read:



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2129 456.053 Financial arrangements between referring health  
2130 care providers and providers of health care services.-

2131 (3) DEFINITIONS.-For the purpose of this section, the  
2132 word, phrase, or term:

2133 (a) "Board" means any of the following boards relating to  
2134 the respective professions: the Board of Medicine as created in  
2135 s. 458.307; the Board of Osteopathic Medicine as created in s.  
2136 459.004; the Board of Chiropractic Medicine as created in s.  
2137 460.404; the Board of Podiatric Medicine as created in s.  
2138 461.004; the Board of Optometry as created in s. 463.003; the  
2139 Board of Pharmacy as created in s. 465.004; ~~and~~ the Board of  
2140 Dentistry as created in s. 466.004; and the Board of Nursing as  
2141 created in s. 464.004.

2142 (i) "Health care provider" means a any physician licensed  
2143 under chapter 458, chapter 459, chapter 460, or chapter 461; an  
2144 independent advanced practice registered nurse registered under  
2145 s. 464.0125;~~7~~ or a any health care provider licensed under  
2146 chapter 463 or chapter 466.

2147 (o) "Referral" means any referral of a patient by a health  
2148 care provider for health care services, including, without  
2149 limitation:

2150 1. The forwarding of a patient by a health care provider  
2151 to another health care provider or to an entity which provides  
2152 or supplies designated health services or any other health care  
2153 item or service; or



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2154 2. The request or establishment of a plan of care by a  
2155 health care provider, which includes the provision of designated  
2156 health services or other health care item or service.

2157 3. The following orders, recommendations, or plans of care  
2158 shall not constitute a referral by a health care provider:

2159 a. By a radiologist for diagnostic-imaging services.

2160 b. By a physician specializing in the provision of  
2161 radiation therapy services for such services.

2162 c. By a medical oncologist for drugs and solutions to be  
2163 prepared and administered intravenously to such oncologist's  
2164 patient, as well as for the supplies and equipment used in  
2165 connection therewith to treat such patient for cancer and the  
2166 complications thereof.

2167 d. By a cardiologist for cardiac catheterization services.

2168 e. By a pathologist for diagnostic clinical laboratory  
2169 tests and pathological examination services, if furnished by or  
2170 under the supervision of such pathologist pursuant to a  
2171 consultation requested by another physician.

2172 f. By a health care provider who is the sole provider or  
2173 member of a group practice for designated health services or  
2174 other health care items or services that are prescribed or  
2175 provided solely for such referring health care provider's or  
2176 group practice's own patients, and that are provided or  
2177 performed by or under the direct supervision of such referring  
2178 health care provider or group practice; provided, however, ~~that~~  
2179 ~~effective July 1, 1999,~~ a physician licensed pursuant to chapter

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2180 458, chapter 459, chapter 460, or chapter 461 or an independent  
2181 advanced practice registered nurse registered under s. 464.0125  
2182 may refer a patient to a sole provider or group practice for  
2183 diagnostic imaging services, excluding radiation therapy  
2184 services, for which the sole provider or group practice billed  
2185 both the technical and the professional fee for or on behalf of  
2186 the patient, if the referring physician or independent advanced  
2187 practice registered nurse has no investment interest in the  
2188 practice. The diagnostic imaging service referred to a group  
2189 practice or sole provider must be a diagnostic imaging service  
2190 normally provided within the scope of practice to the patients  
2191 of the group practice or sole provider. The group practice or  
2192 sole provider may accept no more than 15 percent of their  
2193 patients receiving diagnostic imaging services from outside  
2194 referrals, excluding radiation therapy services.

2195 g. By a health care provider for services provided by an  
2196 ambulatory surgical center licensed under chapter 395.

2197 h. By a urologist for lithotripsy services.

2198 i. By a dentist for dental services performed by an  
2199 employee of or health care provider who is an independent  
2200 contractor with the dentist or group practice of which the  
2201 dentist is a member.

2202 j. By a physician for infusion therapy services to a  
2203 patient of that physician or a member of that physician's group  
2204 practice.





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2205 k. By a nephrologist for renal dialysis services and  
2206 supplies, except laboratory services.

2207 l. By a health care provider whose principal professional  
2208 practice consists of treating patients in their private  
2209 residences for services to be rendered in such private  
2210 residences, except for services rendered by a home health agency  
2211 licensed under chapter 400. For purposes of this sub-  
2212 subparagraph, the term "private residences" includes patients'  
2213 private homes, independent living centers, and assisted living  
2214 facilities, but does not include skilled nursing facilities.

2215 m. By a health care provider for sleep-related testing.

2216 (r) "Sole provider" means one health care provider  
2217 licensed under chapter 458, chapter 459, chapter 460, ~~or~~ chapter  
2218 461, or s. 464.0125, who maintains a separate medical office and  
2219 a medical practice separate from any other health care provider  
2220 and who bills for his or her services separately from the  
2221 services provided by any other health care provider. A sole  
2222 provider shall not share overhead expenses or professional  
2223 income with any other person or group practice.

2224 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
2225 provided in this section:

2226 (g) A violation of this section by a health care provider  
2227 shall constitute grounds for disciplinary action to be taken by  
2228 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
2229 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.



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2230 466.028(2). Any hospital licensed under chapter 395 found in  
2231 violation of this section shall be subject to s. 395.0185(2).

2232 Section 56. Subsection (7) of section 456.072, Florida  
2233 Statutes, is amended to read:

2234 456.072 Grounds for discipline; penalties; enforcement.—

2235 (7) Notwithstanding subsection (2), upon a finding that a  
2236 physician, a physician assistant, an independent advanced  
2237 practice registered nurse, or an advanced practice registered  
2238 nurse has prescribed or dispensed a controlled substance, or  
2239 caused a controlled substance to be prescribed or dispensed, in  
2240 a manner that violates the standard of practice set forth in s.  
2241 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
2242 or (s), s. 464.018(1)(p), or s. 466.028(1)(p) or (x), the  
2243 practitioner physician shall be suspended for a period of at  
2244 least not less than 6 months and pay a fine of at least not less  
2245 than \$10,000 per count. Repeated violations shall result in  
2246 increased penalties.

2247 Section 57. Paragraph (a) of subsection (2) and subsection  
2248 (3) of section 456.44, Florida Statutes, are amended to read:

2249 456.44 Controlled substance prescribing.—

2250 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician  
2251 licensed under chapter 458, chapter 459, chapter 461, or chapter  
2252 466; a physician assistant licensed under chapter 458 or chapter  
2253 459; or an independent advanced practice registered nurse  
2254 registered, or an advanced practice registered nurse certified,  
2255 under part I of chapter 464, who prescribes any controlled



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2256 substance, listed in Schedule II, Schedule III, or Schedule IV  
2257 as defined in s. 893.03, for the treatment of chronic  
2258 nonmalignant pain, must:

2259 (a) Designate himself or herself as a controlled substance  
2260 prescribing practitioner on the practitioner's ~~physician's~~  
2261 ~~practitioner~~ profile.

2262 (3) STANDARDS OF PRACTICE.—The standards of practice in  
2263 this section do not supersede the level of care, skill, and  
2264 treatment recognized in general law related to health care  
2265 licensure.

2266 (a) A complete medical history and a physical examination  
2267 must be conducted before beginning any treatment and must be  
2268 documented in the medical record. The exact components of the  
2269 physical examination shall be left to the judgment of the  
2270 clinician who is expected to perform a physical examination  
2271 proportionate to the diagnosis that justifies a treatment. The  
2272 medical record must, at a minimum, document the nature and  
2273 intensity of the pain, current and past treatments for pain,  
2274 underlying or coexisting diseases or conditions, the effect of  
2275 the pain on physical and psychological function, a review of  
2276 previous medical records, previous diagnostic studies, and  
2277 history of alcohol and substance abuse. The medical record shall  
2278 also document the presence of one or more recognized medical  
2279 indications for the use of a controlled substance. Each  
2280 registrant must develop a written plan for assessing each  
2281 patient's risk of aberrant drug-related behavior, which may

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2282 include patient drug testing. Registrants must assess each  
2283 patient's risk for aberrant drug-related behavior and monitor  
2284 that risk on an ongoing basis in accordance with the plan.

2285 (b) Each registrant must develop a written individualized  
2286 treatment plan for each patient. The treatment plan shall state  
2287 objectives that will be used to determine treatment success,  
2288 such as pain relief and improved physical and psychosocial  
2289 function, and shall indicate if any further diagnostic  
2290 evaluations or other treatments are planned. After treatment  
2291 begins, the practitioner ~~physician~~ shall adjust drug therapy to  
2292 the individual medical needs of each patient. Other treatment  
2293 modalities, including a rehabilitation program, shall be  
2294 considered depending on the etiology of the pain and the extent  
2295 to which the pain is associated with physical and psychosocial  
2296 impairment. The interdisciplinary nature of the treatment plan  
2297 shall be documented.

2298 (c) The practitioner ~~physician~~ shall discuss the risks and  
2299 benefits of the use of controlled substances, including the  
2300 risks of abuse and addiction, as well as physical dependence and  
2301 its consequences, with the patient, persons designated by the  
2302 patient, or the patient's surrogate or guardian if the patient  
2303 is incompetent. The practitioner ~~physician~~ shall use a written  
2304 controlled substance agreement between the practitioner  
2305 ~~physician~~ and the patient outlining the patient's  
2306 responsibilities, including, but not limited to:



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- 2307 1. Number and frequency of controlled substance  
2308 prescriptions and refills.
- 2309 2. Patient compliance and reasons for which drug therapy  
2310 may be discontinued, such as a violation of the agreement.
- 2311 3. An agreement that controlled substances for the  
2312 treatment of chronic nonmalignant pain shall be prescribed by a  
2313 single treating practitioner ~~physician~~ unless otherwise  
2314 authorized by the treating practitioner ~~physician~~ and documented  
2315 in the medical record.
- 2316 (d) The patient shall be seen by the practitioner  
2317 ~~physician~~ at regular intervals, not to exceed 3 months, to  
2318 assess the efficacy of treatment, ensure that controlled  
2319 substance therapy remains indicated, evaluate the patient's  
2320 progress toward treatment objectives, consider adverse drug  
2321 effects, and review the etiology of the pain. Continuation or  
2322 modification of therapy shall depend on the practitioner's  
2323 ~~physician's~~ evaluation of the patient's progress. If treatment  
2324 goals are not being achieved, despite medication adjustments,  
2325 the practitioner ~~physician~~ shall reevaluate the appropriateness  
2326 of continued treatment. The practitioner ~~physician~~ shall monitor  
2327 patient compliance in medication usage, related treatment plans,  
2328 controlled substance agreements, and indications of substance  
2329 abuse or diversion at a minimum of 3-month intervals.
- 2330 (e) The practitioner ~~physician~~ shall refer the patient as  
2331 necessary for additional evaluation and treatment in order to  
2332 achieve treatment objectives. Special attention shall be given



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2333 to those patients who are at risk for misusing their medications  
2334 and those whose living arrangements pose a risk for medication  
2335 misuse or diversion. The management of pain in patients with a  
2336 history of substance abuse or with a comorbid psychiatric  
2337 disorder requires extra care, monitoring, and documentation and  
2338 requires consultation with or referral to an addiction medicine  
2339 specialist or psychiatrist.

2340 (f) A practitioner ~~physician~~ registered under this section  
2341 must maintain accurate, current, and complete records that are  
2342 accessible and readily available for review and comply with the  
2343 requirements of this section, the applicable practice act, and  
2344 applicable board rules. The medical records must include, but  
2345 are not limited to:

- 2346 1. The complete medical history and a physical  
2347 examination, including history of drug abuse or dependence.
- 2348 2. Diagnostic, therapeutic, and laboratory results.
- 2349 3. Evaluations and consultations.
- 2350 4. Treatment objectives.
- 2351 5. Discussion of risks and benefits.
- 2352 6. Treatments.
- 2353 7. Medications, including date, type, dosage, and quantity  
2354 prescribed.
- 2355 8. Instructions and agreements.
- 2356 9. Periodic reviews.
- 2357 10. Results of any drug testing.



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2358 11. A photocopy of the patient's government-issued photo  
2359 identification.

2360 12. If a written prescription for a controlled substance  
2361 is given to the patient, a duplicate of the prescription.

2362 13. The practitioner's ~~physician's~~ full name presented in  
2363 a legible manner.

2364 (g) Patients with signs or symptoms of substance abuse  
2365 shall be immediately referred to a board-certified pain  
2366 management physician, an addiction medicine specialist, or a  
2367 mental health addiction facility as it pertains to drug abuse or  
2368 addiction unless the practitioner is a physician who is board-  
2369 certified or board-eligible in pain management. Throughout the  
2370 period of time before receiving the consultant's report, a  
2371 prescribing practitioner ~~physician~~ shall clearly and completely  
2372 document medical justification for continued treatment with  
2373 controlled substances and those steps taken to ensure medically  
2374 appropriate use of controlled substances by the patient. Upon  
2375 receipt of the consultant's written report, the prescribing  
2376 practitioner ~~physician~~ shall incorporate the consultant's  
2377 recommendations for continuing, modifying, or discontinuing  
2378 controlled substance therapy. The resulting changes in treatment  
2379 shall be specifically documented in the patient's medical  
2380 record. Evidence or behavioral indications of diversion shall be  
2381 followed by discontinuation of controlled substance therapy, and  
2382 the patient shall be discharged, and all results of testing and



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2383 actions taken by the practitioner ~~physician~~ shall be documented  
2384 in the patient's medical record.

