

By the Committees on Regulated Industries; and Health Policy;
and Senator Grimsley

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1 A bill to be entitled
2 An act relating to drug prescription by advanced
3 registered nurse practitioners and physician
4 assistants; amending s. 110.12315, F.S.; expanding the
5 categories of persons who may prescribe brand drugs
6 under the prescription drug program when medically
7 necessary; amending ss. 310.071, 310.073, and 310.081,
8 F.S.; exempting controlled substances prescribed by an
9 advanced registered nurse practitioner or a physician
10 assistant from the disqualifications for certification
11 or licensure, and for continued certification or
12 licensure, as a deputy pilot or state pilot; repealing
13 s. 383.336, F.S., relating to provider hospitals,
14 practice parameters, and peer review boards; amending
15 s. 395.1051, F.S.; requiring a hospital to notify
16 certain obstetrical physicians within a specified
17 timeframe before the hospital closes its obstetrical
18 department or ceases to provide obstetrical services;
19 amending s. 456.072, F.S.; applying existing penalties
20 for violations relating to the prescribing or
21 dispensing of controlled substances to an advanced
22 registered nurse practitioner; amending s. 456.44,
23 F.S.; deleting an obsolete date; requiring advanced
24 registered nurse practitioners and physician
25 assistants who prescribe controlled substances for
26 certain pain to make a certain designation, comply
27 with registration requirements, and follow specified
28 standards of practice; providing applicability;
29 amending ss. 458.3265 and 459.0137, F.S.; limiting the

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30 authority to prescribe a controlled substance in a
31 pain-management clinic to a physician licensed under
32 ch. 458 or ch. 459, F.S.; amending s. 458.347, F.S.;
33 expanding the prescribing authority of a licensed
34 physician assistant; amending s. 464.012, F.S.;
35 authorizing an advanced registered nurse practitioner
36 to prescribe, dispense, administer, or order drugs,
37 rather than to monitor and alter drug therapies;
38 requiring the Board of Nursing to appoint a committee
39 to recommend whether adoption of a formulary of
40 controlled substances that may be prescribed by an
41 advanced registered nurse practitioner is needed;
42 specifying the membership of the committee; providing
43 parameters for the recommendations of the committee;
44 requiring that any formulary be adopted by board rule;
45 specifying the process for amending the formulary and
46 imposing a burden of proof; requiring the board to
47 post notice of proposed, pending, or adopted changes
48 to the formulary on its website; specifying a deadline
49 for initiating any required rulemaking; limiting the
50 formulary's application in certain instances; amending
51 s. 464.018, F.S.; specifying acts that constitute
52 grounds for denial of a license for or disciplinary
53 action against an advanced registered nurse
54 practitioner; amending s. 893.02, F.S.; redefining the
55 term "practitioner" to include advanced registered
56 nurse practitioners and physician assistants under the
57 Florida Comprehensive Drug Abuse Prevention and
58 Control Act; amending s. 948.03, F.S.; providing that

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59 possession of drugs or narcotics prescribed by an
60 advanced registered nurse practitioner or physician
61 assistant is an exception from a prohibition relating
62 to the possession of drugs or narcotics during
63 probation; reenacting s. 310.071(3), F.S., to
64 incorporate the amendment made to s. 310.071, F.S., in
65 a reference thereto; reenacting ss. 458.331(10),
66 458.347(7)(g), 459.015(10), 459.022(7)(f), and
67 465.0158(5)(b), F.S., to incorporate the amendment
68 made to s. 456.072, F.S., in references thereto;
69 reenacting ss. 456.072(1)(mm) and 466.02751, F.S., to
70 incorporate the amendment made to s. 456.44, F.S., in
71 references thereto; reenacting ss. 458.303,
72 458.347(4)(e) and (9)(c), 458.3475(7)(b),
73 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S., to
74 incorporate the amendment made to s. 458.347, F.S., in
75 references thereto; reenacting ss. 456.041(1)(a),
76 458.348(1) and (2), and 459.025(1), F.S., to
77 incorporate the amendment made to s. 464.012, F.S., in
78 references thereto; reenacting ss. 320.0848(11),
79 464.008(2), 464.009(5), 464.018(2), and
80 464.0205(1)(b), (3), and (4)(b), F.S., to incorporate
81 the amendment made to s. 464.018, F.S., in references
82 thereto; reenacting s. 775.051, F.S., to incorporate
83 the amendment made to s. 893.02, F.S., in a reference
84 thereto; reenacting ss. 944.17(3)(a), 948.001(8), and
85 948.101(1)(e), F.S., to incorporate the amendment made
86 to s. 948.03, F.S., in references thereto; providing
87 an effective date.

