



ENROLLED

HB 423, Engrossed 3

2016 Legislature

1  
2       An act relating to access to health care services;  
3       amending s. 110.12315, F.S.; expanding the categories  
4       of persons who may prescribe brand name drugs under  
5       the prescription drug program when medically  
6       necessary; amending ss. 310.071, 310.073, and 310.081,  
7       F.S.; exempting controlled substances prescribed by an  
8       advanced registered nurse practitioner or a physician  
9       assistant from the disqualifications for certification  
10      or licensure, and for continued certification or  
11      licensure, as a deputy pilot or state pilot; amending  
12      s. 456.072, F.S.; applying existing penalties for  
13      violations relating to the prescribing or dispensing  
14      of controlled substances by an advanced registered  
15      nurse practitioner; amending s. 456.44, F.S.; defining  
16      the term "registrant"; deleting an obsolete date;  
17      requiring advanced registered nurse practitioners and  
18      physician assistants who prescribe controlled  
19      substances for the treatment of certain pain to make a  
20      certain designation, comply with registration  
21      requirements, and follow specified standards of  
22      practice; providing applicability; amending ss.  
23      458.3265 and 459.0137, F.S.; limiting the authority to  
24      prescribe a controlled substance in a pain-management  
25      clinic only to a physician licensed under ch. 458 or  
26      ch. 459, F.S.; amending s. 458.347, F.S.; revising the



ENROLLED

HB 423, Engrossed 3

2016 Legislature

27        required continuing education requirements for a  
28        physician assistant; requiring that a specified  
29        formulary limit the prescription of certain controlled  
30        substances by physician assistants as of a specified  
31        date; amending s. 464.003, F.S.; revising the term  
32        "advanced or specialized nursing practice"; deleting  
33        the joint committee established in the definition;  
34        amending s. 464.012, F.S.; requiring the Board of  
35        Nursing to establish a committee to recommend a  
36        formulary of controlled substances that may not be  
37        prescribed, or may be prescribed only on a limited  
38        basis, by an advanced registered nurse practitioner;  
39        specifying the membership of the committee; providing  
40        parameters for the formulary; requiring that the  
41        formulary be adopted by board rule; specifying the  
42        process for amending the formulary and imposing a  
43        burden of proof; limiting the formulary's application  
44        in certain instances; requiring the board to adopt the  
45        committee's initial recommendations by a specified  
46        date; providing a short title; authorizing an advanced  
47        registered nurse practitioner to prescribe, dispense,  
48        administer, or order drugs, including certain  
49        controlled substances under certain circumstances, as  
50        of a specified date; amending s. 464.013, F.S.;  
51        revising continuing education requirements for renewal  
52        of a license or certificate; amending s. 464.018,



ENROLLED

HB 423, Engrossed 3

2016 Legislature

F.S.; specifying acts that constitute grounds for denial of a license or for disciplinary action against an advanced registered nurse practitioner; creating s. 627.42392, F.S.; defining the term "health insurer"; requiring that certain health insurers that do not already use a certain form use only a prior authorization form approved by the Financial Services Commission in consultation with the Agency for Health Care Administration; requiring the commission in consultation with the agency to adopt by rule guidelines for such forms; providing that prior-authorization approvals do not preclude certain benefit verifications or medical reviews; amending s. 766.1115, F.S.; revising the definition of the term "contract"; amending s. 893.02, F.S.; revising the term "practitioner" to include advanced registered nurse practitioners and physician assistants under the Florida Comprehensive Drug Abuse Prevention and Control Act if a certain requirement is met; amending s. 948.03, F.S.; providing that possession of drugs or narcotics prescribed by an advanced registered nurse practitioner or a physician assistant does not violate a prohibition relating to the possession of drugs or narcotics during probation; amending ss. 458.348 and 459.025, F.S.; conforming provisions to changes made by the act; reenacting ss. 458.331(10), 458.347(7)(g),



ENROLLED

HB 423, Engrossed 3

2016 Legislature

459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,  
to incorporate the amendment made to s. 456.072, F.S.,  
in references thereto; reenacting ss. 456.072(1)(mm)  
and 466.02751, F.S., to incorporate the amendment made  
to s. 456.44, F.S., in references thereto; reenacting  
ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),  
and 459.023(7)(b), F.S., to incorporate the amendment  
made to s. 458.347, F.S., in references thereto;  
reenacting s. 464.012(3)(c), F.S., to incorporate the  
amendment made to s. 464.003, F.S., in a reference  
thereto; reenacting ss. 456.041(1)(a), 458.348(1) and  
(2), and 459.025(1), F.S., to incorporate the  
amendment made to s. 464.012, F.S., in references  
thereto; reenacting s. 464.0205(7), F.S., to  
incorporate the amendment made to s. 464.013, F.S., in  
a reference thereto; reenacting ss. 320.0848(11),  
464.008(2), 464.009(5), and 464.0205(1)(b), (3), and  
(4)(b), F.S., to incorporate the amendment made to s.  
464.018, F.S., in references thereto; reenacting s.  
775.051, F.S., to incorporate the amendment made to s.  
893.02, F.S., in a reference thereto; reenacting ss.  
944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to  
incorporate the amendment made to s. 948.03, F.S., in  
references thereto; providing effective dates.