2385  
2386 This subsection does not apply to a board-eligible or board-  
2387 certified anesthesiologist, physiatrist, rheumatologist, or  
2388 neurologist, or to a board-certified physician who has surgical  
2389 privileges at a hospital or ambulatory surgery center and  
2390 primarily provides surgical services. This subsection does not  
2391 apply to a board-eligible or board-certified medical specialist  
2392 who has also completed a fellowship in pain medicine approved by  
2393 the Accreditation Council for Graduate Medical Education or the  
2394 American Osteopathic Association, or who is board eligible or  
2395 board certified in pain medicine by the American Board of Pain  
2396 Medicine or a board approved by the American Board of Medical  
2397 Specialties or the American Osteopathic Association and performs  
2398 interventional pain procedures of the type routinely billed  
2399 using surgical codes. This subsection does not apply to a  
2400 practitioner ~~physician~~ who prescribes medically necessary  
2401 controlled substances for a patient during an inpatient stay in  
2402 a hospital licensed under chapter 395.

2403 Section 58. Paragraph (c) of subsection (2) of section  
2404 458.3265, Florida Statutes, is amended to read:

2405 458.3265 Pain-management clinics.—

2406 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
2407 apply to any physician who provides professional services in a





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2408 pain-management clinic that is required to be registered in  
2409 subsection (1).

2410 (c) A physician, a physician assistant, an independent  
2411 advanced practice registered nurse, or an advanced practice  
2412 registered nurse practitioner must perform a physical  
2413 examination of a patient on the same day that the physician  
2414 prescribes a controlled substance to a patient at a pain-  
2415 management clinic. If the physician prescribes more than a 72-  
2416 hour dose of controlled substances for the treatment of chronic  
2417 nonmalignant pain, the physician must document in the patient's  
2418 record the reason for prescribing that quantity.

2419 Section 59. Paragraph (dd) of subsection (1) of section  
2420 458.331, Florida Statutes, is amended to read:

2421 458.331 Grounds for disciplinary action; action by the  
2422 board and department.—

2423 (1) The following acts constitute grounds for denial of a  
2424 license or disciplinary action, as specified in s. 456.072(2):

2425 (dd) Failing to supervise adequately the activities of  
2426 those physician assistants, paramedics, emergency medical  
2427 technicians, advanced practice registered nurses ~~nurse~~  
2428 ~~practitioners~~, or anesthesiologist assistants acting under the  
2429 supervision of the physician.

2430 Section 60. Paragraph (f) of subsection (4) of section  
2431 458.347, Florida Statutes, is amended to read:

2432 458.347 Physician assistants.—

2433 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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2434 (f)1. The council shall establish a formulary of medicinal  
2435 drugs that a fully licensed physician assistant having  
2436 prescribing authority under this section or s. 459.022 may not  
2437 prescribe. The formulary must include ~~controlled substances as~~  
2438 ~~defined in chapter 893,~~ general anesthetics, and radiographic  
2439 contrast materials.

2440 2. In establishing the formulary, the council shall  
2441 consult with a pharmacist licensed under chapter 465, but not  
2442 licensed under this chapter or chapter 459, who shall be  
2443 selected by the State Surgeon General.

2444 3. Only the council shall add to, delete from, or modify  
2445 the formulary. Any person who requests an addition, deletion, or  
2446 modification of a medicinal drug listed on such formulary has  
2447 the burden of proof to show cause why such addition, deletion,  
2448 or modification should be made.

2449 4. The boards shall adopt the formulary required by this  
2450 paragraph, and each addition, deletion, or modification to the  
2451 formulary, by rule. Notwithstanding any provision of chapter 120  
2452 to the contrary, the formulary rule shall be effective 60 days  
2453 after the date it is filed with the Secretary of State. Upon  
2454 adoption of the formulary, the department shall mail a copy of  
2455 such formulary to each fully licensed physician assistant having  
2456 prescribing authority under this section or s. 459.022, and to  
2457 each pharmacy licensed by the state. The boards shall establish,  
2458 by rule, a fee not to exceed \$200 to fund the provisions of this  
2459 paragraph and paragraph (e).



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2460 Section 61. Paragraph (a) of subsection (1) and  
2461 subsections (2) and (4) of section 458.348, Florida Statutes,  
2462 are amended to read:

2463 458.348 Formal supervisory relationships, standing orders,  
2464 and established protocols; notice; standards.—

2465 (1) NOTICE.—

2466 (a) When a physician enters into a formal supervisory  
2467 relationship or standing orders with an emergency medical  
2468 technician or paramedic licensed pursuant to s. 401.27, which  
2469 relationship or orders contemplate the performance of medical  
2470 acts, or when a physician enters into an established protocol  
2471 with an advanced practice registered nurse ~~practitioner~~, which  
2472 protocol contemplates the performance of medical acts identified  
2473 and approved by the joint committee pursuant to s. 464.003(2) or  
2474 acts set forth in s. 464.012(3) and (4), the physician shall  
2475 submit notice to the board. The notice shall contain a statement  
2476 in substantially the following form:

2477 I, ...(name and professional license number of  
2478 physician)..., of ...(address of physician)... have hereby  
2479 entered into a formal supervisory relationship, standing orders,  
2480 or an established protocol with ...(number of persons)...  
2481 emergency medical technician(s), ...(number of persons)...  
2482 paramedic(s), or ...(number of persons)... advanced practice  
2483 registered nurse(s) ~~nurse-practitioner(s)~~.

2484 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
2485 joint committee created under s. 464.003(2) shall determine



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2486 minimum standards for the content of established protocols  
2487 pursuant to which an advanced practice registered nurse  
2488 ~~practitioner~~ may perform medical acts identified and approved by  
2489 the joint committee pursuant to s. 464.003(2) or acts set forth  
2490 in s. 464.012(3) and (4) and shall determine minimum standards  
2491 for supervision of such acts by the physician, unless the joint  
2492 committee determines that any act set forth in s. 464.012(3) or  
2493 (4) is not a medical act. Such standards shall be based on risk  
2494 to the patient and acceptable standards of medical care and  
2495 shall take into account the special problems of medically  
2496 underserved areas. The standards developed by the joint  
2497 committee shall be adopted as rules by the Board of Nursing and  
2498 the Board of Medicine for purposes of carrying out their  
2499 responsibilities pursuant to part I of chapter 464 and this  
2500 chapter, respectively, but neither board shall have disciplinary  
2501 powers over the licensees of the other board.

2502 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—  
2503 A physician who supervises an advanced practice registered nurse  
2504 ~~practitioner~~ or physician assistant at a medical office other  
2505 than the physician's primary practice location, where the  
2506 advanced practice registered nurse ~~practitioner~~ or physician  
2507 assistant is not under the onsite supervision of a supervising  
2508 physician, must comply with the standards set forth in this  
2509 subsection. For the purpose of this subsection, a physician's  
2510 "primary practice location" means the address reflected on the  
2511 physician's profile published pursuant to s. 456.041.

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2512 (a) A physician who is engaged in providing primary health  
2513 care services may not supervise more than four offices in  
2514 addition to the physician's primary practice location. For the  
2515 purpose of this subsection, "primary health care" means health  
2516 care services that are commonly provided to patients without  
2517 referral from another practitioner, including obstetrical and  
2518 gynecological services, and excludes practices providing  
2519 primarily dermatologic and skin care services, which include  
2520 aesthetic skin care services.

2521 (b) A physician who is engaged in providing specialty  
2522 health care services may not supervise more than two offices in  
2523 addition to the physician's primary practice location. For the  
2524 purpose of this subsection, "specialty health care" means health  
2525 care services that are commonly provided to patients with a  
2526 referral from another practitioner and excludes practices  
2527 providing primarily dermatologic and skin care services, which  
2528 include aesthetic skin care services.

2529 (c) A physician who supervises an advanced practice  
2530 registered nurse ~~practitioner~~ or physician assistant at a  
2531 medical office other than the physician's primary practice  
2532 location, where the advanced practice registered nurse  
2533 ~~practitioner~~ or physician assistant is not under the onsite  
2534 supervision of a supervising physician and the services offered  
2535 at the office are primarily dermatologic or skin care services,  
2536 which include aesthetic skin care services other than plastic  
2537 surgery, must comply with the standards listed in subparagraphs



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2538 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician  
2539 supervising a physician assistant pursuant to this paragraph may  
2540 not be required to review and cosign charts or medical records  
2541 prepared by such physician assistant.

2542 1. The physician shall submit to the board the addresses  
2543 of all offices where the physician ~~he or she~~ is supervising an  
2544 advanced practice registered nurse ~~practitioner~~ or a physician  
2545 ~~physician's~~ assistant which are not the physician's primary  
2546 practice location.

2547 2. The physician must be board certified or board eligible  
2548 in dermatology or plastic surgery as recognized by the board  
2549 pursuant to s. 458.3312.

2550 3. All such offices that are not the physician's primary  
2551 place of practice must be within 25 miles of the physician's  
2552 primary place of practice or in a county that is contiguous to  
2553 the county of the physician's primary place of practice.  
2554 However, the distance between any of the offices may not exceed  
2555 75 miles.

2556 4. The physician may supervise only one office other than  
2557 the physician's primary place of practice ~~except that until July~~  
2558 ~~1, 2011, the physician may supervise up to two medical offices~~  
2559 ~~other than the physician's primary place of practice if the~~  
2560 ~~addresses of the offices are submitted to the board before July~~  
2561 ~~1, 2006. Effective July 1, 2011, the physician may supervise~~  
2562 ~~only one office other than the physician's primary place of~~



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2563 ~~practice, regardless of when the addresses of the offices were~~  
2564 ~~submitted to the board.~~

2565 (d) A physician who supervises an office in addition to  
2566 the physician's primary practice location must conspicuously  
2567 post in each of the physician's offices a current schedule of  
2568 the regular hours when the physician is present in that office  
2569 and the hours when the office is open while the physician is not  
2570 present.

2571 (e) This subsection does not apply to health care services  
2572 provided in facilities licensed under chapter 395 or in  
2573 conjunction with a college of medicine, a college of nursing, an  
2574 accredited graduate medical program, or a nursing education  
2575 program; not-for-profit, family-planning clinics that are not  
2576 licensed pursuant to chapter 390; rural and federally qualified  
2577 health centers; health care services provided in a nursing home  
2578 licensed under part II of chapter 400, an assisted living  
2579 facility licensed under part I of chapter 429, a continuing care  
2580 facility licensed under chapter 651, or a retirement community  
2581 consisting of independent living units and a licensed nursing  
2582 home or assisted living facility; anesthesia services provided  
2583 in accordance with law; health care services provided in a  
2584 designated rural health clinic; health care services provided to  
2585 persons enrolled in a program designed to maintain elderly  
2586 persons and persons with disabilities in a home or community-  
2587 based setting; university primary care student health centers;  
2588 school health clinics; or health care services provided in

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2589 federal, state, or local government facilities. Subsection (3)  
2590 and this subsection do not apply to offices at which the  
2591 exclusive service being performed is laser hair removal by an  
2592 advanced practice registered nurse ~~practitioner~~ or physician  
2593 assistant.

2594 Section 62. Paragraph (c) of subsection (2) of section  
2595 459.0137, Florida Statutes, is amended to read:

2596 459.0137 Pain-management clinics.—

2597 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
2598 apply to any osteopathic physician who provides professional  
2599 services in a pain-management clinic that is required to be  
2600 registered in subsection (1).

2601 (c) An osteopathic physician, a physician assistant, an  
2602 independent advanced practice registered nurse, or an advanced  
2603 practice registered nurse ~~practitioner~~ must perform a physical  
2604 examination of a patient on the same day that the physician  
2605 prescribes a controlled substance to a patient at a pain-  
2606 management clinic. If the osteopathic physician prescribes more  
2607 than a 72-hour dose of controlled substances for the treatment  
2608 of chronic nonmalignant pain, the osteopathic physician must  
2609 document in the patient's record the reason for prescribing that  
2610 quantity.

2611 Section 63. Paragraph (hh) of subsection (1) of section  
2612 459.015, Florida Statutes, is amended to read:

2613 459.015 Grounds for disciplinary action; action by the  
2614 board and department.—

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2615 (1) The following acts constitute grounds for denial of a  
2616 license or disciplinary action, as specified in s. 456.072(2):

2617 (hh) Failing to supervise adequately the activities of  
2618 those physician assistants, paramedics, emergency medical  
2619 technicians, advanced practice registered nurses ~~nurse~~  
2620 ~~practitioners~~, anesthesiologist assistants, or other persons  
2621 acting under the supervision of the osteopathic physician.

