

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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 WITHDRAWN _____ (Y/N)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

1 Committee/Subcommittee hearing bill: Health Quality
 2 Subcommittee
 3 Representative Peters offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

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

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18 must be based on the cost of the generic equivalent drug if a
19 generic equivalent exists, unless the physician, advanced
20 registered nurse practitioner, or physician assistant
21 prescribing the pharmaceutical clearly states on the
22 prescription that the brand name drug is medically necessary or
23 that the drug product is included on the formulary of drug
24 products that may not be interchanged as provided in chapter
25 465, in which case reimbursement must be based on the cost of
26 the brand name drug as specified in the reimbursement schedule
27 adopted by the department.

28 Section 2. Paragraph (c) of subsection (1) of section
29 310.071, Florida Statutes, is amended, and subsection (3) of
30 that section is republished, to read:

31 310.071 Deputy pilot certification.—

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

35 (c) Be in good physical and mental health, as evidenced by
36 documentary proof of having satisfactorily passed a complete
37 physical examination administered by a licensed physician within
38 the preceding 6 months. The board shall adopt rules to establish
39 requirements for passing the physical examination, which rules
40 shall establish minimum standards for the physical or mental
41 capabilities necessary to carry out the professional duties of a
42 certificated deputy pilot. Such standards shall include zero
43 tolerance for any controlled substance regulated under chapter

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44 893 unless that individual is under the care of a physician,
45 advanced registered nurse practitioner, or physician assistant
46 and that controlled substance was prescribed by that physician,
47 advanced registered nurse practitioner, or physician assistant.

48 To maintain eligibility as a certificated deputy pilot, each
49 certificated deputy pilot must annually provide documentary
50 proof of having satisfactorily passed a complete physical
51 examination administered by a licensed physician. The physician
52 must know the minimum standards and certify that the
53 certificateholder satisfactorily meets the standards. The
54 standards for certificateholders shall include a drug test.

55 (3) The initial certificate issued to a deputy pilot shall
56 be valid for a period of 12 months, and at the end of this
57 period, the certificate shall automatically expire and shall not
58 be renewed. During this period, the board shall thoroughly
59 evaluate the deputy pilot's performance for suitability to
60 continue training and shall make appropriate recommendations to
61 the department. Upon receipt of a favorable recommendation by
62 the board, the department shall issue a certificate to the
63 deputy pilot, which shall be valid for a period of 2 years. The
64 certificate may be renewed only two times, except in the case of
65 a fully licensed pilot who is cross-licensed as a deputy pilot
66 in another port, and provided the deputy pilot meets the
67 requirements specified for pilots in paragraph (1)(c).

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

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70 310.073 State pilot licensing.—In addition to meeting
71 other requirements specified in this chapter, each applicant for
72 license as a state pilot must:

73 (3) Be in good physical and mental health, as evidenced by
74 documentary proof of having satisfactorily passed a complete
75 physical examination administered by a licensed physician within
76 the preceding 6 months. The board shall adopt rules to establish
77 requirements for passing the physical examination, which rules
78 shall establish minimum standards for the physical or mental
79 capabilities necessary to carry out the professional duties of a
80 licensed state pilot. Such standards shall include zero
81 tolerance for any controlled substance regulated under chapter
82 893 unless that individual is under the care of a physician,
83 advanced registered nurse practitioner, or physician assistant
84 and that controlled substance was prescribed by that physician,
85 advanced registered nurse practitioner, or physician assistant.

86 To maintain eligibility as a licensed state pilot, each licensed
87 state pilot must annually provide documentary proof of having
88 satisfactorily passed a complete physical examination
89 administered by a licensed physician. The physician must know
90 the minimum standards and certify that the licensee
91 satisfactorily meets the standards. The standards for licensees
92 shall include a drug test.

93 Section 4. Paragraph (b) of subsection (3) of section
94 310.081, Florida Statutes, is amended to read:

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

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

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

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

126 Section 5. Section 394.453, Florida Statutes, is amended
127 to read:

128 394.453 Legislative intent.—It is the intent of the
129 Legislature to authorize and direct the Department of Children
130 and Families to evaluate, research, plan, and recommend to the
131 Governor and the Legislature programs designed to reduce the
132 occurrence, severity, duration, and disabling aspects of mental,
133 emotional, and behavioral disorders. It is the intent of the
134 Legislature that treatment programs for such disorders shall
135 include, but not be limited to, comprehensive health, social,
136 educational, and rehabilitative services to persons requiring
137 intensive short-term and continued treatment in order to
138 encourage them to assume responsibility for their treatment and
139 recovery. It is intended that such persons be provided with
140 emergency service and temporary detention for evaluation when
141 required; that they be admitted to treatment facilities on a
142 voluntary basis when extended or continuing care is needed and
143 unavailable in the community; that involuntary placement be
144 provided only when expert evaluation determines that it is
145 necessary; that any involuntary treatment or examination be
146 accomplished in a setting which is clinically appropriate and

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147 most likely to facilitate the person's return to the community
148 as soon as possible; and that individual dignity and human
149 rights be guaranteed to all persons who are admitted to mental
150 health facilities or who are being held under s. 394.463. It is
151 the further intent of the Legislature that the least restrictive
152 means of intervention be employed based on the individual needs
153 of each person, within the scope of available services. It is
154 the policy of this state that the use of restraint and seclusion
155 on clients is justified only as an emergency safety measure to
156 be used in response to imminent danger to the client or others.
157 It is, therefore, the intent of the Legislature to achieve an
158 ongoing reduction in the use of restraint and seclusion in
159 programs and facilities serving persons with mental illness. The
160 Legislature further finds the need for additional psychiatrists
161 to be of critical state concern and recommends the establishment
162 of an additional psychiatry program to be offered by one of
163 Florida's schools of medicine currently not offering psychiatry.
164 The program shall seek to integrate primary care and psychiatry
165 and other evolving models of care for persons with mental health
166 and substance use disorders. Additionally, the Legislature finds
167 that the use of telemedicine for patient evaluation, case
168 management, and ongoing care will improve management of patient
169 care and reduce costs of transportation.

170 Section 6. Subsection (2) of section 394.467, Florida
171 Statutes, is amended to read:

172 394.467 Involuntary inpatient placement.—

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173 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
174 retained by a receiving facility or involuntarily placed in a
175 treatment facility upon the recommendation of the administrator
176 of the receiving facility where the patient has been examined
177 and after adherence to the notice and hearing procedures
178 provided in s. 394.4599. The recommendation must be supported by
179 the opinion of a psychiatrist and the second opinion of a
180 clinical psychologist or another psychiatrist, both of whom have
181 personally examined the patient within the preceding 72 hours,
182 that the criteria for involuntary inpatient placement are met.
183 However, in a county that has a population of fewer than 50,000,
184 if the administrator certifies that a psychiatrist or clinical
185 psychologist is not available to provide the second opinion, the
186 second opinion may be provided by a licensed physician who has
187 postgraduate training and experience in diagnosis and treatment
188 of mental and nervous disorders or by a psychiatric nurse. Any
189 ~~second~~ opinion authorized in this subsection may be conducted
190 through a face-to-face examination, in person or by electronic
191 means. Such recommendation shall be entered on an involuntary
192 inpatient placement certificate that authorizes the receiving
193 facility to retain the patient pending transfer to a treatment
194 facility or completion of a hearing.

195 Section 7. Paragraphs (e) and (f) of subsection (1) and
196 paragraph (b) of subsection (4) of section 397.451, Florida
197 Statutes, are amended to read:

198 397.451 Background checks of service provider personnel.—

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199 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
200 EXCEPTIONS.—

201 (e) Personnel employed directly or under contract with the
202 Department of Corrections in an inmate substance abuse program
203 ~~who have direct contact with unmarried inmates under the age of~~
204 ~~18 or with inmates who are developmentally disabled~~ are exempt
205 from the fingerprinting and background check requirements of
206 this section unless they have direct contact with unmarried
207 inmates under the age of 18 or with inmates who are
208 developmentally disabled.

209 (f) Service provider personnel who request an exemption
210 from disqualification must submit the request within 30 days
211 after being notified of the disqualification. If 5 years or more
212 have elapsed since the most recent disqualifying offense,
213 service provider personnel may work with adults with substance
214 use disorders under the supervision of a qualified professional
215 licensed under chapter 490 or chapter 491 or a master's level
216 certified addiction professional until the agency makes a final
217 determination regarding the request for an exemption from
218 disqualification ~~Upon notification of the disqualification, the~~
219 ~~service provider shall comply with requirements regarding~~
220 ~~exclusion from employment in s. 435.06.~~

221 (4) EXEMPTIONS FROM DISQUALIFICATION.—

222 (b) Since rehabilitated substance abuse impaired persons
223 are effective in the successful treatment and rehabilitation of
224 individuals with substance use disorders ~~substance abuse~~

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225 ~~impaired adolescents~~, for service providers which treat
226 adolescents 13 years of age and older, service provider
227 personnel whose background checks indicate crimes under s.
228 817.563, s. 893.13, or s. 893.147 may be exempted from
229 disqualification from employment pursuant to this paragraph.

