

By Senator Grimsley

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1 A bill to be entitled
2 An act relating to health care practitioners; amending
3 s. 110.12315, F.S.; expanding who may prescribe brand
4 drugs under the prescription drug program when
5 medically necessary; amending ss. 310.071, 310.073,
6 and 310.081, F.S.; excepting controlled substances
7 prescribed by an advanced practice registered nurse
8 from the disqualifications for continued certification
9 or licensure as a deputy or state pilot; amending s.
10 381.0035, F.S.; deleting a cross-reference to conform
11 to changes made by the act; amending s. 394.455, F.S.;
12 updating terminology to make reference to
13 "psychiatric-mental health advanced practice
14 registered nurse" instead of "psychiatric nurse";
15 requiring that such nurse hold a specified national
16 certification; conforming a reference to the term;
17 amending s. 394.463, F.S.; authorizing a psychiatric-
18 mental health advanced practice registered nurse to
19 approve the involuntary examination or release of a
20 patient from a receiving facility; amending s.
21 397.501, F.S.; prohibiting service providers from
22 denying access to substance abuse services to an
23 individual who takes medications prescribed by an
24 advanced practice registered nurse; amending ss.
25 456.013 and 456.031, F.S.; specifying a timeframe
26 within which certain continuing education must be
27 completed; repealing s. 456.033, F.S., relating to the
28 continuing education requirement related to HIV and
29 AIDS for specified licensees; amending s. 456.053,

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30 F.S.; providing an additional exception to prohibited
31 referrals; amending s. 456.057, F.S.; requiring rates
32 charged for copies of certain medical records to be
33 the same regardless of format or medium; amending s.
34 456.072, F.S.; applying existing penalties for
35 violations relating to the prescribing or dispensing
36 of controlled substances to an advanced practice
37 registered nurse; amending s. 456.44, F.S.; requiring
38 advanced practice registered nurses who prescribe
39 controlled substances for certain pain to make a
40 certain designation, comply with registration
41 requirements, and follow specified standards of
42 practice; amending s. 458.348, F.S.; deleting obsolete
43 language regarding the number of offices a physician
44 may supervise; conforming terminology; amending s.
45 458.3485, F.S.; deleting language relating to the
46 certification and registration of medical assistants;
47 amending s. 459.025; deleting obsolete language
48 regarding the number of offices a physician may
49 supervise; amending s. 464.012, F.S.; authorizing an
50 advanced practice registered nurse to prescribe,
51 dispense, administer, or order drugs in accordance
52 with a specified formulary, if such formulary is
53 established; requiring the Board of Nursing to appoint
54 a committee to determine whether such a formulary is
55 needed and specifying the membership of the committee;
56 providing parameters for the recommendations of the
57 committee; requiring that any formulary be adopted by
58 board rule; specifying the process for amending the

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59 formulary and imposing a burden of proof; requiring
60 notice of proposed, pending, or adopted changes;
61 specifying a deadline for initiating any required
62 rulemaking; conforming terminology; amending s.
63 464.015, F.S.; applying current provisions and
64 criminal penalties relating to restrictions on the use
65 of titles and abbreviations to certified nurse
66 practitioners; conforming terminology; amending s.
67 464.018, F.S.; specifying acts that constitute grounds
68 for denial of a license for or disciplinary action
69 against an advanced practice registered nurse who
70 practices without specified supervision; amending s.
71 464.203, F.S.; deleting a requirement that a certified
72 nursing assistant receive annual inservice training;
73 amending s. 893.02, F.S.; redefining the term
74 "practitioner" to include advanced practice registered
75 nurses under the Florida Comprehensive Drug Abuse
76 Prevention and Control Act; amending s. 948.03, F.S.;
77 including drugs or narcotics prescribed by an advanced
78 practice registered nurse in an exception relating to
79 the possession of drugs or narcotics during probation;
80 amending ss. 39.303, 39.304, 90.503, 112.0455,
81 121.0515, 252.515, 381.00315, 381.00593, 383.141,
82 390.0111, 390.012, 394.4574, 394.4655, 394.467,
83 395.0191, 395.602, 395.605, 397.311, 397.405, 397.427,
84 400.021, 400.0255, 400.172, 400.211, 400.462, 400.487,
85 400.506, 401.445, 409.905, 409.908, 409.9081,
86 409.9122, 409.973, 429.26, 429.918, 440.102, 456.0391,
87 456.0392, 456.041, 456.048, 458.3265, 458.331,

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88 459.0137, 459.015, 464.003, 464.004, 464.016,
 89 464.0205, 467.003, 480.0475, 483.041, 483.801,
 90 486.021, 490.012, 491.0057, 491.012, 493.6108,
 91 626.9707, 627.357, 627.6471, 627.6472, 627.736,
 92 633.412, 641.3923, 641.495, 744.331, 744.703, 766.102,
 93 766.103, 766.1115, 766.1116, 794.08, 943.13, 945.603,
 94 1002.20, 1002.42, 1006.062, 1009.65, 1009.66, and
 95 1009.67; conforming terminology to changes made by the
 96 act; providing an effective date.

97

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

99

100 Section 1. Subsection (3) of section 110.12315, Florida
 101 Statutes, is amended to read:

102 110.12315 Prescription drug program.—The state employees'
 103 prescription drug program is established. This program shall be
 104 administered by the Department of Management Services, according
 105 to the terms and conditions of the plan as established by the
 106 relevant provisions of the annual General Appropriations Act and
 107 implementing legislation, subject to the following conditions:

108 (3) The Department of Management Services shall establish
 109 the reimbursement schedule for prescription pharmaceuticals
 110 dispensed under the program. Reimbursement rates for a
 111 prescription pharmaceutical must be based on the cost of the
 112 generic equivalent drug if a generic equivalent exists, unless
 113 the health care practitioner ~~physician~~ prescribing the
 114 pharmaceutical clearly states on the prescription that the brand
 115 name drug is medically necessary or that the drug product is
 116 included on the formulary of drug products that may not be

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117 interchanged as provided in chapter 465, in which case
118 reimbursement must be based on the cost of the brand name drug
119 as specified in the reimbursement schedule adopted by the
120 Department of Management Services.

121 Section 2. Paragraph (c) of subsection (1) of section
122 310.071, Florida Statutes, is amended to read:

123 310.071 Deputy pilot certification.—

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

127 (c) Be in good physical and mental health, as evidenced by
128 documentary proof of having satisfactorily passed a complete
129 physical examination administered by a licensed physician within
130 the preceding 6 months. The board shall adopt rules to establish
131 requirements for passing the physical examination, which rules
132 shall establish minimum standards for the physical or mental
133 capabilities necessary to carry out the professional duties of a
134 certificated deputy pilot. Such standards shall include zero
135 tolerance for any controlled substance regulated under chapter
136 893 unless that individual is under the care of a physician or
137 advanced practice registered nurse and that controlled substance
138 was prescribed by that physician or advanced practice registered
139 nurse. To maintain eligibility as a certificated deputy pilot,
140 each certificated deputy pilot must annually provide documentary
141 proof of having satisfactorily passed a complete physical
142 examination administered by a licensed physician. The physician
143 must know the minimum standards and certify that the
144 certificateholder satisfactorily meets the standards. The
145 standards for certificateholders shall include a drug test.

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

148 310.073 State pilot licensing.—In addition to meeting other
149 requirements specified in this chapter, each applicant for
150 license as a state pilot must:

151 (3) Be in good physical and mental health, as evidenced by
152 documentary proof of having satisfactorily passed a complete
153 physical examination administered by a licensed physician within
154 the preceding 6 months. The board shall adopt rules to establish
155 requirements for passing the physical examination, which rules
156 shall establish minimum standards for the physical or mental
157 capabilities necessary to carry out the professional duties of a
158 licensed state pilot. Such standards shall include zero
159 tolerance for any controlled substance regulated under chapter
160 893 unless that individual is under the care of a physician or
161 advanced practice registered nurse and that controlled substance
162 was prescribed by that physician or advanced practice registered
163 nurse. To maintain eligibility as a licensed state pilot, each
164 licensed state pilot must annually provide documentary proof of
165 having satisfactorily passed a complete physical examination
166 administered by a licensed physician. The physician must know
167 the minimum standards and certify that the licensee
168 satisfactorily meets the standards. The standards for licensees
169 shall include a drug test.

170 Section 4. Paragraph (b) of subsection (3) of section
171 310.081, Florida Statutes, is amended to read:

172 310.081 Department to examine and license state pilots and
173 certificate deputy pilots; vacancies.—

174 (3) Pilots shall hold their licenses or certificates

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175 pursuant to the requirements of this chapter so long as they:

176 (b) Are in good physical and mental health as evidenced by
177 documentary proof of having satisfactorily passed a physical
178 examination administered by a licensed physician or physician
179 assistant within each calendar year. The board shall adopt rules
180 to establish requirements for passing the physical examination,
181 which rules shall establish minimum standards for the physical
182 or mental capabilities necessary to carry out the professional
183 duties of a licensed state pilot or a certificated deputy pilot.
184 Such standards shall include zero tolerance for any controlled
185 substance regulated under chapter 893 unless that individual is
186 under the care of a physician or advanced practice registered
187 nurse and that controlled substance was prescribed by that
188 physician or advanced practice registered nurse. To maintain
189 eligibility as a certificated deputy pilot or licensed state
190 pilot, each certificated deputy pilot or licensed state pilot
191 must annually provide documentary proof of having satisfactorily
192 passed a complete physical examination administered by a
193 licensed physician. The physician must know the minimum
194 standards and certify that the certificateholder or licensee
195 satisfactorily meets the standards. The standards for
196 certificateholders and for licensees shall include a drug test.

197
198 Upon resignation or in the case of disability permanently
199 affecting a pilot's ability to serve, the state license or
200 certificate issued under this chapter shall be revoked by the
201 department.

202 Section 5. Subsection (4) of section 381.0035, Florida
203 Statutes, is amended to read:

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204 381.0035 Educational course on HIV and AIDS; employees and
205 clients of certain health care facilities.-

206 ~~(4) This section does not apply to an employee who is~~
207 ~~subject to the requirements of s. 456.033.~~

208 Section 6. Subsections (23) and (33) of section 394.455,
209 Florida Statutes, are amended to read:

210 394.455 Definitions.-As used in this part, unless the
211 context clearly requires otherwise, the term:

212 (23) "Psychiatric-mental health advanced practice
213 registered psychiatric nurse" means a registered nurse certified
214 licensed under s. 464.012 part I of chapter 464 who has a
215 master's degree or a doctorate in psychiatric nursing and holds
216 a national advanced practice certification as a psychiatric-
217 mental health advanced practice nurse 2 years of post-master's
218 clinical experience under the supervision of a physician.

219 (33) "Service provider" means any public or private
220 receiving facility, an entity under contract with the Department
221 of Children and Families ~~Family Services~~ to provide mental
222 health services, a clinical psychologist, a clinical social
223 worker, a marriage and family therapist, a mental health
224 counselor, a physician, a psychiatric-mental health advanced
225 practice registered psychiatric nurse as defined in subsection
226 ~~(23)~~, or a community mental health center or clinic as defined
227 in this part.

228 Section 7. Paragraphs (a) and (f) of subsection (2) of
229 section 394.463, Florida Statutes, are amended to read:

230 394.463 Involuntary examination.-

231 (2) INVOLUNTARY EXAMINATION.-

232 (a) An involuntary examination may be initiated by any one

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233 of the following means:

234 1. A court may enter an ex parte order stating that a
235 person appears to meet the criteria for involuntary examination,
236 giving the findings on which that conclusion is based. The ex
237 parte order for involuntary examination must be based on sworn
238 testimony, written or oral. If other less restrictive means are
239 not available, such as voluntary appearance for outpatient
240 evaluation, a law enforcement officer, or other designated agent
241 of the court, shall take the person into custody and deliver him
242 or her to the nearest receiving facility for involuntary
243 examination. The order of the court shall be made a part of the
244 patient's clinical record. A No fee may not shall be charged for
245 the filing of an order under this subsection. Any receiving
246 facility accepting the patient based on this order must send a
247 copy of the order to the Agency for Health Care Administration
248 on the next working day. The order shall be valid only until
249 executed or, if not executed, for the period specified in the
250 order itself. If no time limit is specified in the order, the
251 order shall be valid for 7 days after the date that the order
252 was signed.

253 2. A law enforcement officer shall take a person who
254 appears to meet the criteria for involuntary examination into
255 custody and deliver the person or have him or her delivered to
256 the nearest receiving facility for examination. The officer
257 shall execute a written report detailing the circumstances under
258 which the person was taken into custody, and the report shall be
259 made a part of the patient's clinical record. Any receiving
260 facility accepting the patient based on this report must send a
261 copy of the report to the Agency for Health Care Administration

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262 on the next working day.

263 3. A physician, clinical psychologist, psychiatric-mental
264 health advanced practice registered ~~psychiatric~~ nurse, mental
265 health counselor, marriage and family therapist, or clinical
266 social worker may execute a certificate stating that he or she
267 has examined a person within the preceding 48 hours and finds
268 that the person appears to meet the criteria for involuntary
269 examination and stating the observations upon which that
270 conclusion is based. If other less restrictive means are not
271 available, such as voluntary appearance for outpatient
272 evaluation, a law enforcement officer shall take the person
273 named in the certificate into custody and deliver him or her to
274 the nearest receiving facility for involuntary examination. The
275 law enforcement officer shall execute a written report detailing
276 the circumstances under which the person was taken into custody.
277 The report and certificate shall be made a part of the patient's
278 clinical record. Any receiving facility accepting the patient
279 based on this certificate must send a copy of the certificate to
280 the Agency for Health Care Administration on the next working
281 day.

282 (f) A patient shall be examined by a physician or clinical
283 psychologist at a receiving facility without unnecessary delay
284 and may, upon the order of a physician, be given emergency
285 treatment if it is determined that such treatment is necessary
286 for the safety of the patient or others. The patient may not be
287 released by the receiving facility or its contractor without the
288 documented approval of a psychiatrist, a clinical psychologist,
289 or a psychiatric-mental health advanced practice registered
290 nurse or, if the receiving facility is a hospital, the release

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291 may also be approved by an attending emergency department
292 physician with experience in the diagnosis and treatment of
293 mental and nervous disorders and after completion of an
294 involuntary examination pursuant to this subsection. However, a
295 patient may not be held in a receiving facility for involuntary
296 examination longer than 72 hours.

297 Section 8. Paragraph (a) of subsection (2) of section
298 397.501, Florida Statutes, is amended to read:

299 397.501 Rights of individuals.—Individuals receiving
300 substance abuse services from any service provider are
301 guaranteed protection of the rights specified in this section,
302 unless otherwise expressly provided, and service providers must
303 ensure the protection of such rights.

304 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

305 (a) Service providers may not deny an individual access to
306 substance abuse services solely on the basis of race, gender,
307 ethnicity, age, sexual preference, human immunodeficiency virus
308 status, prior service departures against medical advice,
309 disability, or number of relapse episodes. Service providers may
310 not deny an individual who takes medication prescribed by a
311 physician or an advanced practice registered nurse access to
312 substance abuse services solely on that basis. Service providers
313 who receive state funds to provide substance abuse services may
314 not, if space and sufficient state resources are available, deny
315 access to services based solely on inability to pay.

316 Section 9. Subsection (7) of section 456.013, Florida
317 Statutes, is amended to read:

318 456.013 Department; general licensing provisions.—

319 (7) The boards, or the department when there is no board,

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320 shall require the completion, no later than upon first renewal,
321 of a 2-hour course relating to prevention of medical errors as
322 part of relicensure or recertification ~~the licensure and renewal~~
323 ~~process~~. The 2-hour course shall count towards the total number
324 of continuing education hours required for the profession. The
325 course shall be approved by the board or department, as
326 appropriate, and shall include a study of root-cause analysis,
327 error reduction and prevention, and patient safety. In addition,
328 the course approved by the Board of Medicine and the Board of
329 Osteopathic Medicine shall include information relating to the
330 five most misdiagnosed conditions during the previous biennium,
331 as determined by the board. If the course is being offered by a
332 facility licensed pursuant to chapter 395 for its employees, the
333 board may approve up to 1 hour of the 2-hour course to be
334 specifically related to error reduction and prevention methods
335 used in that facility.

336 Section 10. Paragraphs (a) and (b) of subsection (1) of
337 section 456.031, Florida Statutes, are amended to read:

338 456.031 Requirement for instruction on domestic violence.—

339 (1) (a) The appropriate board shall require each person
340 licensed or certified under chapter 458, chapter 459, part I of
341 chapter 464, chapter 466, chapter 467, chapter 490, or chapter
342 491 to complete a 2-hour continuing education course, approved
343 by the board, on domestic violence, as defined in s. 741.28, no
344 later than upon first renewal, as part of ~~every third biennial~~
345 relicensure or recertification. The course shall consist of
346 information on the number of patients in that professional's
347 practice who are likely to be victims of domestic violence and
348 the number who are likely to be perpetrators of domestic

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349 violence, screening procedures for determining whether a patient
350 has any history of being either a victim or a perpetrator of
351 domestic violence, and instruction on how to provide such
352 patients with information on, or how to refer such patients to,
353 resources in the local community, such as domestic violence
354 centers and other advocacy groups, that provide legal aid,
355 shelter, victim counseling, batterer counseling, or child
356 protection services.

357 (b) Each ~~such~~ licensee or certificateholder shall submit
358 confirmation of having completed the such course required under
359 paragraph (a), on a form provided by the board, when submitting
360 fees for first every third biennial renewal.

361 Section 11. Section 456.033, Florida Statutes, is repealed.

362 Section 12. Subsection (5) of section 456.053, Florida
363 Statutes, is amended to read:

364 456.053 Financial arrangements between referring health
365 care providers and providers of health care services.—

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

368 (a) A health care provider may not refer a patient for the
369 provision of designated health services to an entity in which
370 the health care provider is an investor or has an investment
371 interest unless:

372 1. The provider's investment interest is in registered
373 securities purchased on a national exchange or in the over-the-
374 counter market and issued by a publicly held corporation whose:

375 a. Shares are traded on a national exchange or in the over-
376 the-counter market; and

377 b. Total assets at the end of the corporation's most recent

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378 fiscal quarter exceeded \$50 million.

379 2. The publicly held corporation does not loan funds to or
380 guarantee a loan for an investor who is in a position to make
381 referrals to the entity or corporation if the investor uses any
382 part of such loan to obtain the investment interest.

383 (b) A health care provider may not refer a patient for the
384 provision of any other health care item or service to an entity
385 in which the health care provider is an investor unless:

386 1. The provider's investment interest is in registered
387 securities purchased on a national exchange or over-the-counter
388 market and issued by a publicly held corporation whose:

389 a. ~~Whose~~ Shares are traded on a national exchange or on the
390 over-the-counter market; and

391 b. ~~Whose~~ Total assets at the end of the corporation's most
392 recent fiscal quarter exceeded \$50 million; or

393 2. With respect to an entity other than a publicly held
394 corporation described in subparagraph 1., and a referring
395 provider's investment interest in such entity, each of the
396 following requirements is ~~are~~ met:

397 a. No more than 50 percent of the value of the investment
398 interests are held by investors who are in a position to make
399 referrals to the entity.

400 b. The terms under which an investment interest is offered
401 to an investor who is in a position to make referrals to the
402 entity are no different from the terms offered to investors who
403 are not in a position to make such referrals.

404 c. The terms under which an investment interest is offered
405 to an investor who is in a position to make referrals to the
406 entity are not related to the previous or expected volume of

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407 referrals from that investor to the entity.

408 d. There is no requirement that an investor make referrals
409 or be in a position to make referrals to the entity as a
410 condition for becoming or remaining an investor.

411 3. With respect to either such entity or publicly held
412 corporation:

413 a. The entity or corporation does not loan funds to or
414 guarantee a loan for an investor who is in a position to make
415 referrals to the entity or corporation if the investor uses any
416 part of such loan to obtain the investment interest.

417 b. The amount distributed to an investor representing a
418 return on the investment interest is directly proportional to
419 the amount of the capital investment, including the fair market
420 value of any preoperational services rendered, invested in the
421 entity or corporation by that investor.

422 (c)~~4.~~ Each board and, in the case of hospitals, the Agency
423 for Health Care Administration~~7~~ shall encourage the use by
424 licensees of the declaratory statement procedure to determine
425 the applicability of this section or any rule adopted pursuant
426 to this section as it applies solely to the licensee. Boards
427 shall submit to the Agency for Health Care Administration the
428 name of any entity in which a provider investment interest has
429 been approved pursuant to this section.

430 (d)~~(e)~~ A ~~no~~ claim for payment may not be presented by an
431 entity to any individual, third-party payor, or other entity for
432 a service furnished pursuant to a referral prohibited under this
433 section.

434 (e)~~(d)~~ If an entity collects any amount that was billed in
435 violation of this section, the entity shall refund such amount

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436 on a timely basis to the payor or individual, whichever is
437 applicable.

438 ~~(f)(e)~~ A Any person who ~~that~~ presents or causes to be
439 presented a bill or a claim for service that such person knows
440 or should know is for a service for which payment may not be
441 made under paragraph (d) ~~(e)~~, or for which a refund has not been
442 made under paragraph (e) ~~(d)~~, shall be subject to a civil
443 penalty of not more than \$15,000 for each such service to be
444 imposed and collected by the appropriate board.

445 ~~(g)(f)~~ Any health care provider or other entity that enters
446 into an arrangement or scheme, such as a cross-referral
447 arrangement, which the physician or entity knows or should know
448 has a principal purpose of assuring referrals by the physician
449 to a particular entity which, if the physician directly made
450 referrals to such entity, would be in violation of this section,
451 shall be subject to a civil penalty of not more than \$100,000
452 for each such circumvention arrangement or scheme to be imposed
453 and collected by the appropriate board.

454 ~~(h)(g)~~ A violation of this section by a health care
455 provider shall constitute grounds for disciplinary action to be
456 taken by the applicable board pursuant to s. 458.331(2), s.
457 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), or s.
458 466.028(2). Any hospital licensed under chapter 395 found in
459 violation of this section shall be subject to s. 395.0185(2).

460 ~~(i)(h)~~ A Any hospital licensed under chapter 395 may not
461 discriminate ~~that discriminates~~ against or otherwise penalize
462 ~~penalizes~~ a health care provider for compliance with this act.

463 ~~(j)(i)~~ ~~The provision of~~ Paragraph (a) does ~~shall~~ not apply
464 to referrals to the offices of radiation therapy centers managed

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465 by an entity or subsidiary or general partner thereof, which
466 performed radiation therapy services at those same offices prior
467 to April 1, 1991, or ~~and shall not apply also~~ to referrals for
468 radiation therapy to be performed at no more than one additional
469 office of any entity qualifying for the foregoing exception
470 which, prior to February 1, 1992, had a binding purchase
471 contract on and a nonrefundable deposit paid for a linear
472 accelerator to be used at the additional office. The physical
473 site of the radiation treatment centers affected by this
474 provision may be relocated as a result of the following factors:
475 acts of God; fire; strike; accident; war; eminent domain actions
476 by any governmental body; or refusal by the lessor to renew a
477 lease. A relocation for the foregoing reasons is limited to
478 relocation of an existing facility to a replacement location
479 within the county of the existing facility upon written
480 notification to the Office of Licensure and Certification.

481 (k) ~~(j)~~ A health care provider who meets the requirements of
482 paragraph (a), paragraph ~~paragraphs (b), or paragraph (j) and~~
483 ~~(i)~~ must disclose his or her investment interest to his or her
484 patients as provided in s. 456.052.

485 Section 13. Subsection (17) of section 456.057, Florida
486 Statutes, is amended to read:

487 456.057 Ownership and control of patient records; report or
488 copies of records to be furnished; disclosure of information.—

489 (17) A health care practitioner or records owner furnishing
490 copies of reports or records or making the reports or records
491 available for digital scanning pursuant to this section shall
492 charge no more than the actual cost of copying, including
493 reasonable staff time, or the amount specified in administrative

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494 rule by the appropriate board, or the department when there is
495 no board. The rates charged for reproduction of written or typed
496 medical records must be the same regardless of format or medium.