2622 Section 64. Paragraph (a) of subsection (1) and subsection  
2623 (3) of section 459.025, Florida Statutes, are amended to read:

2624 459.025 Formal supervisory relationships, standing orders,  
2625 and established protocols; notice; standards.-

2626 (1) NOTICE.-

2627 (a) When an osteopathic physician enters into a formal  
2628 supervisory relationship or standing orders with an emergency  
2629 medical technician or paramedic licensed pursuant to s. 401.27,  
2630 which relationship or orders contemplate the performance of  
2631 medical acts, or when an osteopathic physician enters into an  
2632 established protocol with an advanced practice registered nurse  
2633 ~~practitioner~~, which protocol contemplates the performance of  
2634 medical acts identified and approved by the joint committee  
2635 pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and  
2636 (4), the osteopathic physician shall submit notice to the board.  
2637 The notice must contain a statement in substantially the  
2638 following form:

2639 I, ... (name and professional license number of osteopathic  
2640 physician) ..., of ... (address of osteopathic physician) ... have



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2641 hereby entered into a formal supervisory relationship, standing  
2642 orders, or an established protocol with ... (number of  
2643 persons) ... emergency medical technician(s), ... (number of  
2644 persons) ... paramedic(s), or ... (number of persons) ... advanced  
2645 practice registered nurse(s) ~~nurse practitioner(s)~~.

2646 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

2647 An osteopathic physician who supervises an advanced practice  
2648 registered nurse ~~practitioner~~ or physician assistant at a  
2649 medical office other than the osteopathic physician's primary  
2650 practice location, where the advanced practice registered nurse  
2651 ~~practitioner~~ or physician assistant is not under the onsite  
2652 supervision of a supervising osteopathic physician, must comply  
2653 with the standards set forth in this subsection. For the purpose  
2654 of this subsection, an osteopathic physician's "primary practice  
2655 location" means the address reflected on the physician's profile  
2656 published pursuant to s. 456.041.

2657 (a) An osteopathic physician who is engaged in providing  
2658 primary health care services may not supervise more than four  
2659 offices in addition to the osteopathic physician's primary  
2660 practice location. For the purpose of this subsection, "primary  
2661 health care" means health care services that are commonly  
2662 provided to patients without referral from another practitioner,  
2663 including obstetrical and gynecological services, and excludes  
2664 practices providing primarily dermatologic and skin care  
2665 services, which include aesthetic skin care services.



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2666 (b) An osteopathic physician who is engaged in providing  
2667 specialty health care services may not supervise more than two  
2668 offices in addition to the osteopathic physician's primary  
2669 practice location. For the purpose of this subsection,  
2670 "specialty health care" means health care services that are  
2671 commonly provided to patients with a referral from another  
2672 practitioner and excludes practices providing primarily  
2673 dermatologic and skin care services, which include aesthetic  
2674 skin care services.

2675 (c) An osteopathic physician who supervises an advanced  
2676 practice registered nurse ~~practitioner~~ or physician assistant at  
2677 a medical office other than the osteopathic physician's primary  
2678 practice location, where the advanced practice registered nurse  
2679 ~~practitioner~~ or physician assistant is not under the onsite  
2680 supervision of a supervising osteopathic physician and the  
2681 services offered at the office are primarily dermatologic or  
2682 skin care services, which include aesthetic skin care services  
2683 other than plastic surgery, must comply with the standards  
2684 listed in subparagraphs 1.-4. Notwithstanding s.  
2685 459.022(4)(e)6., an osteopathic physician supervising a  
2686 physician assistant pursuant to this paragraph may not be  
2687 required to review and cosign charts or medical records prepared  
2688 by such physician assistant.

2689 1. The osteopathic physician shall submit to the Board of  
2690 Osteopathic Medicine the addresses of all offices where the  
2691 osteopathic physician ~~he or she~~ is supervising or has a protocol



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2692 with an advanced practice registered nurse ~~practitioner~~ or a  
2693 physician ~~physician's~~ assistant which are not the osteopathic  
2694 physician's primary practice location.

2695 2. The osteopathic physician must be board certified or  
2696 board eligible in dermatology or plastic surgery as recognized  
2697 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

2698 3. All such offices that are not the osteopathic  
2699 physician's primary place of practice must be within 25 miles of  
2700 the osteopathic physician's primary place of practice or in a  
2701 county that is contiguous to the county of the osteopathic  
2702 physician's primary place of practice. However, the distance  
2703 between any of the offices may not exceed 75 miles.

2704 4. The osteopathic physician may supervise only one office  
2705 other than the osteopathic physician's primary place of practice  
2706 ~~except that until July 1, 2011, the osteopathic physician may~~  
2707 ~~supervise up to two medical offices other than the osteopathic~~  
2708 ~~physician's primary place of practice if the addresses of the~~  
2709 ~~offices are submitted to the Board of Osteopathic Medicine~~  
2710 ~~before July 1, 2006. Effective July 1, 2011, the osteopathic~~  
2711 ~~physician may supervise only one office other than the~~  
2712 ~~osteopathic physician's primary place of practice, regardless of~~  
2713 ~~when the addresses of the offices were submitted to the Board of~~  
2714 ~~Osteopathic Medicine.~~

2715 (d) An osteopathic physician who supervises an office in  
2716 addition to the osteopathic physician's primary practice  
2717 location must conspicuously post in each of the osteopathic



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2718 physician's offices a current schedule of the regular hours when  
2719 the osteopathic physician is present in that office and the  
2720 hours when the office is open while the osteopathic physician is  
2721 not present.

2722 (e) This subsection does not apply to health care services  
2723 provided in facilities licensed under chapter 395 or in  
2724 conjunction with a college of medicine or college of nursing or  
2725 an accredited graduate medical or nursing education program;  
2726 offices where the only service being performed is hair removal  
2727 by an advanced practice registered nurse ~~practitioner~~ or  
2728 physician assistant; not-for-profit, family-planning clinics  
2729 that are not licensed pursuant to chapter 390; rural and  
2730 federally qualified health centers; health care services  
2731 provided in a nursing home licensed under part II of chapter  
2732 400, an assisted living facility licensed under part I of  
2733 chapter 429, a continuing care facility licensed under chapter  
2734 651, or a retirement community consisting of independent living  
2735 units and either a licensed nursing home or assisted living  
2736 facility; anesthesia services provided in accordance with law;  
2737 health care services provided in a designated rural health  
2738 clinic; health care services provided to persons enrolled in a  
2739 program designed to maintain elderly persons and persons with  
2740 disabilities in a home or community-based setting; university  
2741 primary care student health centers; school health clinics; or  
2742 health care services provided in federal, state, or local  
2743 government facilities.

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2744 Section 65. Subsection (2) of section 464.004, Florida  
2745 Statutes, is amended to read:

2746 464.004 Board of Nursing; membership; appointment; terms.-

2747 (2) Seven members of the board must be registered nurses  
2748 who are residents of this state and who have been engaged in the  
2749 practice of professional nursing for at least 4 years, including  
2750 at least one advanced practice registered nurse ~~practitioner~~,  
2751 one nurse educator member of an approved program, and one nurse  
2752 executive. These seven board members should be representative of  
2753 the diverse areas of practice within the nursing profession. In  
2754 addition, three members of the board must be licensed practical  
2755 nurses who are residents of this state and who have been  
2756 actively engaged in the practice of practical nursing for at  
2757 least 4 years prior to their appointment. The remaining three  
2758 members must be residents of the state who have never been  
2759 licensed as nurses and who are in no way connected with the  
2760 practice of nursing. No person may be appointed as a lay member  
2761 who is in any way connected with, or has any financial interest  
2762 in, any health care facility, agency, or insurer. At least one  
2763 member of the board must be 60 years of age or older.

2764 Section 66. Paragraph (a) of subsection (4) of section  
2765 464.0205, Florida Statutes, is amended to read:

2766 464.0205 Retired volunteer nurse certificate.-

2767 (4) A retired volunteer nurse receiving certification from  
2768 the board shall:



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2769 (a) Work under the direct supervision of the director of a  
2770 county health department, a physician working under a limited  
2771 license issued pursuant to s. 458.317 or s. 459.0075, a  
2772 physician licensed under chapter 458 or chapter 459, an  
2773 independent advanced practice registered nurse registered under  
2774 s. 464.0125, an advanced practice registered nurse practitioner  
2775 certified under s. 464.012, or a registered nurse licensed under  
2776 s. 464.008 or s. 464.009.

2777 Section 67. Subsection (2) of section 467.003, Florida  
2778 Statutes, is amended to read:

2779 467.003 Definitions.—As used in this chapter, unless the  
2780 context otherwise requires:

2781 (2) "Certified nurse midwife" means a person who is  
2782 certified licensed as an advanced practice registered nurse  
2783 practitioner under part I of chapter 464 and who is certified to  
2784 practice midwifery by the American College of Nurse Midwives.

2785 Section 68. Paragraph (b) of subsection (1) of section  
2786 480.0475, Florida Statutes, is amended to read:

2787 480.0475 Massage establishments; prohibited practices.—

2788 (1) A person may not operate a massage establishment  
2789 between the hours of midnight and 5 a.m. This subsection does  
2790 not apply to a massage establishment:

2791 (b) In which every massage performed between the hours of  
2792 midnight and 5 a.m. is performed by a massage therapist acting  
2793 under the prescription of a physician or physician assistant  
2794 licensed under chapter 458, an osteopathic physician or



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2795 physician assistant licensed under chapter 459, a chiropractic  
2796 physician licensed under chapter 460, a podiatric physician  
2797 licensed under chapter 461, an independent advanced practice  
2798 registered nurse registered, or an advanced practice registered  
2799 nurse certified, practitioner licensed under part I of chapter  
2800 464, or a dentist licensed under chapter 466; or

2801 Section 69. Subsection (7) of section 483.041, Florida  
2802 Statutes, is amended to read:

2803 483.041 Definitions.—As used in this part, the term:

2804 (7) "Licensed practitioner" means a physician licensed  
2805 under chapter 458, chapter 459, chapter 460, or chapter 461; a  
2806 physician assistant licensed under chapter 458 or chapter 459; a  
2807 certified optometrist licensed under chapter 463; a dentist  
2808 licensed under chapter 466; a person licensed under chapter 462;  
2809 an independent advanced practice registered nurse registered, or  
2810 an advanced practice registered nurse certified, practitioner  
2811 licensed under part I of chapter 464; or a duly licensed  
2812 practitioner from another state licensed under similar statutes  
2813 who orders examinations on materials or specimens for  
2814 nonresidents of the State of Florida, but who reside in the same  
2815 state as the requesting licensed practitioner.

2816 Section 70. Subsection (5) of section 483.181, Florida  
2817 Statutes, is amended to read:

2818 483.181 Acceptance, collection, identification, and  
2819 examination of specimens.—





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2820 (5) A clinical laboratory licensed under this part must  
2821 accept a human specimen submitted for examination by a  
2822 practitioner licensed under chapter 458, chapter 459, chapter  
2823 460, chapter 461, chapter 462, chapter 463, s. 464.012, s.  
2824 464.0125, or chapter 466, if the specimen and test are the type  
2825 performed by the clinical laboratory. A clinical laboratory may  
2826 only refuse a specimen based upon a history of nonpayment for  
2827 services by the practitioner. A clinical laboratory shall not  
2828 charge different prices for tests based upon the chapter under  
2829 which a practitioner submitting a specimen for testing is  
2830 licensed.

2831 Section 71. Subsection (5) of section 483.801, Florida  
2832 Statutes, is amended to read:

2833 483.801 Exemptions.—This part applies to all clinical  
2834 laboratories and clinical laboratory personnel within this  
2835 state, except:

2836 (5) Advanced practice registered nurses certified nurse  
2837 ~~practitioners~~ licensed under part I of chapter 464 who perform  
2838 provider-performed microscopy procedures (PPMP) in an exclusive-  
2839 use laboratory setting.

2840 Section 72. Paragraph (a) of subsection (11) of section  
2841 486.021, Florida Statutes, is amended to read:

2842 486.021 Definitions.—In this chapter, unless the context  
2843 otherwise requires, the term:

2844 (11) "Practice of physical therapy" means the performance  
2845 of physical therapy assessments and the treatment of any



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2846 disability, injury, disease, or other health condition of human  
2847 beings, or the prevention of such disability, injury, disease,  
2848 or other condition of health, and rehabilitation as related  
2849 thereto by the use of the physical, chemical, and other  
2850 properties of air; electricity; exercise; massage; the  
2851 performance of acupuncture only upon compliance with the  
2852 criteria set forth by the Board of Medicine, when no penetration  
2853 of the skin occurs; the use of radiant energy, including  
2854 ultraviolet, visible, and infrared rays; ultrasound; water; the  
2855 use of apparatus and equipment in the application of the  
2856 foregoing or related thereto; the performance of tests of  
2857 neuromuscular functions as an aid to the diagnosis or treatment  
2858 of any human condition; or the performance of electromyography  
2859 as an aid to the diagnosis of any human condition only upon  
2860 compliance with the criteria set forth by the Board of Medicine.

2861 (a) A physical therapist may implement a plan of treatment  
2862 developed by the physical therapist for a patient or provided  
2863 for a patient by a practitioner of record or by an independent  
2864 advanced practice registered nurse registered under s. 464.0125  
2865 or an advanced practice registered nurse certified practitioner  
2866 ~~licensed~~ under s. 464.012. The physical therapist shall refer  
2867 the patient to or consult with a practitioner of record if the  
2868 patient's condition is found to be outside the scope of physical  
2869 therapy. If physical therapy treatment for a patient is required  
2870 beyond 21 days for a condition not previously assessed by a  
2871 practitioner of record, the physical therapist shall obtain a



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2872 practitioner of record who will review and sign the plan. For  
2873 purposes of this paragraph, a health care practitioner licensed  
2874 under chapter 458, chapter 459, chapter 460, chapter 461, or  
2875 chapter 466 and engaged in active practice is eligible to serve  
2876 as a practitioner of record.