230 Section 8. Subsection (7) of section 456.072, Florida
231 Statutes, is amended to read:

232 456.072 Grounds for discipline; penalties; enforcement.—

233 (7) Notwithstanding subsection (2), upon a finding that a
234 physician has prescribed or dispensed a controlled substance, or
235 caused a controlled substance to be prescribed or dispensed, in
236 a manner that violates the standard of practice set forth in s.
237 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
238 or (s), or s. 466.028(1)(p) or (x), or that an advanced
239 registered nurse practitioner has prescribed or dispensed a
240 controlled substance, or caused a controlled substance to be
241 prescribed or dispensed in a manner that violates the standard
242 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
243 the physician or advanced registered nurse practitioner shall be
244 suspended for a period of not less than 6 months and pay a fine
245 of not less than \$10,000 per count. Repeated violations shall
246 result in increased penalties.

247 Section 9. Section 456.44, Florida Statutes, is amended to
248 read:

249 456.44 Controlled substance prescribing.—

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

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

259 (b) "Adverse incident" means any incident set forth in s.
260 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

261 (c) "Board-certified pain management physician" means a
262 physician who possesses board certification in pain medicine by
263 the American Board of Pain Medicine, board certification by the
264 American Board of Interventional Pain Physicians, or board
265 certification or subcertification in pain management or pain
266 medicine by a specialty board recognized by the American
267 Association of Physician Specialists or the American Board of
268 Medical Specialties or an osteopathic physician who holds a
269 certificate in Pain Management by the American Osteopathic
270 Association.

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

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277 (e) "Chronic nonmalignant pain" means pain unrelated to
278 cancer which persists beyond the usual course of disease or the
279 injury that is the cause of the pain or more than 90 days after
280 surgery.

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

283 (g) "Registrant" means a physician, physician assistant,
284 or advanced registered nurse practitioner who meets the
285 requirements of subsection (2).

286 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
287 licensed under chapter 458, chapter 459, chapter 461, or chapter
288 466, a physician assistant licensed under chapter 458 or chapter
289 459, or an advanced registered nurse practitioner certified
290 under part I of chapter 464 who prescribes any controlled
291 substance, listed in Schedule II, Schedule III, or Schedule IV
292 as defined in s. 893.03, for the treatment of chronic
293 nonmalignant pain, must:

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

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

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

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303 (a) A complete medical history and a physical examination
304 must be conducted before beginning any treatment and must be
305 documented in the medical record. The exact components of the
306 physical examination shall be left to the judgment of the
307 registrant ~~clinician~~ who is expected to perform a physical
308 examination proportionate to the diagnosis that justifies a
309 treatment. The medical record must, at a minimum, document the
310 nature and intensity of the pain, current and past treatments
311 for pain, underlying or coexisting diseases or conditions, the
312 effect of the pain on physical and psychological function, a
313 review of previous medical records, previous diagnostic studies,
314 and history of alcohol and substance abuse. The medical record
315 shall also document the presence of one or more recognized
316 medical indications for the use of a controlled substance. Each
317 registrant must develop a written plan for assessing each
318 patient's risk of aberrant drug-related behavior, which may
319 include patient drug testing. Registrants must assess each
320 patient's risk for aberrant drug-related behavior and monitor
321 that risk on an ongoing basis in accordance with the plan.

322 (b) Each registrant must develop a written individualized
323 treatment plan for each patient. The treatment plan shall state
324 objectives that will be used to determine treatment success,
325 such as pain relief and improved physical and psychosocial
326 function, and shall indicate if any further diagnostic
327 evaluations or other treatments are planned. After treatment
328 begins, the registrant ~~physician~~ shall adjust drug therapy to

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329 the individual medical needs of each patient. Other treatment
330 modalities, including a rehabilitation program, shall be
331 considered depending on the etiology of the pain and the extent
332 to which the pain is associated with physical and psychosocial
333 impairment. The interdisciplinary nature of the treatment plan
334 shall be documented.

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

344 1. Number and frequency of controlled substance
345 prescriptions and refills.

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

348 3. An agreement that controlled substances for the
349 treatment of chronic nonmalignant pain shall be prescribed by a
350 single treating registrant ~~physician~~ unless otherwise authorized
351 by the treating registrant ~~physician~~ and documented in the
352 medical record.

353 (d) The patient shall be seen by the registrant ~~physician~~
354 at regular intervals, not to exceed 3 months, to assess the

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355 efficacy of treatment, ensure that controlled substance therapy
356 remains indicated, evaluate the patient's progress toward
357 treatment objectives, consider adverse drug effects, and review
358 the etiology of the pain. Continuation or modification of
359 therapy shall depend on the registrant's ~~physician's~~ evaluation
360 of the patient's progress. If treatment goals are not being
361 achieved, despite medication adjustments, the registrant
362 ~~physician~~ shall reevaluate the appropriateness of continued
363 treatment. The registrant ~~physician~~ shall monitor patient
364 compliance in medication usage, related treatment plans,
365 controlled substance agreements, and indications of substance
366 abuse or diversion at a minimum of 3-month intervals.

367 (e) The registrant ~~physician~~ shall refer the patient as
368 necessary for additional evaluation and treatment in order to
369 achieve treatment objectives. Special attention shall be given
370 to those patients who are at risk for misusing their medications
371 and those whose living arrangements pose a risk for medication
372 misuse or diversion. The management of pain in patients with a
373 history of substance abuse or with a comorbid psychiatric
374 disorder requires extra care, monitoring, and documentation and
375 requires consultation with or referral to an addiction medicine
376 specialist or psychiatrist.

377 (f) A registrant ~~physician registered under this section~~
378 must maintain accurate, current, and complete records that are
379 accessible and readily available for review and comply with the
380 requirements of this section, the applicable practice act, and

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381 applicable board rules. The medical records must include, but
382 are not limited to:

- 383 1. The complete medical history and a physical
384 examination, including history of drug abuse or dependence.
 - 385 2. Diagnostic, therapeutic, and laboratory results.
 - 386 3. Evaluations and consultations.
 - 387 4. Treatment objectives.
 - 388 5. Discussion of risks and benefits.
 - 389 6. Treatments.
 - 390 7. Medications, including date, type, dosage, and quantity
391 prescribed.
 - 392 8. Instructions and agreements.
 - 393 9. Periodic reviews.
 - 394 10. Results of any drug testing.
 - 395 11. A photocopy of the patient's government-issued photo
396 identification.
 - 397 12. If a written prescription for a controlled substance
398 is given to the patient, a duplicate of the prescription.
 - 399 13. The registrant's ~~physician's~~ full name presented in a
400 legible manner.
- 401 (g) A registrant shall immediately refer patients with
402 signs or symptoms of substance ~~abuse shall be immediately~~
403 ~~referred~~ to a board-certified pain management physician, an
404 addiction medicine specialist, or a mental health addiction
405 facility as it pertains to drug abuse or addiction unless the
406 registrant is a physician who is board-certified or board-

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407 eligible in pain management. Throughout the period of time
408 before receiving the consultant's report, a prescribing
409 registrant ~~physician~~ shall clearly and completely document
410 medical justification for continued treatment with controlled
411 substances and those steps taken to ensure medically appropriate
412 use of controlled substances by the patient. Upon receipt of the
413 consultant's written report, the prescribing registrant
414 ~~physician~~ shall incorporate the consultant's recommendations for
415 continuing, modifying, or discontinuing controlled substance
416 therapy. The resulting changes in treatment shall be
417 specifically documented in the patient's medical record.
418 Evidence or behavioral indications of diversion shall be
419 followed by discontinuation of controlled substance therapy, and
420 the patient shall be discharged, and all results of testing and
421 actions taken by the registrant ~~physician~~ shall be documented in
422 the patient's medical record.

423

424 This subsection does not apply to a board-eligible or board-
425 certified anesthesiologist, physiatrist, rheumatologist, or
426 neurologist, or to a board-certified physician who has surgical
427 privileges at a hospital or ambulatory surgery center and
428 primarily provides surgical services. This subsection does not
429 apply to a board-eligible or board-certified medical specialist
430 who has also completed a fellowship in pain medicine approved by
431 the Accreditation Council for Graduate Medical Education or the
432 American Osteopathic Association, or who is board eligible or

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433 board certified in pain medicine by the American Board of Pain
434 Medicine or a board approved by the American Board of Medical
435 Specialties or the American Osteopathic Association and performs
436 interventional pain procedures of the type routinely billed
437 using surgical codes. This subsection does not apply to a
438 registrant, physician, advanced registered nurse practitioner,
439 or physician assistant who prescribes medically necessary
440 controlled substances for a patient during an inpatient stay in
441 a hospital licensed under chapter 395.