497 Section 14. Subsection (7) of section 456.072, Florida
498 Statutes, is amended to read:

499 456.072 Grounds for discipline; penalties; enforcement.—

500 (7) Notwithstanding subsection (2), upon a finding that a
501 physician or advanced practice registered nurse has prescribed
502 or dispensed a controlled substance, or caused a controlled
503 substance to be prescribed or dispensed, in a manner that
504 violates the standard of practice set forth in s. 458.331(1)(q)
505 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s.
506 464.018(1)(p) 6., or s. 466.028(1)(p) or (x), the physician or
507 advanced practice registered nurse shall be suspended for a
508 period of not less than 6 months and pay a fine of not less than
509 \$10,000 per count. Repeated violations shall result in increased
510 penalties.

511 Section 15. Subsections (2) and (3) of section 456.44,
512 Florida Statutes, are amended to read:

513 456.44 Controlled substance prescribing.—

514 (2) REGISTRATION.—Effective January 1, 2012, a physician
515 licensed under chapter 458, chapter 459, chapter 461, or chapter
516 466 or an advanced practice registered nurse certified under
517 part I of chapter 464 who prescribes any controlled substance,
518 listed in Schedule II, Schedule III, or Schedule IV as defined
519 in s. 893.03, for the treatment of chronic nonmalignant pain,
520 must:

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

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523 practitioner profile.

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

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

530 (a) A complete medical history and a physical examination
531 must be conducted before beginning any treatment and must be
532 documented in the medical record. The exact components of the
533 physical examination shall be left to the judgment of the
534 clinician who is expected to perform a physical examination
535 proportionate to the diagnosis that justifies a treatment. The
536 medical record must, at a minimum, document the nature and
537 intensity of the pain, current and past treatments for pain,
538 underlying or coexisting diseases or conditions, the effect of
539 the pain on physical and psychological function, a review of
540 previous medical records, previous diagnostic studies, and
541 history of alcohol and substance abuse. The medical record shall
542 also document the presence of one or more recognized medical
543 indications for the use of a controlled substance. Each
544 registrant must develop a written plan for assessing each
545 patient's risk of aberrant drug-related behavior, which may
546 include patient drug testing. Registrants must assess each
547 patient's risk for aberrant drug-related behavior and monitor
548 that risk on an ongoing basis in accordance with the plan.

549 (b) Each registrant must develop a written individualized
550 treatment plan for each patient. The treatment plan shall state
551 objectives that will be used to determine treatment success,

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552 such as pain relief and improved physical and psychosocial
553 function, and shall indicate if any further diagnostic
554 evaluations or other treatments are planned. After treatment
555 begins, the practitioner ~~physician~~ shall adjust drug therapy to
556 the individual medical needs of each patient. Other treatment
557 modalities, including a rehabilitation program, shall be
558 considered depending on the etiology of the pain and the extent
559 to which the pain is associated with physical and psychosocial
560 impairment. The interdisciplinary nature of the treatment plan
561 shall be documented.

562 (c) The practitioner ~~physician~~ shall discuss the risks and
563 benefits of the use of controlled substances, including the
564 risks of abuse and addiction, as well as physical dependence and
565 its consequences, with the patient, persons designated by the
566 patient, or the patient's surrogate or guardian if the patient
567 is incompetent. The practitioner ~~physician~~ shall use a written
568 controlled substance agreement between the practitioner
569 ~~physician~~ and the patient outlining the patient's
570 responsibilities, including, but not limited to:

571 1. Number and frequency of controlled substance
572 prescriptions and refills.

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

575 3. An agreement that controlled substances for the
576 treatment of chronic nonmalignant pain shall be prescribed by a
577 single treating practitioner ~~physician~~ unless otherwise
578 authorized by the treating practitioner ~~physician~~ and documented
579 in the medical record.

580 (d) The patient shall be seen by the practitioner ~~physician~~

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581 at regular intervals, not to exceed 3 months, to assess the
582 efficacy of treatment, ensure that controlled substance therapy
583 remains indicated, evaluate the patient's progress toward
584 treatment objectives, consider adverse drug effects, and review
585 the etiology of the pain. Continuation or modification of
586 therapy shall depend on the practitioner's ~~physician's~~
587 evaluation of the patient's progress. If treatment goals are not
588 being achieved, despite medication adjustments, the practitioner
589 ~~physician~~ shall reevaluate the appropriateness of continued
590 treatment. The practitioner ~~physician~~ shall monitor patient
591 compliance in medication usage, related treatment plans,
592 controlled substance agreements, and indications of substance
593 abuse or diversion at a minimum of 3-month intervals.

594 (e) The practitioner ~~physician~~ shall refer the patient as
595 necessary for additional evaluation and treatment in order to
596 achieve treatment objectives. Special attention shall be given
597 to those patients who are at risk for misusing their medications
598 and those whose living arrangements pose a risk for medication
599 misuse or diversion. The management of pain in patients with a
600 history of substance abuse or with a comorbid psychiatric
601 disorder requires extra care, monitoring, and documentation and
602 requires consultation with or referral to an addiction medicine
603 specialist or psychiatrist.

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

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- 610 1. The complete medical history and a physical examination,
611 including history of drug abuse or dependence.
- 612 2. Diagnostic, therapeutic, and laboratory results.
- 613 3. Evaluations and consultations.
- 614 4. Treatment objectives.
- 615 5. Discussion of risks and benefits.
- 616 6. Treatments.
- 617 7. Medications, including date, type, dosage, and quantity
618 prescribed.
- 619 8. Instructions and agreements.
- 620 9. Periodic reviews.
- 621 10. Results of any drug testing.
- 622 11. A photocopy of the patient's government-issued photo
623 identification.
- 624 12. If a written prescription for a controlled substance is
625 given to the patient, a duplicate of the prescription.
- 626 13. The practitioner's ~~physician's~~ full name presented in a
627 legible manner.
- 628 (g) Patients with signs or symptoms of substance abuse
629 shall be immediately referred to a board-certified pain
630 management physician, an addiction medicine specialist, or a
631 mental health addiction facility as it pertains to drug abuse or
632 addiction unless the practitioner is a physician who is board-
633 certified or board-eligible in pain management. Throughout the
634 period of time before receiving the consultant's report, a
635 prescribing practitioner ~~physician~~ shall clearly and completely
636 document medical justification for continued treatment with
637 controlled substances and those steps taken to ensure medically
638 appropriate use of controlled substances by the patient. Upon

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639 receipt of the consultant's written report, the prescribing
640 practitioner ~~physician~~ shall incorporate the consultant's
641 recommendations for continuing, modifying, or discontinuing
642 controlled substance therapy. The resulting changes in treatment
643 shall be specifically documented in the patient's medical
644 record. Evidence or behavioral indications of diversion shall be
645 followed by discontinuation of controlled substance therapy, and
646 the patient shall be discharged, and all results of testing and
647 actions taken by the practitioner ~~physician~~ shall be documented
648 in the patient's medical record.

649
650 This subsection does not apply to a board-eligible or board-
651 certified anesthesiologist, physiatrist, rheumatologist, or
652 neurologist, or to a board-certified physician who has surgical
653 privileges at a hospital or ambulatory surgery center and
654 primarily provides surgical services. This subsection does not
655 apply to a board-eligible or board-certified medical specialist
656 who has also completed a fellowship in pain medicine approved by
657 the Accreditation Council for Graduate Medical Education or the
658 American Osteopathic Association, or who is board eligible or
659 board certified in pain medicine by the American Board of Pain
660 Medicine or a board approved by the American Board of Medical
661 Specialties or the American Osteopathic Association and performs
662 interventional pain procedures of the type routinely billed
663 using surgical codes. This subsection does not apply to a
664 physician or advanced practice registered nurse who prescribes
665 medically necessary controlled substances for a patient during
666 an inpatient stay in a hospital licensed under chapter 395.

667 Section 16. Subsections (1), (2), and (4) of section

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668 458.348, Florida Statutes, are amended to read:

669 458.348 Formal supervisory relationships, standing orders,
670 and established protocols; notice; standards.—

671 (1) NOTICE.—

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

683
684 I, ...(name and professional license number of
685 physician)..., of ...(address of physician)... have hereby
686 entered into a formal supervisory relationship, standing orders,
687 or an established protocol with ...(number of persons)...
688 emergency medical technician(s), ...(number of persons)...
689 paramedic(s), or ...(number of persons)... advanced practice
690 registered nurse(s) ~~nurse practitioner(s)~~.

691
692 (b) Notice shall be filed within 30 days of entering into
693 the relationship, orders, or protocol. Notice also shall be
694 provided within 30 days after the physician has terminated any
695 such relationship, orders, or protocol.

696 (2) ESTABLISHMENT OF ~~STANDARDS BY~~ JOINT COMMITTEE;

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697 STANDARDS.—The joint committee created under s. 464.003(2) shall
698 determine minimum standards for the content of established
699 protocols pursuant to which an advanced practice registered
700 nurse ~~practitioner~~ may perform medical acts identified and
701 approved by the joint committee pursuant to s. 464.003(2) or
702 acts set forth in s. 464.012(3) and (4), and shall determine
703 minimum standards for supervision of such acts by the physician,
704 unless the joint committee determines that any act set forth in
705 s. 464.012(3) or (4) is not a medical act. Such standards shall
706 be based on risk to the patient and acceptable standards of
707 medical care and shall take into account the special problems of
708 medically underserved areas. The standards developed by the
709 joint committee shall be adopted as rules by the Board of
710 Nursing and the Board of Medicine for purposes of carrying out
711 their responsibilities pursuant to part I of chapter 464 and
712 this chapter, respectively, but neither board shall have
713 disciplinary powers over the licensees of the other board.

714 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—A
715 physician who supervises an advanced practice registered nurse
716 ~~practitioner~~ or physician assistant at a medical office other
717 than the physician's primary practice location, where the
718 advanced practice registered nurse ~~practitioner~~ or physician
719 assistant is not under the onsite supervision of a supervising
720 physician, must comply with the standards set forth in this
721 subsection. For the purpose of this subsection, a physician's
722 "primary practice location" means the address reflected on the
723 physician's profile published pursuant to s. 456.041.

724 (a) A physician who is engaged in providing primary health
725 care services may not supervise more than four offices in

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726 addition to the physician's primary practice location. For the
727 purpose of this subsection, "primary health care" means health
728 care services that are commonly provided to patients without
729 referral from another practitioner, including obstetrical and
730 gynecological services, and excludes practices providing
731 primarily dermatologic and skin care services, which include
732 aesthetic skin care services.

733 (b) A physician who is engaged in providing specialty
734 health care services may not supervise more than two offices in
735 addition to the physician's primary practice location. For the
736 purpose of this subsection, "specialty health care" means health
737 care services that are commonly provided to patients with a
738 referral from another practitioner and excludes practices
739 providing primarily dermatologic and skin care services, which
740 include aesthetic skin care services.

741 (c) A physician who supervises an advanced practice
742 registered nurse ~~practitioner~~ or physician assistant at a
743 medical office other than the physician's primary practice
744 location, where the advanced practice registered nurse
745 ~~practitioner~~ or physician assistant is not under the onsite
746 supervision of a supervising physician and the services offered
747 at the office are primarily dermatologic or skin care services,
748 which include aesthetic skin care services other than plastic
749 surgery, must comply with the standards listed in subparagraphs
750 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician
751 supervising a physician assistant pursuant to this paragraph may
752 not be required to review and cosign charts or medical records
753 prepared by such physician assistant.

754 1. The physician shall submit to the board the addresses of

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755 all offices where he or she is supervising an advanced practice
756 registered nurse ~~practitioner~~ or a physician's assistant which
757 are not the physician's primary practice location.

758 2. The physician must be board certified or board eligible
759 in dermatology or plastic surgery as recognized by the board
760 pursuant to s. 458.3312.

761 3. All such offices that are not the physician's primary
762 place of practice must be within 25 miles of the physician's
763 primary place of practice or in a county that is contiguous to
764 the county of the physician's primary place of practice.
765 However, the distance between any of the offices may not exceed
766 75 miles.

767 4. The physician may supervise only one office other than
768 the physician's primary place of practice ~~except that until July~~
769 ~~1, 2011, the physician may supervise up to two medical offices~~
770 ~~other than the physician's primary place of practice if the~~
771 ~~addresses of the offices are submitted to the board before July~~
772 ~~1, 2006. Effective July 1, 2011, the physician may supervise~~
773 ~~only one office other than the physician's primary place of~~
774 ~~practice, regardless of when the addresses of the offices were~~
775 ~~submitted to the board.~~

776 (d) A physician who supervises an office in addition to the
777 physician's primary practice location must conspicuously post in
778 each of the physician's offices a current schedule of the
779 regular hours when the physician is present in that office and
780 the hours when the office is open while the physician is not
781 present.

782 (e) This subsection does not apply to health care services
783 provided in facilities licensed under chapter 395 or in

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784 conjunction with a college of medicine, a college of nursing, an
785 accredited graduate medical program, or a nursing education
786 program; not-for-profit, family-planning clinics that are not
787 licensed pursuant to chapter 390; rural and federally qualified
788 health centers; health care services provided in a nursing home
789 licensed under part II of chapter 400, an assisted living
790 facility licensed under part I of chapter 429, a continuing care
791 facility licensed under chapter 651, or a retirement community
792 consisting of independent living units and a licensed nursing
793 home or assisted living facility; anesthesia services provided
794 in accordance with law; health care services provided in a
795 designated rural health clinic; health care services provided to
796 persons enrolled in a program designed to maintain elderly
797 persons and persons with disabilities in a home or community-
798 based setting; university primary care student health centers;
799 school health clinics; or health care services provided in
800 federal, state, or local government facilities. Subsection (3)
801 and this subsection do not apply to offices at which the
802 exclusive service being performed is laser hair removal by an
803 advanced practice registered nurse ~~practitioner~~ or physician
804 assistant.

805 Section 17. Subsection (3) of section 458.3485, Florida
806 Statutes, is amended to read:

807 458.3485 Medical assistant.—

808 ~~(3) CERTIFICATION.—Medical assistants may be certified by~~
809 ~~the American Association of Medical Assistants or as a~~
810 ~~Registered Medical Assistant by the American Medical~~
811 ~~Technologists.~~

812 Section 18. Subsections (1) and (3) of section 459.025,

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813 Florida Statutes, are amended to read:

814 459.025 Formal supervisory relationships, standing orders,
815 and established protocols; notice; standards.—

816 (1) NOTICE.—

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

829

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

837

838 (b) Notice shall be filed within 30 days after entering
839 into the relationship, orders, or protocol. Notice also shall be
840 provided within 30 days after the osteopathic physician has
841 terminated any such relationship, orders, or protocol.

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(3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

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

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

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

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871 (c) An osteopathic physician who supervises an advanced
872 practice registered nurse ~~practitioner~~ or physician assistant at
873 a medical office other than the osteopathic physician's primary
874 practice location, where the advanced practice registered nurse
875 ~~practitioner~~ or physician assistant is not under the onsite
876 supervision of a supervising osteopathic physician and the
877 services offered at the office are primarily dermatologic or
878 skin care services, which include aesthetic skin care services
879 other than plastic surgery, must comply with the standards
880 listed in subparagraphs 1.-4. Notwithstanding s.

881 459.022(4)(e)6., an osteopathic physician supervising a
882 physician assistant pursuant to this paragraph may not be
883 required to review and cosign charts or medical records prepared
884 by such physician assistant.

885 1. The osteopathic physician shall submit to the Board of
886 Osteopathic Medicine the addresses of all offices where he or
887 she is supervising or has a protocol with an advanced practice
888 registered nurse ~~practitioner~~ or a physician's assistant which
889 are not the osteopathic physician's primary practice location.

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

893 3. All such offices that are not the osteopathic
894 physician's primary place of practice must be within 25 miles of
895 the osteopathic physician's primary place of practice or in a
896 county that is contiguous to the county of the osteopathic
897 physician's primary place of practice. However, the distance
898 between any of the offices may not exceed 75 miles.

899 4. The osteopathic physician may supervise only one office

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900 other than the osteopathic physician's primary place of practice
901 ~~except that until July 1, 2011, the osteopathic physician may~~
902 ~~supervise up to two medical offices other than the osteopathic~~
903 ~~physician's primary place of practice if the addresses of the~~
904 ~~offices are submitted to the Board of Osteopathic Medicine~~
905 ~~before July 1, 2006. Effective July 1, 2011, the osteopathic~~
906 ~~physician may supervise only one office other than the~~
907 ~~osteopathic physician's primary place of practice, regardless of~~
908 ~~when the addresses of the offices were submitted to the Board of~~
909 ~~Osteopathic Medicine.~~

910 (d) An osteopathic physician who supervises an office in
911 addition to the osteopathic physician's primary practice
912 location must conspicuously post in each of the osteopathic
913 physician's offices a current schedule of the regular hours when
914 the osteopathic physician is present in that office and the
915 hours when the office is open while the osteopathic physician is
916 not present.

917 (e) This subsection does not apply to health care services
918 provided in facilities licensed under chapter 395 or in
919 conjunction with a college of medicine or college of nursing or
920 an accredited graduate medical or nursing education program;
921 offices where the only service being performed is hair removal
922 by an advanced practice registered nurse ~~practitioner~~ or
923 physician assistant; not-for-profit, family-planning clinics
924 that are not licensed pursuant to chapter 390; rural and
925 federally qualified health centers; health care services
926 provided in a nursing home licensed under part II of chapter
927 400, an assisted living facility licensed under part I of
928 chapter 429, a continuing care facility licensed under chapter

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929 651, or a retirement community consisting of independent living
930 units and either a licensed nursing home or assisted living
931 facility; anesthesia services provided in accordance with law;
932 health care services provided in a designated rural health
933 clinic; health care services provided to persons enrolled in a
934 program designed to maintain elderly persons and persons with
935 disabilities in a home or community-based setting; university
936 primary care student health centers; school health clinics; or
937 health care services provided in federal, state, or local
938 government facilities.

939 Section 19. Section 464.012, Florida Statutes, is amended
940 to read:

941 464.012 Certification of advanced practice registered
942 nurses ~~nurse practitioners~~; fees; controlled substance
943 prescribing.-

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

950 (a) Satisfactory completion of a formal postbasic
951 educational program of at least one academic year, the primary
952 purpose of which is to prepare nurses for advanced or
953 specialized practice.

954 (b) Certification by an appropriate specialty board. Such
955 certification shall be required for initial state certification
956 and any recertification as a registered nurse anesthetist or
957 nurse midwife. The board may by rule provide for provisional

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958 state certification of graduate nurse anesthetists and nurse
959 midwives for a period of time determined to be appropriate for
960 preparing for and passing the national certification
961 examination.

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

971 (2) The board shall provide by rule the appropriate
972 requirements for advanced practice registered nurses ~~nurse~~
973 ~~practitioners~~ in the categories of certified registered nurse
974 anesthetist, certified nurse midwife, and certified nurse
975 practitioner.

976 (3) An advanced practice registered nurse ~~practitioner~~
977 shall perform those functions authorized in this section within
978 the framework of an established protocol that is filed with the
979 board upon biennial license renewal and within 30 days after
980 entering into a supervisory relationship with a physician or
981 changes to the protocol. The board shall review the protocol to
982 ensure compliance with applicable regulatory standards for
983 protocols. The board shall refer to the department licensees
984 submitting protocols that are not compliant with the regulatory
985 standards for protocols. A practitioner currently licensed under
986 chapter 458, chapter 459, or chapter 466 shall maintain

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987 supervision for directing the specific course of medical
988 treatment. Within the established framework, an advanced
989 practice registered nurse ~~practitioner~~ may:

990 (a) Prescribe, dispense, administer, or order drugs. As
991 used in this paragraph, the term "drugs" includes controlled
992 substances.

993 (b)~~(a)~~ Monitor and alter drug therapies.

994 (c)~~(b)~~ Initiate appropriate therapies for certain
995 conditions.

996 (d)~~(c)~~ Perform additional functions as may be determined by
997 rule in accordance with s. 464.003(2).

998 (e)~~(d)~~ Order diagnostic tests and physical and occupational
999 therapy.

1000 (4) In addition to the general functions specified in
1001 subsection (3), an advanced practice registered nurse
1002 ~~practitioner~~ may perform the following acts within his or her
1003 specialty:

1004 (a) The certified registered nurse anesthetist may, to the
1005 extent authorized by established protocol approved by the
1006 medical staff of the facility in which the anesthetic service is
1007 performed, perform any or all of the following:

1008 1. Determine the health status of the patient as it relates
1009 to the risk factors and to the anesthetic management of the
1010 patient through the performance of the general functions.

1011 2. Based on history, physical assessment, and supplemental
1012 laboratory results, determine, with the consent of the
1013 responsible physician, the appropriate type of anesthesia within
1014 the framework of the protocol.

1015 3. Order under the protocol preanesthetic medication.

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1016 4. Perform under the protocol procedures commonly used to
1017 render the patient insensible to pain during the performance of
1018 surgical, obstetrical, therapeutic, or diagnostic clinical
1019 procedures. These procedures include ordering and administering
1020 regional, spinal, and general anesthesia; inhalation agents and
1021 techniques; intravenous agents and techniques; and techniques of
1022 hypnosis.

1023 5. Order or perform monitoring procedures indicated as
1024 pertinent to the anesthetic health care management of the
1025 patient.

1026 6. Support life functions during anesthesia health care,
1027 including induction and intubation procedures, the use of
1028 appropriate mechanical supportive devices, and the management of
1029 fluid, electrolyte, and blood component balances.

1030 7. Recognize and take appropriate corrective action for
1031 abnormal patient responses to anesthesia, adjunctive medication,
1032 or other forms of therapy.

1033 8. Recognize and treat a cardiac arrhythmia while the
1034 patient is under anesthetic care.

1035 9. Participate in management of the patient while in the
1036 postanesthesia recovery area, including ordering the
1037 administration of fluids and drugs.

1038 10. Place special peripheral and central venous and
1039 arterial lines for blood sampling and monitoring as appropriate.

1040 (b) The certified nurse midwife may, to the extent
1041 authorized by an established protocol which has been approved by
1042 the medical staff of the health care facility in which the
1043 midwifery services are performed, or approved by the nurse
1044 midwife's physician backup when the delivery is performed in a

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1045 patient's home, perform any or all of the following:

- 1046 1. Perform superficial minor surgical procedures.
- 1047 2. Manage the patient during labor and delivery to include
- 1048 amniotomy, episiotomy, and repair.
- 1049 3. Order, initiate, and perform appropriate anesthetic
- 1050 procedures.
- 1051 4. Perform postpartum examination.
- 1052 5. Order appropriate medications.
- 1053 6. Provide family-planning services and well-woman care.
- 1054 7. Manage the medical care of the normal obstetrical
- 1055 patient and the initial care of a newborn patient.

1056 (c) The certified nurse practitioner may perform any or all

1057 of the following acts within the framework of established

1058 protocol:

- 1059 1. Manage selected medical problems.
- 1060 2. Order physical and occupational therapy.
- 1061 3. Initiate, monitor, or alter therapies for certain
- 1062 uncomplicated acute illnesses.
- 1063 4. Monitor and manage patients with stable chronic
- 1064 diseases.
- 1065 5. Establish behavioral problems and diagnosis and make
- 1066 treatment recommendations.

1067 (5) The board shall certify, and the department shall issue

1068 a certificate to, any nurse meeting the qualifications in this

1069 section. The board shall establish an application fee not to

1070 exceed \$100 and a biennial renewal fee not to exceed \$50. The

1071 board is authorized to adopt such other rules as are necessary

1072 to implement the provisions of this section.

1073 (6) (a) The board shall appoint a committee to recommend

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1074 whether a formulary of controlled substances that an advanced
1075 practice registered nurse may not prescribe or may prescribe
1076 only for specific uses or subject to specific limitations is
1077 necessary to protect the health, safety, and welfare of the
1078 public. The committee shall consist of at least three advanced
1079 practice registered nurses, including a certified registered
1080 nurse anesthetist, a certified nurse midwife, and a certified
1081 nurse practitioner; at least one physician recommended by the
1082 Board of Medicine, and one physician recommended by the Board of
1083 Osteopathic Medicine, who have had work experience with advanced
1084 practice registered nurses; and a pharmacist licensed under
1085 chapter 465, but not licensed under chapter 458, chapter 459, or
1086 this chapter, who shall be selected by the State Surgeon
1087 General. The committee may recommend a formulary applicable to
1088 all advanced practice registered nurses, limited by specialty
1089 certification, limited to approved uses of controlled
1090 substances, or subject to other similar restriction it deems
1091 necessary to protect the health, safety, and welfare of the
1092 public.