2877 Section 73. Paragraph (d) of subsection (1) of section  
2878 490.012, Florida Statutes, is amended to read:

2879 490.012 Violations; penalties; injunction.—

2880 (1)

2881 (d) No person shall hold herself or himself out by any  
2882 title or description incorporating the word, or a permutation of  
2883 the word, "psychotherapy" unless such person holds a valid,  
2884 active license under chapter 458, chapter 459, chapter 490, or  
2885 chapter 491, or such person is registered as an independent  
2886 advanced practice registered nurse under s. 464.0125 or  
2887 certified as an advanced practice registered nurse under  
2888 practitioner, pursuant to s. 464.012 and, who has been  
2889 determined by the Board of Nursing to be as a specialist in  
2890 psychiatric mental health.

2891 Section 74. Subsection (1) of section 491.0057, Florida  
2892 Statutes, is amended to read:

2893 491.0057 Dual licensure as a marriage and family  
2894 therapist.—The department shall license as a marriage and family  
2895 therapist any person who demonstrates to the board that he or  
2896 she:



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2897 (1) Holds a valid, active license as a psychologist under  
2898 chapter 490 or as a clinical social worker or mental health  
2899 counselor under this chapter, or is registered under s. 464.0125  
2900 as an independent advanced practice registered nurse or  
2901 certified under s. 464.012 as an advanced practice registered  
2902 nurse and ~~practitioner who~~ has been determined by the Board of  
2903 Nursing to be as a specialist in psychiatric mental health.

2904 Section 75. Paragraph (d) of subsection (1) and subsection  
2905 (2) of section 491.012, Florida Statutes, are amended to read:

2906 491.012 Violations; penalty; injunction.-

2907 (1) It is unlawful and a violation of this chapter for any  
2908 person to:

2909 (d) Use the terms "psychotherapist," "sex therapist," or  
2910 "juvenile sexual offender therapist" unless such person is  
2911 licensed pursuant to this chapter or chapter 490, or is  
2912 registered under s. 464.0125 as an independent advanced practice  
2913 registered nurse or certified under s. 464.012 as an advanced  
2914 practice registered nurse and ~~practitioner who~~ has been  
2915 determined by the Board of Nursing to be as a specialist in  
2916 psychiatric mental health and the use of such terms is within  
2917 the scope of her or his practice based on education, training,  
2918 and licensure.

2919 (2) It is unlawful and a violation of this chapter for any  
2920 person to describe her or his services using the following terms  
2921 or any derivative thereof, unless such person holds a valid,  
2922 active license under this chapter or chapter 490, or is



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2923 | registered under s. 464.0125 as an independent advanced practice  
2924 | registered nurse or is certified under s. 464.012 as an advanced  
2925 | practice registered nurse and practitioner who has been  
2926 | determined by the Board of Nursing to be as a specialist in  
2927 | psychiatric mental health and the use of such terms is within  
2928 | the scope of her or his practice based on education, training,  
2929 | and licensure:

- 2930 |       (a) "Psychotherapy."  
2931 |       (b) "Sex therapy."  
2932 |       (c) "Sex counseling."  
2933 |       (d) "Clinical social work."  
2934 |       (e) "Psychiatric social work."  
2935 |       (f) "Marriage and family therapy."  
2936 |       (g) "Marriage and family counseling."  
2937 |       (h) "Marriage counseling."  
2938 |       (i) "Family counseling."  
2939 |       (j) "Mental health counseling."

2940 |       Section 76. Subsection (2) of section 493.6108, Florida  
2941 | Statutes, is amended to read:

2942 |       493.6108 Investigation of applicants by Department of  
2943 | Agriculture and Consumer Services.—

2944 |       (2) In addition to subsection (1), the department shall  
2945 | make an investigation of the general physical fitness of the  
2946 | Class "G" applicant to bear a weapon or firearm. Determination  
2947 | of physical fitness shall be certified by a physician or  
2948 | physician assistant currently licensed pursuant to chapter 458,



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2949 chapter 459, or any similar law of another state or authorized  
2950 to act as a licensed physician by a federal agency or  
2951 department, or by an independent advanced practice registered  
2952 nurse registered, or an advanced practice registered nurse  
2953 certified, under part I of ~~practitioner currently licensed~~  
2954 ~~pursuant to~~ chapter 464. Such certification shall be submitted  
2955 on a form provided by the department.

2956 Section 77. Subsection (1) of section 626.9707, Florida  
2957 Statutes, is amended to read:

2958 626.9707 Disability insurance; discrimination on basis of  
2959 sickle-cell trait prohibited.—

2960 (1) An ~~No~~ insurer authorized to transact insurance in this  
2961 state may not ~~shall~~ refuse to issue and deliver in this state  
2962 any policy of disability insurance, whether such policy is  
2963 defined as individual, group, blanket, franchise, industrial, or  
2964 otherwise, which is currently being issued for delivery in this  
2965 state and which affords benefits and coverage for any medical  
2966 treatment or service authorized and permitted to be furnished by  
2967 a hospital, a clinic, a health clinic, a neighborhood health  
2968 clinic, a health maintenance organization, a physician, a  
2969 physician ~~physician's~~ assistant, an independent advanced  
2970 practice registered nurse, an advanced practice registered nurse  
2971 ~~practitioner~~, or a medical service facility or personnel solely  
2972 because the person to be insured has the sickle-cell trait.

2973 Section 78. Paragraph (b) of subsection (1) of section  
2974 627.357, Florida Statutes, is amended to read:



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- 2975 627.357 Medical malpractice self-insurance.—
- 2976 (1) DEFINITIONS.—As used in this section, the term:
- 2977 (b) "Health care provider" means any:
- 2978 1. Hospital licensed under chapter 395.
- 2979 2. Physician licensed, or physician assistant licensed,
- 2980 under chapter 458.
- 2981 3. Osteopathic physician or physician assistant licensed
- 2982 under chapter 459.
- 2983 4. Podiatric physician licensed under chapter 461.
- 2984 5. Health maintenance organization certificated under part
- 2985 I of chapter 641.
- 2986 6. Ambulatory surgical center licensed under chapter 395.
- 2987 7. Chiropractic physician licensed under chapter 460.
- 2988 8. Psychologist licensed under chapter 490.
- 2989 9. Optometrist licensed under chapter 463.
- 2990 10. Dentist licensed under chapter 466.
- 2991 11. Pharmacist licensed under chapter 465.
- 2992 12. Registered nurse, licensed practical nurse,
- 2993 independent advanced practice registered nurse, or advanced
- 2994 practice registered nurse practitioner licensed, registered, or
- 2995 certified registered under part I of chapter 464.
- 2996 13. Other medical facility.
- 2997 14. Professional association, partnership, corporation,
- 2998 joint venture, or other association established by the
- 2999 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
- 3000 10., 11., and 12. for professional activity.

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3001 Section 79. Subsection (6) of section 627.6471, Florida  
3002 Statutes, is amended to read:

3003 627.6471 Contracts for reduced rates of payment;  
3004 limitations; coinsurance and deductibles.-

3005 (6) If psychotherapeutic services are covered by a policy  
3006 issued by the insurer, the insurer shall provide eligibility  
3007 criteria for each group of health care providers licensed under  
3008 chapter 458, chapter 459, chapter 490, or chapter 491, which  
3009 include psychotherapy within the scope of their practice as  
3010 provided by law, or for any person who is registered as an  
3011 independent advanced practice registered nurse under s. 464.0125  
3012 or certified as an advanced practice registered nurse  
3013 ~~practitioner in psychiatric mental health~~ under s. 464.012 and  
3014 who specializes in psychiatric mental health. When  
3015 psychotherapeutic services are covered, eligibility criteria  
3016 shall be established by the insurer to be included in the  
3017 insurer's criteria for selection of network providers. The  
3018 insurer may not discriminate against a health care provider by  
3019 excluding such practitioner from its provider network solely on  
3020 the basis of the practitioner's license.

3021 Section 80. Subsections (15) and (17) of section 627.6472,  
3022 Florida Statutes, are amended to read:

3023 627.6472 Exclusive provider organizations.-

3024 (15) If psychotherapeutic services are covered by a policy  
3025 issued by the insurer, the insurer shall provide eligibility  
3026 criteria for all groups of health care providers licensed under





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3027 chapter 458, chapter 459, chapter 490, or chapter 491, which  
3028 include psychotherapy within the scope of their practice as  
3029 provided by law, or for any person who is registered as an  
3030 independent advanced practice registered nurse under s. 464.0125  
3031 or certified as an advanced practice registered nurse  
3032 ~~practitioner in psychiatric mental health~~ under s. 464.012 and  
3033 who specializes in psychiatric mental health. When  
3034 psychotherapeutic services are covered, eligibility criteria  
3035 shall be established by the insurer to be included in the  
3036 insurer's criteria for selection of network providers. The  
3037 insurer may not discriminate against a health care provider by  
3038 excluding such practitioner from its provider network solely on  
3039 the basis of the practitioner's license.

3040 (17) An exclusive provider organization may ~~shall~~ not  
3041 discriminate with respect to participation as to any independent  
3042 advanced practice registered nurse registered pursuant to s.  
3043 464.0125 or advanced practice registered nurse practitioner  
3044 ~~licensed and~~ certified pursuant to s. 464.012, who is acting  
3045 within the scope of such registration or license ~~and~~  
3046 certification, solely on the basis of such registration license  
3047 or certification. This subsection shall not be construed to  
3048 prohibit a plan from including providers only to the extent  
3049 necessary to meet the needs of the plan's enrollees or from  
3050 establishing any measure designed to maintain quality and  
3051 control costs consistent with the responsibilities of the plan.



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3052 Section 81. Paragraph (a) of subsection (1) of section  
3053 627.736, Florida Statutes, is amended to read:

3054 627.736 Required personal injury protection benefits;  
3055 exclusions; priority; claims.-

3056 (1) REQUIRED BENEFITS.-An insurance policy complying with  
3057 the security requirements of s. 627.733 must provide personal  
3058 injury protection to the named insured, relatives residing in  
3059 the same household, persons operating the insured motor vehicle,  
3060 passengers in the motor vehicle, and other persons struck by the  
3061 motor vehicle and suffering bodily injury while not an occupant  
3062 of a self-propelled vehicle, subject to subsection (2) and  
3063 paragraph (4) (e), to a limit of \$10,000 in medical and  
3064 disability benefits and \$5,000 in death benefits resulting from  
3065 bodily injury, sickness, disease, or death arising out of the  
3066 ownership, maintenance, or use of a motor vehicle as follows:

3067 (a) Medical benefits.-Eighty percent of all reasonable  
3068 expenses for medically necessary medical, surgical, X-ray,  
3069 dental, and rehabilitative services, including prosthetic  
3070 devices and medically necessary ambulance, hospital, and nursing  
3071 services if the individual receives initial services and care  
3072 pursuant to subparagraph 1. within 14 days after the motor  
3073 vehicle accident. The medical benefits provide reimbursement  
3074 only for:

3075 1. Initial services and care that are lawfully provided,  
3076 supervised, ordered, or prescribed by a physician licensed under  
3077 chapter 458 or chapter 459, a dentist licensed under chapter



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3078 466, ~~or~~ a chiropractic physician licensed under chapter 460, or  
3079 an independent advanced practice registered nurse registered  
3080 under s. 464.0125, or that are provided in a hospital or in a  
3081 facility that owns, or is wholly owned by, a hospital. Initial  
3082 services and care may also be provided by a person or entity  
3083 licensed under part III of chapter 401 which provides emergency  
3084 transportation and treatment.

3085 2. Upon referral by a provider described in subparagraph  
3086 1., followup services and care consistent with the underlying  
3087 medical diagnosis rendered pursuant to subparagraph 1. which may  
3088 be provided, supervised, ordered, or prescribed only by a  
3089 physician licensed under chapter 458 or chapter 459, a  
3090 chiropractic physician licensed under chapter 460, a dentist  
3091 licensed under chapter 466, an independent advanced practice  
3092 registered nurse registered under s. 464.0125, or, to the extent  
3093 permitted by applicable law and under the supervision of such  
3094 physician, osteopathic physician, chiropractic physician, ~~or~~  
3095 dentist, or independent advanced practice registered nurse, by a  
3096 physician assistant licensed under chapter 458 or chapter 459 or  
3097 an advanced practice registered nurse certified practitioner  
3098 ~~licensed under s. 464.012~~ ~~chapter 464~~. Followup services and  
3099 care may also be provided by the following persons or entities:

3100 a. A hospital or ambulatory surgical center licensed under  
3101 chapter 395.

3102 b. An entity wholly owned by one or more physicians  
3103 licensed under chapter 458 or chapter 459, chiropractic



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3104 physicians licensed under chapter 460, independent advanced  
3105 practice registered nurses registered under s. 464.0125, or  
3106 dentists licensed under chapter 466 or by such practitioners and  
3107 the spouse, parent, child, or sibling of such practitioners.

3108 c. An entity that owns or is wholly owned, directly or  
3109 indirectly, by a hospital or hospitals.

3110 d. A physical therapist licensed under chapter 486, based  
3111 upon a referral by a provider described in this subparagraph.