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

90

91 Section 1. Subsection (7) of section 110.12315, Florida
92 Statutes, is amended to read:

93 110.12315 Prescription drug program.—The state employees'
94 prescription drug program is established. This program shall be
95 administered by the Department of Management Services, according
96 to the terms and conditions of the plan as established by the
97 relevant provisions of the annual General Appropriations Act and
98 implementing legislation, subject to the following conditions:

99 (7) The department shall establish the reimbursement
100 schedule for prescription pharmaceuticals dispensed under the
101 program. Reimbursement rates for a prescription pharmaceutical
102 must be based on the cost of the generic equivalent drug if a
103 generic equivalent exists, unless the physician, advanced
104 registered nurse practitioner, or physician assistant
105 prescribing the pharmaceutical clearly states on the
106 prescription that the brand name drug is medically necessary or
107 that the drug product is included on the formulary of drug
108 products that may not be interchanged as provided in chapter
109 465, in which case reimbursement must be based on the cost of
110 the brand name drug as specified in the reimbursement schedule
111 adopted by the department.

112 Section 2. Paragraph (c) of subsection (1) of section
113 310.071, Florida Statutes, is amended to read:

114 310.071 Deputy pilot certification.—

115 (1) In addition to meeting other requirements specified in
116 this chapter, each applicant for certification as a deputy pilot

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117 must:

118 (c) Be in good physical and mental health, as evidenced by
119 documentary proof of having satisfactorily passed a complete
120 physical examination administered by a licensed physician within
121 the preceding 6 months. The board shall adopt rules to establish
122 requirements for passing the physical examination, which rules
123 shall establish minimum standards for the physical or mental
124 capabilities necessary to carry out the professional duties of a
125 certificated deputy pilot. Such standards shall include zero
126 tolerance for any controlled substance regulated under chapter
127 893 unless that individual is under the care of a physician,
128 advanced registered nurse practitioner, or physician assistant
129 and that controlled substance was prescribed by that physician,
130 advanced registered nurse practitioner, or physician assistant.

131 To maintain eligibility as a certificated deputy pilot, each
132 certificated deputy pilot must annually provide documentary
133 proof of having satisfactorily passed a complete physical
134 examination administered by a licensed physician. The physician
135 must know the minimum standards and certify that the
136 certificateholder satisfactorily meets the standards. The
137 standards for certificateholders shall include a drug test.

138 Section 3. Subsection (3) of section 310.073, Florida
139 Statutes, is amended to read:

140 310.073 State pilot licensing.—In addition to meeting other
141 requirements specified in this chapter, each applicant for
142 license as a state pilot must:

143 (3) Be in good physical and mental health, as evidenced by
144 documentary proof of having satisfactorily passed a complete
145 physical examination administered by a licensed physician within

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146 the preceding 6 months. The board shall adopt rules to establish
147 requirements for passing the physical examination, which rules
148 shall establish minimum standards for the physical or mental
149 capabilities necessary to carry out the professional duties of a
150 licensed state pilot. Such standards shall include zero
151 tolerance for any controlled substance regulated under chapter
152 893 unless that individual is under the care of a physician,
153 advanced registered nurse practitioner, or physician assistant
154 and that controlled substance was prescribed by that physician,
155 advanced registered nurse practitioner, or physician assistant.
156 To maintain eligibility as a licensed state pilot, each licensed
157 state pilot must annually provide documentary proof of having
158 satisfactorily passed a complete physical examination
159 administered by a licensed physician. The physician must know
160 the minimum standards and certify that the licensee
161 satisfactorily meets the standards. The standards for licensees
162 shall include a drug test.

163 Section 4. Paragraph (b) of subsection (3) of section
164 310.081, Florida Statutes, is amended to read:

165 310.081 Department to examine and license state pilots and
166 certificate deputy pilots; vacancies.-

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

169 (b) Are in good physical and mental health as evidenced by
170 documentary proof of having satisfactorily passed a physical
171 examination administered by a licensed physician or physician
172 assistant within each calendar year. The board shall adopt rules
173 to establish requirements for passing the physical examination,
174 which rules shall establish minimum standards for the physical

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175 or mental capabilities necessary to carry out the professional
176 duties of a licensed state pilot or a certificated deputy pilot.
177 Such standards shall include zero tolerance for any controlled
178 substance regulated under chapter 893 unless that individual is
179 under the care of a physician, advanced registered nurse
180 practitioner, or physician assistant and that controlled
181 substance was prescribed by that physician, advanced registered
182 nurse practitioner, or physician assistant. To maintain
183 eligibility as a certificated deputy pilot or licensed state
184 pilot, each certificated deputy pilot or licensed state pilot
185 must annually provide documentary proof of having satisfactorily
186 passed a complete physical examination administered by a
187 licensed physician. The physician must know the minimum
188 standards and certify that the certificateholder or licensee
189 satisfactorily meets the standards. The standards for
190 certificateholders and for licensees shall include a drug test.
191

192 Upon resignation or in the case of disability permanently
193 affecting a pilot's ability to serve, the state license or
194 certificate issued under this chapter shall be revoked by the
195 department.