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

Section 2. Paragraph (c) of subsection (1) of section 310.071, Florida Statutes, is amended, and subsection (3) of that section is republished, to read:

310.071 Deputy pilot certification.—



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

134 (c) Be in good physical and mental health, as evidenced by  
135 documentary proof of having satisfactorily passed a complete  
136 physical examination administered by a licensed physician within  
137 the preceding 6 months. The board shall adopt rules to establish  
138 requirements for passing the physical examination, which rules  
139 shall establish minimum standards for the physical or mental  
140 capabilities necessary to carry out the professional duties of a  
141 certificated deputy pilot. Such standards shall include zero  
142 tolerance for any controlled substance regulated under chapter  
143 893 unless that individual is under the care of a physician, an  
144 advanced registered nurse practitioner, or a physician assistant  
145 and that controlled substance was prescribed by that physician,  
146 advanced registered nurse practitioner, or physician assistant.

147 To maintain eligibility as a certificated deputy pilot, each  
148 certificated deputy pilot must annually provide documentary  
149 proof of having satisfactorily passed a complete physical  
150 examination administered by a licensed physician. The physician  
151 must know the minimum standards and certify that the  
152 certificateholder satisfactorily meets the standards. The  
153 standards for certificateholders shall include a drug test.

154 (3) The initial certificate issued to a deputy pilot shall  
155 be valid for a period of 12 months, and at the end of this  
156 period, the certificate shall automatically expire and shall not



ENROLLED

HB 423, Engrossed 3

2016 Legislature

157 be renewed. During this period, the board shall thoroughly  
158 evaluate the deputy pilot's performance for suitability to  
159 continue training and shall make appropriate recommendations to  
160 the department. Upon receipt of a favorable recommendation by  
161 the board, the department shall issue a certificate to the  
162 deputy pilot, which shall be valid for a period of 2 years. The  
163 certificate may be renewed only two times, except in the case of  
164 a fully licensed pilot who is cross-licensed as a deputy pilot  
165 in another port, and provided the deputy pilot meets the  
166 requirements specified for pilots in paragraph (1)(c).

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

169 310.073 State pilot licensing.—In addition to meeting  
170 other requirements specified in this chapter, each applicant for  
171 license as a state pilot must:

172 (3) Be in good physical and mental health, as evidenced by  
173 documentary proof of having satisfactorily passed a complete  
174 physical examination administered by a licensed physician within  
175 the preceding 6 months. The board shall adopt rules to establish  
176 requirements for passing the physical examination, which rules  
177 shall establish minimum standards for the physical or mental  
178 capabilities necessary to carry out the professional duties of a  
179 licensed state pilot. Such standards shall include zero  
180 tolerance for any controlled substance regulated under chapter  
181 893 unless that individual is under the care of a physician, an  
182 advanced registered nurse practitioner, or a physician assistant



ENROLLED

HB 423, Engrossed 3

2016 Legislature

183 and that controlled substance was prescribed by that physician,  
184 advanced registered nurse practitioner, or physician assistant.

185 To maintain eligibility as a licensed state pilot, each licensed  
186 state pilot must annually provide documentary proof of having  
187 satisfactorily passed a complete physical examination  
188 administered by a licensed physician. The physician must know  
189 the minimum standards and certify that the licensee  
190 satisfactorily meets the standards. The standards for licensees  
191 shall include a drug test.

192 Section 4. Paragraph (b) of subsection (3) of section  
193 310.081, Florida Statutes, is amended to read:

194 310.081 Department to examine and license state pilots and  
195 certificate deputy pilots; vacancies.—

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

198 (b) Are in good physical and mental health as evidenced by  
199 documentary proof of having satisfactorily passed a physical  
200 examination administered by a licensed physician or physician  
201 assistant within each calendar year. The board shall adopt rules  
202 to establish requirements for passing the physical examination,  
203 which rules shall establish minimum standards for the physical  
204 or mental capabilities necessary to carry out the professional  
205 duties of a licensed state pilot or a certificated deputy pilot.  
206 Such standards shall include zero tolerance for any controlled  
207 substance regulated under chapter 893 unless that individual is  
208 under the care of a physician, an advanced registered nurse



ENROLLED

HB 423, Engrossed 3

2016 Legislature

practitioner, or a physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test.

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

Section 5. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—

(7) Notwithstanding subsection (2), upon a finding that a physician has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), or that an advanced registered nurse practitioner has prescribed or dispensed a



ENROLLED

HB 423, Engrossed 3

2016 Legislature

235 controlled substance, or caused a controlled substance to be  
236 prescribed or dispensed, in a manner that violates the standard  
237 of practice set forth in s. 464.018(1)(n) or (p)6., the  
238 physician or advanced registered nurse practitioner shall be  
239 suspended for a period of not less than 6 months and pay a fine  
240 of not less than \$10,000 per count. Repeated violations shall  
241 result in increased penalties.

242 Section 6. Section 456.44, Florida Statutes, is amended to  
243 read:

244 456.44 Controlled substance prescribing.—

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

246 (a) "Addiction medicine specialist" means a board-  
247 certified psychiatrist with a subspecialty certification in  
248 addiction medicine or who is eligible for such subspecialty  
249 certification in addiction medicine, an addiction medicine  
250 physician certified or eligible for certification by the  
251 American Society of Addiction Medicine, or an osteopathic  
252 physician who holds a certificate of added qualification in  
253 Addiction Medicine through the American Osteopathic Association.