3112 e. A health care clinic licensed under part X of chapter  
3113 400 which is accredited by an accrediting organization whose  
3114 standards incorporate comparable regulations required by this  
3115 state, or

3116 (I) Has a medical director licensed under chapter 458,  
3117 chapter 459, or chapter 460;

3118 (II) Has been continuously licensed for more than 3 years  
3119 or is a publicly traded corporation that issues securities  
3120 traded on an exchange registered with the United States  
3121 Securities and Exchange Commission as a national securities  
3122 exchange; and

3123 (III) Provides at least four of the following medical  
3124 specialties:

3125 (A) General medicine.

3126 (B) Radiography.

3127 (C) Orthopedic medicine.

3128 (D) Physical medicine.

3129 (E) Physical therapy.

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- 3130 (F) Physical rehabilitation.
- 3131 (G) Prescribing or dispensing outpatient prescription  
3132 medication.
- 3133 (H) Laboratory services.
- 3134 3. Reimbursement for services and care provided in  
3135 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
3136 licensed under chapter 458 or chapter 459, a dentist licensed  
3137 under chapter 466, an independent advanced practice registered  
3138 nurse registered under s. 464.0125, a physician assistant  
3139 licensed under chapter 458 or chapter 459, or an advanced  
3140 practice registered nurse certified practitioner licensed under  
3141 s. 464.012 ~~chapter 464~~ has determined that the injured person  
3142 had an emergency medical condition.
- 3143 4. Reimbursement for services and care provided in  
3144 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
3145 provider listed in subparagraph 1. or subparagraph 2. determines  
3146 that the injured person did not have an emergency medical  
3147 condition.
- 3148 5. Medical benefits do not include massage as defined in  
3149 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
3150 of the person, entity, or licensee providing massage or  
3151 acupuncture, and a licensed massage therapist or licensed  
3152 acupuncturist may not be reimbursed for medical benefits under  
3153 this section.
- 3154 6. The Financial Services Commission shall adopt by rule  
3155 the form that must be used by an insurer and a health care

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3156 provider specified in sub-subparagraph 2.b., sub-subparagraph  
3157 2.c., or sub-subparagraph 2.e. to document that the health care  
3158 provider meets the criteria of this paragraph. Such rule must  
3159 include a requirement for a sworn statement or affidavit.

3160  
3161 Only insurers writing motor vehicle liability insurance in this  
3162 state may provide the required benefits of this section, and  
3163 such insurer may not require the purchase of any other motor  
3164 vehicle coverage other than the purchase of property damage  
3165 liability coverage as required by s. 627.7275 as a condition for  
3166 providing such benefits. Insurers may not require that property  
3167 damage liability insurance in an amount greater than \$10,000 be  
3168 purchased in conjunction with personal injury protection. Such  
3169 insurers shall make benefits and required property damage  
3170 liability insurance coverage available through normal marketing  
3171 channels. An insurer writing motor vehicle liability insurance  
3172 in this state who fails to comply with such availability  
3173 requirement as a general business practice violates part IX of  
3174 chapter 626, and such violation constitutes an unfair method of  
3175 competition or an unfair or deceptive act or practice involving  
3176 the business of insurance. An insurer committing such violation  
3177 is subject to the penalties provided under that part, as well as  
3178 those provided elsewhere in the insurance code.

3179 Section 82. Paragraph (e) of subsection (1) of section  
3180 633.412, Florida Statutes, is amended to read:

3181 633.412 Firefighters; qualifications for certification.-



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3182 (1) A person applying for certification as a firefighter  
3183 must:

3184 (e) Be in good physical condition as determined by a  
3185 medical examination given by a physician, surgeon, or physician  
3186 assistant licensed to practice in the state under ~~pursuant to~~  
3187 chapter 458; an osteopathic physician, surgeon, or physician  
3188 assistant licensed to practice in the state under ~~pursuant to~~  
3189 chapter 459; an independent advanced practice registered nurse  
3190 registered, or an advanced practice registered nurse certified,  
3191 ~~practitioner licensed~~ to practice in the state under part I of  
3192 ~~pursuant to~~ chapter 464. Such examination may include, but need  
3193 not be limited to, the National Fire Protection Association  
3194 Standard 1582. A medical examination evidencing good physical  
3195 condition shall be submitted to the division, on a form as  
3196 provided by rule, before an individual is eligible for admission  
3197 into a course under s. 633.408.

3198 Section 83. Section 641.3923, Florida Statutes, is amended  
3199 to read:

3200 641.3923 Discrimination against providers prohibited.—A  
3201 health maintenance organization may ~~shall~~ not discriminate with  
3202 respect to participation as to any independent advanced practice  
3203 registered nurse registered under s. 464.0125, advanced practice  
3204 registered nurse ~~practitioner licensed and certified under~~  
3205 ~~pursuant to~~ s. 464.012, or physician assistant licensed under  
3206 chapter 458 or chapter 459, who is acting within the scope of  
3207 such registration, ~~license and~~ certification, or license, solely



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3208 on the basis of such registration, ~~license or certification~~, or  
3209 license. This section shall not be construed to prohibit a plan  
3210 from including providers only to the extent necessary to meet  
3211 the needs of the plan's enrollees or from establishing any  
3212 measure designed to maintain quality and control costs  
3213 consistent with the responsibilities of the plan.

3214 Section 84. Subsection (8) of section 641.495, Florida  
3215 Statutes, is amended to read:

3216 641.495 Requirements for issuance and maintenance of  
3217 certificate.—

3218 (8) Each organization's contracts, certificates, and  
3219 subscriber handbooks shall contain a provision, if applicable,  
3220 disclosing that, for certain types of described medical  
3221 procedures, services may be provided by physician assistants,  
3222 independent advanced practice registered nurses, advanced  
3223 practice registered nurses ~~nurse practitioners~~, or other  
3224 individuals who are not licensed physicians.

3225 Section 85. Paragraph (a) of subsection (3) of section  
3226 744.331, Florida Statutes, is amended to read:

3227 744.331 Procedures to determine incapacity.—

3228 (3) EXAMINING COMMITTEE.—

3229 (a) Within 5 days after a petition for determination of  
3230 incapacity has been filed, the court shall appoint an examining  
3231 committee consisting of three members. One member must be a  
3232 psychiatrist or other physician. The remaining members must be  
3233 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,





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3234 a ~~or other~~ physician, a registered nurse, an advanced practice  
3235 registered nurse practitioner, a physician assistant, a licensed  
3236 social worker, a person with an advanced degree in gerontology  
3237 from an accredited institution of higher education, or another  
3238 ~~other~~ person who by knowledge, skill, experience, training, or  
3239 education may, in the court's discretion, advise the court in  
3240 the form of an expert opinion. One of three members of the  
3241 committee must have knowledge of the type of incapacity alleged  
3242 in the petition. Unless good cause is shown, the attending or  
3243 family physician may not be appointed to the committee. If the  
3244 attending or family physician is available for consultation, the  
3245 committee must consult with the physician. Members of the  
3246 examining committee may not be related to or associated with one  
3247 another, with the petitioner, with counsel for the petitioner or  
3248 the proposed guardian, or with the person alleged to be totally  
3249 or partially incapacitated. A member may not be employed by any  
3250 private or governmental agency that has custody of, or  
3251 furnishes, services or subsidies, directly or indirectly, to the  
3252 person or the family of the person alleged to be incapacitated  
3253 or for whom a guardianship is sought. A petitioner may not serve  
3254 as a member of the examining committee. Members of the examining  
3255 committee must be able to communicate, either directly or  
3256 through an interpreter, in the language that the alleged  
3257 incapacitated person speaks or to communicate in a medium  
3258 understandable to the alleged incapacitated person if she or he  
3259 is able to communicate. The clerk of the court shall send notice

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3260 of the appointment to each person appointed no later than 3 days  
3261 after the court's appointment.

3262 Section 86. Subsection (1) of section 744.703, Florida  
3263 Statutes, is amended to read:

3264 744.703 Office of public guardian; appointment,  
3265 notification.-

3266 (1) The executive director of the Statewide Public  
3267 Guardianship Office, after consultation with the chief judge and  
3268 other circuit judges within the judicial circuit and with  
3269 appropriate advocacy groups and individuals and organizations  
3270 who are knowledgeable about the needs of incapacitated persons,  
3271 may establish, within a county in the judicial circuit or within  
3272 the judicial circuit, one or more offices of public guardian and  
3273 if so established, shall create a list of persons best qualified  
3274 to serve as the public guardian, who have been investigated  
3275 pursuant to s. 744.3135. The public guardian must have knowledge  
3276 of the legal process and knowledge of social services available  
3277 to meet the needs of incapacitated persons. The public guardian  
3278 shall maintain a staff or contract with professionally qualified  
3279 individuals to carry out the guardianship functions, including  
3280 an attorney who has experience in probate areas and another  
3281 person who has a master's degree in social work, or a  
3282 gerontologist, a psychologist, a registered nurse, an  
3283 independent advanced practice registered nurse, or an advanced  
3284 practice registered nurse practitioner. A public guardian that  
3285 is a nonprofit corporate guardian under s. 744.309(5) must

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3286 receive tax-exempt status from the United States Internal  
3287 Revenue Service.

3288 Section 87. Subsection (6) of section 766.102, Florida  
3289 Statutes, is amended to read:

3290 766.102 Medical negligence; standards of recovery; expert  
3291 witness.—

3292 (6) A physician licensed under chapter 458 or chapter 459  
3293 who qualifies as an expert witness under subsection (5) and who,  
3294 by reason of active clinical practice or instruction of  
3295 students, has knowledge of the applicable standard of care for  
3296 nurses, independent advanced practice registered nurses,  
3297 advanced practice registered nurses ~~nurse-practitioners,~~  
3298 ~~certified registered nurse anesthetists,~~ ~~certified registered~~  
3299 ~~nurse midwives,~~ physician assistants, or other medical support  
3300 staff may give expert testimony in a medical negligence action  
3301 with respect to the standard of care of such medical support  
3302 staff.

3303 Section 88. Subsection (3) of section 766.103, Florida  
3304 Statutes, is amended to read:

3305 766.103 Florida Medical Consent Law.—

3306 (3) ~~No Recovery is not shall be~~ allowed in any court in  
3307 this state against any physician licensed under chapter 458,  
3308 osteopathic physician licensed under chapter 459, chiropractic  
3309 physician licensed under chapter 460, podiatric physician  
3310 licensed under chapter 461, dentist licensed under chapter 466,  
3311 independent advanced practice registered nurse registered under



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3312 s. 464.0125, advanced practice registered nurse ~~practitioner~~  
3313 certified under s. 464.012, or physician assistant licensed  
3314 under s. 458.347 or s. 459.022 in an action brought for  
3315 treating, examining, or operating on a patient without his or  
3316 her informed consent when:

3317 (a)1. The action of the physician, osteopathic physician,  
3318 chiropractic physician, podiatric physician, dentist,  
3319 independent advanced practice registered nurse, advanced  
3320 practice registered nurse ~~practitioner~~, or physician assistant  
3321 in obtaining the consent of the patient or another person  
3322 authorized to give consent for the patient was in accordance  
3323 with an accepted standard of medical practice among members of  
3324 the medical profession with similar training and experience in  
3325 the same or similar medical community as that of the person  
3326 treating, examining, or operating on the patient for whom the  
3327 consent is obtained; and

3328 2. A reasonable individual, from the information provided  
3329 by the physician, osteopathic physician, chiropractic physician,  
3330 podiatric physician, dentist, independent advanced practice  
3331 registered nurse, advanced practice registered nurse  
3332 ~~practitioner~~, or physician assistant, under the circumstances,  
3333 would have a general understanding of the procedure, the  
3334 medically acceptable alternative procedures or treatments, and  
3335 the substantial risks and hazards inherent in the proposed  
3336 treatment or procedures, which are recognized among other  
3337 physicians, osteopathic physicians, chiropractic physicians,

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3338 | podiatric physicians, or dentists in the same or similar  
3339 | community who perform similar treatments or procedures; or

3340 |       (b) The patient would reasonably, under all the  
3341 | surrounding circumstances, have undergone such treatment or  
3342 | procedure had he or she been advised by the physician,  
3343 | osteopathic physician, chiropractic physician, podiatric  
3344 | physician, dentist, independent advanced practice registered  
3345 | nurse, advanced practice registered nurse practitioner, or  
3346 | physician assistant in accordance with the provisions of  
3347 | paragraph (a).

3348 |       Section 89. Paragraph (d) of subsection (3) of section  
3349 | 766.1115, Florida Statutes, is amended to read:

3350 |       766.1115 Health care providers; creation of agency  
3351 | relationship with governmental contractors.—

3352 |       (3) DEFINITIONS.—As used in this section, the term:

3353 |       (d) "Health care provider" or "provider" means:

- 3354 |       1. A birth center licensed under chapter 383.  
3355 |       2. An ambulatory surgical center licensed under chapter  
3356 | 395.  
3357 |       3. A hospital licensed under chapter 395.  
3358 |       4. A physician or physician assistant licensed under  
3359 | chapter 458.  
3360 |       5. An osteopathic physician or osteopathic physician  
3361 | assistant licensed under chapter 459.  
3362 |       6. A chiropractic physician licensed under chapter 460.  
3363 |       7. A podiatric physician licensed under chapter 461.

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3364 8. A registered nurse, ~~nurse midwife~~, a licensed practical  
3365 nurse, an independent advanced practice registered nurse, or an  
3366 advanced practice registered nurse practitioner licensed,  
3367 registered, or certified registered under part I of chapter 464  
3368 or any facility that ~~which~~ employs nurses licensed, registered,  
3369 or certified registered under part I of chapter 464 to supply  
3370 all or part of the care delivered under this section.