196 Section 5. Section 383.336, Florida Statutes, is repealed.

197 Section 6. Section 395.1051, Florida Statutes, is amended
198 to read:

199 395.1051 Duty to notify patients and physicians.—

200 (1) An appropriately trained person designated by each
201 licensed facility shall inform each patient, or an individual
202 identified pursuant to s. 765.401(1), in person about adverse
203 incidents that result in serious harm to the patient.

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204 Notification of outcomes of care that result in harm to the
205 patient under this section does ~~shall~~ not constitute an
206 acknowledgment or admission of liability and may not, ~~nor can it~~
207 be introduced as evidence.

208 (2) A hospital shall notify each obstetrical physician who
209 has privileges at the hospital at least 120 days before the
210 hospital closes its obstetrical department or ceases to provide
211 obstetrical services.

212 Section 7. Subsection (7) of section 456.072, Florida
213 Statutes, is amended to read:

214 456.072 Grounds for discipline; penalties; enforcement.—

215 (7) Notwithstanding subsection (2), upon a finding that a
216 physician has prescribed or dispensed a controlled substance, or
217 caused a controlled substance to be prescribed or dispensed, in
218 a manner that violates the standard of practice set forth in s.
219 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
220 or (s), or s. 466.028(1)(p) or (x), or that an advanced
221 registered nurse practitioner has prescribed or dispensed a
222 controlled substance, or caused a controlled substance to be
223 prescribed or dispensed in a manner that violates the standard
224 of practice set forth in s. 464.018(1)(n) or (p)6., the
225 physician or advanced registered nurse practitioner shall be
226 suspended for a period of not less than 6 months and pay a fine
227 of not less than \$10,000 per count. Repeated violations shall
228 result in increased penalties.

229 Section 8. Subsections (2) and (3) of section 456.44,
230 Florida Statutes, are amended to read:

231 456.44 Controlled substance prescribing.—

232 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician

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233 licensed under chapter 458, chapter 459, chapter 461, or chapter
234 466, a physician assistant licensed under chapter 458 or chapter
235 459, or an advanced registered nurse practitioner certified
236 under part I of chapter 464 who prescribes any controlled
237 substance, listed in Schedule II, Schedule III, or Schedule IV
238 as defined in s. 893.03, for the treatment of chronic
239 nonmalignant pain, must:

240 (a) Designate himself or herself as a controlled substance
241 prescribing practitioner on his or her ~~the physician's~~
242 practitioner profile.

243 (b) Comply with the requirements of this section and
244 applicable board rules.

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

249 (a) A complete medical history and a physical examination
250 must be conducted before beginning any treatment and must be
251 documented in the medical record. The exact components of the
252 physical examination shall be left to the judgment of the
253 registrant ~~clinician~~ who is expected to perform a physical
254 examination proportionate to the diagnosis that justifies a
255 treatment. The medical record must, at a minimum, document the
256 nature and intensity of the pain, current and past treatments
257 for pain, underlying or coexisting diseases or conditions, the
258 effect of the pain on physical and psychological function, a
259 review of previous medical records, previous diagnostic studies,
260 and history of alcohol and substance abuse. The medical record
261 shall also document the presence of one or more recognized

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262 medical indications for the use of a controlled substance. Each
263 registrant must develop a written plan for assessing each
264 patient's risk of aberrant drug-related behavior, which may
265 include patient drug testing. Registrants must assess each
266 patient's risk for aberrant drug-related behavior and monitor
267 that risk on an ongoing basis in accordance with the plan.

268 (b) Each registrant must develop a written individualized
269 treatment plan for each patient. The treatment plan shall state
270 objectives that will be used to determine treatment success,
271 such as pain relief and improved physical and psychosocial
272 function, and shall indicate if any further diagnostic
273 evaluations or other treatments are planned. After treatment
274 begins, the registrant ~~physician~~ shall adjust drug therapy to
275 the individual medical needs of each patient. Other treatment
276 modalities, including a rehabilitation program, shall be
277 considered depending on the etiology of the pain and the extent
278 to which the pain is associated with physical and psychosocial
279 impairment. The interdisciplinary nature of the treatment plan
280 shall be documented.