254 (b) "Adverse incident" means any incident set forth in s.  
255 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

256 (c) "Board-certified pain management physician" means a  
257 physician who possesses board certification in pain medicine by  
258 the American Board of Pain Medicine, board certification by the  
259 American Board of Interventional Pain Physicians, or board  
260 certification or subcertification in pain management or pain



ENROLLED

HB 423, Engrossed 3

2016 Legislature

261 medicine by a specialty board recognized by the American  
262 Association of Physician Specialists or the American Board of  
263 Medical Specialties or an osteopathic physician who holds a  
264 certificate in Pain Management by the American Osteopathic  
265 Association.

266 (d) "Board eligible" means successful completion of an  
267 anesthesia, physical medicine and rehabilitation, rheumatology,  
268 or neurology residency program approved by the Accreditation  
269 Council for Graduate Medical Education or the American  
270 Osteopathic Association for a period of 6 years from successful  
271 completion of such residency program.

272 (e) "Chronic nonmalignant pain" means pain unrelated to  
273 cancer which persists beyond the usual course of disease or the  
274 injury that is the cause of the pain or more than 90 days after  
275 surgery.

276 (f) "Mental health addiction facility" means a facility  
277 licensed under chapter 394 or chapter 397.

278 (g) "Registrant" means a physician, a physician assistant,  
279 or an advanced registered nurse practitioner who meets the  
280 requirements of subsection (2).

281 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician  
282 licensed under chapter 458, chapter 459, chapter 461, or chapter  
283 466, a physician assistant licensed under chapter 458 or chapter  
284 459, or an advanced registered nurse practitioner certified  
285 under part I of chapter 464 who prescribes any controlled  
286 substance, listed in Schedule II, Schedule III, or Schedule IV



ENROLLED

HB 423, Engrossed 3

2016 Legislature

as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

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

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

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

(a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the registrant ~~clinician~~ who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each



ENROLLED

HB 423, Engrossed 3

2016 Legislature

313 patient's risk of aberrant drug-related behavior, which may  
314 include patient drug testing. Registrants must assess each  
315 patient's risk for aberrant drug-related behavior and monitor  
316 that risk on an ongoing basis in accordance with the plan.

317 (b) Each registrant must develop a written individualized  
318 treatment plan for each patient. The treatment plan shall state  
319 objectives that will be used to determine treatment success,  
320 such as pain relief and improved physical and psychosocial  
321 function, and shall indicate if any further diagnostic  
322 evaluations or other treatments are planned. After treatment  
323 begins, the registrant ~~physician~~ shall adjust drug therapy to  
324 the individual medical needs of each patient. Other treatment  
325 modalities, including a rehabilitation program, shall be  
326 considered depending on the etiology of the pain and the extent  
327 to which the pain is associated with physical and psychosocial  
328 impairment. The interdisciplinary nature of the treatment plan  
329 shall be documented.

330 (c) The registrant ~~physician~~ shall discuss the risks and  
331 benefits of the use of controlled substances, including the  
332 risks of abuse and addiction, as well as physical dependence and  
333 its consequences, with the patient, persons designated by the  
334 patient, or the patient's surrogate or guardian if the patient  
335 is incompetent. The registrant ~~physician~~ shall use a written  
336 controlled substance agreement between the registrant ~~physician~~  
337 and the patient outlining the patient's responsibilities,  
338 including, but not limited to:



ENROLLED

HB 423, Engrossed 3

2016 Legislature

339 1. Number and frequency of controlled substance  
340 prescriptions and refills.

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

343 3. An agreement that controlled substances for the  
344 treatment of chronic nonmalignant pain shall be prescribed by a  
345 single treating registrant ~~physician~~ unless otherwise authorized  
346 by the treating registrant ~~physician~~ and documented in the  
347 medical record.

348 (d) The patient shall be seen by the registrant ~~physician~~  
349 at regular intervals, not to exceed 3 months, to assess the  
350 efficacy of treatment, ensure that controlled substance therapy  
351 remains indicated, evaluate the patient's progress toward  
352 treatment objectives, consider adverse drug effects, and review  
353 the etiology of the pain. Continuation or modification of  
354 therapy shall depend on the registrant's ~~physician's~~ evaluation  
355 of the patient's progress. If treatment goals are not being  
356 achieved, despite medication adjustments, the registrant  
357 ~~physician~~ shall reevaluate the appropriateness of continued  
358 treatment. The registrant ~~physician~~ shall monitor patient  
359 compliance in medication usage, related treatment plans,  
360 controlled substance agreements, and indications of substance  
361 abuse or diversion at a minimum of 3-month intervals.

362 (e) The registrant ~~physician~~ shall refer the patient as  
363 necessary for additional evaluation and treatment in order to  
364 achieve treatment objectives. Special attention shall be given



ENROLLED

HB 423, Engrossed 3

2016 Legislature

to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addiction medicine specialist or a psychiatrist.

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

1. The complete medical history and a physical examination, including history of drug abuse or dependence.
2. Diagnostic, therapeutic, and laboratory results.
3. Evaluations and consultations.
4. Treatment objectives.
5. Discussion of risks and benefits.
6. Treatments.
7. Medications, including date, type, dosage, and quantity prescribed.
8. Instructions and agreements.
9. Periodic reviews.
10. Results of any drug testing.
11. A photocopy of the patient's government-issued photo



ENROLLED

HB 423, Engrossed 3

2016 Legislature

391 identification.

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

394 13. The registrant's ~~physician's~~ full name presented in a  
395 legible manner.