3371 9. A midwife licensed under chapter 467.

3372 10. A health maintenance organization certificated under  
3373 part I of chapter 641.

3374 11. A health care professional association and its  
3375 employees or a corporate medical group and its employees.

3376 12. Any other medical facility the primary purpose of  
3377 which is to deliver human medical diagnostic services or which  
3378 delivers nonsurgical human medical treatment, and which includes  
3379 an office maintained by a provider.

3380 13. A dentist or dental hygienist licensed under chapter  
3381 466.

3382 14. A free clinic that delivers only medical diagnostic  
3383 services or nonsurgical medical treatment free of charge to all  
3384 low-income recipients.

3385 15. Any other health care professional, practitioner,  
3386 provider, or facility under contract with a governmental  
3387 contractor, including a student enrolled in an accredited  
3388 program that prepares the student for licensure as any one of  
3389 the professionals listed in subparagraphs 4.-9.

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3390  
3391 The term includes any nonprofit corporation qualified as exempt  
3392 from federal income taxation under s. 501(a) of the Internal  
3393 Revenue Code, and described in s. 501(c) of the Internal Revenue  
3394 Code, which delivers health care services provided by licensed  
3395 professionals listed in this paragraph, any federally funded  
3396 community health center, and any volunteer corporation or  
3397 volunteer health care provider that delivers health care  
3398 services.

3399 Section 90. Subsection (1) of section 766.1116, Florida  
3400 Statutes, is amended to read:

3401 766.1116 Health care practitioner; waiver of license  
3402 renewal fees and continuing education requirements.-

3403 (1) As used in this section, the term "health care  
3404 practitioner" means a physician or physician assistant licensed  
3405 under chapter 458; an osteopathic physician or physician  
3406 assistant licensed under chapter 459; a chiropractic physician  
3407 licensed under chapter 460; a podiatric physician licensed under  
3408 chapter 461; an independent advanced practice registered nurse,  
3409 an advanced practice registered nurse practitioner, a registered  
3410 nurse, or a licensed practical nurse licensed, registered, or  
3411 certified under part I of chapter 464; a dentist or dental  
3412 hygienist licensed under chapter 466; or a midwife licensed  
3413 under chapter 467, who participates as a health care provider  
3414 under s. 766.1115.



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3415 Section 91. Paragraph (c) of subsection (1) of section  
3416 766.118, Florida Statutes, is amended to read:

3417 766.118 Determination of noneconomic damages.—

3418 (1) DEFINITIONS.—As used in this section, the term:

3419 (c) "Practitioner" means any person licensed under chapter  
3420 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter  
3421 463, chapter 466, chapter 467, or chapter 486; registered under  
3422 s. 464.0125; or certified under s. 464.012. "Practitioner" also  
3423 means any association, corporation, firm, partnership, or other  
3424 business entity under which such practitioner practices or any  
3425 employee of such practitioner or entity acting in the scope of  
3426 his or her employment. For the purpose of determining the  
3427 limitations on noneconomic damages set forth in this section,  
3428 the term "practitioner" includes any person or entity for whom a  
3429 practitioner is vicariously liable and any person or entity  
3430 whose liability is based solely on such person or entity being  
3431 vicariously liable for the actions of a practitioner.

3432 Section 92. Subsection (3) of section 768.135, Florida  
3433 Statutes, is amended to read:

3434 768.135 Volunteer team practitioners ~~physicians~~;  
3435 immunity.—

3436 (3) A practitioner licensed under chapter 458, chapter  
3437 459, chapter 460, ~~or s. 464.012,~~ or s. 464.0125 who gratuitously  
3438 and in good faith conducts an evaluation pursuant to s.  
3439 1006.20(2)(c) is not liable for any civil damages arising from





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3440 that evaluation unless the evaluation was conducted in a  
3441 wrongful manner.

3442 Section 93. Subsection (4) of section 782.071, Florida  
3443 Statutes, is amended to read:

3444 782.071 Vehicular homicide.—"Vehicular homicide" is the  
3445 killing of a human being, or the killing of an unborn child by  
3446 any injury to the mother, caused by the operation of a motor  
3447 vehicle by another in a reckless manner likely to cause the  
3448 death of, or great bodily harm to, another.

3449 (4) In addition to any other punishment, the court may  
3450 order the person to serve 120 community service hours in a  
3451 trauma center or hospital that regularly receives victims of  
3452 vehicle accidents, under the supervision of an independent  
3453 advanced practice registered nurse, an advanced practice  
3454 registered nurse, a registered nurse, an emergency room  
3455 physician, or an emergency medical technician pursuant to a  
3456 voluntary community service program operated by the trauma  
3457 center or hospital.

3458 Section 94. Subsection (5) of section 794.08, Florida  
3459 Statutes, is amended to read:

3460 794.08 Female genital mutilation.—

3461 (5) This section does not apply to procedures performed by  
3462 or under the direction of a physician licensed under chapter  
3463 458; ~~an osteopathic physician licensed under chapter 459;~~ a  
3464 registered nurse ~~licensed under part I of chapter 464,~~ a  
3465 practical nurse ~~licensed under part I of chapter 464,~~ an



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3466 independent advanced practice registered nurse, or an advanced  
3467 practice registered nurse licensed, registered, or certified  
3468 ~~practitioner licensed~~ under part I of chapter 464;~~;~~ a midwife  
3469 licensed under chapter 467;~~;~~ or a physician assistant licensed  
3470 under chapter 458 or chapter 459, when necessary to preserve the  
3471 physical health of a female person. This section also does not  
3472 apply to any autopsy or limited dissection conducted pursuant to  
3473 chapter 406.

3474 Section 95. Subsection (21) of section 893.02, Florida  
3475 Statutes, is amended to read:

3476 893.02 Definitions.—The following words and phrases as  
3477 used in this chapter shall have the following meanings, unless  
3478 the context otherwise requires:

3479 (21) "Practitioner" means a physician or physician  
3480 assistant licensed under pursuant to chapter 458, a dentist  
3481 licensed under pursuant to chapter 466, a veterinarian licensed  
3482 under pursuant to chapter 474, an osteopathic physician or  
3483 physician assistant licensed under pursuant to chapter 459, a  
3484 naturopath licensed under pursuant to chapter 462, a certified  
3485 optometrist licensed under pursuant to chapter 463, an  
3486 independent advanced practice registered nurse registered under  
3487 s. 464.0125, an advanced practice registered nurse certified  
3488 under s. 464.012, or a podiatric physician licensed under  
3489 ~~pursuant~~ to chapter 461, provided such practitioner holds a  
3490 valid federal controlled substance registry number.



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3491 Section 96. Subsection (6) of section 943.13, Florida  
3492 Statutes, is amended to read:

3493 943.13 Officers' minimum qualifications for employment or  
3494 appointment.—On or after October 1, 1984, any person employed or  
3495 appointed as a full-time, part-time, or auxiliary law  
3496 enforcement officer or correctional officer; on or after October  
3497 1, 1986, any person employed as a full-time, part-time, or  
3498 auxiliary correctional probation officer; and on or after  
3499 October 1, 1986, any person employed as a full-time, part-time,  
3500 or auxiliary correctional officer by a private entity under  
3501 contract to the Department of Corrections, to a county  
3502 commission, or to the Department of Management Services shall:

3503 (6) Have passed a physical examination by a licensed  
3504 physician, a physician assistant, an independent advanced  
3505 practice registered nurse, or a certified advanced practice  
3506 registered nurse practitioner, based on specifications  
3507 established by the commission. In order to be eligible for the  
3508 presumption set forth in s. 112.18 while employed with an  
3509 employing agency, a law enforcement officer, correctional  
3510 officer, or correctional probation officer must have  
3511 successfully passed the physical examination required by this  
3512 subsection upon entering into service as a law enforcement  
3513 officer, correctional officer, or correctional probation officer  
3514 with the employing agency, which examination must have failed to  
3515 reveal any evidence of tuberculosis, heart disease, or  
3516 hypertension. A law enforcement officer, correctional officer,

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3517 or correctional probation officer may not use a physical  
3518 examination from a former employing agency for purposes of  
3519 claiming the presumption set forth in s. 112.18 against the  
3520 current employing agency.

3521 Section 97. Subsection (2) of section 945.603, Florida  
3522 Statutes, is amended to read:

3523 945.603 Powers and duties of authority.—The purpose of the  
3524 authority is to assist in the delivery of health care services  
3525 for inmates in the Department of Corrections by advising the  
3526 Secretary of Corrections on the professional conduct of primary,  
3527 convalescent, dental, and mental health care and the management  
3528 of costs consistent with quality care, by advising the Governor  
3529 and the Legislature on the status of the Department of  
3530 Corrections' health care delivery system, and by assuring that  
3531 adequate standards of physical and mental health care for  
3532 inmates are maintained at all Department of Corrections  
3533 institutions. For this purpose, the authority has the authority  
3534 to:

3535 (2) Review and make recommendations regarding health care  
3536 for the delivery of health care services including, but not  
3537 limited to, acute hospital-based services and facilities,  
3538 primary and tertiary care services, ancillary and clinical  
3539 services, dental services, mental health services, intake and  
3540 screening services, medical transportation services, and the use  
3541 of advanced practice registered nurses ~~nurse practitioner~~ and  
3542 physician assistants ~~assistant personnel~~ to act as physician

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3543 extenders as these relate to inmates in the Department of  
3544 Corrections.

3545 Section 98. Subsection (2) of section 960.28, Florida  
3546 Statutes, is amended to read:

3547 960.28 Payment for victims' initial forensic physical  
3548 examinations.-

3549 (2) The Crime Victims' Services Office of the department  
3550 shall pay for medical expenses connected with an initial  
3551 forensic physical examination of a victim of sexual battery as  
3552 defined in chapter 794 or a lewd or lascivious offense as  
3553 defined in chapter 800. Such payment shall be made regardless of  
3554 whether the victim is covered by health or disability insurance  
3555 and whether the victim participates in the criminal justice  
3556 system or cooperates with law enforcement. The payment shall be  
3557 made only out of moneys allocated to the Crime Victims' Services  
3558 Office for the purposes of this section, and the payment may not  
3559 exceed \$500 with respect to any violation. The department shall  
3560 develop and maintain separate protocols for the initial forensic  
3561 physical examination of adults and children. Payment under this  
3562 section is limited to medical expenses connected with the  
3563 initial forensic physical examination, and payment may be made  
3564 to a medical provider using an examiner qualified under part I  
3565 of chapter 464, excluding s. 464.003(17) ~~464.003(16)~~; chapter  
3566 458; or chapter 459. Payment made to the medical provider by the  
3567 department shall be considered by the provider as payment in  
3568 full for the initial forensic physical examination associated

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3569 with the collection of evidence. The victim may not be required  
3570 to pay, directly or indirectly, the cost of an initial forensic  
3571 physical examination performed in accordance with this section.

3572 Section 99. Paragraph (i) of subsection (3) of section  
3573 1002.20, Florida Statutes, is amended to read:

3574 1002.20 K-12 student and parent rights.—Parents of public  
3575 school students must receive accurate and timely information  
3576 regarding their child's academic progress and must be informed  
3577 of ways they can help their child to succeed in school. K-12  
3578 students and their parents are afforded numerous statutory  
3579 rights including, but not limited to, the following:

3580 (3) HEALTH ISSUES.—

3581 (i) Epinephrine use and supply.—

3582 1. A student who has experienced or is at risk for life-  
3583 threatening allergic reactions may carry an epinephrine auto-  
3584 injector and self-administer epinephrine by auto-injector while  
3585 in school, participating in school-sponsored activities, or in  
3586 transit to or from school or school-sponsored activities if the  
3587 school has been provided with parental and physician  
3588 authorization. The State Board of Education, in cooperation with  
3589 the Department of Health, shall adopt rules for such use of  
3590 epinephrine auto-injectors that shall include provisions to  
3591 protect the safety of all students from the misuse or abuse of  
3592 auto-injectors. A school district, county health department,  
3593 public-private partner, and their employees and volunteers shall  
3594 be indemnified by the parent of a student authorized to carry an



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3595 epinephrine auto-injector for any and all liability with respect  
3596 to the student's use of an epinephrine auto-injector pursuant to  
3597 this paragraph.

3598         2. A public school may purchase from a wholesale  
3599 distributor as defined in s. 499.003 and maintain in a locked,  
3600 secure location on its premises a supply of epinephrine auto-  
3601 injectors for use if a student is having an anaphylactic  
3602 reaction. The participating school district shall adopt a  
3603 protocol developed by a licensed physician for the  
3604 administration by school personnel who are trained to recognize  
3605 an anaphylactic reaction and to administer an epinephrine auto-  
3606 injection. The supply of epinephrine auto-injectors may be  
3607 provided to and used by a student authorized to self-administer  
3608 epinephrine by auto-injector under subparagraph 1. or trained  
3609 school personnel.