442 Section 10. Paragraph (b) of subsection (2) of section
443 458.3265, Florida Statutes, is amended to read:

444 458.3265 Pain-management clinics.—

445 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
446 apply to any physician who provides professional services in a
447 pain-management clinic that is required to be registered in
448 subsection (1).

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

455 Section 11. Paragraph (b) of subsection (2) of section
456 459.0137, Florida Statutes, is amended to read:

457 459.0137 Pain-management clinics.—

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458 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
459 apply to any osteopathic physician who provides professional
460 services in a pain-management clinic that is required to be
461 registered in subsection (1).

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

468 Section 12. Paragraph (e) of subsection (4) of section
469 458.347, Florida Statutes, is amended, and paragraph (c) of
470 subsection (9) of that section is republished, to read:

471 458.347 Physician assistants.—

472 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

480 1. A physician assistant must clearly identify to the
481 patient that he or she is a physician assistant. Furthermore,
482 the physician assistant must inform the patient that the patient

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483 has the right to see the physician prior to any prescription
484 being prescribed or dispensed by the physician assistant.

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

492 3. The physician assistant must file with the department a
493 signed affidavit that he or she has completed a minimum of 10
494 continuing medical education hours in the specialty practice in
495 which the physician assistant has prescriptive privileges with
496 each licensure renewal application. Three of the 10 hours must
497 consist of a continuing education course on the safe and
498 effective prescribing of controlled substance medications
499 offered by a statewide professional association of physicians in
500 this state accredited to provide educational activities
501 designated for the American Medical Association Physician's
502 Recognition Award Category I Credit or designated by the
503 American Academy of Physician Assistants as a Category 1 Credit.

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

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

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

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

524 (c) The council shall:

525 1. Recommend to the department the licensure of physician
526 assistants.

527 2. Develop all rules regulating the use of physician
528 assistants by physicians under this chapter and chapter 459,
529 except for rules relating to the formulary developed under
530 paragraph (4) (f). The council shall also develop rules to ensure
531 that the continuity of supervision is maintained in each
532 practice setting. The boards shall consider adopting a proposed
533 rule developed by the council at the regularly scheduled meeting
534 immediately following the submission of the proposed rule by the

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535 council. A proposed rule submitted by the council may not be
536 adopted by either board unless both boards have accepted and
537 approved the identical language contained in the proposed rule.
538 The language of all proposed rules submitted by the council must
539 be approved by both boards pursuant to each respective board's
540 guidelines and standards regarding the adoption of proposed
541 rules. If either board rejects the council's proposed rule, that
542 board must specify its objection to the council with
543 particularity and include any recommendations it may have for
544 the modification of the proposed rule.

545 3. Make recommendations to the boards regarding all
546 matters relating to physician assistants.

547 4. Address concerns and problems of practicing physician
548 assistants in order to improve safety in the clinical practices
549 of licensed physician assistants.

550 Section 13. Effective January 1, 2017, paragraph (f) of
551 subsection (4) of section 458.347, Florida Statutes, is amended
552 to read:

553 458.347 Physician assistants.—

554 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

555 (f)1. The council shall establish a formulary of medicinal
556 drugs that a fully licensed physician assistant having
557 prescribing authority under this section or s. 459.022 may not
558 prescribe. The formulary must include ~~controlled substances as~~
559 ~~defined in chapter 893,~~ general anesthetics, and radiographic
560 contrast materials, and must limit the prescription of Schedule

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561 II controlled substances as defined in s. 893.03 to a 7-day
562 supply. The formulary must also restrict the prescribing of
563 psychiatric mental health controlled substances for children
564 under 18 years of age.

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

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

574 4. The boards shall adopt the formulary required by this
575 paragraph, and each addition, deletion, or modification to the
576 formulary, by rule. Notwithstanding any provision of chapter 120
577 to the contrary, the formulary rule shall be effective 60 days
578 after the date it is filed with the Secretary of State. Upon
579 adoption of the formulary, the department shall mail a copy of
580 such formulary to each fully licensed physician assistant having
581 prescribing authority under this section or s. 459.022, and to
582 each pharmacy licensed by the state. The boards shall establish,
583 by rule, a fee not to exceed \$200 to fund the provisions of this
584 paragraph and paragraph (e).

585 Section 14. Subsection (2) of section 464.003, Florida
586 Statutes, is amended to read:

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587 464.003 Definitions.—As used in this part, the term:
588 (2) "Advanced or specialized nursing practice" means, in
589 addition to the practice of professional nursing, the
590 performance of advanced-level nursing acts approved by the board
591 which, by virtue of postbasic specialized education, training,
592 and experience, are appropriately performed by an advanced
593 registered nurse practitioner. Within the context of advanced or
594 specialized nursing practice, the advanced registered nurse
595 practitioner may perform acts of nursing diagnosis and nursing
596 treatment of alterations of the health status. The advanced
597 registered nurse practitioner may also perform acts of medical
598 diagnosis and treatment, prescription, and operation as
599 authorized within the framework of an established supervisory
600 protocol ~~which are identified and approved by a joint committee~~
601 ~~composed of three members appointed by the Board of Nursing, two~~
602 ~~of whom must be advanced registered nurse practitioners; three~~
603 ~~members appointed by the Board of Medicine, two of whom must~~
604 ~~have had work experience with advanced registered nurse~~
605 ~~practitioners; and the State Surgeon General or the State~~
606 ~~Surgeon General's designee. Each committee member appointed by a~~
607 ~~board shall be appointed to a term of 4 years unless a shorter~~
608 ~~term is required to establish or maintain staggered terms. The~~
609 ~~Board of Nursing shall adopt rules authorizing the performance~~
610 ~~of any such acts approved by the joint committee. Unless~~
611 ~~otherwise specified by the joint committee, such acts must be~~
612 ~~performed under the general supervision of a practitioner~~

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613 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
614 ~~the framework of standing protocols which identify the medical~~
615 ~~acts to be performed and the conditions for their performance.~~
616 The department may, by rule, require that a copy of the protocol
617 be filed with the department along with the notice required by
618 s. 458.348.

619 Section 15. Subsection (6) is added to section 464.012,
620 Florida Statutes, to read:

621 464.012 Certification of advanced registered nurse
622 practitioners; fees; controlled substance prescribing.-

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

628 (a) Satisfactory completion of a formal postbasic
629 educational program of at least one academic year, the primary
630 purpose of which is to prepare nurses for advanced or
631 specialized practice.

632 (b) Certification by an appropriate specialty board. Such
633 certification shall be required for initial state certification
634 and any recertification as a registered nurse anesthetist or
635 nurse midwife. The board may by rule provide for provisional
636 state certification of graduate nurse anesthetists and nurse
637 midwives for a period of time determined to be appropriate for

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638 preparing for and passing the national certification
639 examination.

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

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

653 (3) An advanced registered nurse practitioner shall
654 perform those functions authorized in this section within the
655 framework of an established protocol that is filed with the
656 board upon biennial license renewal and within 30 days after
657 entering into a supervisory relationship with a physician or
658 changes to the protocol. The board shall review the protocol to
659 ensure compliance with applicable regulatory standards for
660 protocols. The board shall refer to the department licensees
661 submitting protocols that are not compliant with the regulatory
662 standards for protocols. A practitioner currently licensed under
663 chapter 458, chapter 459, or chapter 466 shall maintain

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664 supervision for directing the specific course of medical
665 treatment. Within the established framework, an advanced
666 registered nurse practitioner may:

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

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

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

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

- 680 1. Determine the health status of the patient as it
681 relates to the risk factors and to the anesthetic management of
682 the patient through the performance of the general functions.
683 2. Based on history, physical assessment, and supplemental
684 laboratory results, determine, with the consent of the
685 responsible physician, the appropriate type of anesthesia within
686 the framework of the protocol.
687 3. Order under the protocol preanesthetic medication.
688 4. Perform under the protocol procedures commonly used to
689 render the patient insensible to pain during the performance of

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690 surgical, obstetrical, therapeutic, or diagnostic clinical
691 procedures. These procedures include ordering and administering
692 regional, spinal, and general anesthesia; inhalation agents and
693 techniques; intravenous agents and techniques; and techniques of
694 hypnosis.

695 5. Order or perform monitoring procedures indicated as
696 pertinent to the anesthetic health care management of the
697 patient.

698 6. Support life functions during anesthesia health care,
699 including induction and intubation procedures, the use of
700 appropriate mechanical supportive devices, and the management of
701 fluid, electrolyte, and blood component balances.