396 (g) A registrant shall immediately refer patients with  
397 signs or symptoms of substance abuse ~~shall be immediately~~  
398 ~~referred~~ to a board-certified pain management physician, an  
399 addiction medicine specialist, or a mental health addiction  
400 facility as it pertains to drug abuse or addiction unless the  
401 registrant is a physician who is board-certified or board-  
402 eligible in pain management. Throughout the period of time  
403 before receiving the consultant's report, a prescribing  
404 registrant ~~physician~~ shall clearly and completely document  
405 medical justification for continued treatment with controlled  
406 substances and those steps taken to ensure medically appropriate  
407 use of controlled substances by the patient. Upon receipt of the  
408 consultant's written report, the prescribing registrant  
409 ~~physician~~ shall incorporate the consultant's recommendations for  
410 continuing, modifying, or discontinuing controlled substance  
411 therapy. The resulting changes in treatment shall be  
412 specifically documented in the patient's medical record.  
413 Evidence or behavioral indications of diversion shall be  
414 followed by discontinuation of controlled substance therapy, and  
415 the patient shall be discharged, and all results of testing and  
416 actions taken by the registrant ~~physician~~ shall be documented in



ENROLLED

HB 423, Engrossed 3

2016 Legislature

the patient's medical record.

This subsection does not apply to a board-eligible or board-certified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-eligible or board-certified medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is board eligible or board certified in pain medicine by the American Board of Pain Medicine, the American Board of Interventional Pain Physicians, the American Association of Physician Specialists, or a board approved by the American Board of Medical Specialties or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a registrant ~~physician~~ who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395.

Section 7. Paragraph (b) of subsection (2) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.—

(2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a



ENROLLED

HB 423, Engrossed 3

2016 Legislature

443 pain-management clinic that is required to be registered in  
444 subsection (1).

445 (b) ~~Only a person may not dispense any medication on the~~  
446 ~~premises of a registered pain-management clinic unless he or she~~  
447 ~~is a physician licensed under this chapter or chapter 459~~ may  
448 dispense medication or prescribe a controlled substance  
449 regulated under chapter 893 on the premises of a registered  
450 pain-management clinic.

451 Section 8. Paragraph (b) of subsection (2) of section  
452 459.0137, Florida Statutes, is amended to read:

453 459.0137 Pain-management clinics.—

454 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
455 apply to any osteopathic physician who provides professional  
456 services in a pain-management clinic that is required to be  
457 registered in subsection (1).

458 (b) ~~Only a person may not dispense any medication on the~~  
459 ~~premises of a registered pain-management clinic unless he or she~~  
460 ~~is a physician licensed under this chapter or chapter 458~~ may  
461 dispense medication or prescribe a controlled substance  
462 regulated under chapter 893 on the premises of a registered  
463 pain-management clinic.

464 Section 9. Paragraph (e) of subsection (4) of section  
465 458.347, Florida Statutes, is amended, and paragraph (c) of  
466 subsection (9) of that section is republished, to read:

467 458.347 Physician assistants.—

468 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.

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

3. The physician assistant must file with the department a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which



ENROLLED

HB 423, Engrossed 3

2016 Legislature

495 is offered by a statewide professional association of physicians  
496 in this state accredited to provide educational activities  
497 designated for the American Medical Association Physician's  
498 Recognition Award Category 1 credit or designated by the  
499 American Academy of Physician Assistants as a Category 1 credit.

500 4. The department may issue a prescriber number to the  
501 physician assistant granting authority for the prescribing of  
502 medicinal drugs authorized within this paragraph upon completion  
503 of the foregoing requirements. The physician assistant shall not  
504 be required to independently register pursuant to s. 465.0276.

505 5. The prescription must be written in a form that  
506 complies with chapter 499 and must contain, in addition to the  
507 supervisory physician's name, address, and telephone number, the  
508 physician assistant's prescriber number. Unless it is a drug or  
509 drug sample dispensed by the physician assistant, the  
510 prescription must be filled in a pharmacy permitted under  
511 chapter 465 and must be dispensed in that pharmacy by a  
512 pharmacist licensed under chapter 465. The appearance of the  
513 prescriber number creates a presumption that the physician  
514 assistant is authorized to prescribe the medicinal drug and the  
515 prescription is valid.

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

518 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
519 Physician Assistants is created within the department.

520 (c) The council shall:



ENROLLED

HB 423, Engrossed 3

2016 Legislature

521           1. Recommend to the department the licensure of physician  
522 assistants.

523           2. Develop all rules regulating the use of physician  
524 assistants by physicians under this chapter and chapter 459,  
525 except for rules relating to the formulary developed under  
526 paragraph (4)(f). The council shall also develop rules to ensure  
527 that the continuity of supervision is maintained in each  
528 practice setting. The boards shall consider adopting a proposed  
529 rule developed by the council at the regularly scheduled meeting  
530 immediately following the submission of the proposed rule by the  
531 council. A proposed rule submitted by the council may not be  
532 adopted by either board unless both boards have accepted and  
533 approved the identical language contained in the proposed rule.  
534 The language of all proposed rules submitted by the council must  
535 be approved by both boards pursuant to each respective board's  
536 guidelines and standards regarding the adoption of proposed  
537 rules. If either board rejects the council's proposed rule, that  
538 board must specify its objection to the council with  
539 particularity and include any recommendations it may have for  
540 the modification of the proposed rule.

541           3. Make recommendations to the boards regarding all  
542 matters relating to physician assistants.

543           4. Address concerns and problems of practicing physician  
544 assistants in order to improve safety in the clinical practices  
545 of licensed physician assistants.