281 (c) The registrant ~~physician~~ shall discuss the risks and
282 benefits of the use of controlled substances, including the
283 risks of abuse and addiction, as well as physical dependence and
284 its consequences, with the patient, persons designated by the
285 patient, or the patient's surrogate or guardian if the patient
286 is incompetent. The registrant ~~physician~~ shall use a written
287 controlled substance agreement between the registrant ~~physician~~
288 and the patient outlining the patient's responsibilities,
289 including, but not limited to:

290 1. Number and frequency of controlled substance

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291 prescriptions and refills.

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

294 3. An agreement that controlled substances for the
295 treatment of chronic nonmalignant pain shall be prescribed by a
296 single treating registrant ~~physician~~ unless otherwise authorized
297 by the treating registrant ~~physician~~ and documented in the
298 medical record.

299 (d) The patient shall be seen by the registrant ~~physician~~
300 at regular intervals, not to exceed 3 months, to assess the
301 efficacy of treatment, ensure that controlled substance therapy
302 remains indicated, evaluate the patient's progress toward
303 treatment objectives, consider adverse drug effects, and review
304 the etiology of the pain. Continuation or modification of
305 therapy shall depend on the registrant's ~~physician's~~ evaluation
306 of the patient's progress. If treatment goals are not being
307 achieved, despite medication adjustments, the registrant
308 ~~physician~~ shall reevaluate the appropriateness of continued
309 treatment. The registrant ~~physician~~ shall monitor patient
310 compliance in medication usage, related treatment plans,
311 controlled substance agreements, and indications of substance
312 abuse or diversion at a minimum of 3-month intervals.

313 (e) The registrant ~~physician~~ shall refer the patient as
314 necessary for additional evaluation and treatment in order to
315 achieve treatment objectives. Special attention shall be given
316 to those patients who are at risk for misusing their medications
317 and those whose living arrangements pose a risk for medication
318 misuse or diversion. The management of pain in patients with a
319 history of substance abuse or with a comorbid psychiatric

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320 disorder requires extra care, monitoring, and documentation and
321 requires consultation with or referral to an addiction medicine
322 specialist or psychiatrist.

323 (f) A registrant ~~physician~~ registered under this section
324 must maintain accurate, current, and complete records that are
325 accessible and readily available for review and comply with the
326 requirements of this section, the applicable practice act, and
327 applicable board rules. The medical records must include, but
328 are not limited to:

329 1. The complete medical history and a physical examination,
330 including history of drug abuse or dependence.

331 2. Diagnostic, therapeutic, and laboratory results.

332 3. Evaluations and consultations.

333 4. Treatment objectives.

334 5. Discussion of risks and benefits.

335 6. Treatments.

336 7. Medications, including date, type, dosage, and quantity
337 prescribed.

338 8. Instructions and agreements.

339 9. Periodic reviews.

340 10. Results of any drug testing.

341 11. A photocopy of the patient's government-issued photo
342 identification.

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

345 13. The registrant's ~~physician's~~ full name presented in a
346 legible manner.

347 (g) Patients with signs or symptoms of substance abuse
348 shall be immediately referred to a board-certified pain

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349 management physician, an addiction medicine specialist, or a
350 mental health addiction facility as it pertains to drug abuse or
351 addiction unless the registrant is a physician who is board-
352 certified or board-eligible in pain management. Throughout the
353 period of time before receiving the consultant's report, a
354 prescribing registrant ~~physician~~ shall clearly and completely
355 document medical justification for continued treatment with
356 controlled substances and those steps taken to ensure medically
357 appropriate use of controlled substances by the patient. Upon
358 receipt of the consultant's written report, the prescribing
359 registrant ~~physician~~ shall incorporate the consultant's
360 recommendations for continuing, modifying, or discontinuing
361 controlled substance therapy. The resulting changes in treatment
362 shall be specifically documented in the patient's medical
363 record. Evidence or behavioral indications of diversion shall be
364 followed by discontinuation of controlled substance therapy, and
365 the patient shall be discharged, and all results of testing and
366 actions taken by the registrant ~~physician~~ shall be documented in
367 the patient's medical record.