1093 (b) The board shall adopt any formulary required under this
1094 subsection by rule. Only the board may add to, delete from, or
1095 modify the formulary. A person who requests the addition,
1096 deletion, or modification of a controlled substance listed on
1097 the formulary has the burden of proof to show cause why the
1098 change should be made. The board shall post notice of any
1099 proposed, pending, or adopted changes to the formulary on its
1100 website.

1101 (c) The board shall initiate rulemaking, if required to
1102 implement the committee's initial recommendation, no later than

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1103 October 1, 2014.

1104 Section 20. Present subsections (8) through (10) of section
1105 464.015, Florida Statutes, are renumbered as subsections (9)
1106 through (11), respectively, and amended, and a new subsection
1107 (8) is added to that section, to read:

1108 464.015 Titles and abbreviations; restrictions; penalty.—

1109 (8) Only persons who hold valid certificates to practice as
1110 certified nurse practitioners in this state may use the title
1111 "Certified Nurse Practitioner" and use the abbreviations
1112 "C.N.P." and "nurse practitioner."

1113 (9)~~(8)~~ Only persons who hold valid certificates to practice
1114 as advanced practice registered nurses ~~nurse practitioners~~ in
1115 this state may use the title "Advanced Practice Registered Nurse
1116 Practitioner" and the abbreviation "A.P.R.N." ~~"A.R.N.P."~~

1117 (10)~~(9)~~ A person may not practice or advertise as, or
1118 assume the title of, registered nurse, licensed practical nurse,
1119 clinical nurse specialist, certified registered nurse
1120 anesthetist, certified nurse midwife, or advanced practice
1121 registered nurse ~~practitioner~~ or use the abbreviation "R.N.,"
1122 "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.," "C.N.P.," or
1123 "A.P.R.N." ~~"A.R.N.P."~~ or take any other action that would lead
1124 the public to believe that person was certified as such or is
1125 performing nursing services pursuant to the exception set forth
1126 in s. 464.022(8), unless that person is licensed or certified to
1127 practice as such.

1128 (11)~~(10)~~ A violation of this section is a misdemeanor of
1129 the first degree, punishable as provided in s. 775.082 or s.
1130 775.083.

1131 Section 21. Paragraphs (p) and (q) are added to subsection

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1132 (1) of section 464.018, Florida Statutes, to read:

1133 464.018 Disciplinary actions.—

1134 (1) The following acts constitute grounds for denial of a
1135 license or disciplinary action, as specified in s. 456.072(2):

1136 (p) For only an advanced practice registered nurse:

1137 1. Presigning blank prescription forms.

1138 2. Prescribing for office use any medicinal drug appearing
1139 on Schedule II in chapter 893.

1140 3. Prescribing, ordering, dispensing, administering,
1141 supplying, selling, or giving a drug that is an amphetamine or
1142 sympathomimetic amine drug, or a compound designated pursuant to
1143 chapter 893 as a Schedule II controlled substance, to or for any
1144 person except for:

1145 a. The treatment of narcolepsy; hyperkinesis; behavioral
1146 syndrome in children characterized by the developmentally
1147 inappropriate symptoms of moderate to severe distractibility,
1148 short attention span, hyperactivity, emotional lability, and
1149 impulsivity; or drug-induced brain dysfunction.

1150 b. The differential diagnostic psychiatric evaluation of
1151 depression or the treatment of depression shown to be refractory
1152 to other therapeutic modalities.

1153 c. The clinical investigation of the effects of such drugs
1154 or compounds when an investigative protocol is submitted to,
1155 reviewed, and approved by the department before such
1156 investigation is begun.

1157 4. Prescribing, ordering, dispensing, administering,
1158 supplying, selling, or giving growth hormones, testosterone or
1159 its analogs, human chorionic gonadotropin (HCG), or other
1160 hormones for the purpose of muscle building or to enhance

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1161 athletic performance. For the purposes of this subsection, the
1162 term "muscle building" does not include the treatment of injured
1163 muscle. A prescription written for the drug products listed
1164 above may be dispensed by the pharmacist with the presumption
1165 that the prescription is for legitimate medical use.

1166 5. Promoting or advertising on any prescription form of a
1167 community pharmacy unless the form also states "This
1168 prescription may be filled at any pharmacy of your choice."

1169 6. Prescribing, dispensing, administering, mixing, or
1170 otherwise preparing a legend drug, including a controlled
1171 substance, other than in the course of his or her professional
1172 practice. For the purposes of this paragraph, it shall be
1173 legally presumed that prescribing, dispensing, administering,
1174 mixing, or otherwise preparing legend drugs, including all
1175 controlled substances, inappropriately or in excessive or
1176 inappropriate quantities is not in the best interest of the
1177 patient and is not in the course of the advanced practice
1178 registered nurse's professional practice, without regard to his
1179 or her intent.

1180 7. Prescribing, dispensing, or administering a medicinal
1181 drug appearing on a schedule set forth in chapter 893 to himself
1182 or herself, except a drug prescribed, dispensed, or administered
1183 to the advanced practice registered nurse by another
1184 practitioner authorized to prescribe, dispense, or administer
1185 medicinal drugs.

1186 8. Prescribing, ordering, dispensing, administering,
1187 supplying, selling, or giving amygdalin (laetrile) to any
1188 person.

1189 9. Dispensing a controlled substance listed in Schedule II

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1190 or Schedule III of chapter 893 in violation of s. 465.0276.

1191 10. Promoting or advertising through any communication
1192 medium the use, sale, or dispensing of a controlled substance
1193 appearing on a schedule in chapter 893.

1194 Section 22. Subsection (7) of section 464.203, Florida
1195 Statutes, is amended to read:

1196 464.203 Certified nursing assistants; certification
1197 requirement.—

1198 ~~(7) A certified nursing assistant shall complete 12 hours~~
1199 ~~of inservice training during each calendar year. The certified~~
1200 ~~nursing assistant shall be responsible for maintaining~~
1201 ~~documentation demonstrating compliance with these provisions.~~
1202 ~~The Council on Certified Nursing Assistants, in accordance with~~
1203 ~~s. 464.2085(2)(b), shall propose rules to implement this~~
1204 ~~subsection.~~

1205 Section 23. Subsection (21) of section 893.02, Florida
1206 Statutes, is amended to read:

1207 893.02 Definitions.—The following words and phrases as used
1208 in this chapter shall have the following meanings, unless the
1209 context otherwise requires:

1210 (21) "Practitioner" means a physician licensed pursuant to
1211 chapter 458, a dentist licensed pursuant to chapter 466, a
1212 veterinarian licensed pursuant to chapter 474, an osteopathic
1213 physician licensed pursuant to chapter 459, an advanced practice
1214 registered nurse certified pursuant to chapter 464, a naturopath
1215 licensed pursuant to chapter 462, a certified optometrist
1216 licensed pursuant to chapter 463, or a podiatric physician
1217 licensed pursuant to chapter 461, provided such practitioner
1218 holds a valid federal controlled substance registry number.

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1219 Section 24. Paragraph (n) of subsection (1) of section
1220 948.03, Florida Statutes, is amended to read:

1221 948.03 Terms and conditions of probation.—

1222 (1) The court shall determine the terms and conditions of
1223 probation. Conditions specified in this section do not require
1224 oral pronouncement at the time of sentencing and may be
1225 considered standard conditions of probation. These conditions
1226 may include among them the following, that the probationer or
1227 offender in community control shall:

1228 (n) Be prohibited from using intoxicants to excess or
1229 possessing any drugs or narcotics unless prescribed by a
1230 physician or advanced practice registered nurse. The probationer
1231 or community controllee shall not knowingly visit places where
1232 intoxicants, drugs, or other dangerous substances are unlawfully
1233 sold, dispensed, or used.

1234 Section 25. Subsections (3) and (4) of section 39.303,
1235 Florida Statutes, are amended to read:

1236 39.303 Child protection teams; services; eligible cases.—

1237 The Children's Medical Services Program in the Department of
1238 Health shall develop, maintain, and coordinate the services of
1239 one or more multidisciplinary child protection teams in each of
1240 the service districts of the Department of Children and Family
1241 Services. Such teams may be composed of appropriate
1242 representatives of school districts and appropriate health,
1243 mental health, social service, legal service, and law
1244 enforcement agencies. The Legislature finds that optimal
1245 coordination of child protection teams and sexual abuse
1246 treatment programs requires collaboration between the Department
1247 of Health and the Department of Children and Family Services.

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1248 The two departments shall maintain an interagency agreement that
1249 establishes protocols for oversight and operations of child
1250 protection teams and sexual abuse treatment programs. The State
1251 Surgeon General and the Deputy Secretary for Children's Medical
1252 Services, in consultation with the Secretary of Children and
1253 Family Services, shall maintain the responsibility for the
1254 screening, employment, and, if necessary, the termination of
1255 child protection team medical directors, at headquarters and in
1256 the 15 districts. Child protection team medical directors shall
1257 be responsible for oversight of the teams in the districts.

1258 (3) All abuse and neglect cases transmitted for
1259 investigation to a district by the hotline must be
1260 simultaneously transmitted to the Department of Health child
1261 protection team for review. For the purpose of determining
1262 whether face-to-face medical evaluation by a child protection
1263 team is necessary, all cases transmitted to the child protection
1264 team which meet the criteria in subsection (2) must be timely
1265 reviewed by:

1266 (a) A physician licensed under chapter 458 or chapter 459
1267 who holds board certification in pediatrics and is a member of a
1268 child protection team;

1269 (b) A physician licensed under chapter 458 or chapter 459
1270 who holds board certification in a specialty other than
1271 pediatrics, who may complete the review only when working under
1272 the direction of a physician licensed under chapter 458 or
1273 chapter 459 who holds board certification in pediatrics and is a
1274 member of a child protection team;

1275 (c) An advanced practice registered nurse ~~practitioner~~
1276 licensed under chapter 464 who has a specialty ~~speciality~~ in

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1277 pediatrics or family medicine and is a member of a child
1278 protection team;

1279 (d) A physician assistant licensed under chapter 458 or
1280 chapter 459, who may complete the review only when working under
1281 the supervision of a physician licensed under chapter 458 or
1282 chapter 459 who holds board certification in pediatrics and is a
1283 member of a child protection team; or

1284 (e) A registered nurse licensed under chapter 464, who may
1285 complete the review only when working under the direct
1286 supervision of a physician licensed under chapter 458 or chapter
1287 459 who holds certification in pediatrics and is a member of a
1288 child protection team.

1289 (4) A face-to-face medical evaluation by a child protection
1290 team is not necessary when:

1291 (a) The child was examined for the alleged abuse or neglect
1292 by a physician who is not a member of the child protection team,
1293 and a consultation between the child protection team board-
1294 certified pediatrician, advanced practice registered nurse
1295 ~~practitioner~~, physician assistant working under the supervision
1296 of a child protection team board-certified pediatrician, or
1297 registered nurse working under the direct supervision of a child
1298 protection team board-certified pediatrician, and the examining
1299 physician concludes that a further medical evaluation is
1300 unnecessary;

1301 (b) The child protective investigator, with supervisory
1302 approval, has determined, after conducting a child safety
1303 assessment, that there are no indications of injuries as
1304 described in paragraphs (2) (a)-(h) as reported; or

1305 (c) The child protection team board-certified pediatrician,

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1306 as authorized in subsection (3), determines that a medical
1307 evaluation is not required.

1308
1309 Notwithstanding paragraphs (a), (b), and (c), a child protection
1310 team pediatrician, as authorized in subsection (3), may
1311 determine that a face-to-face medical evaluation is necessary.

1312 Section 26. Paragraph (b) of subsection (1) of section
1313 39.304, Florida Statutes, is amended to read:

1314 39.304 Photographs, medical examinations, X rays, and
1315 medical treatment of abused, abandoned, or neglected child.—

1316 (1)

1317 (b) If the areas of trauma visible on a child indicate a
1318 need for a medical examination, or if the child verbally
1319 complains or otherwise exhibits distress as a result of injury
1320 through suspected child abuse, abandonment, or neglect, or is
1321 alleged to have been sexually abused, the person required to
1322 investigate may cause the child to be referred for diagnosis to
1323 a licensed physician or an emergency department in a hospital
1324 without the consent of the child's parents or legal custodian.
1325 Such examination may be performed by any licensed physician or
1326 an advanced practice registered nurse ~~practitioner~~ licensed
1327 pursuant to part I of chapter 464. Any licensed physician, or
1328 advanced practice registered nurse ~~practitioner~~ licensed
1329 pursuant to part I of chapter 464, who has reasonable cause to
1330 suspect that an injury was the result of child abuse,
1331 abandonment, or neglect may authorize a radiological examination
1332 to be performed on the child without the consent of the child's
1333 parent or legal custodian.

1334 Section 27. Paragraph (a) of subsection (1) of section

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1335 90.503, Florida Statutes, is amended to read:

1336 90.503 Psychotherapist-patient privilege.—

1337 (1) For purposes of this section:

1338 (a) A "psychotherapist" is:

1339 1. A person authorized to practice medicine in any state or
1340 nation, or reasonably believed by the patient so to be, who is
1341 engaged in the diagnosis or treatment of a mental or emotional
1342 condition, including alcoholism and other drug addiction;

1343 2. A person licensed or certified as a psychologist under
1344 the laws of any state or nation, who is engaged primarily in the
1345 diagnosis or treatment of a mental or emotional condition,
1346 including alcoholism and other drug addiction;

1347 3. A person licensed or certified as a clinical social
1348 worker, marriage and family therapist, or mental health
1349 counselor under the laws of this state, who is engaged primarily
1350 in the diagnosis or treatment of a mental or emotional
1351 condition, including alcoholism and other drug addiction;

1352 4. Treatment personnel of facilities licensed by the state
1353 pursuant to chapter 394, chapter 395, or chapter 397, of
1354 facilities designated by the Department of Children and Families
1355 ~~Family Services~~ pursuant to chapter 394 as treatment facilities,
1356 or of facilities defined as community mental health centers
1357 pursuant to s. 394.907(1), who are engaged primarily in the
1358 diagnosis or treatment of a mental or emotional condition,
1359 including alcoholism and other drug addiction; or

1360 5. An advanced practice registered nurse ~~practitioner~~
1361 certified under s. 464.012, whose primary scope of practice is
1362 the diagnosis or treatment of mental or emotional conditions,
1363 including chemical abuse, and limited only to actions performed

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1364 in accordance with part I of chapter 464.

1365 Section 28. Paragraph (e) of subsection (8) of section
1366 112.0455, Florida Statutes, is amended to read:

1367 112.0455 Drug-Free Workplace Act.—

1368 (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
1369 collection and testing for drugs under this section shall be
1370 performed in accordance with the following procedures:

1371 (e) A specimen for a drug test may be taken or collected by
1372 any of the following persons:

1373 1. A physician, a physician's assistant, a registered
1374 professional nurse, a licensed practical nurse, an advanced
1375 practice registered a nurse ~~practitioner~~, or a certified
1376 paramedic who is present at the scene of an accident for the
1377 purpose of rendering emergency medical service or treatment.

1378 2. A qualified person employed by a licensed laboratory.

1379 Section 29. Subsection (3) of section 121.0515, Florida
1380 Statutes, is amended to read:

1381 121.0515 Special Risk Class.—

1382 (3) CRITERIA.—A member, to be designated as a special risk
1383 member, must meet the following criteria:

1384 (a) Effective October 1, 1978, the member must be employed
1385 as a law enforcement officer and be certified, or required to be
1386 certified, in compliance with s. 943.1395; however, sheriffs and
1387 elected police chiefs are excluded from meeting the
1388 certification requirements of this paragraph. In addition, the
1389 member's duties and responsibilities must include the pursuit,
1390 apprehension, and arrest of law violators or suspected law
1391 violators; or as of July 1, 1982, the member must be an active
1392 member of a bomb disposal unit whose primary responsibility is

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1393 the location, handling, and disposal of explosive devices; or
1394 the member must be the supervisor or command officer of a member
1395 or members who have such responsibilities. Administrative
1396 support personnel, including, but not limited to, those whose
1397 primary duties and responsibilities are in accounting,
1398 purchasing, legal, and personnel, are not included;

1399 (b) Effective October 1, 1978, the member must be employed
1400 as a firefighter and be certified, or required to be certified,
1401 in compliance with s. 633.408 and be employed solely within the
1402 fire department of a local government employer or an agency of
1403 state government with firefighting responsibilities. In
1404 addition, the member's duties and responsibilities must include
1405 on-the-scene fighting of fires; as of October 1, 2001, fire
1406 prevention or firefighter training; as of October 1, 2001,
1407 direct supervision of firefighting units, fire prevention, or
1408 firefighter training; or as of July 1, 2001, aerial firefighting
1409 surveillance performed by fixed-wing aircraft pilots employed by
1410 the Florida Forest Service of the Department of Agriculture and
1411 Consumer Services; or the member must be the supervisor or
1412 command officer of a member or members who have such
1413 responsibilities. Administrative support personnel, including,
1414 but not limited to, those whose primary duties and
1415 responsibilities are in accounting, purchasing, legal, and
1416 personnel, are not included. All periods of creditable service
1417 in fire prevention or firefighter training, or as the supervisor
1418 or command officer of a member or members who have such
1419 responsibilities, and for which the employer paid the special
1420 risk contribution rate, are included;

1421 (c) Effective October 1, 1978, the member must be employed

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1422 as a correctional officer and be certified, or required to be
1423 certified, in compliance with s. 943.1395. In addition, the
1424 member's primary duties and responsibilities must be the
1425 custody, and physical restraint when necessary, of prisoners or
1426 inmates within a prison, jail, or other criminal detention
1427 facility, or while on work detail outside the facility, or while
1428 being transported; or as of July 1, 1984, the member must be the
1429 supervisor or command officer of a member or members who have
1430 such responsibilities. Administrative support personnel,
1431 including, but not limited to, those whose primary duties and
1432 responsibilities are in accounting, purchasing, legal, and
1433 personnel, are not included; however, wardens and assistant
1434 wardens, as defined by rule, are included;

1435 (d) Effective October 1, 1999, the member must be employed
1436 by a licensed Advance Life Support (ALS) or Basic Life Support
1437 (BLS) employer as an emergency medical technician or a paramedic
1438 and be certified in compliance with s. 401.27. In addition, the
1439 member's primary duties and responsibilities must include on-
1440 the-scene emergency medical care or as of October 1, 2001,
1441 direct supervision of emergency medical technicians or
1442 paramedics, or the member must be the supervisor or command
1443 officer of one or more members who have such responsibility.
1444 Administrative support personnel, including, but not limited to,
1445 those whose primary responsibilities are in accounting,
1446 purchasing, legal, and personnel, are not included;

1447 (e) Effective January 1, 2001, the member must be employed
1448 as a community-based correctional probation officer and be
1449 certified, or required to be certified, in compliance with s.
1450 943.1395. In addition, the member's primary duties and

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1451 responsibilities must be the supervised custody, surveillance,
1452 control, investigation, and counseling of assigned inmates,
1453 probationers, parolees, or community controllees within the
1454 community; or the member must be the supervisor of a member or
1455 members who have such responsibilities. Administrative support
1456 personnel, including, but not limited to, those whose primary
1457 duties and responsibilities are in accounting, purchasing, legal
1458 services, and personnel management, are not included; however,
1459 probation and parole circuit and deputy circuit administrators
1460 are included;

1461 (f) Effective January 1, 2001, the member must be employed
1462 in one of the following classes and must spend at least 75
1463 percent of his or her time performing duties which involve
1464 contact with patients or inmates in a correctional or forensic
1465 facility or institution:

- 1466 1. Dietitian (class codes 5203 and 5204);
- 1467 2. Public health nutrition consultant (class code 5224);
- 1468 3. Psychological specialist (class codes 5230 and 5231);
- 1469 4. Psychologist (class code 5234);
- 1470 5. Senior psychologist (class codes 5237 and 5238);
- 1471 6. Regional mental health consultant (class code 5240);
- 1472 7. Psychological Services Director—DCF (class code 5242);
- 1473 8. Pharmacist (class codes 5245 and 5246);
- 1474 9. Senior pharmacist (class codes 5248 and 5249);
- 1475 10. Dentist (class code 5266);
- 1476 11. Senior dentist (class code 5269);
- 1477 12. Registered nurse (class codes 5290 and 5291);
- 1478 13. Senior registered nurse (class codes 5292 and 5293);
- 1479 14. Registered nurse specialist (class codes 5294 and

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- 1480 5295);
- 1481 15. Clinical associate (class codes 5298 and 5299);
- 1482 16. Advanced practice registered nurse ~~practitioner~~ (class
- 1483 codes 5297 and 5300);
- 1484 17. Advanced practice registered nurse ~~practitioner~~
- 1485 specialist (class codes 5304 and 5305);
- 1486 18. Registered nurse supervisor (class codes 5306 and
- 1487 5307);
- 1488 19. Senior registered nurse supervisor (class codes 5308
- 1489 and 5309);
- 1490 20. Registered nursing consultant (class codes 5312 and
- 1491 5313);
- 1492 21. Quality management program supervisor (class code
- 1493 5314);
- 1494 22. Executive nursing director (class codes 5320 and 5321);
- 1495 23. Speech and hearing therapist (class code 5406); or
- 1496 24. Pharmacy manager (class code 5251);
- 1497 (g) Effective July 1, 2001, the member must be employed as
- 1498 a youth custody officer and be certified, or required to be
- 1499 certified, in compliance with s. 943.1395. In addition, the
- 1500 member's primary duties and responsibilities must be the
- 1501 supervised custody, surveillance, control, investigation,
- 1502 apprehension, arrest, and counseling of assigned juveniles
- 1503 within the community;
- 1504 (h) Effective October 1, 2005, through June 30, 2008, the
- 1505 member must be employed by a law enforcement agency or medical
- 1506 examiner's office in a forensic discipline recognized by the
- 1507 International Association for Identification and must qualify
- 1508 for active membership in the International Association for

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1509 Identification. The member's primary duties and responsibilities
1510 must include the collection, examination, preservation,
1511 documentation, preparation, or analysis of physical evidence or
1512 testimony, or both, or the member must be the direct supervisor,
1513 quality management supervisor, or command officer of one or more
1514 individuals with such responsibility. Administrative support
1515 personnel, including, but not limited to, those whose primary
1516 responsibilities are clerical or in accounting, purchasing,
1517 legal, and personnel, are not included;

1518 (i) Effective July 1, 2008, the member must be employed by
1519 the Department of Law Enforcement in the crime laboratory or by
1520 the Division of State Fire Marshal in the forensic laboratory in
1521 one of the following classes:

- 1522 1. Forensic technologist (class code 8459);
- 1523 2. Crime laboratory technician (class code 8461);
- 1524 3. Crime laboratory analyst (class code 8463);
- 1525 4. Senior crime laboratory analyst (class code 8464);
- 1526 5. Crime laboratory analyst supervisor (class code 8466);
- 1527 6. Forensic chief (class code 9602); or
- 1528 7. Forensic services quality manager (class code 9603);

1529 (j) Effective July 1, 2008, the member must be employed by
1530 a local government law enforcement agency or medical examiner's
1531 office and must spend at least 65 percent of his or her time
1532 performing duties that involve the collection, examination,
1533 preservation, documentation, preparation, or analysis of human
1534 tissues or fluids or physical evidence having potential
1535 biological, chemical, or radiological hazard or contamination,
1536 or use chemicals, processes, or materials that may have
1537 carcinogenic or health-damaging properties in the analysis of

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1538 such evidence, or the member must be the direct supervisor of
1539 one or more individuals having such responsibility. If a special
1540 risk member changes to another position within the same agency,
1541 he or she must submit a complete application as provided in
1542 paragraph (4) (a); or

1543 (k) The member must have already qualified for and be
1544 actively participating in special risk membership under
1545 paragraph (a), paragraph (b), or paragraph (c), must have
1546 suffered a qualifying injury as defined in this paragraph, must
1547 not be receiving disability retirement benefits as provided in
1548 s. 121.091(4), and must satisfy the requirements of this
1549 paragraph.