546           Section 10. Effective January 1, 2017, paragraph (f) of



ENROLLED

HB 423, Engrossed 3

2016 Legislature

subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(f)1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under this section or s. 459.022 may not prescribe. The formulary must include ~~controlled substances as defined in chapter 893,~~ general anesthetics, and radiographic contrast materials, and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply. The formulary must also restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years of age.

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

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

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120



ENROLLED

HB 423, Engrossed 3

2016 Legislature

to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the provisions of this paragraph and paragraph (e).

Section 11. Subsection (2) of section 464.003, Florida Statutes, is amended to read:

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

(2) "Advanced or specialized nursing practice" 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 advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation as authorized within the framework of an established supervisory protocol ~~which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom must be advanced registered nurse practitioners; three~~



ENROLLED

HB 423, Engrossed 3

2016 Legislature

~~members appointed by the Board of Medicine, two of whom must have had work experience with advanced registered nurse practitioners; and the State Surgeon General or the State Surgeon General's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee, such acts must be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance.~~

The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348.

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

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

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

(a) Satisfactory completion of a formal postbasic



ENROLLED

HB 423, Engrossed 3

2016 Legislature

educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.

(b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse anesthetists and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.

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

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

(3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the



ENROLLED

HB 423, Engrossed 3

2016 Legislature

framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:

(a) Monitor and alter drug therapies.  
(b) Initiate appropriate therapies for certain conditions.  
(c) Perform additional functions as may be determined by rule in accordance with s. 464.003(2).

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

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

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

1. Determine the health status of the patient as it



ENROLLED

HB 423, Engrossed 3

2016 Legislature

677 relates to the risk factors and to the anesthetic management of  
678 the patient through the performance of the general functions.

679 2. Based on history, physical assessment, and supplemental  
680 laboratory results, determine, with the consent of the  
681 responsible physician, the appropriate type of anesthesia within  
682 the framework of the protocol.

683 3. Order under the protocol preanesthetic medication.

684 4. Perform under the protocol procedures commonly used to  
685 render the patient insensible to pain during the performance of  
686 surgical, obstetrical, therapeutic, or diagnostic clinical  
687 procedures. These procedures include ordering and administering  
688 regional, spinal, and general anesthesia; inhalation agents and  
689 techniques; intravenous agents and techniques; and techniques of  
690 hypnosis.

691 5. Order or perform monitoring procedures indicated as  
692 pertinent to the anesthetic health care management of the  
693 patient.

694 6. Support life functions during anesthesia health care,  
695 including induction and intubation procedures, the use of  
696 appropriate mechanical supportive devices, and the management of  
697 fluid, electrolyte, and blood component balances.

698 7. Recognize and take appropriate corrective action for  
699 abnormal patient responses to anesthesia, adjunctive medication,  
700 or other forms of therapy.

701 8. Recognize and treat a cardiac arrhythmia while the  
702 patient is under anesthetic care.



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

1. Perform superficial minor surgical procedures.

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

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

4. Perform postpartum examination.

5. Order appropriate medications.

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

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

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

1. Manage selected medical problems.

2. Order physical and occupational therapy.

3. Initiate, monitor, or alter therapies for certain



ENROLLED

HB 423, Engrossed 3

2016 Legislature

729 uncomplicated acute illnesses.

730 4. Monitor and manage patients with stable chronic  
731 diseases.

732 5. Establish behavioral problems and diagnosis and make  
733 treatment recommendations.

734 (5) The board shall certify, and the department shall  
735 issue a certificate to, any nurse meeting the qualifications in  
736 this section. The board shall establish an application fee not  
737 to exceed \$100 and a biennial renewal fee not to exceed \$50. The  
738 board is authorized to adopt such other rules as are necessary  
739 to implement the provisions of this section.

740 (6) (a) The board shall establish a committee to recommend  
741 a formulary of controlled substances that an advanced registered  
742 nurse practitioner may not prescribe or may prescribe only for  
743 specific uses or in limited quantities. The committee must  
744 consist of three advanced registered nurse practitioners  
745 licensed under this section, recommended by the board; three  
746 physicians licensed under chapter 458 or chapter 459 who have  
747 work experience with advanced registered nurse practitioners,  
748 recommended by the Board of Medicine; and a pharmacist licensed  
749 under chapter 465 who is a doctor of pharmacy, recommended by  
750 the Board of Pharmacy. The committee may recommend an evidence-  
751 based formulary applicable to all advanced registered nurse  
752 practitioners which is limited by specialty certification, is  
753 limited to approved uses of controlled substances, or is subject  
754 to other similar restrictions the committee finds are necessary



ENROLLED

HB 423, Engrossed 3

2016 Legislature

755 to protect the health, safety, and welfare of the public. The  
756 formulary must restrict the prescribing of psychiatric mental  
757 health controlled substances for children younger than 18 years  
758 of age to advanced registered nurse practitioners who also are  
759 psychiatric nurses as defined in s. 394.455. The formulary must  
760 also limit the prescribing of Schedule II controlled substances  
761 as listed in s. 893.03 to a 7-day supply, except that such  
762 restriction does not apply to controlled substances that are  
763 psychiatric medications prescribed by psychiatric nurses as  
764 defined in s. 394.455.

765 (b) The board shall adopt by rule the recommended  
766 formulary and any revision to the formulary which it finds is  
767 supported by evidence-based clinical findings presented by the  
768 Board of Medicine, the Board of Osteopathic Medicine, or the  
769 Board of Dentistry.