368

369 This subsection does not apply to a board-eligible or board-
370 certified anesthesiologist, physiatrist, rheumatologist, or
371 neurologist, or to a board-certified physician who has surgical
372 privileges at a hospital or ambulatory surgery center and
373 primarily provides surgical services. This subsection does not
374 apply to a board-eligible or board-certified medical specialist
375 who has also completed a fellowship in pain medicine approved by
376 the Accreditation Council for Graduate Medical Education or the
377 American Osteopathic Association, or who is board eligible or

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378 board certified in pain medicine by the American Board of Pain
379 Medicine, the American Board of Interventional Pain Physicians,
380 the American Association of Physician Specialists, or a board
381 approved by the American Board of Medical Specialties or the
382 American Osteopathic Association and performs interventional
383 pain procedures of the type routinely billed using surgical
384 codes. This subsection does not apply to a registrant, advanced
385 registered nurse practitioner, or physician assistant who
386 prescribes medically necessary controlled substances for a
387 patient during an inpatient stay in a hospital licensed under
388 chapter 395.

389 Section 9. Paragraph (b) of subsection (2) of section
390 458.3265, Florida Statutes, is amended to read:

391 458.3265 Pain-management clinics.—

392 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
393 apply to any physician who provides professional services in a
394 pain-management clinic that is required to be registered in
395 subsection (1).

396 (b) A person may not dispense any medication on the
397 premises of a registered pain-management clinic unless he or she
398 is a physician licensed under this chapter or chapter 459. A
399 person may not prescribe any controlled substance regulated
400 under chapter 893 on the premises of a registered pain-
401 management clinic unless he or she is a physician licensed under
402 this chapter or chapter 459.

403 Section 10. Paragraph (f) of subsection (4) of section
404 458.347, Florida Statutes, is amended to read:

405 458.347 Physician assistants.—

406 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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407 (f)1. The council shall establish a formulary of medicinal
408 drugs that a fully licensed physician assistant having
409 prescribing authority under this section or s. 459.022 may not
410 prescribe. The formulary must include ~~controlled substances as~~
411 ~~defined in chapter 893,~~ general anesthetics, and radiographic
412 contrast materials.

413 2. In establishing the formulary, the council shall consult
414 with a pharmacist licensed under chapter 465, but not licensed
415 under this chapter or chapter 459, who shall be selected by the
416 State Surgeon General.

417 3. Only the council shall add to, delete from, or modify
418 the formulary. Any person who requests an addition, deletion, or
419 modification of a medicinal drug listed on such formulary has
420 the burden of proof to show cause why such addition, deletion,
421 or modification should be made.

422 4. The boards shall adopt the formulary required by this
423 paragraph, and each addition, deletion, or modification to the
424 formulary, by rule. Notwithstanding any provision of chapter 120
425 to the contrary, the formulary rule shall be effective 60 days
426 after the date it is filed with the Secretary of State. Upon
427 adoption of the formulary, the department shall mail a copy of
428 such formulary to each fully licensed physician assistant having
429 prescribing authority under this section or s. 459.022, and to
430 each pharmacy licensed by the state. The boards shall establish,
431 by rule, a fee not to exceed \$200 to fund the provisions of this
432 paragraph and paragraph (e).

433 Section 11. Paragraph (b) of subsection (2) of section
434 459.0137, Florida Statutes, is amended to read:

435 459.0137 Pain-management clinics.-

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436 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
437 apply to any osteopathic physician who provides professional
438 services in a pain-management clinic that is required to be
439 registered in subsection (1).

440 (b) A person may not dispense any medication on the
441 premises of a registered pain-management clinic unless he or she
442 is a physician licensed under this chapter or chapter 458. A
443 person may not prescribe any controlled substance regulated
444 under chapter 893 on the premises of a registered pain-
445 management clinic unless he or she is a physician licensed under
446 this chapter or chapter 458.

447 Section 12. Section 464.012, Florida Statutes, is amended
448 to read:

449 464.012 Certification of advanced registered nurse
450 practitioners; fees; controlled substance prescribing.—

451 (1) Any nurse desiring to be certified as an advanced
452 registered nurse practitioner shall apply to the department and
453 submit proof that he or she holds a current license to practice
454 professional nursing and that he or she meets one or more of the
455 following requirements as determined by the board:

456 (a) Satisfactory completion of a formal postbasic
457 educational program of at least one academic year, the primary
458 purpose of which is to prepare nurses for advanced or
459 specialized practice.

460 (b) Certification by an appropriate specialty board. Such
461 certification shall be required for initial state certification
462 and any recertification as a registered nurse anesthetist or
463 nurse midwife. The board may by rule provide for provisional
464 state certification of graduate nurse anesthetists and nurse

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465 midwives for a period of time determined to be appropriate for
466 preparing for and passing the national certification
467 examination.