1550 1. The ability to qualify for the class of membership
1551 defined in paragraph (2) (i) occurs when two licensed medical
1552 physicians, one of whom is a primary treating physician of the
1553 member, certify the existence of the physical injury and medical
1554 condition that constitute a qualifying injury as defined in this
1555 paragraph and that the member has reached maximum medical
1556 improvement after August 1, 2008. The certifications from the
1557 licensed medical physicians must include, at a minimum, that the
1558 injury to the special risk member has resulted in a physical
1559 loss, or loss of use, of at least two of the following: left
1560 arm, right arm, left leg, or right leg; and:

1561 a. That this physical loss or loss of use is total and
1562 permanent, except if the loss of use is due to a physical injury
1563 to the member's brain, in which event the loss of use is
1564 permanent with at least 75 percent loss of motor function with
1565 respect to each arm or leg affected.

1566 b. That this physical loss or loss of use renders the

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1567 member physically unable to perform the essential job functions
1568 of his or her special risk position.

1569 c. That, notwithstanding this physical loss or loss of use,
1570 the individual can perform the essential job functions required
1571 by the member's new position, as provided in subparagraph 3.

1572 d. That use of artificial limbs is not possible or does not
1573 alter the member's ability to perform the essential job
1574 functions of the member's position.

1575 e. That the physical loss or loss of use is a direct result
1576 of a physical injury and not a result of any mental,
1577 psychological, or emotional injury.

1578 2. For the purposes of this paragraph, "qualifying injury"
1579 means an injury sustained in the line of duty, as certified by
1580 the member's employing agency, by a special risk member that
1581 does not result in total and permanent disability as defined in
1582 s. 121.091(4)(b). An injury is a qualifying injury if the injury
1583 is a physical injury to the member's physical body resulting in
1584 a physical loss, or loss of use, of at least two of the
1585 following: left arm, right arm, left leg, or right leg.

1586 Notwithstanding any other provision of this section, an injury
1587 that would otherwise qualify as a qualifying injury is not
1588 considered a qualifying injury if and when the member ceases
1589 employment with the employer for whom he or she was providing
1590 special risk services on the date the injury occurred.

1591 3. The new position, as described in sub-subparagraph 1.c.,
1592 that is required for qualification as a special risk member
1593 under this paragraph is not required to be a position with
1594 essential job functions that entitle an individual to special
1595 risk membership. Whether a new position as described in sub-

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1596 subparagraph 1.c. exists and is available to the special risk
1597 member is a decision to be made solely by the employer in
1598 accordance with its hiring practices and applicable law.

1599 4. This paragraph does not grant or create additional
1600 rights for any individual to continued employment or to be hired
1601 or rehired by his or her employer that are not already provided
1602 within the Florida Statutes, the State Constitution, the
1603 Americans with Disabilities Act, if applicable, or any other
1604 applicable state or federal law.

1605 Section 30. Paragraph (a) of subsection (3) of section
1606 252.515, Florida Statutes, is amended to read:

1607 252.515 Postdisaster Relief Assistance Act; immunity from
1608 civil liability.—

1609 (3) As used in this section, the term:

1610 (a) "Emergency first responder" means:

1611 1. A physician licensed under chapter 458.

1612 2. An osteopathic physician licensed under chapter 459.

1613 3. A chiropractic physician licensed under chapter 460.

1614 4. A podiatric physician licensed under chapter 461.

1615 5. A dentist licensed under chapter 466.

1616 6. An advanced practice registered nurse ~~practitioner~~
1617 certified under s. 464.012.

1618 7. A physician assistant licensed under s. 458.347 or s.
1619 459.022.

1620 8. A worker employed by a public or private hospital in the
1621 state.

1622 9. A paramedic as defined in s. 401.23(17).

1623 10. An emergency medical technician as defined in s.
1624 401.23(11).

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- 1625 11. A firefighter as defined in s. 633.102.
1626 12. A law enforcement officer as defined in s. 943.10.
1627 13. A member of the Florida National Guard.
1628 14. Any other personnel designated as emergency personnel
1629 by the Governor pursuant to a declared emergency.

1630 Section 31. Paragraph (b) of subsection (1) of section
1631 381.00315, Florida Statutes, is amended to read:

1632 381.00315 Public health advisories; public health
1633 emergencies; quarantines.—The State Health Officer is
1634 responsible for declaring public health emergencies and
1635 quarantines and issuing public health advisories.

1636 (1) As used in this section, the term:

1637 (b) "Public health emergency" means any occurrence, or
1638 threat thereof, whether natural or manmade ~~man-made~~, which
1639 results or may result in substantial injury or harm to the
1640 public health from infectious disease, chemical agents, nuclear
1641 agents, biological toxins, or situations involving mass
1642 casualties or natural disasters. Prior to declaring a public
1643 health emergency, the State Health Officer shall, to the extent
1644 possible, consult with the Governor and shall notify the Chief
1645 of Domestic Security. The declaration of a public health
1646 emergency shall continue until the State Health Officer finds
1647 that the threat or danger has been dealt with to the extent that
1648 the emergency conditions no longer exist and he or she
1649 terminates the declaration. However, a declaration of a public
1650 health emergency may not continue for longer than 60 days unless
1651 the Governor concurs in the renewal of the declaration. The
1652 State Health Officer, upon declaration of a public health
1653 emergency, may take actions that are necessary to protect the

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1654 public health. Such actions include, but are not limited to:

1655 1. Directing manufacturers of prescription drugs or over-
1656 the-counter drugs who are permitted under chapter 499 and
1657 wholesalers of prescription drugs located in this state who are
1658 permitted under chapter 499 to give priority to the shipping of
1659 specified drugs to pharmacies and health care providers within
1660 geographic areas that have been identified by the State Health
1661 Officer. The State Health Officer must identify the drugs to be
1662 shipped. Manufacturers and wholesalers located in the state must
1663 respond to the State Health Officer's priority shipping
1664 directive before shipping the specified drugs.

1665 2. Notwithstanding chapters 465 and 499 and rules adopted
1666 thereunder, directing pharmacists employed by the department to
1667 compound bulk prescription drugs and provide these bulk
1668 prescription drugs to physicians and nurses of county health
1669 departments or any qualified person authorized by the State
1670 Health Officer for administration to persons as part of a
1671 prophylactic or treatment regimen.

1672 3. Notwithstanding s. 456.036, temporarily reactivating the
1673 inactive license of the following health care practitioners,
1674 when such practitioners are needed to respond to the public
1675 health emergency: physicians licensed under chapter 458 or
1676 chapter 459; physician assistants licensed under chapter 458 or
1677 chapter 459; licensed practical nurses, registered nurses, and
1678 advanced practice registered nurses ~~certified nurse~~
1679 ~~practitioners~~ licensed under part I of chapter 464; respiratory
1680 therapists licensed under part V of chapter 468; and emergency
1681 medical technicians and paramedics certified under part III of
1682 chapter 401. Only those health care practitioners specified in

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1683 this paragraph who possess an unencumbered inactive license and
1684 who request that such license be reactivated are eligible for
1685 reactivation. An inactive license that is reactivated under this
1686 paragraph shall return to inactive status when the public health
1687 emergency ends or prior to the end of the public health
1688 emergency if the State Health Officer determines that the health
1689 care practitioner is no longer needed to provide services during
1690 the public health emergency. Such licenses may only be
1691 reactivated for a period not to exceed 90 days without meeting
1692 the requirements of s. 456.036 or chapter 401, as applicable.

1693 4. Ordering an individual to be examined, tested,
1694 vaccinated, treated, or quarantined for communicable diseases
1695 that have significant morbidity or mortality and present a
1696 severe danger to public health. Individuals who are unable or
1697 unwilling to be examined, tested, vaccinated, or treated for
1698 reasons of health, religion, or conscience may be subjected to
1699 quarantine.

1700 a. Examination, testing, vaccination, or treatment may be
1701 performed by any qualified person authorized by the State Health
1702 Officer.

1703 b. If the individual poses a danger to the public health,
1704 the State Health Officer may subject the individual to
1705 quarantine. If there is no practical method to quarantine the
1706 individual, the State Health Officer may use any means necessary
1707 to vaccinate or treat the individual.

1708
1709 Any order of the State Health Officer given to effectuate this
1710 paragraph shall be immediately enforceable by a law enforcement
1711 officer under s. 381.0012.

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1712 Section 32. Subsection (3) of section 381.00593, Florida
1713 Statutes, is amended to read:

1714 381.00593 Public school volunteer health care practitioner
1715 program.—

1716 (3) For purposes of this section, the term “health care
1717 practitioner” means a physician licensed under chapter 458; an
1718 osteopathic physician licensed under chapter 459; a chiropractic
1719 physician licensed under chapter 460; a podiatric physician
1720 licensed under chapter 461; an optometrist licensed under
1721 chapter 463; an advanced practice registered nurse ~~practitioner~~,
1722 registered nurse, or licensed practical nurse licensed under
1723 part I of chapter 464; a pharmacist licensed under chapter 465;
1724 a dentist or dental hygienist licensed under chapter 466; a
1725 midwife licensed under chapter 467; a speech-language
1726 pathologist or audiologist licensed under part I of chapter 468;
1727 a dietitian/nutritionist licensed under part X of chapter 468;
1728 or a physical therapist licensed under chapter 486.

1729 Section 33. Paragraph (c) of subsection (1) of section
1730 383.141, Florida Statutes, is amended to read:

1731 383.141 Prenatally diagnosed conditions; patient to be
1732 provided information; definitions; information clearinghouse;
1733 advisory council.—

1734 (1) As used in this section, the term:

1735 (c) “Health care provider” means a practitioner licensed or
1736 registered under chapter 458 or chapter 459 or an advanced
1737 practice registered nurse ~~practitioner~~ certified under chapter
1738 464.

1739 Section 34. Paragraph (a) of subsection (3) of section
1740 390.0111, Florida Statutes, is amended to read:

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1741 390.0111 Termination of pregnancies.—

1742 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1743 be performed or induced except with the voluntary and informed
1744 written consent of the pregnant woman or, in the case of a
1745 mental incompetent, the voluntary and informed written consent
1746 of her court-appointed guardian.

1747 (a) Except in the case of a medical emergency, consent to a
1748 termination of pregnancy is voluntary and informed only if:

1749 1. The physician who is to perform the procedure, or the
1750 referring physician, has, at a minimum, orally, in person,
1751 informed the woman of:

1752 a. The nature and risks of undergoing or not undergoing the
1753 proposed procedure that a reasonable patient would consider
1754 material to making a knowing and willful decision of whether to
1755 terminate a pregnancy.

1756 b. The probable gestational age of the fetus, verified by
1757 an ultrasound, at the time the termination of pregnancy is to be
1758 performed.

1759 (I) The ultrasound must be performed by the physician who
1760 is to perform the abortion or by a person having documented
1761 evidence that he or she has completed a course in the operation
1762 of ultrasound equipment as prescribed by rule and who is working
1763 in conjunction with the physician.

1764 (II) The person performing the ultrasound must offer the
1765 woman the opportunity to view the live ultrasound images and
1766 hear an explanation of them. If the woman accepts the
1767 opportunity to view the images and hear the explanation, a
1768 physician or a registered nurse, licensed practical nurse,
1769 advanced practice registered nurse ~~practitioner~~, or physician

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1770 assistant working in conjunction with the physician must
1771 contemporaneously review and explain the images to the woman
1772 before the woman gives informed consent to having an abortion
1773 procedure performed.

1774 (III) The woman has a right to decline to view and hear the
1775 explanation of the live ultrasound images after she is informed
1776 of her right and offered an opportunity to view the images and
1777 hear the explanation. If the woman declines, the woman shall
1778 complete a form acknowledging that she was offered an
1779 opportunity to view and hear the explanation of the images but
1780 that she declined that opportunity. The form must also indicate
1781 that the woman's decision was not based on any undue influence
1782 from any person to discourage her from viewing the images or
1783 hearing the explanation and that she declined of her own free
1784 will.

1785 (IV) Unless requested by the woman, the person performing
1786 the ultrasound may not offer the opportunity to view the images
1787 and hear the explanation and the explanation may not be given
1788 if, at the time the woman schedules or arrives for her
1789 appointment to obtain an abortion, a copy of a restraining
1790 order, police report, medical record, or other court order or
1791 documentation is presented which provides evidence that the
1792 woman is obtaining the abortion because the woman is a victim of
1793 rape, incest, domestic violence, or human trafficking or that
1794 the woman has been diagnosed as having a condition that, on the
1795 basis of a physician's good faith clinical judgment, would
1796 create a serious risk of substantial and irreversible impairment
1797 of a major bodily function if the woman delayed terminating her
1798 pregnancy.

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1799 c. The medical risks to the woman and fetus of carrying the
1800 pregnancy to term.

1801 2. Printed materials prepared and provided by the
1802 department have been provided to the pregnant woman, if she
1803 chooses to view these materials, including:

1804 a. A description of the fetus, including a description of
1805 the various stages of development.

1806 b. A list of entities that offer alternatives to
1807 terminating the pregnancy.

1808 c. Detailed information on the availability of medical
1809 assistance benefits for prenatal care, childbirth, and neonatal
1810 care.

1811 3. The woman acknowledges in writing, before the
1812 termination of pregnancy, that the information required to be
1813 provided under this subsection has been provided.

1814
1815 ~~Nothing in~~ This paragraph is not intended to prohibit a
1816 physician from providing any additional information that ~~which~~
1817 the physician deems material to the woman's informed decision to
1818 terminate her pregnancy.

1819 Section 35. Paragraphs (c), (e), and (f) of subsection (3)
1820 of section 390.012, Florida Statutes, are amended to read:

1821 390.012 Powers of agency; rules; disposal of fetal
1822 remains.—

1823 (3) For clinics that perform or claim to perform abortions
1824 after the first trimester of pregnancy, the agency shall adopt
1825 rules pursuant to ss. 120.536(1) and 120.54 to implement the
1826 provisions of this chapter, including the following:

1827 (c) Rules relating to abortion clinic personnel. At a

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1828 minimum, these rules shall require that:

1829 1. The abortion clinic designate a medical director who is
1830 licensed to practice medicine in this state and who has
1831 admitting privileges at a licensed hospital in this state or has
1832 a transfer agreement with a licensed hospital within reasonable
1833 proximity of the clinic.

1834 2. If a physician is not present after an abortion is
1835 performed, a registered nurse, licensed practical nurse,
1836 advanced practice registered nurse ~~practitioner~~, or physician
1837 assistant shall be present and remain at the clinic to provide
1838 postoperative monitoring and care until the patient is
1839 discharged.

1840 3. Surgical assistants receive training in counseling,
1841 patient advocacy, and the specific responsibilities associated
1842 with the services the surgical assistants provide.

1843 4. Volunteers receive training in the specific
1844 responsibilities associated with the services the volunteers
1845 provide, including counseling and patient advocacy as provided
1846 in the rules adopted by the director for different types of
1847 volunteers based on their responsibilities.

1848 (e) Rules relating to the abortion procedure. At a minimum,
1849 these rules shall require:

1850 1. That a physician, registered nurse, licensed practical
1851 nurse, advanced practice registered nurse ~~practitioner~~, or
1852 physician assistant is available to all patients throughout the
1853 abortion procedure.

1854 2. Standards for the safe conduct of abortion procedures
1855 that conform to obstetric standards in keeping with established
1856 standards of care regarding the estimation of fetal age as

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1857 defined in rule.

1858 3. Appropriate use of general and local anesthesia,
1859 analgesia, and sedation if ordered by the physician.

1860 4. Appropriate precautions, such as the establishment of
1861 intravenous access at least for patients undergoing post-first
1862 trimester abortions.

1863 5. Appropriate monitoring of the vital signs and other
1864 defined signs and markers of the patient's status throughout the
1865 abortion procedure and during the recovery period until the
1866 patient's condition is deemed to be stable in the recovery room.

1867 (f) Rules that prescribe minimum recovery room standards.
1868 At a minimum, these rules shall require that:

1869 1. Postprocedure recovery rooms are supervised and staffed
1870 to meet the patients' needs.

1871 2. Immediate postprocedure care consists of observation in
1872 a supervised recovery room for as long as the patient's
1873 condition warrants.

1874 3. The clinic arranges hospitalization if any complication
1875 beyond the medical capability of the staff occurs or is
1876 suspected.

1877 4. A registered nurse, licensed practical nurse, advanced
1878 practice registered nurse ~~practitioner~~, or physician assistant
1879 who is trained in the management of the recovery area and is
1880 capable of providing basic cardiopulmonary resuscitation and
1881 related emergency procedures remains on the premises of the
1882 abortion clinic until all patients are discharged.

1883 5. A physician shall sign the discharge order and be
1884 readily accessible and available until the last patient is
1885 discharged to facilitate the transfer of emergency cases if

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1886 hospitalization of the patient or viable fetus is necessary.

1887 6. A physician discusses Rho(D) immune globulin with each
1888 patient for whom it is indicated and ensures that it is offered
1889 to the patient in the immediate postoperative period or that it
1890 will be available to her within 72 hours after completion of the
1891 abortion procedure. If the patient refuses the Rho(D) immune
1892 globulin, a refusal form approved by the agency shall be signed
1893 by the patient and a witness and included in the medical record.

1894 7. Written instructions with regard to postabortion coitus,
1895 signs of possible problems, and general aftercare are given to
1896 each patient. Each patient shall have specific written
1897 instructions regarding access to medical care for complications,
1898 including a telephone number to call for medical emergencies.

1899 8. There is a specified minimum length of time that a
1900 patient remains in the recovery room by type of abortion
1901 procedure and duration of gestation.

1902 9. The physician ensures that a registered nurse, licensed
1903 practical nurse, advanced practice registered nurse
1904 ~~practitioner~~, or physician assistant from the abortion clinic
1905 makes a good faith effort to contact the patient by telephone,
1906 with the patient's consent, within 24 hours after surgery to
1907 assess the patient's recovery.

1908 10. Equipment and services are readily accessible to
1909 provide appropriate emergency resuscitative and life support
1910 procedures pending the transfer of the patient or viable fetus
1911 to the hospital.

1912 Section 36. Paragraph (a) of subsection (2) of section
1913 394.4574, Florida Statutes, is amended to read:

1914 394.4574 Department responsibilities for a mental health

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1915 resident who resides in an assisted living facility that holds a
1916 limited mental health license.—

1917 (2) The department must ensure that:

1918 (a) A mental health resident has been assessed by a
1919 psychiatrist, clinical psychologist, clinical social worker, or
1920 psychiatric-mental health advanced practice registered
1921 ~~psychiatric~~ nurse, or an individual who is supervised by one of
1922 these professionals, and determined to be appropriate to reside
1923 in an assisted living facility. The documentation must be
1924 provided to the administrator of the facility within 30 days
1925 after the mental health resident has been admitted to the
1926 facility. An evaluation completed upon discharge from a state
1927 mental hospital meets the requirements of this subsection
1928 related to appropriateness for placement as a mental health
1929 resident if it was completed within 90 days prior to admission
1930 to the facility.

1931 Section 37. Subsection (2) of section 394.4655, Florida
1932 Statutes, is amended to read:

1933 394.4655 Involuntary outpatient placement.—

1934 (2) INVOLUNTARY OUTPATIENT PLACEMENT.—

1935 (a)1. A patient who is being recommended for involuntary
1936 outpatient placement by the administrator of the receiving
1937 facility where the patient has been examined may be retained by
1938 the facility after adherence to the notice procedures provided
1939 in s. 394.4599. The recommendation must be supported by the
1940 opinion of a psychiatrist and the second opinion of a clinical
1941 psychologist or another psychiatrist, both of whom have
1942 personally examined the patient within the preceding 72 hours,
1943 that the criteria for involuntary outpatient placement are met.

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1944 However, in a county having a population of fewer than 50,000,
1945 if the administrator certifies that a psychiatrist or clinical
1946 psychologist is not available to provide the second opinion, the
1947 second opinion may be provided by a licensed physician who has
1948 postgraduate training and experience in diagnosis and treatment
1949 of mental and nervous disorders or by a psychiatric-mental
1950 health advanced practice registered ~~psychiatric~~ nurse. Any
1951 second opinion authorized in this subparagraph may be conducted
1952 through a face-to-face examination, in person or by electronic
1953 means. Such recommendation must be entered on an involuntary
1954 outpatient placement certificate that authorizes the receiving
1955 facility to retain the patient pending completion of a hearing.
1956 The certificate shall be made a part of the patient's clinical
1957 record.

1958 2. If the patient has been stabilized and no longer meets
1959 the criteria for involuntary examination pursuant to s.
1960 394.463(1), the patient must be released from the receiving
1961 facility while awaiting the hearing for involuntary outpatient
1962 placement. Before filing a petition for involuntary outpatient
1963 treatment, the administrator of a receiving facility or a
1964 designated department representative must identify the service
1965 provider that will have primary responsibility for service
1966 provision under an order for involuntary outpatient placement,
1967 unless the person is otherwise participating in outpatient
1968 psychiatric treatment and is not in need of public financing for
1969 that treatment, in which case the individual, if eligible, may
1970 be ordered to involuntary treatment pursuant to the existing
1971 psychiatric treatment relationship.

1972 3. The service provider shall prepare a written proposed

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1973 treatment plan in consultation with the patient or the patient's
1974 guardian advocate, if appointed, for the court's consideration
1975 for inclusion in the involuntary outpatient placement order. The
1976 service provider shall also provide a copy of the proposed
1977 treatment plan to the patient and the administrator of the
1978 receiving facility. The treatment plan must specify the nature
1979 and extent of the patient's mental illness, address the
1980 reduction of symptoms that necessitate involuntary outpatient
1981 placement, and include measurable goals and objectives for the
1982 services and treatment that are provided to treat the person's
1983 mental illness and assist the person in living and functioning
1984 in the community or to prevent a relapse or deterioration.
1985 Service providers may select and supervise other individuals to
1986 implement specific aspects of the treatment plan. The services
1987 in the treatment plan must be deemed clinically appropriate by a
1988 physician, clinical psychologist, psychiatric-mental health
1989 advanced practice registered psychiatric nurse, mental health
1990 counselor, marriage and family therapist, or clinical social
1991 worker who consults with, or is employed or contracted by, the
1992 service provider. The service provider must certify to the court
1993 in the proposed treatment plan whether sufficient services for
1994 improvement and stabilization are currently available and
1995 whether the service provider agrees to provide those services.
1996 If the service provider certifies that the services in the
1997 proposed treatment plan are not available, the petitioner may
1998 not file the petition.

1999 (b) If a patient in involuntary inpatient placement meets
2000 the criteria for involuntary outpatient placement, the
2001 administrator of the treatment facility may, before the

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2002 expiration of the period during which the treatment facility is
2003 authorized to retain the patient, recommend involuntary
2004 outpatient placement. The recommendation must be supported by
2005 the opinion of a psychiatrist and the second opinion of a
2006 clinical psychologist or another psychiatrist, both of whom have
2007 personally examined the patient within the preceding 72 hours,
2008 that the criteria for involuntary outpatient placement are met.
2009 However, in a county having a population of fewer than 50,000,
2010 if the administrator certifies that a psychiatrist or clinical
2011 psychologist is not available to provide the second opinion, the
2012 second opinion may be provided by a licensed physician who has
2013 postgraduate training and experience in diagnosis and treatment
2014 of mental and nervous disorders or by a psychiatric-mental
2015 health advanced practice registered ~~psychiatric~~ nurse. Any
2016 second opinion authorized in this subparagraph may be conducted
2017 through a face-to-face examination, in person or by electronic
2018 means. Such recommendation must be entered on an involuntary
2019 outpatient placement certificate, and the certificate must be
2020 made a part of the patient's clinical record.

2021 (c)1. The administrator of the treatment facility shall
2022 provide a copy of the involuntary outpatient placement
2023 certificate and a copy of the state mental health discharge form
2024 to a department representative in the county where the patient
2025 will be residing. For persons who are leaving a state mental
2026 health treatment facility, the petition for involuntary
2027 outpatient placement must be filed in the county where the
2028 patient will be residing.

2029 2. The service provider that will have primary
2030 responsibility for service provision shall be identified by the

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2031 designated department representative prior to the order for
 2032 involuntary outpatient placement and must, prior to filing a
 2033 petition for involuntary outpatient placement, certify to the
 2034 court whether the services recommended in the patient's
 2035 discharge plan are available in the local community and whether
 2036 the service provider agrees to provide those services. The
 2037 service provider must develop with the patient, or the patient's
 2038 guardian advocate, if appointed, a treatment or service plan
 2039 that addresses the needs identified in the discharge plan. The
 2040 plan must be deemed to be clinically appropriate by a physician,
 2041 clinical psychologist, psychiatric-mental health advanced
 2042 practice registered ~~psychiatric~~ nurse, mental health counselor,
 2043 marriage and family therapist, or clinical social worker, as
 2044 defined in this chapter, who consults with, or is employed or
 2045 contracted by, the service provider.