770 (c) The formulary required under this subsection does not  
771 apply to a controlled substance that is dispensed for  
772 administration pursuant to an order, including an order for  
773 medication authorized by subparagraph (4)(a)3., subparagraph  
774 (4)(a)4., or subparagraph (4)(a)9.

775 (d) The board shall adopt the committee's initial  
776 recommendation no later than October 31, 2016.

777 (7) This section shall be known as "The Barbara Lumpkin  
778 Prescribing Act."

779 Section 13. Effective January 1, 2017, subsection (3) of  
780 section 464.012, Florida Statutes, as amended by this act, is



ENROLLED

HB 423, Engrossed 3

2016 Legislature

781 amended to read:

782 464.012 Certification of advanced registered nurse  
783 practitioners; fees; controlled substance prescribing.—

784 (3) An advanced registered nurse practitioner shall  
785 perform those functions authorized in this section within the  
786 framework of an established protocol that is filed with the  
787 board upon biennial license renewal and within 30 days after  
788 entering into a supervisory relationship with a physician or  
789 changes to the protocol. The board shall review the protocol to  
790 ensure compliance with applicable regulatory standards for  
791 protocols. The board shall refer to the department licensees  
792 submitting protocols that are not compliant with the regulatory  
793 standards for protocols. A practitioner currently licensed under  
794 chapter 458, chapter 459, or chapter 466 shall maintain  
795 supervision for directing the specific course of medical  
796 treatment. Within the established framework, an advanced  
797 registered nurse practitioner may:

798 (a) Prescribe, dispense, administer, or order any drug;  
799 however, an advanced registered nurse practitioner may prescribe  
800 or dispense a controlled substance as defined in s. 893.03 only  
801 if the advanced registered nurse practitioner has graduated from  
802 a program leading to a master's or doctoral degree in a clinical  
803 nursing specialty area with training in specialized practitioner  
804 skills ~~Monitor and alter drug therapies.~~

805 (b) Initiate appropriate therapies for certain conditions.

806 (c) Perform additional functions as may be determined by



ENROLLED

HB 423, Engrossed 3

2016 Legislature

rule in accordance with s. 464.003(2).

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

Section 14. Subsection (3) of section 464.013, Florida Statutes, is amended to read:

464.013 Renewal of license or certificate.—

(3) The board shall by rule prescribe up to 30 hours of continuing education biennially as a condition for renewal of a license or certificate.

(a) A nurse who is certified by a health care specialty program accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification is exempt from continuing education requirements. The criteria for programs must ~~shall~~ be approved by the board.

(b) Notwithstanding the exemption in paragraph (a), as part of the maximum 30 hours of continuing education hours required under this subsection, advanced registered nurse practitioners certified under s. 464.012 must complete at least 3 hours of continuing education on the safe and effective prescription of controlled substances. Such continuing education courses must be offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, the American Nurses Credentialing Center, the American Association of Nurse Anesthetists, or the American Association of Nurse Practitioners



ENROLLED

HB 423, Engrossed 3

2016 Legislature

and may be offered in a distance learning format.

Section 15. Paragraph (p) is added to subsection (1) of section 464.018, Florida Statutes, and subsection (2) of that section is republished, to read:

464.018 Disciplinary actions.—

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

(p) For an advanced registered nurse practitioner:

1. Presigning blank prescription forms.

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

3. Prescribing, ordering, dispensing, administering, supplying, selling, or giving a drug that is an amphetamine, a sympathomimetic amine drug, or a compound designated in s. 893.03(2) as a Schedule II controlled substance, to or for any person except for:

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

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

c. The clinical investigation of the effects of such drugs or compounds when an investigative protocol is submitted to,



ENROLLED

HB 423, Engrossed 3

2016 Legislature

859 reviewed by, and approved by the department before such  
860 investigation is begun.

861 4. Prescribing, ordering, dispensing, administering,  
862 supplying, selling, or giving growth hormones, testosterone or  
863 its analogs, human chorionic gonadotropin (HCG), or other  
864 hormones for the purpose of muscle building or to enhance  
865 athletic performance. As used in this subparagraph, the term  
866 "muscle building" does not include the treatment of injured  
867 muscle. A prescription written for the drug products identified  
868 in this subparagraph may be dispensed by a pharmacist with the  
869 presumption that the prescription is for legitimate medical use.

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

873 6. Prescribing, dispensing, administering, mixing, or  
874 otherwise preparing a legend drug, including a controlled  
875 substance, other than in the course of his or her professional  
876 practice. For the purposes of this subparagraph, it is legally  
877 presumed that prescribing, dispensing, administering, mixing, or  
878 otherwise preparing legend drugs, including all controlled  
879 substances, inappropriately or in excessive or inappropriate  
880 quantities is not in the best interest of the patient and is not  
881 in the course of the advanced registered nurse practitioner's  
882 professional practice, without regard to his or her intent.

883 7. Prescribing, dispensing, or administering a medicinal  
884 drug appearing on any schedule set forth in chapter 893 to



ENROLLED

HB 423, Engrossed 3

2016 Legislature

885 himself or herself, except a drug prescribed, dispensed, or  
886 administered to the advanced registered nurse practitioner by  
887 another practitioner authorized to prescribe, dispense, or  
888 administer medicinal drugs.