468 (c) Graduation from a program leading to a master's degree
469 in a nursing clinical specialty area with preparation in
470 specialized practitioner skills. For applicants graduating on or
471 after October 1, 1998, graduation from a master's degree program
472 shall be required for initial certification as a nurse
473 practitioner under paragraph (4)(c). For applicants graduating
474 on or after October 1, 2001, graduation from a master's degree
475 program shall be required for initial certification as a
476 registered nurse anesthetist under paragraph (4)(a).

477 (2) The board shall provide by rule the appropriate
478 requirements for advanced registered nurse practitioners in the
479 categories of certified registered nurse anesthetist, certified
480 nurse midwife, and nurse practitioner.

481 (3) An advanced registered nurse practitioner shall perform
482 those functions authorized in this section within the framework
483 of an established protocol that is filed with the board upon
484 biennial license renewal and within 30 days after entering into
485 a supervisory relationship with a physician or changes to the
486 protocol. The board shall review the protocol to ensure
487 compliance with applicable regulatory standards for protocols.
488 The board shall refer to the department licensees submitting
489 protocols that are not compliant with the regulatory standards
490 for protocols. A practitioner currently licensed under chapter
491 458, chapter 459, or chapter 466 shall maintain supervision for
492 directing the specific course of medical treatment. Within the
493 established framework, an advanced registered nurse practitioner

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494 may:

495 (a) Prescribe, dispense, administer, or order any ~~Monitor~~
496 ~~and alter drug therapies.~~

497 (b) Initiate appropriate therapies for certain conditions.

498 (c) Perform additional functions as may be determined by
499 rule in accordance with s. 464.003(2).500 (d) Order diagnostic tests and physical and occupational
501 therapy.502 (4) In addition to the general functions specified in
503 subsection (3), an advanced registered nurse practitioner may
504 perform the following acts within his or her specialty:505 (a) The certified registered nurse anesthetist may, to the
506 extent authorized by established protocol approved by the
507 medical staff of the facility in which the anesthetic service is
508 performed, perform any or all of the following:509 1. Determine the health status of the patient as it relates
510 to the risk factors and to the anesthetic management of the
511 patient through the performance of the general functions.512 2. Based on history, physical assessment, and supplemental
513 laboratory results, determine, with the consent of the
514 responsible physician, the appropriate type of anesthesia within
515 the framework of the protocol.

516 3. Order under the protocol preanesthetic medication.

517 4. Perform under the protocol procedures commonly used to
518 render the patient insensible to pain during the performance of
519 surgical, obstetrical, therapeutic, or diagnostic clinical
520 procedures. These procedures include ordering and administering
521 regional, spinal, and general anesthesia; inhalation agents and
522 techniques; intravenous agents and techniques; and techniques of

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523 hypnosis.

524 5. Order or perform monitoring procedures indicated as
525 pertinent to the anesthetic health care management of the
526 patient.

527 6. Support life functions during anesthesia health care,
528 including induction and intubation procedures, the use of
529 appropriate mechanical supportive devices, and the management of
530 fluid, electrolyte, and blood component balances.

531 7. Recognize and take appropriate corrective action for
532 abnormal patient responses to anesthesia, adjunctive medication,
533 or other forms of therapy.

534 8. Recognize and treat a cardiac arrhythmia while the
535 patient is under anesthetic care.

536 9. Participate in management of the patient while in the
537 postanesthesia recovery area, including ordering the
538 administration of fluids and drugs.

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

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

547 1. Perform superficial minor surgical procedures.

548 2. Manage the patient during labor and delivery to include
549 amniotomy, episiotomy, and repair.

550 3. Order, initiate, and perform appropriate anesthetic
551 procedures.

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552 4. Perform postpartum examination.

553 5. Order appropriate medications.

554 6. Provide family-planning services and well-woman care.

555 7. Manage the medical care of the normal obstetrical
556 patient and the initial care of a newborn patient.

557 (c) The nurse practitioner may perform any or all of the
558 following acts within the framework of established protocol:

559 1. Manage selected medical problems.

560 2. Order physical and occupational therapy.

561 3. Initiate, monitor, or alter therapies for certain
562 uncomplicated acute illnesses.

563 4. Monitor and manage patients with stable chronic
564 diseases.

565 5. Establish behavioral problems and diagnosis and make
566 treatment recommendations.