3610         3. The school district and its employees and agents,  
3611 including the physician who provides the standing protocol for  
3612 school epinephrine auto-injectors, are not liable for any injury  
3613 arising from the use of an epinephrine auto-injector  
3614 administered by trained school personnel who follow the adopted  
3615 protocol and whose professional opinion is that the student is  
3616 having an anaphylactic reaction:

3617             a. Unless the trained school personnel's action is willful  
3618 and wanton;

3619             b. Notwithstanding that the parents or guardians of the  
3620 student to whom the epinephrine is administered have not been



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3621 provided notice or have not signed a statement acknowledging  
3622 that the school district is not liable; and

3623 c. Regardless of whether authorization has been given by  
3624 the student's parents or guardians or by the student's  
3625 physician, a physician ~~physician's~~ assistant, an independent  
3626 advanced practice registered nurse, or an advanced practice  
3627 registered nurse practitioner.

3628 Section 100. Paragraph (b) of subsection (17) of section  
3629 1002.42, Florida Statutes, is amended to read:

3630 1002.42 Private schools.—

3631 (17) EPINEPHRINE SUPPLY.—

3632 (b) The private school and its employees and agents,  
3633 including the physician who provides the standing protocol for  
3634 school epinephrine auto-injectors, are not liable for any injury  
3635 arising from the use of an epinephrine auto-injector  
3636 administered by trained school personnel who follow the adopted  
3637 protocol and whose professional opinion is that the student is  
3638 having an anaphylactic reaction:

3639 1. Unless the trained school personnel's action is willful  
3640 and wanton;

3641 2. Notwithstanding that the parents or guardians of the  
3642 student to whom the epinephrine is administered have not been  
3643 provided notice or have not signed a statement acknowledging  
3644 that the school district is not liable; and

3645 3. Regardless of whether authorization has been given by  
3646 the student's parents or guardians or by the student's





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3647 physician, a physician ~~physician's~~ assistant, an independent  
3648 advanced practice registered nurse, or an advanced practice  
3649 registered nurse practitioner.

3650 Section 101. Subsections (4) and (5) of section 1006.062,  
3651 Florida Statutes, are amended to read:

3652 1006.062 Administration of medication and provision of  
3653 medical services by district school board personnel.—

3654 (4) Nonmedical assistive personnel shall be allowed to  
3655 perform health-related services upon successful completion of  
3656 child-specific training by a registered nurse, an independent  
3657 advanced practice registered nurse, or an advanced practice  
3658 registered nurse practitioner licensed, registered, or certified  
3659 under part I of chapter 464; a physician licensed pursuant to  
3660 chapter 458 or chapter 459; or a physician assistant licensed  
3661 pursuant to chapter 458 or chapter 459. All procedures shall be  
3662 monitored periodically by a nurse, an independent advanced  
3663 practice registered nurse, an advanced practice registered nurse  
3664 practitioner, a physician assistant, or a physician, including,  
3665 but not limited to:

3666 (a) Intermittent clean catheterization.

3667 (b) Gastrostomy tube feeding.

3668 (c) Monitoring blood glucose.

3669 (d) Administering emergency injectable medication.

3670 (5) For all other invasive medical services not listed in  
3671 this subsection, a registered nurse, an independent advanced  
3672 practice registered nurse, or an advanced practice registered



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3673 nurse ~~practitioner~~ licensed, registered, or certified under part  
3674 I of chapter 464;~~7~~ a physician licensed pursuant to chapter 458  
3675 or chapter 459;~~7~~ or a physician assistant licensed pursuant to  
3676 chapter 458 or chapter 459 shall determine if nonmedical  
3677 district school board personnel shall be allowed to perform such  
3678 service.

3679 Section 102. Paragraph (c) of subsection (2) of section  
3680 1006.20, Florida Statutes, is amended to read:

3681 1006.20 Athletics in public K-12 schools.—

3682 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3683 (c) The FHSAA shall adopt bylaws that require all students  
3684 participating in interscholastic athletic competition or who are  
3685 candidates for an interscholastic athletic team to  
3686 satisfactorily pass a medical evaluation each year prior to  
3687 participating in interscholastic athletic competition or  
3688 engaging in any practice, tryout, workout, or other physical  
3689 activity associated with the student's candidacy for an  
3690 interscholastic athletic team. Such medical evaluation may be  
3691 administered only by a practitioner licensed under chapter 458,  
3692 chapter 459, chapter 460, ~~or s. 464.012,~~ or s. 464.0125, and in  
3693 good standing with the practitioner's regulatory board. The  
3694 bylaws shall establish requirements for eliciting a student's  
3695 medical history and performing the medical evaluation required  
3696 under this paragraph, which shall include a physical assessment  
3697 of the student's physical capabilities to participate in  
3698 interscholastic athletic competition as contained in a uniform

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3699 preparticipation physical evaluation and history form. The  
3700 evaluation form shall incorporate the recommendations of the  
3701 American Heart Association for participation cardiovascular  
3702 screening and shall provide a place for the signature of the  
3703 practitioner performing the evaluation with an attestation that  
3704 each examination procedure listed on the form was performed by  
3705 the practitioner or by someone under the direct supervision of  
3706 the practitioner. The form shall also contain a place for the  
3707 practitioner to indicate if a referral to another practitioner  
3708 was made in lieu of completion of a certain examination  
3709 procedure. The form shall provide a place for the practitioner  
3710 to whom the student was referred to complete the remaining  
3711 sections and attest to that portion of the examination. The  
3712 preparticipation physical evaluation form shall advise students  
3713 to complete a cardiovascular assessment and shall include  
3714 information concerning alternative cardiovascular evaluation and  
3715 diagnostic tests. Results of such medical evaluation must be  
3716 provided to the school. No student shall be eligible to  
3717 participate in any interscholastic athletic competition or  
3718 engage in any practice, tryout, workout, or other physical  
3719 activity associated with the student's candidacy for an  
3720 interscholastic athletic team until the results of the medical  
3721 evaluation have been received and approved by the school.

3722 Section 103. Subsection (1) and paragraph (a) of  
3723 subsection (2) of section 1009.65, Florida Statutes, are amended  
3724 to read:

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Amendment No.

3725 1009.65 Medical Education Reimbursement and Loan Repayment  
3726 Program.-

3727 (1) To encourage qualified medical professionals to  
3728 practice in underserved locations where there are shortages of  
3729 such personnel, there is established the Medical Education  
3730 Reimbursement and Loan Repayment Program. The function of the  
3731 program is to make payments that offset loans and educational  
3732 expenses incurred by students for studies leading to a medical  
3733 or nursing degree, medical or nursing licensure, or advanced  
3734 practice registered nurse ~~practitioner~~ certification or  
3735 physician assistant licensure. The following licensed or  
3736 certified health care professionals are eligible to participate  
3737 in this program: medical doctors with primary care specialties,  
3738 doctors of osteopathic medicine with primary care specialties,  
3739 physician ~~physician's~~ assistants, licensed practical nurses and  
3740 registered nurses, and advanced practice registered nurses ~~nurse~~  
3741 ~~practitioners~~ with primary care specialties such as certified  
3742 nurse midwives. Primary care medical specialties for physicians  
3743 include obstetrics, gynecology, general and family practice,  
3744 internal medicine, pediatrics, and other specialties which may  
3745 be identified by the Department of Health.

3746 (2) From the funds available, the Department of Health  
3747 shall make payments to selected medical professionals as  
3748 follows:

3749 (a) Up to \$4,000 per year for licensed practical nurses  
3750 and registered nurses, up to \$10,000 per year for advanced



Amendment No.

3751 practice registered nurses ~~nurse practitioners~~ and physician  
3752 ~~physician's~~ assistants, and up to \$20,000 per year for  
3753 physicians. Penalties for noncompliance shall be the same as  
3754 those in the National Health Services Corps Loan Repayment  
3755 Program. Educational expenses include costs for tuition,  
3756 matriculation, registration, books, laboratory and other fees,  
3757 other educational costs, and reasonable living expenses as  
3758 determined by the Department of Health.

3759 Section 104. Subsection (2) of section 1009.66, Florida  
3760 Statutes, is amended to read:

3761 1009.66 Nursing Student Loan Forgiveness Program.—

3762 (2) To be eligible, a candidate must have graduated from  
3763 an accredited or approved nursing program and have received a  
3764 Florida license as a licensed practical nurse or a registered  
3765 nurse or a Florida certificate as an advanced practice  
3766 registered nurse ~~practitioner~~.

3767 Section 105. Subsection (3) of section 1009.67, Florida  
3768 Statutes, is amended to read:

3769 1009.67 Nursing scholarship program.—

3770 (3) A scholarship may be awarded for no more than 2 years,  
3771 in an amount not to exceed \$8,000 per year. However, registered  
3772 nurses pursuing a graduate degree for a faculty position or to  
3773 practice as an advanced practice registered nurse ~~practitioner~~  
3774 may receive up to \$12,000 per year. These amounts shall be  
3775 adjusted by the amount of increase or decrease in the Consumer



Amendment No.

3776 Price Index for All Urban Consumers published by the United  
3777 States Department of Commerce.

3778 Section 106. This act shall take effect July 1, 2015.

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

3782

Remove everything before the enacting clause and insert:

3783

A bill to be entitled

3784

An act relating to scope of practice of advanced

3785

practice registered nurses and physician assistants;

3786

amending s. 464.003, F.S.; revising and providing

3787

definitions; redesignating advanced registered nurse

3788

practitioners as advanced practice registered nurses;

3789

providing for independent advanced practice registered

3790

nurses to practice advanced or specialized nursing;

3791

revising composition of a joint committee to include

3792

an independent advanced practice registered nurse;

3793

exempting an independent advanced practice registered

3794

nurse from a requirement that certain medical acts be

3795

supervised by a physician; amending s. 464.012, F.S.;

3796

revising advanced practice registered nurse

3797

certification requirements; authorizing advanced

3798

practice registered nurses to administer, dispense,

3799

and prescribe medicinal drugs pursuant to a protocol;

3800

creating s. 464.0125, F.S.; providing for the

3801

registration of independent advanced practice

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Amendment No.

3802 registered nurses who meet certain requirements;  
3803 specifying acts that independent advanced practice  
3804 registered nurses are authorized to perform without  
3805 physician supervision or protocol; providing for  
3806 biennial renewal of registration, including continuing  
3807 education requirements; providing for application and  
3808 biennial renewal fees; providing rulemaking authority;  
3809 amending s. 464.015, F.S.; providing title protection  
3810 for independent advanced practice registered nurses;  
3811 creating s. 464.0155, F.S.; requiring independent  
3812 advanced practice registered nurses to report adverse  
3813 incidents to the Department of Health in a certain  
3814 manner; providing for department review of adverse  
3815 incidents; authorizing the department to take  
3816 disciplinary action in cases of adverse incidents;  
3817 amending s. 464.016, F.S.; providing penalties for  
3818 illegally using certain titles; amending s. 464.018,  
3819 F.S.; adding grounds for disciplinary actions against  
3820 nurses; amending s. 39.303, F.S.; revising  
3821 requirements relating to review of certain cases of  
3822 abuse or neglect and standards for face-to-face  
3823 medical evaluations by a child protection team;  
3824 amending s. 39.304, F.S.; authorizing a physician  
3825 assistant and an independent advanced practice  
3826 registered nurse to perform or order an examination  
3827 and diagnose a child without parental consent under

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Amendment No.

3828 certain circumstances; amending s. 90.503, F.S.;

3829 redefining the term "psychotherapist" to include an

3830 independent advanced practice registered nurse with a

3831 specified scope of practice; amending s. 112.0455,

3832 F.S.; authorizing an independent advanced practice

3833 registered nurse to collect specimens for drug

3834 testing; amending s. 121.0515, F.S.; designating an

3835 advanced practice registered nurse as a special risk

3836 member under certain conditions; amending ss. 310.071,

3837 310.073, and 310.081, F.S.; authorizing a physician

3838 assistant and an independent advanced practice

3839 registered nurse to administer the physical

3840 examination required for deputy pilot certification

3841 and state pilot licensure; broadening an exception to

3842 the prohibition against the use of controlled

3843 substances by an applicant for a deputy pilot

3844 certificate or a state pilot license to allow the use

3845 of controlled substances prescribed by a physician

3846 assistant, an independent advanced practice registered

3847 nurse, or an advanced practice registered nurse;

3848 requiring a physician assistant or an independent

3849 advanced practice registered nurse performing the

3850 physical examination to know the minimum licensure

3851 standards and certify that such standards are met;

3852 amending s. 320.0848, F.S.; authorizing an independent

3853 advanced practice registered nurse to certify that a

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Amendment No.

3854 person is disabled; amending s. 381.00315, F.S.;

3855 authorizing the reactivation of an independent

3856 advanced practice registered nurse license in a public

3857 health emergency; amending s. 381.00593, F.S.;

3858 redefining the term "health care practitioner" to

3859 include a physician assistant and an independent

3860 advanced practice registered nurse; amending s.

3861 381.026, F.S.; revising the definition of the term

3862 "health care provider" to include a physician

3863 assistant and an independent advanced practice

3864 registered nurse; amending s. 382.008, F.S.;

3865 authorizing a physician assistant, an independent

3866 advanced practice nurse, or an advanced practice

3867 registered nurse to file a certificate of death or

3868 fetal death under certain circumstances; authorizing a

3869 certified nurse midwife to provide certain information

3870 to a funeral director within a specified time period;

3871 revising the definition of the term "primary or

3872 attending physician"; amending s. 383.14, F.S.;

3873 authorizing the release of certain newborn tests and

3874 screening results to an independent advanced practice

3875 registered nurse; amending ss. 383.141, 627.357, and

3876 766.1115, F.S.; revising the definition of the term

3877 "health care provider" to include an independent

3878 advanced practice registered nurse; amending s.