889 8. Prescribing, ordering, dispensing, administering,  
890 supplying, selling, or giving amygdalin (laetrile) to any  
891 person.

892 9. Dispensing a substance designated in s. 893.03(2) or  
893 (3) as a substance controlled in Schedule II or Schedule III,  
894 respectively, in violation of s. 465.0276.

895 10. Promoting or advertising through any communication  
896 medium the use, sale, or dispensing of a substance designated in  
897 s. 893.03 as a controlled substance.

898 (2) The board may enter an order denying licensure or  
899 imposing any of the penalties in s. 456.072(2) against any  
900 applicant for licensure or licensee who is found guilty of  
901 violating any provision of subsection (1) of this section or who  
902 is found guilty of violating any provision of s. 456.072(1).

903 Section 16. Section 627.42392, Florida Statutes, is  
904 created to read:

905 627.42392 Prior authorization.—

906 (1) As used in this section, the term "health insurer"  
907 means an authorized insurer offering health insurance as defined  
908 in s. 624.603, a managed care plan as defined in s. 409.962(9),  
909 or a health maintenance organization as defined in s.  
910 641.19(12).



ENROLLED

HB 423, Engrossed 3

2016 Legislature

911        (2) Notwithstanding any other provision of law, in order  
912 to establish uniformity in the submission of prior authorization  
913 forms on or after January 1, 2017, a health insurer, or a  
914 pharmacy benefits manager on behalf of the health insurer, which  
915 does not use an electronic prior authorization form for its  
916 contracted providers shall use only the prior authorization form  
917 that has been approved by the Financial Services Commission in  
918 consultation with the Agency for Health Care Administration to  
919 obtain a prior authorization for a medical procedure, course of  
920 treatment, or prescription drug benefit. Such form may not  
921 exceed two pages in length, excluding any instructions or  
922 guiding documentation.

923        (3) The Financial Services Commission in consultation with  
924 the Agency for Health Care Administration shall adopt by rule  
925 guidelines for all prior authorization forms which ensure the  
926 general uniformity of such forms.

927        (4) Electronic prior-authorization approvals do not  
928 preclude benefit verification or medical review by the insurer  
929 under either the medical or pharmacy benefits.

930        Section 17. Paragraph (a) of subsection (3) of section  
931 766.1115, Florida Statutes, is amended to read:

932        766.1115 Health care providers; creation of agency  
933 relationship with governmental contractors.—

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

935        (a) "Contract" means an agreement executed in compliance  
936 with this section between a health care provider and a



ENROLLED

HB 423, Engrossed 3

2016 Legislature

937 governmental contractor for volunteer, uncompensated services  
938 which allows the health care provider to deliver health care  
939 services to low-income recipients as an agent of the  
940 governmental contractor. ~~The contract must be for volunteer,~~  
941 ~~uncompensated services, except as provided in paragraph (4)(g).~~  
942 For services to qualify as volunteer, uncompensated services  
943 under this section, the health care provider, or any employee or  
944 agent of the health care provider, must receive no compensation  
945 from the governmental contractor for any services provided under  
946 the contract and must not bill or accept compensation from the  
947 recipient, or a public or private third-party payor, for the  
948 specific services provided to the low-income recipients covered  
949 by the contract, except as provided in paragraph (4)(g). A free  
950 clinic as described in subparagraph (d)14. may receive a  
951 legislative appropriation, a grant through a legislative  
952 appropriation, or a grant from a governmental entity or  
953 nonprofit corporation to support the delivery of contracted  
954 services by volunteer health care providers, including the  
955 employment of health care providers to supplement, coordinate,  
956 or support the delivery of such services. The appropriation or  
957 grant for the free clinic does not constitute compensation under  
958 this paragraph from the governmental contractor for services  
959 provided under the contract, nor does receipt or use of the  
960 appropriation or grant constitute the acceptance of compensation  
961 under this paragraph for the specific services provided to the  
962 low-income recipients covered by the contract.



ENROLLED

HB 423, Engrossed 3

2016 Legislature

963           Section 18. Subsection (21) of section 893.02, Florida  
964 Statutes, is amended to read:

965           893.02 Definitions.—The following words and phrases as  
966 used in this chapter shall have the following meanings, unless  
967 the context otherwise requires:

968           (21) "Practitioner" means a physician licensed under  
969 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
970 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
971 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
972 459, an advanced registered nurse practitioner certified under  
973 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
974 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
975 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
976 461, or a physician assistant licensed under chapter 458 or  
977 chapter 459, provided such practitioner holds a valid federal  
978 controlled substance registry number.

979           Section 19. Paragraph (n) of subsection (1) of section  
980 948.03, Florida Statutes, is amended to read:

981           948.03 Terms and conditions of probation.—

982           (1) The court shall determine the terms and conditions of  
983 probation. Conditions specified in this section do not require  
984 oral pronouncement at the time of sentencing and may be  
985 considered standard conditions of probation. These conditions  
986 may include among them the following, that the probationer or  
987 offender in community control shall:

988           (n) Be prohibited from using intoxicants to excess or



ENROLLED

HB 423, Engrossed 3

2016 Legislature

989 possessing any drugs or narcotics unless prescribed by a  
990 physician, an advanced registered nurse practitioner, or a  
991 physician assistant. The probationer or community controllee may  
992 ~~shall~~ not knowingly visit places where intoxicants, drugs, or  
993 other dangerous substances are unlawfully sold, dispensed, or  
994 used.