567 (5) The board shall certify, and the department shall issue
568 a certificate to, any nurse meeting the qualifications in this
569 section. The board shall establish an application fee not to
570 exceed \$100 and a biennial renewal fee not to exceed \$50. The
571 board is authorized to adopt such other rules as are necessary
572 to implement the provisions of this section.

573 (6) (a) The board shall appoint a committee to recommend
574 whether a formulary of controlled substances that an advanced
575 registered nurse practitioner may not prescribe or may prescribe
576 only for specific uses or subject to specific limitations is
577 necessary to protect the health, safety, and welfare of the
578 public. The committee shall consist of at least three advanced
579 registered nurse practitioners, including a certified registered
580 nurse anesthetist, a certified nurse midwife, and a nurse

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581 practitioner; at least one physician recommended by the Board of
582 Medicine and one physician recommended by the Board of
583 Osteopathic Medicine, both of whom have had work experience with
584 advanced practice registered nurses; and a pharmacist licensed
585 under chapter 465, but not licensed under chapter 458, chapter
586 459, or this chapter, who shall be selected by the State Surgeon
587 General. The committee may recommend a formulary applicable to
588 all advanced registered nurse practitioners, limited by
589 specialty certification, limited to approved uses of controlled
590 substances, or subject to other similar restrictions it deems
591 necessary to protect the health, safety, and welfare of the
592 public.

593 (b) If the committee recommends that a formulary be
594 established, the board shall adopt a formulary by rule. Only the
595 board may add to, delete from, or modify the formulary. A person
596 who requests the addition, deletion, or modification of a
597 controlled substance listed on the formulary has the burden of
598 proof to show cause why the change should be made. The board
599 shall post notice of any proposed, pending, or adopted changes
600 to the formulary on its website.

601 (c) The board shall initiate rulemaking, if required to
602 implement the committee's initial recommendation, no later than
603 October 1, 2015.

604 (d) If adopted by board rule, the formulary authorized in
605 this subsection does not apply to orders for medications
606 pursuant to subparagraph (4)(a)3. or subparagraph (4)(a)4.

607 Section 13. Paragraph (p) is added to subsection (1) of
608 section 464.018, Florida Statutes, to read:

609 464.018 Disciplinary actions.—

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

612 (p) For an advanced registered nurse practitioner:

613 1. Presigning blank prescription forms.

614 2. Prescribing for office use any medicinal drug appearing
615 on Schedule II in chapter 893.

616 3. Prescribing, ordering, dispensing, administering,
617 supplying, selling, or giving a drug that is an amphetamine or a
618 sympathomimetic amine drug, or a compound designated pursuant to
619 chapter 893 as a Schedule II controlled substance, to or for any
620 person except for:

621 a. The treatment of narcolepsy; hyperkinesis; behavioral
622 syndrome in children characterized by the developmentally
623 inappropriate symptoms of moderate to severe distractibility,
624 short attention span, hyperactivity, emotional lability, and
625 impulsivity; or drug-induced brain dysfunction.

626 b. The differential diagnostic psychiatric evaluation of
627 depression or the treatment of depression shown to be refractory
628 to other therapeutic modalities.

629 c. The clinical investigation of the effects of such drugs
630 or compounds when an investigative protocol is submitted to,
631 reviewed by, and approved by the department before such
632 investigation is begun.

633 4. Prescribing, ordering, dispensing, administering,
634 supplying, selling, or giving growth hormones, testosterone or
635 its analogs, human chorionic gonadotropin (HCG), or other
636 hormones for the purpose of muscle building or to enhance
637 athletic performance. As used in this subparagraph, the term
638 "muscle building" does not include the treatment of injured

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639 muscle. A prescription written for the drug products listed in
640 this paragraph may be dispensed by a pharmacist with the
641 presumption that the prescription is for legitimate medical use.

642 5. Promoting or advertising on any prescription form a
643 community pharmacy unless the form also states: "This
644 prescription may be filled at any pharmacy of your choice."

645 6. Prescribing, dispensing, administering, mixing, or
646 otherwise preparing a legend drug, including a controlled
647 substance, other than in the course of his or her professional
648 practice. For the purposes of this subparagraph, it is legally
649 presumed that prescribing, dispensing, administering, mixing, or
650 otherwise preparing legend drugs, including all controlled
651 substances, inappropriately or in excessive or inappropriate
652 quantities is not in the best interest of the patient and is not
653 in the course of the advanced registered nurse practitioner's
654 professional practice, without regard to his or her intent.

655 7. Prescribing, dispensing, or administering a medicinal
656 drug appearing on any schedule set forth in chapter 893 to
657 himself or herself, except a drug prescribed, dispensed, or
658 administered to the advanced registered nurse practitioner by
659 another practitioner authorized to prescribe, dispense, or
660 administer medicinal drugs.