702 7. Recognize and take appropriate corrective action for
703 abnormal patient responses to anesthesia, adjunctive medication,
704 or other forms of therapy.

705 8. Recognize and treat a cardiac arrhythmia while the
706 patient is under anesthetic care.

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

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

712 (b) The certified nurse midwife may, to the extent
713 authorized by an established protocol which has been approved by
714 the medical staff of the health care facility in which the
715 midwifery services are performed, or approved by the nurse

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716 midwife's physician backup when the delivery is performed in a
717 patient's home, perform any or all of the following:

- 718 1. Perform superficial minor surgical procedures.
- 719 2. Manage the patient during labor and delivery to include
720 amniotomy, episiotomy, and repair.
- 721 3. Order, initiate, and perform appropriate anesthetic
722 procedures.
- 723 4. Perform postpartum examination.
- 724 5. Order appropriate medications.
- 725 6. Provide family-planning services and well-woman care.
- 726 7. Manage the medical care of the normal obstetrical
727 patient and the initial care of a newborn patient.

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

- 730 1. Manage selected medical problems.
- 731 2. Order physical and occupational therapy.
- 732 3. Initiate, monitor, or alter therapies for certain
733 uncomplicated acute illnesses.
- 734 4. Monitor and manage patients with stable chronic
735 diseases.
- 736 5. Establish behavioral problems and diagnosis and make
737 treatment recommendations.

738 (5) The board shall certify, and the department shall
739 issue a certificate to, any nurse meeting the qualifications in
740 this section. The board shall establish an application fee not
741 to exceed \$100 and a biennial renewal fee not to exceed \$50. The

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742 board is authorized to adopt such other rules as are necessary
743 to implement the provisions of this section.

744 (6) (a) The board shall establish a committee to recommend
745 a formulary of controlled substances that an advanced registered
746 nurse practitioner may not prescribe or may prescribe only for
747 specific uses or in limited quantities. The committee must
748 consist of three advanced registered nurse practitioners
749 licensed under this section, recommended by the Board of
750 Nursing; three physicians licensed under chapter 458 or chapter
751 459 who have work experience with advanced registered nurse
752 practitioners, recommended by the Board of Medicine; and a
753 pharmacist licensed under chapter 465 who holds a Doctor of
754 Pharmacy degree, recommended by the Board of Pharmacy. The
755 committee may recommend an evidence-based formulary applicable
756 to all advanced registered nurse practitioners which is limited
757 by specialty certification, is limited to approved uses of
758 controlled substances, or is subject to other similar
759 restrictions the committee finds are necessary to protect the
760 health, safety, and welfare of the public. The formulary must
761 restrict the prescribing of psychiatric mental health controlled
762 substances for children under 18 years of age to advanced
763 registered nurse practitioners who also are psychiatric nurses
764 as defined in s. 394.455. The formulary must also limit the
765 prescribing of Schedule II controlled substances as defined in
766 s. 893.03 to a 7-day supply, except that such restriction does
767 not apply to controlled substances that are psychiatric

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768 medications prescribed by psychiatric nurses as defined in s.
769 394.455.

770 (b) The board shall adopt by rule the recommended
771 formulary and any revisions to the formulary which it finds are
772 supported by evidence-based clinical findings presented by the
773 Board of Medicine, the Board of Osteopathic Medicine, or the
774 Board of Dentistry.

775 (c) The formulary required under this subsection does not
776 apply to a controlled substance that is dispensed for
777 administration pursuant to an order, including an order for
778 medication authorized by subparagraph (4)(a)3., subparagraph
779 (4)(a)4., or subparagraph (4)(a)9.

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

782 Section 16. Effective January 1, 2017, subsection (3) of
783 section 464.012, Florida Statutes, as amended by this act, is
784 amended to read:

785 464.012 Certification of advanced registered nurse
786 practitioners; fees; controlled substance prescribing.—

787 (3) An advanced registered nurse practitioner shall
788 perform those functions authorized in this section within the
789 framework of an established protocol that is filed with the
790 board upon biennial license renewal and within 30 days after
791 entering into a supervisory relationship with a physician or
792 changes to the protocol. The board shall review the protocol to
793 ensure compliance with applicable regulatory standards for

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794 protocols. The board shall refer to the department licensees
795 submitting protocols that are not compliant with the regulatory
796 standards for protocols. A practitioner currently licensed under
797 chapter 458, chapter 459, or chapter 466 shall maintain
798 supervision for directing the specific course of medical
799 treatment. Within the established framework, an advanced
800 registered nurse practitioner may:

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

809 (b) Initiate appropriate therapies for certain conditions.

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

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

814 Section 17. Subsection (3) of section 464.013, Florida
815 Statutes, is amended to read:

816 464.013 Renewal of license or certificate.—

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

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

825 (b) Notwithstanding the exemption in paragraph (a), as
826 part of the maximum 30 hours of continuing education hours
827 required under this subsection, advanced registered nurse
828 practitioners certified under s. 464.012 must complete at least
829 3 hours of continuing education on the safe and effective
830 prescription of controlled substances. Such continuing education
831 courses must be offered by a statewide professional association
832 of physicians in this state accredited to provide educational
833 activities designated for the American Medical Association
834 Physician's Recognition Award Category 1 Credit, the American
835 Nurses Credentialing Center, or the American Association of
836 Nurse Practitioners and may be offered in a distance-learning
837 format.

838 Section 18. Paragraph (p) is added to subsection (1) of
839 section 464.018, Florida Statutes, and subsection (2) of that
840 section is republished, to read:

841 464.018 Disciplinary actions.—

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

844 (p) For an advanced registered nurse practitioner:

845 1. Presigning blank prescription forms.

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

848 3. Prescribing, ordering, dispensing, administering,
849 supplying, selling, or giving a drug that is an amphetamine or a
850 sympathomimetic amine drug, or a compound designated in s.
851 893.03(2) as a Schedule II controlled substance, to or for any
852 person except for:

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

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

861 c. The clinical investigation of the effects of such drugs
862 or compounds when an investigative protocol is submitted to,
863 reviewed by, and approved by the department before such
864 investigation is begun.

865 4. Prescribing, ordering, dispensing, administering,
866 supplying, selling, or giving growth hormones, testosterone or
867 its analogs, human chorionic gonadotropin (HCG), or other
868 hormones for the purpose of muscle building or to enhance
869 athletic performance. As used in this subparagraph, the term
870 "muscle building" does not include the treatment of injured
871 muscle. A prescription written for the drug products identified

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872 in this subparagraph may be dispensed by a pharmacist with the
873 presumption that the prescription is for legitimate medical use.

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

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

887 7. Prescribing, dispensing, or administering a medicinal
888 drug appearing on any schedule set forth in chapter 893 to
889 himself or herself, except a drug prescribed, dispensed, or
890 administered to the advanced registered nurse practitioner by
891 another practitioner authorized to prescribe, dispense, or
892 administer medicinal drugs.

893 8. Prescribing, ordering, dispensing, administering,
894 supplying, selling, or giving amygdalin (laetrile) to any
895 person.

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

899 10. Promoting or advertising through any communication
900 medium the use, sale, or dispensing of a substance designated in
901 s. 893.03 as a controlled substance.

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

907 Section 19. Subsection (21) of section 893.02, Florida
908 Statutes, is amended to read:

909 893.02 Definitions.—The following words and phrases as
910 used in this chapter shall have the following meanings, unless
911 the context otherwise requires:

912 (21) "Practitioner" means a physician licensed under
913 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
914 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
915 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
916 459, an advanced registered nurse practitioner certified under
917 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
918 462, a certified optometrist licensed under ~~pursuant to~~ chapter
919 463, or a podiatric physician licensed under ~~pursuant to~~ chapter
920 461, or a physician assistant licensed under chapter 458 or

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921 chapter 459, provided such practitioner holds a valid federal
922 controlled substance registry number.

923 Section 20. Paragraph (n) of subsection (1) of section
924 948.03, Florida Statutes, is amended to read:

925 948.03 Terms and conditions of probation.—

926 (1) The court shall determine the terms and conditions of
927 probation. Conditions specified in this section do not require
928 oral pronouncement at the time of sentencing and may be
929 considered standard conditions of probation. These conditions
930 may include among them the following, that the probationer or
931 offender in community control shall:

932 (n) Be prohibited from using intoxicants to excess or
933 possessing any drugs or narcotics unless prescribed by a
934 physician, advanced registered nurse practitioner, or physician
935 assistant. The probationer or community controllee may ~~shall~~ not
936 knowingly visit places where intoxicants, drugs, or other
937 dangerous substances are unlawfully sold, dispensed, or used.