3879 390.0111, F.S.; including an independent advanced

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Amendment No.

3880 practice registered nurse in a list of health care  
3881 practitioners authorized to review an ultrasound with  
3882 a woman prior to an abortion procedure; amending s.  
3883 390.012, F.S.; including an independent advanced  
3884 practice registered nurse in a list of health care  
3885 practitioners authorized to provide postoperative  
3886 monitoring and required to be available throughout an  
3887 abortion procedure, remain at the abortion clinic  
3888 until all patients are discharged, and attempt to  
3889 assess the patient's recovery within a specified time;  
3890 amending s. 394.455, F.S.; revising the definition of  
3891 the term "psychiatric nurse" to include an independent  
3892 advanced practice registered nurse certified in a  
3893 specified specialty; amending s. 394.463, F.S.;

3894 authorizing a physician assistant, an independent  
3895 advanced practice registered nurse, or an advanced  
3896 practice registered nurse to initiate an involuntary  
3897 examination for mental illness under certain  
3898 circumstances; providing for examination of a patient  
3899 by a physician assistant or psychiatric nurse;  
3900 authorizing a psychiatric nurse to approve the release  
3901 of a patient under certain conditions; amending s.  
3902 395.0191, F.S.; authorizing an independent advanced  
3903 practice registered nurse to apply for clinical  
3904 privileges; providing an exception to the requirement  
3905 for onsite medical direction for certain independent

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Amendment No.

3906 advanced practice registered nurses; amending s.  
3907 395.605, F.S.; including independent advanced practice  
3908 registered nurses in a list of health care  
3909 practitioners who must supervise the care of a patient  
3910 or be on duty for a specified duration in an emergency  
3911 care setting; amending s. 397.311, F.S.; revising the  
3912 definition of the term "qualified professional" to  
3913 include an independent advanced practice registered  
3914 nurse; conforming terminology; amending s. 397.405,  
3915 F.S.; providing that an independent advanced practice  
3916 registered nurse's practice may not be limited under  
3917 certain circumstances; amending s. 397.501, F.S.;  
3918 prohibiting the denial of certain services to an  
3919 individual who takes medication prescribed by a  
3920 physician assistant, an independent advanced practice  
3921 registered nurse, or an advanced practice registered  
3922 nurse; amending s. 400.021, F.S.; revising the  
3923 definition of the term "geriatric outpatient clinic"  
3924 to include a site staffed by an independent advanced  
3925 practice registered nurse; amending s. 400.0255, F.S.;  
3926 including independent advanced practice registered  
3927 nurses in a list of health care practitioners who must  
3928 sign a notice of discharge or transfer; amending s.  
3929 400.172, F.S.; including independent advanced practice  
3930 registered nurses and advanced practice registered  
3931 nurses in a list of health care practitioners who may

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## Amendment No.

3932 provide a prospective respite care resident with  
3933 certain medical information; amending s. 400.462,  
3934 F.S.; defining the term "independent advanced practice  
3935 registered nurse"; amending s. 400.487, F.S.;  
3936 including independent advanced practice registered  
3937 nurses in a list of health care practitioners who must  
3938 establish treatment orders for certain patients under  
3939 certain circumstances; amending s. 400.506, F.S.;  
3940 applying medical treatment plan requirements to  
3941 independent advanced practice registered nurses;  
3942 amending s. 400.9905, F.S.; exempting entities where  
3943 health care services are provided by independent  
3944 advanced practice registered nurses from clinic  
3945 licensure requirements; amending s. 401.445, F.S.;  
3946 prohibiting recovery of damages in court against an  
3947 independent advanced practice registered nurse under  
3948 certain circumstances; requiring an independent  
3949 advanced practice registered nurse to attempt to  
3950 obtain a person's consent prior to providing emergency  
3951 services; amending ss. 409.905 and 409.908, F.S.;  
3952 requiring the agency to reimburse independent advanced  
3953 practice registered nurses for providing certain  
3954 mandatory Medicaid services; amending s. 409.9081,  
3955 F.S.; requiring copayments under the Medicaid program  
3956 to be paid for independent advanced practice  
3957 registered nurse services; amending s. 409.973, F.S.;

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Amendment No.

3958 requiring managed care plans to cover independent  
3959 advanced practice registered nurse services; amending  
3960 s. 429.26, F.S.; prohibiting independent advanced  
3961 practice registered nurses from having a financial  
3962 interest in the assisted living facility that employs  
3963 them; including independent advanced practice  
3964 registered nurses in a list of health care  
3965 practitioners from whom an assisted living facility  
3966 resident may obtain an examination prior to admission;  
3967 amending s. 429.918, F.S.; revising the definition of  
3968 the term "ADRD participant" to include participants  
3969 who have a documented diagnosis of Alzheimer's disease  
3970 or a dementia-related disorder from an independent  
3971 advanced practice registered nurse; including  
3972 independent advanced practice registered nurses in a  
3973 list of health care practitioners from whom an ADRD  
3974 participant may obtain signed medical documentation;  
3975 amending s. 440.102, F.S.; authorizing, for the  
3976 purpose of drug-free workforce program requirements,  
3977 an independent advanced practice registered nurse to  
3978 collect a specimen for a drug test; amending s.  
3979 456.048, F.S.; requiring independent advanced practice  
3980 registered nurses to maintain medical malpractice  
3981 insurance or provide proof of financial  
3982 responsibility; exempting independent advanced  
3983 practice registered nurses from such requirements

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Amendment No.

3984 under certain circumstances; amending s. 456.053,  
3985 F.S.; revising the definition of the term "board" to  
3986 include the Board of Nursing; revising the definitions  
3987 of the terms "health care provider" and "sole  
3988 provider" to include independent advanced practice  
3989 registered nurses; authorizing an independent advanced  
3990 practice registered nurse to make referrals under  
3991 certain circumstances; conforming a reference;  
3992 amending s. 456.072, F.S.; requiring the suspension  
3993 and fining of a physician assistant, an independent  
3994 advanced practice registered nurse, or an advanced  
3995 practice registered nurse for prescribing or  
3996 dispensing a controlled substance in a certain manner;  
3997 amending s. 456.44, F.S.; providing certain  
3998 requirements for physician assistants, independent  
3999 advanced practice registered nurses, and advanced  
4000 practice registered nurses who prescribe controlled  
4001 substances for the treatment of chronic nonmalignant  
4002 pain; amending ss. 458.3265 and 459.0137, F.S.;;  
4003 requiring an independent advanced practice registered  
4004 nurse to perform a physical examination of a patient  
4005 at a pain-management clinic under certain  
4006 circumstances; amending s. 458.347, F.S.; deleting the  
4007 requirement that a formulary list controlled  
4008 substances that a physician assistant may not  
4009 prescribe; amending ss. 458.348 and 459.025, F.S.;

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Amendment No.

4010 deleting obsolete provisions; amending s. 464.0205,  
4011 F.S.; authorizing an independent advanced practice  
4012 registered nurse to directly supervise a certified  
4013 retired volunteer nurse; amending s. 480.0475;  
4014 authorizing the operation of a massage establishment  
4015 during specified times if a massage is prescribed by  
4016 an independent advanced practice registered nurse;  
4017 amending s. 483.041, F.S.; revising the definition of  
4018 the term "licensed practitioner" to include a  
4019 physician assistant and an independent advanced  
4020 practice registered nurse; amending s. 483.181, F.S.;  
4021 requiring clinical laboratories to accept a human  
4022 specimen submitted by an independent advanced practice  
4023 registered nurse; amending s. 486.021, F.S.;  
4024 authorizing a physical therapist to implement a plan  
4025 of treatment provided by an independent advanced  
4026 practice registered nurse; amending s. 490.012, F.S.;  
4027 allowing certain qualified independent advanced  
4028 practice registered nurses to use the word, or a form  
4029 of the word, "psychotherapy"; amending s. 491.0057,  
4030 F.S.; authorizing certain qualified independent  
4031 advanced practice registered nurses to be licensed as  
4032 marriage and family therapists; amending s. 491.012,  
4033 F.S.; authorizing certain qualified independent  
4034 advanced practice registered nurses to use specified  
4035 terms; amending s. 493.6108, F.S.; authorizing an

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Amendment No.

4036 independent advanced practice registered nurse to  
4037 certify the physical fitness of a certain class of  
4038 applicants to bear a weapon or firearm; amending s.  
4039 626.9707, F.S.; including independent advanced  
4040 practice registered nurses in a list of entities and  
4041 individuals that are protected from insurer  
4042 discrimination when providing services to a person  
4043 with the sickle-cell trait; amending s. 627.6471,  
4044 F.S.; requiring insurers to provide eligibility  
4045 criteria for certain qualified independent advanced  
4046 practice registered nurses under certain  
4047 circumstances; amending s. 627.6472, F.S.; requiring  
4048 insurers to provide eligibility criteria for certain  
4049 qualified independent advanced practice registered  
4050 nurses under certain circumstances; prohibiting an  
4051 exclusive provider organization from discriminating  
4052 against participation by an independent advanced  
4053 practice registered nurse; amending s. 627.736, F.S.;  
4054 requiring personal injury protection insurance to  
4055 cover a certain percentage of medical services and  
4056 care provided by an independent advanced practice  
4057 registered nurse, a practitioner supervised by an  
4058 independent advanced practice registered nurse, or an  
4059 entity wholly owned by one or more independent  
4060 advanced practice registered nurses; reimbursing  
4061 independent advanced practice registered nurses up to

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Amendment No.

4062 a specified amount for providing medical services and  
4063 care; amending s. 633.412, F.S.; authorizing an  
4064 independent advanced practice registered nurse to  
4065 medically examine an applicant for firefighter  
4066 certification; amending s. 641.3923, F.S.; prohibiting  
4067 a health maintenance organization from discriminating  
4068 against the participation of a physician assistant or  
4069 an independent advanced practice registered nurse;  
4070 amending s. 641.495, F.S.; requiring a health  
4071 maintenance organization to disclose in certain  
4072 documents that certain services may be provided by  
4073 independent advanced practice registered nurses;  
4074 amending s. 744.331, F.S.; including a physician  
4075 assistant as an eligible member of an examining  
4076 committee; conforming terminology; amending s.  
4077 744.703, F.S.; adding independent advanced practice  
4078 registered nurses to a list of authorized  
4079 professionals with whom a public guardian may contract  
4080 to carry out guardianship functions; amending s.  
4081 766.102, F.S.; providing requirements for  
4082 qualification as an expert witness in a medical  
4083 negligence case concerning the standard of care for an  
4084 independent advanced practice registered nurse and an  
4085 advanced practice registered nurse; amending s.  
4086 766.103, F.S.; prohibiting recovery of damages against  
4087 an independent advanced practice registered nurse

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Amendment No.

4088 under certain conditions; amending s. 766.1116, F.S.;

4089 revising the definition of the term "health care

4090 practitioner" to include an independent advanced

4091 practice registered nurse; amending s. 766.118, F.S.;

4092 revising the definition of the term "practitioner" to

4093 include an independent advanced practice registered

4094 nurse; amending s. 768.135, F.S.; providing immunity

4095 from liability for an independent advanced practice

4096 registered nurse who provides volunteer services under

4097 certain circumstances; amending s. 782.071, F.S.;

4098 allowing an independent advanced practice registered

4099 nurse or an advanced practice registered nurse to

4100 supervise a person who is completing community service

4101 hours in a trauma center or hospital; amending s.

4102 794.08, F.S.; providing that the section does not

4103 apply to procedures conducted by an independent

4104 advanced practice registered nurse under certain

4105 circumstances; amending s. 893.02, F.S.; revising the

4106 definition of the term "practitioner" to include a

4107 physician assistant, an independent advanced practice

4108 registered nurse, and an advanced practice registered

4109 nurse; amending s. 943.13, F.S.; authorizing a law

4110 enforcement officer or correctional officer to satisfy

4111 qualifications for employment or appointment by

4112 passing a physical examination conducted by an

4113 independent advanced practice registered nurse;

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Amendment No.

4114 amending s. 945.603, F.S.; authorizing the  
4115 Correctional Medical Authority to review and make  
4116 recommendations relating to the use of advanced  
4117 practice registered nurses as physician extenders;  
4118 amending ss. 1002.20 and 1002.42, F.S.; including  
4119 independent advanced practice registered nurses in a  
4120 list of individuals who have immunity relating to the  
4121 use of epinephrine auto-injectors in public and  
4122 private schools; amending s. 1006.062, F.S.;  
4123 authorizing nonmedical assistive personnel to perform  
4124 health services if trained by an independent advanced  
4125 practice registered nurse; requiring monitoring of  
4126 such personnel by an independent advanced practice  
4127 registered nurse; including independent advanced  
4128 practice registered nurses in a list of practitioners  
4129 who must determine whether such personnel may perform  
4130 certain invasive medical services; amending s.  
4131 1006.20, F.S.; authorizing an independent advanced  
4132 practice registered nurse to medically evaluate a  
4133 student athlete; amending ss. 110.12315, 252.515,  
4134 395.602, 397.427, 456.0391, 456.0392, 456.041,  
4135 458.331, 459.015, 464.004, 467.003, 483.801, 960.28,  
4136 1009.65, 1009.66, and 1009.67, F.S.; conforming  
4137 terminology; providing an effective date.

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