661 8. Prescribing, ordering, dispensing, administering,
662 supplying, selling, or giving amygdalin (laetrile) to any
663 person.

664 9. Dispensing a controlled substance listed on Schedule II
665 or Schedule III in chapter 893 in violation of s. 465.0276.

666 10. Promoting or advertising through any communication
667 medium the use, sale, or dispensing of a controlled substance

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668 appearing on any schedule in chapter 893.

669 Section 14. Subsection (21) of section 893.02, Florida
670 Statutes, is amended to read:

671 893.02 Definitions.—The following words and phrases as used
672 in this chapter shall have the following meanings, unless the
673 context otherwise requires:

674 (21) "Practitioner" means a physician licensed under
675 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
676 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
677 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
678 459, an advanced registered nurse practitioner certified under
679 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
680 462, a certified optometrist licensed under ~~pursuant to~~ chapter
681 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
682 461, or a physician assistant licensed under chapter 458 or
683 chapter 459, provided such practitioner holds a valid federal
684 controlled substance registry number.

685 Section 15. Paragraph (n) of subsection (1) of section
686 948.03, Florida Statutes, is amended to read:

687 948.03 Terms and conditions of probation.—

688 (1) The court shall determine the terms and conditions of
689 probation. Conditions specified in this section do not require
690 oral pronouncement at the time of sentencing and may be
691 considered standard conditions of probation. These conditions
692 may include among them the following, that the probationer or
693 offender in community control shall:

694 (n) Be prohibited from using intoxicants to excess or
695 possessing any drugs or narcotics unless prescribed by a
696 physician, advanced registered nurse practitioner, or physician

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697 assistant. The probationer or community controllee ~~may~~ shall not
698 knowingly visit places where intoxicants, drugs, or other
699 dangerous substances are unlawfully sold, dispensed, or used.

700 Section 16. Subsection (3) of s. 310.071, Florida Statutes,
701 is reenacted for the purpose of incorporating the amendment made
702 by this act to s. 310.071, Florida Statutes, in a reference
703 thereto.

704 Section 17. Subsection (10) of s. 458.331, paragraph (g) of
705 subsection (7) of s. 458.347, subsection (10) of s. 459.015,
706 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
707 of subsection (5) of s. 465.0158, Florida Statutes, are
708 reenacted for the purpose of incorporating the amendment made by
709 this act to s. 456.072, Florida Statutes, in references thereto.

710 Section 18. Paragraph (mm) of subsection (1) of s. 456.072
711 and s. 466.02751, Florida Statutes, are reenacted for the
712 purpose of incorporating the amendment made by this act to s.
713 456.44, Florida Statutes, in references thereto.

714 Section 19. Section 458.303, paragraph (e) of subsection
715 (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph
716 (b) of subsection (7) of s. 458.3475, paragraph (e) of
717 subsection (4) and paragraph (c) of subsection (9) of s.
718 459.022, and paragraph (b) of subsection (7) of s. 459.023,
719 Florida Statutes, are reenacted for the purpose of incorporating
720 the amendment made by this act to s. 458.347, Florida Statutes,
721 in references thereto.

722 Section 20. Paragraph (a) of subsection (1) of s. 456.041,
723 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
724 459.025, Florida Statutes, are reenacted for the purpose of
725 incorporating the amendment made by this act to s. 464.012,

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726 Florida Statutes, in references thereto.

727 Section 21. Subsection (11) of s. 320.0848, subsection (2)
728 of s. 464.008, subsection (5) of s. 464.009, subsection (2) of
729 s. 464.018, and paragraph (b) of subsection (1), subsection (3),
730 and paragraph (b) of subsection (4) of s. 464.0205, Florida
731 Statutes, are reenacted for the purpose of incorporating the
732 amendment made by this act to s. 464.018, Florida Statutes, in
733 references thereto.

734 Section 22. Section 775.051, Florida Statutes, is reenacted
735 for the purpose of incorporating the amendment made by this act
736 to s. 893.02, Florida Statutes, in a reference thereto.

737 Section 23. Paragraph (a) of subsection (3) of s. 944.17,
738 subsection (8) of s. 948.001, and paragraph (e) of subsection
739 (1) of s. 948.101, Florida Statutes, are reenacted for the
740 purpose of incorporating the amendment made by this act to s.
741 948.03, Florida Statutes, in references thereto.

742 Section 24. This act shall take effect July 1, 2015.