2046 3. If the service provider certifies that the services in
 2047 the proposed treatment or service plan are not available, the
 2048 petitioner may not file the petition.

2049 Section 38. Subsection (2) of section 394.467, Florida
 2050 Statutes, is amended to read:

2051 394.467 Involuntary inpatient placement.—

2052 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
 2053 retained by a receiving facility or involuntarily placed in a
 2054 treatment facility upon the recommendation of the administrator
 2055 of the receiving facility where the patient has been examined
 2056 and after adherence to the notice and hearing procedures
 2057 provided in s. 394.4599. The recommendation must be supported by
 2058 the opinion of a psychiatrist and the second opinion of a
 2059 clinical psychologist or another psychiatrist, both of whom have

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2060 personally examined the patient within the preceding 72 hours,
2061 that the criteria for involuntary inpatient placement are met.
2062 However, in a county that has a population of fewer than 50,000,
2063 if the administrator certifies that a psychiatrist or clinical
2064 psychologist is not available to provide the second opinion, the
2065 second opinion may be provided by a licensed physician who has
2066 postgraduate training and experience in diagnosis and treatment
2067 of mental and nervous disorders or by a psychiatric-mental
2068 health advanced practice registered ~~psychiatric~~ nurse. Any
2069 second opinion authorized in this subsection may be conducted
2070 through a face-to-face examination, in person or by electronic
2071 means. Such recommendation shall be entered on an involuntary
2072 inpatient placement certificate that authorizes the receiving
2073 facility to retain the patient pending transfer to a treatment
2074 facility or completion of a hearing.

2075 Section 39. Paragraphs (a) and (b) of subsection (2) and
2076 subsection (4) of section 395.0191, Florida Statutes, are
2077 amended to read:

2078 395.0191 Staff membership and clinical privileges.—

2079 (2) (a) Each licensed facility shall establish rules and
2080 procedures for consideration of an application for clinical
2081 privileges submitted by an advanced practice registered nurse
2082 ~~practitioner~~ licensed and certified under part I of chapter 464,
2083 in accordance with the provisions of this section. A ~~No~~ licensed
2084 facility may not ~~shall~~ deny such application solely because the
2085 applicant is licensed under part I of chapter 464 or because the
2086 applicant is not a participant in the Florida Birth-Related
2087 Neurological Injury Compensation Plan.

2088 (b) An advanced practice registered nurse ~~practitioner~~ who

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2089 is certified as a registered nurse anesthetist licensed under
2090 part I of chapter 464 shall administer anesthesia under the
2091 onsite medical direction of a professional licensed under
2092 chapter 458, chapter 459, or chapter 466, and in accordance with
2093 an established protocol approved by the medical staff. The
2094 medical direction shall specifically address the needs of the
2095 individual patient.

2096 (4) This section does not ~~Nothing herein shall~~ restrict in
2097 ~~any way~~ the authority of the medical staff of a licensed
2098 facility to review for approval or disapproval all applications
2099 for appointment and reappointment to all categories of staff and
2100 to make recommendations on each applicant to the governing
2101 board, including the delineation of privileges to be granted in
2102 each case. In making such recommendations and in the delineation
2103 of privileges, each applicant shall be considered individually
2104 pursuant to criteria for a doctor licensed under chapter 458,
2105 chapter 459, chapter 461, or chapter 466, ~~or~~ for an advanced
2106 practice registered nurse ~~practitioner~~ licensed and certified
2107 under part I of chapter 464, or for a psychologist licensed
2108 under chapter 490, as applicable. The applicant's eligibility
2109 for staff membership or clinical privileges shall be determined
2110 by the applicant's background, experience, health, training, and
2111 demonstrated competency; the applicant's adherence to applicable
2112 professional ethics; the applicant's reputation; and the
2113 applicant's ability to work with others and by such other
2114 elements as determined by the governing board, consistent with
2115 this part.

2116 Section 40. Subsection (3) of section 395.602, Florida
2117 Statutes, is amended to read:

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2118 395.602 Rural hospitals.—

2119 (3) USE OF FUNDS.—It is the intent of the Legislature that
2120 funds as appropriated shall be used ~~utilized~~ by the department
2121 for the purpose of increasing the number of primary care
2122 physicians, physician assistants, certified nurse midwives,
2123 certified nurse practitioners, and nurses in rural areas, either
2124 through the Medical Education Reimbursement and Loan Repayment
2125 Program as defined by s. 1009.65 or through a federal loan
2126 repayment program which requires state matching funds. The
2127 department may use funds appropriated for the Medical Education
2128 Reimbursement and Loan Repayment Program as matching funds for
2129 federal loan repayment programs for health care personnel, such
2130 as that authorized in Pub. L. No. 100-177, s. 203. If the
2131 department receives federal matching funds, the department shall
2132 only implement the federal program. Reimbursement through either
2133 program shall be limited to:

2134 (a) Primary care physicians, physician assistants,
2135 certified nurse midwives, certified nurse practitioners, and
2136 nurses employed by or affiliated with rural hospitals, as
2137 defined in this act; and

2138 (b) Primary care physicians, physician assistants,
2139 certified nurse midwives, certified nurse practitioners, and
2140 nurses employed by or affiliated with rural area health
2141 education centers, as defined in this section. These personnel
2142 shall practice:

2143 1. In a county with a population density of no greater than
2144 100 persons per square mile; or

2145 2. Within the boundaries of a hospital tax district which
2146 encompasses a population of no greater than 100 persons per

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2147 square mile.

2148

2149 If the department administers a federal loan repayment program,
2150 priority shall be given to obligating state and federal matching
2151 funds pursuant to paragraphs (a) and (b). The department may use
2152 federal matching funds in other health workforce shortage areas
2153 and medically underserved areas in the state for loan repayment
2154 programs for primary care physicians, physician assistants,
2155 certified nurse midwives, certified nurse practitioners, and
2156 nurses who are employed by publicly financed health care
2157 programs that serve medically indigent persons.

2158 Section 41. Paragraphs (b) and (c) of subsection (8) of
2159 section 395.605, Florida Statutes, are amended to read:

2160 395.605 Emergency care hospitals.—

2161 (8)

2162 (b) All patients shall be under the care of a physician or
2163 under the care of an advanced practice registered ~~a nurse~~
2164 ~~practitioner~~ or a physician assistant supervised by a physician.

2165 (c) A physician, an advanced practice registered nurse
2166 ~~practitioner~~, or a physician assistant shall be on duty at all
2167 times, or a physician shall be on call and available within 30
2168 minutes at all times.

2169 Section 42. Subsection (26) of section 397.311, Florida
2170 Statutes, is amended to read:

2171 397.311 Definitions.—As used in this chapter, except part
2172 VIII, the term:

2173 (26) "Qualified professional" means a physician or a
2174 physician assistant licensed under chapter 458 or chapter 459; a
2175 professional licensed under chapter 490 or chapter 491; an

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2176 advanced practice registered nurse ~~practitioner~~ having a
2177 specialty in psychiatry licensed under part I of chapter 464; or
2178 a person who is certified through a department-recognized
2179 certification process for substance abuse treatment services and
2180 who holds, at a minimum, a bachelor's degree. A person who is
2181 certified in substance abuse treatment services by a state-
2182 recognized certification process in another state at the time of
2183 employment with a licensed substance abuse provider in this
2184 state may perform the functions of a qualified professional as
2185 defined in this chapter but must meet certification requirements
2186 contained in this subsection no later than 1 year after his or
2187 her date of employment.

2188 Section 43. Section 397.405, Florida Statutes, is amended
2189 to read:

2190 397.405 Exemptions from licensure.—The following are exempt
2191 from the licensing provisions of this chapter:

2192 (1) A hospital or hospital-based component licensed under
2193 chapter 395.

2194 (2) A nursing home facility as defined in s. 400.021.

2195 (3) A substance abuse education program established
2196 pursuant to s. 1003.42.

2197 (4) A facility or institution operated by the Federal
2198 Government.

2199 (5) A physician or physician assistant licensed under
2200 chapter 458 or chapter 459.

2201 (6) A psychologist licensed under chapter 490.

2202 (7) A social worker, marriage and family therapist, or
2203 mental health counselor licensed under chapter 491.

2204 (8) A legally cognizable church or nonprofit religious

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2205 organization or denomination providing substance abuse services,
2206 including prevention services, which are solely religious,
2207 spiritual, or ecclesiastical in nature. A church or nonprofit
2208 religious organization or denomination providing any of the
2209 licensed service components itemized under s. 397.311(18) is not
2210 exempt from substance abuse licensure but retains its exemption
2211 with respect to all services which are solely religious,
2212 spiritual, or ecclesiastical in nature.

2213 (9) Facilities licensed under chapter 393 which, in
2214 addition to providing services to persons with developmental
2215 disabilities, also provide services to persons developmentally
2216 at risk as a consequence of exposure to alcohol or other legal
2217 or illegal drugs while in utero.

2218 (10) DUI education and screening services provided pursuant
2219 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
2220 or entities providing treatment services must be licensed under
2221 this chapter unless exempted from licensing as provided in this
2222 section.

2223 (11) A facility licensed under s. 394.875 as a crisis
2224 stabilization unit.

2225
2226 The exemptions from licensure in this section do not apply to
2227 any service provider that receives an appropriation, grant, or
2228 contract from the state to operate as a service provider as
2229 defined in this chapter or to any substance abuse program
2230 regulated pursuant to s. 397.406. Furthermore, this chapter may
2231 not be construed to limit the practice of a physician or
2232 physician assistant licensed under chapter 458 or chapter 459, a
2233 psychologist licensed under chapter 490, a psychotherapist

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2234 licensed under chapter 491, or an advanced practice registered
2235 nurse ~~practitioner~~ licensed under part I of chapter 464, who
2236 provides substance abuse treatment, so long as the physician,
2237 physician assistant, psychologist, psychotherapist, or advanced
2238 practice registered nurse ~~practitioner~~ does not represent to the
2239 public that he or she is a licensed service provider and does
2240 not provide services to individuals pursuant to part V of this
2241 chapter. Failure to comply with any requirement necessary to
2242 maintain an exempt status under this section is a misdemeanor of
2243 the first degree, punishable as provided in s. 775.082 or s.
2244 775.083.

2245 Section 44. Subsections (5), (9), and (10) of section
2246 397.427, Florida Statutes, are amended to read:

2247 397.427 Medication-assisted treatment service providers;
2248 rehabilitation program; needs assessment and provision of
2249 services; persons authorized to issue takeout medication;
2250 unlawful operation; penalty.—

2251 (5) Notwithstanding s. 465.019(2), a physician assistant, a
2252 registered nurse, an advanced practice registered nurse
2253 ~~practitioner~~, or a licensed practical nurse working for a
2254 licensed service provider may deliver takeout medication for
2255 opiate treatment to persons enrolled in a maintenance treatment
2256 program for medication-assisted treatment for opiate addiction
2257 if:

2258 (a) The medication-assisted treatment program for opiate
2259 addiction has an appropriate valid permit issued pursuant to
2260 rules adopted by the Board of Pharmacy.†

2261 (b) The medication for treatment of opiate addiction has
2262 been delivered pursuant to a valid prescription written by the

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2263 program's physician licensed pursuant to chapter 458 or chapter
2264 459.~~†~~

2265 (c) The medication for treatment of opiate addiction which
2266 is ordered appears on a formulary and is prepackaged and
2267 prelabeled with dosage instructions and distributed from a
2268 source authorized under chapter 499.~~†~~

2269 (d) Each licensed provider adopts written protocols which
2270 provide for supervision of the physician assistant, registered
2271 nurse, advanced practice registered nurse ~~practitioner~~, or
2272 licensed practical nurse by a physician licensed pursuant to
2273 chapter 458 or chapter 459 and for the procedures by which
2274 patients' medications may be delivered by the physician
2275 assistant, registered nurse, advanced practice registered nurse
2276 ~~practitioner~~, or licensed practical nurse. Such protocols shall
2277 be signed by the supervising physician and either the
2278 administering registered nurse, the advanced practice registered
2279 nurse ~~practitioner~~, or the licensed practical nurse.

2280 (e) Each licensed service provider maintains and has
2281 available for inspection by representatives of the Board of
2282 Pharmacy all medical records and patient care protocols,
2283 including records of medications delivered to patients, in
2284 accordance with the board.

2285 (9) A physician assistant, a registered nurse, an advanced
2286 practice registered nurse ~~practitioner~~, or a licensed practical
2287 nurse working for a licensed service provider may deliver
2288 medication as prescribed by rule if:

2289 (a) The service provider is authorized to provide
2290 medication-assisted treatment;

2291 (b) The medication has been administered pursuant to a

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2292 valid prescription written by the program's physician who is
2293 licensed under chapter 458 or chapter 459; and

2294 (c) The medication ordered appears on a formulary or meets
2295 federal requirements for medication-assisted treatment.

2296 (10) Each licensed service provider that provides
2297 medication-assisted treatment must adopt written protocols as
2298 specified by the department and in accordance with federally
2299 required rules, regulations, or procedures. The protocol shall
2300 provide for the supervision of the physician assistant,
2301 registered nurse, advanced practice registered nurse
2302 ~~practitioner~~, or licensed practical nurse working under the
2303 supervision of a physician who is licensed under chapter 458 or
2304 chapter 459. The protocol must specify how the medication will
2305 be used in conjunction with counseling or psychosocial treatment
2306 and that the services provided will be included on the treatment
2307 plan. The protocol must specify the procedures by which
2308 medication-assisted treatment may be administered by the
2309 physician assistant, registered nurse, advanced practice
2310 registered nurse ~~practitioner~~, or licensed practical nurse.
2311 These protocols shall be signed by the supervising physician and
2312 the administering physician assistant, registered nurse,
2313 advanced practice registered nurse ~~practitioner~~, or licensed
2314 practical nurse.

2315 Section 45. Subsection (8) of section 400.021, Florida
2316 Statutes, is amended to read:

2317 400.021 Definitions.—When used in this part, unless the
2318 context otherwise requires, the term:

2319 (8) "Geriatric outpatient clinic" means a site for
2320 providing outpatient health care to persons 60 years of age or

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2321 older, which is staffed by a registered nurse, a physician
2322 assistant, or a licensed practical nurse under the direct
2323 supervision of a registered nurse, advanced practice registered
2324 nurse ~~practitioner~~, physician assistant, or physician.

2325 Section 46. Subsection (3) of section 400.0255, Florida
2326 Statutes, is amended to read:

2327 400.0255 Resident transfer or discharge; requirements and
2328 procedures; hearings.—

2329 (3) When a discharge or transfer is initiated by the
2330 nursing home, the nursing home administrator employed by the
2331 nursing home that is discharging or transferring the resident,
2332 or an individual employed by the nursing home who is designated
2333 by the nursing home administrator to act on behalf of the
2334 administration, must sign the notice of discharge or transfer.
2335 Any notice indicating a medical reason for transfer or discharge
2336 must either be signed by the resident's attending physician or
2337 the medical director of the facility, or include an attached
2338 written order for the discharge or transfer. The notice or the
2339 order must be signed by the resident's physician, medical
2340 director, treating physician, advanced practice registered nurse
2341 ~~practitioner~~, or physician assistant.

2342 Section 47. Subsection (3) of section 400.172, Florida
2343 Statutes, is amended to read:

2344 400.172 Respite care provided in nursing home facilities.—

2345 (3) A prospective respite care resident must provide
2346 medical information from a physician, physician assistant, or
2347 advanced practice registered nurse ~~practitioner~~ and any other
2348 information provided by the primary caregiver required by the
2349 facility before or when the person is admitted to receive

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2350 respite care. The medical information must include a physician's
2351 order for respite care and proof of a physical examination by a
2352 licensed physician, physician assistant, or advanced practice
2353 registered nurse practitioner. The physician's order and
2354 physical examination may be used to provide intermittent respite
2355 care for up to 12 months after the date the order is written.

2356 Section 48. Subsection (4) of section 400.211, Florida
2357 Statutes, is amended to read:

2358 400.211 Persons employed as nursing assistants;
2359 certification requirement.—

2360 (4) When employed by a nursing home facility for a 12-month
2361 period or longer, a nursing assistant, to maintain
2362 certification, shall submit to a performance review every 12
2363 months and must receive regular inservice education based on the
2364 outcome of such reviews. The inservice training must:

2365 (a) Be sufficient to ensure the continuing competence of
2366 nursing assistants ~~and must meet the standard specified in s.~~
2367 ~~464.203(7);~~

2368 (b) Include, at a minimum:

2369 1. Techniques for assisting with eating and proper feeding;
2370 2. Principles of adequate nutrition and hydration;

2371 3. Techniques for assisting and responding to the
2372 cognitively impaired resident or the resident with difficult
2373 behaviors;

2374 4. Techniques for caring for the resident at the end-of-
2375 life; and

2376 5. Recognizing changes that place a resident at risk for
2377 pressure ulcers and falls; and

2378 (c) Address areas of weakness as determined in nursing

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2379 assistant performance reviews and may address the special needs
2380 of residents as determined by the nursing home facility staff.

2381
2382 Costs associated with this training may not be reimbursed from
2383 additional Medicaid funding through interim rate adjustments.

2384 Section 49. Subsection (3) of section 400.462, Florida
2385 Statutes, is amended to read:

2386 400.462 Definitions.—As used in this part, the term:

2387 (3) “Advanced practice registered nurse ~~practitioner~~” means
2388 a person licensed in this state to practice professional nursing
2389 and certified in advanced or specialized nursing practice, as
2390 defined in s. 464.003.

2391 Section 50. Section 400.487, Florida Statutes, is amended
2392 to read:

2393 400.487 Home health service agreements; physician’s,
2394 physician assistant’s, and advanced practice registered nurse’s
2395 ~~nurse practitioner’s~~ treatment orders; patient assessment;
2396 establishment and review of plan of care; provision of services;
2397 orders not to resuscitate.—

2398 (1) Services provided by a home health agency must be
2399 covered by an agreement between the home health agency and the
2400 patient or the patient’s legal representative specifying the
2401 home health services to be provided, the rates or charges for
2402 services paid with private funds, and the sources of payment,
2403 which may include Medicare, Medicaid, private insurance,
2404 personal funds, or a combination thereof. A home health agency
2405 providing skilled care must make an assessment of the patient’s
2406 needs within 48 hours after the start of services.

2407 (2) When required by the provisions of chapter 464; part I,

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2408 part III, or part V of chapter 468; or chapter 486, the
2409 attending physician, physician assistant, or advanced practice
2410 registered nurse ~~practitioner~~, acting within his or her
2411 respective scope of practice, shall establish treatment orders
2412 for a patient who is to receive skilled care. The treatment
2413 orders must be signed by the physician, physician assistant, or
2414 advanced practice registered nurse ~~practitioner~~ before a claim
2415 for payment for the skilled services is submitted by the home
2416 health agency. If the claim is submitted to a managed care
2417 organization, the treatment orders must be signed within the
2418 time allowed under the provider agreement. The treatment orders
2419 shall be reviewed, as frequently as the patient's illness
2420 requires, by the physician, physician assistant, or advanced
2421 practice registered nurse ~~practitioner~~ in consultation with the
2422 home health agency.

2423 (3) A home health agency shall arrange for supervisory
2424 visits by a registered nurse to the home of a patient receiving
2425 home health aide services in accordance with the patient's
2426 direction, approval, and agreement to pay the charge for the
2427 visits.

2428 (4) Each patient has the right to be informed of and to
2429 participate in the planning of his or her care. Each patient
2430 must be provided, upon request, a copy of the plan of care
2431 established and maintained for that patient by the home health
2432 agency.

2433 (5) When nursing services are ordered, the home health
2434 agency to which a patient has been admitted for care must
2435 provide the initial admission visit, all service evaluation
2436 visits, and the discharge visit by a direct employee. Services

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2437 provided by others under contractual arrangements to a home
2438 health agency must be monitored and managed by the admitting
2439 home health agency. The admitting home health agency is fully
2440 responsible for ensuring that all care provided through its
2441 employees or contract staff is delivered in accordance with this
2442 part and applicable rules.

2443 (6) The skilled care services provided by a home health
2444 agency, directly or under contract, must be supervised and
2445 coordinated in accordance with the plan of care.

2446 (7) Home health agency personnel may withhold or withdraw
2447 cardiopulmonary resuscitation if presented with an order not to
2448 resuscitate executed pursuant to s. 401.45. The agency shall
2449 adopt rules providing for the implementation of such orders.
2450 Home health personnel and agencies shall not be subject to
2451 criminal prosecution or civil liability, nor be considered to
2452 have engaged in negligent or unprofessional conduct, for
2453 withholding or withdrawing cardiopulmonary resuscitation
2454 pursuant to such an order and rules adopted by the agency.

2455 Section 51. Paragraph (a) of subsection (13) of section
2456 400.506, Florida Statutes, is amended to read:

2457 400.506 Licensure of nurse registries; requirements;
2458 penalties.—

2459 (13) All persons referred for contract in private
2460 residences by a nurse registry must comply with the following
2461 requirements for a plan of treatment:

2462 (a) When, in accordance with the privileges and
2463 restrictions imposed upon a nurse under part I of chapter 464,
2464 the delivery of care to a patient is under the direction or
2465 supervision of a physician or when a physician is responsible

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2466 for the medical care of the patient, a medical plan of treatment
2467 must be established for each patient receiving care or treatment
2468 provided by a licensed nurse in the home. The original medical
2469 plan of treatment must be timely signed by the physician,
2470 physician assistant, or advanced practice registered nurse
2471 ~~practitioner~~, acting within his or her respective scope of
2472 practice, and reviewed in consultation with the licensed nurse
2473 at least every 2 months. Any additional order or change in
2474 orders must be obtained from the physician, physician assistant,
2475 or advanced practice registered nurse ~~practitioner~~ and reduced
2476 to writing and timely signed by the physician, physician
2477 assistant, or advanced practice registered nurse ~~practitioner~~.
2478 The delivery of care under a medical plan of treatment must be
2479 substantiated by the appropriate nursing notes or documentation
2480 made by the nurse in compliance with nursing practices
2481 established under part I of chapter 464.

2482 Section 52. Subsections (1) and (2) of section 401.445,
2483 Florida Statutes, are amended to read:

2484 401.445 Emergency examination and treatment of
2485 incapacitated persons.—

2486 (1) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in
2487 this state against any emergency medical technician, paramedic,
2488 or physician as defined in this chapter, any advanced practice
2489 registered nurse ~~practitioner~~ certified under s. 464.012, or any
2490 physician assistant licensed under s. 458.347 or s. 459.022, or
2491 any person acting under the direct medical supervision of a
2492 physician, in an action brought for examining or treating a
2493 patient without his or her informed consent if:

2494 (a) The patient at the time of examination or treatment is

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2495 intoxicated, under the influence of drugs, or otherwise
2496 incapable of providing informed consent as provided in s.
2497 766.103;

2498 (b) The patient at the time of examination or treatment is
2499 experiencing an emergency medical condition; and

2500 (c) The patient would reasonably, under all the surrounding
2501 circumstances, undergo such examination, treatment, or procedure
2502 if he or she were advised by the emergency medical technician,
2503 paramedic, physician, advanced practice registered nurse
2504 ~~practitioner~~, or physician assistant in accordance with s.
2505 766.103(3).

2506
2507 Examination and treatment provided under this subsection shall
2508 be limited to reasonable examination of the patient to determine
2509 the medical condition of the patient and treatment reasonably
2510 necessary to alleviate the emergency medical condition or to
2511 stabilize the patient.

2512 (2) In examining and treating a person who is apparently
2513 intoxicated, under the influence of drugs, or otherwise
2514 incapable of providing informed consent, the emergency medical
2515 technician, paramedic, physician, advanced practice registered
2516 nurse ~~practitioner~~, or physician assistant, or any person acting
2517 under the direct medical supervision of a physician, shall
2518 proceed wherever possible with the consent of the person. If the
2519 person reasonably appears to be incapacitated and refuses his or
2520 her consent, the person may be examined, treated, or taken to a
2521 hospital or other appropriate treatment resource if he or she is
2522 in need of emergency attention, without his or her consent, but
2523 unreasonable force shall not be used.