938 Section 21. Paragraph (a) of subsection (1) and subsection
939 (2) of section 458.348, Florida Statutes, are amended to read:

940 458.348 Formal supervisory relationships, standing orders,
941 and established protocols; notice; standards.—

942 (1) NOTICE.—

943 (a) When a physician enters into a formal supervisory
944 relationship or standing orders with an emergency medical
945 technician or paramedic licensed pursuant to s. 401.27, which
946 relationship or orders contemplate the performance of medical

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947 acts, or when a physician enters into an established protocol
948 with an advanced registered nurse practitioner, which protocol
949 contemplates the performance of medical ~~acts identified and~~
950 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
951 acts set forth in s. 464.012(3) and (4), the physician shall
952 submit notice to the board. The notice shall contain a statement
953 in substantially the following form:

954

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

962

963 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
964 joint committee ~~created under s. 464.003(2)~~ shall determine
965 minimum standards for the content of established protocols
966 pursuant to which an advanced registered nurse practitioner may
967 perform medical acts ~~identified and approved by the joint~~
968 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
969 464.012(3) and (4) and shall determine minimum standards for
970 supervision of such acts by the physician, unless the joint
971 committee determines that any act set forth in s. 464.012(3) or
972 (4) is not a medical act. Such standards shall be based on risk

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973 to the patient and acceptable standards of medical care and
974 shall take into account the special problems of medically
975 underserved areas. The standards developed by the joint
976 committee shall be adopted as rules by the Board of Nursing and
977 the Board of Medicine for purposes of carrying out their
978 responsibilities pursuant to part I of chapter 464 and this
979 chapter, respectively, but neither board shall have disciplinary
980 powers over the licensees of the other board.

981 Section 22. Paragraph (a) of subsection (1) of section
982 459.025, Florida Statutes, is amended to read:

983 459.025 Formal supervisory relationships, standing orders,
984 and established protocols; notice; standards.—

985 (1) NOTICE.—

986 (a) When an osteopathic physician enters into a formal
987 supervisory relationship or standing orders with an emergency
988 medical technician or paramedic licensed pursuant to s. 401.27,
989 which relationship or orders contemplate the performance of
990 medical acts, or when an osteopathic physician enters into an
991 established protocol with an advanced registered nurse
992 practitioner, which protocol contemplates the performance of
993 medical acts ~~identified and approved by the joint committee~~
994 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
995 (4), the osteopathic physician shall submit notice to the board.
996 The notice must contain a statement in substantially the
997 following form:
998

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999 I, ...(name and professional license number of osteopathic
1000 physician)..., of ...(address of osteopathic physician)... have
1001 hereby entered into a formal supervisory relationship, standing
1002 orders, or an established protocol with ...(number of
1003 persons)... emergency medical technician(s), ...(number of
1004 persons)... paramedic(s), or ...(number of persons)... advanced
1005 registered nurse practitioner(s).

1006 Section 23. For the purpose of incorporating the amendment
1007 made by this act to section 456.072, Florida Statutes, in a
1008 reference thereto, subsection (10) of section 458.331, Florida
1009 Statutes, is reenacted to read:

1010 458.331 Grounds for disciplinary action; action by the
1011 board and department.—

1012 (10) A probable cause panel convened to consider
1013 disciplinary action against a physician assistant alleged to
1014 have violated s. 456.072 or this section must include one
1015 physician assistant. The physician assistant must hold a valid
1016 license to practice as a physician assistant in this state and
1017 be appointed to the panel by the Council of Physician
1018 Assistants. The physician assistant may hear only cases
1019 involving disciplinary actions against a physician assistant. If
1020 the appointed physician assistant is not present at the
1021 disciplinary hearing, the panel may consider the matter and vote
1022 on the case in the absence of the physician assistant. The
1023 training requirements set forth in s. 458.307(4) do not apply to

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1024 the appointed physician assistant. Rules need not be adopted to
1025 implement this subsection.

1026 Section 24. For the purpose of incorporating the amendment
1027 made by this act to section 456.072, Florida Statutes, in a
1028 reference thereto, paragraph (g) of subsection (7) of section
1029 458.347, Florida Statutes, is reenacted to read:

1030 458.347 Physician assistants.—

1031 (7) PHYSICIAN ASSISTANT LICENSURE.—

1032 (g) The Board of Medicine may impose any of the penalties
1033 authorized under ss. 456.072 and 458.331(2) upon a physician
1034 assistant if the physician assistant or the supervising
1035 physician has been found guilty of or is being investigated for
1036 any act that constitutes a violation of this chapter or chapter
1037 456.

1038 Section 25. For the purpose of incorporating the amendment
1039 made by this act to section 456.072, Florida Statutes, in a
1040 reference thereto, subsection (10) of section 459.015, Florida
1041 Statutes, is reenacted to read:

1042 459.015 Grounds for disciplinary action; action by the
1043 board and department.—

1044 (10) A probable cause panel convened to consider
1045 disciplinary action against a physician assistant alleged to
1046 have violated s. 456.072 or this section must include one
1047 physician assistant. The physician assistant must hold a valid
1048 license to practice as a physician assistant in this state and
1049 be appointed to the panel by the Council of Physician

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1050 Assistants. The physician assistant may hear only cases
1051 involving disciplinary actions against a physician assistant. If
1052 the appointed physician assistant is not present at the
1053 disciplinary hearing, the panel may consider the matter and vote
1054 on the case in the absence of the physician assistant. The
1055 training requirements set forth in s. 458.307(4) do not apply to
1056 the appointed physician assistant. Rules need not be adopted to
1057 implement this subsection.

1058 Section 26. For the purpose of incorporating the amendment
1059 made by this act to section 456.072, Florida Statutes, in a
1060 reference thereto, paragraph (f) of subsection (7) of section
1061 459.022, Florida Statutes, is reenacted to read:

1062 459.022 Physician assistants.—

1063 (7) PHYSICIAN ASSISTANT LICENSURE.—

1064 (f) The Board of Osteopathic Medicine may impose any of
1065 the penalties authorized under ss. 456.072 and 459.015(2) upon a
1066 physician assistant if the physician assistant or the
1067 supervising physician has been found guilty of or is being
1068 investigated for any act that constitutes a violation of this
1069 chapter or chapter 456.

1070 Section 27. For the purpose of incorporating the amendment
1071 made by this act to section 456.072, Florida Statutes, in a
1072 reference thereto, subsection (5) of section 465.0158, Florida
1073 Statutes, is reenacted to read:

1074 465.0158 Nonresident sterile compounding permit.—

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1075 (5) In accordance with this chapter, the board may deny,
1076 revoke, or suspend the permit of; fine; or reprimand a permittee
1077 for:

1078 (a) Failure to comply with this section;

1079 (b) A violation listed under s. 456.0635, s. 456.065, or
1080 s. 456.072, except s. 456.072(1)(s) or (1)(u);

1081 (c) A violation under s. 465.0156(5); or

1082 (d) A violation listed under s. 465.016.

1083 Section 28. For the purpose of incorporating the amendment
1084 made by this act to section 456.44, Florida Statutes, in a
1085 reference thereto, paragraph (mm) of subsection (1) of section
1086 456.072, Florida Statutes, is reenacted to read:

1087 456.072 Grounds for discipline; penalties; enforcement.—

1088 (1) The following acts shall constitute grounds for which
1089 the disciplinary actions specified in subsection (2) may be
1090 taken:

1091 (mm) Failure to comply with controlled substance
1092 prescribing requirements of s. 456.44.

1093 Section 29. For the purpose of incorporating the amendment
1094 made by this act to section 456.44, Florida Statutes, in a
1095 reference thereto, section 466.02751, Florida Statutes, is
1096 reenacted to read:

1097 466.02751 Establishment of practitioner profile for
1098 designation as a controlled substance prescribing practitioner.—
1099 The Department of Health shall establish a practitioner profile
1100 for dentists licensed under this chapter for a practitioner's

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1101 designation as a controlled substance prescribing practitioner
1102 as provided in s. 456.44.

1103 Section 30. For the purpose of incorporating the amendment
1104 made by this act to section 458.347, Florida Statutes, in a
1105 reference thereto, section 458.303, Florida Statutes, is
1106 reenacted to read:

1107 458.303 Provisions not applicable to other practitioners;
1108 exceptions, etc.—

1109 (1) The provisions of ss. 458.301, 458.305, 458.307,
1110 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321,
1111 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343,
1112 458.345, 458.347, and this section shall have no application to:

1113 (a) Other duly licensed health care practitioners acting
1114 within their scope of practice authorized by statute.

1115 (b) Any physician lawfully licensed in another state or
1116 territory or foreign country, when meeting duly licensed
1117 physicians of this state in consultation.