995 Section 20. Paragraph (a) of subsection (1) and subsection  
996 (2) of section 458.348, Florida Statutes, are amended to read:

997 458.348 Formal supervisory relationships, standing orders,  
998 and established protocols; notice; standards.—

999 (1) NOTICE.—

1000 (a) When a physician enters into a formal supervisory  
1001 relationship or standing orders with an emergency medical  
1002 technician or paramedic licensed pursuant to s. 401.27, which  
1003 relationship or orders contemplate the performance of medical  
1004 acts, or when a physician enters into an established protocol  
1005 with an advanced registered nurse practitioner, which protocol  
1006 contemplates the performance of medical ~~acts identified and~~  
1007 ~~approved by the joint committee pursuant to s. 464.003(2) or~~  
1008 acts set forth in s. 464.012(3) and (4), the physician shall  
1009 submit notice to the board. The notice shall contain a statement  
1010 in substantially the following form:

1011  
1012 I, ...(name and professional license number of  
1013 physician)..., of ...(address of physician)... have hereby  
1014 entered into a formal supervisory relationship, standing orders,



ENROLLED

HB 423, Engrossed 3

2016 Legislature

1015 or an established protocol with ...(number of persons)...  
1016 emergency medical technician(s), ...(number of persons)...  
1017 paramedic(s), or ...(number of persons)... advanced registered  
1018 nurse practitioner(s).

1019  
1020 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
1021 joint committee ~~created under s. 464.003(2)~~ shall determine  
1022 minimum standards for the content of established protocols  
1023 pursuant to which an advanced registered nurse practitioner may  
1024 perform medical acts ~~identified and approved by the joint~~  
1025 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.  
1026 464.012(3) and (4) and shall determine minimum standards for  
1027 supervision of such acts by the physician, unless the joint  
1028 committee determines that any act set forth in s. 464.012(3) or  
1029 (4) is not a medical act. Such standards shall be based on risk  
1030 to the patient and acceptable standards of medical care and  
1031 shall take into account the special problems of medically  
1032 underserved areas. The standards developed by the joint  
1033 committee shall be adopted as rules by the Board of Nursing and  
1034 the Board of Medicine for purposes of carrying out their  
1035 responsibilities pursuant to part I of chapter 464 and this  
1036 chapter, respectively, but neither board shall have disciplinary  
1037 powers over the licensees of the other board.

1038 Section 21. Paragraph (a) of subsection (1) of section  
1039 459.025, Florida Statutes, is amended to read:

1040 459.025 Formal supervisory relationships, standing orders,



ENROLLED

HB 423, Engrossed 3

2016 Legislature

and established protocols; notice; standards.—

(1) NOTICE.—

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

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

Section 22. Subsection (10) of s. 458.331, paragraph (g) of subsection (7) of s. 458.347, subsection (10) of s. 459.015, paragraph (f) of subsection (7) of s. 459.022, and paragraph (b) of subsection (5) of s. 465.0158, Florida Statutes, are



ENROLLED

HB 423, Engrossed 3

2016 Legislature

reenacted for the purpose of incorporating the amendment made by  
this act to s. 456.072, Florida Statutes, in references thereto.

Section 23. Paragraph (mm) of subsection (1) of s. 456.072  
and s. 466.02751, Florida Statutes, are reenacted for the  
purpose of incorporating the amendment made by this act to s.  
456.44, Florida Statutes, in references thereto.

Section 24. Section 458.303, paragraph (b) of subsection  
(7) of s. 458.3475, paragraph (e) of subsection (4) and  
paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)  
of subsection (7) of s. 459.023, Florida Statutes, are reenacted  
for the purpose of incorporating the amendment made by this act  
to s. 458.347, Florida Statutes, in references thereto.

Section 25. Paragraph (c) of subsection (3) of s. 464.012,  
Florida Statutes, is reenacted for the purpose of incorporating  
the amendment made by this act to s. 464.003, Florida Statutes,  
in a reference thereto.

Section 26. Paragraph (a) of subsection (1) of s. 456.041,  
subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
459.025, Florida Statutes, are reenacted for the purpose of  
incorporating the amendment made by this act to s. 464.012,  
Florida Statutes, in references thereto.

Section 27. Subsection (7) of s. 464.0205, Florida  
Statutes, is reenacted for the purpose of incorporating the  
amendment made by this act to s. 464.013, Florida Statutes, in a  
reference thereto.

Section 28. Subsection (11) of s. 320.0848, subsection (2)



ENROLLED

HB 423, Engrossed 3

2016 Legislature

1093 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)  
1094 of subsection (1), subsection (3), and paragraph (b) of  
1095 subsection (4) of s. 464.0205, Florida Statutes, are reenacted  
1096 for the purpose of incorporating the amendment made by this act  
1097 to s. 464.018, Florida Statutes, in references thereto.

1098 Section 29. Section 775.051, Florida Statutes, is  
1099 reenacted for the purpose of incorporating the amendment made by  
1100 this act to s. 893.02, Florida Statutes, in a reference thereto.

1101 Section 30. Paragraph (a) of subsection (3) of s. 944.17,  
1102 subsection (8) of s. 948.001, and paragraph (e) of subsection  
1103 (1) of s. 948.101, Florida Statutes, are reenacted for the  
1104 purpose of incorporating the amendment made by this act to s.  
1105 948.03, Florida Statutes, in references thereto.

1106 Section 31. Except as otherwise expressly provided in this  
1107 act, this act shall take effect upon becoming a law.  
1108