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2524 Section 53. Subsections (1) and (11) of section 409.905,
2525 Florida Statutes, are amended to read:

2526 409.905 Mandatory Medicaid services.—The agency may make
2527 payments for the following services, which are required of the
2528 state by Title XIX of the Social Security Act, furnished by
2529 Medicaid providers to recipients who are determined to be
2530 eligible on the dates on which the services were provided. Any
2531 service under this section shall be provided only when medically
2532 necessary and in accordance with state and federal law.

2533 Mandatory services rendered by providers in mobile units to
2534 Medicaid recipients may be restricted by the agency. Nothing in
2535 this section shall be construed to prevent or limit the agency
2536 from adjusting fees, reimbursement rates, lengths of stay,
2537 number of visits, number of services, or any other adjustments
2538 necessary to comply with the availability of moneys and any
2539 limitations or directions provided for in the General
2540 Appropriations Act or chapter 216.

2541 (1) ADVANCED PRACTICE REGISTERED NURSE PRACTITIONER
2542 SERVICES.—The agency shall pay for services provided to a
2543 recipient by a certified licensed advanced practice registered
2544 nurse ~~practitioner~~ who has, if required under s. 464.012(3), a
2545 current protocol ~~valid collaboration agreement~~ with a licensed
2546 physician on file with the Department of Health or who provides
2547 anesthesia services in accordance with established protocol
2548 required by state law and approved by the medical staff of the
2549 facility in which the anesthetic service is performed.
2550 Reimbursement for such services must be provided in an amount
2551 that equals not less than 80 percent of the reimbursement to a
2552 physician who provides the same services, unless otherwise

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2553 provided for in the General Appropriations Act.

2554 (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay for
2555 outpatient primary health care services for a recipient provided
2556 by a clinic certified by and participating in the Medicare
2557 program which is located in a federally designated, rural,
2558 medically underserved area and has on its staff one or more
2559 certified ~~licensed~~ primary care nurse practitioners or physician
2560 assistants, and a licensed staff supervising physician or a
2561 consulting supervising physician.

2562 Section 54. Paragraph (a) of subsection (3) and subsection
2563 (7) of section 409.908, Florida Statutes, are amended to read:

2564 409.908 Reimbursement of Medicaid providers.—Subject to
2565 specific appropriations, the agency shall reimburse Medicaid
2566 providers, in accordance with state and federal law, according
2567 to methodologies set forth in the rules of the agency and in
2568 policy manuals and handbooks incorporated by reference therein.
2569 These methodologies may include fee schedules, reimbursement
2570 methods based on cost reporting, negotiated fees, competitive
2571 bidding pursuant to s. 287.057, and other mechanisms the agency
2572 considers efficient and effective for purchasing services or
2573 goods on behalf of recipients. If a provider is reimbursed based
2574 on cost reporting and submits a cost report late and that cost
2575 report would have been used to set a lower reimbursement rate
2576 for a rate semester, then the provider's rate for that semester
2577 shall be retroactively calculated using the new cost report, and
2578 full payment at the recalculated rate shall be effected
2579 retroactively. Medicare-granted extensions for filing cost
2580 reports, if applicable, shall also apply to Medicaid cost
2581 reports. Payment for Medicaid compensable services made on

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2582 behalf of Medicaid eligible persons is subject to the
2583 availability of moneys and any limitations or directions
2584 provided for in the General Appropriations Act or chapter 216.
2585 Further, nothing in this section shall be construed to prevent
2586 or limit the agency from adjusting fees, reimbursement rates,
2587 lengths of stay, number of visits, or number of services, or
2588 making any other adjustments necessary to comply with the
2589 availability of moneys and any limitations or directions
2590 provided for in the General Appropriations Act, provided the
2591 adjustment is consistent with legislative intent.

2592 (3) Subject to any limitations or directions provided for
2593 in the General Appropriations Act, the following Medicaid
2594 services and goods may be reimbursed on a fee-for-service basis.
2595 For each allowable service or goods furnished in accordance with
2596 Medicaid rules, policy manuals, handbooks, and state and federal
2597 law, the payment shall be the amount billed by the provider, the
2598 provider's usual and customary charge, or the maximum allowable
2599 fee established by the agency, whichever amount is less, with
2600 the exception of those services or goods for which the agency
2601 makes payment using a methodology based on capitation rates,
2602 average costs, or negotiated fees.

2603 (a) Advanced practice registered nurse ~~practitioner~~
2604 services.

2605 (7) A provider of family planning services shall be
2606 reimbursed the lesser of the amount billed by the provider or an
2607 all-inclusive amount per type of visit for physicians and
2608 advanced practice registered nurses ~~nurse-practitioners~~, as
2609 established by the agency in a fee schedule.

2610 Section 55. Subsection (2) of section 409.9081, Florida

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2611 Statutes, is amended to read:

2612 409.9081 Copayments.—

2613 (2) The agency shall, subject to federal regulations and
2614 any directions or limitations provided for in the General
2615 Appropriations Act, require copayments for the following
2616 additional services: hospital inpatient, laboratory and X-ray
2617 services, transportation services, home health care services,
2618 community mental health services, rural health services,
2619 federally qualified health clinic services, and advanced
2620 practice registered nurse ~~practitioner~~ services. The agency may
2621 only establish copayments for prescribed drugs or for any other
2622 federally authorized service if such copayment is specifically
2623 provided for in the General Appropriations Act or other law.

2624 Section 56. Subsection (11) of section 409.9122, Florida
2625 Statutes, is amended to read:

2626 409.9122 Mandatory Medicaid managed care enrollment;
2627 programs and procedures.—

2628 (11) A managed care plan that has a Medicaid contract shall
2629 at least annually review each primary care physician's active
2630 patient load and shall ensure that additional Medicaid
2631 recipients are not assigned to physicians who have a total
2632 active patient load of more than 3,000 patients. As used in this
2633 subsection, the term "active patient" means a patient who is
2634 seen by the same primary care physician, or by a physician
2635 assistant or advanced practice registered nurse ~~practitioner~~
2636 under the supervision of the primary care physician, at least
2637 three times within a calendar year. Each primary care physician
2638 shall annually certify to the managed care plan whether or not
2639 his or her patient load exceeds the limits established under

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2640 this subsection and the managed care plan shall accept such
2641 certification on face value as compliance with this subsection.
2642 The agency shall accept the managed care plan's representations
2643 that it is in compliance with this subsection based on the
2644 certification of its primary care physicians, unless the agency
2645 has an objective indication that access to primary care is being
2646 compromised, such as receiving complaints or grievances relating
2647 to access to care. If the agency determines that an objective
2648 indication exists that access to primary care is being
2649 compromised, it may verify the patient load certifications
2650 submitted by the managed care plan's primary care physicians and
2651 that the managed care plan is not assigning Medicaid recipients
2652 to primary care physicians who have an active patient load of
2653 more than 3,000 patients. This subsection expires October 1,
2654 2014.

2655 Section 57. Paragraph (a) of subsection (1) of section
2656 409.973, Florida Statutes, is amended to read:

2657 409.973 Benefits.—

2658 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
2659 minimum, the following services:

2660 (a) Advanced practice registered nurse ~~practitioner~~
2661 services.

2662 Section 58. Subsections (2), (4), (5), and (6) of section
2663 429.26, Florida Statutes, are amended to read:

2664 429.26 Appropriateness of placements; examinations of
2665 residents.—

2666 (2) A physician, physician assistant, or advanced practice
2667 registered nurse ~~practitioner~~ who is employed by an assisted
2668 living facility to provide an initial examination for admission

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2669 purposes may not have financial interest in the facility.

2670 (4) If possible, each resident shall have been examined by
2671 a licensed physician, a licensed physician assistant, or a
2672 certified advanced practice registered ~~licensed~~ nurse
2673 ~~practitioner~~ within 60 days before admission to the facility.
2674 The signed and completed medical examination report shall be
2675 submitted to the owner or administrator of the facility who
2676 shall use the information contained therein to assist in the
2677 determination of the appropriateness of the resident's admission
2678 and continued stay in the facility. The medical examination
2679 report shall become a permanent part of the record of the
2680 resident at the facility and shall be made available to the
2681 agency during inspection or upon request. An assessment that has
2682 been completed through the Comprehensive Assessment and Review
2683 for Long-Term Care Services (CARES) Program fulfills the
2684 requirements for a medical examination under this subsection and
2685 s. 429.07(3)(b)6.

2686 (5) Except as provided in s. 429.07, if a medical
2687 examination has not been completed within 60 days before the
2688 admission of the resident to the facility, a licensed physician,
2689 licensed physician assistant, or certified advanced practice
2690 registered ~~licensed~~ nurse ~~practitioner~~ shall examine the
2691 resident and complete a medical examination form provided by the
2692 agency within 30 days following the admission to the facility to
2693 enable the facility owner or administrator to determine the
2694 appropriateness of the admission. The medical examination form
2695 shall become a permanent part of the record of the resident at
2696 the facility and shall be made available to the agency during
2697 inspection by the agency or upon request.

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2698 (6) Any resident accepted in a facility and placed by the
2699 department or the Department of Children and Families ~~Family~~
2700 ~~Services~~ shall have been examined by medical personnel within 30
2701 days before placement in the facility. The examination shall
2702 include an assessment of the appropriateness of placement in a
2703 facility. The findings of this examination shall be recorded on
2704 the examination form provided by the agency. The completed form
2705 shall accompany the resident and shall be submitted to the
2706 facility owner or administrator. Additionally, in the case of a
2707 mental health resident, the Department of Children and Families
2708 ~~Family Services~~ must provide documentation that the individual
2709 has been assessed by a psychiatrist, clinical psychologist,
2710 clinical social worker, or psychiatric-mental health advanced
2711 practice registered ~~psychiatric~~ nurse, or an individual who is
2712 supervised by one of these professionals, and determined to be
2713 appropriate to reside in an assisted living facility. The
2714 documentation must be in the facility within 30 days after the
2715 mental health resident has been admitted to the facility. An
2716 evaluation completed upon discharge from a state mental hospital
2717 meets the requirements of this subsection related to
2718 appropriateness for placement as a mental health resident
2719 providing it was completed within 90 days before ~~prior to~~
2720 admission to the facility. The applicable department shall
2721 provide to the facility administrator any information about the
2722 resident that would help the administrator meet his or her
2723 responsibilities under subsection (1). Further, department
2724 personnel shall explain to the facility operator any special
2725 needs of the resident and advise the operator whom to call
2726 should problems arise. The applicable department shall advise

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2727 and assist the facility administrator where the special needs of
2728 residents who are recipients of optional state supplementation
2729 require such assistance.

2730 Section 59. Paragraph (a) of subsection (2) and paragraph
2731 (a) of subsection (7) of section 429.918, Florida Statutes, are
2732 amended to read:

2733 429.918 Licensure designation as a specialized Alzheimer's
2734 services adult day care center.—

2735 (2) As used in this section, the term:

2736 (a) "ADRD participant" means a participant who has a
2737 documented diagnosis of Alzheimer's disease or a dementia-
2738 related disorder (ADRD) from a licensed physician, licensed
2739 physician assistant, or a licensed advanced practice registered
2740 nurse ~~practitioner~~.

2741 (7) (a) An ADRD participant admitted to an adult day care
2742 center having a license designated under this section, or the
2743 caregiver when applicable, must:

2744 1. Require ongoing supervision to maintain the highest
2745 level of medical or custodial functioning and have a
2746 demonstrated need for a responsible party to oversee his or her
2747 care.

2748 2. Not actively demonstrate aggressive behavior that places
2749 himself, herself, or others at risk of harm.

2750 3. Provide the following medical documentation signed by a
2751 licensed physician, licensed physician assistant, or a licensed
2752 advanced practice registered nurse ~~practitioner~~:

2753 a. Any physical, health, or emotional conditions that
2754 require medical care.

2755 b. A listing of the ADRD participant's current prescribed

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2756 and over-the-counter medications and dosages, diet restrictions,
2757 mobility restrictions, and other physical limitations.

2758 4. Provide documentation signed by a health care provider
2759 licensed in this state which indicates that the ADRD participant
2760 is free of the communicable form of tuberculosis and free of
2761 signs and symptoms of other communicable diseases.

2762 Section 60. Paragraph (e) of subsection (5) of section
2763 440.102, Florida Statutes, is amended to read:

2764 440.102 Drug-free workplace program requirements.—The
2765 following provisions apply to a drug-free workplace program
2766 implemented pursuant to law or to rules adopted by the Agency
2767 for Health Care Administration:

2768 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2769 collection and testing for drugs under this section shall be
2770 performed in accordance with the following procedures:

2771 (e) A specimen for a drug test may be taken or collected by
2772 any of the following persons:

2773 1. A physician, a physician assistant, a registered
2774 professional nurse, a licensed practical nurse, or an advanced
2775 practice registered ~~a nurse practitioner~~ or a certified
2776 paramedic who is present at the scene of an accident for the
2777 purpose of rendering emergency medical service or treatment.

2778 2. A qualified person employed by a licensed or certified
2779 laboratory as described in subsection (9).

2780 Section 61. Section 456.0391, Florida Statutes, is amended
2781 to read:

2782 456.0391 Advanced practice registered nurses ~~nurse~~
2783 ~~practitioners~~; information required for certification.—

2784 (1) (a) Each person who applies for initial certification

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2785 under s. 464.012 must, at the time of application, and each
2786 person certified under s. 464.012 who applies for certification
2787 renewal must, in conjunction with the renewal of such
2788 certification and under procedures adopted by the Department of
2789 Health, and in addition to any other information that may be
2790 required from the applicant, furnish the following information
2791 to the Department of Health:

2792 1. The name of each school or training program that the
2793 applicant has attended, with the months and years of attendance
2794 and the month and year of graduation, and a description of all
2795 graduate professional education completed by the applicant,
2796 excluding any coursework taken to satisfy continuing education
2797 requirements.

2798 2. The name of each location at which the applicant
2799 practices.

2800 3. The address at which the applicant will primarily
2801 conduct his or her practice.

2802 4. Any certification or designation that the applicant has
2803 received from a specialty or certification board that is
2804 recognized or approved by the regulatory board or department to
2805 which the applicant is applying.

2806 5. The year that the applicant received initial
2807 certification and began practicing the profession in any
2808 jurisdiction and the year that the applicant received initial
2809 certification in this state.

2810 6. Any appointment which the applicant currently holds to
2811 the faculty of a school related to the profession and an
2812 indication as to whether the applicant has had the
2813 responsibility for graduate education within the most recent 10

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2814 years.

2815 7. A description of any criminal offense of which the
2816 applicant has been found guilty, regardless of whether
2817 adjudication of guilt was withheld, or to which the applicant
2818 has pled guilty or nolo contendere. A criminal offense committed
2819 in another jurisdiction which would have been a felony or
2820 misdemeanor if committed in this state must be reported. If the
2821 applicant indicates that a criminal offense is under appeal and
2822 submits a copy of the notice for appeal of that criminal
2823 offense, the department must state that the criminal offense is
2824 under appeal if the criminal offense is reported in the
2825 applicant's profile. If the applicant indicates to the
2826 department that a criminal offense is under appeal, the
2827 applicant must, within 15 days after the disposition of the
2828 appeal, submit to the department a copy of the final written
2829 order of disposition.

2830 8. A description of any final disciplinary action taken
2831 within the previous 10 years against the applicant by a
2832 licensing or regulatory body in any jurisdiction, by a specialty
2833 board that is recognized by the board or department, or by a
2834 licensed hospital, health maintenance organization, prepaid
2835 health clinic, ambulatory surgical center, or nursing home.
2836 Disciplinary action includes resignation from or nonrenewal of
2837 staff membership or the restriction of privileges at a licensed
2838 hospital, health maintenance organization, prepaid health
2839 clinic, ambulatory surgical center, or nursing home taken in
2840 lieu of or in settlement of a pending disciplinary case related
2841 to competence or character. If the applicant indicates that the
2842 disciplinary action is under appeal and submits a copy of the

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2843 document initiating an appeal of the disciplinary action, the
2844 department must state that the disciplinary action is under
2845 appeal if the disciplinary action is reported in the applicant's
2846 profile.

2847 (b) In addition to the information required under paragraph
2848 (a), each applicant for initial certification or certification
2849 renewal must provide the information required of licensees
2850 pursuant to s. 456.049.

2851 (2) The Department of Health shall send a notice to each
2852 person certified under s. 464.012 at the certificateholder's
2853 last known address of record regarding the requirements for
2854 information to be submitted by advanced practice registered
2855 nurses ~~nurse-practitioners~~ pursuant to this section in
2856 conjunction with the renewal of such certificate.

2857 (3) Each person certified under s. 464.012 who has
2858 submitted information pursuant to subsection (1) must update
2859 that information in writing by notifying the Department of
2860 Health within 45 days after the occurrence of an event or the
2861 attainment of a status that is required to be reported by
2862 subsection (1). Failure to comply with the requirements of this
2863 subsection to update and submit information constitutes a ground
2864 for disciplinary action under chapter 464 and s. 456.072(1)(k).
2865 For failure to comply with the requirements of this subsection
2866 to update and submit information, the department or board, as
2867 appropriate, may:

2868 (a) Refuse to issue a certificate to any person applying
2869 for initial certification who fails to submit and update the
2870 required information.

2871 (b) Issue a citation to any certificateholder who fails to

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2872 submit and update the required information and may fine the
2873 certificateholder up to \$50 for each day that the
2874 certificateholder is not in compliance with this subsection. The
2875 citation must clearly state that the certificateholder may
2876 choose, in lieu of accepting the citation, to follow the
2877 procedure under s. 456.073. If the certificateholder disputes
2878 the matter in the citation, the procedures set forth in s.
2879 456.073 must be followed. However, if the certificateholder does
2880 not dispute the matter in the citation with the department
2881 within 30 days after the citation is served, the citation
2882 becomes a final order and constitutes discipline. Service of a
2883 citation may be made by personal service or certified mail,
2884 restricted delivery, to the subject at the certificateholder's
2885 last known address.

2886 (4) (a) An applicant for initial certification under s.
2887 464.012 must submit a set of fingerprints to the Department of
2888 Health on a form and under procedures specified by the
2889 department, along with payment in an amount equal to the costs
2890 incurred by the Department of Health for a national criminal
2891 history check of the applicant.

2892 (b) An applicant for renewed certification who has not
2893 previously submitted a set of fingerprints to the Department of
2894 Health for purposes of certification must submit a set of
2895 fingerprints to the department as a condition of the initial
2896 renewal of his or her certificate after the effective date of
2897 this section. The applicant must submit the fingerprints on a
2898 form and under procedures specified by the department, along
2899 with payment in an amount equal to the costs incurred by the
2900 Department of Health for a national criminal history check. For

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2901 subsequent renewals, the applicant for renewed certification
2902 must only submit information necessary to conduct a statewide
2903 criminal history check, along with payment in an amount equal to
2904 the costs incurred by the Department of Health for a statewide
2905 criminal history check.

2906 (c)1. The Department of Health shall submit the
2907 fingerprints provided by an applicant for initial certification
2908 to the Florida Department of Law Enforcement for a statewide
2909 criminal history check, and the Florida Department of Law
2910 Enforcement shall forward the fingerprints to the Federal Bureau
2911 of Investigation for a national criminal history check of the
2912 applicant.

2913 2. The department shall submit the fingerprints provided by
2914 an applicant for the initial renewal of certification to the
2915 Florida Department of Law Enforcement for a statewide criminal
2916 history check, and the Florida Department of Law Enforcement
2917 shall forward the fingerprints to the Federal Bureau of
2918 Investigation for a national criminal history check for the
2919 initial renewal of the applicant's certificate after the
2920 effective date of this section.

2921 3. For any subsequent renewal of the applicant's
2922 certificate, the department shall submit the required
2923 information for a statewide criminal history check of the
2924 applicant to the Florida Department of Law Enforcement.

2925 (d) Any applicant for initial certification or renewal of
2926 certification as an advanced practice registered nurse
2927 ~~practitioner~~ who submits to the Department of Health a set of
2928 fingerprints and information required for the criminal history
2929 check required under this section shall not be required to

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2930 provide a subsequent set of fingerprints or other duplicate
2931 information required for a criminal history check to the Agency
2932 for Health Care Administration, the Department of Juvenile
2933 Justice, or the Department of Children and Families ~~Family~~
2934 ~~Services~~ for employment or licensure with such agency or
2935 department, if the applicant has undergone a criminal history
2936 check as a condition of initial certification or renewal of
2937 certification as an advanced practice registered nurse
2938 ~~practitioner~~ with the Department of Health, notwithstanding any
2939 other provision of law to the contrary. In lieu of such
2940 duplicate submission, the Agency for Health Care Administration,
2941 the Department of Juvenile Justice, and the Department of
2942 Children and Families ~~Family Services~~ shall obtain criminal
2943 history information for employment or licensure of persons
2944 certified under s. 464.012 by such agency or department from the
2945 Department of Health's health care practitioner credentialing
2946 system.

2947 (5) Each person who is required to submit information
2948 pursuant to this section may submit additional information to
2949 the Department of Health. Such information may include, but is
2950 not limited to:

2951 (a) Information regarding publications in peer-reviewed
2952 professional literature within the previous 10 years.

2953 (b) Information regarding professional or community service
2954 activities or awards.

2955 (c) Languages, other than English, used by the applicant to
2956 communicate with patients or clients and identification of any
2957 translating service that may be available at the place where the
2958 applicant primarily conducts his or her practice.

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2959 (d) An indication of whether the person participates in the
2960 Medicaid program.

2961 Section 62. Subsection (2) of section 456.0392, Florida
2962 Statutes, is amended to read:

2963 456.0392 Prescription labeling.—

2964 (2) A prescription for a drug ~~that is not listed as a~~
2965 ~~controlled substance in chapter 893~~ which is written by an
2966 advanced practice registered nurse ~~practitioner~~ certified under
2967 s. 464.012 is presumed, subject to rebuttal, to be valid and
2968 within the parameters of the prescriptive authority delegated by
2969 a practitioner licensed under chapter 458, chapter 459, or
2970 chapter 466.

2971 Section 63. Paragraph (a) of subsection (1) and subsection
2972 (6) of section 456.041, Florida Statutes, are amended to read:

2973 456.041 Practitioner profile; creation.—

2974 (1) (a) The Department of Health shall compile the
2975 information submitted pursuant to s. 456.039 into a practitioner
2976 profile of the applicant submitting the information, except that
2977 the Department of Health shall develop a format to compile
2978 uniformly any information submitted under s. 456.039(4)(b).

2979 ~~Beginning July 1, 2001,~~ The Department of Health may compile the
2980 information submitted pursuant to s. 456.0391 into a
2981 practitioner profile of the applicant submitting the
2982 information. The protocol submitted pursuant to s. 464.012(3)
2983 must be included in the practitioner profile of the advanced
2984 practice registered nurse ~~practitioner~~.

2985 (6) The Department of Health shall provide in each
2986 practitioner profile for every physician or advanced practice
2987 registered nurse ~~practitioner~~ terminated for cause from

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2988 participating in the Medicaid program, pursuant to s. 409.913,
2989 or sanctioned by the Medicaid program a statement that the
2990 practitioner has been terminated from participating in the
2991 Florida Medicaid program or sanctioned by the Medicaid program.

2992 Section 64. Subsection (1) of section 456.048, Florida
2993 Statutes, is amended to read:

2994 456.048 Financial responsibility requirements for certain
2995 health care practitioners.—

2996 (1) As a prerequisite for licensure or license renewal, the
2997 Board of Acupuncture, the Board of Chiropractic Medicine, the
2998 Board of Podiatric Medicine, and the Board of Dentistry shall,
2999 by rule, require that all health care practitioners licensed
3000 under the respective board, and the Board of Medicine and the
3001 Board of Osteopathic Medicine shall, by rule, require that all
3002 anesthesiologist assistants licensed pursuant to s. 458.3475 or
3003 s. 459.023, and the Board of Nursing shall, by rule, require
3004 that advanced practice registered nurses ~~nurse practitioners~~
3005 certified under s. 464.012, and the department shall, by rule,
3006 require that midwives maintain medical malpractice insurance or
3007 provide proof of financial responsibility in an amount and in a
3008 manner determined by the board or department to be sufficient to
3009 cover claims arising out of the rendering of or failure to
3010 render professional care and services in this state.

3011 Section 65. Paragraph (c) of subsection (2) of section
3012 458.3265, Florida Statutes, is amended to read:

3013 458.3265 Pain-management clinics.—

3014 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
3015 apply to any physician who provides professional services in a
3016 pain-management clinic that is required to be registered in

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3017 subsection (1).