1118 (c) Commissioned medical officers of the Armed Forces of
1119 the United States and of the Public Health Service of the United
1120 States while on active duty and while acting within the scope of
1121 their military or public health responsibilities.

1122 (d) Any person while actually serving without salary or
1123 professional fees on the resident medical staff of a hospital in
1124 this state, subject to the provisions of s. 458.321.

1125 (e) Any person furnishing medical assistance in case of an
1126 emergency.

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1127 (f) The domestic administration of recognized family
1128 remedies.

1129 (g) The practice of the religious tenets of any church in
1130 this state.

1131 (h) Any person or manufacturer who, without the use of
1132 drugs or medicine, mechanically fits or sells lenses, artificial
1133 eyes or limbs, or other apparatus or appliances or is engaged in
1134 the mechanical examination of eyes for the purpose of
1135 constructing or adjusting spectacles, eyeglasses, or lenses.

1136 (2) Nothing in s. 458.301, s. 458.305, s. 458.307, s.
1137 458.309, s. 458.311, s. 458.313, s. 458.319, s. 458.321, s.
1138 458.327, s. 458.329, s. 458.331, s. 458.337, s. 458.339, s.
1139 458.341, s. 458.343, s. 458.345, s. 458.347, or this section
1140 shall be construed to prohibit any service rendered by a
1141 registered nurse or a licensed practical nurse, if such service
1142 is rendered under the direct supervision and control of a
1143 licensed physician who provides specific direction for any
1144 service to be performed and gives final approval to all services
1145 performed. Further, nothing in this or any other chapter shall
1146 be construed to prohibit any service rendered by a medical
1147 assistant in accordance with the provisions of s. 458.3485.

1148 Section 31. For the purpose of incorporating the amendment
1149 made by this act to section 458.347, Florida Statutes, in a
1150 reference thereto, paragraph (b) of subsection (7) of section
1151 458.3475, Florida Statutes, is reenacted to read:

1152 458.3475 Anesthesiologist assistants.-

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1153 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1154 ADVISE THE BOARD.—

1155 (b) In addition to its other duties and responsibilities
1156 as prescribed by law, the board shall:

1157 1. Recommend to the department the licensure of
1158 anesthesiologist assistants.

1159 2. Develop all rules regulating the use of
1160 anesthesiologist assistants by qualified anesthesiologists under
1161 this chapter and chapter 459, except for rules relating to the
1162 formulary developed under s. 458.347(4)(f). The board shall also
1163 develop rules to ensure that the continuity of supervision is
1164 maintained in each practice setting. The boards shall consider
1165 adopting a proposed rule at the regularly scheduled meeting
1166 immediately following the submission of the proposed rule. A
1167 proposed rule may not be adopted by either board unless both
1168 boards have accepted and approved the identical language
1169 contained in the proposed rule. The language of all proposed
1170 rules must be approved by both boards pursuant to each
1171 respective board's guidelines and standards regarding the
1172 adoption of proposed rules.

1173 3. Address concerns and problems of practicing
1174 anesthesiologist assistants to improve safety in the clinical
1175 practices of licensed anesthesiologist assistants.

1176 Section 32. For the purpose of incorporating the amendment
1177 made by this act to section 458.347, Florida Statutes, in
1178 references thereto, paragraph (e) of subsection (4) and

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1179 paragraph (c) of subsection (9) of section 459.022, Florida
1180 Statutes, are reenacted to read:

1181 459.022 Physician assistants.—

1182 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1183 (e) A supervisory physician may delegate to a fully
1184 licensed physician assistant the authority to prescribe or
1185 dispense any medication used in the supervisory physician's
1186 practice unless such medication is listed on the formulary
1187 created pursuant to s. 458.347. A fully licensed physician
1188 assistant may only prescribe or dispense such medication under
1189 the following circumstances:

1190 1. A physician assistant must clearly identify to the
1191 patient that she or he is a physician assistant. Furthermore,
1192 the physician assistant must inform the patient that the patient
1193 has the right to see the physician prior to any prescription
1194 being prescribed or dispensed by the physician assistant.

1195 2. The supervisory physician must notify the department of
1196 her or his intent to delegate, on a department-approved form,
1197 before delegating such authority and notify the department of
1198 any change in prescriptive privileges of the physician
1199 assistant. Authority to dispense may be delegated only by a
1200 supervisory physician who is registered as a dispensing
1201 practitioner in compliance with s. 465.0276.

1202 3. The physician assistant must file with the department a
1203 signed affidavit that she or he has completed a minimum of 10
1204 continuing medical education hours in the specialty practice in

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1205 which the physician assistant has prescriptive privileges with
1206 each licensure renewal application.

1207 4. The department may issue a prescriber number to the
1208 physician assistant granting authority for the prescribing of
1209 medicinal drugs authorized within this paragraph upon completion
1210 of the foregoing requirements. The physician assistant shall not
1211 be required to independently register pursuant to s. 465.0276.

1212 5. The prescription must be written in a form that
1213 complies with chapter 499 and must contain, in addition to the
1214 supervisory physician's name, address, and telephone number, the
1215 physician assistant's prescriber number. Unless it is a drug or
1216 drug sample dispensed by the physician assistant, the
1217 prescription must be filled in a pharmacy permitted under
1218 chapter 465, and must be dispensed in that pharmacy by a
1219 pharmacist licensed under chapter 465. The appearance of the
1220 prescriber number creates a presumption that the physician
1221 assistant is authorized to prescribe the medicinal drug and the
1222 prescription is valid.

1223 6. The physician assistant must note the prescription or
1224 dispensing of medication in the appropriate medical record.

1225 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1226 Physician Assistants is created within the department.

1227 (c) The council shall:

1228 1. Recommend to the department the licensure of physician
1229 assistants.

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1230 2. Develop all rules regulating the use of physician
1231 assistants by physicians under chapter 458 and this chapter,
1232 except for rules relating to the formulary developed under s.
1233 458.347. The council shall also develop rules to ensure that the
1234 continuity of supervision is maintained in each practice
1235 setting. The boards shall consider adopting a proposed rule
1236 developed by the council at the regularly scheduled meeting
1237 immediately following the submission of the proposed rule by the
1238 council. A proposed rule submitted by the council may not be
1239 adopted by either board unless both boards have accepted and
1240 approved the identical language contained in the proposed rule.
1241 The language of all proposed rules submitted by the council must
1242 be approved by both boards pursuant to each respective board's
1243 guidelines and standards regarding the adoption of proposed
1244 rules. If either board rejects the council's proposed rule, that
1245 board must specify its objection to the council with
1246 particularity and include any recommendations it may have for
1247 the modification of the proposed rule.

1248 3. Make recommendations to the boards regarding all
1249 matters relating to physician assistants.

1250 4. Address concerns and problems of practicing physician
1251 assistants in order to improve safety in the clinical practices
1252 of licensed physician assistants.

1253 Section 33. For the purpose of incorporating the amendment
1254 made by this act to section 458.347, Florida Statutes, in a

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1255 reference thereto, paragraph (b) of subsection (7) of section
1256 459.023, Florida Statutes, is reenacted to read:

1257 459.023 Anesthesiologist assistants.—

1258 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
1259 ADVISE THE BOARD.—

1260 (b) In addition to its other duties and responsibilities
1261 as prescribed by law, the board shall:

1262 1. Recommend to the department the licensure of
1263 anesthesiologist assistants.

1264 2. Develop all rules regulating the use of
1265 anesthesiologist assistants by qualified anesthesiologists under
1266 this chapter and chapter 458, except for rules relating to the
1267 formulary developed under s. 458.347(4)(f). The board shall also
1268 develop rules to ensure that the continuity of supervision is
1269 maintained in each practice setting. The boards shall consider
1270 adopting a proposed rule at the regularly scheduled meeting
1271 immediately following the submission of the proposed rule. A
1272 proposed rule may not be adopted by either board unless both
1273 boards have accepted and approved the identical language
1274 contained in the proposed rule. The language of all proposed
1275 rules must be approved by both boards pursuant to each
1276 respective board's guidelines and standards regarding the
1277 adoption of proposed rules.

1278 3. Address concerns and problems of practicing
1279 anesthesiologist assistants to improve safety in the clinical
1280 practices of licensed anesthesiologist assistants.

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1281 Section 34. For the purpose of incorporating the amendment
1282 made by this act to section 464.003, Florida Statutes, in a
1283 reference thereto, paragraph (c) of subsection (3) of section
1284 464.012, Florida Statutes, is reenacted to read:

1285 464.012 Certification of advanced registered nurse
1286 practitioners; fees.—

1287 (3) An advanced registered nurse practitioner shall
1288 perform those functions authorized in this section within the
1289 framework of an established protocol that is filed with the
1290 board upon biennial license renewal and within 30 days after
1291 entering into a supervisory relationship with a physician or
1292 changes to the protocol. The board shall review the protocol to
1293 ensure compliance with applicable regulatory standards for
1294 protocols. The board shall refer to the department licensees
1295 submitting protocols that are not compliant with the regulatory
1296 standards for protocols. A practitioner currently licensed under
1297 chapter 458, chapter 459, or chapter 466 shall maintain
1298 supervision for directing the specific course of medical
1299 treatment. Within the established framework, an advanced
1300 registered nurse practitioner may:

1301 (c) Perform additional functions as may be determined by
1302 rule in accordance with s. 464.003(2).