3018 (c) A physician, a physician assistant, or an advanced
3019 practice registered nurse ~~practitioner~~ must perform a physical
3020 examination of a patient on the same day that the physician
3021 prescribes a controlled substance to a patient at a pain-
3022 management clinic. If the physician prescribes more than a 72-
3023 hour dose of controlled substances for the treatment of chronic
3024 nonmalignant pain, the physician must document in the patient's
3025 record the reason for prescribing that quantity.

3026 Section 66. Paragraph (dd) of subsection (1) of section
3027 458.331, Florida Statutes, is amended to read:

3028 458.331 Grounds for disciplinary action; action by the
3029 board and department.—

3030 (1) The following acts constitute grounds for denial of a
3031 license or disciplinary action, as specified in s. 456.072(2):

3032 (dd) Failing to supervise adequately the activities of
3033 those physician assistants, paramedics, emergency medical
3034 technicians, advanced practice registered nurses ~~nurse~~
3035 ~~practitioners~~, or anesthesiologist assistants acting under the
3036 supervision of the physician.

3037 Section 67. Paragraph (c) of subsection (2) of section
3038 459.0137, Florida Statutes, is amended to read:

3039 459.0137 Pain-management clinics.—

3040 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
3041 apply to any osteopathic physician who provides professional
3042 services in a pain-management clinic that is required to be
3043 registered in subsection (1).

3044 (c) An osteopathic physician, a physician assistant, or an
3045 advanced practice registered nurse ~~practitioner~~ must perform a

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3046 physical examination of a patient on the same day that the
 3047 physician prescribes a controlled substance to a patient at a
 3048 pain-management clinic. If the osteopathic physician prescribes
 3049 more than a 72-hour dose of controlled substances for the
 3050 treatment of chronic nonmalignant pain, the osteopathic
 3051 physician must document in the patient's record the reason for
 3052 prescribing that quantity.

3053 Section 68. Paragraph (hh) of subsection (1) of section
 3054 459.015, Florida Statutes, is amended to read:

3055 459.015 Grounds for disciplinary action; action by the
 3056 board and department.—

3057 (1) The following acts constitute grounds for denial of a
 3058 license or disciplinary action, as specified in s. 456.072(2):

3059 (hh) Failing to supervise adequately the activities of
 3060 those physician assistants, paramedics, emergency medical
 3061 technicians, advanced practice registered nurses ~~nurse~~
 3062 ~~practitioners~~, anesthesiologist assistants, or other persons
 3063 acting under the supervision of the osteopathic physician.

3064 Section 69. Subsections (2) and (3) of section 464.003,
 3065 Florida Statutes, are amended to read:

3066 464.003 Definitions.—As used in this part, the term:

3067 (2) "Advanced or specialized nursing practice" means, in
 3068 addition to the practice of professional nursing, the
 3069 performance of advanced-level nursing acts approved by the board
 3070 which, by virtue of postbasic specialized education, training,
 3071 and experience, are appropriately performed by an advanced
 3072 practice registered nurse ~~practitioner~~. Within the context of
 3073 advanced or specialized nursing practice, the advanced practice
 3074 registered nurse ~~practitioner~~ may perform acts of nursing

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3075 diagnosis and nursing treatment of alterations of the health
3076 status. The advanced practice registered nurse ~~practitioner~~ may
3077 also perform acts of medical diagnosis and treatment,
3078 prescription, and operation which are identified and approved by
3079 a joint committee composed of three members appointed by the
3080 Board of Nursing, two of whom must be advanced registered nurse
3081 practitioners; three members appointed by the Board of Medicine,
3082 two of whom must have had work experience with advanced
3083 registered nurse practitioners; and the State Surgeon General or
3084 the State Surgeon General's designee. Each committee member
3085 appointed by a board shall be appointed to a term of 4 years
3086 unless a shorter term is required to establish or maintain
3087 staggered terms. The Board of Nursing shall adopt rules
3088 authorizing the performance of any such acts approved by the
3089 joint committee. Unless otherwise specified by the joint
3090 committee, such acts must be performed under the general
3091 supervision of a practitioner licensed under chapter 458,
3092 chapter 459, or chapter 466 within the framework of standing
3093 protocols which identify the medical acts to be performed and
3094 the conditions for their performance. The department may, by
3095 rule, require that a copy of the protocol be filed with the
3096 department along with the notice required by s. 458.348 or s.
3097 459.025.

3098 (3) "Advanced practice registered nurse ~~practitioner~~" means
3099 any person licensed in this state to practice professional
3100 nursing and certified in advanced or specialized nursing
3101 practice, including certified registered nurse anesthetists,
3102 certified nurse midwives, and certified nurse practitioners.

3103 Section 70. Subsection (2) of section 464.004, Florida

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3104 Statutes, is amended to read:

3105 464.004 Board of Nursing; membership; appointment; terms.-

3106 (2) Seven members of the board must be registered nurses
3107 who are residents of this state and who have been engaged in the
3108 practice of professional nursing for at least 4 years, including
3109 at least one advanced practice registered nurse ~~practitioner~~,
3110 one nurse educator member of an approved program, and one nurse
3111 executive. These seven board members should be representative of
3112 the diverse areas of practice within the nursing profession. In
3113 addition, three members of the board must be licensed practical
3114 nurses who are residents of this state and who have been
3115 actively engaged in the practice of practical nursing for at
3116 least 4 years prior to their appointment. The remaining three
3117 members must be residents of the state who have never been
3118 licensed as nurses and who are in no way connected with the
3119 practice of nursing. No person may be appointed as a lay member
3120 who is in any way connected with, or has any financial interest
3121 in, any health care facility, agency, or insurer. At least one
3122 member of the board must be 60 years of age or older.

3123 Section 71. Paragraph (a) of subsection (2) of section
3124 464.016, Florida Statutes, is amended to read:

3125 464.016 Violations and penalties.-

3126 (2) Each of the following acts constitutes a misdemeanor of
3127 the first degree, punishable as provided in s. 775.082 or s.
3128 775.083:

3129 (a) Using the name or title "Nurse," "Registered Nurse,"
3130 "Licensed Practical Nurse," "Clinical Nurse Specialist,"
3131 "Certified Registered Nurse Anesthetist," "Certified Nurse
3132 Midwife," "Certified Nurse Practitioner," "Advanced Practice

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3133 Registered Nurse ~~Practitioner~~," or any other name or title which
3134 implies that a person was licensed or certified as same, unless
3135 such person is duly licensed or certified.

3136 Section 72. Paragraph (a) of subsection (4) of section
3137 464.0205, Florida Statutes, is amended to read:

3138 464.0205 Retired volunteer nurse certificate.—

3139 (4) A retired volunteer nurse receiving certification from
3140 the board shall:

3141 (a) Work under the direct supervision of the director of a
3142 county health department, a physician working under a limited
3143 license issued pursuant to s. 458.317 or s. 459.0075, a
3144 physician licensed under chapter 458 or chapter 459, an advanced
3145 practice registered nurse ~~practitioner~~ certified under s.
3146 464.012, or a registered nurse licensed under s. 464.008 or s.
3147 464.009.

3148 Section 73. Subsection (2) of section 467.003, Florida
3149 Statutes, is amended to read:

3150 467.003 Definitions.—As used in this chapter, unless the
3151 context otherwise requires:

3152 (2) "Certified nurse midwife" means a person who is
3153 licensed as an advanced practice registered nurse ~~practitioner~~
3154 under part I of chapter 464 and who is certified to practice
3155 midwifery by the American College of Nurse Midwives.

3156 Section 74. Subsection (1) of section 480.0475, Florida
3157 Statutes, is amended to read:

3158 480.0475 Massage establishments; prohibited practices.—

3159 (1) A person may not operate a massage establishment
3160 between the hours of midnight and 5 a.m. This subsection does
3161 not apply to a massage establishment:

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3162 (a) Located on the premises of a health care facility as
3163 defined in s. 408.07; a health care clinic as defined in s.
3164 400.9905(4); a hotel, motel, or bed and breakfast inn, as those
3165 terms are defined in s. 509.242; a timeshare property as defined
3166 in s. 721.05; a public airport as defined in s. 330.27; or a
3167 pari-mutuel facility as defined in s. 550.002;

3168 (b) In which every massage performed between the hours of
3169 midnight and 5 a.m. is performed by a massage therapist acting
3170 under the prescription of a physician or physician assistant
3171 licensed under chapter 458, an osteopathic physician or
3172 physician assistant licensed under chapter 459, a chiropractic
3173 physician licensed under chapter 460, a podiatric physician
3174 licensed under chapter 461, an advanced practice registered
3175 nurse ~~practitioner~~ licensed under part I of chapter 464, or a
3176 dentist licensed under chapter 466; or

3177 (c) Operating during a special event if the county or
3178 municipality in which the establishment operates has approved
3179 such operation during the special event.

3180 Section 75. Subsection (7) of section 483.041, Florida
3181 Statutes, is amended to read:

3182 483.041 Definitions.—As used in this part, the term:

3183 (7) "Licensed practitioner" means a physician licensed
3184 under chapter 458, chapter 459, chapter 460, or chapter 461; a
3185 certified optometrist licensed under chapter 463; a dentist
3186 licensed under chapter 466; a person licensed under chapter 462;
3187 or an advanced practice registered nurse ~~practitioner~~ licensed
3188 under part I of chapter 464; or a duly licensed practitioner
3189 from another state licensed under similar statutes who orders
3190 examinations on materials or specimens for nonresidents of the

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3191 State of Florida, but who reside in the same state as the
3192 requesting licensed practitioner.

3193 Section 76. Subsection (5) of section 483.801, Florida
3194 Statutes, is amended to read:

3195 483.801 Exemptions.—This part applies to all clinical
3196 laboratories and clinical laboratory personnel within this
3197 state, except:

3198 (5) Advanced practice registered nurses certified nurse
3199 ~~practitioners~~ licensed under part I of chapter 464 who perform
3200 provider-performed microscopy procedures (PPMP) in an exclusive-
3201 use laboratory setting.

3202 Section 77. Paragraph (a) of subsection (11) of section
3203 486.021, Florida Statutes, is amended to read:

3204 486.021 Definitions.—In this chapter, unless the context
3205 otherwise requires, the term:

3206 (11) "Practice of physical therapy" means the performance
3207 of physical therapy assessments and the treatment of any
3208 disability, injury, disease, or other health condition of human
3209 beings, or the prevention of such disability, injury, disease,
3210 or other condition of health, and rehabilitation as related
3211 thereto by the use of the physical, chemical, and other
3212 properties of air; electricity; exercise; massage; the
3213 performance of acupuncture only upon compliance with the
3214 criteria set forth by the Board of Medicine, when no penetration
3215 of the skin occurs; the use of radiant energy, including
3216 ultraviolet, visible, and infrared rays; ultrasound; water; the
3217 use of apparatus and equipment in the application of the
3218 foregoing or related thereto; the performance of tests of
3219 neuromuscular functions as an aid to the diagnosis or treatment

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3220 of any human condition; or the performance of electromyography
3221 as an aid to the diagnosis of any human condition only upon
3222 compliance with the criteria set forth by the Board of Medicine.

3223 (a) A physical therapist may implement a plan of treatment
3224 developed by the physical therapist for a patient or provided
3225 for a patient by a practitioner of record or by an advanced
3226 practice registered nurse ~~practitioner~~ licensed under s.
3227 464.012. The physical therapist shall refer the patient to or
3228 consult with a practitioner of record if the patient's condition
3229 is found to be outside the scope of physical therapy. If
3230 physical therapy treatment for a patient is required beyond 21
3231 days for a condition not previously assessed by a practitioner
3232 of record, the physical therapist shall obtain a practitioner of
3233 record who will review and sign the plan. For purposes of this
3234 paragraph, a health care practitioner licensed under chapter
3235 458, chapter 459, chapter 460, chapter 461, or chapter 466 and
3236 engaged in active practice is eligible to serve as a
3237 practitioner of record.

3238 Section 78. Paragraph (d) of subsection (1) of section
3239 490.012, Florida Statutes, is amended to read:

3240 490.012 Violations; penalties; injunction.-

3241 (1)

3242 (d) No person shall hold herself or himself out by any
3243 title or description incorporating the word, or a permutation of
3244 the word, "psychotherapy" unless such person holds a valid,
3245 active license under chapter 458, chapter 459, chapter 490, or
3246 chapter 491, or such person is certified as an advanced practice
3247 registered nurse ~~practitioner~~, pursuant to s. 464.012, who has
3248 been determined by the Board of Nursing as a specialist in

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3249 psychiatric mental health.

3250 Section 79. Subsection (1) of section 491.0057, Florida
3251 Statutes, is amended to read:

3252 491.0057 Dual licensure as a marriage and family
3253 therapist.—The department shall license as a marriage and family
3254 therapist any person who demonstrates to the board that he or
3255 she:

3256 (1) Holds a valid, active license as a psychologist under
3257 chapter 490 or as a clinical social worker or mental health
3258 counselor under this chapter, or is certified under s. 464.012
3259 as an advanced practice registered nurse ~~practitioner~~ who has
3260 been determined by the Board of Nursing as a specialist in
3261 psychiatric mental health.

3262 Section 80. Paragraph (d) of subsection (1) and subsection
3263 (2) of section 491.012, Florida Statutes, are amended to read:

3264 491.012 Violations; penalty; injunction.—

3265 (1) It is unlawful and a violation of this chapter for any
3266 person to:

3267 (d) Use the terms psychotherapist, sex therapist, or
3268 juvenile sexual offender therapist unless such person is
3269 licensed pursuant to this chapter or chapter 490, or is
3270 certified under s. 464.012 as an advanced practice registered
3271 nurse ~~practitioner~~ who has been determined by the Board of
3272 Nursing as a specialist in psychiatric mental health and the use
3273 of such terms is within the scope of her or his practice based
3274 on education, training, and licensure.

3275 (2) It is unlawful and a violation of this chapter for any
3276 person to describe her or his services using the following terms
3277 or any derivative thereof, unless such person holds a valid,

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3278 active license under this chapter or chapter 490, or is
 3279 certified under s. 464.012 as an advanced practice registered
 3280 nurse ~~practitioner~~ who has been determined by the Board of
 3281 Nursing as a specialist in psychiatric mental health and the use
 3282 of such terms is within the scope of her or his practice based
 3283 on education, training, and licensure:

- 3284 (a) "Psychotherapy."
- 3285 (b) "Sex therapy."
- 3286 (c) "Sex counseling."
- 3287 (d) "Clinical social work."
- 3288 (e) "Psychiatric social work."
- 3289 (f) "Marriage and family therapy."
- 3290 (g) "Marriage and family counseling."
- 3291 (h) "Marriage counseling."
- 3292 (i) "Family counseling."
- 3293 (j) "Mental health counseling."

3294 Section 81. Subsection (2) of section 493.6108, Florida
 3295 Statutes, is amended to read:

3296 493.6108 Investigation of applicants by Department of
 3297 Agriculture and Consumer Services.—

3298 (2) In addition to subsection (1), the department shall
 3299 make an investigation of the general physical fitness of the
 3300 Class "G" applicant to bear a weapon or firearm. Determination
 3301 of physical fitness shall be certified by a physician or
 3302 physician assistant currently licensed pursuant to chapter 458,
 3303 chapter 459, or any similar law of another state or authorized
 3304 to act as a licensed physician by a federal agency or department
 3305 or by an advanced practice registered nurse ~~practitioner~~
 3306 currently licensed pursuant to chapter 464. Such certification

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3307 shall be submitted on a form provided by the department.

3308 Section 82. Subsection (1) of section 626.9707, Florida
3309 Statutes, is amended to read:

3310 626.9707 Disability insurance; discrimination on basis of
3311 sickle-cell trait prohibited.—

3312 (1) An ~~No~~ insurer authorized to transact insurance in this
3313 state may not ~~shall~~ refuse to issue and deliver in this state
3314 any policy of disability insurance, whether such policy is
3315 defined as individual, group, blanket, franchise, industrial, or
3316 otherwise, which is currently being issued for delivery in this
3317 state and which affords benefits and coverage for any medical
3318 treatment or service authorized and permitted to be furnished by
3319 a hospital, clinic, health clinic, neighborhood health clinic,
3320 health maintenance organization, physician, physician's
3321 assistant, advanced practice registered nurse practitioner, or
3322 medical service facility or personnel solely because the person
3323 to be insured has the sickle-cell trait.

3324 Section 83. Paragraph (b) of subsection (1) of section
3325 627.357, Florida Statutes, is amended to read:

3326 627.357 Medical malpractice self-insurance.—

3327 (1) DEFINITIONS.—As used in this section, the term:

3328 (b) "Health care provider" means any:

3329 1. Hospital licensed under chapter 395.

3330 2. Physician licensed, or physician assistant licensed,
3331 under chapter 458.

3332 3. Osteopathic physician or physician assistant licensed
3333 under chapter 459.

3334 4. Podiatric physician licensed under chapter 461.

3335 5. Health maintenance organization certificated under part

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3336 I of chapter 641.

3337 6. Ambulatory surgical center licensed under chapter 395.

3338 7. Chiropractic physician licensed under chapter 460.

3339 8. Psychologist licensed under chapter 490.

3340 9. Optometrist licensed under chapter 463.

3341 10. Dentist licensed under chapter 466.

3342 11. Pharmacist licensed under chapter 465.

3343 12. Registered nurse, licensed practical nurse, or advanced

3344 practice registered nurse ~~practitioner~~ licensed or registered

3345 under part I of chapter 464.

3346 13. Other medical facility.

3347 14. Professional association, partnership, corporation,

3348 joint venture, or other association established by the

3349 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,

3350 10., 11., and 12. for professional activity.

3351 Section 84. Subsection (6) of section 627.6471, Florida

3352 Statutes, is amended to read:

3353 627.6471 Contracts for reduced rates of payment;

3354 limitations; coinsurance and deductibles.—

3355 (6) If psychotherapeutic services are covered by a policy

3356 issued by the insurer, the insurer shall provide eligibility

3357 criteria for each group of health care providers licensed under

3358 chapter 458, chapter 459, chapter 490, or chapter 491, which

3359 include psychotherapy within the scope of their practice as

3360 provided by law, or for any person who is certified as an

3361 advanced practice registered nurse ~~practitioner~~ in psychiatric

3362 mental health under s. 464.012. When psychotherapeutic services

3363 are covered, eligibility criteria shall be established by the

3364 insurer to be included in the insurer's criteria for selection

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3365 of network providers. The insurer may not discriminate against a
3366 health care provider by excluding such practitioner from its
3367 provider network solely on the basis of the practitioner's
3368 license.

3369 Section 85. Subsections (15) and (17) of section 627.6472,
3370 Florida Statutes, are amended to read:

3371 627.6472 Exclusive provider organizations.—

3372 (15) If psychotherapeutic services are covered by a policy
3373 issued by the insurer, the insurer shall provide eligibility
3374 criteria for all groups of health care providers licensed under
3375 chapter 458, chapter 459, chapter 490, or chapter 491, which
3376 include psychotherapy within the scope of their practice as
3377 provided by law, or for any person who is certified as an
3378 advanced practice registered nurse ~~practitioner~~ in psychiatric
3379 mental health under s. 464.012. When psychotherapeutic services
3380 are covered, eligibility criteria shall be established by the
3381 insurer to be included in the insurer's criteria for selection
3382 of network providers. The insurer may not discriminate against a
3383 health care provider by excluding such practitioner from its
3384 provider network solely on the basis of the practitioner's
3385 license.

3386 (17) An exclusive provider organization shall not
3387 discriminate with respect to participation as to any advanced
3388 practice registered nurse ~~practitioner~~ licensed and certified
3389 pursuant to s. 464.012, who is acting within the scope of such
3390 license and certification, solely on the basis of such license
3391 or certification. This subsection may ~~shall~~ not be construed to
3392 prohibit a plan from including providers only to the extent
3393 necessary to meet the needs of the plan's enrollees or from

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3394 establishing any measure designed to maintain quality and
3395 control costs consistent with the responsibilities of the plan.

3396 Section 86. Paragraph (a) of subsection (1) of section
3397 627.736, Florida Statutes, is amended to read:

3398 627.736 Required personal injury protection benefits;
3399 exclusions; priority; claims.—

3400 (1) REQUIRED BENEFITS.—An insurance policy complying with
3401 the security requirements of s. 627.733 must provide personal
3402 injury protection to the named insured, relatives residing in
3403 the same household, persons operating the insured motor vehicle,
3404 passengers in the motor vehicle, and other persons struck by the
3405 motor vehicle and suffering bodily injury while not an occupant
3406 of a self-propelled vehicle, subject to subsection (2) and
3407 paragraph (4) (e), to a limit of \$10,000 in medical and
3408 disability benefits and \$5,000 in death benefits resulting from
3409 bodily injury, sickness, disease, or death arising out of the
3410 ownership, maintenance, or use of a motor vehicle as follows:

3411 (a) *Medical benefits.*—Eighty percent of all reasonable
3412 expenses for medically necessary medical, surgical, X-ray,
3413 dental, and rehabilitative services, including prosthetic
3414 devices and medically necessary ambulance, hospital, and nursing
3415 services if the individual receives initial services and care
3416 pursuant to subparagraph 1. within 14 days after the motor
3417 vehicle accident. The medical benefits provide reimbursement
3418 only for:

3419 1. Initial services and care that are lawfully provided,
3420 supervised, ordered, or prescribed by a physician licensed under
3421 chapter 458 or chapter 459, a dentist licensed under chapter
3422 466, or a chiropractic physician licensed under chapter 460 or

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3423 that are provided in a hospital or in a facility that owns, or
3424 is wholly owned by, a hospital. Initial services and care may
3425 also be provided by a person or entity licensed under part III
3426 of chapter 401 which provides emergency transportation and
3427 treatment.

3428 2. Upon referral by a provider described in subparagraph
3429 1., followup services and care consistent with the underlying
3430 medical diagnosis rendered pursuant to subparagraph 1. which may
3431 be provided, supervised, ordered, or prescribed only by a
3432 physician licensed under chapter 458 or chapter 459, a
3433 chiropractic physician licensed under chapter 460, a dentist
3434 licensed under chapter 466, or, to the extent permitted by
3435 applicable law and under the supervision of such physician,
3436 osteopathic physician, chiropractic physician, or dentist, by a
3437 physician assistant licensed under chapter 458 or chapter 459 or
3438 an advanced practice registered nurse ~~practitioner~~ licensed
3439 under chapter 464. Followup services and care may also be
3440 provided by the following persons or entities:

3441 a. A hospital or ambulatory surgical center licensed under
3442 chapter 395.

3443 b. An entity wholly owned by one or more physicians
3444 licensed under chapter 458 or chapter 459, chiropractic
3445 physicians licensed under chapter 460, or dentists licensed
3446 under chapter 466 or by such practitioners and the spouse,
3447 parent, child, or sibling of such practitioners.

3448 c. An entity that owns or is wholly owned, directly or
3449 indirectly, by a hospital or hospitals.

3450 d. A physical therapist licensed under chapter 486, based
3451 upon a referral by a provider described in this subparagraph.

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3452 e. A health care clinic licensed under part X of chapter
3453 400 which is accredited by an accrediting organization whose
3454 standards incorporate comparable regulations required by this
3455 state, or

3456 (I) Has a medical director licensed under chapter 458,
3457 chapter 459, or chapter 460;

3458 (II) Has been continuously licensed for more than 3 years
3459 or is a publicly traded corporation that issues securities
3460 traded on an exchange registered with the United States
3461 Securities and Exchange Commission as a national securities
3462 exchange; and

3463 (III) Provides at least four of the following medical
3464 specialties:

3465 (A) General medicine.

3466 (B) Radiography.

3467 (C) Orthopedic medicine.

3468 (D) Physical medicine.

3469 (E) Physical therapy.

3470 (F) Physical rehabilitation.

3471 (G) Prescribing or dispensing outpatient prescription
3472 medication.

3473 (H) Laboratory services.

3474 3. Reimbursement for services and care provided in
3475 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
3476 licensed under chapter 458 or chapter 459, a dentist licensed
3477 under chapter 466, a physician assistant licensed under chapter
3478 458 or chapter 459, or an advanced practice registered nurse
3479 ~~practitioner~~ licensed under chapter 464 has determined that the
3480 injured person had an emergency medical condition.