1303 Section 35. For the purpose of incorporating the amendment
1304 made by this act to section 464.012, Florida Statutes, in a
1305 reference thereto, paragraph (a) of subsection (1) of section
1306 456.041, Florida Statutes, is reenacted to read:

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1307 456.041 Practitioner profile; creation.—

1308 (1) (a) The Department of Health shall compile the
1309 information submitted pursuant to s. 456.039 into a practitioner
1310 profile of the applicant submitting the information, except that
1311 the Department of Health shall develop a format to compile
1312 uniformly any information submitted under s. 456.039(4)(b).
1313 Beginning July 1, 2001, the Department of Health may compile the
1314 information submitted pursuant to s. 456.0391 into a
1315 practitioner profile of the applicant submitting the
1316 information. The protocol submitted pursuant to s. 464.012(3)
1317 must be included in the practitioner profile of the advanced
1318 registered nurse practitioner.

1319 Section 36. For the purpose of incorporating the amendment
1320 made by this act to section 464.012, Florida Statutes, in
1321 references thereto, subsections (1) and (2) of section 458.348,
1322 Florida Statutes, are reenacted to read:

1323 458.348 Formal supervisory relationships, standing orders,
1324 and established protocols; notice; standards.—

1325 (1) NOTICE.—

1326 (a) When a physician enters into a formal supervisory
1327 relationship or standing orders with an emergency medical
1328 technician or paramedic licensed pursuant to s. 401.27, which
1329 relationship or orders contemplate the performance of medical
1330 acts, or when a physician enters into an established protocol
1331 with an advanced registered nurse practitioner, which protocol
1332 contemplates the performance of medical acts identified and

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1333 approved by the joint committee pursuant to s. 464.003(2) or
1334 acts set forth in s. 464.012(3) and (4), the physician shall
1335 submit notice to the board. The notice shall contain a statement
1336 in substantially the following form:

1337 I, ...(name and professional license number of
1338 physician)..., of ...(address of physician)... have hereby
1339 entered into a formal supervisory relationship, standing orders,
1340 or an established protocol with ...(number of persons)...
1341 emergency medical technician(s), ...(number of persons)...
1342 paramedic(s), or ...(number of persons)... advanced registered
1343 nurse practitioner(s).

1344 (b) Notice shall be filed within 30 days of entering into
1345 the relationship, orders, or protocol. Notice also shall be
1346 provided within 30 days after the physician has terminated any
1347 such relationship, orders, or protocol.

1348 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
1349 joint committee created under s. 464.003(2) shall determine
1350 minimum standards for the content of established protocols
1351 pursuant to which an advanced registered nurse practitioner may
1352 perform medical acts identified and approved by the joint
1353 committee pursuant to s. 464.003(2) or acts set forth in s.
1354 464.012(3) and (4) and shall determine minimum standards for
1355 supervision of such acts by the physician, unless the joint
1356 committee determines that any act set forth in s. 464.012(3) or
1357 (4) is not a medical act. Such standards shall be based on risk
1358 to the patient and acceptable standards of medical care and

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1359 shall take into account the special problems of medically
1360 underserved areas. The standards developed by the joint
1361 committee shall be adopted as rules by the Board of Nursing and
1362 the Board of Medicine for purposes of carrying out their
1363 responsibilities pursuant to part I of chapter 464 and this
1364 chapter, respectively, but neither board shall have disciplinary
1365 powers over the licensees of the other board.

1366 Section 37. For the purpose of incorporating the amendment
1367 made by this act to section 464.013, Florida Statutes, in a
1368 reference thereto, subsection (7) of section 464.0205, Florida
1369 Statutes, is reenacted to read:

1370 464.0205 Retired volunteer nurse certificate.—

1371 (7) The retired volunteer nurse certificate shall be valid
1372 for 2 years, and a certificateholder may reapply for a
1373 certificate so long as the certificateholder continues to meet
1374 the eligibility requirements of this section. Any legislatively
1375 mandated continuing education on specific topics must be
1376 completed by the certificateholder prior to renewal; otherwise,
1377 the provisions of s. 464.013 do not apply.

1378 Section 38. For the purpose of incorporating the amendment
1379 made by this act to section 464.018, Florida Statutes, in a
1380 reference thereto, subsection (11) of section 320.0848, Florida
1381 Statutes, is reenacted to read:

1382 320.0848 Persons who have disabilities; issuance of
1383 disabled parking permits; temporary permits; permits for certain

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1384 providers of transportation services to persons who have
1385 disabilities.—

1386 (11) A violation of this section is grounds for
1387 disciplinary action under s. 458.331, s. 459.015, s. 460.413, s.
1388 461.013, s. 463.016, or s. 464.018, as applicable.

1389 Section 39. For the purpose of incorporating the amendment
1390 made by this act to section 464.018, Florida Statutes, in a
1391 reference thereto, subsection (2) of section 464.008, Florida
1392 Statutes, is reenacted to read:

1393 464.008 Licensure by examination.—

1394 (2) Each applicant who passes the examination and provides
1395 proof of meeting the educational requirements specified in
1396 subsection (1) shall, unless denied pursuant to s. 464.018, be
1397 entitled to licensure as a registered professional nurse or a
1398 licensed practical nurse, whichever is applicable.

1399 Section 40. For the purpose of incorporating the amendment
1400 made by this act to section 464.018, Florida Statutes, in a
1401 reference thereto, subsection (5) of section 464.009, Florida
1402 Statutes, is reenacted to read:

1403 464.009 Licensure by endorsement.—

1404 (5) The department shall not issue a license by
1405 endorsement to any applicant who is under investigation in
1406 another state, jurisdiction, or territory of the United States
1407 for an act which would constitute a violation of this part or
1408 chapter 456 until such time as the investigation is complete, at
1409 which time the provisions of s. 464.018 shall apply.

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1410 Section 41. For the purpose of incorporating the amendment
1411 made by this act to section 464.018, Florida Statutes, in
1412 references thereto, paragraph (b) of subsection (1), subsection
1413 (3), and paragraph (b) of subsection (4) of section 464.0205,
1414 Florida Statutes, are reenacted to read:

1415 464.0205 Retired volunteer nurse certificate.—

1416 (1) Any retired practical or registered nurse desiring to
1417 serve indigent, underserved, or critical need populations in
1418 this state may apply to the department for a retired volunteer
1419 nurse certificate by providing:

1420 (b) Verification that the applicant had been licensed to
1421 practice nursing in any jurisdiction in the United States for at
1422 least 10 years, had retired or plans to retire, intends to
1423 practice nursing only pursuant to the limitations provided by
1424 the retired volunteer nurse certificate, and has not committed
1425 any act that would constitute a violation under s. 464.018(1).

1426 (3) The board may deny a retired volunteer nurse
1427 certificate to any applicant who has committed, or who is under
1428 investigation or prosecution for, any act that would constitute
1429 a ground for disciplinary action under s. 464.018.

1430 (4) A retired volunteer nurse receiving certification from
1431 the board shall:

1432 (b) Comply with the minimum standards of practice for
1433 nurses and be subject to disciplinary action for violations of
1434 s. 464.018, except that the scope of practice for certified

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1435 volunteers shall be limited to primary and preventive health
1436 care, or as further defined by board rule.

1437 Section 42. For the purpose of incorporating the amendment
1438 made by this act to section 893.02, Florida Statutes, in a
1439 reference thereto, section 775.051, Florida Statutes, is
1440 reenacted to read:

1441 775.051 Voluntary intoxication; not a defense; evidence
1442 not admissible for certain purposes; exception.—Voluntary
1443 intoxication resulting from the consumption, injection, or other
1444 use of alcohol or other controlled substance as described in
1445 chapter 893 is not a defense to any offense proscribed by law.
1446 Evidence of a defendant's voluntary intoxication is not
1447 admissible to show that the defendant lacked the specific intent
1448 to commit an offense and is not admissible to show that the
1449 defendant was insane at the time of the offense, except when the
1450 consumption, injection, or use of a controlled substance under
1451 chapter 893 was pursuant to a lawful prescription issued to the
1452 defendant by a practitioner as defined in s. 893.02.