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3481 4. Reimbursement for services and care provided in
3482 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
3483 provider listed in subparagraph 1. or subparagraph 2. determines
3484 that the injured person did not have an emergency medical
3485 condition.

3486 5. Medical benefits do not include massage as defined in s.
3487 480.033 or acupuncture as defined in s. 457.102, regardless of
3488 the person, entity, or licensee providing massage or
3489 acupuncture, and a licensed massage therapist or licensed
3490 acupuncturist may not be reimbursed for medical benefits under
3491 this section.

3492 6. The Financial Services Commission shall adopt by rule
3493 the form that must be used by an insurer and a health care
3494 provider specified in sub-subparagraph 2.b., sub-subparagraph
3495 2.c., or sub-subparagraph 2.e. to document that the health care
3496 provider meets the criteria of this paragraph. Such rule must
3497 include a requirement for a sworn statement or affidavit.

3498
3499 Only insurers writing motor vehicle liability insurance in this
3500 state may provide the required benefits of this section, and
3501 such insurer may not require the purchase of any other motor
3502 vehicle coverage other than the purchase of property damage
3503 liability coverage as required by s. 627.7275 as a condition for
3504 providing such benefits. Insurers may not require that property
3505 damage liability insurance in an amount greater than \$10,000 be
3506 purchased in conjunction with personal injury protection. Such
3507 insurers shall make benefits and required property damage
3508 liability insurance coverage available through normal marketing
3509 channels. An insurer writing motor vehicle liability insurance

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3510 in this state who fails to comply with such availability
3511 requirement as a general business practice violates part IX of
3512 chapter 626, and such violation constitutes an unfair method of
3513 competition or an unfair or deceptive act or practice involving
3514 the business of insurance. An insurer committing such violation
3515 is subject to the penalties provided under that part, as well as
3516 those provided elsewhere in the insurance code.

3517 Section 87. Paragraph (e) of subsection (1) of section
3518 633.412, Florida Statutes, is amended to read:

3519 633.412 Firefighters; qualifications for certification.—

3520 (1) A person applying for certification as a firefighter
3521 must:

3522 (e) Be in good physical condition as determined by a
3523 medical examination given by a physician, surgeon, or physician
3524 assistant licensed to practice in the state pursuant to chapter
3525 458; an osteopathic physician, surgeon, or physician assistant
3526 licensed to practice in the state pursuant to chapter 459; or an
3527 advanced practice registered nurse ~~practitioner~~ licensed to
3528 practice in the state pursuant to chapter 464. Such examination
3529 may include, but need not be limited to, the National Fire
3530 Protection Association Standard 1582. A medical examination
3531 evidencing good physical condition shall be submitted to the
3532 division, on a form as provided by rule, before an individual is
3533 eligible for admission into a course under s. 633.408.

3534 Section 88. Section 641.3923, Florida Statutes, is amended
3535 to read:

3536 641.3923 Discrimination against providers prohibited.—A
3537 health maintenance organization shall not discriminate with
3538 respect to participation as to any advanced practice registered

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3539 nurse ~~practitioner~~ licensed and certified pursuant to s.
 3540 464.012, who is acting within the scope of such license and
 3541 certification, solely on the basis of such license or
 3542 certification. This section shall not be construed to prohibit a
 3543 plan from including providers only to the extent necessary to
 3544 meet the needs of the plan's enrollees or from establishing any
 3545 measure designed to maintain quality and control costs
 3546 consistent with the responsibilities of the plan.

3547 Section 89. Subsection (8) of section 641.495, Florida
 3548 Statutes, is amended to read:

3549 641.495 Requirements for issuance and maintenance of
 3550 certificate.—

3551 (8) Each organization's contracts, certificates, and
 3552 subscriber handbooks shall contain a provision, if applicable,
 3553 disclosing that, for certain types of described medical
 3554 procedures, services may be provided by physician assistants,
 3555 certified nurse practitioners, or other individuals who are not
 3556 licensed physicians.

3557 Section 90. Paragraph (a) of subsection (3) of section
 3558 744.331, Florida Statutes, is amended to read:

3559 744.331 Procedures to determine incapacity.—

3560 (3) EXAMINING COMMITTEE.—

3561 (a) Within 5 days after a petition for determination of
 3562 incapacity has been filed, the court shall appoint an examining
 3563 committee consisting of three members. One member must be a
 3564 psychiatrist or other physician. The remaining members must be
 3565 either a psychologist, gerontologist, another psychiatrist, or
 3566 other physician, a registered nurse, advanced practice
 3567 registered nurse practitioner, licensed social worker, a person

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3568 with an advanced degree in gerontology from an accredited
3569 institution of higher education, or other person who by
3570 knowledge, skill, experience, training, or education may, in the
3571 court's discretion, advise the court in the form of an expert
3572 opinion. One of three members of the committee must have
3573 knowledge of the type of incapacity alleged in the petition.
3574 Unless good cause is shown, the attending or family physician
3575 may not be appointed to the committee. If the attending or
3576 family physician is available for consultation, the committee
3577 must consult with the physician. Members of the examining
3578 committee may not be related to or associated with one another,
3579 with the petitioner, with counsel for the petitioner or the
3580 proposed guardian, or with the person alleged to be totally or
3581 partially incapacitated. A member may not be employed by any
3582 private or governmental agency that has custody of, or
3583 furnishes, services or subsidies, directly or indirectly, to the
3584 person or the family of the person alleged to be incapacitated
3585 or for whom a guardianship is sought. A petitioner may not serve
3586 as a member of the examining committee. Members of the examining
3587 committee must be able to communicate, either directly or
3588 through an interpreter, in the language that the alleged
3589 incapacitated person speaks or to communicate in a medium
3590 understandable to the alleged incapacitated person if she or he
3591 is able to communicate. The clerk of the court shall send notice
3592 of the appointment to each person appointed no later than 3 days
3593 after the court's appointment.

3594 Section 91. Subsection (1) of section 744.703, Florida
3595 Statutes, is amended to read:

3596 744.703 Office of public guardian; appointment,

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3597 notification.—

3598 (1) The executive director of the Statewide Public
3599 Guardianship Office, after consultation with the chief judge and
3600 other circuit judges within the judicial circuit and with
3601 appropriate advocacy groups and individuals and organizations
3602 who are knowledgeable about the needs of incapacitated persons,
3603 may establish, within a county in the judicial circuit or within
3604 the judicial circuit, one or more offices of public guardian and
3605 if so established, shall create a list of persons best qualified
3606 to serve as the public guardian, who have been investigated
3607 pursuant to s. 744.3135. The public guardian must have knowledge
3608 of the legal process and knowledge of social services available
3609 to meet the needs of incapacitated persons. The public guardian
3610 shall maintain a staff or contract with professionally qualified
3611 individuals to carry out the guardianship functions, including
3612 an attorney who has experience in probate areas and another
3613 person who has a master's degree in social work, or a
3614 gerontologist, psychologist, registered nurse, or advanced
3615 practice registered nurse ~~practitioner~~. A public guardian that
3616 is a nonprofit corporate guardian under s. 744.309(5) must
3617 receive tax-exempt status from the United States Internal
3618 Revenue Service.

3619 Section 92. Subsection (6) of section 766.102, Florida
3620 Statutes, is amended to read:

3621 766.102 Medical negligence; standards of recovery; expert
3622 witness.—

3623 (6) A physician licensed under chapter 458 or chapter 459
3624 who qualifies as an expert witness under subsection (5) and who,
3625 by reason of active clinical practice or instruction of

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3626 students, has knowledge of the applicable standard of care for
3627 nurses, certified nurse practitioners, certified registered
3628 nurse anesthetists, certified registered nurse midwives,
3629 physician assistants, or other medical support staff may give
3630 expert testimony in a medical negligence action with respect to
3631 the standard of care of such medical support staff.

3632 Section 93. Subsection (3) of section 766.103, Florida
3633 Statutes, is amended to read:

3634 766.103 Florida Medical Consent Law.—

3635 (3) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in
3636 this state against any physician licensed under chapter 458,
3637 osteopathic physician licensed under chapter 459, chiropractic
3638 physician licensed under chapter 460, podiatric physician
3639 licensed under chapter 461, dentist licensed under chapter 466,
3640 advanced practice registered nurse ~~practitioner~~ certified under
3641 s. 464.012, or physician assistant licensed under s. 458.347 or
3642 s. 459.022 in an action brought for treating, examining, or
3643 operating on a patient without his or her informed consent when:

3644 (a)1. The action of the physician, osteopathic physician,
3645 chiropractic physician, podiatric physician, dentist, advanced
3646 practice registered nurse ~~practitioner~~, or physician assistant
3647 in obtaining the consent of the patient or another person
3648 authorized to give consent for the patient was in accordance
3649 with an accepted standard of medical practice among members of
3650 the medical profession with similar training and experience in
3651 the same or similar medical community as that of the person
3652 treating, examining, or operating on the patient for whom the
3653 consent is obtained; and

3654 2. A reasonable individual, from the information provided

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3655 by the physician, osteopathic physician, chiropractic physician,
3656 podiatric physician, dentist, advanced practice registered nurse
3657 ~~practitioner~~, or physician assistant, under the circumstances,
3658 would have a general understanding of the procedure, the
3659 medically acceptable alternative procedures or treatments, and
3660 the substantial risks and hazards inherent in the proposed
3661 treatment or procedures, which are recognized among other
3662 physicians, osteopathic physicians, chiropractic physicians,
3663 podiatric physicians, or dentists in the same or similar
3664 community who perform similar treatments or procedures; or

3665 (b) The patient would reasonably, under all the surrounding
3666 circumstances, have undergone such treatment or procedure had he
3667 or she been advised by the physician, osteopathic physician,
3668 chiropractic physician, podiatric physician, dentist, advanced
3669 practice registered nurse ~~practitioner~~, or physician assistant
3670 in accordance with the provisions of paragraph (a).

3671 Section 94. Paragraph (d) of subsection (3) of section
3672 766.1115, Florida Statutes, is amended to read:

3673 766.1115 Health care providers; creation of agency
3674 relationship with governmental contractors.—

3675 (3) DEFINITIONS.—As used in this section, the term:

3676 (d) "Health care provider" or "provider" means:

- 3677 1. A birth center licensed under chapter 383.
- 3678 2. An ambulatory surgical center licensed under chapter
3679 395.
- 3680 3. A hospital licensed under chapter 395.
- 3681 4. A physician or physician assistant licensed under
3682 chapter 458.
- 3683 5. An osteopathic physician or osteopathic physician

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- 3684 assistant licensed under chapter 459.
- 3685 6. A chiropractic physician licensed under chapter 460.
- 3686 7. A podiatric physician licensed under chapter 461.
- 3687 8. A registered nurse, nurse midwife, licensed practical
3688 nurse, or advanced practice registered nurse ~~practitioner~~
3689 licensed or registered under part I of chapter 464 or any
3690 facility which employs nurses licensed or registered under part
3691 I of chapter 464 to supply all or part of the care delivered
3692 under this section.
- 3693 9. A midwife licensed under chapter 467.
- 3694 10. A health maintenance organization certificated under
3695 part I of chapter 641.
- 3696 11. A health care professional association and its
3697 employees or a corporate medical group and its employees.
- 3698 12. Any other medical facility the primary purpose of which
3699 is to deliver human medical diagnostic services or which
3700 delivers nonsurgical human medical treatment, and which includes
3701 an office maintained by a provider.
- 3702 13. A dentist or dental hygienist licensed under chapter
3703 466.
- 3704 14. A free clinic that delivers only medical diagnostic
3705 services or nonsurgical medical treatment free of charge to all
3706 low-income recipients.
- 3707 15. Any other health care professional, practitioner,
3708 provider, or facility under contract with a governmental
3709 contractor, including a student enrolled in an accredited
3710 program that prepares the student for licensure as any one of
3711 the professionals listed in subparagraphs 4.-9.
- 3712

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3713 The term includes any nonprofit corporation qualified as exempt
3714 from federal income taxation under s. 501(a) of the Internal
3715 Revenue Code, and described in s. 501(c) of the Internal Revenue
3716 Code, which delivers health care services provided by licensed
3717 professionals listed in this paragraph, any federally funded
3718 community health center, and any volunteer corporation or
3719 volunteer health care provider that delivers health care
3720 services.

3721 Section 95. Subsection (1) of section 766.1116, Florida
3722 Statutes, is amended to read:

3723 766.1116 Health care practitioner; waiver of license
3724 renewal fees and continuing education requirements.—

3725 (1) As used in this section, the term "health care
3726 practitioner" means a physician or physician assistant licensed
3727 under chapter 458; an osteopathic physician or physician
3728 assistant licensed under chapter 459; a chiropractic physician
3729 licensed under chapter 460; a podiatric physician licensed under
3730 chapter 461; an advanced practice registered nurse ~~practitioner~~,
3731 registered nurse, or licensed practical nurse licensed under
3732 part I of chapter 464; a dentist or dental hygienist licensed
3733 under chapter 466; or a midwife licensed under chapter 467, who
3734 participates as a health care provider under s. 766.1115.

3735 Section 96. Subsection (5) of section 794.08, Florida
3736 Statutes, is amended to read:

3737 794.08 Female genital mutilation.—

3738 (5) This section does not apply to procedures performed by
3739 or under the direction of a physician licensed under chapter
3740 458, an osteopathic physician licensed under chapter 459, a
3741 registered nurse licensed under part I of chapter 464, a

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3742 practical nurse licensed under part I of chapter 464, an
3743 advanced practice registered nurse ~~practitioner~~ licensed under
3744 part I of chapter 464, a midwife licensed under chapter 467, or
3745 a physician assistant licensed under chapter 458 or chapter 459
3746 when necessary to preserve the physical health of a female
3747 person. This section also does not apply to any autopsy or
3748 limited dissection conducted pursuant to chapter 406.

3749 Section 97. Subsection (6) of section 943.13, Florida
3750 Statutes, is amended to read:

3751 943.13 Officers' minimum qualifications for employment or
3752 appointment.—On or after October 1, 1984, any person employed or
3753 appointed as a full-time, part-time, or auxiliary law
3754 enforcement officer or correctional officer; on or after October
3755 1, 1986, any person employed as a full-time, part-time, or
3756 auxiliary correctional probation officer; and on or after
3757 October 1, 1986, any person employed as a full-time, part-time,
3758 or auxiliary correctional officer by a private entity under
3759 contract to the Department of Corrections, to a county
3760 commission, or to the Department of Management Services shall:

3761 (6) Have passed a physical examination by a licensed
3762 physician, physician assistant, or certified advanced practice
3763 registered nurse ~~practitioner~~, based on specifications
3764 established by the commission. In order to be eligible for the
3765 presumption set forth in s. 112.18 while employed with an
3766 employing agency, a law enforcement officer, correctional
3767 officer, or correctional probation officer must have
3768 successfully passed the physical examination required by this
3769 subsection upon entering into service as a law enforcement
3770 officer, correctional officer, or correctional probation officer

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3771 with the employing agency, which examination must have failed to
3772 reveal any evidence of tuberculosis, heart disease, or
3773 hypertension. A law enforcement officer, correctional officer,
3774 or correctional probation officer may not use a physical
3775 examination from a former employing agency for purposes of
3776 claiming the presumption set forth in s. 112.18 against the
3777 current employing agency.

3778 Section 98. Subsection (2) of section 945.603, Florida
3779 Statutes, is amended to read:

3780 945.603 Powers and duties of authority.—The purpose of the
3781 authority is to assist in the delivery of health care services
3782 for inmates in the Department of Corrections by advising the
3783 Secretary of Corrections on the professional conduct of primary,
3784 convalescent, dental, and mental health care and the management
3785 of costs consistent with quality care, by advising the Governor
3786 and the Legislature on the status of the Department of
3787 Corrections' health care delivery system, and by assuring that
3788 adequate standards of physical and mental health care for
3789 inmates are maintained at all Department of Corrections
3790 institutions. For this purpose, the authority has the authority
3791 to:

3792 (2) Review and make recommendations regarding health care
3793 for the delivery of health care services including, but not
3794 limited to, acute hospital-based services and facilities,
3795 primary and tertiary care services, ancillary and clinical
3796 services, dental services, mental health services, intake and
3797 screening services, medical transportation services, and the use
3798 of advanced practice registered nurse ~~practitioner~~ and physician
3799 assistant personnel to act as physician extenders as these

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3800 relate to inmates in the Department of Corrections.

3801 Section 99. Paragraph (i) of subsection (3) of section
3802 1002.20, Florida Statutes, is amended to read:

3803 1002.20 K-12 student and parent rights.—Parents of public
3804 school students must receive accurate and timely information
3805 regarding their child's academic progress and must be informed
3806 of ways they can help their child to succeed in school. K-12
3807 students and their parents are afforded numerous statutory
3808 rights including, but not limited to, the following:

3809 (3) HEALTH ISSUES.—

3810 (i) *Epinephrine use and supply.*—

3811 1. A student who has experienced or is at risk for life-
3812 threatening allergic reactions may carry an epinephrine auto-
3813 injector and self-administer epinephrine by auto-injector while
3814 in school, participating in school-sponsored activities, or in
3815 transit to or from school or school-sponsored activities if the
3816 school has been provided with parental and physician
3817 authorization. The State Board of Education, in cooperation with
3818 the Department of Health, shall adopt rules for such use of
3819 epinephrine auto-injectors that shall include provisions to
3820 protect the safety of all students from the misuse or abuse of
3821 auto-injectors. A school district, county health department,
3822 public-private partner, and their employees and volunteers shall
3823 be indemnified by the parent of a student authorized to carry an
3824 epinephrine auto-injector for any and all liability with respect
3825 to the student's use of an epinephrine auto-injector pursuant to
3826 this paragraph.

3827 2. A public school may purchase from a wholesale
3828 distributor as defined in s. 499.003 and maintain in a locked,

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3829 secure location on its premises a supply of epinephrine auto-
3830 injectors for use if a student is having an anaphylactic
3831 reaction. The participating school district shall adopt a
3832 protocol developed by a licensed physician for the
3833 administration by school personnel who are trained to recognize
3834 an anaphylactic reaction and to administer an epinephrine auto-
3835 injection. The supply of epinephrine auto-injectors may be
3836 provided to and used by a student authorized to self-administer
3837 epinephrine by auto-injector under subparagraph 1. or trained
3838 school personnel.

3839 3. The school district and its employees and agents,
3840 including the physician who provides the standing protocol for
3841 school epinephrine auto-injectors, are not liable for any injury
3842 arising from the use of an epinephrine auto-injector
3843 administered by trained school personnel who follow the adopted
3844 protocol and whose professional opinion is that the student is
3845 having an anaphylactic reaction:

3846 a. Unless the trained school personnel's action is willful
3847 and wanton;

3848 b. Notwithstanding that the parents or guardians of the
3849 student to whom the epinephrine is administered have not been
3850 provided notice or have not signed a statement acknowledging
3851 that the school district is not liable; and

3852 c. Regardless of whether authorization has been given by
3853 the student's parents or guardians or by the student's
3854 physician, physician's assistant, or advanced practice
3855 registered nurse ~~practitioner~~.

3856 Section 100. Paragraph (b) of subsection (17) of section
3857 1002.42, Florida Statutes, is amended to read:

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3858 1002.42 Private schools.—

3859 (17) EPINEPHRINE SUPPLY.—

3860 (b) The private school and its employees and agents,
3861 including the physician who provides the standing protocol for
3862 school epinephrine auto-injectors, are not liable for any injury
3863 arising from the use of an epinephrine auto-injector
3864 administered by trained school personnel who follow the adopted
3865 protocol and whose professional opinion is that the student is
3866 having an anaphylactic reaction:

3867 1. Unless the trained school personnel's action is willful
3868 and wanton;

3869 2. Notwithstanding that the parents or guardians of the
3870 student to whom the epinephrine is administered have not been
3871 provided notice or have not signed a statement acknowledging
3872 that the school district is not liable; and

3873 3. Regardless of whether authorization has been given by
3874 the student's parents or guardians or by the student's
3875 physician, physician's assistant, or advanced practice
3876 registered nurse ~~practitioner~~.

3877 Section 101. Subsections (4) and (5) of section 1006.062,
3878 Florida Statutes, are amended to read:

3879 1006.062 Administration of medication and provision of
3880 medical services by district school board personnel.—

3881 (4) Nonmedical assistive personnel shall be allowed to
3882 perform health-related services upon successful completion of
3883 child-specific training by a registered nurse or advanced
3884 practice registered nurse ~~practitioner~~ licensed under chapter
3885 464, a physician licensed pursuant to chapter 458 or chapter
3886 459, or a physician assistant licensed pursuant to chapter 458

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3887 or chapter 459. All procedures shall be monitored periodically
3888 by a nurse, advanced practice registered nurse ~~practitioner~~,
3889 physician assistant, or physician, including, but not limited
3890 to:

- 3891 (a) Intermittent clean catheterization.
3892 (b) Gastrostomy tube feeding.
3893 (c) Monitoring blood glucose.
3894 (d) Administering emergency injectable medication.
3895 (5) For all other invasive medical services not listed in
3896 this subsection, a registered nurse or advanced practice
3897 registered nurse ~~practitioner~~ licensed under chapter 464, a
3898 physician licensed pursuant to chapter 458 or chapter 459, or a
3899 physician assistant licensed pursuant to chapter 458 or chapter
3900 459 shall determine if nonmedical district school board
3901 personnel shall be allowed to perform such service.

3902 Section 102. Subsection (1) and paragraph (a) of subsection
3903 (2) of section 1009.65, Florida Statutes, are amended to read:

3904 1009.65 Medical Education Reimbursement and Loan Repayment
3905 Program.—

- 3906 (1) To encourage qualified medical professionals to
3907 practice in underserved locations where there are shortages of
3908 such personnel, there is established the Medical Education
3909 Reimbursement and Loan Repayment Program. The function of the
3910 program is to make payments that offset loans and educational
3911 expenses incurred by students for studies leading to a medical
3912 or nursing degree, medical or nursing licensure, or advanced
3913 practice registered nurse ~~practitioner~~ certification or
3914 physician assistant licensure. The following licensed or
3915 certified health care professionals are eligible to participate

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3916 in this program: medical doctors with primary care specialties,
3917 doctors of osteopathic medicine with primary care specialties,
3918 physician's assistants, licensed practical nurses and registered
3919 nurses, and advanced practice registered nurses ~~nurse~~
3920 ~~practitioners~~ with primary care specialties such as certified
3921 nurse midwives. Primary care medical specialties for physicians
3922 include obstetrics, gynecology, general and family practice,
3923 internal medicine, pediatrics, and other specialties which may
3924 be identified by the Department of Health.

3925 (2) From the funds available, the Department of Health
3926 shall make payments to selected medical professionals as
3927 follows:

3928 (a) Up to \$4,000 per year for licensed practical nurses and
3929 registered nurses, up to \$10,000 per year for advanced practice
3930 registered nurses ~~nurse practitioners~~ and physician's
3931 assistants, and up to \$20,000 per year for physicians. Penalties
3932 for noncompliance shall be the same as those in the National
3933 Health Services Corps Loan Repayment Program. Educational
3934 expenses include costs for tuition, matriculation, registration,
3935 books, laboratory and other fees, other educational costs, and
3936 reasonable living expenses as determined by the Department of
3937 Health.

3938 Section 103. Subsection (2) of section 1009.66, Florida
3939 Statutes, is amended to read:

3940 1009.66 Nursing Student Loan Forgiveness Program.—

3941 (2) To be eligible, a candidate must have graduated from an
3942 accredited or approved nursing program and have received a
3943 Florida license as a licensed practical nurse or a registered
3944 nurse or a Florida certificate as an advanced practice

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3945 registered nurse ~~practitioner~~.

3946 Section 104. Subsection (3) of section 1009.67, Florida
3947 Statutes, is amended to read:

3948 1009.67 Nursing scholarship program.—

3949 (3) A scholarship may be awarded for no more than 2 years,
3950 in an amount not to exceed \$8,000 per year. However, registered
3951 nurses pursuing a graduate degree for a faculty position or to
3952 practice as an advanced practice registered nurse ~~practitioner~~
3953 may receive up to \$12,000 per year. These amounts shall be
3954 adjusted by the amount of increase or decrease in the Consumer
3955 Price Index for All Urban Consumers published by the United
3956 States Department of Commerce.

3957 Section 105. This act shall take effect July 1, 2014.