1453 Section 43. For the purpose of incorporating the amendment
1454 made by this act to section 948.03, Florida Statutes, in a
1455 reference thereto, paragraph (a) of subsection (3) of section
1456 944.17, Florida Statutes, is reenacted to read:

1457 944.17 Commitments and classification; transfers.—

1458 (3) (a) Notwithstanding the provisions of s. 948.03, only
1459 those persons who are convicted and sentenced in circuit court
1460 to a cumulative sentence of incarceration for 1 year or more,

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1461 whether sentence is imposed in the same or separate circuits,
1462 may be received by the department into the state correctional
1463 system. Such persons shall be delivered to the custody of the
1464 department at such reception and classification centers as shall
1465 be provided for this purpose.

1466 Section 44. For the purpose of incorporating the amendment
1467 made by this act to section 948.03, Florida Statutes, in a
1468 reference thereto, subsection (8) of section 948.001, Florida
1469 Statutes, is reenacted to read:

1470 948.001 Definitions.—As used in this chapter, the term:

1471 (8) "Probation" means a form of community supervision
1472 requiring specified contacts with parole and probation officers
1473 and other terms and conditions as provided in s. 948.03.

1474 Section 45. For the purpose of incorporating the amendment
1475 made by this act to section 948.03, Florida Statutes, in a
1476 reference thereto, paragraph (e) of subsection (1) of section
1477 948.101, Florida Statutes, is reenacted to read:

1478 948.101 Terms and conditions of community control.—

1479 (1) The court shall determine the terms and conditions of
1480 community control. Conditions specified in this subsection do
1481 not require oral pronouncement at the time of sentencing and may
1482 be considered standard conditions of community control. The
1483 court shall require intensive supervision and surveillance for
1484 an offender placed into community control, which may include,
1485 but is not limited to:

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1486 (e) The standard conditions of probation set forth in s.
1487 948.03.

1488 Section 46. Except as otherwise expressly provided in this
1489 act, this act shall take effect upon becoming a law.

1490 -----
1491

1492 **T I T L E A M E N D M E N T**

1493 Remove everything before the enacting clause and insert:

1494 A bill to be entitled

1495 An act relating to behavioral health workforce;
1496 amending s. 110.12315, F.S.; expanding the categories
1497 of persons who may prescribe brand name drugs under
1498 the prescription drug program when medically
1499 necessary; amending ss. 310.071, 310.073, and 310.081,
1500 F.S.; exempting controlled substances prescribed by an
1501 advanced registered nurse practitioner or a physician
1502 assistant from the disqualifications for certification
1503 or licensure, and for continued certification or
1504 licensure, as a deputy pilot or state pilot; amending
1505 s. 394.453, F.S.; revising legislative intent;
1506 amending s. 394.467, F.S.; authorizing procedures for
1507 recommending admission of a patient to a treatment
1508 facility; amending s. 397.451, F.S.; revising
1509 provisions relating to exemptions from
1510 disqualification for certain service provider
1511 personnel; amending s. 456.072, F.S.; providing

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1512 mandatory administrative penalties for certain
1513 violations relating to prescribing or dispensing a
1514 controlled substance; amending s. 456.44, F.S.;
1515 providing a definition; deleting an obsolete date;
1516 requiring advanced registered nurse practitioners and
1517 physician assistants who prescribe controlled
1518 substances for certain pain to make a certain
1519 designation, comply with registration requirements,
1520 and follow specified standards of practice; providing
1521 applicability; amending ss. 458.3265 and 459.0137,
1522 F.S.; limiting the authority to prescribe a controlled
1523 substance in a pain-management clinic only to a
1524 physician licensed under chapter 458 or chapter 459,
1525 F.S.; amending s. 458.347, F.S.; revising the required
1526 continuing education requirements for a physician
1527 assistant; requiring that a specified formulary limit
1528 the prescription of certain controlled substances by
1529 physician assistants as of a specified date; amending
1530 s. 464.003, F.S.; redefining the term "advanced or
1531 specialized nursing practice"; deleting the joint
1532 committee established in the definition; amending s.
1533 464.012, F.S.; requiring the Board of Nursing to
1534 establish a committee to recommend a formulary of
1535 controlled substances that may not be prescribed, or
1536 may be prescribed only on a limited basis, by an
1537 advanced registered nurse practitioner; specifying the

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1538 membership of the committee; providing parameters for
1539 the formulary; requiring that the formulary be adopted
1540 by board rule; specifying the process for amending the
1541 formulary and imposing a burden of proof; limiting the
1542 formulary's application in certain instances;
1543 requiring the board to adopt the committee's initial
1544 recommendations by a specified date; authorizing an
1545 advanced registered nurse practitioner to prescribe,
1546 dispense, administer, or order drugs, including
1547 certain controlled substances under certain
1548 circumstances, as of a specified date; amending s.
1549 464.013, F.S.; revising continuing education
1550 requirements for renewal of a license or certificate;
1551 amending s. 464.018, F.S.; specifying acts that
1552 constitute grounds for denial of a license or for
1553 disciplinary action against an advanced registered
1554 nurse practitioner; amending s. 893.02, F.S.;;
1555 redefining the term "practitioner" to include advanced
1556 registered nurse practitioners and physician
1557 assistants under the Florida Comprehensive Drug Abuse
1558 Prevention and Control Act for the purpose of
1559 prescribing controlled substances if a certain
1560 requirement is met; amending s. 948.03, F.S.;;
1561 providing that possession of drugs or narcotics
1562 prescribed by an advanced registered nurse
1563 practitioner or a physician assistant does not violate

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1564 a prohibition relating to the possession of drugs or
1565 narcotics during probation; amending ss. 458.348 and
1566 459.025, F.S.; conforming provisions to changes made
1567 by the act; reenacting ss. 458.331(10) and
1568 459.015(10), F.S., relating to probable cause panels
1569 convened to consider disciplinary action against a
1570 physician assistant; ss. 458.347(7)(g) and
1571 459.022(7)(f), F.S., relating to penalties imposed by
1572 the Board of Medicine and the Board of Osteopathic
1573 Medicine, respectively, upon a physician assistant;
1574 and s. 465.0158(5)(b), F.S., relating to nonresident
1575 sterile compounding permits, to incorporate the
1576 amendment made by the act to s. 456.072, F.S., in
1577 references thereto; reenacting ss. 456.072(1)(mm),
1578 F.S., relating to penalties for failure to comply with
1579 controlled substance prescribing requirements, and
1580 466.02751, F.S., relating to establishment of a
1581 practitioner profile for dentists licensed under
1582 chapter 466, F.S., for designation as a controlled
1583 substance prescribing practitioner, to incorporate the
1584 amendment made by the act to s. 456.44, F.S., in
1585 references thereto; reenacting s. 458.303, F.S.,
1586 relating to applicability of licensing provisions to
1587 certain health care practitioners; ss. 458.3475(7)(b)
1588 and 459.023(7)(b), F.S., relating to licensing and
1589 supervision of anesthesiologist assistants; s.

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 977 (2016)

Amendment No.

1590 459.022(4)(e) and (9)(c), F.S., relating to licensing
1591 and supervision of physician assistants, to
1592 incorporate the amendment made by the act to s.
1593 458.347, F.S., in references thereto; reenacting s.
1594 464.012(3)(c), F.S., relating to authorization for a
1595 advanced registered nurse practitioner to perform
1596 certain functions, to incorporate the amendment made
1597 by the act to s. 464.003, F.S., in a reference
1598 thereto; reenacting ss. 456.041(1)(a) and 458.348(1)
1599 and (2), F.S., relating to a practitioner profile and
1600 notice of a supervisory relationship to incorporate
1601 the amendment made by the act to s. 464.012, F.S., in
1602 references thereto; reenacting s. 464.0205(7), F.S.,
1603 relating to certification as a retired volunteer nurse
1604 to incorporate the amendment made by the act to s.
1605 464.013, F.S., in a reference thereto; reenacting ss.
1606 320.0848(11), 464.008(2), 464.009(5), and
1607 464.0205(1)(b), (3), and (4)(b), F.S., relating to
1608 violations of provisions for disability parking,
1609 licensure or certification as a practical or
1610 registered nurse to incorporate the amendment made by
1611 the act to s. 464.018, F.S., in references thereto;
1612 reenacting s. 775.051, F.S., relating to admissible
1613 evidence of insanity to incorporate the amendment made
1614 by the act to s. 893.02, F.S., in a reference thereto;
1615 reenacting ss. 944.17(3)(a), 948.001(8), and

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 977 (2016)

Amendment No.

1616 948.101(1)(e), F.S., relating to commitment of
1617 prisoners to state penitentiary, the definition of the
1618 term "probationer," and conditions of probation, to
1619 incorporate the amendment made by the act to s.
1620 948.03, F.S., in references thereto; providing
1621 effective dates.